



JAIPUR METRO

JAIPUR METRO RAIL CORPORATION LIMITED

Khanij Bhawan, Tilak Marg, C-Scheme, Jaipur-302005
Website: www.jaipurmetrorail.in Tel. 0141- 2385790, 2385791



No.: F.1 (A-609)/JMRC/DC/Free Health Checkup/2018-19/ 4817

Dated: 17 2 OCT 2018

Invitation for Proposals

All Hospitals, Jaipur

Subject: To organize health Checkup camps in the un-paid retail area at Jaipur Metro stations.

Dear Sir,

Jaipur Metro Rail Corporation has retail spaces of different sizes at various Metro Stations. Around 125 sqm of such retail space at Mansarovar (concourse level/ Gate No.1) and 400 sqm at Chandpole (Glass enclosure, chandpole gate side) are available for this purpose.

Proposals are invited from hospitals of Jaipur base to organize free medical health checkup camps for commuters and for general public using the stations without any cost to JMRC, as under:

1. These spaces are offered to hospitals on first cum first serve basis.
2. One hospital will be allowed to organize camp at one location for 1 day during a month.
3. Press release will be given by JMRC for every such camp to aware commuters and general public. Jaipur Metro will include name of such hospitals in its press release & social media posts.
4. Such request(s) by hospitals for retail space at any other Metro Stations can also be accepted subject to its technical feasibility.
5. Jaipur Metro will place its advertisement standees at the camp location.
6. Jaipur Metro will provide 15-20 chairs and 3 to 4 tables at these spaces in the camp.

You are therefore requested to send your willingness for organizing such camps via email on jgmadm@jaipurmetrorail.in

Enclosure: Format

(Rajesh Kumar Agerwal)
Director (Corporate Affairs)
Phone No- 0141-2822225

Format for willingness to organize free health checkup camp at
Metro Station

1. Name of Hospital

2. Contact Details

Address

Contact No.

Email

3. Summary of Checkups

4. Number of Staff

5. Space requirement

6. Schedule

Date & Day	Time	Metro Station	Duration

7. Other requirement if any

We have read your invitation No. : F.1 (A-609)/JMRC/DC/Free Health Checkup/2018-19/4817 dated 12.10.2018 and we agree to all the term & conditions.

Date:

Place:

Signature

Name

Designation.....

Hospital.....