



SOCIAL SECURITY BOARD



National Health Insurance

TENDER APPLICATION FORM
NATIONAL HEALTH INSURANCE

Category of Services: IMAGING ___ PHARMACY ___ LABORATORY ___

Name of Applicant: _____

Name of Firm/Company: _____

Address of present facility: _____

Email: _____

Applicant's Telephone number: _____

Profession of Applicant: _____

Applicant's Date of Birth: _____

Years of Professional Experience: _____

Nationality: _____

Professional Associations he/she belongs to: _____

Education (Summarize the higher education and other specialized studies and trainings of the applicant, indicating the names of the institutions of higher learning, dates or attendance and degrees obtained).

Working Experience: (Beginning with the current position followed by other posts occupied and years of experience for each post)

1. _____
2. _____
3. _____
4. _____
5. _____

Copy of Business Certificate is to be attached to the application.

Please note: This in no way commits you to involvement in the roll out of NHI. It is an expression of interest only which should be followed by the detail proposal. The guide for the proposal will be provided upon your submission of this application. A technical team will visit your premises to evaluate certain elements such as: qualification of professional staff, adequacy of the facility and availability of basic equipment for the provision of services.

Date: _____

Signature: _____