

File No. - F4.2(611)/RISL/Tech/2023/ **3594**Date: **13/10/2026****OFFICE ORDER****Subject: Conduct of Stakeholder Consultation for Development and Implementation of Integrated Hospital Management System (IHMS) 2.0, Rajasthan.**

In connection with the proposed Development and Implementation of Integrated Hospital Management System (IHMS) 2.0 in Rajasthan, it has been decided to undertake stakeholder consultation to be conducted on **16 October 2026**, with eligible IT/ITES organizations and Hospital Management System (HMS) solution providers/OEMs to obtain their inputs and recommendations regarding the design, development, implementation, integration, and maintenance of the proposed system.

The consultation will provide an opportunity to obtain inputs on functional requirements, technical architecture, interoperability standards, cybersecurity, data migration, implementation strategy, training, operational support, and other relevant aspects of IHMS,

The **Stakeholder Consultation Requisition Form**, attached as **Annexure**, is hereby circulated to the eligible organizations for furnishing their organizational details, relevant experience, technical capabilities, and recommendations for the proposed project.

All concerned organizations are requested to:

1. Indicate their availability for participation on 16 October 2026 in the prescribed requisition form.
2. In case of unavailability on the proposed dates, indicate their preferred alternative date and mode of consultation, i.e., offline or online.
3. Submit the duly completed form (Attached as annexure, along with relevant supporting documents, to the email ID : (1) ihms@rajasthan.gov.in; (2) sonujarwal.doit@rajasthan.gov.in and (3) pradumna.doit@rajasthan.gov.in by 15 October 2026 positively.

This issues with the approval of the competent authority.

Enclosure: Annexure- Stakeholder Consultation Requisition Form.


(Rajeev Jain)
Technical Director



RajCOMP Info Services Ltd.

(A Government of Rajasthan undertaking)

email: info.risl@rajasthan.gov.in

website: www.risl.rajasthan.gov.in

Copy to following for information and necessary action pls:

1. PS to Principal Secretary to the Government, Medical, Health & Family Welfare Department, Medical Education Department.
2. PS to Chairman RISL, Govt of Rajasthan, Jaipur.
3. PS to MD NHM, Govt of Rajasthan, Jaipur.
4. PS to MD RISL, Govt of Rajasthan, Jaipur.
5. PS to CEO RASHA.
6. PS to MD RMSCL, Govt of Rajasthan, Jaipur.
7. PS to Principal & Controller, SMS Medical College, Jaipur.
8. Director (Technical), RISL
9. Guard File



(Pradumna Dixit)
SA(JD)

Stakeholder Consultation Requisition Form

Development and Implementation of Integrated Hospital Management System (IHMS) 2.0, Rajasthan

Purpose: To invite information from eligible IT/ITES organizations and Hospital Management System (HMS) solution providers (OEMs) for stakeholder consultation regarding the design, development, implementation, integration, and maintenance of IHMS 2.0 in Rajasthan.

The stakeholder consultation is proposed to be scheduled on **15 or 16 October 2026**. Kindly tick **Yes** if your organization is available to participate on either of these dates. If you are unable to attend on the proposed dates, please tick **No** and indicate your preferred date for the consultation, specifying whether you would prefer to participate **offline or online**.

S. No.	Particulars	Response
1	Availability on 15 or 16 October 2026	Yes / No
2	Preferred date for consultation (if unavailable on the proposed dates)	DD/MM/YYYY
3	Preferred mode of consultation (if unavailable on the proposed dates)	Offline / Online

Instructions to Applicants

1. All fields marked with an asterisk (*) are mandatory.
2. Provide accurate and verifiable information as of the date of submission.
3. Financial figures shall be provided in Indian Rupees (INR).
4. Attach supporting documents wherever applicable.
5. For each HMS reference, provide details of the client organization, project scope, implementation status, and operational scale.
6. Additional sheets may be attached wherever the space provided is insufficient.

SECTION A: ORGANIZATION PROFILE

S. No.	Particulars	Details to be Filled
1	Name of Organization / Company*	
2	Type of Organization*	☐ Private Limited ☐ Public Limited ☐ LLP ☐ Partnership ☐ Proprietorship ☐ PSU ☐ Other (Please Specify)
3	Year of Establishment / Incorporation*	
4	CIN / Registration Number, if applicable	

5	PAN Number*	
6	GSTIN*	
7	Registered Office Address*	
8	Corporate / Head Office Address	
9	Website	
10	Number of Years of Experience in IT/ITES	
11	Number of Years of Experience in Healthcare IT / HMS	
12	Total Number of Employees	
13	Number of Employees Dedicated to Healthcare IT / HMS	
14	Number of Offices in India	
15	International Presence / Offices	
16	Parent Company / Group, if applicable	
17	Name of Authorized Signatory	
18	Designation of Authorized Signatory	

SECTION B: CONTACT DETAILS

S. No.	Particulars	Details to be Filled
1	Primary Contact Person*	
2	Designation*	
3	Contact Number (Mobile)*	
4	Alternate Contact Number	
5	Official Email ID*	
6	Alternate Email ID	
7	Technical Contact Person	
8	Technical Contact	

	Number / Email	
9	Business / Project Contact Person	
10	Business / Project Contact Number / Email	
11	Rajasthan Office Address, if any	

SECTION C: FINANCIAL CAPACITY

C.1 Turnover from IT/ITES Services

Please provide the organization's turnover specifically attributable to IT/ITES services for the last three completed financial years.

Financial Year	Total Organizational Turnover (₹ in Crore)	Turnover from IT/ITES Services (₹ in Crore)*
FY 2023–24		
FY 2024–25		
FY 2025–26		

Attach audited financial statements, turnover certificates, or other relevant supporting documents, wherever available.

SECTION D: HOSPITAL MANAGEMENT SYSTEM (HMS) EXPERIENCE IN INDIA

Please provide details of HMS/IHMS projects implemented or currently under implementation in India.

S. No.	Particulars	Details
1.	Client Organization / Hospital / Government Department Name	
2.	State / Location	
3.	Project Name	
4.	Client Type	☐ Central Government ☐ State Government ☐ Public Hospital ☐ Private Hospital ☐ Medical College ☐ Hospital Chain ☐ Other
5.	Nature of Engagement	☐ Development ☐ Implementation ☐ Customization ☐ Operations & Maintenance ☐ End-to-End
6.	Year of Project Award	

7.	Go-Live Date / Implementation Year	
8.	Contract Start Date	
9.	Contract End Date	
10.	Current Project Status	
11.	Number of Hospitals / Healthcare Facilities Covered	
12.	Total Number of Beds Covered	
13.	Average Daily OPD Patient Volume	
14.	Average Daily IPD Census / Occupied Beds	
15.	Average Monthly IPD Admissions, if available	
16.	Number of Years in Production / Live Operations	
17.	Major Modules Implemented	
18.	Integrations with External Systems	
19.	Languages / Localization Supported	
20.	Client Reference Contact, where authorized	
21.	Supporting Evidence Available	☐ Contract ☐ Completion Certificate ☐ Go-Live Certificate ☐ Client Reference ☐ Other

Repeat this section for each major Indian HMS/IHMS reference. Attach additional sheets if required.

SECTION E: HOSPITAL MANAGEMENT SYSTEM (HMS) EXPERIENCE OUTSIDE INDIA

Please provide details of HMS/IHMS projects implemented or currently under implementation outside India.

S. No.	Particulars	Details
1	Client Organization / Hospital Name	
2	Country and Location	
3	Project Name	
4	Client Type	☐ Public Hospital ☐ Private Hospital ☐ Government Health System ☐ Hospital Chain ☐ Other

5	Nature of Engagement	☐ Development ☐ Implementation ☐ Customization ☐ Operations & Maintenance ☐ End-to-End
6	Year of Project Award	
7	Go-Live Date / Implementation Year	
8	Current Project Status	
9	Number of Hospitals / Healthcare Facilities Covered	
10	Total Number of Beds Covered	
11	Average Daily OPD Patient Volume	
12	Average Daily IPD Census / Occupied Beds	
13	Average Monthly IPD Admissions, if available	
14	Number of Years in Production / Live Operations	
15	Major Modules Implemented	
16	Integrations with External Systems	
17	Languages / Localization Supported	
18	Client Reference Contact, where authorized	
19	Supporting Evidence Available	☐ Contract ☐ Completion Certificate ☐ Go-Live Certificate ☐ Client Reference ☐ Other

Repeat this section for each major international HMS reference. If the organization has no international references, indicate “Not Applicable.”

SECTION F: TECHNICAL AND FUNCTIONAL CAPABILITIES

Indicate whether the organization has experience or capability in the following areas.

S. No.	Capability / Module	Available (Yes/No)	Brief Details / Reference
1	Patient Registration and Unique Patient Identification		
2	Appointment and Queue Management		

3	OPD Management		
4	IPD / Admission, Discharge and Transfer Management		
5	Emergency and Trauma Care		
6	Electronic Medical Records / Electronic Health Records		
7	Doctor and Nursing Workflows		
8	Laboratory Information System		
9	Radiology and PACS Integration		
10	Pharmacy and Drug Inventory Management		
11	Operation Theatre Management		
12	Blood Bank Management		
13	Billing, Accounts and Financial Management		
14	Insurance / Cashless / Government Health Scheme Integration		
15	Medical Stores and Supply Chain Management		
16	Hospital Administration and Human Resources		
17	Clinical Decision Support / Clinical Documentation		
18	Mobile Application / Patient Portal		
19	Telemedicine / Remote Consultation		
20	MIS, Dashboards and Analytics		
21	Interoperability and API-Based Integration		
22	Data Migration from Legacy HMS Applications		
23	Multilingual User Interface		
24	Role-Based Access Control and Audit Trails		
25	Disaster Recovery and Business Continuity		

(Additional rows may be added to the table, if required, to include further information.)

SECTION G: TECHNOLOGY, SECURITY AND INTEROPERABILITY

1	Existing Application Architecture	
2	Technology Stack and Programming Languages	
3	Database Technologies Supported	
4	Deployment Model	☐ Government Data Centre ☐ State Data Centre ☐ NIC / Approved Cloud ☐ Other
5	Cloud-Native / Containerization Capabilities	
6	Standards Supported (HL7, FHIR, DICOM, etc.)	
7	ABDM / ABHA Integration Experience, if applicable	
8	Integration Experience with Government Health Platforms	
9	Information Security Certifications (e.g., ISO 27001)	
10	CERT-In Empanelment / Security Audit Arrangements, if applicable	
11	Encryption, Backup and Disaster Recovery Capabilities	
12	Data Privacy and Access-Control Measures	
13	API Documentation and Integration Framework	
14	Data Ownership, Portability and Exit Support Approach	
15	Accessibility and Multilingual Support	
16	AI / Automation Capabilities, if any	

SECTION H: IMPLEMENTATION AND SUPPORT CAPACITY IN RAJASTHAN

S. No .	Particulars	Details
1	Existing Presence in Rajasthan	
2	Number of Healthcare Projects in Rajasthan	
3	Availability of Local Implementation Team	
4	Proposed Project Management Structure	
5	Number of Implementation / Deployment Professionals Available	
6	Training and Change Management Approach	
7	Helpdesk and Technical Support Model	
8	Proposed SLA and Incident Escalation Mechanism	
9	Capacity for Phased Rollout Across Multiple Hospitals	
10	Estimated Implementation Timeline / Rollout Approach	
11	Experience in Large-Scale Government Projects	
12	Approach to Hospital-Level Readiness Assessment	
13	Approach to Data Cleansing, Migration and Validation	
14	Approach to Legacy System Transition and Business Continuity	

SECTION I: STAKEHOLDER CONSULTATION INPUTS

Please provide brief responses to the following.

1. What are the key challenges encountered in implementing large-scale hospital information systems?

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2. What should be the key functional priorities for IHMS 2.0 in Rajasthan?

 3. What architecture and deployment model would you recommend for a statewide, multi-hospital system?

 4. What interoperability standards and integrations should be prioritized?

 5. What implementation, training, and change management strategy would you recommend?

 6. What are the major risks related to data migration, cybersecurity, system availability, and hospital operations?

 7. What support model, SLA, and disaster recovery arrangements would you recommend?

 8. What innovative features or best practices from your existing implementations could benefit Rajasthan?

 9. Any additional suggestions, recommendations, or observations for IHMS 2.0:

SECTION J: DOCUMENT CHECKLIST

Please tick the documents submitted with this form.

- ☐ Certificate of Incorporation / Registration
- ☐ PAN Card and GST Registration Certificate
- ☐ Organization Profile / Company Brochure
- ☐ Audited Financial Statements for FY 2023–24, FY 2024–25 and FY 2025–26
- ☐ IT/ITES Turnover Certificate, if available

- ☐ Healthcare IT / HMS Project List
- ☐ Relevant Work Orders / Purchase Orders
- ☐ Project Completion / Go-Live Certificates
- ☐ Client References or Performance Certificates, where authorized
- ☐ Relevant Technical and Information Security Certifications
- ☐ Organization's Proposed Technical Approach / Capability Presentation
- ☐ Any Other Relevant Document: _____

SECTION K: DECLARATION

I/We hereby declare that the information furnished in this requisition form is true and correct to the best of my/our knowledge and belief. I/We understand that the information may be used by the concerned authority for stakeholder consultation, assessment of organizational capabilities, and planning for the development and implementation of IHMS 2.0 in Rajasthan.

I/We agree to provide supporting documents or clarifications as may be reasonably requested by the concerned authority.

Name of Authorized Signatory: _____

Designation: _____

Name of Organization: _____

Signature: _____

Official Seal / Stamp: _____

Place: _____ **Date:** _____

Submission Instructions: Submit the duly completed form, along with supporting documents, to the designated office / email address notified by the concerned authority.