



# Expression of Interest (EoI)

## Invitation to Form a Consortium for Execution of the “Netra-Antyodya Project”

**Project title :** Design and Development of Low-Cost Screening Devices for Eliminating Preventable Blindness through Advanced Medical AI and Healthcare Innovation

**EoI No:** EoI/NIELIT-Kohima/Netra-Antyodya/2025-26 January 2026

## NATIONAL INSTITUTE OF ELECTRONICS AND INFORMATION TECHNOLOGY (NIELIT), KOHIMA

**A Scientific Society of the Ministry of Electronics and Information Technology,  
Government of India**

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## 1. Notice Inviting EoI

**National Institute of Electronics and Information Technology (NIELIT), Kohima**, a Scientific Society under the Ministry of Electronics and Information Technology (MeitY), Government of India, invites proposals from prospective industry partners to form a **consortium to execute the "Netra-Antyodya Project: Design and Development of Low-Cost Screening Devices for Eliminating Preventable Blindness through Advanced Medical AI and Healthcare Innovation."**

### 1.1 Project Overview

NIELIT Kohima, in collaboration with leading medical institutions, has conceptualized the **Netra-Antyodya** project to address preventable blindness in India through the development of:

1. **Affordable IoT-enabled screening devices** (digital slit lamp, handheld non-mydriatic fundus cameras)
2. **Advanced AI-driven diagnostic systems** for disease classification, segmentation, and monitoring
3. **Large labeled R&D databanks** for retinal and cataract imaging
4. **Multi-site population screening** across North East India (~75,000 patients)

### 1.2 Scope of Consortium Activities

This EoI invites industry partners to form a **two-tier consortium structure** as follows:

#### 1.2.1 Tier 1: Software and AI Development Partner

- Responsible for developing AI algorithms, software systems, and medical data analytics platforms
- Coordination with medical doctors and research institutions for data collection and clinical validation
- Development of smartphone-based and web-based labeling interfaces for data annotation
- Management of AI model training, segmentation, classification, and biomarker development
- Support for regulatory approvals (ISO, CDSCO certifications)

#### 1.2.2 Tier 2: Hardware Development Partner

- Responsible for design, development, prototyping, and manufacturing of medical imaging devices
- Modular platform with mounting capabilities for a Digital slit lamp system and handheld non mydriatic fundus camera system
- Testing, validation, and pilot deployment of hardware components



- Support for regulatory approvals (ISO, CDSCO certifications)

## 1.3 Key Project Components

The consortium must collectively deliver:

### 1.3.1 Device Development:

- Modular platform with mounting capabilities for a Digital slit lamp system and handheld non mydriatic fundus camera system
- Image acquisition, visualisation, storage & analysis systems for anterior and posterior segment diseases

#### A) Digital Slit Lamp Systems:

- Enable diagnosis of cataracts, glaucoma, and anterior segment diseases
- Integrate real-time image capture and data transfer capabilities

#### B) Handheld Non-Mydriatic Fundus Cameras:

- Develop low-cost fundus cameras for retinal imaging
- Non-mydriatic design (no pupil dilation required)
- Handheld and portable for field deployment
- 40 degree and above FOV without dilation

### 1.3.2 AI and Software Development:

#### Disease Classification Algorithms:

- Diabetic Retinopathy (DR), Diabetic Macular Edema (DME)
- Glaucoma, Age-Related Macular Degeneration (ARMD)
- Hypertensive Retinopathy (HTR)
- Branch Retinal Vein Occlusion (BRVO), Central Retinal Vein Occlusion (CRVO)
- Retinal detachment, Choroidal Neovascularization (CNV), Cataracts

#### Segmentation Algorithms:

- Pixel-level annotations and lesion visualization

#### Biomarker Development:

- 3D predictions from 2D imaging

#### Longitudinal Monitoring:

- Disease progression prediction tools



## 2. Disclaimer

1. NIELIT Kohima has prepared this Expression of Interest Document ("EoI Document") solely to invite prospective industry partners for a project-specific consortium. While NIELIT has taken due care in preparing the information herein and believes it to be accurate, neither NIELIT nor any of its authorities, agencies, officers, employees, agents, or advisors give any warranty or make any representations, express or implied, regarding the completeness or accuracy of the information contained in this document.
2. This information is not intended to be exhaustive. Interested parties are required to make their own inquiries before submitting their EoI. The information is provided on the basis that it is non-binding on NIELIT, its authorities, agencies, or their respective officers, employees, agents, or advisors.
3. NIELIT reserves the right not to proceed with the EoI process at any stage without assigning reasons, to alter the timeline reflected in this document, or to change the process or procedure to be applied. NIELIT also reserves the right to decline further discussion with any party submitting an EoI.
4. NIELIT will not be liable to pay, reimburse, or compensate any costs, losses, expenses, penalties, or damages of whatsoever nature to any person or entity submitting an EoI.
5. This EoI Document is neither an agreement nor an offer. It is only an invitation by NIELIT to qualified entities to submit Expression of Interest Proposals as stated in this Notice Inviting EoI.
6. The purpose of this Notice Inviting EoI is to provide interested industries with information to assist in formulating their proposals.
7. The issue of this EoI does not imply that NIELIT is bound to select any consortium or enter into any contract.

## 3. Introduction

**NIELIT Kohima** is the premier R&D center of the Ministry of Electronics and Information Technology (MeitY) for carrying out R&D in Information Technology and Electronics in the North East region. NIELIT has emerged as a leading institution in deploying innovative technology solutions for social and healthcare challenges.

### 3.1 Institutional Background

The Centre has demonstrated expertise in:

1. Design and development of electronics and embedded systems
2. Integration of IoT and AI technologies for healthcare applications
3. Establishment of innovation centers with advanced manufacturing capabilities
4. Multi-institutional collaborative projects with government agencies and medical institutions



## 3.2 Project Conceptualization

NIELIT Kohima has conceptualized the **Netra-Antyodya** project with the objective to eliminate preventable blindness in India. The project aims to:

1. Develop **indigenized and cost-effective** screening solutions for early detection of eye diseases
2. Leverage **advanced AI algorithms** for disease classification, staging, and monitoring
3. Create **large, labeled datasets** to train and validate AI systems
4. Conduct **population-wide screening** across underserved regions in the North East India

The project recognizes that **80% of blindness in India is preventable** with early screening and timely intervention. However, current screening systems are expensive, require highly skilled personnel, and are concentrated in urban areas. The Netra-Antyodya project addresses this critical gap through innovative, affordable, and AI-driven solutions.

## 3.3 Why Industry Partnership?

The successful execution of this project requires:

1. **Cutting-edge technology expertise** in medical device design, manufacturing, and certification
2. **Advanced AI and software development capabilities** for complex image analysis and biomarker research
3. **Regulatory and compliance expertise** for navigating medical device certifications (ISO-13485, CDSCO approvals)
4. **Clinical trial and validation experience** with large patient populations
5. **Manufacturing scalability** to ensure pilot devices transition to production-ready systems
6. **Commercialization capabilities** to bring developed solutions to market and ensure sustainability

NIELIT Kohima, as an R&D organization, provides the institutional framework, clinical network, and project governance. Industry consortium partners will bring specialized expertise, manufacturing capabilities, and market access necessary to translate research outputs into deployed healthcare solutions.



## 4. Objective of the Collaboration

The objective of this EoI is to solicit proposals from prospective consortium partners who can:

1. **Jointly execute the Netra-Antyodya project** in collaboration with NIELIT Kohima and leading medical institutions
2. **Develop, test, and validate** affordable medical imaging devices and AI systems
3. **Coordinate with leading medical institutions** (AIIMS, PGI, and institutes of national eminence) to ensure clinical rigor and medical excellence
4. **Manufacture and deploy** pilot devices and systems
5. **Support regulatory compliance** for medical device certifications
6. **Contribute toward establishing** the Centre for Innovation at NIELIT Kohima
7. **Participate in population screening** and real-world validation studies
8. **Co-commercialize** developed technologies and solutions for sustainable impact

## 5. Project Overview and Technical Scope

### 5.1 Vision

Eliminate preventable blindness in India through **accessible, affordable, and AI-enabled eye care screening solutions that** can be deployed across primary care centers and community health settings in underserved regions.

### 5.2 Key Medical Challenges Addressed

1. **1/3rd of world's blind people** are in India; 80% of this blindness is preventable
2. **Only 1/6th of WHO-recommended ophthalmologist-to-patient ratio** in India, with 74% of doctors concentrated in urban areas serving only 28% of the population
3. **100+ million diabetic patients** and 140+ million prediabetic individuals face increasing risk of diabetic retinopathy and diabetic macular edema
4. **320+ million Indians** affected by hypertension, facing risk of hypertensive retinopathy and glaucoma
5. **68% of India's blindness** due to cataracts (reversible with timely screening and surgery)
6. **50% of glaucoma-induced blindness** occurs without patient awareness of disease presence
7. **Diabetic retinopathy** remains asymptomatic until irreversible damage occurs



## 5.3 Technical Scope Summary

### 5.3.1 Device Development

#### A) Digital Slit Lamp System

##### Tentative Technical Features:

- Real-time video streaming and image recording capabilities
- LED illumination system with adjustable intensity
- Magnification and focus adjustments
- Data transfer via WiFi/Bluetooth/wired

##### Expected Specifications:

- Image Resolution: 1080p or higher
- Magnification: 6x to 40x
- Latency: < 500ms for real-time streaming
- Battery Life:  $\geq$  4 hours (continuous operation)

##### Diseases Detected:

- Cataracts
- Corneal abnormalities
- Anterior segment disorders

#### B) Handheld Non-Mydriatic Fundus Camera

##### Technical Features:

- Handheld, portable design
- Non-mydriatic imaging (no pupil dilation required)
- 40+ degree field of view
- Auto-focus and alignment system
- WiFi/Cellular connectivity (optional)
- Battery-powered with  $>$  4-hour operation (preferred)
- Rugged design for field deployment

##### Expected Specifications:

- Image Resolution:  $\geq$  1600 $\times$ 1200 pixels
- 40+ degree field of view
- Sensitivity: Ability to detect lesions  $\geq$  50 microns
- Imaging Speed:  $\leq$  2 seconds per image
- Weight:  $\leq$  1.5 kg
- Display: Integrated 3-5 inch



### Diseases Detected:

- Diabetic Retinopathy (Mild, Moderate, Severe NPDR, PDR)
- Diabetic Macular Edema
- Age-Related Macular Degeneration
- Hypertensive Retinopathy
- Glaucoma (optic nerve head assessment)
- Retinal vein occlusions (BRVO, CRVO)
- Retinal detachment
- Choroidal neovascularization

### 5.3.2 AI and Software Systems

#### A) Disease Classification and Detection Algorithms

##### Target Diseases:

1. Diabetic Retinopathy (5 severity levels)
2. Diabetic Macular Edema (presence/absence)
3. Age-Related Macular Degeneration
4. Glaucoma (risk classification)
5. Hypertensive Retinopathy (grading)

##### Algorithm Specifications:

- **Sensitivity:**  $\geq 80\%$  for major diseases
- **Specificity:**  $\geq 80\%$  for major diseases
- **Accuracy:**  $\geq 85\%$  on validation datasets
- **Processing Time:**  $\leq 15$  seconds per image
- **Model Size:**  $\leq 200\text{MB}$

#### B) Image Segmentation and Analysis

- **Pixel-level annotation** for lesion boundaries
- **Lesion classification:** Hard exudates, microaneurysms, hemorrhages, cotton wool spots, optic disc, macula
- **Automated segmentation** using deep learning (U-Net, SegNet, DeepLab variants)
- **Heatmap generation:** Class activation maps (CAM) for interpretability

#### C) Novel Biomarker Research (POC level)

- **3D Prediction from 2D:** Develop AI models to predict 3D retinal structure from 2D fundus images
- **NCD Biomarkers:** Explore retinal imaging for systemic disease biomarkers (hypertension, diabetes complications)



- **Progression Prediction:** Model disease progression and complication risk using longitudinal data

#### D) Software Applications

**Hardware System** - Image acquisition, visualisation, storage & analysis systems (Hardware Player):

- Device control and image capture
- Real-time AI analysis display / AI algorithms integration
- Patient data entry and history
- Report generation
- Offline functionality with cloud sync
- User authentication and data security
- E-Sanjeevani integration for tele-consultation
- Doctor/clinician portal for image review and diagnosis

**Data Annotation Platform** - (Software / AI player):

- Touchscreen interface for pixel-level annotation
- Multi-site data management dashboard
- Laptop / Smartphone-based gamified annotation system
- QA tools for annotation quality assurance
- Version control and audit trails
- Performance tracking for annotators

**Benchmark Datasets** - (Software / AI player):

- Gold-standard internal datasets for validation
- Expert consensus annotations for accuracy measurement
- 500+ carefully curated images for final validation
- Inter-observer agreement metrics and quality assessment

## 6. Consortium Structure and Roles

### 6.1 NIELIT Kohima: Overall Responsibilities:

**Governance Role -**

1. Overall project governance, coordination, and management across all parties
2. Institutional support and administrative infrastructure
3. Project financial management and reporting



### Technical role -

1. Develop multiple AI algorithms for anterior segment imaging
2. Develop software for custom data labeling interfaces across large devices
3. Define the usage parameters, technical standards and specifications of product development by agencies across both hardware & software especially w.r.t needs of rural & hilly regions.

### Innovation role -

1. Setup a centre for innovation in medical data labeling & 3D printing at NIELIT Kohima
2. Develop large touch enabled labeling devices especially designed for medical data labeling

### Clinical management & Regulatory -

1. Clinical partnerships and coordination with AIIMS, PGI, ESI etc and other medical institutions
2. Governance & coordination across all parties on regulatory coordination and approvals
3. Enabling a team of board certified doctors to ensure large databanks are annotated

### Operational -

1. Screen 75000 people in SC/ST population area for eyecare

### Key Personnel (NIELIT Team):

- **Chief Investigator:** Director, NIELIT Kohima
- **Co-Investigators:** NIELIT Scientists and technical teams

## 6.2 Consortium Partner 1: Software and AI Development Partner

### Primary Responsibilities:

#### 6.2.1 AI System Development:

1. Design and develop machine learning and deep learning algorithms for disease classification, segmentation, and localization
2. Develop transfer learning approaches for hardware-specific AI models
3. Implement segmentation algorithms for pixel-level annotations across pathologies
4. Develop disease monitoring and longitudinal tracking algorithms
5. Research and develop novel biomarker algorithms (3D prediction from 2D imaging)



#### **6.2.2 Software Development:**

1. Develop AI-assisted annotation and labeling platforms (touchscreen and mobile interfaces)
2. Develop clinical data management systems (collection, linking to data labeling etc)

#### **6.2.3 Data Management:**

1. Establish database infrastructure for imaging and clinical data
2. Implement data labeling workflows with quality assurance
3. Conduct data curation and preprocessing for AI training
4. Generate training, validation, and test datasets
5. Maintain data security and regulatory compliance

#### **6.2.4 Clinical Coordination:**

1. Work with ophthalmologists for data labeling and annotation
2. Support multi-site data collection and management
3. Coordinate with medical institutions for retrospective data acquisition
4. Assist in clinical trial management and reporting

#### **6.2.5 Technical Expertise:**

1. Provide domain knowledge in AI, computer vision, and image analysis
2. Identify regulatory requirements for AI/ML systems in medical devices
3. Ensure algorithm transparency (explainability in AI decisions)
4. Perform model validation and benchmarking against existing standards

#### **Expected Expertise:**

- Advanced skills in deep learning frameworks (TensorFlow, PyTorch, etc.)
- Advanced data engineering including data labeling in medical domain
- Medical image analysis and computer vision
- Software architecture and development
- Database management and healthcare IT systems
- Regulatory knowledge for AI-based medical devices
- Experience in clinical data management

#### **Deliverables:**

- Trained AI models for 10+ diseases with documented performance metrics
- Smartphone and web applications for image analysis and patient management
- Data labeling platform
- Regulatory documentation for AI/ML systems
- Technical documentation and user manuals



## 6.3 Consortium Partner 2: Hardware Development Partner

### Primary Responsibilities:

#### 6.3.1 Device Design and Development:

- Modular platform with mounting capabilities for a Digital slit lamp system and handheld non mydriatic fundus camera system
- Image acquisition, visualisation, storage & analysis systems for anterior and posterior segment diseases including integration with E-Sanjeevani platform

#### 6.3.2 Prototyping and Testing:

1. Create prototypes of digital slit lamp and fundus camera systems
2. Conduct lab-level testing of prototype devices
3. Perform mechanical, optical, and electronic validation
4. Support integration of developed components
5. Conduct field testing in clinical settings

#### 6.3.3 Manufacturing and Fabrication:

1. Provide engineering drawings and technical specifications for production
2. Support mechanical fabrication and assembly processes
3. Establish manufacturing processes for pilot production
4. Fabricate 15 units of the refined Modular platform with mounting capabilities
5. Support quality control and standardization

#### 6.3.4 Regulatory and Certification Support:

1. Identify regulatory requirements (ISO-13485, CDSCO)
2. Prepare technical documentation for medical device approvals
3. Support certification processes
4. Ensure compliance with safety and performance standards
5. Participate in pre-market and post-market surveillance planning

#### 6.3.5 Clinical Validation Support:

1. Deploy prototype devices for field testing in clinical settings
2. Support clinical trial execution and data collection
3. Perform troubleshooting and device refinement based on field feedback
4. Conduct benchmarking against commercial systems
5. Document performance and clinical outcomes



### 6.3.6 Intellectual Property and Technical Support:

1. Provide technical details, design inputs, and specifications
2. Support integration of developed components
3. Participate in design reviews and technical meetings
4. Assist in technology transfer documentation
5. Support commercialization planning

### 6.3.7 Financial Requirements:

**Minimum Annual Average Revenue (Hardware or Consortium Lead):** The Hardware Partner or the Consortium Lead must demonstrate a minimum average annual turnover of **₹5 Crores** (Rupees Five Crores) over the last three (3) financial years (FY 2022-23, FY 2023-24, and FY 2024-25).

**Minimum Annual Average Revenue (Software/AI Partner):** The Software and AI Development Partner, if not the Lead Organization, must demonstrate a minimum average annual turnover of **₹1 Crore** (Rupees One Crore) over the last three (3) financial years (FY 2022-23, FY 2023-24, and FY 2024-25).

**Exemption for Startups/MSMEs:** This minimum turnover requirement is exempted for software / AI partner organizations categorized as a registered Micro, Small, and Medium Enterprise (MSME) or a Department for Promotion of Industry and Internal Trade (DPIIT) recognized Startup, provided they furnish evidence of adequate financial backing or technical capability.

### Expected Expertise:

- Medical device design and development
- Electronics and embedded systems engineering
- Optical and imaging system design
- Manufacturing and quality control
- Regulatory knowledge (ISO-13485, CDSCO, medical device standards)
- Clinical validation and field testing experience

### Deliverables:

- Detailed design specifications for digital slit lamp system
- Detailed design specifications for fundus camera system
- Modular platform with mounting capabilities
- Image acquisition, visualisation, storage & analysis systems
- 15 units of fabricated modular platform
- Engineering drawings for production manufacturing
- Quality management system documentation
- ISO-13485 and CDSCO approval documentation
- Field testing reports from clinical sites
- Benchmarking reports against commercial systems



## 7. Expectations from Consortium Partners

### 7.1 Collective Consortium Expectations

The consortium (Software AI Partner + Hardware Partner) must collectively fulfill the following expectations:

#### 7.1.1 Technical Leadership and Expertise

1. Demonstrate proven expertise in medical device development, AI systems, or clinical research
2. Show evidence of successfully executing similar complex projects
3. Provide qualified technical teams with relevant experience
4. Ensure availability of team members (either remotely or on-site) for the full project duration

**Note on Consortium Lead:** The designation of a 'Consortium Lead' during the EoI submission and initial contracting phase is primarily for administrative communication and application submission. Post-selection and upon execution of individual research agreements with NIELIT Kohima, each partner (Software/AI Partner and Hardware Partner) will be individually and solely responsible for their assigned scope of work, milestones, and deliverables as defined in their respective agreements. Overall consortium-level governance will be managed through the joint Project Governance structure.

#### 7.1.2 Financial Commitment and Resource Allocation

1. **Software/AI Partner:** Commit financial and in-kind resources for software development, data management, and AI research (as per budget allocation)
2. **Hardware Partner:** Commit resources for device design, prototyping, manufacturing, and testing
3. Provide detailed financial breakdowns for budgeted activities
4. Ensure adequate staffing and infrastructure allocation

#### 7.1.3 Joint Project Governance

1. Designate consortium leadership and single point of contact with NIELIT for initial part of consortium being onboarded before individual party research agreement along with overall consortium level research agreement is executed with all parties including NIELIT
2. Establish memoranda of understanding (MoUs) between consortium partners defining roles, responsibilities, and cost-sharing including consortium governance structure and decision-making process
3. Conduct regular consortium meetings (digitally / physically at least monthly or as required)
4. Ensure seamless coordination between Software/AI Partner and Hardware Partner



#### 7.1.4 Undertaking to Engage

##### A) PI from Leading Medical Institution:

- Letter of Intent (LoI) from a medical researcher from institution like AIIMS / PGI at department head level
- Giving an undertaking to lead a multi-centre trial as the PI
- With participation of Co-PI's from more AIIMS / PGI or large tertiary centres as additional clinical trial sites

##### B) Industry Participation:

- Find an appropriate industry willing to fund ₹200 lakhs over 3 years
- Licensing out the developed technology from the project

#### 7.1.5 Clinical Trial Execution Capability

1. Demonstrated experience in conducting multi-site clinical trials
2. Ethics committee approvals and regulatory compliance expertise
3. Patient data management and medical record systems
4. Experience with CTRI registration and CDSCO coordination

#### 7.1.6 Data Collection and Management

1. Establish infrastructure for multi-site retrospective data acquisition
2. Create prospective data collection protocols including imaging, clinical history, vitals, and OCT scans
3. Ensure data quality, security, and regulatory compliance
4. Support data labeling by qualified medical professionals

#### 7.1.7 Manufacturing and Commercialization Path

##### Hardware Partner Specific:

1. Demonstrate manufacturing capability or access to contract manufacturers
2. Provide detailed manufacturing process and quality control plans
3. Commit to fabricating pilot units for field testing
4. Develop commercialization roadmap for post-project scaling
5. Demonstrate market knowledge and end-user engagement

#### 7.1.8 Regulatory and Certification Roadmap

1. Identify regulatory requirements for medical devices (ISO-13485, CDSCO)
2. Prepare regulatory compliance plans
3. Support certification activities during and post-project



4. Ensure alignment with government medical device regulations
5. Develop quality management system documentation

#### 7.1.9 Intellectual Property Management

1. Agree to IP sharing model as per MeitY guidelines
2. Identify pre-existing IP and new IP generated during project
3. Support technology transfer and documentation
4. Commit to reasonable licensing terms for commercialization

#### 7.1.10 Knowledge Transfer and Capacity Building

1. Provide training to NIELIT and medical institution teams on developed technologies
2. Develop user manuals, standard operating procedures, and technical documentation
3. Support capacity building for device operation and AI system usage
4. Facilitate technology transfer for independent handling and maintenance

#### 7.1.11 Collaboration and Communication

1. Ensure dedicated project teams with clear accountability
2. Participate in monthly or quarterly project reviews with NIELIT
3. Provide timely progress reports and documentation
4. Communicate challenges and propose solutions proactively
5. Support field visits and on-site collaborative activities

#### 7.1.12 Quality Assurance and Validation

1. Establish quality assurance protocols for all deliverables
2. Conduct independent validation and testing
3. Maintain audit trails and documentation
4. Support clinical validation and benchmarking activities
5. Ensure reproducibility and scalability of developed solutions

### 8. Eligibility Criteria

#### 8.1 Who Can Apply

Any of the following entities may lead or form a consortium for this project:

1. **Private Limited Companies** registered in India with proven expertise in medical devices or healthcare IT
2. **Public Sector Undertakings (PSUs)** with relevant technical expertise



3. **MSMEs (Micro, Small, and Medium Enterprises)** working in medical device or healthcare technology
4. **Startups** registered under applicable government schemes with demonstrated capability
5. **Partnership firms** registered in India with relevant experience
6. **Consortiums of 2+ entities** (Software/AI Partner + Hardware Partner) jointly applying

## 8.2 Minimum Requirements for Applicant Organizations

1. **Legal Registration:** Registered under applicable laws in India with registered office in India
2. **Technical Expertise:** Demonstrated experience in medical device development, AI/ML systems, healthcare IT, or clinical research
3. **Financial Strength:** Positive financial standing with audited financial statements for last 3 years
4. **Infrastructure:** Adequate R&D infrastructure, manufacturing facilities (or access thereto), and development tools
5. **Regulatory Compliance:** Not blacklisted by any government body; valid PAN, TAN, GST registration
6. **Certifications:** Valid ISO certifications (ISO-9001 preferred, ISO-13485 preferred for hardware partners)

## 8.3 Consortium Structure -- How to Apply

### Option 1: Single Organization Applying with Pre-committed Partners

- Single organization (Software or Hardware focus) applies as lead
- Must provide signed MoUs from supporting organizations covering other domains
- Software partner must have confirmed hardware collaboration MoU
- Hardware partner must have confirmed software/AI collaboration MoU
- Signed Lols from medical institution PI included

### Option 2: Joint Consortium Applying Together (preferred)

- Two or more organizations jointly submit single consolidated EoI
- One organization designated as consortium lead/nodal agency
- Clear division of roles between Software/AI Partner and Hardware Partner
- Joint governance structure and communication protocol defined
- Consortium MoU attached to EoI
- Signed Lols from medical institution PI included

### Strongly Recommended:

- At least one partner with healthcare/medical device background
- At least one partner with AI/ML or advanced software development expertise
- Signed Lols from medical institution PI included



## 9. Qualification Criteria

### 9.1 Evaluation Framework

The Netra-Antyodya Project consortium submissions shall be evaluated on **100 marks** following a **multi-stage evaluation process** aligned with project requirements and consortium structure.

#### Overall Evaluation Score Distribution:

Evaluation Head	Marks	Weightage
A. Software and AI Partner Capabilities	20	20%
B. Hardware Partner Capabilities	20	20%
C. Consortium Financial strength / turnover	20	20%
D. Combined Team & Infrastructure	10	10%
E. Technical Presentation & Demo	20	20%
F. Medical Partnership & Clinical Readiness	10	10%
<b>TOTAL</b>	<b>100</b>	<b>100%</b>

### 9.2 HEAD A: Software and AI Partner Capabilities --- 20 Marks

**Evaluation Focus:** Expertise of the project team in AI model development, data engineering, medical image analysis, and clinical data management.

#### 9.2.1 A1. AI/ML Experience in Medical Imaging (10 marks)

Criteria	Evidence	Marks
Solution made for 1 disease using AI/ML technique	Published paper / clinical study result from project team	3



Solution made for 2 disease using AI/ML technique	Published paper / clinical study result from project team	6
Solution made for 3+ disease using AI/ML technique	Published paper / clinical study result from project team	10

#### **Mandatory Evidence Required:**

- Published paper / clinical study result from project team

#### **9.2.2 A2. Data Engineering & Large-Scale Medical Data Management (10 marks)**

Criteria	Evidence	Marks
Experience in labeling medical imaging datasets (up to 5000 labels for medical images by doctors)	Published paper / clinical study result from project team	3
Experience in labeling medical imaging datasets (up to 15,000 labels for medical images by doctors)	Published paper / clinical study result from project team	6
Experience in labeling medical imaging datasets (up to 35,000 labels for medical images by doctors)	Published paper / clinical study result from project team	10

#### **Mandatory Evidence Required:**

- Published paper / clinical study result from project team

#### **9.3 HEAD B: Hardware Partner Capabilities --- 20 Marks**

**Evaluation Focus:** Expertise in medical device design, optical/imaging systems, manufacturing, and regulatory compliance.



### 9.3.1 B1. Medical Device Design & Development Experience (8 marks)

Criteria	Evidence	Marks
In-house Design/development of 1 medical imaging device deployed in the market (non-optical)	Prototype images / Technical drawings / Client testimonial	3
1 In-house developed commercial ophthalmology device with market deployments (slit lamp/ fundus camera etc)	Product brochure / Market reach documentation / Service network	6
2 or more In-house developed commercial ophthalmology device with market deployments (slit lamp/ fundus camera etc)	Product brochure / Market reach documentation / Service network	10

#### Mandatory Evidence Required:

- Technical design specifications / CAD drawings OR
- Manufacturing process documentation OR
- Product brochure OR
- Product certifications (ISO-13485, CDSCO, CE marking if applicable)

### 9.3.2 B2. Manufacturing Capability & Scalability (7 marks)

Criteria	Evidence	Marks
In-house fabrication or access to tier-1 contract manufacturers	MoU with manufacturers / Facility tour images	3
Demonstrated ability to produce 10-50 units of complex devices in pilot phase	Past production records / Manufacturing plan	6
Demonstrated ability to scale to 100+ units with quality control systems	Relevant ISO certification / Production facility details / Past production records / Manufacturing plan	10

#### Mandatory Evidence Required:

- Relevant ISO certification / Production facility details / Past production records / Manufacturing plan



## 9.4 HEAD C: Consortium Financial Strength / Turnover --- 20 Marks

**Evaluation Focus:** Assessment of the financial capacity and stability of the Consortium Lead or Hardware Partner, as they are primarily responsible for the capital-intensive aspects of device manufacturing and regulatory compliance.

This score is based on the average annual turnover of the **Consortium Lead / Hardware Partner** over the last three financial years (FY 2022-23, FY 2023-24, and FY 2024-25) provided they are certified and signed by a Chartered Accountant (CA).

The average annual turnover must be calculated from the audited financial statements. The scoring is progressive, rewarding greater financial stability.

### Criteria for Financial Strength (Hardware Partner / Consortium Lead)

Criteria	Average Annual Turnover (Last 3 FYs)	Marks
Good Financial Strength	₹5 - ₹10 Crores Turnover	5
Strong Financial Strength	₹10 Crores - ₹20 Crores	10
Very Strong Financial Strength	₹20 Crores - ₹30 Crores Turnover	15
Excellent Financial Strength	Turnover greater than ₹30 Crores	20

**Note:** The required financial documentation (Audited Financial Statements and Auditor's Certificates for the last three financial years) must be submitted as per Format 5. The minimum average annual turnover requirement for the Hardware Partner or Consortium Lead is ₹5 Crores (as specified in Section 6, Consortium Structure and Roles) but a lower score is assigned for lower turnovers for relative evaluation.

## 9.5 HEAD D: Combined Team & Infrastructure --- 10 Marks

**Evaluation Focus:** Collective consortium's team expertise, infrastructure, and commitment to multi-disciplinary project execution.



### 9.5.1 D. Team Expertise & Commitment (10 marks)

Criteria	Evidence	Marks
Dedicated team of 1 engineer across both hardware & AI domain respectively	Commitment letters / Affidavits by HR or company head on official letterhead	3
Dedicated team members ( $\geq 2$ ) across both hardware & AI domain respectively	Commitment letters / Affidavits by HR or company head on official letterhead	6
Dedicated team members ( $\geq 5$ ) across both hardware & AI domain respectively	Commitment letters / Affidavits by HR or company head on official letterhead	10

#### Mandatory Evidence Required:

- Company undertaking or affidavit self certified letters from consortium partner

### 9.6 HEAD E: Technical Presentation & Prototype Demo --- 20 Marks

**Evaluation Focus:** Consortium's ability to clearly articulate the proposed solution, demonstrate technical feasibility, and present a realistic roadmap.

#### 9.6.1 E1. Solution Architecture & Feasibility Presentation (10 marks)

Criteria	Evaluation Level	Marks
Vague or incomplete articulation of proposed solution	Poor	1-2
Clear articulation of device design, AI algorithms, and software architecture	Good	5-7
Comprehensive architecture with hardware-software integration, data flow, and regulatory pathway clearly mapped	Excellent	10

#### Evaluation Checklist:

- Device specifications match project scope (slit lamp + fundus camera)
- AI algorithm roadmap aligns with target diseases
- Data flow and integration between hardware and software clear
- Regulatory compliance strategy documented
- Risk mitigation strategies identified



### 9.6.2 E2. Prototype/Proof-of-Concept Demonstration (10 marks)

Prototype Maturity	Demonstration Scope	Marks
<b>Concept/CAD model</b> --- No functional prototype	Device concept sketches, simulation	5
<b>Finished Prototype</b> --- Near-production readiness	Functional imaging device ( ophthalmology preferred) via a recorded video / live presentation	8-10

**Mandatory Demo Criteria:** CAD model / Live demo / Recorded video for existing functioning prototype

### 9.7 HEAD F: Medical Partnership & Clinical Readiness --- 10 Marks

**Evaluation Focus:** Clinical credibility, institutional partnerships, and ability to execute multi-site clinical validation.

#### 9.7.1 F. Commitment & PI Involvement (10 marks)

Criteria	Evidence	Marks
<b>PI from Private Hospital/Institution</b> (undertaking multi-site involvement, 2+ sites)	Signed LoI/Undertaking, PI CV, Institutional profile	3
<b>PI from State/Central Government Medical centre</b> (undertaking multi-site involvement, 2+ sites including 1 AIIMS)	Signed LoI/Undertaking, PI CV, Institutional profile	6
<b>PI from AIIMS / PGI / Institute of National Eminence / Large government Tertiary Center</b> (undertaking multi-site involvement with confirmed participation of 2+ other PIs/sites from AIIMs)	Signed LoI from PI, Confirmation of institutional support, CVs of PIs from 2 sites	10

### 9.8 Minimum Qualification Threshold

Only consortiums achieving **minimum 50 marks out of 100** in the Technical Evaluation shall be considered qualified for selection. Consortiums failing to meet these thresholds shall be rejected.



## 9.9 Evaluation Committee Composition

The Evaluation Committee shall comprise:

- NIELIT Kohima Director / Senior Technical Officer (Chair)
- NIELIT Scientists / CO-pi's on the proposed Project
- Other representatives as decided by NIELIT Kohima officials

## 9.10 Selection Criteria Note

The Consortium that achieves the highest overall marks (out of 100) in the Technical Evaluation, provided they meet the minimum qualification threshold of 50 marks, will be selected for the Letter of Association (LoA). Final selection is also subject to successful negotiation of the Consortium Agreement and individual research agreements.

## 10. Schedule for EoI

Activity	Timeline
Issue of EoI	February 6 <sup>th</sup> , 2026
Last Date for Receipt of EoI	February 26 <sup>th</sup> , 2026
Technical Evaluation Period	February 26 <sup>th</sup> , 2026 – March 4 <sup>th</sup> 2026
Shortlisting and Interviews (if required)	March 5 <sup>th</sup> 2026
Selection Announcement	March 9 <sup>th</sup> , 2026
Letter of Association (LoA) Issuance	March 11 <sup>th</sup> , 2026
Contract/Agreement Signing	March 13 <sup>th</sup> , 2026
Project Commencement	2nd April 2026 (tentatively)

## 10.1 Important Notes



- NIELIT will not be responsible for non-receipt, non-delivery, or late receipt of EoI documents for any reason
- EoI documents may be downloaded from NIELIT website: [www.nielit.gov.in](http://www.nielit.gov.in)
- All applicants should regularly check the website for addenda or clarifications
- For technical clarifications, contact the details provided below

## 10.2 Contact Details

### Section Head, Research & Development, NIELIT Kohima

Meriema, New High Court Road, Kohima -- 797001, Nagaland

Email: [daniel@nielit.gov.in](mailto:daniel@nielit.gov.in)

Website: [www.nielit.gov.in](http://www.nielit.gov.in)

## 11. Mode of Engagement and Financing

### 11.1 Mode of Engagement: Collaborative R&D

#### 1. Project Approval and Funding:

- The Netra-Antyodya project has been approved in principle by MeitY with funding allocation
- NIELIT Kohima acts as lead research organization with project funding from MeitY
- Consortium partners are invited to co-develop the project with defined scope of work

#### 2. Funding Structure:

- Released in tranches against submission of approved milestones agreed and set for each consortium partner by NIELIT kohima in the individual research agreements
- Detailed budgets to be negotiated and finalized in individual & overall consortium agreement

#### 3. Commercialization:

- Technology Transfer (ToT) model will be developed based on each partner's investment (technical and financial)
- Post-project commercialization rights to be defined by NIELIT-constituted ToT committee as per MeitY GOI TOT norms
- Considerations: IP contributions, development investment, market positioning
- Limited exclusivity (2 years) may be offered based on investment and commercialization commitment
- Detailed commercialization terms to be finalized in individual & overall consortium agreement as per MeitY GOI TOT norms



## 11.2 Consortium Agreement

Upon selection, NIELIT will sign a comprehensive **Consortium Agreement** or **Contract** with selected partners covering:

1. **Purpose, Objectives, and Targets** to be achieved
2. **Deliverables** with timelines and acceptance criteria
3. **Roles and Responsibilities** of each consortium partner
4. **Financial Contributions** (in cash and in-kind) with detailed breakdowns
5. **Intellectual Property Rights** management (per MeitY guidelines)
6. **Exit Clauses** and dispute resolution mechanisms
7. **Confidentiality and Non-Disclosure** requirements
8. **Performance metrics** and milestone-based evaluations
9. **Compliance with GFR and CVC guidelines**

## 12. EoI Evaluation

### 12.1 Evaluation Framework (Detailed)

See Section 9 for comprehensive evaluation criteria and marking system.

## 13. Standard Terms and Conditions

### 13.1 Confidentiality and Non-Disclosure

- Information shared between NIELIT and consortium partners is confidential
- Neither party shall disclose to third parties without written consent
- A formal Non-Disclosure Agreement (NDA) will be signed with selected consortium
- Exceptions: Information required to be disclosed by law or regulatory requirement

### 13.2 Consortium Governance and Accountability

- Single point of contact designated by consortium for all communications for the initial part of the application process till selection of the consortium
- SPOCs to be nominated by each party of the consortium for the project and working with all parties involved in the project
- Internal consortium governance and dispute resolution mechanisms to be defined in consortium agreement
- All partners jointly and severally responsible for project deliverables
- Sub-contracting of work not permitted without prior written approval from NIELIT



### 13.3 Performance and Milestone Management

- Project execution will be monitored through milestone-based deliverables
- Each partner must meet assigned milestones and deliverables on schedule
- Performance metrics and KPIs defined in respective individual research & consortium agreement
- Monthly or quarterly progress reviews with NIELIT
- Underperformance may result in penalties or contract termination clauses

### 13.4 Intellectual Property Rights (IPR)

#### General Principles:

- **Pre-existing IP:** Information, designs, data existing with either party before collaboration remains their sole property
- **Jointly Generated IP:** IPRs generated during collaborative activity funded by MeitY will be governed by MeitY's IPR Policy or as detailed in the Overall consortium agreement and individual research agreements of parties with NIELIT Kohima
- **Individual Contributions:** Each partner retains rights to its own technical contributions per MeitY guidelines

#### Specific Requirements:

- All IP documentation and disclosures to be filed with NIELIT
- Technology transfer agreements to be negotiated at the final stage or post-project
- Patent applications (if any) to be filed per MeitY guidelines

### 13.5 Financial Management and Auditing

- All consortium partners must maintain audited financial records
- Industry contributions to be documented and tracked

### 13.6 Regulatory Compliance and Medical Device Standards

- All developed devices/ algorithms (detection) must comply with:
  - Relevant ISO certifications
  - CDSCO regulations and guidelines
  - Indian Medical Device Rules (2017) and subsequent amendments
- Consortium partners responsible for obtaining necessary certifications and approvals/ filling paperwork



## 13.7 Clinical Trial and Data Management

- All clinical trials must follow:
  - IEC (Institutional Ethics Committee) approval
  - CTRI (Clinical Trials Registry of India) registration
  - Data privacy and HIPAA-equivalent compliance

## 13.8 Right to Exit and Contract Termination

### Exit Conditions:

- Either party may exit after the agreed project duration with notice
- Immediate termination possible if:
  - Significant breach of consortium agreement not remedied within 30 days notice
  - Failure to meet critical project milestones
  - Material misrepresentation of capabilities or financial strength
  - Blacklisting or regulatory action against a consortium partner
  - Involvement in undue influence, corruption, or fraud

### Post-Exit Responsibilities:

- Partner must transfer all work in progress to NIELIT or remaining partners
- IP rights to completed work remain with NIELIT or per consortium agreement
- Intellectual property developed before exit remains with respective partner

## 13.9 Effective Date and Project Timeline

- Upon selection through this EoI, a **Letter of Association (LoA)** will be issued
- Following administrative approval, a formal respective individual research agreement of each party with NIELIT Kohima & overall **Consortium Agreement with NIELIT Kohima** will be executed
- **Effective Date:** Date of final signature by all parties
- **Project Duration:** 36 months (3 years) from effective date
- **Extensions:** Possible upon mutual agreement and MeitY approval

## 13.10 Amendments and Clarifications

- NIELIT may amend EoI document at any time prior to submission deadline
- Amendments will be published on NIELIT website
- All applicants must regularly check website for addenda
- Amendments are automatically binding on all applicants



### 13.11 Undue Influence and Integrity

Applicants undertake that:

- No gifts, inducements, commissions, or bribes have been offered to NIELIT officials or decision-makers
- No undue influence has been exerted in the EoI selection process
- All information provided is accurate and truthful
- No blacklisting or debarment from government contracts

#### Penalty for Violation:

- NIELIT reserves the right to cancel selection
- Applicant may be blacklisted from future government projects
- Legal action as per IPC (Corruption Act, 1988) provisions or new BNS laws as applicable
- Recovery of losses from applicant

### 13.12 Liability and Indemnification

- NIELIT will not be liable for any non-receipt or late receipt of EoI
- Applicants assume risk of non-delivery or loss of documents
- Consortium partners indemnify NIELIT against claims from third parties
- NIELIT retains ownership of project outcomes and developed IP (per MeitY guidelines)

### 13.13 Dispute Resolution

- Initial disputes to be resolved through consortium governance mechanism
- Escalation to NIELIT Director for final resolution
- Disputes regarding IP or commercialization escalated to MeitY
- Applicable Law: Indian law and jurisdiction of Nagaland courts

### 13.14 Compliance with Government Policies

- All consortium partners must comply with:
  - MeitY guidelines and policies
  - Central Sector Scheme Rules (CSSR) and General Financial Rules (GFR)
  - CVC (Central Vigilance Commission) guidelines
  - Government Procurement Policy, 2017
  - Data security and cybersecurity guidelines
  - Environmental regulations



## 14. Annexure I: Application Formats

### 14.1 PART A: TECHNICAL PROPOSAL

#### 14.1.1 Format 1: Expression of Interest (to be submitted on company letterhead)

To:

Head, R&D Division, NIELIT Kohima  
Meriema, New High Court Road  
Kohima -- 797001, Nagaland

**Subject:** Submission of Expression of Interest -- Consortium for Netra-Antyodya Project

Dear Sir/Madam,

In response to the Invitation for Expression of Interest (EoI) for the "Netra-Antyodya Project: Design and Development of Low-Cost Screening Devices for Eliminating Preventable Blindness," we hereby express our interest to participate as **Consortium with following roles:**

- Consortium Lead :
- Hardware player :
- Software / AI player :

As instructed, we attach sealed envelopes containing the following:

#### PART A: Technical Proposal

- Format 2: Organizational Contact Details
- Format 3: Team Composition and Key Personnel
- Format 4: Infrastructure and Facilities Available
- Format 5: Financial Strength of Organization
- Format 6: Declaration

#### PART B: Financial Proposal

- Format 7: Financial Commitment Details

#### Supporting Documents:

- Certificate of Incorporation/Registration
- PAN, TAN, GST certificates
- Audited financial statements (last 3 years as applicable)
- ISO certifications (if applicable)
- Undertaking on blacklisting status



- Letters of Intent from PI of the collaborating medical institution (if applicable)
- Consortium MoU (if joint application)

Sincerely yours,

**Authorized Signatory:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Company Stamp:**

**Date:** \_\_\_\_\_

#### 14.1.2 Format 2: Organizational Contact Details (For every party in the consortium)

Field	Details
<b>1. Name of Organization</b>	
<b>2. Year of Establishment</b>	
<b>3. Type of Organization</b>	[ ] Private Limited Company [ ] PSU [ ] MSME [ ] Startup [ ] Partnership Firm [ ] Consortium
<b>4. Registration Details</b>	Registration Number: _____ Registration Authority: _____
<b>5. Main Areas of Work</b>	
<b>6. Registered Office Address</b>	Street: _____ City: _____ State: _____ Pincode: _____ Phone: _____ Fax: _____
<b>7. Key Contact Person</b>	Name: _____ Designation: _____ Phone: _____ Mobile: _____ Email: _____



<b>8. Consortium Role (if applicable)</b>	<input type="checkbox"/> Lead Organization <input type="checkbox"/> Software/AI Partner <input type="checkbox"/> Hardware Partner <input type="checkbox"/> Medical Institution Collaborator
<b>9. Organization Chart</b>	[Attach organization chart]
<b>10. Blacklisting Status</b>	<input type="checkbox"/> Not Blacklisted <input type="checkbox"/> Blacklisted (provide details) _____
<b>11. PAN, TAN, GST Details</b>	PAN: _____ TAN: _____ GST Registration: _____

**Enclose:**

- Copy of Certificate of Incorporation
- Copy of PAN, TAN, GST certificates
- Organization chart
- Undertaking regarding blacklisting status

#### 14.1.3 Format 3: Team Composition and Key Personnel (Minimum 2, maximum 5)

Sl. No.	Name	Designation	Qualification	Years of Experience
1.				
2.				
3.				

#### 14.1.4 Format 4: Infrastructure and Facilities Available (Applicable for hardware player in consortium)

- **R&D Infrastructure:** [Describe available R&D facilities]
- **Manufacturing/Fabrication:** [Describe capabilities or access]
- **Testing Facilities:** [List available testing equipment]
- **Software Development:** [Tools, platforms, cloud infrastructure]
- **Medical Device Experience:** [Relevant CDSCO, ISO certifications]

#### 14.1.5 Format 5: Financial Strength of Organization (Consortium Lead/ Hardware player)



Financial Year	Annual Turnover (₹ Lakhs)	Net Profit (₹ Lakhs)	Profitable? (Yes/No)
2022-23			
2023-24			
2024-25			

**Enclose:** Auditor's certificates for last 3 financial years

#### 14.1.6 Format 6: Declaration

##### DECLARATION

We hereby confirm that:

1. We [ Company 1, company 2] are interested in participating as **[Consortium]** for the "Netra-Antyodya Project" as per the EoI document.
2. We assign [ Company 1 ] as the lead applicant for the consortium application process.
3. All information provided in this application is genuine, accurate, and complete to the best of our knowledge.
4. We have thoroughly reviewed the EoI document and all terms and conditions contained therein.
5. We agree to abide by all terms and conditions without any modification or condition.
6. We confirm that our organization has not been blacklisted by any government body or entity.
7. We declare that no gifts, inducements, or bribes have been offered to any NIELIT official in connection with this EoI.
8. We undertake to provide all information and documents requested by NIELIT during evaluation.
9. We confirm our commitment to collaborative execution of the project with consortium partners and medical institutions as per the defined structure.
10. We understand that providing false or misleading information may result in disqualification and legal action.

**Authorized Signatory:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Company Stamp:**

**Date:** \_\_\_\_\_



## 15. Annexure II: MoU Template

### 15.1 MEMORANDUM OF UNDERSTANDING

Execution Date: [DATE]

### 15.2 PARTIES

**Party A:** [ORGANIZATION NAME]

Address: [FULL ADDRESS]

Represented by: [Name, Designation, Phone, Email]

**Party B:** [ORGANIZATION NAME]

Address: [FULL ADDRESS]

Represented by: [Name, Designation, Phone, Email]

### 15.3 1. OBJECTIVE

The Parties agree to collaborate for:

- Joint project identification and execution
- Resource and knowledge sharing
- Collaborative partnership for tender responses
- Capacity building and technical cooperation

### 15.4 2. SCOPE AND COMPETENCIES

**Party A Competencies:**

- [Competency 1]
- [Competency 2]
- [Competency 3]

**Party B Competencies:**

- [Competency 1]
- [Competency 2]
- [Competency 3]

### 15.5 3. COLLABORATION FRAMEWORK

#### 15.5.1 3.1 Governance

- **Coordination Committee:** One representative from each Party, meeting [Quarterly]



- **Point of Contact:** [Name, Designation, Contact] from each Party

### 15.5.2 3.2 Working Arrangement

- **Lead Organization:** [To be decided per project]
- **Role Distribution:** [As per project requirements]
- **Resource Contribution:** [Each Party contributes as per mutual agreement]

### 15.5.3 3.3 Communication

- Official communications via email and formal letters
- Coordination meetings [Quarterly] or as required
- Minutes and action items documented and shared

## 15.6 4. CONFIDENTIALITY

- All confidential information shared shall not be disclosed without written consent
- Confidentiality obligations valid for [3/5] years
- Exceptions: Public domain information, legally required disclosures

## 15.7 5. PERFORMANCE MONITORING

- Progress reports from project leads [Monthly/As required]
- Coordination Committee reviews [Quarterly]
- Performance metrics: Project completion, quality standards, timely delivery
- Annual assessment of collaboration outcomes

## 15.8 6. TERM AND TERMINATION

- **Duration:** [3 years] from execution date
- **Renewal:** [Automatic / Requires mutual written consent]
- **Termination:** Either Party may terminate with [60 days] written notice
- **Post-Termination:** Ongoing projects concluded per agreements; IP ownership unchanged; Confidentiality continues

## 15.9 7. DISPUTE RESOLUTION

- **Level 1:** Discussion between representatives
- **Level 2:** Coordination Committee intervention
- **Level 3:** Executive-level discussion
- **Final Resolution:** [Mediation / Designated authority] as mutually agreed



## 15.10 8. GOVERNING LAW AND COMPLIANCE

- This MoU governed by laws of [State/Country]
- Parties comply with all applicable laws and regulatory requirements
- Each Party certifies authorization to execute this MoU

## 15.11 9. GENERAL PROVISIONS

- This MoU constitutes the entire understanding between the Parties
- No partnership or joint venture created; Parties remain independent entities
- Amendments require mutual written consent
- Invalid provisions do not affect remaining terms

## 15.12 10. SIGNATURES

### FOR AND ON BEHALF OF [PARTY A NAME]

Signed by: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Date: \_\_\_\_\_

Official Stamp/Seal: \_\_\_\_\_

### FOR AND ON BEHALF OF [PARTY B NAME]

Signed by: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Date: \_\_\_\_\_

Official Stamp/Seal: \_\_\_\_\_



## Final Notes to Applicants

1. Ensure all application documents are submitted in sealed envelopes with clear labeling
2. Provide hard copies of all documents; soft copies may be submitted via email for preliminary review
3. All applicants should verify regularly updated EoI details on NIELIT website
4. For technical clarifications, contact: dir-kohima@nielit.gov.in
5. Non-receipt of documents is applicant's responsibility; NIELIT not liable for delivery delays
6. NIELIT reserves the right to modify EoI terms or reject proposals at any stage

**Prepared by:**

NIELIT Kohima

**Date:** January 2026

**Revision:** 01

