



Government of Rajasthan
National Urban Health Mission
Directorate of Medical, Health and Family Welfare
Swasthya Bhawan, Tilak Marg, Jaipur

No: F.2 (172) NUHM/2017-18/EOI/218

Dated: 19/07/2017

Addendum is hereby issued regarding Public Private Partnership (PPP) project for improvement of the health delivery system in urban areas of Rajasthan published vide notification No. F.2 (172)/NUHM/2017-18/EOI/154, Dated 29.06.2017 as tabulated below:

S. No.	Clause	Addendum
1	Page no 4: Last date and time for submission of Proposal in EOI document	Last date and time for submission of Proposal is: 6.00 PM, July 28, 2017
2	Point No.5.1 Eligibility Criteria in EOI document (addition of point)	f) Private Hospitals registered under relevant act
3	Point No. 6. EOI/Bid Proposal in EOI document	6.4 Proposal formats and Checklist is attached (Annexure D)
4	Page No.16	Addition of point - Point No.26 State Health Society, Rajasthan may modify or supersede any term and condition mentioned in the agreement with mutual understanding and agreement without any additional financial burden on government. The decision will only be effective on all the issues arising after the date of issuance


(B.L. Kothari)

**Special Secretary M&H and
Additional Mission Director
National Health Mission**



Government of Rajasthan
National Health Mission
Directorate of Medical, Health and Family Welfare
Swasthya Bhawan, Tilak Marg, Jaipur, Ph No: 0141-2229693, Email: conuhm.raj@gmail.com

Annexure D
Proposal Formats (As required in EOI document)

(Format A)

Cover letter

(The covering letter is to be submitted by the concessionaire as a part of the Proposal on letter head of concessionaire)

The Mission Director,
National Health Mission,
Rajasthan State Health Society,
Jaipur

Dear Sir,

Sub: Selection of a Concessionaire for "Operationalization and Maintenance of Urban Primary Health Centres and attached Health Kiosk under Public Private Partnership"

Please find enclosed our "Proposal" in response to the issuance of EOI No.154, dated 29.06.2017 by NHM for Selection of a Concessionaire for Operationalization and Maintenance of Urban Primary Health Centres and attached Health Kiosk. We hereby confirm the following:

- The proposal is being submitted by (Name of the Concessionaire) in accordance with the conditions stipulated in the EOI Document.
- We have examined in detail and have understood the terms and conditions stipulated in the EOI Document issued by NHM and in any subsequent corrigendum sent by NHM. We agree and undertake to abide by all these terms and conditions. Our Proposal is consistent with all the requirements of submission as stated in the EOI Document or in any of the subsequent corrigendum from NHM.

- We satisfy the legal requirements laid down in the EOI Document. We as the Concessionaire designate Mr./Ms. (mention name, designation, contact address, phone no., fax no., E-mail id, etc.), as our Authorized Representative and Signatory who is authorized to perform all tasks including, but not limited to providing information, responding to enquiries, entering into contractual commitments, etc. on behalf of us in respect of the project.
- We affirm that this proposal shall remain valid for a period of 180 days from the last date for submission of the Proposal. NHM, Rajasthan may solicit our consent for further extension of the period of validity.

For and on behalf of

Signature (with organization seal)
(Authorized Representative/ Signatory)
Name of the Person.....
Designation.....
(Kindly attach the authorization letter)
Date:



(Format B)

Details of the Organisation

S.No.	Information required	Details to be furnished
1	Name of the Organisation	
2	Registered Address	
3	Current Postal Address	
4	Year of Establishment	
5	Number of Years of establishment (As on 31 March 2017)	
6	Registration status of the Organisation (Public limited/ Private limited/ Non Government Organisation (NGO)/ Trust/ Registered Societies/ Corporate / Private Hospitals Registered under relevant act) (Enclose copy also)	
7	Date of Incorporation/ Registration	
8	Permanent Account Number(PAN)	
9	Bank Details (Name, Account No, Account Type, Date of opening account)	
9	Details of Income Tax Registration:	
10	Details of contact person Name: Designation: Email address: Contact Number:	

(Format C)

Details of the Office Bearers for last five years

1	Name of the office bearer	
2	Designation	
3	Date of Joining	
4	Duration of association with the organization	
5	Qualification	
5	Contact Details (Address, Email, contact No.)	
6	Key role in the organization	

Handwritten signature

(Format D)

Annual Turnover Format

(On the letterhead of the Concessionaire)

We hereby certify that total annual turnover and average turnover of M/s _____ (name of the organization) for the last three financial years is as given below:

Year (2013-14)	Year (2014-15)	Year (2015-16)	Average

(Signature of Statutory Auditor)

Name of Statutory Auditor:

Name of Statutory Auditor Firm:

(Seal of Organization)

Date:

(Format E)

Details of Overall Work Experience

Number of assignments in last five years	
Name of assignments during last five years	
Key Thematic Areas of assignments of last five years	
Total value of assignments in last five year	
Key achievements of assignments	
Key Partners	

(Format F)

Experience in Operationalization of Health Facilities

Name of Health Facility:			
Type of Health Facility(Government/Private):			
<i>(Attach separate sheet for each project)</i>			
Name of client			
Address			
State			
Location			
Number of Resources deployed			
Client Category		Central Government/ State Government/ PSU/ NGO/Others	
Value of the assignment			
Duration of the assignment		Start date (month / year)	
		Date of successful implementation / Go-Live (month / year)	
		End date (month / year)	
Name of senior staff associated with the assignment		Name	
		Designation	
		Role in the project	
		Contact number	
		Email Id	
Narrative description of project: (not more than 500 words)			
Description of actual services provided by project staff within the assignment: (not more than 500 words)			
Key achievements of the Project:			

(Format G)

Number of Medical (MBBS), Paramedical and Community Health Staff on Payroll & Contract

(On the letterhead of the Concessionaire)

Certificate

This is to certify that _____ (name of the organization), having registered office at -----
-- (address of the registered office), have ----- <mention the number> Medical (MBBS), -----
<mention the number> Paramedical and ----- <mention the number> Community Health staff who
are working on payroll and ----- <mention the number> Medical (MBBS), ----- <mention the
number> Paramedical and ----- <mention the number> Community Health staff > who are working
on contract for more than two years in last 5 years as on date of submission in ----- (name of the
organization).

Yours Sincerely,

(Signature of HR/ Head of the Company/Firm/NGO/Trust/)

Name of the Signatory:

Seal of Organization:

Date:



Details of staff of the Organization

Medical Officers							
Name	Degree	Registration Number	Full Time/ Part Time	Employment Record		Area of Expertise	Total work Experience
				From	To		

Paramedical staff							
Name	Degree	Registration Number	Full Time/ Part Time	Employment Record		Area of Expertise	Total work Experience
				From	To		

Community Health Staff						
Name	Degree	Full Time/ Part Time	Employment Record		Area of Expertise	Total work Experience
			From	To		

I understand that my willful misstatement described herein may lead to my disqualification or dismissal, if engaged.

Name (Authorized Signatory)
Signature (Authorized Signatory)

Seal of Organization:
Date of signing



No Blacklisting Certificate (Format I)

(On Non Judicial Stamp paper of Rs 100)

No Blacklisting Certificate

This is to certify that ----- (name of the organization), having registered office at ----- (address of the registered office), as on date of submission of the bid, the concessionaire has not been blacklisted by any Government entity in India on the date of submission of proposal. Litigation pending on the date of submission of proposal, in any court of law, on account of blacklisting will amount to disqualification from bidding process.

Signature:

Name of the Authorized Signatory:

Designation:

Date:

Non Termination Certificate (Format J)

(On Non Judicial Stamp paper of Rs 100)

Non Termination Certificate

This is to certify that ----- (name of the organization), having registered office at ----- (address of the registered office), as on date of submission of the proposal, has not withdrawn from similar government project or have not had any termination of contract from similar project with Government entities in the last 5 years.

Signature:

Name of the Authorized Signatory:

Designation:

Date:

Undertaking (Format K)

Organization should provide an undertaking in the format given below:

[On the Affidavit on Non Judicial Stamp paper of Rs 100]

It is certified that the information furnished here in and as per the bid / documents / clarifications submitted is true and correct and nothing has been concealed or tampered with. We have gone through all the conditions of EOI and are liable to any punitive action for furnishing false information / documents.

We have read the provisions of the EOI, Annexures, SLA's, Corrigendum, thereto and addenda. We understand that any additional conditions, deviations, suggestions, assumptions, if any, found in our proposal shall not be given effect to and shall not be binding on National Health Mission, Rajasthan in case our proposal is accepted.

We agreed to abide all the conditions of the Service Level Agreement (SLA'S) as mentioned in EOI & SLA and express our willingness to sign the Service Level Agreement with National Health Mission, Rajasthan. .

Dated this ____ day of _____ 2017

Signature

(Organization Seal)

In the capacity of

Duly authorized to sign proposals for and on behalf of:

Power of Attorney (Format L)

[On the Affidavit on Non Judicial Stamp paper of Rs 100]

Know all men by these presents, we _____ (name of the Organization and address of the registered office) do hereby appoint and authorize Mr. / Ms. _____ (full name and residential address) who is presently employed with us and holding the position of _____ as our attorney, to do in our name and on our behalf, all such acts, deeds and things necessary in connection with or incidental to our proposal document for ' Operationalization and Maintenance of Urban Primary Health Centers and it's attached Health Kiosk under Public Private Partnership for National Health Mission, Rajasthan', in response to the EOI invited by National Health Mission, Rajasthan , Department of Medical Health & Family Welfare including signing and submission of all documents and providing information / responses to National Health Mission, Rajasthan in all matters in connection with our proposal.

We hereby agree to ratify all acts, deeds and things lawfully done by our said attorney pursuant to this Power of Attorney and that all acts, deeds and things done by our aforesaid attorney and shall always be deemed to have been done by us.

Dated this ____ day of _____ 2017

For _____

(Signature)

(Name, Designation and Address)

Accepted

(Signature)

(Name, Title and Address of the Attorney)

Date:

CHECK LIST FOR COMPLIANCE TO PREQUALIFICATION CRITERIA

S.No	Prequalification Eligibility Criteria	Documents Required	Provided (Yes/No)	Page number	
				From	To
1	The following Organizations are eligible to apply: a) Registered Society with provision of health services, health care, primary health care, or any other health related services in its memorandum of association; b) Trust formed to solely provide health services, health care, primary health care or any other health related services; c) Medical colleges including private medical colleges; d) Hospitals run under the aegis of Public Sector and Government Companies and Institutions; and Private Hospitals registered under relevant act; e) Section 8 Companies under the Companies Act 2013 (erstwhile Sector 25 Companies under Companies Act 1956) with provision of healthcare as one of the businesses in the memorandum of association;	Copy of Registration Certificate (Document 1)	Yes / No		
2	To be eligible to apply, an organization must be in existence for at least 5 years as on 31 March 2017. Organizations established after 31 March 2012 are not eligible to apply.	Copy of Registration Certificate (Document 1)			
2	Memorandum of Association	(Document 2)			
	Cover Letter	Format A			
	Organizations Details	Format B			
	Office Bearer Details	Format C			
5	The Organization must have an annual expenditure /turnover of at least Rs 25 lakhs per annum for the last three financial years preceding the current year.	Format D			
	Details of regular and contractual staff	Format G			
6	Annual Reports of last three years (Documents 3-5)	Copy of Annual Reports (Document 3-5)			
10	Copy of the resolution of the competent authority in the Organization authorizing the signatory to respond to this invitation	Format L (Document 6)			
11.	Annual Financial Statements duly audited with audit report attached for the last 5 years preceding the current year	(Documents 7-11)			
12	A document containing the vision, mission and organizational structure of the Organization);	(Document 12)			
13	A document containing details of the activities undertaken by the Organization during the last five years	(Document 13) Format E			
14	A document containing the details, which inter alia must include the names, addresses and educational qualifications, of key personnel employed by the Organization during the last five years including those employed at the time of submission of this proposal	(Document 14) Format H			
15	A short document containing a maximum of ten achievements of the Organization during its lifetime clearly indicating outputs and outcome	(Document 15)			
16	A short document containing descriptions of activities of the Organization in the primary health care system in any parts of India emphasizing (a) geographical area (b) outputs (c) manpower dedicated to projects (d) outcome	(Document 16) Format F			
17	A document containing the IT capacity of the Organization	(Document 17)			

Handwritten signature/initials

	indicating capacities in terms of (a) hardware (b) application software (c) usage				
18	Income Tax and Other Tax registration certificates	(Document 18)			
19	An undertaking that the Organization is willing to sign the service level agreement.	(Document 19) Format K			
20	A certificate that no criminal/civil case is pending against the Organization or any of its office bearers in any Court	(Document 20)			
21	A document containing details of any past criminal or civil case against the Organization or any of the Office bearers. A NIL certificate will be required.	(Document 21)			
22	A certificate that the concessionaire has never been "blacklisted" / debarred from participating in any tendering process by any State Government/ Central Government institutions. The concessionaire may provide details of circumstances of the cases.	(Document 22) – Format I			
	No Termination Certificate	Format J			
Name Signature (Authorized Signatory) Organization stamp and seal Date					

Note: In case information required by National Health Mission, Rajasthan is not provided by the concessionaire in the forms / formats provided above, shall proceed with evaluation based on information provided and may not request the concessionaire for further information. Hence, responsibility for providing information as required in the above forms/formats lies solely with the concessionaire. **All information/documents must be submitted in above mentioned sequence only with clear indication of the serial number and signed by an authorized signatory on every page.**

- The details for the above along with the documentary proofs as required should be provided in the formats as provided
- All documents attached with proposal should be neat, clean and readable.
- All the pages in proposal submitted must be numbered serially with spiral binding and should be serially arranged as per Check list.
- If proposal is not submitted in above manner by the concessionaire, proposal may be considered non responsive.
- Concessionaire need to ensure attachment of all annexure provided in EOI & Addendum.
- All the supporting documents required are mandatory.
