REQUEST FOR EXPRESSION OF INTEREST (EOI)

DESIGN, SUPPLY, INSTALLATION, INTEGRATION, TESTING, COMMISSIONING, TRAINING, SUPPORT, MAINTENANCE AND ENTERPRISE IMPLEMENTATION OF RADIOLOGY INFORMATION SYSTEM (RIS), PICTURE ARCHIVING AND COMMUNICATION SYSTEM (PACS), VENDOR NEUTRAL ARCHIVE (VNA) AND ENTERPRISE IMAGING SOLUTION FOR IMSF AT IISC CAMPUS, BANGALORE



EOI DOCUMENT

Ref NO: IMSF/EOI/26-27/10 – DESIGN, SUPPLY, INSTALLATION, INTEGRATION, TESTING, COMMISSIONING, TRAINING, SUPPORT, MAINTENANCE AND ENTERPRISE IMPLEMENTATION OF RADIOLOGY INFORMATION SYSTEM (RIS), PICTURE ARCHIVING AND COMMUNICATION SYSTEM (PACS), VENDOR NEUTRAL ARCHIVE (VNA) AND ENTERPRISE IMAGING SOLUTION FOR IMSF AT IISC CAMPUS, BANGALORE(05.11.2026)

DIRECTOR,

IISC MEDICAL SCHOOL FOUNDATION, BANGALORE – 560012.

ORGANIZATION DETAILS

1. Introduction

The IISc Medical School Foundation (IMSF) invites Expressions of Interest (EoI) from experienced and qualified Original Equipment Manufacturers (OEMs) for the design, supply, installation, configuration, integration, testing, commissioning, training, warranty, support, maintenance, and enterprise-wide implementation of a comprehensive Radiology Information System (RIS), Picture Archiving and Communication System (PACS), Vendor Neutral Archive (VNA), Zero Footprint Clinical Viewer, Enterprise Imaging Platform, Advanced Visualization Solution, and associated imaging informatics infrastructure. The objective of this EoI is to identify an OEM capable of delivering a secure, scalable, interoperable, standards-compliant, and future-ready Enterprise Imaging solution that supports clinical services, medical education, translational research, and future expansion across the IISc Medical School Foundation.

2. Project Overview

The proposed Enterprise Imaging Solution shall establish a fully integrated, filmless, paperless, and enterprise-wide digital imaging ecosystem capable of supporting the complete imaging lifecycle, including patient registration, scheduling, modality worklists, image acquisition, interpretation, structured reporting, image storage, enterprise image distribution, long-term archival, disaster recovery, business continuity, and secure clinical image access across multiple departments. The solution shall provide seamless interoperability with existing and future Hospital Information Systems (HIS), Electronic Medical Records (EMR), Laboratory Information Systems (LIS), Oncology Information Systems (OIS), Radiation Therapy Systems, Vendor Neutral Archive (VNA), and other third-party healthcare applications using internationally accepted interoperability standards including DICOM, HL7, FHIR, and IHE Integration Profiles.

The proposed platform shall support enterprise-wide imaging workflows across Radiology, Nuclear Medicine, Cardiology, Radiation Oncology, Cath Labs, Cardiology, CT Angiography, Endoscopy, Laparoscopy, Operating Theatres, and other clinical departments. It shall facilitate connectivity with all existing and future DICOM and non-DICOM equipment, including CT, MRI, PET-CT, SPECT/CT, Digital Radiography, Digital Fluoroscopy, Mammography, Ultrasound, Echocardiography, Gamma Knife, Linear Accelerator (LINAC), MR-LINAC, Brachytherapy, ECG, TMT and other imaging systems, ensuring seamless image acquisition, storage, retrieval, viewing, reporting, and enterprise-wide accessibility.

3. Scope of Work

The selected OEM shall provide a comprehensive turnkey Enterprise Imaging Solution, including the design, supply, installation, configuration, integration, testing, validation, commissioning, warranty, and Comprehensive Annual Maintenance Contract (CAMC) support for the complete solution comprising enterprise software applications, application servers, databases, operating systems, storage infrastructure, virtualization platform, networking components, cybersecurity infrastructure, and all necessary software licenses. The OEM shall be responsible for enterprise architecture design, infrastructure sizing, capacity planning, database optimization, archive management, load balancing, backup, disaster recovery (DR), business continuity planning (BCP), system performance optimization, workflow analysis, workflow configuration, interface development, interoperability implementation, data migration (where applicable), and seamless enterprise-wide integration with clinical and non-clinical information systems. The solution shall support multi-modality connectivity, Vendor Neutral Archive (VNA), image lifecycle management,

enterprise image distribution, web-based and mobile image viewing, advanced visualization, structured reporting, teleradiology, analytics, audit trails, role-based access control (RBAC), user and security management, and future integration with Artificial Intelligence (AI)-enabled clinical applications. The implementation shall include complete project management, installation, configuration, interface validation, interoperability testing, performance benchmarking, failover testing, User Acceptance Testing (UAT), final commissioning, stabilization, and optimization to ensure secure, reliable, scalable, and uninterrupted 24×7 enterprise operation. The OEM shall further provide comprehensive Train-the-Trainer programmes, end-user training, administrator training, and technical training for IT personnel, along with complete operational, technical, and administrative documentation including system architecture documents, configuration documents, interface specifications, database documentation, operational and administrator manuals, backup and disaster recovery procedures, cybersecurity documentation, warranty certificates, maintenance manuals, and all other documents required for independent operation and long-term management of the system. During the warranty and CAMC period, the OEM shall be fully responsible for preventive maintenance, corrective maintenance, software updates, security patches, version upgrades, technical support, performance optimization, and lifecycle management of the complete Enterprise Imaging Solution, ensuring continuous availability, regulatory compliance, cybersecurity, interoperability, and future scalability throughout the contract period.

5. Standards and Compliance

The proposed Enterprise Imaging Solution shall be designed as a future-ready, scalable, and vendor-neutral platform capable of accommodating increasing imaging volumes, additional clinical departments, new imaging modalities, emerging imaging technologies, Artificial Intelligence (AI)-enabled applications, advanced analytics, and evolving clinical workflows without major architectural changes. The solution shall incorporate comprehensive cybersecurity measures, including secure authentication, role-based access control (RBAC), multi-factor authentication (MFA), encryption of data at rest and in transit, comprehensive audit trails, vulnerability and patch management, malware and ransomware protection, secure backup, disaster recovery (DR), business continuity (BCP), and secure remote access to ensure patient confidentiality, data integrity, system availability, and operational resilience.

The solution shall comply with internationally accepted healthcare interoperability and quality standards, including DICOM, HL7 (where applicable), HL7 FHIR (latest applicable version), IHE Integration Profiles, ISO 9001, ISO 13485, ISO/IEC 27001, and ISO/IEC 27701 (where applicable), together with applicable cybersecurity best practices and all relevant statutory and regulatory requirements.

The Enterprise Imaging Solution shall be ABDM-ready and capable of seamless integration with Ayushman Bharat Digital Mission (ABDM)-enabled Hospital Information Systems (HIS), Electronic Medical Record (EMR/EHR), Radiology Information System (RIS), and other healthcare applications through standard APIs and interoperability frameworks. The solution shall support applicable ABDM specifications, including ABHA-based patient identification, consent-based health information exchange, Health Data Management Policy, and other ABDM-prescribed interfaces and services, wherever applicable, without requiring major software or hardware modifications.

The solution shall also comply with the provisions of the Digital Personal Data Protection Act, 2023 (DPDP Act) and other applicable Government of India regulations governing digital health information. Compliance with HIPAA and US FDA 510(k) shall be required only for those components of the offered solution where such compliance or certification is applicable.

PROJECT BRIEF:

The Proposed IMSF project is being constructed at Indian Institute of Science Campus, Bangalore - 560 012. The said Project is a combination of RCC and Steel Structure Building and it is Lower ground+ Upper ground + Ground + 9 Storeys + Helipad. Both Lower ground and Upper ground are in RCC - Concrete Structure, but columns and roof framing works are in Structural Steel. The project details are listed below.

- **Total number of Beds: 832 Nos. (General Ward: 326 Nos, ICU/HDU: 222 Nos, Private Ward: 284 Nos)**
- **Daycare beds: 47 Nos**
- **Type of Structure: RCC + Structural Steel.**
- **Total site area: 14.35 Acres.**
- **Total built up area: 14,67,478.62 Square feet.**
- **Building overall length (outer to outer): Length 239.58mtrs x Breadth 90.41 Mtrs.**
- **Total height of the building: 49.85 Mtrs. (Including Helipad)**
- **Total number of Block: 05 along with Core and Atrium areas etc., (A, B, C, D and E)**
- **Block A and Core areas (2B + GF + 03 upper floors + terrace) @ Height of 17.55 Mtrs**
- **Block B and Core areas (2B + GF + 09 upper floors + terrace) @ Height of 41.85 Mtrs**
- **Block C and Core areas (2B + GF + 09 upper floors + terrace) @ Height of 41.85 Mtrs.**
- **Block D (2B + GF + 07 upper floors + terrace) @ Height of 33.75 Mtrs**
- **Block E (GF + 05 upper floors + terrace) @ Height of 25.65 Mtrs.**
- **Atrium and Core areas.**
- **Lower ground and 1 Parking Area – Partial areas.**
- **Location: IISc Medical School Foundation Campus Bangalore**

At IISc Medical School Foundation (IMSF), the planned imaging and interventional infrastructure is designed to support a comprehensive range of advanced diagnostic, interventional, therapeutic, and image-guided clinical services for patient care, academic teaching, and translational research.

List of modalities (Indicative list of major modalities)

S. No.	Department / Functional Area	Modality / System	Total Quantity (Nos.)	Quantity for Phase 1
1	Radiation Oncology	CT Simulator	1	0
2	Radiation Oncology	Linear Accelerator (LINAC)	1	1
3	Radiation Oncology	MR-LINAC	1	1
4	Radiation Oncology	Brachytherapy System	1	1
5	Radiology and Diagnostic Imaging	CT scan (Including 1 Photon Counting CT)	3	2
6	Radiology and Diagnostic Imaging	Whole Body Mobile CT	1	0
7	Radiology and Diagnostic Imaging	MRI-3T	2	1
8	Radiology and Diagnostic Imaging	Digital Radiography (DR)	5	2
9	Radiology and Diagnostic Imaging	Mobile Digital Radiography (Mobile DR)	6	3
10	Radiology and Diagnostic Imaging	Fluoroscopy Systems	2	1
11	Radiology and Diagnostic Imaging	Digital Mammography	1	1
12	Radiology and Diagnostic Imaging	Bone Mineral Densitometry (DEXA)	1	1
13	Radiology and Diagnostic Imaging	Fixed Ultrasound Systems	12	7
14	Radiology and Diagnostic Imaging	Portable Ultrasound Systems	7	5
15	Radiology and Diagnostic Imaging	Handheld Ultrasound Systems	4	4

16	Radiology and Diagnostic Imaging	MRI-7T	1	0
17	Virtual Autopsy	Virtual Biopsy CT	1	1
18	Cardiology and Cardiovascular Services	Echocardiography Systems	5	4
19	Cardiology and Cardiovascular Services	Cardiac Catheterization Laboratory (Single-Plane)	1	1
20	Cardiology and Cardiovascular Services	Cardiac Catheterization Laboratory (Bi-Plane)	1	1
21	Cardiology and Cardiovascular Services	ECG	51	51
22	Cardiology and Cardiovascular Services	TMT	3	2
23	Cardiology and Cardiovascular Services	Holter	2	2
24	Cardiology and Cardiovascular Services	ABP	2	
25	Cardiology and Cardiovascular Services	Defibrillator	51	51
26	Dentistry	Dental X-ray	2	2
27	Dentistry	Intra Oral Scanner	1	1
28	Dentistry	Cone Beam CT (CBCT)	1	1
29	Endoscopy and Gastroenterology	Upper GI Video Endoscopy Systems	2	2
30	Endoscopy and Gastroenterology	Lower GI (Colonoscopy) Video Endoscopy System	1	1
31	Endoscopy and Gastroenterology	ERCP Endoscopy System	1	1
32	Endoscopy and Gastroenterology	Endoscopic Ultrasound (EUS) System with Standalone Ultrasound	1	1
33	ENT	ENT Workstation	2	1
34	Gynaecology	Colposcope	1	1
35	Laboratory, Blood bank & IVF	Tabletop Laboratory Microscopes with camera provision	13	10

36	Laboratory Medicine and Pathology	Urine analyser with microscopy	1	1
37	Laboratory Medicine and Pathology	Digital Slide Scanner	1	1
38	Neurology and Neurophysiology	Transcranial Doppler System	1	1
39	Neurology and Neurophysiology	Sleep Lab with Video	1	1
40	Neurology and Neurophysiology	EMG	1	1
41	Neurology and Neurophysiology	Video EEG	3	2
42	Neuroradiology and Advanced Neuroimaging	Cranial CT (Photon Counting CT)	1	1
43	Neurosurgery / Radiosurgery	Gamma Knife Radiosurgery System	1	1
44	Nuclear Medicine	PET/CT	2	1
45	Nuclear Medicine	SPECT/CT	1	1
46	Operating Rooms and Surgical Services	3D C-arm	2	2
47	Operating Rooms and Surgical Services	2D C-arm	2	2
48	Operating Rooms and Surgical Services	Neuro Spine Endoscopy	1	1
49	Operating Rooms and Surgical Services	CT Angiography Suite	1	0
50	Operating Rooms and Surgical Services	Intraoperative MRI	1	1
51	Operating Rooms and Surgical Services	Intraoperative Ultrasound Systems	3	2
52	Operating Rooms and Surgical Services	Integrated Digital Operating Rooms	19	17
53	Operating Rooms and Surgical Services	Surgical Microscopes	4	3

54	Operating Rooms and Surgical Services	Laparoscopy Video Systems (Non-DICOM)	8	3
55	Operating Rooms and Surgical Services	Soft Tissue Robot	1	1
56	Ophthalmology	Vitrectomy	1	1
57	Ophthalmology	Phaco Machine	1	1
58	Ophthalmology	YAG Laser	1	1
59	Ophthalmology	Multi-Spot Green Laser	1	1
60	Ophthalmology	Fundus Camera (Anterior & Posterior)	2	2
61	Ophthalmology	Perimeter	1	1
62	Ophthalmology	Slit Lamp (With Image)	2	2
63	Ophthalmology	OCT with Angiography	1	1
64	Ophthalmology	OCT Machine	1	1
65	Ophthalmology	Optical Biometry	1	1
66	Ophthalmology	OCT for Anterior Segment	1	1
67	Ophthalmology	Auto Refractometer	2	2
68	Pulmonology	Bronchoscopy System with Standalone Ultrasound	1	1
69	Pulmonology	Intra bronchial vapour	1	1
70	Pulmonology	PFT	1	1
71	Pulmonology	Body box	2	2
72	Reproductive Medicine and IVF	Intracytoplasmic Sperm Injection System	1	1
73	Reproductive Medicine and IVF	Embryo Viewing Incubator	1	1
74	Reproductive Medicine and IVF	Electronic Witnessing System for IVF	1	1
75	Urology	ESWL USG & C-ARM	1	1
76	Urology	Urodynamics	1	1

Expression of Interest (EOI): Technical Requirements & Qualification Criteria: Vendor/OEM shall furnish detailed remarks against each requirement, clearly indicating the proposed solution, product capabilities, compliance status, and documentary evidence (brochures, datasheets, certifications, reference installations, etc.), deviation with justification wherever applicable. Generic responses such as "Yes" or "Complied" without technical substantiation shall not be considered adequate.

S. R	Technical specification	Compliance (Yes/No)	Offered specification	Additional Recommendations and literature reference
A	**General and Architecture**			
1	**The system shall be a unified RIS-PACS platform integrating radiology scheduling, worklist management, image archiving, diagnostic image viewing and reporting within a single integrated platform.** **The RIS-PACS server shall support the complete proposed RIS-PACS solution, including all required application, database, DICOM and associated services, without requiring a proprietary or closed-source operating system.** **The proposed operating system shall have long-term security, maintenance and update support and shall be fully compatible with the proposed RIS-PACS application, database, DICOM services, virtualization environment and all associated system components. The bidder shall specify the proposed operating system, distribution/version and support lifecycle and shall be responsible for OS installation, virtualization configuration, system**			

	hardening, security updates, patch management and technical support throughout the warranty and CMC period.			
2	**The system shall be web-based and accessible through standard web browsers without requiring installation of dedicated client software at individual workstations.**			
3	**The system shall support a hybrid architecture with on-premises image caching and secure off-site/cloud-based archival capability. (Till first follow up at premise, after that in private cloud of IISc)**			
4	**The system shall be vendor-neutral and interoperable with DICOM-compliant imaging modalities from multiple manufacturers.**			
5	**The architecture shall be scalable to support increasing study volumes, storage requirements and concurrent users without major system redesign.**			
6	**The system shall support high availability and redundancy, with no single point of failure for critical system components and shall support a local/on-premises or secure cloud-based Disaster Recovery (DR) system.**			
B	**Radiology Information System (RIS)**			
1	**The RIS shall support patient registration with unique patient identification and capture of relevant patient demographic information.**			

2	**The system shall support examination scheduling with modality, resource and appointment management.**			
3	**The system shall generate and provide DICOM Modality Worklist (MWL) to connected imaging modalities.**			
4	**The system shall provide real-time tracking of orders, examinations and study status throughout the radiology workflow and shall support study merging, demerging, reconciliation, correction/editing of DICOM attributes and other necessary study-level data management functions, with appropriate audit trails.**			
5	**The system shall provide configurable MIS and management reports, including examination throughput, turnaround time, modality utilisation and other operational performance indicators. It shall also support generation of reports required for applicable NABH-related quality and accreditation requirements, critical-case alerts and tracking, second-opinion workflows, peer-review workflows and associated audit trails.**			
6	**The RIS shall support integration with the hospital HIS/EMR and billing systems through standard interoperability interfaces and shall support configurable, rule-based alerts and notifications through SMS, e-mail and WhatsApp or equivalent approved messaging platforms.**			
C	**Image Management and PACS**			
1	**The PACS shall provide a vendor-neutral DICOM archive supporting applicable standard DICOM SOP Classes.**			
2	**The system shall support tiered/hierarchical storage management across primary, local cache and long-term archive storage tiers.**			

3	**The PACS shall support rules-based image routing and automatic prefetching of prior examinations based on configurable criteria. Prior examinations identified for comparison shall be automatically retrieved and made available for viewing with loading performance comparable to that of the current examination, subject to available network and storage infrastructure.**			
4	**The system shall support configurable image retention, archival and purge policies in accordance with institutional requirements.**			
5	**The system shall retain original diagnostic images without mandatory lossy compression and shall support configurable image compression based on modality and/or study type, with compression settings definable according to clinical requirements and applicable image-quality considerations.**			
6	**The system shall provide resilient image ingestion with automatic retry, error handling and reconciliation of incomplete or interrupted transfers.**			
D	**Diagnostic Viewer**			
1	**The system shall provide a zero-footprint, browser-based diagnostic viewer without requiring installation of dedicated viewer software.**			
2	**The viewer shall provide standard 2D diagnostic tools including window/level adjustment, zoom, pan, measurements, annotations and cine playback, and shall support advanced clinical analysis tools including Cobb angle measurement, multi-modality image fusion, CT ratio calculation, TT-TG measurement, automated or interactive spine labelling, and multi-phase MR image viewing and analysis.**			
3	**The system shall support configurable hanging protocols based on modality, body part, examination type and user preference.**			
4	**The viewer shall support comparison of current and prior examinations with**			

	synchronised/linked scrolling wherever applicable.			
5	**The viewer shall be accessible from supported desktop, laptop and tablet devices through standard web browsers.**			
6	**The system shall provide advanced image visualization capabilities as standard features, including Multiplanar Reconstruction (MPR), Maximum Intensity Projection (MIP) and 3D volume rendering, without requiring these capabilities as optional modules or additional-cost features**			
E	**Reporting and Artificial Intelligence**			
1	**The reporting module shall support structured reporting using configurable templates based on modality, examination and body part. It shall also support retrieval and display of relevant prior examination reports, clinical history and associated information within the reporting workflow; medical dictionary, spell-check, configurable macros/shortcuts, key-image attachment to reports, and other tools required for efficient and standardized radiology reporting.**			
2	**Specification** **The system shall support integrated voice/speech-to-text dictation for preparation of radiology reports, with accurate and seamless speech recognition suitable for clinical environments, including moderately noisy environments. The AI-assisted reporting functionality shall support interpretation of radiologist dictation and population of appropriate sections of configurable structured reporting templates. The system shall support identification and flagging of potential inconsistencies in measurements, anatomical locations, laterality and clinical findings following dictation. It shall also support generation and management of applicable regulatory and statutory forms, including Form F**			

	under PCPNDT/PNDT requirements, wherever applicable.			
3	**The system shall support AI-assisted generation and/or drafting of radiology findings and impressions, subject to review, modification and final approval by the reporting radiologist. The PACS shall provide, as a minimum, AI-assisted clinical decision-support modules for Chest X-ray, Musculoskeletal (MSK) X-ray, CT Thorax, CT Abdomen and CT Head. The proposed AI modules shall comply with applicable regulatory requirements and shall have valid CDSCO registration/approval or applicable regulatory authorization, as required for the intended clinical use in India.**			
4	**The system shall support automated extraction of relevant findings and measurements from applicable ultrasound images, where supported by the offered AI module.**			
5	**The system shall support AI-assisted extraction/summarisation of relevant clinical information from uploaded prior reports or documents.**			
6	**The system shall support automated validation/checking of reports for potential internal contradictions, inconsistencies and errors before final sign-off.**			
7	**The system shall provide fast full-text search across the radiology report repository, subject to applicable access permissions.**			
8	**The system shall support report versioning, addenda, amendments and electronic sign-off with a complete audit trail.**			

9	**The PACS shall support a dedicated AI-assisted stroke imaging analysis module for rapid evaluation of suspected acute stroke cases.**			
10	**The proposed AI stroke analysis module shall have valid CDSCO registration/approval or applicable regulatory authorization for the intended clinical use in India.**			
11	**The module shall provide automated analysis of MR diffusion imaging.**			
12	**The module shall provide automated analysis of MR perfusion imaging.**			
13	**The module shall provide automated detection/analysis of intracranial haemorrhage (ICH) on CT.**			
14	**The module shall provide automated ASPECTS analysis.**			
15	**The module shall provide automated CT perfusion (CTP) analysis.**			
16	**The module shall provide automated CT angiography (CTA) analysis.**			
17	**The module shall provide automated non-contrast CT (NCCT) stroke analysis.**			
18	**The stroke analysis module shall support automated processing of CT and MR examinations.**			
19	**The module shall be compatible with CT and MR imaging systems from multiple manufacturers and models through standard DICOM interoperability.**			
20	**The system shall provide rapid processing suitable for emergency stroke workflows, with processed results targeted to be available within 4–5 minutes of receipt of the complete study, subject to study size and available network infrastructure.**			
21	**The system shall provide intuitive visualization of processed results and relevant output maps through the PACS.**			

22	**The system shall support secure web-based and mobile access to processed results, wherever such interfaces are provided as part of the proposed solution.**			
23	**The solution shall support on-premises deployment and integration with the PACS and hospital network infrastructure.**			
24	**The system shall provide consistent and reproducible analysis across supported CT and MR scanners.**			
25	**The system shall support configuration for different scanner protocols and acquisition parameters to facilitate appropriate processing across supported imaging systems.**			
26	**The proposed AI module shall have documented clinical validation and regulatory evidence appropriate to its intended clinical use.**			
27	**The bidder shall submit details of applicable regulatory clearances/approvals, clinical validation studies, supported modalities and protocols, processing time, interoperability capabilities and deployment architecture as part of the technical submission.**			
F	**Standards and Interoperability**			
1	**The system shall comply with DICOM 3.0 standards, and the bidder shall submit the applicable DICOM Conformance Statement.**			
2	**The system shall support DICOM Storage and Query/Retrieve services including C-STORE, C-FIND and C-MOVE/C-GET, as applicable.**			
3	**The system shall support DICOM Modality Worklist (MWL), Modality Performed Procedure Step (MPPS) and Storage Commitment.**			
4	**The system shall support DICO web services including WADO-RS, QIDO-RS and STOW-RS.**			
5	**The system shall support HL7 v2.x messaging, including applicable ADT,**			

	ORM and ORU messages, for HIS/RIS integration.			
6	**The system should support applicable IHE Radiology profiles, including Scheduled Workflow and Patient Information Reconciliation.**			
G	**Security, Privacy and Data Protection**			
1	**The system shall provide role-based access control (RBAC) for different categories of users.**			
2	**The system shall support encryption of data in transit using TLS 1.2 or higher and encryption of data at rest using AES-256 or equivalent industry-standard encryption.**			
3	**The system shall maintain comprehensive, tamper-evident audit logs covering user access, image viewing, report creation/modification and other relevant clinical actions.**			
4	**The solution shall comply with applicable requirements of the Digital Personal Data Protection (DPDP) Act and associated rules, as applicable in India.**			
5	**The system shall support applicable NABH requirements relating to electronic medical records, documentation, access control and audit trails.**			
6	**The system shall support Single Sign-On (SSO) and Multi-Factor Authentication (MFA), where required by the institution.**			
H	**Storage, Backup and Disaster Recovery (Input for servicer design and recommendations to be provided as per below)**			
1	**The storage capacity shall be sized based on the projected annual study volume, image size, retention period and expected growth of the institution.**			
2	**The system shall provide automated and scheduled backup of clinical data, configuration data, databases and other critical system information.**			

3	**The solution shall support redundant storage and appropriate data protection mechanisms to prevent loss of clinical images and reports in the event of hardware failure.**			
4	**The system shall support disaster recovery mechanisms with defined Recovery Point Objective (RPO) and Recovery Time Objective (RTO) as specified by the institution.**			
5	**The system shall support restoration and recovery of PACS images, RIS data, reports and associated metadata following system failure or disaster.**			
6	**The bidder shall provide a detailed design input for backup, disaster recovery and business continuity plan as part of the technical submission.**			
I	**Eligibility / Experience Requirement**			
1	**The PACS OEM/technology provider shall be legally registered in India and shall have a minimum of ten (10) years of relevant experience in RIS-PACS implementation and support as of the date of bid submission.**			
2	**The proposed RIS-PACS solution shall have been successfully deployed and operational at a minimum of ten (10) healthcare sites in India.**			
3	**At least five (5) of the above installations shall be in hospitals having a bed capacity of 1,000 or more.**			
4	**At least four (4) of the above installations shall have demonstrated handling of more than 125,000 radiology studies per year.**			
5	**The proposed RIS-PACS solution shall have at least one successfully implemented and operational installation in India using the proposed open-source server operating system platform.**			
6	**The bidder shall submit user certificates, satisfactory performance certificates or equivalent documentary evidence for the qualifying installations.**			

7	The bidder shall submit a detailed list of relevant installations, including facility name, location, year of commissioning and annual study volume.			
8	The bidder shall submit at least one detailed case study with supporting documentary evidence for a representative RIS-PACS implementation.			
9	The successful bidder shall provide at least one dedicated qualified technical resource at the Client's institution throughout the warranty and CMC period for system administration, technical support, troubleshooting, maintenance and user coordination.			

The Conditions of EoI are the terms under which IMSF will receive and assess Expressions of Interest (EoI). Non-compliance with these conditions may result in the EoI being disqualified without further review.

The EoI must include all relevant details and information requested in this document. Following the submission of the Expression of Interest (EoI), bidders who meet the initial requirements will be invited to deliver a presentation. This presentation serves as an opportunity for bidders to showcase their proposed solutions, including technical capabilities, product features, and how their offering aligns with the project's objectives. Bidders are required to bring all their Original Equipment Manufacturer (OEM) partners to the presentation and fully demonstrate their complete potential, including all components relevant to the EoI. During the presentation, bidders should also address any questions from IMSF, clarify details of their solution, and demonstrate the suitability of their approach. If necessary, IMSF will communicate any additional specifications or OEM requirements that need to be incorporated into the solution.

After the presentation phase, Selected bidders will be required to submit detailed technical bid, including comprehensive information on the technology, equipment, systems, and services they plan to provide. The technical bid must also demonstrate compliance with the relevant global and national industry standards. If any updates or modifications are required based on discussions during the presentation, the technical bid may have to be revised as per the points raised in the discussion. Once all the technical criteria are evaluated. The bidders whose technical bid matches with the requirements of IMSF will be asked to submit the financial bid.

These financial bids should outline the financial aspects of their proposals, including costs for equipment, installation, support, and any other related services. The final selection will be based on a combination of technical merit and cost-effectiveness to ensure the best overall solution for IMSF.

The due date for submission of EoI is the 26th of November 2026.

Enquires, and requests for further information about this RFQ, should be directed to the Contact Officer as follows:

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