CALL FOR PROPOSALS

CHARAKA ANVESH

Advancing Novel Ventures & Evidence-based Solutions in Health

Establishment of Health Innovation Centres in Government Medical Colleges of Karnataka

HEALTHTECH • MEDTECH • ASSISTIVETECH

Key date	Schedule
Call publication	26 October 2026
Last date for submission	26 November 2026

1. Background and Rationale:

CHARAKA - Centre of Excellence in Health-Tech, Med-Tech & Assistive Tech a Government of Karnataka Undertaking (a Section 8 company established under the aegis of the Department of Electronics, Information Technology, and Biotechnology, Government of Karnataka), is working towards strengthening the HealthTech, MedTech and Assistive Technology ecosystem by supporting startups, innovators, academia, industry and other stakeholders.

CHARAKA ANVESH (Advancing Novel Ventures & Evidence-based Solutions in Health) is a proposed health innovation programme to collaborate with medical colleges to identify unmet clinical, administrative and public-health needs and work with engineering, design, technology, industry and entrepreneurship partners to develop practical solutions. The programme connects frontline clinical insight with product development, early validation and potential pathways to adoption.

Medical colleges encounter challenges in diagnosis, treatment, monitoring, rehabilitation, accessibility, hospital operations and public-health delivery. Faculty, Clinicians, residents and students can identify valuable opportunities, but may need structured support in need-finding, interdisciplinary collaboration, prototyping, intellectual property (IP), regulatory planning and translation. CHARAKA ANVESH

aims to establish a repeatable institutional process through which healthcare problems can progress from observation and prioritisation to concepts, prototypes, proof-of-concept, appropriate validation and, where suitable, incubation or deployment.

The programme is intended to strengthen Karnataka's statewide HealthTech, MedTech and AssistiveTech innovation network, including institutions beyond Bengaluru, while making effective use of existing institutional, research, incubation and technology infrastructure.

2. Objectives

- Establish clinical innovation centres in selected medical colleges with institutional ownership, defined governance and a designated nodal team.
- Build a continuing pipeline of well-defined unmet clinical and public-health needs identified by Faculty, clinicians, residents, students and healthcare teams.
- Enable interdisciplinary teams to develop concepts, prototypes and proof-of-concept solutions with engineering and technology partners.
- Build capacity in clinical observation, human-centred design, Biodesign, prototyping, digital health, device development, ethics, IP, regulatory pathways and innovation management.
- Connect promising projects with mentors, laboratories, testing facilities, industry, incubators, funding pathways and appropriate public-health or hospital pilot opportunities.
- Improve usability, clinical relevance and adoption-readiness by involving clinicians and intended users throughout the innovation process.

3. Programme Architecture and Innovation Cycle

The programme is designed around a three-layer partnership model:

Layer	Primary role
Medical College Innovation Centre	Identify Healthcare problems; coordinate clinical observation and need-finding; convene Healthcare professionals (HCP) - led teams; support early concepts, usability review and institutional validation pathways.
Regional Engineering / Technology Partner	Support engineering development, product design, software and electronics, AI integration, advanced prototyping and technical problem-solving.

CHARAKA Central Hub	Facilitate incubation and acceleration, IP and regulatory guidance, venture and funding connections, clinical-trial support pathways, investor engagement and government-adoption opportunities, as appropriate.

Projects are expected to progress through a staged clinical innovation cycle. Not every project will advance through every stage; progression should be based on evidence, feasibility, safety and need.

Phase	Stages	Core focus
Discovery	Observe → Identify → Prioritise	Clinical immersion and workflow understanding; structured unmet-need statements and prioritisation.
Development	Co-create → Prototype → Validate	Healthcare Professional–engineer collaboration, concept selection, minimum viable prototype and technical/usability review.
Translation	Translate → Pilot → Incubate → Scale	IP and regulatory planning, appropriate hospital/public-health pilots and referral to incubation or scale-up pathways.

4. Scope and Key Activities

Selected institutions will be expected to design and implement a structured clinical innovation programme. Activities may include:

- Constitute an institutional innovation committee and appoint a nodal officer or innovation lead.
- Map clinical departments, research strengths, facilities, equipment, available space and potential engineering, technology, industry and incubation partners.
- Conduct clinical need-finding through observation, interviews, workflow review and structured problem-definition exercises.
- Maintain a documented registry of clinical needs, innovation projects, mentors, facilities, partnerships and project progress.
- Organise orientation sessions, monthly learning activities, quarterly workshops, ideathons/clinical innovation challenges, design reviews, mentoring sessions and demonstration events.
- Support interdisciplinary teams through concept development, feasibility assessment, prototyping and proof-of-concept.

- Facilitate technical, usability and workflow validation, subject to appropriate institutional permissions, ethics review and safety requirements.
- Provide guidance on IP disclosure and ownership, confidentiality, regulatory considerations, business models, funding and routes to incubation or commercialisation.
- Build linkages with relevant NAIN, technology business incubators (TBIs), LEAP, RGUHS, IISc and other ecosystem partners, as appropriate.
- Identify suitable opportunities for hospital, government, public-health or industry pilots. A programme selection or referral does not guarantee pilot approval or procurement.

5. Expected Deliverables and Performance Indicators

Applicants should propose centre-specific, measurable and time-bound targets, identify responsible personnel and explain how each result will be evidenced.

The programme plan also presents the following indicative two-year deliverables for planning. Final approved centre targets will be confirmed through programme decisions and the applicable MoU.

Activity / output	Year 1	Year 2	Two-year total
Nodal officers	1	0	1
Faculty mentors	10	5	15
Student innovators trained	50	50	100
Training sessions	12	12	24
Workshops	4	4	8
Ideathons/Hackathon	2	2	4
Clinical needs identified	20+	30+	50+
Ideas generated	10+	15+	25+
Projects supported	5	10	15
Functional prototypes	3	3	6
Clinical validations	1	1+	2+
IP filings	2	2+	4+
Publications	1	1	2

Startups formed	0	1	1
Government pilots	0	1	1
Engineering partnerships	1	1+	2+
Industry partnerships	1	2+	3+
Startups Collaborated	5	5	10
Other grants secured	1	1+	2+

6. Implementation Model and Institutional Responsibilities

- Each centre should have defined leadership, a designated nodal officer and a team responsible for day-to-day coordination and delivery.
- The host institution should provide administrative support, access to relevant clinical departments, suitable space and facilities, and timely institutional decision-making.
- An institutional innovation committee should oversee activities, project selection, progress review, partnership coordination, risk management and compliance.
- Centres may use shared institutional resources and external facilities for specialised work, while retaining accountability for the approved work plan and deliverables.
- The host institution should facilitate engagement of faculty, residents, students and healthcare staff without compromising patient care responsibilities.
- Centres should document each project's progression through need identification, problem validation, concept selection, prototype/proof-of-concept, technical and usability review, and appropriate validation or translation.

The centre is intended to be light-infrastructure rather than a capital-heavy incubator. The project plan suggests approximately 1000–2,000 sq. ft., depending on availability, with suitable areas for innovation work, meetings and mentoring, small-scale prototyping, demonstrations, digital collaboration and storage. Heavy prototyping should normally be accessed through engineering partners or the CHARAKA network where feasible.

7. Eligibility and Institutional Readiness

This call is intended for Government medical colleges in Karnataka able to demonstrate institutional commitment to Healthcare innovation and the capacity to coordinate interdisciplinary development. Final eligibility will be governed by the official notice and programme approval. Preference would be given to applicants who can demonstrate:

- Endorsement by the competent institutional authority and willingness to nominate a nodal officer and constitute an innovation committee.
- Access to relevant clinical departments and a credible process for identifying and prioritising unmet clinical needs.
- Availability of suitable space, basic facilities and administrative support for programme activities.
- Capacity to engage faculty, residents, students and clinical staff while protecting patient-care responsibilities.
- Existing or proposed links with engineering, design, technology, industry, research, incubation or testing partners.
- Commitment to maintain records, report KPIs, participate in reviews and contribute to the statewide network.
- Readiness to comply with ethics, patient safety, data protection, IP, procurement and financial accountability requirements.

Applicants must distinguish clearly between resources already available, resources proposed by the institution and resources dependent on external partners. Submission of a proposal does not guarantee selection or funding.

8. Proposal Submission Requirements

Interested institutions must submit a signed proposal using the prescribed CHARAKA ANVESH Project Proposal Proforma**.** The submission should address:

- Executive summary and institutional profile.
- Strategic rationale, clinical need and alignment with CHARAKA ANVESH objectives.
- Vision, objectives, intended beneficiaries and priority clinical/public-health domains.
- Clinical need-identification and prioritisation methodology.
- Proposed centre model, space, infrastructure, facilities and institutional readiness.
- Governance structure, nodal officer, core team, faculty participation and mentor network.
- Engineering, academic, industry, testing, incubation and ecosystem partnerships.
- Planned activities, capacity-building calendar and clinical innovation cycle.
- Two-year implementation plan, milestones, deliverables and responsibility matrix.
- Centre-level KPIs, expected outcomes, evidence/means of verification and reporting plan.
- Detailed budget using the budget-head template in Section 10, with cost basis and justification.
- Institutional/partner contributions, risk assessment, ethics/data/IP safeguards and institutional commitment.

9. Supporting Documents / Annexures

- Institutional endorsement / approval letter from the Head of the Institute/Competent Authority.
- Institution profile and inventory of relevant facilities, equipment and available space.
- Profile/CV of the proposed nodal officer and key team members.
- Proposed Innovation Committee and mentor list, including roles and relevant experience.
- Readiness note, including space/layout details and photographs where available.
- Letters of intent, partnership letters or MoUs with engineering, technology, industry or incubation partners, if available.
- Detailed budget and statement of institutional/partner contributions, including in-kind support.
- Evidence of relevant research, innovation, IP, projects, startups, awards or partnerships, where available.
- Any additional supporting evidence relevant to the implementation plan.

10. Funding and Budget Format

The CHARAKA ANVESH project plan indicates proposed direct support up to ₹20 lakh per centre. This is a planning reference only and is subject to programme approval, eligibility of expenditure, availability of funds, written sanction and the terms of the MoU/grant conditions. Applicants must not treat this amount as a guaranteed allocation.

Applicants should complete the budget table below for Year 1, Year 2 and the total. Enter amounts in ₹ lakh, provide item-level calculations and justify each request. Use only expenditure permitted under the final programme conditions. Institutional and partner contributions should be shown separately.

Sl. No.	Budget head	Year 1 (₹ lakh)	Year 2 (₹ lakh)	Total (₹ lakh)
A	NON-RECURRING			
1	Renovation / furnishing of space			
2	Office equipment, including communication network			
	Total A — Non-recurring			
B	RECURRING			
1	Travel			
2	Utility and maintenance			

3	Marketing, promotion and publicity			
4	Networking and training programme			
5	Other administrative expenses, including consumables, printing, publications, books and journals			
6	Miscellaneous and contingencies			
7	Licences and subscriptions			
	Total B — Recurring			
	TOTAL (A + B)			

Applicants should attach a budget justification that identifies the calculation basis, unit costs, quantities, intended use, link to deliverables and any quotations/estimates required by institutional rules. Separately list institutional and partner contributions, including space, staff time, equipment, laboratory access and other in-kind support. Any additional expenditure category must be separately specified and remains subject to approval.

Financial management, procurement, record-keeping, utilisation certificates, asset management, audit and reporting will be governed by the final programme conditions and applicable rules.

11. Evaluation and Selection Process

Proposals are expected to be assessed on institutional commitment, relevance and quality of Healthcare needs, implementation readiness, team capability, partnerships, feasibility of the work plan, measurable outcomes, budget justification and compliance arrangements. The programme may request clarifications, additional evidence or due diligence.

Stage	Indicative process
First-round evaluation	Review for completeness, relevance, institutional readiness and technical merit.
Applicant presentations	Shortlisted institutions present their proposal, team, clinical need pipeline, partnerships, implementation plan, budget and measurable outcomes.

Physical inspection	Where required, assess institutional readiness, facilities, governance arrangements and supporting commitments.
Final selection	Selection based on overall evaluation and programme requirements, subject to competent-authority approval.
MoU and kick-off	Selected institutions execute the applicable programme agreement/MoU and begin implementation under approved terms.

The programme authority may modify the process, request clarifications, conduct due diligence or decline a proposal that does not meet programme requirements. Selection is subject to written approval and the conditions communicated to selected institutions.

12. Ethics, Patient Safety, Data and IP Safeguards

All activities involving patients, human participants, clinical data, medical devices or clinical settings must follow applicable institutional approvals, ethics requirements, patient-safety measures, privacy and data-governance safeguards, IP arrangements and regulatory requirements. This call or selection under the programme does not itself authorise access to patient data, clinical research, device testing or deployment.

Applicants should describe how the institution will manage confidentiality, IP disclosure and ownership, regulatory awareness, risk escalation and oversight. Any pilot or deployment remains subject to separate permissions and approvals.

13. Institutional Commitment and Sustainability

Applicants should explain the institution’s commitment to the centre, including leadership oversight, space and facilities, staff time, access to clinical departments, administrative and financial support, partner contributions and continuity of the nodal team.

The proposal should also explain how innovation activity will be embedded in institutional practice beyond initial programme support, including faculty and student engagement, use of shared facilities, grant applications, industry collaboration, incubation linkages and other funding or resource pathways. Centres should contribute learning and relevant opportunities to the wider Karnataka clinical innovation network.

14. Call and Selection Timeline

Milestone	Date

Call for Proposals published on website and social media	26 October 2026
Last date for submission of applications	26 November 2026
Completion of first-round evaluation	4 December 2026
Applicant presentations	7–18 December 2026
Physical inspections and final selections	21–31 December 2026
MoU signing and programme kick-off	9 January 2027

The schedule is indicative and may be revised by the programme authority. Any revision will be communicated through the official publication channels.

15. Submission and Contact Details

Submission deadline: 26 November 2026.

Submission package: signed project proposal proforma, presentation using the prescribed template, budget and budget justification, institutional endorsement and supporting annexures.

Official submission email / portal: To be inserted by the programme authority before publication.

Contact person, designation, telephone and email: To be inserted by the programme authority before publication.

Applicants should retain a complete copy of the submission. Incomplete, late or unsigned submissions may be handled in accordance with the final official instructions.

Declaration/Certification

I/we hereby declare that the information provided in this proposal is true and accurate to the
best of my/our knowledge. We also agree to abide by the rules and regulations governing
the submission and evaluation of project proposals.

Signature: _____
Date: _____

Name (Printed): _____
Position: _____

Institution/Organization Seal: