

# Pediatric Simulation Training and Research Society, India



E-103, DSR Fortune Prime, Durgam Cheruvu, Madhapur, Hyderabad, Telangana 500 081  
pedistars@gmail.com | www.pedistarsindia.com

## PEDISTARS INDIA Invitation for Bidding – SIMULUS 12 National Simulation Conference of PediSTARS

The Executive Board of PEDISTARS INDIA is pleased to invite bids for hosting SIMULUS 12 – National Simulation Conference of PediSTARS.

Branches/ Institutions/ Simulation Centers interested in hosting SIMULUS 12 are requested to complete the prescribed bidding format and submit the same before the notified deadline.

### Guidelines for Bidding

- Only those applications which are complete in all respects as per the prescribed format will be considered.
- The bid documents should reach the PEDISTARS Secretariat on or before **20 August 2026**
- Each bidding branch/institution will be invited to present a short PowerPoint presentation before the Executive Board.
- The presentation should preferably not exceed 12 slides.
- The selected host branch/institution shall comply with all academic, financial and organizational guidelines of PEDISTARS.
- The decision of the PEDISTARS Executive Council shall be final and binding.

### Form for Bidding – SIMULUS 12

a) Name of Bidding Branch / Institution / Simulation Center:

\_\_\_\_\_

b) Proposed Host City & State:

\_\_\_\_\_

c) Proposed Conference Venue:

Venue Name: \_\_\_\_\_

Distance from Airport: \_\_\_\_\_

Distance from Railway Station: \_\_\_\_\_

d) Main Hall Seating Capacity: \_\_\_\_\_ (Minimum 500 seats)

e) Additional Halls / Workshop Rooms Available:

Hall 1 Capacity, which will hold FDP for 2 days pre conference, which will become parallel hall for main conference  
\_\_\_\_\_ (Minimum 100 seats)

Workshop Lab / Simulation Rooms: \_\_\_\_\_ (Minimum 10 rooms)

f) Availability of Simulation Infrastructure in the institute

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| Infrastructure                                | Available (Yes/No)                                          | Number of Manikin Available | Specifications Including when purchased and working condition |
|-----------------------------------------------|-------------------------------------------------------------|-----------------------------|---------------------------------------------------------------|
| Adult Simulation Lab                          | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | _____                       | _____                                                         |
| Pediatric Simulation Lab                      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | _____                       | _____                                                         |
| Neonatal Simulation Lab                       | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | _____                       | _____                                                         |
| Procedural Skills Laboratory                  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | _____                       | _____                                                         |
| Dedicated Debriefing Room                     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | _____                       | _____                                                         |
| AV Recording & Playback System                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | _____                       | _____                                                         |
| Control Room for Simulation                   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | _____                       | _____                                                         |
| High-Fidelity Simulators                      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | _____                       | _____                                                         |
| Medium-Fidelity Simulators                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | _____                       | _____                                                         |
| Task Trainers / Procedural Models             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | _____                       | _____                                                         |
| Ultrasound Simulators / POCUS Training Models | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | _____                       | _____                                                         |
| Hybrid Simulation Capability                  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | _____                       | _____                                                         |

h) Transport Connectivity:

No. of flights/day: \_\_\_\_\_

No. of trains/day: \_\_\_\_\_

i) Previous Conferences / Workshops Hosted – Any field / specialty (Last 5 yaers)  
(Any Sim-workshop / conference if done, please mention):

| Conference / Workshop | Year | Approx Delegates |
|-----------------------|------|------------------|
|                       |      |                  |
|                       |      |                  |
|                       |      |                  |
|                       |      |                  |

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j) Proposed Organizing Chairperson: \_\_\_\_\_

k) Proposed Organizing Secretary: \_\_\_\_\_

l) Proposed Treasurer: \_\_\_\_\_

m) Has the Branch/Institution read and agreed to abide by PEDISTARS conference guidelines? Yes / No

n) Financial Capability and Institutional Support: The bidding institution must demonstrate adequate financial capability and institutional commitment to successfully host the complete SIMULUS program. The host institution shall be responsible for planning and conducting:

- 8-12 Simulation Workshops (within institute or with help of hospitals nearby)
- 2-Day Faculty Development Program (FDP)
- SIM Wars Competition
- 1-Day National Conference
- Inaugural Ceremony
- Convocation Ceremony
- Faculty and Delegate Networking Dinner / Saturday Banquet

**Important:** All registration revenue from the FDP shall accrue to **PediSTARS** as per prevailing organizational policy. The bidding institution must submit a **detailed projected budget** outlining anticipated income, sponsorship commitments, institutional support and expenditure. The proposal should clearly demonstrate the financial feasibility of conducting the event without compromising academic quality, participant experience or organizational commitments. The EC/EB reserves the right to seek clarifications and assess the financial viability of the proposal before awarding the bid.

## n) Bidding Fee Details

- **Amount:** ₹2,500/- (Rupees Two Thousand Five Hundred only)
- **Nature of Fee:** Non-refundable
- **Payable To:**
  - **Account Name:** Pediatric society, for training and research in simulation
  - **Account Number:** 218101000146
  - **Bank Name:** ICICI Bank, Hopefarm Branch
  - **Bank Address:** Whitefield, Bangalore 560066
  - **IFSC Code:** ICIC0002181
- **Mode of Payment:** NEFT/RTGS/UPI/Bank Transfer
- **Proof of Payment:** A copy of the transaction receipt must be enclosed with the bidding application.

o) Additional strengths / unique features of the proposed host city / institution:

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## Undertaking

We have read the conference bidding guidelines and agree to abide by all rules, financial policies, academic standards and organizational decisions of PediSTARS INDIA.

| Signature<br>Org Chairperson                        | Signature<br>Org Secretary                          | Signature<br>Treasurer                              |
|-----------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|
| Name:<br>Address:<br><br>Phone Number:<br>Email ID: | Name:<br>Address:<br><br>Phone Number:<br>Email ID: | Name:<br>Address:<br><br>Phone Number:<br>Email ID: |