

## **Invitation for Expression of Interest (EOI)**

As a part of our Employee Assistance Programme, **PEACE** (Positive Emotional Alignment through Counselling Experience), BHEL is desirous to empanel service provider(s) for one year for extending professional counselling assistance to needful employees from amongst a group of around 33000 serving and 45000 Retired employees and their 150000 family members located across India.

**PEACE** is envisaged to address specific employee concerns such as personal and professional worries, fears, stress, anxiety, health/wellness and relationships issues through Counselling.

The Payment/ Fees will be made to empaneled organizations on case-to-case basis at agreed rates, directly by the users (Employee and Family) as and when the counselling services are availed by the employee from the service provider(s).

The Service provider(s) should possess the following credentials:

- A. Minimum 5 yrs of experience in providing counselling services in any organization to its employees and/or their family members (Work Order)
- B. Empaneled/ Employed pool of minimum 10 Counsellors with their organisation, each with 3 years of post-qualification experience in professional counselling. The counsellors empaneled/ employed should possess PG in Counselling/ Social Work/ Psychology (List of Counsellors with Experience and Qualification)
- C. Set-up for providing employee counselling services 24X7 through online and telephonic mode using a toll free line/ emergency helpline number. (Write-up).
- D. Availability of Counsellors at Multiple Locations to facilitate Face to face Counselling Services as well (Addresses of Counsellors)
- E. The service provider should have experience of providing Counselling Services to more than 100 employees collectively in the last 3 years ending 31/03/2020. (Name of the Organisation(s) and No. Counsellors)
- F. Service Provider(s) should comply with all Government rules as applicable from time to time.

BHEL's role will be limited to empanelment of the service provider only. However, issues/ matters/ disputes, if any, pertaining to Counselling shall be resolved between Counselee and Service Provider. BHEL will not be responsible for any such dispute etc which arises during the process.

Interested service providers are required to submit the duly signed/ digitally signed EOI in the Hard / Soft Copy with all supporting documents and attached format by 31/07/2020 on 17:30 hrs.

The EOI with supporting documents shall be submitted/ sent to AGM (People Strategy), BHEL Corporate Office, Plot No. 25 HRD & ESI Complex, Sector 16A, Noida, Uttar Pradesh 201301 or mailed to [amalviya@bhel.in](mailto:amalviya@bhel.in)

## Format for Expression of Interest

**1. Organization Details**

Name of the organization	
Type of Organization (Pvt/ Public /Partnership, etc.)	
Date of Incorporation	
Address of Corporate / Head / Registered Office	
Address of all offices in India	
Phone Number of Registered office	
Website	
No. of counsellors on the regular rolls with PG in Master's Degree/ PG Diploma in Psychology/ Counselling Psychology/ Counselling/ Social Work with more than 3 years of post qualification experience in counselling.	

**2. Contact Person for the Applicant**

Name		Designation
Address		Email
Telephone	Office:	Mobile No.

**3 Technical credentials of the applicant**

Experience of Employee Assistance Programme / Professional Counselling during last 5 years							
Sl. No.	Name of the Project	Name of the Customer	Nature & Scope of work	Duration of Contract		Contract price / Order value (Rs. In lakh)	Remarks
				Start date	Completion date		
1							
2							
3							
4							
5							

**4 Financial credentials of the applicant**

Financial Year	Annual Turnover (Rs. Crores)	Net Profit (Rs. Crores)	Annual Turnover from Counselling Activity (Rs. Crores)
2015-16			
2016-17			
2017-18			
2018-19			
2019-20			

**5 Propose Solution**

Particulars	Provide responses in not more than 200 words
What do you consider as your USP for Employee Counselling Services?	

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief.  
In case any of the above information is found to be false, I am aware that I may be held liable for it.

Place:

Date:

Name &amp; Signature:

Designation:

\* use additional sheets if required