

## Terms of Reference (ToR) Annual Health Checkup Package

### 1. **Background:**

Good Neighbors International Nepal has been working in Nepal since 2002 with the objective of improving lives of poor people, especially children through education, income generating activities, health services, child protection, disaster risk reduction, advocacy and network building. Currently, Good Neighbors International Nepal has been operating its activities in 20 districts.

### 2. **Objective of the service:**

- For the health benefit and welfare of Good Neighbors International members
- Proper diagnosis of any health-related issues in members for precautionary and preventive measures.

### 3. **Scope of the Work**

The health checkup service will be availed based on the specifications and details as mentioned in the Annex below. The services will be applied for the period of one year.

### 4. **Expected Deliverables**

- Reliable report of the assessment done with 100% accuracy.
- Prompt service and detailed physician consultation.
- Proper customer service for all procedural communication.
- Precautionary and preventive measures for any kind of ailment for the members, if any.

### 5. **Budget and Mode of Payment:**

The Vendor shall submit financial proposal in detail i.e. Applicable VAT/taxes at the time of proposal submission.

- The payment shall be made only to the bank account of the service provider/firm's registered name.
- The payment will be made through Account Payee Cheque and/or online bank transfer, whichever is applicable.

### 6. **Acceptance of ITB**

All the rights to accept or to reject the proposal, with or without any obligations, shall be reserved by Good Neighbors International Nepal. If deemed necessary, the service provider shall be asked for modifications.

**7. Management of the Service:**

The selected service provider/firm shall be accountable for the deliverables of the expected quality and standard within the stipulated time.

**8. General Qualification of the service provider/firms:**

The private service providers/firms registered under the authorized Government bodies of Nepal with the experience in the related field are eligible to apply.

**9. Documents to be Submitted by the Service Provider/Firm:**

The application shall contain the following documents:

- A. A price quotation with segregated cost for individual lab test or investigation and consultations
- B. Details of the service provider/firm
  - a) A copy of organization/firm registration
  - b) A copy of Tax clearance certificate (2081/082)
  - c) VAT and PAN registration
  - d) Company Profile

**10. Procedures for the submission of bid:**

Interested firms/service provider are requested to submit the Bid in a sealed envelope clearly marked with “**Bid for Annual Health Checkup Package**” till **June 26, 2026, by 17:00 Hrs** (Nepal Time) at Good Neighbors International Nepal, EPF building-5<sup>th</sup> Floor, Lagankhel, Lalitpur or email to [eoi@gninepal.org](mailto:eoi@gninepal.org). A detail Terms of Reference (TOR) and bidding form including the specification can be downloaded from <https://gninepal.org/calls>.

**For Electronic (email) submission, financial proposal shall be submitted in PDF format protected with a password. The password shall be sent via email only upon request from procurement/logistics sector.**

Bid received after the deadline will not be considered and only shortlisted firms/company will be called for further process. Canvassing at any stage of process shall lead to automatic disqualification. The organization reserves all rights to qualify/disqualify application with or without providing any reasons whatsoever. All bids will be treated with the highest confidentiality.

All employees and consultants must adhere to Good Neighbors International Nepal’s code of conduct, specifically the provisions related to child safeguarding, and Protection from Sexual Exploitation and Abuse (PSEA). Any instances of misconduct will be promptly investigated and addressed following our protocols.

**ANNEX I:**  
**Annual Health Checkup Package – Service Specification**

S.N.	Name of the lab test or investigation to be done	Category of staff to be covered	Category of staff to be covered
		Male	Female
1	<b>Complete Blood Count (CBC)</b>	√	√
2	<b>Erythrocyte Sedimentation Rate (ESR)</b>	√	√
3	<b>Fasting Blood Sugar</b>	√	√
4	<b>Hba1c</b>	√	√
5	<b>Lipid Profile</b>	√	√
	Total Cholesterol	√	√
	HDL	√	√
	LDL	√	√
	Triglyceride	√	√
6	<b>Uric Acid</b>	√	√
7	<b>Kidney Function Test</b>	√	√
	Creatinine	√	√
	Urea	√	√
	Sodium	√	√
	Potassium	√	√
8	<b>Liver Function Test</b>	√	√
	SGOT (AST)	√	√
	SGPT (ALT)	√	√
	Alkaline Phosphatase	√	√
	Total bilirubin	√	√
	Total Protein	√	√
	Albumin	√	√
9	<b>Gamma GT</b>	√	√
10	<b>Thyroid Function Test (TFT)</b>	√	√
	TSH	√	√
	Free T3	√	√
	Free T4	√	√
11	<b>Urine Examination</b>	√	√
12	<b>Stool Examination with Occult Blood</b>	√	√
13	<b>Ultrasound abdomen/pelvis</b>	√	√
14	<b>Ultrasound Breast</b>	X	√
15	<b>ECG</b>	√	√
16	<b>X-ray</b>	√	√
17	<b>Pap Smear Test</b>	X	√
18	<b>Gynecologist Consultation</b>	X	√
19	<b>Internal Medicine – Endocrinologist Consultation</b>	√	√
20	<b>Skin Consultation</b>	√	√
21	<b>CA125</b>	X	√
22	<b>PSA</b>	√	X
23	<b>Eye Checkup</b>	√	√

**Annex II**  
**Financial proposal/Bidding Form**

<b>S.N.</b>	<b>Specification of the Items</b>	<b>Number</b>	<b>Unit Rate with VAT</b>	<b>Total Amount in NPR.</b>
<b>1</b>	Annual Health Checkup Package for male	<b>42</b>		
<b>2</b>	Annual Health Checkup Package for female	<b>18</b>		
Grand Total Amount		<b>60</b>		

**Name of Service Provider/Company:**

**Date:**

**Contact Person:**

**Contact No:**

**Company Stamp:**