Government of Rajasthan
Department of Family Welfare and National Rural Health Mission
Swasthya Bhawan, Tilak Marg, Jaipur

F. 23( )/NRHM/ISC/Integrated Ambulance Project/2015-16/2658 Dated: 14/07/2015

Addendum No. 1

Addendum is hereby issued under RFP published for Integrated Ambulance Project on 15.06.2015. The addendum is based on the queries, suggestions and discussions took place during the pre-proposal conference dated 26.06.15. The changes/amendments in the RFP are as below:-

- **RFP cost is Rs. 1,00,000/- (Rs. One Lacs only) and RISL Processing fees is Rs. 1000/- (Rs. One Thousand Only).** DD/Banker's cheque for RFP document cost shall be made in favor of the State Health Society, Rajasthan payable at Jaipur and DD/Banker's cheque for processing fee shall be made in favor of MD, RISL payable at Jaipur and shall be deposited by the bidders separately as applicable by way of DD/Banker's cheque to the office of Mission Director, NHM, Swasthya Bhawan Tilak Marg C-Scheme Jaipur before the last date and time prescribed for online submission of bids.

- Upon request of all of the bidders **Last Date of submission of the online proposals** is extended **upto 30.07.15 at 3:00 pm** and **opening of proposals** shall be done **online on 31.07.15 at 12:00 noon.**

S. No.	Page No. and Clause No.	Clause	Amendment/clarification
1.	Entire Document	National Health Mission	NRHM is to be considered as National Health Mission (NHM) in the entire document.
2.	13 2.1.4 Note added		NOTE:- Number of vehicles mentioned in this RFP document are indicative only and on the basis of present fleet in Rajasthan. These numbers may vary time to time.
3.	14 2.3.1.2	**Should have minimum two years of experience of operation of at least 200 vehicles in last three years. Vehicles, supported with call center with computer telephony integration and ability to log calls with GIS based GPRS integrated vehicle monitoring system for any Government Service Provider. Operation of these 200 No's. Vehicles in a year may be cumulative of multiple sites/orders but a single fleet of minimum of 150 vehicles is**	**Should have minimum two years of experience of operation of at least 200 vehicles in last three years. Vehicles, supported with call center with computer telephony integration and ability to log calls with GIS based GPS/GPRS integrated vehicle monitoring system for any Government Service Provider. Operation of these 200 No's. Vehicles in a year may be cumulative of multiple sites/orders but a single fleet of minimum of 150 vehicles is mandatory. (Certificates from the organizations to whom services have been provided in past needs to be submitted along with the proposal).**

		mandatory. (Certificates from the organizations to whom services have been provided in past needs to be submitted along with the proposal).	
4.	17 2.3.4 point 2	2. However, at any point of time prior to the date for submission of RFP, RSHS (NRHM) may, for any reason, whether at its own discretion or in response to the discussions/ clarifications, modify the RFP document by issuance of an addendum to be published on e-procurement website www.eproc.rajasthan.gov.ine. The addendum would also be placed on the DIPR website: www.dipronlie.org, and department"s website: www.rajswasthya.nic.in . Such addendum will become an integral part of the RFP document.	2. However, at any point of time prior to the date for submission of RFP, RSHS (NHM) may, for any reason, whether at its own discretion or in response to the discussions/ clarifications, modify the RFP document by issuance of an addendum to be published on e-procurement website www.eproc.rajasthan.gov.in and department's website: www.rajswasthya.nic.in . Such addendum will become an integral part of the RFP document.
5.	17 2.3.2 point (a) (1)	Part A – Technical Proposal as per RFP Annexure 17	Part A – Technical Proposal as per RFP Annexure 17 duly page numbered and enclosed as first page of the technical proposal.
6.	19 2.3.6 point 16	Technical Proposal of all the Applicants will be evaluated based on appropriate marking system. To qualify the bidder should obtain minimum of 70 marks for opening of the financial bid. The categories for marking and their respective weightage are as under	Bidder whosoever fulfills the technical and financial capacity as laid down in the RFP shall be technically qualified provided all the relevant documents are enclosed with the proposal as mentioned in the RFP. No marking system shall be adopted for ascertaining the technical eligibility.
7.	19 2.3.6 Point 19	VAT Clearance certificate up to March, 2014	VAT Clearance certificate up to March, 2014 (If applicable)
8.	20 2.3.6.2 point 1	1. Bidder shall submit Financial Proposal as per Annexure – 2.	Bidder shall submit Financial Proposal as per Annexure – 2 and 3.
9.	20 2.3.6.2 point 3	The Bidder shall be paid on per ambulance per month (for 108 ambulances, 104 Janani Express and Base Ambulances) for Base ambulances Service Provider shall recover from the user for all its operational expenditure. For Capital Expenditure Service Provider shall quote rate on the basis of basis inclusive of all taxes. (Annexure 3). Payment	The Bidder shall be paid on per ambulance per month for 108 ambulances and 104 Janani Express and for Base ambulances Service bidder will pay to NHM on per month per ambulance basis and provider shall recover from the user for all its operational expenditure but not more than rates mentioned in clause 3.2.3. The Service Provider shall quote rate inclusive of all taxes in Annexure 3. Payment under JE would include operation and maintenance of Call center for Toll Free 104 Medical Advice Service.

		under JE would include operation and maintenance of Call center for Toll Free 104 Medical Advice Service.	
10.	20 2.3.7.2	a) The financial bid opening shall be done for only those applicants who shall qualify technically. b) It is highlighted that the bidder quoting the most advantageous bid (cumulatively of all three bids) would be judged as Successful Bidder.	a) The financial bid opening shall be done for only those applicants who shall qualify technically. b) It is highlighted that the bidder quoting the most advantageous bid (cumulatively of all three bids) would be judged as Successful Bidder. c) For financial evaluation total financial receivables from all Base Ambulances shall be deducted from the total financial payables for 108 ambulances and 104 Janani Expresses. After that most beneficial proposal shall be selected.
11.	23 2.3.18	Financing of the project shall be on reimbursement basis in accordance with the provision of the agreement. Claims or reimbursements for operational expenditure shall be payable by the respective District Health Societies on monthly basis on submission of statement of claim by the service provider. No advance financing shall be done under the project.	Financing of the project shall be on reimbursement basis in accordance with the provision of the agreement. Claims or reimbursements for operational expenditure shall be payable by the respective District Health Societies on monthly basis on submission of statement of claim by the service provider. No advance financing shall be done under the project. Payments shall be made in accordance with clause 3.14.
12.	24 3	The Government of Rajasthan has taken a decision to integrate the three services and operate the same through a single centralized call center and single toll free number i.e. 108 to improve overall operational efficiency and cost effectiveness of these schemes. In additional, there be health helpline services through toll free number 104, which may be housed in the same call centre. The purpose of this RFP is to invite proposal from eligible parties to select most suitable of them to integrate, operate and manage all four services including Medical Advice Service (104), Emergency Ambulance Service (108), 104 Janani Express and Base Ambulance paid service.	The Government of Rajasthan has taken a decision to integrate the four services and operate the same through a single centralized call center and single toll free number i.e. 108/104 to improve overall operational efficiency and cost effectiveness of these schemes. In addition, there will be health helpline services through toll free number 104, which may be housed in the same call centre. The purpose of this RFP is to invite proposal from eligible parties to integrate, operate and manage all four services including Medical Advice Service (104), Emergency Ambulance Service (108), 104 Janani Express and Base Ambulance paid service
13.	24 3.1	Scope of work mainly includes operationalization of an existing project with a	Scope of work mainly includes operationalization of an existing project with a GPS fitted fleet of 741 ambulances (108), 600 Janani Express

		fleet of 741 ambulances (108), 600 Janani Express Vehicles and 200 Base ambulances deployed strategically across the State of Rajasthan supported with a fully functional centralized call center situated at State Institute of Health & Family Welfare (SIHFW) building in Jhalana Dungari, Jaipur which is receiving more than 27000 calls per day and handling approx. 1800 emergencies on daily basis. Presently this project has approx. 2900 employees of the service provider including 2700 Pilots (Drivers) and Emergency Management Technician (EMT) under 108 ambulance Project, approximately1800 drivers under 104 Janani Express Project employees by RMRS"s. Scope of work also includes running of Base ambulances for non-emergency cases on payment basis for general public. It also includes taking over and running the existing Toll Free 104 Medical Advice Service. Number/type of Ambulances may increase/ decrease during the contract period. The scope of services may include procurement of assets, operation and maintenance of Ambulances, provision of medical and non-medical consumables constantly, as Request for proposal for "Integrated Ambulance Services" - Rajasthan Page 25 specified in Annexure- 15 of this RFP and also associated activities in designated zones within the State of Rajasthan.	Vehicles and 200 Base ambulances deployed strategically across the State of Rajasthan supported with a fully functional integrated call center situated at State Institute of Health & Family Welfare (SIHFW) building in Jhalana Dungari, Jaipur which is receiving approximately 18000 calls per day and handling approx. 1800 emergencies on daily basis. Presently this project has approx. 2900 employees of the service provider including 2700 Pilots (Drivers) and Emergency Management Technician (EMT) under 108 Ambulance Project, approximately1800 drivers under 104 Janani Express Project employees by RMRS's. Scope of work also includes running of Base ambulances for non-emergency cases on payment basis for general public. It also includes taking over and running the existing Toll Free 104 Medical Advice Service presently operational through a 20 seater call center situated at Swasthya Bhawan Tilak Marg Jaipur. Number/type of Ambulances may increase/ decrease during the contract period. The scope of services may include procurement of assets, operation and maintenance of Ambulances, provision of medical and non-medical consumables constantly, as specified in Annexure- 15 of this RFP and also associated activities in designated zones within the State of Rajasthan.
14.	25 3.2	• The services to be coordinated through an existing 24x7 Call Centre with a common toll free call number 108 and/ or 104 and GPS networking with the 108 Ambulances, 104 Janani Express and Base Ambulances. • Computer telephony integration with the ability to log calls with GPS (Global	• The services to be coordinated through an existing 24x7 integrated Call Centre with a common toll free number 108 and/ or 104 and GPS device (having SoS/Alert facility to capture the movement from base location, to patient location, to hospital location and back to base location) fitted on 108 Ambulances, 104 Janani Express and Base Ambulances. • Computer telephony integration with the ability to log calls with GPS

		Positioning System) incorporated in GIS (Geographical Information System) with GSM/GPRS (Global System for Mobile Communication/General Packet Radio Service) integrated Ambulance monitoring and tracking system, call management, performance monitoring and reporting. The movement of every ambulance should be able to be tracked through GPRS for every trip of the Ambulance. • Taking over of presently fully operational 108 Ambulance project along with all assets and centralized Call Center based at SIHFW, Jaipur, taking over of entire fleet of 104 Janani Express vehicles with the 104 call center situated at Swasthya Bhawan Jaipur along with Medical Advice Service, Taking over 200 base ambulances from Government and making them operational through these toll free numbers/call centers with all modern necessary equipments and GPS.	(Global Positioning System) incorporated in GIS (Geographical Information System) with GSM/GPRS (Global System for Mobile Communication/General Packet Radio Service) integrated Ambulance monitoring and tracking system, call management, performance monitoring and reporting. The movement (movement from base location, to patient location, to hospital location and back to base location) of every ambulance should be able to be tracked through GPRS for every trip of the Ambulance. • Taking over of presently fully operational 108 Ambulance project along with all assets and centralized Call Center based at SIHFW, Jaipur, taking over of entire fleet of 104 Janani Express vehicles with the 104 call center situated at Swasthya Bhawan Jaipur along with Medical Advice Service, Taking over 200 base ambulances from Government and making them operational through these toll free numbers/call centers with all modern necessary Equipments and GPS devices.
15.	26 3.2.1	New adddition	• Provide integrated GPS monitoring for these vehicles (complete solution as detailed in the RFP)
16.	26 3.2.2	• Provide GPS monitoring for these vehicles (complete solution as detailed in the RFP) • Manage and operate the call center (104) in integration and coordination with 108 call center for dispatch and monitoring of these vehicles	• Provide integrated GPS monitoring for these vehicles (complete solution as detailed in the RFP) • Manage and operate the call center (104) in integration and coordination with 108 call center for dispatch and monitoring of these vehicles. a) Pick up from Home To Hospital b) Hospital To Home c) Hospital To Hospital Beneficiaries': • Pregnant Women for ANC/PNC/Immunization/Delivery/Sterilization • Referral of Sick children under RBSK program up to 18 Years. • Any other Service which may be added by NHM in due course.
17.	26 3.2.3	New Addition	• Provide integrated GPS monitoring for these vehicles (complete solution as detailed in the RFP)

18.	28 3.3	The Service Provider, at each district, shall provide at least one district operational coordinator to explain the progress to Distt. Collector/ CMHO/ CS and/or for co-ordination/resolution of complaints, if any. Other than above, Service Provider shall place adequate staff at state call centre and must have following categories of manpower having required qualifications as given below;	The Service Provider, at each district, shall provide at least one district operational coordinator to explain the progress to Distt. Collector/ CMHO/JD and/or for co-ordination/resolution of complaints, if any. Other than above, Service Provider shall place adequate staff at state call centre and must have following categories of manpower having required qualifications as given below;
19.	28 3.3.2	The agency need to provide vehicle along with driver only on 24x7 basis, no medical technician is required in case of JE. Driver should be trained in giving first aid to the patient, if required	The Service Provider has to provide driver on 24x7 basis, no medical technician is required in case of JE. Driver should be trained in giving first aid to the patient, if required.
20.	29 3.3.3	Salary Structure:- a) Gross Salary of the staff in 108 Project is Rs. 9785/- for per month for EMT, Rs.10099/- per month for Driver and salary of Call taker is Rs. 7685/- per month. b) Salary of Health Advisory Officers (Call Takers) at 104 call center is between Rs. 6000/- to Rs. 8500/-. c) Under 104 Janani Express salary of drivers is ranging between Rs. 7000/- per month to Rs. 12000/- per month. Existing Manpower including Pilot, EMT, Co/Dos, HAOs, Drivers etc. working in the implementation of the Project shall be given priority as far as possible.	Existing Salary Structure (only for reference):- a) Gross Salary of the staff in 108 Project is Rs.10099/- for per month for EMT, Rs.9785/- per month for Driver and salary of Call taker is Rs. 7685/- per month. b) Gross Salary of Health Advisory Officers (Call Takers) at 104 call center is between Rs. 6000/- to Rs. 8500/-. c) Under 104 Janani Express salary of drivers is ranging between Rs. 7000/- per month to Rs. 12000/- per month. Existing Manpower including Pilot, EMT, Co/Dos, HAOs, Drivers etc. working in the implementation of the Project shall be given priority as far as possible. As far as continuation of existing staff is concerned the new service provider may undertake test of existing employees of all the four services and if the staff is found fit as per the required qualifications; he/she may be considered for the job.
21.	29 3.4.1	108 Ambulances are already operational and managed by a vendor under Public Private Mode. The winning bidder has to start and operationalize the services across all 34 districts within one month from the date of signing of agreement without any interruptions to the current operations. Government shall handover all the assets including IT and hardware infrastructure to	108 Ambulances are already operational and managed by a vendor under Public Private Mode. The successful bidder has to start and operationalize the services across all 34 districts within 30 days from the date of signing of agreement without any interruptions to the current operations. Successful bidder shall takeover all the assets including IT and hardware infrastructure and all ambulance and vehicles within 30 days time.

		the winning bidder within 30 days" time.	
22.	29 3.4.3	Base Ambulances are being operated at various CHCs through respective RMRS. The Service Provider has to take up the operations of these ambulances after proper branding, upkeep with all necessary Equipments as per Annexure 19. Within one month of signing of the contract.	Base Ambulances are being operated at various CHCs/DH through respective RMRS. The Service Provider has to take up the operations of these ambulances after proper branding, upkeep with all necessary Equipments as per Annexure 19 within one month of signing of the contract
23.	29 3.4.6	New service provider will have to take over Ambulances on "As is where is" basis. NHM will not undertake any repair of the ambulances. In case ambulances are received in damaged condition and new service provider undertakes repair; than the repair cost shall be recovered from previous service provider on risk and cost basis.	New service provider will have to take over Ambulances on "As is where is" basis and installation of GPS devices will be ensured within this 30 days time. NHM will not undertake any repair of the ambulances. In case ambulances are received in damaged condition and new service provider undertakes repair; than the repair cost shall be recovered from previous service provider on risk and cost basis.
24.	30 3.4.7	New Addition	The Service Provider has to take over all the ambulances "as is where is". Any damage in body work and mechanically in ambulances or vehicles / shortfall in equipments shall be identified and included in the HOTO sheet jointly prepared by the representative of GoR, New Service Provider and by representative of old service provider (in case of 108 ambulances). The new service provider will then undertake the repair through authorized dealer on the basis of that HOTO sheet after approval of competent authority (respective CMHO or any officer authorized by MD,NHM) who will ensure transparent procedures as per RTPP Act and Rules in such repairs. Expenditure shall be reimbursed by the Govt. to the Service Provider within 30 days of submission of bills.
25.	30 3.4.8	New Addition	Bidder will have to take over the project within 30 days time. In addition to these 30 days, bidder will be given a period of two months as moratorium period wherein penalties will not be imposed. But after these three months bidder will have to achieve all the parameters as mentioned in RFP and penalties/deductions shall affected from claims as per RFP.

26.	30 3.5	• Operationalize/ Manage/ Maintain existing as well as new Ambulances which may be included in the fleet.	• Operationalize/ Manage/ Maintain existing as well as new Ambulances which may be included in the fleet. Re-trade tyres, repaired batteries and welded suspension will not be allowed in maintenance.
27.	31 3.7	IEC activities of the project shall be undertaken by Director (IEC), Medical & Health Department.	• IEC activities of the project shall be undertaken by Director (IEC), Medical & Health Department as per requirement. In addition to this Service Provider will also undertake IEC on it own however approval of IEC plan and IEC material shall be taken from NHM prior to undertaking the IEC.
28.	31 3.8 point 7	The bidder shall be fully responsible for adhering to the provisions of various applicable laws including Labour laws and Minimum Wages Act. In case the bidder fails to comply with the provisions of applicable laws and thereby any financial or other liability arises on the Government by Court orders or otherwise, the bidder shall be fully responsible to compensate/indemnify to the Government for such liabilities. For realization of such damages, Government may even resort to the provisions of Public Debt Recovery Act or other laws as applicable on the occurrence of such situations.	The bidder shall be fully responsible for adhering to the provisions of various applicable laws including Motor Vehicle Act, **Labour laws and Minimum Wages Act**. In case the bidder fails to comply with the provisions of applicable laws and thereby any financial or other liability arises on the Government by Court orders or otherwise, the bidder shall be fully responsible to compensate/indemnify to the Government for such liabilities. For realization of such damages, Government may even resort to the provisions of Public Debt Recovery Act or other laws as applicable on the occurrence of such situations. Service Provider has to comply with provisions of Labour Law, Minimum Wages Act, PF rules and ESI Act, Group Insurance cover (with accidental benefit of Rs. 5.00 lacs in case of death) and other Labour welfare laws of land while appointment, continuation, termination during the job. These laws shall also be complied by the Service Provider in case any accident/ mishap/death/injury/disability occurs to any of the staff.
29.	32 3.8 point 15	To maintain 99.99 per cent up time of the complete integrated IT based system along with real-time tracking otherwise penalty will be imposed.	To maintain 99.99 per cent up time of the complete integrated IT and GPS based system along with real-time tracking of all vehicles otherwise penalty will be imposed as per clause 3.13.
30.	32 3.8 point 18	To maintain records and submit various reports and information within the stipulated timeframe as desired by the Mission Director, National Health Mission as well as District wise reports to respective District Health Society.	To maintain all information/ records for the project period and submit various reports and information within the stipulated timeframe as desired by the Mission Director, National Health Mission as well as District wise reports to respective District Health Society.
31.	32 3.8 point 19	The bidder shall be subjected to periodical System and financial Audit by a Chartered	The bidder shall be subjected to periodical System of internal and financial Audit by a Chartered Accountant as appointed by NHM.

		Accountant as appointed by NHRM.	The Service Provider shall be liable to provide all required documents for audit purpose.
32.	32 3.8 point 21	New Point	21) Service Provider will be provided with login ID and password for PCTS software. From this software the service provider will fetch the due date list of expected ANCs, deliveries, PNCs and immunization of children. This due date list shall be kept in each and every JE vehicle and Service Provider shall make calls to the patients mentioned in due list for providing transport services through JE.
33.	32 3.8 point 22	New Point	22) Service Provider shall comply with software requirements as mentioned in clause 3.16.
34.	32 3.8 point 23	New Point	23) The service provider shall ensure to fill PCR form as per **Annexure 24** for each and every patient transported in the ambulance and Janani Express. At the end of the month the service provider shall submit a certificate duly certified by the BCMO in Rural area and by Dy. CMHO/RCHO in Urban Area that he has seen and checked all the PCR forms for the patients transported in that particular month for all the ambulances in that particular block. Service provider shall ensure to fill three copies of the PCR form out of which one shall be handed over to hospital at the time of handing over the patient, second shall be kept in ambulance and third shall be sent to head office of Service Provider. Every month Service Provider shall submit a report about the PCR forms received at its state office to NHM Rajasthan.
35.	33 3.8 Operation and Maintenance point d	(d) Undertaking major maintenance such as ambulance repairs (as per vehicle manufacturers recommended maintenance schedules) and refurbishment & necessary upgradation of IT Infrastructure and other equipments time to time;	Undertaking major maintenance such as ambulance repairs (as per vehicle manufacturers recommended maintenance schedules) refurbishment and necessary upgradation of IT/GPS Infrastructure and other equipments time to time;
36.	33 3.8 Statutory Compliance	Statutory Compliance: the Agency is responsible for the compliance of the statutory requirement under any law in respect of any asset and operation. The agency shall be held responsible in case of any penalty, loss or other legal consequences arising out of non-compliance.	Statutory Compliance: the Service Provider is responsible for the compliance of the statutory requirement under any law in respect of any asset and operation. The Service Provider shall be held responsible in case of any penalty, loss or other legal consequences arising out of non-compliance.
37.	33 3.8 Monitoring &	Monitoring & Evaluation: Develop and implement a full proof monitoring and	Monitoring & Evaluation: Develop and implement a full proof secured monitoring and evaluation system to ensure efficiency in capacity utilization. Key indicators need to be put in place for looking at equity

	Evaluation	evaluation system to ensure efficiency in capacity utilization. Key indicators need to be put in place for looking at equity of access, quality of care, volume of utilization and wasteful consumption.	of access, quality of care, volume of utilization and wasteful consumption.
38.	33 3.8 Standard Operating procedures	Standard Operating procedures: RSHS (NRHM) has prepared the Standard Operating Procedure, to run the "Integrated Ambulance Services" popularly known as "108 Ambulance Service Project.	Standard Operating procedures: RSHS (NRHM) has prepared the Standard Operating Procedure as per clause 3.18, to run the "Integrated Ambulance Services" popularly known as Dial An Ambulance.
39.	33 3.9 point 4	To lay down guidelines and standard operating procedures to service provider for operation of the Ambulances services.	4) To lay down guidelines and standard operating procedures as detailed in RFP to service provider for operation of the Ambulances services.
40.	33 3.9 point 6	6) Prescribe various formats for reporting progress of the project. Service Provider may submit its own reporting formats which can be used after due approval by the Government.	6) Prescribe various formats for reporting progress of the project. Nodal Officer PCTS (State Demographer) will provide the PCTS User ID and Password to Service Provider.
41.	34 3.10.1	**Bid Security:** 2% of the total estimated Project Cost Rs. 130.00 Crores in the form of Banker's Cheque/ Demand Draft in favor of "Rajasthan State Health society Jaipur". The bid security must remain valid thirty days beyond the original or extended validity period of the bid.	**Bid Security:** 2% of the total estimated Project Cost Rs. 130.00 Crores i.e. Rs. 2.60 crores (Two Crores and Sixty Lacs) in the form of Banker's Cheque/ Demand Draft/ Bank Guaranttee in favor of "Rajasthan State Health society Jaipur". The bid security must remain valid thirty for days beyond the original or extended validity period of the bid.
42.	35 3.10.2	The original BG shall be deposited at the office of Mission Director, NHM. Scanned copy of the BG shall be uploaded with the online proposal. In case performance security is deposited in form of Bank guarantee (BG), then the same should be valid for 30 months from the date of signing of the Agreement.	The original BG shall be deposited at the office of Mission Director, NHM within the period mentioned in Award of Contract.In case performance security is deposited in form of Bank guarantee (BG), then the same should be valid for 30 months from the date of signing of the Agreement.
43.	35 3.12 New Point	Amendment	NHM may undertake inspection of any of the ambulance and call center by the officers nominated by MD, NHM and shortcomings noticed in the report may result in imposition of penalty as per provisions of the agreement. NHM may also undertake verification of calls and OPD numbers in the hospitals (of the patients intimated to be admitted by

			108/104 ambulances); in case any shortcomings noticed in the report it may result in imposition of penalty as per provisions of the agreement. In case of any mismatch, payment related to that particular case shall be deducted from the claims of the service provider.
44.	36 3.13 point 4	Un availed trips: Out of total trips unavailed trips are allowed up to 10% of the total trips .If percentage of un availed trips to total trips is more than 10%, then trip count of such trips in excess of 10% of the un availed trips will be made on the basis of 50 per cent of the criterion described in point 1 above. For e.g. Suppose Bid Price is Rs. 75,000 per ambulance per month. An ambulance does total 150 trips out of which 15 are unavailed trips then complete Rs. 75,000/- shall be payable. Now if an ambulance does 30 unavailed trips then up to 135 trips it will be paid @ Rs. 500/- per trip for remaining 15 trips it will be paid Rs. 250/- per trip and a total amount of Rs.71750/- per month for that ambulance.	Un availed trips: Out of total trips unavailed trips are allowed up to 10% of the total trips .If percentage of un availed trips to total trips is more than 10%, then trip count of such trips in excess of 10% of the un availed trips will be made on the basis of 50 per cent of the criterion described in point 1 above. For e.g. Suppose Bid Price is Rs. 48,000 per ambulance per month. An ambulance does total 120 trips out of which 12 are unavailed trips then complete Rs. 48,000/- shall be payable. Now if an ambulance does 24 unavailed trips then up to 108 trips it will be paid @ Rs. 400/- per trip for remaining 12 trips it will be paid Rs. 200/- per trip and a total amount of Rs.45600/- per month for that ambulance will be paid.
45.	36 3.13 Point 5 (a)	(a) The Agency (Service Provider) shall ensure that an average of 4 trips/day/Ambulance is achieved in the first 3 months of operation after fully taking over of the project (this is not applicable on subsequent launching of any new Ambulances in the fleet); after which performance level of 5 Trips/Day/Ambulance is achieved. Other than this no call or emergency should be left unattended even after expected levels of minimum trips is achieved. In case this level of services is not achieved then a proportionate deduction towards non-running of ambulances shall be	The Agency (Service Provider) shall ensure that an average of 3 trips/day/Ambulance is achieved in the first 3 months of operation after fully taking over of the project (this is not applicable on subsequent launching of any new Ambulances in the fleet); after which performance level of 4 Trips/Day/Ambulance is achieved. Other than this no call or emergency should be left unattended even after expected levels of minimum trips is achieved. In case this level of services is not achieved then a proportionate deduction towards non-running of ambulances shall be affected from the claims. In case of other defaults in services necessary action under terms of the agreement will be initiated in addition to imposition of penalty considering seriousness of the default. The fault shall be determined with reference to the outputs as mentioned in the RFP and the penalty will be determined by a committee consisting of Principal Health Secretary, Medical & Health, Mission Director, National Health Mission, Director (PH) & Project

		affected from the claims. In case of other defaults in services necessary action under terms of the agreement will be initiated in addition to imposition of penalty considering seriousness of the default. The fault shall be determined with reference to the outputs as mentioned at **Part A3 clause3** above and the penalty will be determined by a committee consisting of Principal Health Secretary, Medical & Health, Mission Director, National Health Mission, Director (PH) & Project Director (NHM).	Director (NHM).
46.	36 3.13 point 5	(c)Service provider shall recommend the list of vehicle/s which he feels appropriate for condemnation. Department / NHM after following all due procedures as per rules and seeking technical advice may declare that particular vehicle/s as condemn vehicle/s. Service provider shall be responsible for providing alternative vehicle/s on the respective location either hiring from market or purchasing on its own. Department may provide replacement if availability of vehicle/s is there. For the substitute vehicle/s, service provider will have to ensure all the physical, technical and mechanical parameters before replacement. No additional charges shall be paid by Department/ NHM for the above and the Services provider will be reimbursed on the same rate as is quoted for that particular ambulance type in the financial quote.	If an ambulance is condemned after following due procedures as per rules (GF & AR) or total loss because of an accident then the service provider shall provide an ambulance after procuring ambulance from authorized dealer or hiring from market after permission of MD,NHM. In both cases NHM will pay the amount equivalent to the yearly depreciated value i.e. @ flat 10% per year of the purchase cost of that particular ambulance in addition to the operational cost of that particular ambulance/JE quoted in financial proposal. If Service Provider recommends an ambulance as non-economical to operate then that particular ambulance/JE may be removed from the fleet and Service Provider shall provide replacement of same specification at its own cost after approval of MD,NHM but in this case no extra payment shall be made to the SP. SP shall be paid only the operational cost as quoted in the financial proposal. Penalties shall be applicable in both the cases as per provisions of the agreement

47.	37 3.13 in the table point 2	2. Off Road Penalty : (for 108 ambulance and 104 Janani Express) Service Provider has to ensure 95% vehicles on road in a given month. This includes maintenance etc. This calculation shall be done at district level prior to making the payments. if vehicles remain off road more than 5% than; (The Service Provider shall not ground any 108 Ambulance, 104 Janani Express and Base ambulance for undertaking maintenance/service or repair works except with the prior written approval of the Department. Such approval shall be sought by the Service Provider through a written request to be made at least 7 (seven) days before the proposed grounding of a particular Ambulance and shall	Proportionate deductions shall be affected from the claims. Along with Rs. 500/- penalty from per vehicle the bid price on daily basis. For example: No. of 108 Ambulances/Janani in a district = 30 No. of working days in a month = 30 Therefore, 30x30 = 900 Ambulance Days 95% of 900 = 855, i.e. No penalty up to 855 Ambulance days on road a month. If a particular Ambulance remains on road less than 855 Ambulance days then proportionate deductions shall be made in addition to penalty of 10% of the bid price per Ambulance per day. On this basis, number of 104 Janani Express will be calculated. The calculation for on road/ off road 108 Ambulance and 104 Janani Express will	**S.No**	**Description of Penalty**	**Amount of penalty to be imposed**
				1.	**Permissible Response Time as per clause 3.18 : (for 108 ambulance and 104 Janani Express)** Urban- 20 min Rural- 30 min Desert (Bikaner, Barmer & Jaisalmer rural areas)- 40 min	If the delay in Permissible Response Time exceeds 150 minutes cumulatively/ Ambulance/month then a penalty of 0.1% of the monthly "Bid Price`" will be deducted for delay of every 10 minutes thereafter.
				2.	**Off Road Penalty : (for 108 ambulance and 104 Janani Express)** Service Provider has to ensure 95% vehicles on road in a given month. This includes maintenance etc. This calculation shall be done at district level while calculating the payments. If vehicles remain off road more than 5% than; (The Service Provider shall not ground any 108 Ambulance, 104 Janani Express and Base ambulance for undertaking	Proportionate deductions shall be affected from the claims **For example:** **No. of 108 Ambulances/Janani in a district = 30** **No. of working days in a month = 30** **Therefore,** **30x30 = 900 Ambulance Days** **95% of 900 = 855, i.e. No deduction up to 855 (95%) Ambulance days on road a month and payment as per bid price of total district level ambulances shall be made** **If Ambulances remains on road less than 855 (95%) Ambulance days then proportionate deductions shall be made. If any ambulance remains off-road for more than 30 days (except major accident/total loss) no payment for that particular**

		be accompanied by necessary particulars thereof, such as the exact time period/time-slot required for grounding/serving of a particular Ambulance.) The information for on road/ off road vehicles, a separate email – id will be generated at the state level. The communication of the information regarding theoff road vehicle will be considered most important. If the information is not communicated on the state generated email id, then the vehicle will be considered off road and will be provisioned for a penalty.	be done separated.		maintenance/service or repair works except with the prior written intimation to the concerned Chief Medical & Health Officer . Such intimation shall be given by the Service Provider through a written e-mail/letter to be made at least 7 (seven) days before the proposed grounding of a particular Ambulance and shall be accompanied by necessary particulars thereof, such as the exact time period/time-slot required for grounding/serving of a particular Ambulance.) For the information of on road/ off road vehicles, a separate email – id is generated at the state level. The communication of the information regarding the on road/off road/accidented vehicle will be considered most	**ambulance shall be made even if service provider maintains the level of 95% operational ambulance days. On the same basis, payment of 104 Janani Express will be calculated. The calculation for on road/ off road 108 Ambulance and 104 Janani Express will be done separately.** Formula= [No. of ambulance days operational (no of ambulances*no of operative days)/95% ambulance days]*bid price* no.of ambulances in that particular district No additional payment shall be made above 95% operational ambulance days.

					important. If the information is not communicated on the state generated email id, then the vehicle will be considered off road and will be provisioned for a deduction as mentioned in this clause. The ID is co.iap.nhm@gmail.com.		
				3.	<u>In case an average of 4 trips per ambulance per day is not achieved, (only for 108 ambulances)</u>	<u>Then a proportionate deduction towards non-achieving of the vehicle shall be made from the claims</u>. **For e.g. If an ambulance makes 120 trips in a month of 30 days no proportionate deduction shall be done as average trip per day is 4.** **Proportionate deductions shall made as follows:-** **Suppose bid price is Rs. 48,000/- per ambulance per month. Per trip cost in this case shall be Rs. 400/- (in a month of 30 days 48000/120=400). If an ambulance does 110 trips then an amount of Rs. 4000/- (120-110=10*400) shall be deducted from the claims for that ambulance per month.**	
				4.	Any shortfall/ default found on inspection by RSHS (NHM)/ authorized District representatives. (For 108 ambulance, 104	1.Poor General cleanliness/ Ambulance body maintenance 2. Hygienic storage of Medical/ non-	Penalty of Rs 500/- 1st time for every shortfall/ default and

					Janani Express and Base ambulance)	medical consumables3. Non availability of Medical/ non-medical consumables as per the enclosed list at Annexure 15 4. Non functioning of any Equipments 5. Proper updated maintenance of log book, stock register, PCR record, vehicle maintenance record as prescribed by NHM 6. Nonfunctioning of Air-conditioning of Ambulance 7. If the ambulance staff is not found in uniform.	subsequently Rs 1000/- / Ambulance (Individually for every shortfall/ default)
				5.	Ambulances are not operational due to strike by Ambulance staff / management, payments, short of funds or any unacceptable reasons.(for 108 ambulance and 104 Janani Express)	Proportionate Deductions of the bid price will be made for the non-operative period of the Ambulance along with additional penalty of 5% of the bid price/ Ambulance/ day.	
				6.	Submission of information desired by NHM, GoR in stipulated	Penalty of Rs 1000/- will be imposed for every default.	

					time frame.	
				7.	If Security Audit is not conducted as per clause 3.16.1 (4)	Rs. 5000/- per day after three months.
				8.	If any GPS unit is frequently non-functional then replacement/repair of such GPS units should be ensured within 2 days otherwise penalty will be imposed at the rate of Rs 1000/- per day per GPS unit from 1st day onwards.(For 108 ambulance,104 Janani Express and Base ambulances) GPS penalty will not be deducted for off-road vehicles shown in daily report of the Service Provider.	
48.	39 3.14	The Service Provider shall submit claims with the relevant documents mentioned at Annexure 22 to the CMHO office of the respective district. District shall do the initial verification and checking of calculation within 5 days of receipt of invoices complete in all aspects mentioned in Annexure 22. And issue sanction to the service provider endorsing a copy to the MD, NHM for payment of 80% of the invoice amount based on calculation and verification. RSHS shall transfer the 80% amount centrally to the service provider on the basis of sanction received from the district within 10 working days of receipt of such sanction. After checking, authentication, verification, due deductions as per rules (retaining all the vouchers and related documents at district level only for future audit purposes); districts shall issue Sanction out of remaining 20% "to be paid after all verification and all due deductions as per agreement" within 15 days of sanction of 80%. A copy of such Sanction shall also be endorsed to MD, NHM for transfer of funds centralized from State level.	The Service Provider shall submit claims with the relevant documents mentioned at **Annexure 22** to the CMHO office of the respective district. Districts shall check that all the enclosures mentioned at Ann 22 are enclosed with the invoice and checking of calculation within 5 days of receipt of invoices and issue sanction to the service provider endorsing a copy to the MD, NHM for payment of 80%. RSHS shall transfer the 80% amount centrally to the service provider on the basis of sanction received from the district within 10 working days of receipt of such sanction. After checking, authentication, verification, due deductions as per rules (retaining all the vouchers and related documents at district level only for future audit purposes); districts shall issue Sanction out of remaining 20% "to be paid after all verification and all due deductions as per agreement" within 15 days of sanction of 80%. A copy of such Sanction shall also be endorsed to MD, NHM for transfer of funds centralized from State level. At State level funds shall be transferred to Service Provider within 10 working days of receipt of such verification report and Sanction from the districts. Respective Chief Medical and Health Officer shall be ultimately responsible for correct verification of bills and payment sanction. In case, the required documents are not submitted with the invoice or are not completed (as per **Annexure 22),** then the payments (related to both 80% and 20%) shall not be made to the service provider and in no case service provider shall raise a claim on such incomplete invoices. Note:- Service Provider has to submit the invoices latest by 5th of every			

		At State level funds shall be transferred to Service Provider within 10 working days of receipt of such verification report and Sanction from the districts. Respective Chief Medical and Health Officer shall be ultimately responsible for correct verification of bills and payment sanction. In case, the required documents are not submitted with the invoice or are not completed (as per Annexure 22), then the payments (related to both 80% and 20%) shall not be made to the service provider and in no case service provider shall raise a claim on such incomplete invoices.	month. If the Service Provider fails to do so adherence to the abovementioned time schedule shall not the applicable.
49.	40 3.16.1 Software Requirements	1. To maintain the various information of Integrated Ambulance Services (ERS) and Global Positioning System (GPS) should be fully computerized (with online login facility from DM&HS) and Comprehensive Data will be provided through online reports to DM&HS. 2. It should be efficient, scalable and transparent to assist the stake-holders of RSHS (NRHM) (at state/districts) for the better monitoring, management, planning and decision-making to ensure the effective delivery of ERS and real-time tracking of ambulances. 3. It should generate various required auto generated reports (online/offline/graphical/charts) which are downloadable/ exportable without manual intervention. 4. Conduct security audit of complete ERS system from hackers/ viruses/ malwares/ spywares with timely renewal of the security services (within 3 months)	1. To maintain the various information of Integrated Ambulance Services (Emergency response Service) and Global Positioning System (GPS), it should be fully computerized (with online login facility.) and Comprehensive Data will be provided through online reports to DM&HS. The GPS devices should have specifications as per Annexure 23. 2. It should be efficient, scalable and transparent to assist the stake-holders of RSHS (NHM) (at state/districts) for the better monitoring, management, planning and decision-making to ensure the effective delivery of ERS and GPS based real-time tracking of ambulances. 3. It should generate various required auto generated reports (online/offline/graphical/charts) which are downloadable/ exportable without manual intervention (refer Ann.14 for reporting formats). 4. Conduct security audit of complete ERS system from hackers/ viruses/ malwares/ spywares with timely renewal of the security services (within 3 months) otherwise penalty will be imposed as per clause 3.13. 5. Application software, database structures, database, application user-interfaces, user guidelines, flowcharts, training manuals and other information should be provided

		otherwise penalty will be imposed. 5. Application software, database structures, database, application user-interfaces, user guidelines, flowcharts, training manuals and other information should be provided to RSHS (NRHM) which will be the property of RSHS (NRHM). (within 1 month) 6. The administrative rights to amend/modify/change the application software, database structures should be under the control of NRHM. 7. The deployment of complete application software and database at the SIHFW, Jaipur with proper provision of Disaster Recovery (DR). 8. Change request mechanism including User Acceptance Test (UAT) for the timely incorporation of any new report (in MIS) so as to avoid frequent changes in the software. 9. Include provision of Query By form in the software for the generation of any kind of dynamic reports (downloadable/ exportable). 10. Appropriate user-rights for generating reports and viewing the information should be provided to the department to generate information from the system on real-time basis with quality, completeness and relevancy of information in the various reports. 11. GIS mapping of ambulances with proper color-coding (i.e. Moving: GREEN, Stopped-On road: RED, Stopped-Off road: BLACK) and information (i.e. vehicle registration no., driver name, vehicle contact no., speed, status, reason for Off-road etc)	to RSHS (NHM) which will be the property of RSHS (NHM). (within 1 month) 6. The administrative rights to amend/modify/change the application software, database structures should be after approval and as per directions of NHM. 7. The deployment of complete application software and database at the Call Center, Jaipur with proper provision of Disaster Recovery (DR) site to manage the unforeseen circumstances/conditions and continue the uninterrupted services.The information of Disaster Recovery Site will be provide to the NHM within three months of signing of contract. 8. Change request mechanism including User Acceptance Test (UAT) for the timely incorporation of any new report (in MIS) so as to avoid frequent changes in the software. 9. Query By form in the software for the generation of any kind of dynamic reports (downloadable/ exportable). 10. Appropriate user-rights (user-ID & Password) for generating reports and viewing the information should be provided to the department to generate information from the system on real-time basis with quality, completeness and relevancy of information in the various reports. 11. GIS mapping of ambulances with proper color-coding (i.e. Moving: GREEN, Stopped-On road: RED, Stopped-Off road: BLACK) and information (i.e. vehicle registration no., driver name, vehicle contact no., speed, status, reason for Off-road etc) Single integrated online GPS system shall be established for tracking of all ambulances. 12. Various MIS reports vis. Response time, kilometers travelled (trips) etc.(detailed/summary) should be generated through ERS and GPS. 13. Mechanism to auto-email the auto-generated daily and monthly reports to NHM. daily and monthly reports **(annexure 14)** should be auto-generated without manual intervention 14. Submission of monthly backup of database by 3rd of every month to the NHM and the support to restore the backup

		12. Various MIS reports (detailed/summary) should be generated through GPS. 13. Mechanism to auto-email the auto-generated daily and monthly reports to NRHM. daily and monthly reports **(annexure 14)** should be auto-generated without manual intervention 14. Submission of monthly backup of database by 3rd of every month to the NRHM and the support to restore the backup and view/search information. 15. Regular AMC of hardware/ software/ security / communication channels for the smooth operations of the ERS and GPS. 16. Hand-over of complete operational system at the end of the project period/ termination/ discontinuation services. 17. Ensure adequate number of call queues so that calls do not remain unattended or dropped without entering into the software at the level of telephone exchange or show lines busy. Report should be submitted to NRHM. 18. GPS device should have capacity to store approximately 2000 records during "No Network Connection" situation and GPS History Tracking is an in-built feature of the software. Minimum period given for History Tracking of GPS data should be at least 60 days. 19. Dynamic reporting should be incorporated in the software, so that queries can be generated on various fields like call date, chief complaint type, unattended calls, and off-road vehicles.	and view/search information. 15. Regular AMC and upgradation of hardware/ software/ security / communication channels for the smooth operations of the ERS and GPS. 16. Hand-over of complete operational system at the end of the project period/ termination/ discontinuation services. 17. Ensure adequate number of call queues so that calls do not remain unattended or dropped without entering into the software at the level of telephone exchange or show lines busy. Report should be submitted to NHM. 18. GPS device should have capacity to store approximately 20,000 records during "No Network Connection" situation and GPS History Tracking is an in-built feature of the software. Minimum period given for History Tracking of GPS data should be at least 120 days. 19. Dynamic reporting should be incorporated in the software, so that queries can be generated on various fields like call date, chief complaint type, unattended calls, and off-road vehicles.
50.	41 3.16.1 Software	1.Virtual PBX Integration 2.Supporting Multi-user environment	1. Virtual PBX Integration 2. Supporting Multi-user environment

	Requirements	3.Ability to use common call input screen for Medial, Police & Fire 4.Ability to automatically check for duplicate calls 5.Caller Archived Maintained (whenever same caller call then its information automatically display on screen) 6.Inbound/Outbound Calling 7.Automatic generation of custom caller IDs and trip IDs 8.Full-featured Advanced Call Distribution (ACD) 9.Adequate number of call queues 10.Ability to forward information, Call return, Call out (VOIP/PSTN) 11.Conference bridges 12.Ability to view queues; calls & agents status 13.Time based, real-time statistics 14.One-click call monitoring 15.Customizable fields, functionality 16.Powerful/Customizable reporting with graphical representation 17.Real-time queue and agent data reports 18.Data Import/Export facility 19.Compatibility to log calls with GPS (Global Positioning System) incorporated in GIS (Geographical Information System) with GSM/GPRS (Global System for Mobile Communication/General Packet Radio Service) integrated Ambulance monitoring and tracking system. 20.AVLT integration under MDA application Computer added TRAI protocol equivalent to AMCDS for communication. 21.Agent application medical Protocol for physician application 22.Business continuity plan compliant [so that services should not hamper]	3. Ability to use common call input screen for Medial, Police, Fire and Medical Advice 4. Ability to automatically check for duplicate calls 5. Caller Archived Maintained (whenever same caller call then its information automatically display on screen) and nuisance/prank callers should be blocked for 30 days. 6. Inbound/Outbound Calling 7. Automatic generation of custom caller IDs and trip IDs 8. Full-featured Advanced Call Distribution (ACD) 9. Adequate number of call queues 10. Ability to forward information, Call return, Call out (VOIP/PSTN) 11. Conference bridges 12. Ability to view queues; calls & agents status 13. Time based, real-time statistics 14. One-click call monitoring 15. Customizable fields, functionality 16. Powerful/Customizable reporting with graphical representation 17. Real-time queue and agent data reports 18. Data Import/Export facility 19. Compatibility to log calls with GPS (Global Positioning System) incorporated in GIS (Geographical Information System) with GSM/GPRS (Global System for Mobile Communication/General Packet Radio Service) integrated Ambulance monitoring and tracking system. 20. AVLT integration under MDA application Computer added TRAI protocol equivalent to AMCDS for communication. 21. Agent application medical Protocol for physician application 22. Business continuity plan compliant [so that services should not hamper] 23. Single record for an event [end to end], integrated with audio and data. 24. Medical dispatch agent application integrated with SMS. 25. Patient care record should be computerized. 26. Fleet management system integrated with medical dispatch agent application 27. Single integrated application to administer all users of the ERS system.

		23.Single record for an event [end to end], integrated with audio and data. 24.Medical dispatch agent application integrated with SMS. 25.Patient care record should be computerized. 26.Fleet management system integrated with medical dispatch agent application 27.Single application to administer all users of the ERS system. 28.SMS integration (SMS to driver, to caller and to authority as specified by NHM) 29.Mobile application	28. SMS integration on vehicle dispatch (SMS to driver, to caller and to authority/ies as directed by NHM) and prescription to patient. 29. Mobile application for tracking of vehicles 30. Reports for response time, kilometers travelled (trips)
51.	42 3.16.2 Call Center	5. The Call Centre Company would engage at least one Supervisor per shift, who would be fully conversant with all aspects of the Helpline processes and subject matter. 6. The Call Centre Agents would record the name, address, contact details, queries, disease type, reply to the query by the call center, escalation details etc. in a suitable format which is approved by the Department. In case of a repeat call by a caller, the name and other personal details of the caller shall be retrieved from the database automatically after entering the telephone/mobile number of the caller.	5. The Call Centre Company would engage at least one Supervisor per shift, who would be fully conversant with all the processes and subject matter. 6. The Call Centre Agents would record the name, brief address location, contact details, chief compliant type, queries, disease type, reply to the query by the call center etc. in a suitable format which is approved by the Department. In case of a repeat call by a caller, the name and other personal details of the caller shall be retrieved from the database automatically after entering the telephone/mobile number of the caller. Nuisance/prank callers should be blocked for 30 days and should be reported to local police by the Service Provider as and when required for necessary action..
52.	44 3.18 point c iii	Response Times for Urban, Rural and Desert areas respectively are as given below: Urban - 20 mins for 8-10 kms Rural - 30 mins for 10-15 kms. Desert (Bikaner, Barmer & Jaisalmer rural areas) - 40 mins for 15-20 kms Beyond upper limit in each category 2 mins for every one kms shall be considered.	Response Times for Urban, Rural and Desert areas respectively are as given below: Urban - 20 mins upto 10 kms Rural - 30 mins upto10 kms. Desert (Bikaner, Barmer & Jaisalmer rural areas) - 40 mins up to 20 kms Beyond upper limit in each category 2 mins for every one kms shall be considered. Urban, Rural and Dessert will be defined by the location of the patients/site of emergency.
53.	44 3.18 point		(vi) Response time shall be determined based on GPS reports.

	c vi		
54.	45 3.19	Point 14 New Addition NRHM/GoR shall provide data related to Medical and Health Services, for information directory and other data, necessary for project implementation but bidder will also have to bring its own knowledge bank based on previous experience/ study conducted on the matter to assist the NRHM/GoR.	14. Compliance as per point no 19 sub point 20 Software General Requirements of clause 3.16.1. NHM/GoR shall provide data related to Medical and Health Services, for information directory and other data, necessary for project implementation but bidder will also have to bring its own knowledge bank based on previous experience/ study conducted on the matter to assist the NRHMNHM/GoR. In all the vehicles GPS device should be fitted to capture the movements (from Base location, to patient location, to hospital and back to base location).
55.	49 Part A4		•All reporting shall be done as mentioned in Ann. 14 and as and when required by MD, NHM or respective district authorities.
56.	54 Annexure 3		Revised
57.	65 Annexure 9		Revised
58.	78 Annexure 14		Revised
59.	89 Annexure 15		Revised
60.	98 Annexure 16		Revised
61.	100 Annexure 17		Revised
62.	104 Annexure 20		Revised
63.	107 Annexure 22		Revised
64.	Annexure 23		Technical Specifications/requirements of GPS device to be installed in all vehicles – New addition
65.	Annexure 24		PCR form – New addition
66.	Annexure 25		Shortage of equipments- New addition
67.	108 Abbreviations		Revised

(Nayeem Jain)

Mission Director, NHM

ANNEXURE 3: FINANCIAL BID

SCHEDULE OF RATES (BOQ)

Implementation of "Integrated Ambulance Services" popularly known as "108 Ambulance Service Project" in the State of Rajasthan.

(OPERATING COST PER AMBULANCE PER MONTH) 24x7

(Indian Rupees)

Particulars	Cost/Ambulance/Month (Exclusive of service tax but inclusive of all other taxes as applicable)
Implementation of Integrated Ambulance Service project in Rajasthan for: Charges for Operation & maintenance of the 108 ambulance services including:- • Salary & allowances of the personnel deployed • Recruitment & training • Staff insurance & others • Fuel • Installation of GPS in all 741 ambulances • Comprehensive maintenance charges of ambulances • Ambulance comprehensive insurance (from Government agency/ Government Insurance company) • Uniforms • Ambulance mobile phones • Conveyance & traveling • Asset insurance • Telephone, Mobile, PRI line, internet services • Rent of buildings, electricity & water • Housekeeping • Security audit of software • Maintenance and upgradation of software. • AMC of hardware's, software's, equipments • Postage & courier, printing and stationary • Medical and non-medical consumables(as per Annexure 15) in every ambulance • All other miscellaneous expenses • All the stipulations of the RFP	Single rate to be quoted for all items mentioned in particulars Rs ..... (Rupees in words .... Only). Per 108 ambulance per month.
Implementation of Integrated Ambulance Service project in Rajasthan for: Charges for Operation & maintenance of the 104 Janani Express services including:- • Salary & allowances of the personnel deployed • Recruitment & training	Single rate to be quoted for all items mentioned in particulars Rs ..... (Rupees in words

• Staff insurance & others • Fuel • Installation of GPS in all 600 Janani Express vehicles • Comprehensive maintenance charges of Janani Express. • Vehicle comprehensive insurance (from Government agency/ Government Insurance company) • Uniforms • Vehicle mobile phones • Conveyance & traveling • Asset insurance • Telephone, Mobile, PRI line, internet services • Rent of buildings, electricity & water • Housekeeping • Security audit of software • Maintenance and upgradation of software. • AMC of hardware's, software's, equipments • Postage & courier, printing and stationary • All other miscellaneous expenses • All the stipulations of the RFP	…… …… …… Only). Per 104 Janani Express per month.
Base Ambulance Implementation of Integrated Ambulance Service project in Rajasthan for: <u>User Charges for Operation & maintenance of the Base ambulances including</u>:- • Branding of Ambulances • Salary & allowances of the personnel deployed • Recruitment & training • Staff insurance & others • Fuel • Installation of GPS in all 200 Base Ambulances • Comprehensive maintenance charges of ambulances • Ambulance comprehensive insurance (from Government agency/ Government Insurance company) • Uniforms • Ambulance mobile phones • Conveyance & traveling • Asset insurance • Telephone, Mobile, PRI line, internet services • Rent of buildings, electricity & water • Housekeeping • Security audit of software • Maintenance and upgradation of software. • AMC of hardware's, software's, equipments • Postage & courier, printing and stationary • All other miscellaneous expenses All the stipulations of the RFP	…… …… …… Only). Per Base Ambulance per month. The amount in shall indicate charges to be paid to the Govt.

The Financial Bid shall be inclusive of all the applicable taxes other than Service Tax and the government will not pay anything over and above the rate quoted in the BoQ.
Bidder shall fill the rates on the BoQ online in specified format.

( )

Date: Signature of authorized signatory

Designation and Official seal

ANNEXURE 3A(i) : Board Resolutions

M/s_____ (To be submitted by each consortium member and Parent company)

COPY OF BOARD MEETING HELD ON ---------- AT --------

The Board, after discussion, at the duly convened Meeting on ..... , with the consent of all the Directors present and in compliance of the provisions of the Companies Act, 1956, passed the following Resolution:

RESOLVED THAT approval of the Board be and is hereby accorded to participate in consortium with M/s _____ Limited and M/s _____ Limited for the "108-Ambulance Service Project" and Mr / Ms _____,be and is hereby authorized to execute the Consortium Agreement.

FURTHER RESOLVED THAT pursuant to the provisions of the Companies Act, 1956 and as permitted under the Memorandum and Articles of Association of the Company, approval of the Board, be and is hereby accorded to invest to the extent of __%(*insert the % equity commitment as specified in the Consortium Agreement*), as required, of the requisite qualifying Net worth, as equity shares, in the Special Purpose vehicle, in compliance of the Bid condition, as member of the consortium formed for the "Integrated Ambulance Services" popularly known as "Integrated Ambulance Service Project" in The State of Rajasthan.

FURTHER RESOLVED THAT approval of the Board be and is hereby accorded to contribute such additional amount over and above the percentage limit (specified for the Lead Member in the Consortium Agreement), obligatory on the part of the Consortium pursuant to the terms and conditions contained in the Consortium Agreement dated executed by the Consortium as per the provisions of the Invitation to Bid, to the extent becoming emergent and necessary towards the equity share in the Project Company in execution and completion of the Project.

[To be passed by the Lead Member of the Bidding Consortium]

FURTHER RESOLVED THAT approval of the Board be and is hereby accorded to the Special Purpose Vehicle created for the "Integrated Ambulance Service Project" in Rajasthan as well as to the other Consortium Member(s) to use our financial capability for meeting the Qualification Requirements for the "Integrated Ambulance Service Project" and confirm that all the equity investment obligations of the SPV as well as of the Consortium Member(s), shall be deemed to be our equity investment obligations and in the event of any default the same shall be met by us.

[To be passed by the entity(s) whose financial credentials have been used]

(Director)

Certified true copy by Company Secretary

(Signature, Name and stamp of Company Secretary)

Notes:

1. This certified true copy should be submitted on the letterhead of the Company, signed by the Company Secretary.
2. The contents of the format may be suitably re-worded indicating the identity of the entity passing the resolution.

ANNEXURE 3A (ii): Board Resolutions

Board resolution for using the financial credentials of parent/ultimate parent/affiliate.

M/s_____

(Insert name of the company whose financial credentials are used)

COPY OF BOARD MEETING HELD ON ---------- AT --------

The Board, after discussion, at the duly convened Meeting on ..... , with the consent of all the Directors present and in compliance of the provisions of the Companies Act, 1956, passed the following Resolution:

RESOLVED THAT pursuant to the provisions of the Companies Act, 1956 and as permitted under the Memorandum and Articles of Association of the company, approval of the Board, be and is hereby accorded to M/s_____ (Name of the Bidding company/Consortium Member (s)) to use our financial capability for meeting the Qualification requirem2ents for the "Integrated Ambulance Services" popularly known as "Integrated Ambulance Service Project" in The State of Rajasthan and confirm that all the equity investment obligations of M/s_____ (Name of Bidding Company/ Consortium members (s)), shall be deemed to be our equity investment obligations and in the event of any default the same shall be met by us.

(Directors)

Certified true copy

(Signature, Name and stamp of Company Secretary)

Notes:

1) This certified true copy should be submitted on the letterhead of the Company, signed by the Company Secretary.

2) The contents of the format may be suitably re-worded indicating the identity of the entity passing the resolution.

ANNEXURE- 9: FORMAT FOR JOINT BIDDING AGREEMENT

(Format for Consortium Agreement)

(To be on non-judicial stamp paper of appropriate value as per Stamp Act relevant to place of execution)

THIS Consortium Agreement executed on this_____ day of _____ Two thousand Eleven between M/s [insert name of Lead Member]_____ a Company incorporated under the laws of _____ and having its Registered Office at _____ (hereinafter called the "Member-1", which expression shall include its successors, executors and permitted assigns) and M/s _____ a Company incorporated under the laws of _____ and having its Registered Office at _____ (hereinafter called the "Member-2", which expression shall include its successors, executors and permitted assigns), M/s _____a Company incorporated under the laws of _____ and having its Registered Office at _____ (hereinafter called the "Member-n", which expression shall include its successors, executors and permitted assigns), [*The Bidding Consortium should list the details and percentage shareholding separately of all the Consortium Members*] for the purpose of submitting response to RFP, and execution of "Agreement" (in case of award), against RFP dated _____issued by NHRM, Government of Rajasthan through Department of Medical Health & Family Welfare (MH&FW), and having its Registered Office at Swasthya Bhawan, Jaipur.

WHEREAS, each Member individually shall be referred to as the "Member" and all of the Members shall be collectively referred to as the "Members" in this Agreement.

WHEREAS the RSHS (NHM) intends to operate a professionally managed "Integrated Ambulance Services" popularly known as "Dial an Ambulance Service Project" for operationalization of existing fleet of 741 Ambulances (108), 600 Janani Express and 200 Base Ambulances and further expansion (if required) with BLS/ALS/JE/Base ambulances as per the directives of Department of Medical Health & Family Welfare.

WHEREAS, the RSHS (NHM) had invited response to RFP vide its Request for Proposal (RFP) dated _____.

WHEREAS the RFP stipulates that in case response to RFP is being submitted by a Bidding Consortium, the Members of the Consortium will have to submit a legally enforceable Consortium Agreement in a format specified by RSHS (NHM) wherein the Consortium Members have to commit equity investment of a specific percentage for the Project.

NOW THEREFORE, THIS AGREEMENT WITNESSTH AS UNDER:

In consideration of the above premises and agreements all the Members in this Bidding Consortium do hereby mutually agree as follows:

1. We, the Members of the Consortium and Members to the Agreement do hereby unequivocally agree that Member-1 (M/s_____), shall act as the Lead Member as defined in the RFP for self and agent for and on behalf of Member-2, -----, Member-n.

2. The Lead Member is hereby authorized by the Members of the Consortium and Members to the Agreement to bind the Consortium and receive instructions for and on their behalf.

3. Notwithstanding anything contrary contained in this Agreement, the Lead Member shall always be liable for the equity investment obligations of all the Consortium Members i.e. for both its own liability as well as the liability of other Members.

4. The Lead Member shall be liable and responsible for ensuring the individual and collective commitment of each of the Members of the Consortium in discharging all of their respective equity obligations. Each Member further undertakes to be individually liable for the performance of its part of the obligations without in any way limiting the scope of collective liability envisaged in this Agreement.

5. Subject to the terms of this Agreement, the share of each Member of the Consortium in the issued equity share capital of the Project Company is/shall be in the following proportion:

Name	Percentage
Member 1	---
Member 2	---
Member n	---
Total	100%

We acknowledge that after execution of the "Agreement", the controlling shareholding (more than 50% of the voting rights) in the Project Company developing the Project shall be maintained till the completion of the same.

6. The Lead Member, on behalf of the Consortium, shall *inter alia* undertake full responsibility for mobilizing debt resources for the Project, and ensuring that the Project achieves proper Financial Closure.

7. In case of any breach of any equity investment commitment by any of the Consortium Members, the Lead Member shall be liable for the consequences there of for which the Lead member agrees thereto.

8. Except as specified in the Agreement, it is agreed that sharing of responsibilities as aforesaid and equity investment obligations thereto shall not in any way be a limitation of responsibility of the Lead Member under these presents.

9. It is further specifically agreed that the financial liability for equity contribution of the Lead Member shall not be limited in any way so as to restrict or limit its liabilities. The Lead Member shall be liable irrespective of its scope of work or financial commitments.

10. This Agreement shall be construed and interpreted in accordance with the Laws of India and Courts at Jaipur alone shall have the exclusive jurisdiction in all matters relating thereto and arising there-under.

11. It is hereby further agreed that in case of being selected as the Successful Bidder, the Members do hereby agree that they shall furnish the Performance Guarantee in favor of Rajasthan State Health Society in terms of this RFP.

12. It is further expressly agreed that this consortium agreement shall be irrevocable and shall form an integral part of the "Agreement" between Department of Medical, Health and Family Welfare, Government of Rajasthan and the bidder consortium and shall remain valid until the expiration or early termination of the same.

13. The Lead Member is authorized and shall be fully responsible for the accuracy and veracity of the representations and information submitted by the Members respectively from time to time in the response to the RFP Bid.

14. It is hereby expressly understood between the Members that no Member at any given point of time, may assign or delegate its rights, duties or obligations under the "Agreement" except with prior written consent of Department of Medical, Health and Family Welfare.

15. This Agreement

(a) has been duly executed and delivered on behalf of each Member hereto and constitutes the legal, valid, binding and enforceable obligation of each such Member;

(b) sets forth the entire understanding of the Members hereto with respect to the subject matter hereof; and I may not be amended or modified except in writing signed by each of the Members and with prior written consent of NHRM.

16. All the terms used in capitals in this Agreement but not defined herein shall have the meaning as per the RFP & Agreement.

IN WITNESS WHEREOF, the Members have, through their authorized representatives, executed these present on the Day, Month and Year first mentioned above.

For M/s----------[Member 1]

(Signature, Name & Designation of the person authorized vide Board Resolution Dated [•])

Witnesses:

Signature---------- Signature ----------

Name: Name:

Address: Address:

For M/s---------- [Member 2]

(Signature, Name & Designation of the person authorized vide Board Resolution Dated [•])

Witnesses:

Signature ---------- Signature ----------

Name: Name:

Address: Address:

For M/s----------[Member n]

(Signature, Name & Designation of the person authorized vide Board Resolution Dated [•])

Witnesses:

Signature ---------- Signature ----------

Name: Name:

Address: Address:

Signature and stamp of Notary of the place of execution

ANNEXURE- 14: SOFTWARE REPORTING FORMATS

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN
R/1
Call-type-wise summary sheet
Up to reporting month: [..... - 2015]
Print date & time

S.No	Call-type		during the month		Up to the month	
	code	Type	No. of Cases	% of cases	No. of Cases	% of cases
1	2	3	4	5	6	7
1	1	Emergency calls – 108 Ambulance	N	(n/N)x100	p	(p/P)x100
2	2	Emergency calls – 104 Janani Express (From home to hospital)	M	(m/N)x100	q	(q/P)x100
3	3	Non Emergency calls – 104 Janani Express (From hospital to home)	O	(o/N)x100	r	(r/P)x100
4	4	104 Janani Express (Referrals)				
5	5	Non Emergency calls – Base Ambulance				
6	6	Non Emergency calls – Medical Advice				
7	7	Disconnected calls				
8	8	Follow-up calls				
9	9	Missed calls				
10	10	Noise Disturbance calls				
11	11	Nuisance calls				
12	12	Silent calls				
13	13	Wrong calls				
		Total:	N	(N/N)x100	P	(P/P)x100

Note: Col no. 5 & 7 values should be up to 2 decimal places;

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN
R/1A
Call-time-wise summary sheet
Up to reporting month: [..... - 2015]
Print date & time

		During the month		Up to the month	
SNo.	Call time in seconds	No. of calls	% of A	No. of calls	% of B
1	0				
2	1 – 30				
3	31 – 60				
4	61 – 120				
5	121 – 300				
6	301 – 1200				
7	More than 1200				
	Total	**A**		**B**	

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/2

Emergency type-wise summary sheet

Up to reporting month: [.....- 2015]

Print date & time

S.No	Emergency		during the month		Up to the month	
	Code	type	No. of cases	% of cases	No. of Cases	% of cases
1	2	3	4	5	6	7
1	1	Medical (exclusively)	n	(n/N)x100	p	(p/P)x100
2	2	Police (exclusively)	m	(m/N)x100	q	(q/P)x100
3	3	Fire (exclusively)	o	(o/N)x100	r	(r/P)x100
4	4	Medical and Police	a	(a/N)x100	s	(s/P)x100
5	5	Medical and Fire	b	(b/N)x100	t	(t/P)x100
6	6	Medical, Police and Fire	c	(c/N)x100	u	(u/P)x100
7	7	Other (if any)				
		Total:	N	(N/N)x100	P	(P/P)x100

Note: Col no. 5 & 7 values should be up to 2 decimal places; Row no. 4, 5, 6 are those cases where combined emergencies occurs. It is not like [Total of Medical and Police cases]

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/2A

Non Emergency – Medical Advice summary sheet

Up to reporting month: [..... - 2015]

Print date & time

S.No	Non Emergency – Medical Advice		during the month		Up to the month	
	Code	type	No. of cases	% of cases	No. of Cases	% of cases
1	2	3	4	5	6	7
1	1	Medical Advice	n	(n/N)x100	p	(p/P)x100
2	2	Counseling	m	(m/N)x100	q	(q/P)x100
3	3	General Complaints	o	(o/N)x100	r	(r/P)x100
4	4	PCPNDT Complaints	a	(a/N)x100	s	(s/P)x100
5	5	Information	b	(b/N)x100	t	(t/P)x100
6	6	SMS Prescription	c	(c/N)x100	u	(u/P)x100
7	7	Malnutrition Information				
		Total:	N	(N/N)x100	P	(P/P)x100

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/3

Closing status-wise summary sheet

Up to reporting month: [..... - 2015]

Print date & time

S.No	Closing status		during the month			Up to the month		
	code	type	No. of cases	No. of Trips (Km	% of cases	No. of Cases	No. of Trips (Km	% of .cases

				Based)			Based)	
1	2	3	4	5	6	7	8	9
		Availed						
1	1	Emergency calls – 108 Ambulance						
2	2	Emergency calls – 104 Janani Express (From home to hospital)						
3	3	Non Emergency calls – 104 Janani Express (From hospital to home)						
4	4	104 Janani Express (Referrals)						
5	5	Non Emergency calls – Base Ambulance						
6	6	**Total Availed**	n		(n/N)x100	p		(p/P)x100
7	7	**Not Availed**						
8	8	Emergency calls – 108 Ambulance						
9	9	Emergency calls – 104 Janani Express (From home to hospital)						
10	10	Non Emergency calls – 104 Janani Express (From hospital to home)						
11	11	104 Janani Express (Referrals)						
12	12	Non Emergency calls – Base Ambulance						
13	13	**Total Not Availed**	m		(m/N)x100	q		(q/P)x100
14	14	**Vehicle Busy**						
15	15	Emergency calls – 108 Ambulance						
16	16	Emergency calls – 104 Janani Express (From home to hospital)						
17	17	Non Emergency calls – 104 Janani Express (From hospital to home)						
18	18	104 Janani Express (Referrals)						
19	19	Non Emergency calls – Base Ambulance						
20	20	**Total Vehicle Busy**	o		(o/N)x100	r		(r/P)x100
		Total:	N		(N/N)x100	P		(P/P)x100

Note: Col no. 5 & 7 values should be up to 2 decimal places.

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/4

Chief complaint-wise summary sheet

Up to reporting month: [..... - 2015]

Print date & time

S.No	Chief complaint		during the month		up to the month	
	code	type	No. of cases	% of cases	No. of Cases	% of cases
1	2	3	4	5	6	7
1	1	Abdominal Pain/ Problems	n	(n/N)x100	p	(p/P)x100
2	2	Animal Bites/ Attacks	m	(m/N)x100	q	(q/P)x100
3	3	Allergies Reactions)/ Envenomation's (Stings, Bites)	o	(o/N)x100	r	(r/P)x100
		Total:	N	(N/N)x100	P	(P/P)x100

Note: Col no. 5 & 7 values should be up to 2 decimal places; report should be sorted on CODE

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/5

District-wise 108 Ambulance/ 104 Janani Express utilization detail [MONTHLY REPORT]

for the reporting month: [..... - 2015]

Print date & time

S.No	Name of District	No. of ambulances in the district	Detail of trips (Km based)				No. of ambulances			No. of institutional deliveries carried by 108 amb.	No. of deliveries in 108 amb.	No. of neonates (upto 1 year) carried by 108 amb.	Remarks
			Availed	Not availed	Total (Col. 4+5)	Average trips/ Ambulance (Col. 6/3)	Remained Off-road	making less than and equal to 5 trips	making more than 5 trips				
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Total													

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/6

District-wise Block-wise 108 Ambulance/ 104 Janani Express utilization in 50 High Focus Blocks [MONTHLY REPORT]

Up to the reporting month: [..... - 2015]

Print date & time

S.No	Name of District	Name of Block/ Tehsil	Registration no. of ambulance	Ambulance type	during the month												up to the month											
					Availed no. of trips	Not availed no. of trips	Total no. of trips	Distance covered for availed trips (in Kms)	Distance covered for NOT availed trips (in Kms)	Total distance (in Kms)	Availed no. of trips (Km based)	Not availed no. of trips (Km based)	Total no. of trips (Km based)	Total no. of beneficiaries	No. of institutional deliveries carried by 108 amb.	No. of deliveries in 108 amb./104 JE	No. of neonates (upto 1 year) carried by 108 amb./ 104 JE	Availed no. of trips	Not availed no. of trips	Total no. of trips	Distance covered for availed trips (in Kms)	Distance covered for NOT availed trips (in Kms)	Total distance (in Kms)	Availed no. of trips (Km based)	Not availed no. of trips (Km based)	Total no. of trips (Km based)	Total no. of beneficiaries	No. of institutional deliveries carried by 108 amb.	No. of deliveries in 108 amb./ 104 JE	No. of neonates (upto 1 year) carried by 108 amb./ 104 JE
Total																													

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/7

Details of 108 Ambulance/ 104 Janani Express/ Base Ambulance remained Off-road

[DAILY AND MONTHLY REPORT]

For the reporting month: [..... - 2015]

Print date & time

S.No	Name of District	Registration no. of ambulance	Ambulance type	Off-road from date (DD/MM/YYYY)	Off-road to date (DD/MM/YYYY)	Total no. of Off-road days	Reason for Off-road	Remarks
1	2	3	4	5	6	7	8	9
	Total :							

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/8

Details of 108 Ambulance/ 104 Janani Express trips [DAILY REPORT]

for the reporting month: [..... - 2015]

Print date & time

S.No	Trip no.	District name	Block name	Base location of amb.	Base location type (Urban/ Rural/ Desert)	Ambulance type	Reg. no. of amb.	ERS based...Call date and time (DD/MM/YYYY HH:MM:SS AM/PM))	Service type (Medical/ Fire/ Police/ Other)	Call Closing Type (Availed/ Not Availed)	Chief complaint	Home to Hospital/ Hospital to Home/ Referral	Full Name of Caller	Caller phone no.	Full Name of Patient name	Patient Age (in Months/Years)	Patient gender (Male/ Female)	Patient PCTS ID (in case of pregnant women)	Patient contact no.	Patient location/ Patient place/ picked from	GPS based...Reaching date & time at patient location/ patient place/ picked	GPS based...Response Time (in Minutes)	GPS based...Hospital reaching date &time (DD/MM/YYYY HH:MM:SS AM/PM)	GPS based...Reaching date & time back to base location (DD/MM/YYYY	OPD/ IPD/ Emergency no.	GPS based....Total distance (in Kms)	Trips (Km based)	Driver name	Driver/crew mobile no.	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/9

Ambulance-wise detail of medical emergencies handled [DAILY REPORT]

Up to reporting date: [DD/MM/YYYY]

Print date & time

S.No	District name/ Block Name/ Base Location/ Type	Amb. Type/ Reg. no. of amb.	Launch date (DD/MM/YYYY)	today									during the month (cumulative up to date)									Up to date (cumulative since the launch date)								
				Availed no. of trips	Not availed no. of trips	Total no. of trips	Distance covered for availed trips (in Kms)	Distance covered for NOT availed trips (in Kms)	Total distance (in Kms)	Availed no. of trips (Km based)	Not availed no. of trips (Km based)	Total no. of trips (Km based)	Availed no. of trips	Not availed no. of trips	Total no. of trips	Distance covered for availed trips (in Kms)	Distance covered for NOT availed trips (in Kms)	Total distance (in Kms)	Availed no. of trips (Km based)	Not availed no. of trips (Km based)	Total no. of trips (Km based)	Availed no. of trips	Not availed no. of trips	Total no. of trips	Distance covered for availed trips (in Kms)	Distance covered for NOT availed trips (in Kms)	Total distance (in Kms)	Availed no. of trips (Km based)	Not availed no. of trips (Km based)	Total no. of trips (Km based)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/10

District wise, Vehicle type wise, Vehicle wise, Date wise No. of trips [Monthly REPORT]

For the month: [..... - 2015]

Print date & time

SNo.	District	Block	Base location of Ambu.	Urban/ Rural/ Desert	Ambu. type	Ambu. Reg. No.	1	2	3	4	5	-	-	-	30/31	Total
						Total										

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/11

District wise, Vehicle type wise, Vehicle wise, Date wise No. of trips (Km Based) [Monthly REPORT]

For the month: [..... - 2015]

Print date & time

SNo.	District	Block	Base location of Ambu.	Urban/ Rural/ Desert	Ambu. type	Ambu. Reg. No.	1	2	3	4	5	-	-	-	30/31	Total
						Total										

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/12

District wise, Vehicle wise, Date wise No. of trips (Base Ambulance) [Monthly REPORT]

For the month: [..... - 2015]

Print date & time

SNo.	District	Block	Base location of Ambu.	Urban/ Rural/ Desert	Base Ambu	Ambu. Reg. No.	No. of cases	No. of Km travelled	Revenue collected (in Rs.)	Remarks
						Total				

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/13

District wise, Vehicle wise, Insurance & Fitness [Monthly REPORT]

(Separate format for each type of vehicle)

For the month: [..... - 2015]

Print date & time

Monthly Statement regarding information of Insurance & Fitness of .....

Month.....

S.No.	District	Ambulance No.	Fitness Due Date	Fitness Done on Date	Insurance Due Date	Insurance Done on Date

Renewed fitness & Insurance Certificate in the current month should follow with report.

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/14

District wise, Vehicle wise, Accident report [Daily REPORT]

(Separate format for each type of vehicle)

For the month: [..... - 2015]

Print date & time

Daily Accident Report (.....)									
Date.....									
S.No.	District	Ambulance No.	Location	Accident Place	Type of Accident Fetal/Major/Minor	FIR No.	Police Station	Reason of Accident	Remarks

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/15

District wise, Vehicle wise, Accident report [Monthly REPORT]

(Separate format for each type of vehicle)

For the month: [..... - 2015]

Print date & time

Integrated Ambulance Services RSHS (NHM), Rajasthan.									
Monthly Accident Report									
Date.....									
S.No.	District	Ambulance No.	Location	Accident Place	Accident Date	On Road Date	Release dated from Police costudy	Total Off road days	Type of Accident Fetal/Major/Minor

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/16

Maintenance [Monthly REPORT]

(Separate format for each type of vehicle)

For the month: [..... - 2015]

Print date & time

Oil Change & Major Maintenance Done

Month.....

S. No.	District	Ambulance No.	Wheel Greasing			Oil Change (Engine/Gear/Stearing/Differentiol/Power Stearing)			Coolent Change		
			Previous wheel greasing done on K.M.	Progressive K.M. of Ambulance	Difference K.M. of 4 & 5	Previous Change K.M.	Progesive K.M.	Difference K.M. of 7 & 8	Previous Change K.M.	Progesive K.M.	Difference K.M. of 11 & 12
1	2	3	4	5	6	7	8	9	10	11	12

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/17

Operational Vehicle report [Monthly REPORT]

(Separate format for each type of vehicle)

For the month: [..... - 2015]

Print date & time

Monthly Operational Vehicle report							
Month.....							
S.No.	District	Ambulance No.	Make	Year Modal	On road days	K.M. operated in the Month	Progressive K.M. of Ambulance

ANNEXURE- 15

Medical/ Non-medical Consumables in 108-Ambulances to be provided by Service Provider

S.No.	DRESSING MATERIAL	Unit	Quantity
1	BANDAIDS	No's	20
2	BETADINE SOLUTION 500ml	Bottle	1
3	COTTON ROLL 500GM	No's	1
4	CRAPE BANDAGE 15CM X 4MTR	"	2
5	CRAPE BANDAGE 7CM X 4 MTR	"	2
6	DRESSING PAD 10CM X 10CM (pre-sterilized)	"	10
7	DRESSING PAD 10CM X 20CM(pre-sterilized)	"	10
8	ELASTO PLAST (DYNA PLASTER) 10CM	"	1
9	GAUGE CLOTH 80CM X 18 MTR	"	1
10	GAUGE ROLLS 4 "	"	1
11	GAUGE ROLLS 6 "	"	1
12	PLAIN BANDAGE OF VARIOUS SIZES	"	3
13	HYDROGEN PEROXIDE 400ML	Bottle	1
14	MICROPORE TAPE 2",4"	No's	2
15	SURGICAL SPIRIT BOTTLE 500ML	Bottle	1
SURGICAL			
1	AIRWAYS (NASOPHARYNGEAL)-SIZE 6.5MM	No's	1
2	AIRWAYS (NASOPHARYNGEAL)-SIZE 7.5MM	"	1
3	AIRWAYS (NASOPHARYNGEAL)-SIZE 7MM	"	1
4	AIRWAYS (NASOPHARYNGEAL)-SIZE 8.5MM	"	1
5	AIRWAYS (NASOPHARYNGEAL)-SIZE 8MM	"	1
6	AIRWAYS (OROPHARYNGEAL)-SIZE 0	"	1
7	AIRWAYS (OROPHARYNGEAL)-SIZE 1	"	1
8	AIRWAYS (OROPHARYNGEAL)-SIZE 2	"	1
9	AIRWAYS (OROPHARYNGEAL)-SIZE 3	"	1
10	AIRWAYS (OROPHARYNGEAL)-SIZE 4	"	1

11	AMBULANCE CERVICAL COLLAR LARGE	"	2
12	AMBULANCE CERVICAL COLLAR MED	"	2
13	AMBULANCE CERVICAL COLLAR SMALL	"	2
14	BED PAN (PLASTIC)	"	1
15	CLICK CLAMPS (CORD CLAMPS)	"	5
16	DISPO DELIVERY KIT	"	5
17	DISPO SYRINGES 10CC	"	5
18	DISPO SYRINGES 2CC	"	10
19	DISPO SYRINGES 5CC	"	10
20	FACE MASK RESPIRATOR	"	2
21	FACE MASKS BOX (PACKET)	Box	Pack of 100
22	I V CANULA-SIZE 16	No's	5
23	I V CANULA-SIZE 18	"	10
24	I V CANULA-SIZE 20	"	10
25	I V CANULA-SIZE 22	"	10
26	I V CANULA-SIZE 24	"	5
27	I V SET PEDIATRIC	"	2
28	I V SETS ADULT	"	10
29	KIDNEY TRAY	"	1
30	LANCETS	"	50
31	MACKINTOSH (1 X 2 MTS)	"	1
32	MUCOUS SUCKER	"	2
33	NASAL CANNULA-ADULT	"	5
34	NASAL CANNULA-CHILD	"	5
35	NEBULISATION MASK ADULT	"	5
36	NEBULISATION MASK CHILD	"	5
37	OXYGEN CYLINDER PORTABLE	"	1
38	OXYGEN MASK ADULT	"	5
39	OXYGEN MASK CHILD	"	5
40	PLASTIC APRONS	"	2
41	SPLINTS : LONG ARM	"	2

42	SPLINTS : SHORT LEG	"	2
43	SPLINTS : SHORT ARM	"	2
44	SPLINTS : LONG LEG	"	2
45	SPUTUM CUP	"	1
46	STRIP GLUCOMETER	"	1
47	SUCTION CATHETER 12	"	5
48	SUCTION CATHETER 16	"	5
49	SUCTION CONNECTOR	"	1
50	SURGICAL GLOVES (1 OF 100 PIECES)	Box	Pack of 100
51	STERILISED SILK SUTURE WITH CURVED CUTTING NEEDLE 1/0,2/0,3/0	No's	one each type
52	URINE PAN (PLASTIC)	"	1
MEDICINE			
1	GLUCOSE 100GM	No's	2
2	I V FLUID DEXTROSE 25%	Bottle	5
3	I V FLUID NORMAL SALINE	"	10
4	I V FLUID RINGER (RL)	"	10
5	I V FLUID 5% GNS	"	5
6	INJ ADRENALINE 1ML	No's	5
7	ASTHALIN-NEUBILIZING SOLUTION	"	5
8	INJ ATROPINE 1ML	"	20
9	INJ AVIL 2ML	"	5
10	BUDESONIDE-NEUBILIZING SOLUTION	"	5
11	INJ DISTILLED WATER 5ML	"	5
12	INJ DIZAZEPAM 2ML	"	5
13	INJ HYDROCORTISONE 100 MG	"	5
14	INJ LASIX 2ML	"	5
15	INJ PARACITAMOL 2ML	"	5
16	INJ RANTIDINE 2ML	"	5
17	INJ TRAMADOL 2ML	"	5

18	INJ TRANEXAMINIC ACID	"	4
19	INJ NEOSTIGMIN	"	4
20	INJ HAEMACCEL	"	2
21	INJ MANITOL	"	5
22	INJ SODABICARB 7.5%	"	5
23	INJ METACLOPROMIDE	"	5
24	INJ PHENYTOIN	"	5
25	INJ HYOSYMINE BROMIDE OR DICYCLOMINE HYDROCHLORIDE	"	5
26	INJ METHARGIN	"	5
27	ORS 4.20GM	"	10
28	SYP ANTACID ANAESTHETIC GEL	Bottle	1
29	SYP PARACITAMOL 60ML	"	1
30	TAB ACTIVATED CHARCOAL	Strip	1
31	TAB CLOPIDOGREL	"	1
32	TAB DISPRIN/ASPRIN	"	1
33	TAB PARACETAMOL	"	1
34	TAB ISOSORBRITE DINITRATE 5MG SUBLINGUAL	"	1 Strip
35	XYLOCAINE (WOCAINE GEL) 2% 30GM JELLY	No's	1 tube
NON-MEDICAL			
1	LIQUID MOSQUITO REFIL	No's	1
2	LIQUID MOSQUITO MACHINE	"	1
3	BIO HAZARD PLASTIC BAG (YELLOW)	"	10
4	BIO-HAZARD PLASTIC BAGS (RED)	"	10
5	CLEANING POWDER 0.500KG	"	1
6	CLEANING RUBBER WIPERS	"	1
7	DISINFECTANT 1 LTR	"	1
8	DOOR MATS	"	1
9	DOPING CLOTH	"	5
10	GLASS CLEANER 500ML	"	1
11	LIQUID HAND WASH	"	1

12	ODONIL PACKET	"	1
13	PHENYL 5LTR	"	1
14	POLYTHENE BAG (Blue & Black)	"	2
15	ROOM FRESHENERS	"	1
16	SPONGES	"	2
17	TEFLON TAPE	"	1
18	TISSUE PAPERS	"	1
19	YELLOW CLOTH	"	5
OTHER ITEMS			
1	BED SHEETS	No's	1
2	PLASTIC BUCKETS	"	1
3	PLASTIC JAR MEDIUM 500ML	"	5
4	PLASTIC JAR SMALL 250ML	"	17
5	PLASTIC MUG	"	1
6	RAIN COAT	"	2
7	TRAY PLASTIC	"	2
STATIONARY			
1	ACCIDENT INFORMATION FORM	No's	1
2	ATTENDANCE RECORD REGISTER	"	1
3	BINDER PIN (1 BOX)	Box	1
4	BLANK REGISTER	No's	1
5	BLUE PEN	"	2
6	BOOK FOR AMBULANCE (SPIRAL)	"	1
7	CLOTH NAPKIN	"	2
8	CORRECTION FLUID	"	1
9	DAILLY STATEMENT REGISTER	"	1
10	DIESEL AND OIL RECORD REGISTER	"	1
11	EMT CHECK LIST DAILY	"	1
12	EQUIPMENT BOOK FOR AMB	"	1

13	ERASER	"	2
14	ERCP EQUIPMENT BOOK	"	1
15	EXTICATION KIT REGISTER	"	1
16	FACE TISSUE BOX	"	1
17	FEVI STICK	"	1
18	FLAT FILE	"	2
19	INVENTORY REGISTER	"	1
20	PATIENT RECIVING RECORD REGISTER	"	1
21	PCR BOOK	"	2
22	PENCIL	"	2
23	PLASTIC BOX SQUARE TYPE	"	1
24	POSTERS EMRI LEAFLETS	"	-
25	PUNCHING MACHINE	"	1
26	RED PENS	"	2
27	SCALE	"	1
28	SCRIBBLING PAD	"	1
29	SHARPENER	"	1
30	SKETCH PEN	"	2
31	SLIP PAD	"	1
32	SPIRAL BOOK	"	1
33	STAMP PAD	"	1
34	STAPLER	"	1
35	STAPLER PIN	Pkt	1
36	STOCK RECORDS	No's	1
37	TRIP SHEET REGISTER	"	1
38	VEHICLE CHECK LIST – DAILY	"	1
39	VEHICLE CHECK LIST – WEEKLY	"	1
40	VEHICLE COMPLAINT REGISTER	"	1
41	VEHICLE DEFECT REGISTER	"	1
42	VEHICLE LOG BOOK	"	1
43	VISITORS FORM / BLANK BOOK	"	1

44	WORKSHOP BREAKEDOWN REGISTER	"	1
45	Copy of Valid Fitness Certificate		
46	Copy of Valid Insurance Policy of the Vehicle		
47	Copy of Valid Pollution Under Control (PUC)		
MEDICAL EQUIPMENTS			
1	AMBU BAG- CHILD (BAG VALUE MASK)	No's	1
2	AMBU BAG- ADULT (BAG VALUE MASK)	"	1
3	ARTERY FORCEPS 6"	"	1
4	AUTOMATIC BP APPARATUS	"	1
5	CHARGER PULSE OXYMETER	"	1
6	CYLINDER KEY	"	1
7	FORCEPS PLAIN 6"	"	1
8	GLUCOMETER	"	1
9	HUMIDIFIER	"	2
10	MANUAL BP APPRATUS	"	1
11	MASK TO MOUTH RESPIRATOR- ADULT	"	1
12	MASK TO MOUTH RESPIRATOR- CHILD	"	1
13	NEBULISOR MACHINE	"	1
14	NEEDLE AND SYRINGE DESTROYER	"	1
15	OXYGEN CYLINDER (D TYPE)	"	2
16	OXYGEN FLOW METER	"	2
17	PULSE OXYMETER (MOTION TOLERANCE)	"	1
18	REGULATOR	"	2
19	SCISSOR STREIGHT	"	1
20	SCISSORS 6" WITH ROUND TIP	"	1
21	SCOOP STRETCHER	"	1
22	SENSOR LEAD (SPO 2)	"	1
23	SPINE BOARD STRETCHER	"	1
24	STETHOSCOPE	"	1
25	STRETCHER CUM TROLLEY	"	1

26	SUCTION PUMP BATTERY OPERATED	"	1
27	SUCTION PUMP HAND OPERATED	"	1
28	THERMOMETER DIGITAL	"	1
29	TONGUE DEPRESSOR WOODEN	"	10
30	TOOTHED FORCEPS 6"	"	1
31	WHEEL CHAIRS STRETCHER	"	1
TOOLS			
1	ALLEN KEY 14MM	No's	1
2	ALLEN KEY 5 MM	"	1
3	ALLEN KEY 6 MM	"	1
4	ALLEN KEY 8 MM	"	1
5	BOLT CUTTER WITH 1" TI 1 3/4" JAW OPENING	"	1
6	CROWBAR 51" PINCH POINT	"	1
7	FIRE BLANKET (RESCUE)	"	1
8	FIR AXE WITH 24" HANDLE	"	1
9	FIRE EXTINGUISHER 5 KGS ABC TYPE	"	1
10	GUM BOOTS	Pairs	1
11	HACKSAW WITH 12" CARBIDE WIRE BLADES]	No's	1
12	HAMMER 5 LB WITH 15" HANDLE	"	1
13	HAND GLOVES (GAUNTLETS)	Pairs	1
14	LUMINOUS WARNING TORCH	"	1
15	MASTIC KNIFE	"	1
16	O.T GOGGLES	"	2
17	PLIERS PIPE GRIPS 10"	"	1
18	PLIERS SIDE CUTTING 200 MM	"	1
19	PRUNING SAW	"	1
20	PUNCH CENTRE	"	1
21	PUPILLARY TORCH (AA BATTERY X 2NO'S	"	1
22	ROPE 5100 LB TENSILE STRENGTH IN 50'	"	1
23	SCREW DRIVER 12" STANDARD SQUARE BAR	"	1

24	SCREW DRIVER NP 150 MM	"	1
25	SCREW DRIVER PHILLIPS HEAD 150 MM	"	1
26	SCREW DRIVER PHILLIPS HEAD 8"	"	1
27	SHOVEL GS POINTED BLADE	"	1
28	SPANNER OJDE 12 X 13 MM	"	1
29	SPANNER OJDE 14 X 15 MM	"	1
30	SPANNER OJDE 16 X 17 MM	"	1
31	SPANNER OJDE 20 X 22 MM	"	1
32	SPANNER OJDE 6 X 7 MM	"	1
33	SPANNER RTDE 10 X 11 MM	"	1
34	SPANNER RTDE 12 X 13 MM	"	1
35	SPANNER RTDE 14 X 15 MM	"	1
36	SPANNER RTDE 16 X 17 MM	"	1
37	SPANNER RTDE 18 X 19 MM	"	1
38	SPANNER RTDE 20 X 22 MM	"	1
39	SPANNER RTDE 6 X 7 MM	"	1
40	SPANNER RTDE 8 X 9 MM	"	1
41	TIN SNIPS, DOUBLE ACTION 8" MINIMUM	"	1
42	WRECKING BAR WITH 24" HANDLE	"	1
43	WRENCH ADUSTABLE 12" OPEN END	"	1

Note:- 1. Sr. No. 4,6,9,13,15,16, 17,18, 21,23,25,26 and 31 in Medical Equipments and S. No. 9 in Tools are available in present fleet of 741 ambulances. These shall be made available in newly launched ambulances by NHM in future (if any) and in case of ALS ambulances in future (if any) Defibrillators and Ventilators shall also be provided in addition to these.

In 58 ambulances of present fleet tools mentioned in Ann.15 (except S. No. 9) shall be provided by Service Provider.

However; items mentioned in Ann.15 under Medical Equipments are available in 741 ambulances and tools are available in 741-58=683 ambulances but there is a shortage of some equipments as mentioned in Ann. 25 these shall be provided by Service Provider.

ANNEXURE- 16: STAFF DEPLOYMENT & TRAINING

AMBULANCE STAFF:

Ambulance Drivers (As in Government for driving of light (HCV) vehicles)

- Vehicular Safety Checks
- Elements
- Ambulance Driving Techniques
- Accident Avoidance and Crash Procedures
- Basic Life Support
- Disaster Management Protocols

Emergency Medical Technician (EMT)

- In-Depth Anatomy and Physiology
- Primary Care Theory
- Trauma Care Theory
- IV Administration and Theory
- Nasopharyngeal Suctioning
- D50W Administration Theory
- Pharmacology
- Cardiac Monitoring
- Oxygen Delivery Theory and Practical
- Patient Assessments
- Communications
- Transportation
- Ambulance Operations
- Trauma
- CPR
- AED
- Clinical Hospital Practice
- Basic Life Support
- Disaster Management Protocols
- Care issues

CALL CENTRE STAFF:

COMMUNICATION/DESPATCH OFFICER (CALL TAKER)

Who are responsible for attending all thecalls and taking down the basic information related to the caller and emergency. He/she will also sensitize the emergencies and decides the dispatch of ambulance to the emergency site and coordinate with the ambulance staff and emergency response centre for virtual handling. The capacity of

each Call Taker in a shift of 8 hours is approximately 250-300 for emergency calls. They undergo 21 days training before assuming the role of the CO/DO.

POLICE DISPACH OFFICER (PDO)

Who take care of exclusive police cases and also the legal aspect of the medico-legal cases. These are the personnel provided by the police department.

MEDICAL DOCTOR

A medical doctor should be available on call 24x7 to assist the EMT to provide virtual medical direction for all critical cases.

Apart from the above following personnel will also be deployed at the call centre:

1. Team leader: for every 15 CO/DO
2. Feedback and research officer (1person on every 15 call dispatch officer): To take continuous feedback from the patients using the 108-Ambulance service so as to improve/ upgrade the services being provided to the people of Rajasthan.

DISTRICT MANAGER:

For every district there will be a District manager (head of operations) and is responsible for all administrative functions within the district including interaction with hospitals /District government officials. He will also be responsible for repair and maintenance of the Ambulances as per schedule.

ZONAL MANAGER:

The zonal manager will be head of the zone and all respective district managers will report to him.

ADMINISTRATIVE STAFF

- Emergency Medical Services
- Emergency Department
- Administrative issues
- Staff Management
- Financial Planning

ANNEXURE- 17: CHECK LIST OF DOCUMENTS

Check List of documents to be submitted along with the technical proposal to RSHS (NHM):-

S.No.	List of documents	Y/N	Page no.
1	To demonstrate annual turnover/ gross receipts in this segment of at least Rs.10 (ten) Crores in each of the last 3 (three) financial years, the bidder shall submit audited annual accounts for last 3 years		
2	In case of a Consortium, Audited Annual Reports and financial statements of all the Members of Consortium		
3	Board resolutions {as per Annexure-3A(i) & 3A (ii)}		
4	Joint Bidding Agreement (as per Annexure-9).		
5	Anti-Collusion Certificate (as per Annexure-10B).		
6	Financial Capability of the bidder duly certified by C.A. (as per Annexure-13 & 13A).		
1	DD for cost of RFP of Rs. 1,00,000/- in favor of Rajasthan State Health Society, payable at Jaipur (Nonrefundable)		
2	DD towards RISL Processing fees for Rs. 1000/- in favor of M.D. RISL payable at Jaipur (Non-refundable)		
3	Bid security DD/Banker's Cheque/ Bank Guaranttee for Rs. 2.60 crores (Two Crores Sixty Lacs) in favor of "Rajasthan State Health society Jaipur".		
4	Certificates from the organizations to whom services have been provided in past.		
5	Duly filled up Application Form (as per Annexure-1).		
6	Format for undertaking (as per Annexure-1A).		
7	Covering Letter cum Project Undertakings as per Annexure-4.		
8	Power of Attorney authorizing the signatory for signing the proposal on behalf of the proposer/Bidder as per Annexure-5.		
9	In case of consortium, original Power of attorney for signing of application by the lead member as per Annexure-6.		

10	Letter of Exclusivity (in case of application by Consortium) as per Annexure-8.		
11	Affidavit certifying that entity/promoters/Directors/members of an entity are not blacklisted as per Annexure 10A.		
13	Affidavit of Declaration (Anti Collusion Certificate) mentioning that the applicant/consortium will not collude with the other applicants as per Annexure-10B		
14	A summary of relevant past experience and its registration should also be provided as per Annexure-11.		
15	Details of all information related to past experience and background should describe the nature of work, name & address of client, date of award of assignment, size of the project etc. as per Annexure-12.		
16	Proposed organizational structure and Curriculum Vitae (CV) of key personnel to be involved in the operation of the project.		
17	Service tax clearance certificate / no dues from the assessing officer.		
18	Certificates of relevant experience issued by government or any other organizations by a competent authority.		
19	Certificate of existing Call centre capacity of 20 seats.		

Annexure 20

Time Schedule for taking over the project

S. No.	Activity	Timeline
1	Agreement Signing	First Day (Day one)
2	Taking over the call center (108 and 104)	Hardware in seven days
3	Installation of software (108 and 104)	By tenth day
4	Test Check (108 and 104)	By12th day
5	Full taking over of call center (108 and 104)	By 15th Day
6	Taking over of ambulances of divisional headquarters (108)	Within seven days of agreement signing
7	Taking over of ambulances of district headquarters (108)	Within fifteen days of agreement signing
8	Taking over remaining ambulances (108, 104 and base)	In next fifteen days but total within one month from the date of agreement signing

Annexure- 22
Required Enclosures with the Invoice

1. Computer Log sheet of the Vehicle.
2. Log Book of Vehicle verified by MoIC, related to PHC/CHC/BCMO.
3. Off road statement of Vehicles.
4. GPS statement of Vehicles.
5. No. of available vehicle/ working vehicle/ working days.
6. Availability of Medical and Non- medical Consumables as per Annexure- 15.
7. PCR form certificate certified by BCMO.

Annexure - 23

Technical Specifications/requirements of GPS device to be installed in all vehicles (108 ambulances, Janani Express and Base Ambulances)

Minimum Hardware Specifications of VTS/ GPS Device Components

Environmental

- Operating temperature: -30 to +80 °C
- Storage: -40 to +85 °C

Power Supply

- Supply voltage range: 6 to 32V DC
- Current consumption during transmission: less than 150mA
- Device should have internal battery (4 – 6 hours backup) to support uninterrupted service while disconnection of main power supply.

GSM/ GPRS

- Built-in GSM antenna: Quad Band
- 6 MB flash memory for embedded application: 2 MB RAM
- Frequency band: 850/ 1900 MHz and 900/1800 MHz

GPS

- Built-in antenna
- CE, ROHS & FCC Certified

Compulsory requirements:

- 'Make In India' GPS device
- Vendor lock free GPS device
- Information of transmission protocol, IMEI No., SIM No., GPS device Make/ Model should be provided to the department for integration with RAAS (Rajasthan Assurance Accountability System) developed by DoIT&C.
- SOS/ ALERT Button facility to capture the movement and various locations of trip (Base (Start) location, Patient location, Hospital location, Base Location after drop) to calculate GPS based Response Time between Base location and Patient location.
- SMS Integration – SMS will be sent to Caller as soon as the ambulance is dispatched, as per above statement.
- One operational sample GPS device (of each type) need to be deposited to NHM along with the information to IMEI No., SIM No., GPS device make/model.
- A dedicated team (not less than 2 nos) of GPS Service Provider should be deployed at SIHFWJaipur for trouble shooting, correction or amendments in reports, user-management, vehicle-management, master data management, response time etc.

Annexure - 24

Past illness

History of Medication

Antibiotics

Antidiabetics

Antihypertensives

Anticoagulants

Analgesics

NSAIDs

Type of Case: Accident /Trauma/Medica

Adult

Child

Annexure - 25

MEDICAL EQUIPMENTS STATUS FOR 422 VEHICLES

S.No.	MEDICAL EQUIPMENTS	Working	Not Working / Not Repariable	Not Available	Total
1	SCOOP STRETCHER	403	7	12	422
2	SPINE BOARD STRETCHER	417	2	3	422
3	STRETCHER CUM TROLLEY	270	147	5	422
4	WHEEL CHAIRS STRETCHER	355	57	10	422
5	AUTOMATIC BP APPARATUS	200	138	84	422
6	CHARGER PULSE OXYMETER	160	94	168	422
7	MANUAL BP APPRATUS	262	114	46	422
8	NEBULISOR MACHINE	303	68	51	422
9	NEEDLE AND SYRINGE DESTROYER	241	120	61	422
10	PULSE OXYMETER (MOTION TOLERANCE)	223	106	93	422
11	SUCTION PUMP BATTERY OPERATED	126	266	30	422
12	SUCTION PUMP HAND OPERATED	297	63	62	422
13	THERMOMETER DIGITAL	261	29	132	422
14	CYLINDER KEY	378	6	38	422
15	FORCEPS PLAIN 6"	258	3	161	422
16	HUMIDIFIER	302	53	67	422
17	MASK TO MOUTH RESPIRATOR-ADULT	344	7	71	422
18	MASK TO MOUTH RESPIRATOR-CHILD	335	7	80	422
19	OXYGEN CYLINDER (D TYPE)	370	38	14	422
20	OXYGEN FLOW METER	330	62	30	422
21	REGULATOR	374	34	14	422
22	AMBU BAG- ADULT (BAG VALUE MASK)	398	17	7	422
23	AMBU BAG- CHILD (BAG VALUE MASK)	393	14	15	422
24	ARTERY FORCEPS 6"	285	6	131	422
25	GLUCOMETER	248	62	112	422
26	SCISSOR STREIGHT	243	4	175	422
27	SCISSORS 6" WITH ROUND TIP	243	7	172	422
28	SENSOR LEAD (SPO 2)	208	22	192	422
29	STETHOSCOPE	320	53	49	422
30	TONGUE DEPRESSOR WOODEN	353	5	64	422
31	TOOTHED FORCEPS 6"	257	7	158	422
	Total	**9157**	**1618**	**2307**	**13082**