F. No. DoHFW/ SBY/1008 (1)/uh/m&h

Request for Proposal for implementation of Health Insurance in Rajasthan

National Health Mission

Government of Rajasthan

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Request for Proposal (RFP)

NATIONAL HEALTH MISSION

GOVERNMENT OF RAJASTHAN

LETTER OF INVITATION

Dated *****

To,

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Sub: RFP for implementation of Swasthya Bima Yojana in Rajasthan

Dear Sir,

Pursuant to your application in response to our Request for Qualification for the above said Scheme (the "**RFQ**"), you were short listed as a Bidder, and informed vide our letter no. 63 dated 09.3.15 about the same

You are advised to participate in the Bid Stage and submit your financial proposal (the "**Bid**") for the aforesaid Scheme in accordance with the RFP. Date schedule is as mentioned in the document.

Please note that the Authority reserves the right to accept or reject all or any of the bids without assigning any reason whatsoever.

Thanking you,

Yours faithfully,

(Signature, name and designation of the Signatory)

Disclaimer

The information contained in this Request for Proposal document (the "**RFP**") or subsequently provided to Bidder(s), whether verbally or in documentary form or any other form by or on behalf of the Authority or any of its employees or advisors, is provided to Bidder(s) on the terms and conditions set out in this RFP including such other terms and conditions subject to which such information is provided.

This RFP is not an agreement and is neither an offer nor invitation by the Authority to the prospective Bidders or any other person. The purpose of this RFP is to provide interested parties with information that may be useful to them in making their financial offers (Bids) pursuant to this RFP. This RFP includes statements, which reflect various assumptions and assessments arrived at by the Authority in relation to the Scheme. Such assumptions, assessments and statements do not purport to contain all the information that each Bidder may require. This RFP may not be appropriate for all persons, and it is not possible for the Authority, its employees or advisors to consider the investment objectives, financial situation and particular needs of each party who reads or uses this RFP. The assumptions, assessments, statements and information contained in the Bidding Documents, especially the [Feasibility Report], may not be complete, accurate, adequate or correct. Each Bidder should, therefore, conduct its own investigations and analysis and should check the accuracy, adequacy, correctness, reliability and completeness of the assumptions, assessments, statements and information contained in this RFP and obtain independent advice from appropriate sources.

Information provided in this RFP to the Bidder(s) is on a wide range of matters, some of which may depend upon interpretation of law. The information given is not intended to be an exhaustive account of statutory requirements and should not be regarded as a complete or authoritative statement of law. The Authority accepts no responsibility for the accuracy or otherwise for any interpretation or opinion on law expressed herein.

The Authority, its employees and advisors make no representation or warranty and shall have no liability to any person, including any Applicant or Bidder under any law, statute, rules or regulations or tort, principles of restitution or unjust enrichment or otherwise for any loss, damages, cost or expense which may arise from or be incurred or suffered on account of anything contained in this RFP or otherwise, including the accuracy, adequacy, correctness, completeness or reliability of the RFP and any assessment, assumption, statement or information contained therein or deemed to form part of this RFP or arising in any way for participation in this Bid Stage.

The Authority also accepts no liability of any nature whether resulting from negligence or otherwise howsoever caused arising from Bidder reliance upon any of the statements contained in this RFP.

The Authority may in its absolute discretion, but without being under any obligation to do so, update, amend or supplement the information, assessment or assumptions contained in this RFP.

The issue of this RFP does not imply that the Authority is bound to select a Bidder or to appoint the Selected Bidder or Concessionaire, as the case may be, for the Scheme and the Authority reserves the right to reject all or any of the Bidders or Bids without assigning any reason whatsoever.

The Bidder shall bear all its costs associated with or relating to the preparation and submission of its Bid including but not limited to preparation, copying, postage, delivery fees, expenses associated with any demonstrations or presentations which may be required by the Authority or any other costs incurred in connection with or relating to its Bid. All such costs and expenses will remain with the Bidder and the Authority shall not be liable in any manner whatsoever for the same or for any other costs or other expenses incurred by a Bidder in preparation or submission of the Bid, regardless of the conduct or outcome of the Bidding Process.

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The words and expressions beginning with capital letters and defined in this document shall, unless repugnant to the context, have the meaning ascribed thereto hereinabove. The words and expressions beginning with capital letters and not defined herein, but defined in the RFQ, shall, unless repugnant to the context, have the meaning ascribed thereto therein.

Invitation for Proposal

National Health Mission

Government of Rajasthan

1. INTRODUCTION[$]

1.1 Background

1.1.1

The Governor of Rajasthan acting through Principal Secretary, Department of Medical, Health and Family Welfare, Government of Rajasthan (the "**Authority**") and having its principal office at Government Secretariat, Jaipur - 302005 is engaged in the delivery of medical and health services and as part of this endeavour, the Authority has decided to undertake a Health Insurance Scheme for the specified residents of Rajasthan on the terms to be specified by the Authority (the "**Scheme**") and has therefore, decided to carry out the process for selection of an insurance company to whom the Scheme may be awarded through bidding . Brief particulars of the Scheme are as follows:

Name of the scheme	Indicative number of families to be covered
Rashtriya Swasthya Bima Yojna (with enhanced features)	1 Crore

Total families to be covered would be 1 Crore approximately and the Government at its discretion may include new category of beneficiary and increase the number of beneficiaries.

1.1.2 The selected Bidder, who shall be a company incorporated under the Companies Act, 1956/2013 (the "**Insurer**") shall be responsible for implementing the Scheme under and in accordance with the provisions of an insurance agreement (the "**Insurance Agreement**") to be entered into between the Insurer and the Authority in the form provided by the Authority as part of the Bidding Documents pursuant hereto.

The insurance company which wins the bid will issue 2 policies -

A. Swasthya Bima Yojana for National Food Security Scheme and Rashtriya Swasthya Bima Yojana families

B. Swasthya Bima Yojana for voluntary families i.e. Non National Food Security Scheme and Non Rashtriya Swasthya Bima Yojana families

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Instructions for Bidders

Note 1: The provisions in curly brackets shall be suitably modified by the Bidders after the RFP is issued. (See Appendix-VI)

Note 2: Blank spaces contain formats that are to be used by the Bidders after the RFP is issued. (See Appendix-VI)

Note 3: Footnotes marked "$" in the relevant Clauses of the RFP are for guidance of the Bidders. In case of Appendices, the footnotes marked "$" or in other non-numerical characters shall be omitted by the Bidders while submitting their respective Bid. (See Appendix-VI)

1.1.3 The scope of work will broadly include implementation, management and operation of the Health Insurance Scheme in accordance with the provisions of the Insurance Agreement. The objective of this Scheme is to insure about 1 crore (one crore) families over a period of one year.

1.1.3.1Duration of Contract
The initial duration of the contract is for a period of two years. Contract may be renewed for another period of one year subject to mutual agreement between the Government of Rajasthan and the Public Sector Insurance Company.

1.1.4 Scheme Details ("Swasthya Bima Yojna")

1.1.4.1 Title

These Guidelines may be called the "Swasthya Bima Yojna", 2015 or as per the nomenclature given by the Government.

1.1.4.2 Application

The "Swasthya Bima Yojna", 2015" is being launched in compliance of Budget declaration of Hon'ble Chief Minister Rajasthan to improve access to quality healthcare to the entire population of Rajasthan.

1.1.4.2.1. Families which are covered under National Food Security Scheme and Rashtriya Swasthya Bima Yojana (RSBY) as given in Appendix V A for General Illnesses up to Rs. 30,000/-, and with a provision to pay up to Rs 3,00,000 per year per family for certain specified procedures with respect to Critical Illnesses Diagnostic Services as defined in clause 1.1.4.6 on cashless basis through Bhamashah Card. In addition to the estimated number of families as given above, the State Government may add more families to the scheme. The same terms and conditions including premium shall be applicable to additional beneficiary families

Corpus of 10 Cr to be used for the enrolled beneficiaries in case the sum Insured gets exhausted. The usage would be at the discretion of the CEO of SHAA.

1.1.4.2.2 Voluntary Inclusion

Government of Rajasthan in its vision to provide healthcare to all citizens of the state plans to provide health insurance cover also to those families which are not covered under NFSS or RSBY. The cover defined below –

Sum Insured: Rs. 1,00,000 for listed surgeries.

Coverage under Voluntary Inclusion-

- The policy covers hospitalization expenses for the treatment of illness/injury provided hospitalization is more than 24 hours. Pre-hospitalization expenses for 30 days and post hospitalization expenses for 60 days are also payable.
- Day-care treatment - The Medical expense towards specific technologically advanced day-care treatments / surgeries where 24 hour hospitalization is not required.
- Ayurvedic/Homeopathic and Unani system of medicine are covered to the extent of 25% of Sum Insured provided the treatment is taken in the Registered Hospital.
- Pre-existing diseases are covered only after 1 year of the policy.

1.1.4.3 Definitions

In these Guidelines, unless the context otherwise required:

1.1.4.3.1. "Eligible household" means a family who is covered under National Food Security Scheme (NFSS) and RSBY and the families who comes through Voluntary Inclusion on payment of pre decided premium may be declared to be eligible for coverage under the "Swasthya Bima Yojana" by the GoR. **Eligible household has to have a Bhamashah Card for getting benefit under the scheme. For transition period, in which all eligible beneficiaries are expected to arrive at Bhamashah portal, RSBY may be honoured.**

1.1.4.3.2. "Entitlement/ Sum Insured" means to provision of coverage up to Rs. 30,000/- per family per year for the general medical and surgical procedures as per Appendix V_A_, with provision to pay upto Rs 3,00,000 per year per family for certain specified procedures for Critical Illnesses in any of the empanelled hospitals subject to package rates on cashless basis through Bhamashah Card. Also, listed procedures reserved for Government hospital only and cannot be availed in private hospitals.

Identified Diagnostic Procedures as upto Rs. 5000 per year per Family (as per clause 1.1.4.6), can be availed in any Empanelled hospital after referral from Public hospitals. The rates of diagnostic procedures would be as per CGHS Jaipur.

1.1.4.3.3. "Family" includes the eligible member, and the members of his or her family as detailed below:

i. legal spouse of the eligible person;

ii. Children of the eligible person till they get employed or married or attain the age of 25 years, whichever is earlier, and who are dependent on the eligible person;

iii. Dependent parents of the eligible person.

Provided that if any person, **other than** from any of the categories at (i), (ii) or (iii) above, finds place in the **Bhamashah** card, then it shall be presumed that the person is member of the family, and

no further confirmation would be required. Definition for the family shall remain the same in case of Voluntary Inclusion also.

1.1.4.3.4 "Government" means Government of Rajasthan.

1.1.4.3.5 "Guidelines" means the **"Swasthya Bima Yojna Guidelines",** 2015 to be issued by Government.

1.1.4.3.6 "Hospital" means any institution established for inpatient medical care with sufficient facilities for the disease treatment and surgeries which would fulfill the criteria set by Government under Guidelines and which has been included, in the approved network of hospital by the Government.

1.1.4.3.7 "Scheme" means the " Swasthya Bima Yojana Guidelines" ordered in G.O to be issued, along with provisions included in the Government Order and further amendment to this Government Order.

1.1.4.3.8 "Manpower Agency" means an organization, which will be engaged for a fee or remuneration by a Public Sector Insurance Company for the provision of claim processing services.

The Manpower Agency shall not be an entity of any existing Third Party Administrator (TPA) or in any way under the control of any TPA licensed by IRDA .

Any promoter/ employee/ stakeholder of any TPA or the TPA should not be a shareholder or exercise control or have any interest in the manpower Agency.

The Manpower Agency shall not be an entity linked to the TPAs/ members/employees/ stakeholders of the TPA other than the common financial institutions through any kind of financial transactions**.**

Manpower agencies having QCI and ISO certificate would be preferred.

1.1.4.4. Objectives

The main objective of the Scheme is to provide free medical, surgical treatment and diagnostic procedures in certain specified Government and empanelled Private hospitals to the members of any eligible family as laid down in the document. Aim of the scheme is to provide hassle-free IPD service to the beneficiaries therefore it will be the responsibility of the successful bidder to put in place a flawless mechanism which will ensure the achievement of the above said objective.

1.1.4.5. Scope of the Scheme.

1.1.4.5.1. The Scope of the Scheme shall be to provide coverage as per entitlement for the eligible expenses incurred by the eligible person on behalf of himself or any member of his or her family for the treatment of procedures listed in the Scheme. The coverage will include bed charges in General ward, Nursing and boarding charges, Surgeons, Anaesthetists, Medical Practitioner, Consultants fees, Anaesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances, Medicines and Drugs, Cost of Prosthetic Devices, implants, X-Ray and Diagnostic Tests, Expenses incurred for diagnostic test and medicines up to 7 day before the admission of the patient and cost of diagnostic tests and

medicine up to 15 days of the discharge from the hospital for the same ailment/ surgery including transport expenses as mentioned in clause 1.1.4.5.3 will also be the part of the package.

1.1.4.5.2. Pre-existing conditions/diseases are to be covered for families under RSBY & NFSS from the first day of the commencement of policy, subject to the exclusions as per the scheme.. For Voluntary families, pre-existing conditions /diseases would be covered post completion of 1 year of the policy subject to the exclusions under the Scheme.

1.1.4.5.3. Provision of transport allowance of Rs 100 in cash per discharge subject to an annual ceiling of Rs 500 and shall be a part of all the Cardiac & Polytrauma packages. This will be provided by the hospital to the beneficiary at the time of discharge in cash. Transport allowance shall be part of the package.

1.1.4.5.4. SHAA reserves the right to reserve certain procedures for the Government hospitals .

1.1.4.6. Diagnostic procedures

1.1.4.6.1. The diagnostic procedures leading to surgery / medical management under this insurance scheme will be part of the package.

1.1.4.6.2. For the patients referred through Government facility, who require to undergo further diagnostic procedures specified in the guidelines, at the empanelled hospitals, the cost for the diagnostic procedures will be reimbursed as a separate package cost to the hospital upto certain pre-decided limit of Rs 5000 per year per family on floater basis, even if those diagnostic procedures do not lead to an approved procedure for surgery / medical management under the scheme.

1.1.4.7. Hospitals to be covered under the Scheme.

The Hospitals under the Scheme shall include both Government and private hospitals. The empanelled hospitals by the Government shall be tied up as a network**. Government hospitals shall automatically stand empanelled.** All the hospitals under the RSBY scheme will be covered by default in state health insurance scheme.

1.1.4.8. Beneficiary Eligibility

a) All the families under RSBY and those NFSS beneficiaries who have got themselves registered (Rest NFSS may also be advised to go for Bhamashah registration) enrolled under the Bhamashah Scheme shall be covered under this health insurance scheme.
b) The Scheme shall be implemented as per the Bhamashah Cards/ RSBY cards to the beneficiaries defined in clause 1.1.4.3.1.
c) The benefit will be on floater basis and can be availed of individually or collectively by members of the family during the policy year with no restriction on the number of times the benefit is availed. The unutilized entitlement will lapse at the end of every policy year.

1.1.4.9. Formation of Consortium

Eligible Public Sector Insurance Companies shall submit their Proposal as single entities only. Formation of Consortium is strictly not allowed for submitting a Proposal. Any such Proposals submitted by a Consortium will not qualify for the bid and shall be subject to cancellation and not evaluated.

1.1.4.10. **Implementation Procedure.**

a. The Scheme will be implemented by the State Health Assurance Agency, Jaipur and the premium payable will be released through the SHAAto the Successful Bidder. The implementation of the Scheme will be undertaken in a transparent manner. The successful bidder will establish a project office at Jaipur within 15 days of signing the MOU with the Government.

b. The Insurer will be required to deploy the required manpower as per the guidelines and agreement between the Government and Insurer within 30 days of signing the agreement.

c. A call centre with minimum of 20 lines to be setup at Jaipur within 30 days of signing the agreement.

d. The hardware required for conducting transactions regarding the scheme should be procured/ developed within 30 days of agreement with the Government

e. The web portal for monitoring and other functions of the scheme should be created and operational within 30 days of signing the agreement

f. The Insurer is required to empanel required number of hospitals as per the guidelines defined in association with Government. The required number of hospital should be operational from the first day of the policy.

g. The Successful Bidder shall sign Agreement with the empanelled hospitals under the scheme (both Government and private hospitals.Any greviance of hospital for empanellement and de-empanellement can be heard in appeal to the Grievance committee/Appellate authority. The decision of the Greviance/Appeelate authority shall be final and binding upon both the parties, The empanelment will be done in consultation with the government and as per the conditions given in the Guidelines.

h. The Government of Rajasthan will provide the basic details of eligible person and his or her family members to be covered under the Scheme, viz. numbering about 1 crores families (approximately) with average enrolled family size of 5 persons to the selected successful bidder immediately after signing of the agreement.

i. The successful bidder shall ensure that the members of the eligible family are treated without having to make any cash payment. Hospital shall give a rough estimate to the patient on the likely expenditure before he/she is admitted **but no charges shall be taken from the eligible family member.**

1.1.4.10.1. Enrolment Process

a. All the families under RSBY and NFSS enrolled under the Bhamashah Scheme shall be covered under the health insurance scheme
b. The beneficiary data in the digital format will be provided by the government to the insurance company.
c. The biometrics recorded for Aadhar Card linked with Bhamashah card will form the basis of beneficiary identification
d. The beneficiary will not be issued any other card for enrolment
e. All the enrolled beneficiaries will be covered from first day of the policy
f. Any benefit in the Health Insurance Scheme can be availed only through the Bhamashah card
g. Any beneficiary who doesn't have Bhamashah card shall be benefitted under the scheme in case he/she produces any identity related to RSBY.

1.1.4.10.2. Claim Process

a. Bhamashah Card forms the basis for the provision of treatment to a beneficiary
b. The beneficiary will present the Bhamashah card (or other identitity related to RSBY) to the Swasthya Mitra at the hospital desk prior to availing any treatment.
c. Swasthya Mitra will register the patient in the system using the card no. and the Aadhar card number of the beneficiary
d. In case of any IPD treatment is required, the beneficiary will present the doctor's prescription and advisory to Swasthya Mitra at the hospital desk
e. Swasthya Mitra will block the required treatment package in the system and will authorize the transaction using the Aadhar card details
    (a) **In case of secondary care packages**, the hospital will be required to upload first prescription, diagnostic report and discharge summary. Insurance Company representative may check the hospital records at the hospital or may advise the hospital to send the documents for specific cases
    (b) **In case of the Tertiary care packages** the hospital will be required to send the preauthorization request to the insurance company
        - The provision to send the preauthorization request will be developed in the web portal
        - With in 7 days from discharge the hospital will be required to submit all the documents pertaining to the claim to the insurer.

f. If pre authorization confirmation is not provide by the insurance comanpy with in 48 hours of the intimation recived from networked hospital ; It will will be taken deemed to have been approved and no further pre authorization shall be sought for such case/s .
g. The beneficiary will be required to match the biometrics (finger prints) through the web portal to authorize the pre-authorization request

h. Pre and post - operative photographs to be taken and shared by the hospital with the insurer at the time of discharge
i. The beneficiary can avail the treatment at the empanelled hospital after successfully blocking the transaction
j. At the time of discharge the Swasthya Mitra will discharge the patient by entering the same in the system and will authorize the discharge transaction using the beneficiary biometrics
k. Real time transaction data would be available for all stakeholders for monitoring the scheme progress
   (a) The successful bidder shall furnish a daily report on the pre authorization given, claims approved, amount disbursed, procedure/speciality wise and district wise etc to the Principal Secretary Medical and Health, GoR and Joint Secretary Medical, Health and Family Welfare & Additional Mission Director, NHM State Health Society in addition to the specific reports as and when required. **Daily reports shall also be published on the web portal**

   (b) The Hospital will raise the bill on the successful bidder. The successful bidder shall process the claim and settle the claims expeditiously so as to ensure that the Hospitals provide the services to the beneficiaries without fail.. In case of any failure in provision of the services from the Hospitals due to pending bills, the successful bidder will be held responsible.

l. The Scheme shall commence from July 1st, 2015.
m. The scheme will be implemented as per the agreement executed between the Authority and the Successful Bidder.

1.1.4.11 Scope of Work

1.1.4.11.1 IT platform

All activities related to the scheme shall be carried out through a dedicated portal of Swasthya Bima Yojana 2015, the development and maintenance cost of which will be borne by the Successful Bidder. A dedicated data centre in the existing SDC in the name of Swasthya Bima Yojana will be maintained by the Successful Bidder. Strict confidentiality of patient records shall be maintained by the Successful Bidder.

1.1.4.11.1.a Setup of Database

The Successful Bidder is expected to setup the database with the following:
Entire data related to Bhamashah Cards and RSBY cards. It will also integrate the entire data base related to both the schemes with backend support integration with the existing Bhamashah database Application/Website: The web portal will be a repository of information and will have the following features and the respective workflows:

i. General Information on the scheme.

ii. Patient authentication by Swasthya Mitra in Network Hospitals: The Swasthya Mitra will authenticate all the patients having Bhamashah card as soon as he/she reports at the hospital on its own or through referral after verification of patient details in the card and/or fingerprint scanning available in the Enrolment Database.

iii. Patient Information flow:

(a) Details of patients reporting at any networked hospital and referrals from the PHC / Rural/ Sub district/Women/General/District hospitals on daily basis.

(b) Details of in-patients and out patients in the network hospitals

(c) Details of patients reporting and getting referred from the health camps.

(d) Treatment/Surgery details.

(e) Admission/Discharge details

(f) Package details in the network hospitals.

iv. E-Health Camps system and reporting of health camps. E-data of health records is to be kept for all the beneficiaries (claim given or not) coming into the contact of any of the Service Provider.

v. List of Empanelled and De-empanelled Hospitals

vi. Call centre application: All queries related to coverage, benefits, procedures, network hospitals, cashless treatment, balance available, claim status and any other information under the scheme anywhere in the state will be lodged and addressed on a 24x7 basis by the call centre. The Successful Bidder will be responsible for all the hardware and logistics required for the setup for the Call Centre.

vii. The Hardware will include, but not be limited to the following:

(a) Leased Internet Connection for VOIP

(b) CRM software to record call details with reporting & dashboard

(c) Server to host CRM software

(d) Router

(e) Switch

(f) Phones with headsets, integrated with CRM software

(g) DoT License (if required)

viii. E- Health database: This Database will maintain the patient details along with the diagnosis and treatment details. This Database will also be linked to the Enrolment Database & Claims Transaction Database to form the Central Database.

ix. E-Preauthorization: The Hospital will require a Pre-Authorization e-form to be filled before going in for the treatment. In case of any emergencies the Hospital may fill the preauthorization after providing the necessary lifesaving treatment to the beneficiary and pre authorization may be received later within 48 hrs of the admission

x. Claim processing and settlement: The claims processing shall be carried out electronically through the web portal. This should include claim intimation, scrutiny of claims and status update and upon verification, settlement of claims.

xi. MIS Reporting: Real-time reporting on latest data, active data warehousing and analysis/monitoring system. The monitoring system will be available on both the desktop as well as mobile platforms (Android/iOS).

xii. Grievance and Feedback workflow: Online form and contact information for feedback

xiii. Accounting system: Payment Reconciliation

xiv. Third Party Integration:

(a) Electronic clearance of bills with payment gateway

(b) SMS Gateway

(c) Integration with Email Solution (Optional)

(d) Biometric and digital signature

The software required for claims processing will be developed by the Government and will be provided to the insurer before the commencement of the scheme. The insurer will develop the web portal related to the scheme keeping the following in view

xv. The SUCCESSFUL BIDDER will be responsible for the development of dynamic content and feature rich Web portal for the department and as per the guidelines issued by the Govt. of Rajasthan.

xvi. The website will assist the beneficiaries and carry the following details:-

- Benefit Information
- List of Empanelled Hospitals
- Claims Status
- Grievance Registration/Redressal
- Feedback
- Beneficiary Sum Insured Status
- List of Blacklisted hospitals

xvii. The website will have a login for individuals. Data pertaining to the logged-in individual will only be visible.

xviii. The website will have a login for the providers where they can track the payment of claims.

xix. The website will be integrated with the Claims Processing Application.

xx. The website will also have an admin login for the scheme monitors which will have the following information in addition to the above information.

- Claim Trend
- Claim Ratio
- Incidence Ratio
- Anomalies
- Average Claim Size

- Hospital wise claims
- Packages wise claims
- District and block wise trends
- Grievance trends by demographic and region

xxi. The scheme shall be implemented on the basis of Bhamashah Card, therefore successful bidder shall; on its own, make all necessary research to make the entire IT infrastructure compatible, upgradable, up scalable and implementable with Bhamashah card. The IT infrastructure is required to be in sync with the backend database of Bhamashah portal for identification of beneficiaries and e-health record later on.

xxii. The web portal should be browser independent.

xxiii. The Web portal should support Unicode standard based Bi-lingual versions for user interface. It is expected to be in Hindi and English (India). The users should see the labels and captions on selected language, the System Integrator must translate, at its own, the equivalent State specific local language captions for the english version (without altering the meaning) of the Web Portal and the same must be submitted to SHAA for approval before implementation/ uploading or vice-versa.

xxiv. Individual user will be protected with access rights. Individual users will not be able to access data of other users.

xxv. The SUCCESSFUL BIDDER will be responsible for safe hosting of Web portal for entire project duration.

xxvi. To maintain information security at transaction level, application should support both HTTP and HTTPS (A valid SSL certificate to be deployed by the System Integrator on the Web/ Application Server for the entire project duration).

xxvii. The Application must have integrated security/ monitoring features with the following:

- Definition of Roles and Users
- Define role-wise add/edit/view/delete rights for each entry form/ report in all modules
- Digital time and user stamping of each transaction
- Data Encryption

xxviii. Audit trail should be maintained. All deleted and edited records should be traceable and copy of all editions/ deletions should be available with MIS reporting of the same.

xxix. Version Control & Archiving: The System Integrator would be required to provide version control and archiving facility as strict version control is necessary for legal accountability, backup. A simple but powerful interface must be provided for these features viz. date based snapshots, version comparing etc. Check in and checkout ability is therefore an essential component of content management. Versioning should also allow contributors to know whether they are working with the latest version, and allow them to merge changes made in separate versions when needed.

xxx. The application should have Business Continuity Plan so that the operations remain unaffected in the event of any disaster.

1.1.4.11.1.b Infrastructure required for Swasthya Mitra

The STATE GOVERNMENT will ensure the following infrastructure and network facility to the Swasthya Mitras deployed at the networked Government hospitals:Private hospitals shall do it on their own.

i. Computer with power backup for at least 8 hours.

ii. One biometric scanner for fingerprint compatible with Bhamashah Card capture as per specification below. The fingerprint scanners used at any of the verification points should be as per specified for UID. The hospital has to provide the following to enable transactions in the scheme

iii. Printer, Scanner, Webcam, Stationary, Dedicated 1 mbps broadband connectivity to be exclusively used by the Swasthya Mithra to access the web portal for authentication, online MIS, e-preauthorization etc. Chair/Table, etc.

1.1.4.11.1.c IT Scope for Bhamashah Scheme

Hospital will be responsible for the following

- Procuring the necessary systems for running Enrollment Software
- Submitting pre-authorization request on Claims Processing Software in real time.
- Submitting Claim Transaction Data on Claims Processing Software in real time.

Insurer will be responsible for the following

- Maintaining a separate Claims Transaction Database and syncing it with the Govt. server
- Establishing Call Centre (Hardware and Software) with necessary manpower and logistics
- Syncing Call Center data with the Govt. server
- Development and Maintenance of Scheme Website
- Development and Maintenance of Monitoring Software

Govt. of Rajasthan

- Development and Maintenance of Enrollment Database
- Development and Maintenance of Patient Database
- Development and Maintenance of Claims Transaction Database
- Development and Maintenance of Claims Processing Software
- Development and Maintenance of Enrollment Software
- Installation of PoS Device in the Hospital and linking it with Enrollment Software
- Providing/maintaining necessary hardware to the Govt. Hospitals
- Providing licenses for necessary software to both the Govt. and Private Hospitals
- Publish XML Web Services to share necessary data with the Insurer/Reinsurer.

1.1.4.11.2 Operations Team

The successful bidder has to ensure that proper and appropriate number of staff is employed at field levels for proper management and efficient delivery of services to the beneficiaries and the hospital. Manpower to be employed would be:

i. **PMO Team** – The PMO Team to be deployed at the State HQ Office - To ensure support to various entities that will be involved for smooth everyday functioning of the scheme

ii. **Liaison Officers** – minimum 7 (Minimum 1 per division) – The Liaison Officers will manage the team of district co-ordinators working in that division. The Liaison Officers will report to the Project head on the day to day activities.

iii. **District Coordinators:** Minimum 34 (Minimum 1 Per district) – The main scope of district co-ordinators will be to monitor Swasthya Mitra services, health camps, beneficiary services and grievances, etc. The district co-ordinators will report to the respective Liaison Officeron the day to day activities

iv. Back End Operations Team for the following purpose:

(a) **Training Team:** The training team will be responsible for training various entities involved in the scheme like:

- **Hospitals:** They will be trained on lodging the claims, uploading the claims on server, uploading documents to facilitate payments.
- **Government Officials at various levels:** The officials will be trained on overall functioning of the scheme and the automated processes that will be a part of the scheme at various levels. The government officials will also be trained in extracting reports, monitoring the scheme and other features of access.

(b) **Swasthya Mitras:** These will be trained for assisting patients during their hospital visits. The training would involve software & portal training also to assist the hospital at various levels.

(c) **Manpower agency:** The manpower and monitoring agency will be trained on the various steps and processes that will be involved. The main aim of these will be to settle claims on time and reduce any grievances that may arise.

(d) **Network Creation Team:** The main scope of the team will be to assist in empanelment as many numbers of hospitals as possible. The team will ensure that the criteria of empanelment is met and due diligence of the hospital is performed before empanelment. As this will be an

ongoing activity the team will be active throughout and also resolve any queries related to hospitals.

(e) **IT maintenance Team:** The team will be involved in maintenance of the web portal throughout the entire tenure of the policy.

(f) **Central Processing Team:** This team will have the role of monitoring and ensuring that all claims are paid and processed on time. This will include doctors, MIS experts, claim processors and liaison officers.

(g) **Grievance handling team:** The team will ensure that a nonbiased approach is in place when hearing or deciding on issues related to various stakeholders such as Insurance Company, Hospital, etc. The team will have the required expertise to handle cases of different level.

(h) **Claims Audit team (Insurer):** The main responsibility of this team is to ensure that claims have been accepted/rejected/paid as per the guidelines laid in the policy and no claim is repudiated or overpaid as per policy T&C.

(i) **Project team:** This will be a team of professionals who would be responsible for initial setup with better understanding of the layout and the roles and responsibilities of the stakeholders involved

(j) Project Sub Heads: These will be at the district or zonal levels ensuring the correct implementation of the scheme along with proper utilization of the scheme.

1.1.4.12 Swasthya Mitras:

In order to facilitate patient services in empanelled hospitals, both government and private, a facilitator known as "Swasthya Mitra" (SM) will be placed by the hospital. SMs have to be available round the clock to attend to patient registration, consultation, diagnostic services, pre- authorization, discharge and follow-up.

1.1.4.12.a The role and responsibilities of the SM are as stated below:

- Maintain Help Desk at Reception of the Hospital.
- Receive the patient referred from (PHC or Network) and attend various walk in patients of the scheme
- Work round the clock in shifts to cater to the needs of Emergencies.
- Verify the **Bhamashah** card/ other relevant identity/fingerprint authentication of the Patients.

- Facilitate the Patient for consultation and admission. Liaison with coordinator or administration of the hospital
- Facilitate hospital to send proper pre-authorisation.
- Follow-up preauthorization procedure and facilitate approval.
- Ensure cashless transaction at hospital.
- Facilitate discharge of the patient.
- Obtain feedback from the patient.
- Counsel the patient regarding follow-up.
- Coordinate with the Claim Processing Team for any clarifications Send daily MIS
- Any work assigned by the NHM/Department/ Government from time to time

1.1.4.12.b The minimum desirable criterion for selection of the Swasthya Mitras should be:

- He/She should be a Graduate
- Native & Resident of the same Net Worked Hospital area
- Should have Good communication skills
- Prefers to move around the villages
- Functional knowledge of computers

1.1.4.13. Capacity Building

The SUCCESSFUL BIDDER will ensure that all stakeholders are trained and receive the required knowledge about the scheme, its benefits and motto. As the scheme will be using a lot if IT based infrastructure the SUCCESSFUL BIDDER will be responsible for providing the training of all the relevant stakeholders in the system to execute the scheme including:

a. Government Officials
    - District Officials
    - Division Officials
    - HQ Officials

b. Swasthya Mitras

c. Hospitals

d. Other relevant Stakeholders

The following training programmes would be organized for above stakeholders:

- Empanelment training programme
- Network Hospital training programme at hospital
- Network hospital reorientation programme
- Induction programme
- Swasthya Mitra training programme
- Training Programme for Field functionaries
- Soft & Communication skills training programme
- Software training programme
- Any other training and orientation programme designed by SUCCESSFUL BIDDER.

1.1.4.14. IEC activity

IEC activities will be conducted by the Insurance Company in consultation with SHAA and would be monitored by Director IEC, Medical and Health Department, GoR.

i. The insurance company will be required to submit its IEC plan 15 days before the start of the policy period. The IEC activities will necessarily include
   - Policy information and promotion through the print media compulsorily in the newspaper published in Rajasthan
   - The policy information should also be disseminated through Radio and television advertisements

ii. All the IEC activities will be conducted only after the committee at the SHAA approves the plan

iii. In case SHAA is of the view that the IEC activities are not being conducted as per the requirement than SHAA can utilize the state resources for IEC. The SHAA can utilize a maximum of 2% of the premium amount for IEC activities. In case additional funds for IEC are required the same will be allocated by the State Government.

iv. The insurance company will be required to inform the beneficiaries about the provisions of the scheme and the hospitals empanelled in the scheme. The insurance company will compulsorily utilize wall paintings at the village for the same.

v. The insurance company will conduct public announcements at the village level and will distribute pamphlets with the policy details and empanelled hospital details

vi. The insurance company may empanel NGOs and social sector marketing organisations for assisting it in the IEC activities

vii. The insurance company will place banners and posters at public places for informing the beneficiaries about the scheme and empanelled hospitals

1.1.4.15. Health camps / Screening camps

i. Successful bidder shall ensure that, free health camps / screening camps by network hospitals are to be conducted as per the directions given by SHAA.

   (a) Minimum of one camp per month in the block to be held in each policy year, under the supervision of successful bidder. Insurer shall ensure to carry necessary screening

equipment along with specialists (as suggested by the SHAA) and other Para-medical staff

(b) The empanelled hospital will conduct health camps with the prior permission of the SUCCESSFUL BIDDER. The SUCCESSFUL BIDDER can take strict disciplinary action against such hospitals violating the directions of the Insurer.

(c) It is the prerogative of the SUCCESSFUL BIDDER to select the specialities for which the health camps will be organised and executed. The Camp may be conducted by single/multiple hospitals jointly under the supervision of the SUCCESSFUL BIDDER

(d) District Co-ordinators to participate in the camps and organize the required IEC activity to inform the beneficiaries. Enough facilities for patient transport should be arranged by the district coordinator.

ii. The entire process of intimation, confirmation, indenting, details of camp organization and claiming of money will be through the 'health camp' module in web portal

iii. The SUCCESSFUL BIDDER will communicate the schedule of the camps well in advance and the same will be available online for general public and stake holders through web portal

iv. Confirmation and indenting: SUCCESSFUL BIDDER shall send update on the website for the confirmation for each camp well in time. The details of doctors and paramedics attending the camp and equipment being carried shall also be indicated.

v. The district coordinator shall ensure that the schedule of the camp is informed to all concerned in the local area of the camp including the people's representatives.

1.1.4.16. Establishment of 24x7 Call Center:

The Successful Bidder shall set up a working 24 X 7, 365 days a year toll free helpline with online workflow. The call centre should be setup within the city limits of Jaipur and should compulsorily employ the permanent residents/ domicile holders of Rajasthan. The call centre shall provide the following:

a. Answers to queries related to coverage and benefits under the Policy including IVRS
b. General guidance on the Services and Swasthya Mitra and district coordinators contacts.
c. Information on Network Providers and contact numbers.
d. The balance available with the beneficiaries
e. Claim status information
f. Advising the hospital regarding the deficiencies in the documents for a full claim.
g. Manage Grievances from beneficiaries, hospitals and other stakeholders.
h. The call centre should address the queries in local, Hindi and English language.
i. Any other relevant information/related service to the Beneficiaries.
j. Any related service to the Government/SHAA
k. Maintaining the data of receiving the calls and response on CRM system.

The call centre shall also work as a help desk and also perform the functions mentioned below as help desk:-

i. The Help desk manpower shall ensure continuous availability. In case problem is communicated by any user, the same shall be got rectified as per agreed timelines.

ii. Receive calls made by end users regarding any query or issue. Maintain detail of all calls received.

iii. Coordination for resolution of reported issues within the stipulated timeframe as per the SLA.

iv. The Helpdesk should be accessible to all the project locations and their end-users on telephone/ e-mail/ chat.

v. Helpdesk shall escalate the problem to the in charge of the Project on case to case basis and maintain the log/ status of the complaint in the call log register.

vi. Reply to the queries/ feedback/ suggestions/ complaints from all the stakeholders

vii. Help desk should provide handholding support at all project location through online/telephone line

viii. Hand-holding Support: Hand holding support should be provided to officers of user department, if so required by them on usage of the software. Support for creation of departmental users is specifically required. If proper training is provided by the bidder then requirement of hand-holding support would be reduced. However, it is expected that a minimum of five persons would have to be deputed at State level for hand holding support under the package for the entire tenure.

ix. Corrective Maintenance/Troubleshooting/Bugs removal: The SUCCESSFUL BIDDER will be responsible for directing and follow up of troubleshooting of software problem and rectification with Government/ Government Agency. Government/ Government Agency is required to provide troubleshooting support if any bugs are encountered during implementation of the software. Documentation of problems, isolation, cause and rectification procedures for building knowledge base for the known problems. The successful bidder in consultation with Government/ Government Agency shall maintain records of the maintenance services provided and shall maintain a logbook that may be inspected by the Government at any time.

1.1.4.17. Up gradation of Software: Any modifications and/or enhancements / up gradation required by SHAA/user department in the software/ or changes made in the Bhamashah portal which may affect implementation of this Insurance Scheme during the tenure shall have to be incorporated by the Succesful Bidder through Government/ Government Agency.

1.1.4.18. Backup of Data: Though backup of the data is responsibility of the data centre operator in state data centre, the SUCCESSFUL BIDDER would be required to ensure that regular backup of data is being taken on daily basis. For the same the successful bidder shall make all arrangements to keep data backup in sync with Bhamashah database.

1.1.4.19. Grievance Redressal Services

1.1.4.19.a. The Successful Bidder will appoint officials to be a member and participate in the Grievance Redressal committee. The services to be provided would be as following:

i. Any complaints about any difficulty in availing treatments, non availability of facilities, bogus availing of treatment for ineligible individuals, etc., shall be submitted to the District Collector and CMHO for necessary action or to the call centre established by successful bidder at State HQ.

ii. The complaints received shall be placed for decision of a District Grievance Committee at District level Any grievances and appeal against the decision of the District Monitoring and Grievance Committee may be preferred to the State Monitoring and Grievance Committee The decision of the committee shall be final and binding upon both the parties

iii. Any grievances and appeal against the decision of the State Monitoring and Grievance Committee may be referred to the Apellate Authority for Arbitration

iv. The Civil Courts situated in Rajasthan shall have exclusive jurisdiction over any disputes, which remain unresolved by the above procedure.

v. Nothing aforesaid, shall prejudice the rights of the Government of Rajasthan or Rajasthan State Health Society to approach any other forum for dispute resolution permissible under Law.

vi. Grievance Redressal by the Healthcare Provider against Insurance Company/ Beneficiary

- The healthcare provider can approach the District Grievance Redressal Committee for its grievance redressal. The District Grievance Redressal Committee will take a final decision within 30 days of the receipt of representation. However, the healthcare provider will continue to be de-empanelled till the time a final decision is taken by the District Grievance Redressal Committee.
- If either of the parties is not satisfied with the decision, they can go to the State Grievance Committee within a period of 30 days from the date of decision by DGRC. SGRC shall take a decision within 30 days of receipt of Appeal. The decision of the Committee shall be final. However, the healthcare provider will continue to be de-empanelled till the time a final decision is taken by the State Grievance Redressal Committee.

1.1.4.19.b. Grievance Redressal Committee

i. **District Monitoring & Grievance Committee:** The committee will be chaired by District Collector and will have Chief Medical Officer, District level representative of the Insurer and a nominated member by Insurance Company

ii. **State Monitoring & Grievance Committee:** The committee will be chaired by CEO, SHAA and will have Additional Mission Director, NHM, Rajasthan State Health Society, Director- Public Health, Dean- Government Medical College, Insurance Company Representative, GM/CMD from a Public Sector Insurance Company, representative of the Risk Management Organization.

iii. **Appellate Authority**

- The appellate authority will comprise of four members, and they shall include, Principal Secretary (Health), Secretary/Joint Secretary (Medical Education), Secretary/ Joint Secretary (health) and a retired dean/judge.
- Any hospital which is de-empanelled or fined by Public Sector Insurance Company has a right to appeal to the Appellate authority. The decision of Appellate authority will be binding on all parties.
- The Insurer has the right to appeal to the Appellate Authority against any decision of the State Grievance Committee

1.1.4.20. Procedure for empanelment of Hospitals

Criteria for empanelment of private hospitals for secondary healthcare coverage.

The Hospitals under the Scheme shall include both government and private hospitals. The Hospitals should be tied up as a networked hospital by the successful bidder with the approval of SHAA only if it complies with the minimum criteria as follows:

(a) It should have at least 30 inpatient beds.

(b) It should be equipped and engaged in providing medical and surgical facilities along with diagnostic facilities i.e providing of Pathological tests, X-ray and other general investigations etc., for the care and treatment of injured or sick persons as in-patients; including but not limited to provision of diagnostic facility through a tie up with an established diagnostic centre outside the hospital on a cashless basis.

(c) General Ward: Facility of a separate male and female wards

(d) A well equipped operation theatre

(e) It should have qualified doctor(s) and nurses, (necessary certificates with respect to their qualifications to be produced during empanelment)

(f) Maintenance of complete records as required on day to day basis and to be able to provide necessary records of the insured patient to the successful bidder or to Joint Secretary Medical, Health & Family Welfare and Additional Mission Director, NHM, Rajasthan State Health Society or their representatives as and when required.

(g) Hospital to submit an affidavit that it shall not offer discriminatory treatment of patients on the basis of status/caste/power/money etc.

(h) Hospital shall also ensure provision of time bound treatment facilities to all patients coming in under SBY. Undue delay in the treatment may lead to cancellation of contract with the hospital.

(i) In case the hospital does not have the facilities required to provide treatment to the patients, the hospital shall refer the patient to a suitable health facility after providing of first aid/ emergency services. The hospital shall arrange for transport of the patient to the referred health facility.

(j) Denial of treatment to any beneficiary will lead to cancellation of the contract and de-empanelment from the network in addition to other penalties as deemed suitable.

(k) Round the clock in house/tied up blood bank facility

(l) Round the clock availability of qualified anaesthetist either in house or on call

(m) Government through CEO, SHAA reserves the right to amend/add/delete/relax any of the minimum basic criteria/ conditions for empanelment, related to all private hospitals at any point of time

1.1.4.21. De-Empanelment Procedure and penalties for Hospitals

1.1.4.21.1 De-Empanelment Procedure

An empanelled healthcare provider would be de-empanelled if it is found that the guidelines/operational procedures of the scheme have not been followed by them and the services offered are not satisfactory as per the requisite standards.

This process note as stated below provides broad operational guidelines regarding de-empanelment of hospitals. including the process to be followed and outlining of roles of different stakeholders .

Step 1 – Suspension of the Healthcare Provider

a. A healthcare provider will be liable to be temporarily suspended in the following circumstances:

   i. If the insurance company observes continuous patterns or has evidence of irregularity based on either claims data or field visits, the healthcare provider shall be suspended from providing services to SBY patients and a formal investigation shall be instituted.

   ii. If the insurance company observes at any stage that it has data/ evidence that suggests that the hospitals are involved in any unethical practice/or is not adhering to the major terms of the contract with the insurance company or their representatives are involved in financial fraud related to SBY patients, it may immediately suspend the healthcare provider from providing services to SBY patients in the interim and a formal investigation shall be instituted.

   iii. A directive may be given by the SHAA based on the complaints received directly or the data analysis/ field visits done by SHAA.

b. The decision to suspend the healthcare provider would be conveyed to the Healthcare Provider, District Authority and SHAA within 24 hours of this action. At least 24 hours prior notice shall be given to the healthcare provider prior to its suspension so that admitted patients may be discharged and no fresh admission are carried out.

c. To ensure that suspension of the healthcare provider results in their not being able to treat SBY patients, a provision shall be made in the software so that the healthcare provider is unable to send electronic claims data to the insurance company or their representatives.

d. A formal letter shall be sent to the healthcare provider regarding its suspension and thereby stating the timeframe within which the formal investigation will be completed.

Step 2 – Detailed Investigation

a. The Insurance Company can launch a detailed investigation into the activities of the healthcare provider in the following conditions:

   i. For the healthcare providers which have been suspended..

   ii. Receipt of complaint of a serious nature from any of the stakeholders

iii. The detailed investigation may include field visits to the healthcare providers, examination of case papers, talking to the beneficiaries (if needed), examination of healthcare provider records, etc.

b. If the investigations reveal that the report/ complaint/ allegation against the healthcare provider are not substantiated, the Insurance Company would immediately revoke the suspension (in case the healthcare provider is suspended) and inform the same to the healthcare provider, district and the SHAA.

c. A letter of revocation of suspension shall be sent to the healthcare provider within 24 hours of that decision.

d. Process of receiving claims from the healthcare provider shall be restarted within 24 hours.

Step 3 – Actions to be taken by the Insurance Company

a. If the investigations reveal that the complaint/allegation against the healthcare provider are truee, the following procedure shall be followed:

b. The healthcare provider shall be issued a "show-cause" notice seeking an explanation for the aberration and a copy of the show cause notice will be sent to the SHAA.

c. After receipt of the explanation and its examination, the charges may be dropped or an action can be taken.

d. The action could entail one of the following based on the seriousness of the issue and other factors involved:

e. A warning to the concerned healthcare provider

f. De-empanelment of the healthcare provider.

g. The entire above stated process to be completed within 30 days from the date of suspension.

Step 4 – Actions to be taken post De-empanelment

Once a healthcare provider has been de-empanelled from SBY, following steps shall be taken:

a. A letter shall be sent to the healthcare provider thereby conveying the De-empanelment decision with a copy to the SHAA

b. Details of de-empanelled healthcare provider to be sent to SHAA so that it can be published on SBY/ Bhamashah website.

c. An FIR against the healthcare provider to be lodged by the SHAA at the earliest in case the de-empanelment is on account of fraud or a fraudulent activity.

d. The Insurance Company which had de-empanelled the healthcare provider shall be advised to notify the same in the local media thereby informing all beneficiaries about the de-empanelment, so that the beneficiaries of the scheme do not utilize the services of that particular healthcare provider.

e. If the healthcare provider appeals against the decision of the insurance company, all the aforementioned actions shall be subject to the decision of the concerned Committee.

1.1.4.21.2. **Penalties for Hospitals**

In case the hospital is found guilty of the allegations then the SUCCESSFUL BIDDER may penalize the hospital with the following:

a) All claims against which the fraud/malpractice has been found shall stand rejected by the Insurer

b) The insurer will impose a penalty amounting to 30% of the total approved amount paid to the hospitals, which is to be recovered within a period of 30 days from the date of de-empanelment, failing which an interest of 3% per month will be recovered from the hospital.

c) All the pending cases will be processed post the final decision of de-empanelment is taken by the district/state/ arbitration/ judiciary as the case may be (if any)

d) The alleged hospital will be liable to pay all the expenses incurred by the SUCCESSFUL BIDDER in the investigations of any further claims other than the claims against which the action has been taken or any other expense incurred for presenting the case to the disciplinary committee or Judiciary

e) The hospital will be delisted from the provider network of all the public sector Insurance Companies and a formal complaint/ information will be lodged with IRDA

f) The Government will inform the Medical Council of India and Indian Medical Association of the de-empanelment of the hospital and will request the revoking of the registration of the Doctors involved

g) The Government will debar the hospital from all of the Government Schemes (not limited to social security schemes) under which the hospital was /is empanelled

h) Government reserves the right to file FIR against defaulter Hospital depending on the serious nature of the default.

1.1.4.22. Payment of Premium

a) SHAA will pay the insurance premium on behalf of the eligible persons to the successful bidder.

b) The premium would be paid every year in four quarterly instalments on or before the first day of the quarter every year, with the year being reckoned from the date of commencement of the scheme. Amount for the premium of first quarter shall be arrived to on the basis of information on number of beneficiaries given to the Insurance Company. The premium amount shall be one fourth for the first quarter and for the later quarters it will be in proportion to the number of beneficiaries and also proportionate to the remaining period in that insurance year.

c) The first premium for the first year of the scheme would be paid on or before the date of commencement of the scheme.

d) Premium payable would depend on family size. Quoted premium will be for family of 5.

   i. For a family size of 4 holding Bhamashah card – 0.8 % of the quoted premium

   ii. For family of size of 6 holding Bhamashah card – 1.2% of quoted premium

e) For a family of size of 7 holding Bhamashah card – 1.4% of quoted premium

1.1.4.23. Refund

In case the claim ratio works out to be less than 87% of the total premium paid during the duration of the Scheme, a refund will be payable to the Government of Rajasthan as per the formula below:

Claim Ratio(in percentage) = {(Claims Paid + Outstanding Claims) / Total Premium*100} + 3-7%of premium(administrative expense of insurance company in running the scheme subject to audit)+ 2 * of premium (for IEC activities)

Refund Amount ={87% of total premium – Claim Ratio(in percentage)} of Total Premium

The amount refunded will be kept as corpus with government of rajasthan and in case the claim ratio next year goes above 100 % then it would be used to compensate the insurance company for Claim ratio above 100 % subject to the amount in the corpus. This process would continue for the entire duration of the scheme

The intent is to enforce the refund clause for the duration of the entire contract

For Example:

Year 1

If Total Annual Premium is INR 100
Claims Paid: INR 45
Claims Outstanding is INR 10
Administrative Expense= INR 7
Publicity Expense= INR 2
Claim Ratio = {(45+10+7+2)/100}*100 = 64%
Refund = (87%-64 %) of INR 100
= INR 23

Now this amount refunded would go in to a corpus.

Year 2

Annual Premium is INR 100
Claims Paid: INR 120
Claims Outstanding is INR 10
Administrative Expense= INR 7
Publicity Expense= INR 2
Claim Ratio = {(120+10+7+2)/100}*100 = 139%
In this case the government will compensate the insurance company as the claim ratios is above 100 %
Refund to the insurance company = (139-100)% of the annual premium or amount in the corpus (INR 23 in this example), whichever is lower

Hence in this scenario the refund to the insurance company is INR 23

In another scenario when in Year 2

The claim ratio is 110 % then the refund would be a below
Refund to the insurance company = (110-100)% of the annual premium or INR 23 whichever is lower
=10 % of INR 100 or INR 23 whichever is lower
Hence= INR 10

The remaining amount in the corpus (INR 13 in this example) is carried forward next year and would work as below

Year 3

Annual Premium is INR 100
Claims Paid: INR 130
Claims Outstanding is INR 10
Administrative Expense= INR 7
Publicity Expense= INR 2
Claim Ratio = {(130+10+7+2)/100}*100 = 149%
In this case the government will compensate the insurance company as the claim ratios is above 100 %
Refund to the insurance company = (149-100)% of the annual premium or amount in the corpus(which is INR 13) , which ever is lower

Hence = INR 13

1.1.4.24. Performance monitoring

Performance of the successful bidder will be monitored regularly based on the following Parameters -

- Timely preauthorization
- Timely claim settlement
- Complaints redressal
- Claim ratio
- Number of health camps conducted in a month
- Any other parameters decided by the government.

1.1.4.25. Online Management Information System (MIS and 24 Hours Pre authorization).

The Public Sector Insurance Company should post enough dedicated staff, so as to ensure free flow of daily MIS and ensure that the progress of scheme is reported to society in the desired format on a real-time basis. The company should establish proper networking for quick and error-free processing of preauthorization's. The pre-authorization has to be done round the clock which will be scrutinized by Government periodically and preauthorization shall be done within 24 hours. **A provision for emergency intimation and approval should also be established subject to proper approval later on**. In instance of dispute, the final decision on preauthorization rest with the Government.

1.1.4.26. District level co-ordination:

a. District level offices with necessary infrastructure have to be set-up by the successful bidder. The bidder needs to have sufficient monitoring staff with District Coordinators & State Coordinators.
b. District Coordinators should also help hospitals in preauthorization, claim settlement and follow-up. They should also ensure proper reception and care in the hospitals and send regular MIS to call centre. Successful bidder shall provide all District Coordinators with cell

phone having CUG connectivity with SMS based reporting framework for effective and instant communication.

c. They coordinate with network hospital, district administration and people's representatives for effective implementation of the Scheme.
d. They should ensure that camps are held as per schedule, arrange for campaigning for the camp, mobilize patients and follow up the beneficiary families.
e. They should work in close liaison with district administration under the supervision of District Collector. They should also ensure proper flow of MIS and report to Joint Secretary Medical, Health and Family Welfare & Additional Mission Director, NHM on day to day basis about the progress of the scheme in the district.
f. The successful bidder should ensure that dedicated staff is made available for the scheme. They shall follow the instructions of State Empowered Committee / Rajasthan State Health Society in this regard.

1.1.4.27. Settlement of Claims.

All claims to be settled within 21 days of receipt of all reports, bills & the satisfaction report of the beneficiary

1.1.4.28. Medical Auditors:

The successful bidder shall appoint enough number of medical auditors, who scrutinize preauthorization. The bidder shall also recruit specialized doctors for regular inspection of hospitals, attend to complaints from beneficiary families directly or through Liaison Officer or from Government for any deficiency in services by the hospitals and also to ensure proper care and counselling for the patient at network hospital by coordinating with Liaison Officer and hospital authorities.

1.1.4.29. Manual.

The successful Bidder will publish a detailed manual for the "Swasthya Bima Yojna" which shall include operational guidelines and details of the scheme in consultation with Project Authority, with provision to update and modify the same . The insurer shall follow the guidelines and instructions given in the manual while implementing the scheme.

1.1.4.30. Penalty Clause

S. No.	Service Level Parameters	Penalty
1	If the Service Provider/ Insurer fails to establish the project offices in stipulated time period i.e. within 15 days of signing of the agreement.	Rs. 10,000/- for every day delay after completion for the stipulated time period.
2	If the Service Provider fails to establish call centre within stipulated time period.	Rs. 20,000/- for every day delay after completion for the stipulated time period.
3	If the Service Provider fails to clear payment of undisputed claims to the networked hospitals within 21 days from the receipt of required	Penalty @ 1% of the pending amount (not reimbursed) for every one day of delay.

	documents,	
4	If the refund of premium as laid down in RFP/agreement is not done to Government within stipulated time period.	Penalty @ 2% of the refundable due amount for every one day of delay.
5	If it is found that Insurer has refused a claim for no valid reasons.	Penalty equals to the package cost of the procedure which is refused.
6	If insurer fails to spend 2% of the total amount of the premium on IEC of the scheme.	Remaining balance out of 2% shall be refunded to the Government or it will be deducted from the next installment of premium to be paid to the insurer.

1. Deductions on account of penalty shall be made from the next payment of the premium instalment to be paid to Insurer.

2. In case of disputed claim-
3. If disputed claim is payable as per the decision of the committee to which the case is referred to ,payment to be made within 7 days of the decision by the committee In case the effected party appeals to the SGRC/Appeallate Authortity within the period of 7 days then the payment shall be made after final decision of the committee to which the case has been referred.

4. In case refund clause is applicable –
On the basis of claim paid + outstanding as on the last date of policy , amount to be refunded (as per refund clause) within 15 days of conclusion of policy, Financial adjustments to be carried out fortnightly, on the basis of further rejected or re-opened cases.

5. The performance of the bidder shall be assessed on a quarterly basis by the SHAA Government of Rajasthan. In case the SUCCESSFUL BIDDER is found to be deficient in its provision of services then the contract may be terminated by giving one month'snotice . The bidder shall refund the paid premium after deducting the prorate premium till the date of termination.

1.1.5. Indicative number of the families to be covered under the Scheme (the "**Beneficiaries**") are One crore (approx.). The Scheme shall be implemented basis Bhamashah card and therefore shall be applicable with the issuance of Bhamashah Card. However; broadly the beneficiaries under the scheme are those who come under National Food Security Scheme and RSBY beneficiaries in Rajasthan. **In addition to the estimated number of families as given above, State Government may add more families to the scheme.**

1.1.6. The Insurance Agreement sets forth the detailed terms and conditions for grant of the Insurance to the Insurer, including the scope of the Insurer's services and obligations (the "**Agreement**").

1.1.7. The statements and explanations contained in this RFP are intended to provide a better understanding to the Bidders about the subject matter of this RFP and should not be construed or interpreted as limiting in any way or manner the scope of services and obligations of the Insurer set forth in the Insurance Agreement or the Authority's rights to

amend, alter, change, supplement or clarify the scope of work, the Insurance to be awarded pursuant to this RFP or the terms thereof or herein contained. Consequently, any omissions, conflicts or contradictions in the Bidding Documents including this RFP are to be noted, interpreted and applied appropriately to give effect to this intent, and no claims on that account shall be entertained by the Authority.

1.1.8. The government of Rajasthan may modify or supercede any term and condition mentioned in the RFP through issuing GO. The decision will only be effective on all the issues arising after the issue date of GO

1.1.9. The Authority shall receive Bids pursuant to this RFP in accordance with the terms set forth in this RFP and other documents to be provided by the Authority pursuant to this RFP, as modified, altered, amended and clarified from time to time by the Authority (collectively the "**Bidding Documents**"), and all Bids shall be prepared and submitted in accordance with such terms on or before the date specified in Clause 1.3 for submission of Bids (the "**Bid Due Date**").

1.2. Brief description of Bidding Process

1.2.1. The Authority has adopted a two-stage bidding process (collectively referred to as the "**Bidding Process**") for selection of the Bidder for award of the Scheme. The first stage (the "**Qualification Stage**") of the process involved pre-qualification of interested parties in accordance with the provisions of the RFQ. At the end of the Qualification Stage, the Authority short-listed Applicants who are eligible for participation in this second stage of the Bidding Process (the "**Bid Stage**") comprising Request for Proposals.

The Government of India has issued guidelines (see Appendix-V of RFP) for qualification of bidders seeking to acquire stakes in any public sector enterprise through the process of disinvestment. These guidelines shall apply *mutatis mutandis* to this Bidding Process. The Authority shall be entitled to disqualify an Applicant in accordance with the aforesaid guidelines at any stage of the Bidding Process. Applicants must satisfy themselves that they are qualified to bid, and should give an undertaking to this effect in the form at Appendix-I.In the Bid Stage, the aforesaid short-listed Applicants, are being called upon to submit their financial offers (the "**Bids**") in accordance with the terms specified in the Bidding Documents. The Bid shall be valid for a period of not less than 120 (one hundred and twenty) days from the Bid Due Date.

1.2.2 *The Bidding Documents and the proposal submitted by the bidder will form the part of draft Insurance Agreement for the Scheme, the aforesaid documents and any addenda issued subsequent to this RFP Document, will be deemed to form part of the Bidding Documents.*

1.2.3 During the Bid Stage, Bidders are invited to examine the Scheme in greater detail, and to carry out, at their cost, such studies as may be required for submitting their respective Bids for award of the Insurance including implementation of the Scheme.

1.2.4 Bids are invited for the premium amount by the Public Sector Insurance Companies for providing coverage as laid down in the bid document. Scheme

1.2.5 In this RFP, the term "**Highest Bidder**" shall mean the Bidder who is offering the lowest premium. The Insurance period and other terms are pre-determined, as indicated in the draft Insurance Agreement, and the Premiumquoted for policy no. A as mentioned in clause 1.1.2 shall constitute the sole criteria for evaluation of Bids.

1.2.6 Generally, the Lowest Bidder (L1) shall be the Selected Bidder. The remaining Bidders shall be kept in reserve and may, in accordance with the process specified in Clause 3 of this RFP, be invited to match the Bid submitted by the Lowest Bidder (L1) in case such Lowest Bidder (L1) withdraws or is not selected for any reason. In the event that none of the other Bidders match the Bid of the Lowest Bidder (L1), the Authority may, in its discretion, either invite fresh Bids from the remaining Bidders or annul the Bidding Process.

1.2.7 Details of the process to be followed at the Bid Stage and the terms thereof are spelt out in this RFP.

1.2.8 Any queries or request for additional information concerning this RFP shall be submitted in writing by speed post/ courier/ special messenger and by e-mail so as to reach the Additional Mission Director, NHM till the specified date. The envelopes/ communication shall clearly bear the following identification/ title:

1.2.9 "Queries/Request for Additional Information: RFP for implementation of Health Insurance in Rajasthan Scheme".

1.3 Schedule of Bidding Process

The Authority shall endeavour to adhere to the following schedule:

Event Description	**Date**
Sales of Bid Documents	
Last Date of receiving queries	**17 April 2015**
Pre-Bid Conference	**21 April 2015**
Authority response to queries latest by	**23 April 2015**
Bid Due Date	**30 April 2015**
Opening of Bids	**30 April 2015**

1.4 Pre-Bid Conference

The date, time and venue of the Pre-Bid Conference shall be:

Date 23.04.15

Time: 1100 hrs

Venue: Office of Additional Mission Director,

National Health Mission, Swasthya Bhawan,

Tilak Marg, Jaipur*****

2. INSTRUCTIONS TO BIDDERS

A. GENERAL

2.1. General terms of Bidding

2.1.1 No Bidder shall submit more than one Bid for the Scheme. Unless the context otherwise requires, the terms not defined in this RFP, but defined in the Request for Qualification document for the Scheme (the "**RFQ**") shall have the meaning assigned thereto in the RFQ.

2.1.2 Notwithstanding anything to the contrary contained in this RFP, the detailed terms specified in the draft Insurance Agreement shall have overriding effect; provided, however, that any conditions or obligations imposed on the Bidder hereunder shall continue to have effect in addition to its obligations under the Insurance Agreement.

2.1.3 The Bid should be furnished in the format at Appendix–I, clearly indicating the bid amount in both figures and words, in Indian Rupees, and signed by the Bidder's authorised signatory. In the event of any difference between figures and words, the amount indicated in words shall be taken into account.

2.1.4 The Bid shall consist of Premium amount in rupees per family per year on floater basisto be quoted by the Bidder shall be payable by the Insurer to the Authority, as per the terms and conditions of this RFP and the provisions of the Insurance Agreement.

2.1.5 The Bidder should submit a Power of Attorney as per the format at Appendix–III, authorising the signatory of the Bid to commit the Bidder.

2.1.6 Any condition or qualification or any other stipulation contained in the Bid shall render the Bid liable to rejection as a non-responsive Bid.

2.1.7 The Bid and all communications in relation to or concerning the Bidding Documents and the Bid shall be in English language.

2.1.8 The documents including this RFP and all attached documents, provided by the Authority are and shall remain or become the property of the Authority and are transmitted to the Bidders solely for the purpose of preparation and the submission of a Bid in accordance herewith. Bidders are to treat all information as strictly confidential and shall not use it for any purpose other than for preparation and submission of their Bid. The provisions of this Clause 2.1.11 shall also apply *mutatis mutandis* to Bids and all other documents submitted by the Bidders, and the Authority will not return to the Bidders any Bid, document or any information provided along therewith.

2.1.9 A Bidder shall not have any conflict of interest (the "**Conflict of Interest**") that affects the Bidding Process. Any Bidder found to have a Conflict of Interest shall be disqualified. In the event of disqualification, the Authority shall be entitled to forfeit and appropriate the Bid Security or Performance Security, as the case may be, as mutually agreed genuine pre-estimated loss and damage likely to be suffered and incurred by the

Authority and not by way of penalty for, *inter alia*, the time, cost and effort of the Authority, including consideration of such Bidder's proposal (the "**Damages**"), without prejudice to any other right or remedy that may be available to the Authority under the Bidding Documents and/ or the Insurance Agreement or otherwise. Without limiting the generality of the above, a Bidder shall be deemed to have a Conflict of Interest affecting the Bidding Process, if:

(i) the Bidder, its Member or Associate (or any constituent thereof) and any other Bidder, its Member or any Associate thereof (or any constituent thereof) have common controlling shareholders or other ownership interest; provided that this disqualification shall not apply in cases where the direct or indirect shareholding of a Bidder, its Member or an Associate thereof (or any shareholder thereof having a shareholding of more than 5% (five per cent) of the paid up and subscribed share capital of such Bidder, Member or Associate, as the case may be) in the other Bidder, its Member or Associate, is less than 5% (five per cent) of the subscribed and paid up equity share capital thereof; provided further that this disqualification shall not apply to any ownership by a bank, insurance company, pension fund or a public financial institution referred to in sub-section (72) of section 2 of the Companies Act, 2013. For the purposes of this Clause 2.1.12, indirect shareholding held through one or more intermediate persons shall be computed as follows: (aa) where any intermediary is controlled by a person through management control or otherwise, the entire shareholding held by such controlled intermediary in any other person (the "**Subject Person**") shall be taken into account for computing the shareholding of such controlling person in the Subject Person; and (bb) subject always to sub-clause (aa) above, where a person does not exercise control over an intermediary, which has shareholding in the Subject Person, the computation of indirect shareholding of such person in the Subject Person shall be undertaken on a proportionate basis; provided, however, that no such shareholding shall be reckoned under this sub-clause (bb) if the shareholding of such person in the intermediary is less than 26% of the subscribed and paid up equity shareholding of such intermediary; or

(ii) A constituent of such Bidder is also a constituent of another Bidder; or

(iii) such Bidder, or any Associate thereof receives or has received any direct or indirect subsidy, grant, concessional loan or subordinated debt from any other Bidder, its Member or Associate, or has provided any such subsidy, grant, concessional loan or subordinated debt to any other Bidder, its Member or any Associate thereof; or

(iv) Such Bidder has the same legal representative for purposes of this Bid as any other Bidder; or

(v) such Bidder, or any Associate thereof, has a relationship with another Bidder, or any Associate thereof, directly or through common third party/ parties, that puts either or both of them in a position to have access to each other's information about, or to influence the Bid of either or each other; or

(vi) such Bidder or any Associate thereof has participated as a consultant to the Authority in the preparation of any documents, design or technical specifications of the Scheme.

2.1.10 A Bidder shall be liable for disqualification and forfeiture of Bid Security if any legal, financial or technical adviser of the Authority in relation to the Scheme is engaged by the Bidder, its Members or any Associate thereof, as the case may be, in any manner for matters related to or incidental to such Scheme during the Bidding Process or subsequent to the (i) issue of the LOA or (ii) execution of the Insurance Agreement. In the event any such adviser is engaged by the Selected Bidder or Insurer, as the case may be, after issue of the LOA or execution of the Insurance Agreement for matters related or incidental to the Scheme, then notwithstanding anything to the contrary contained herein or in the LOA or the Insurance Agreement and without prejudice to any other right or remedy of the Authority, including the forfeiture and appropriation of the Bid Security or Performance Security, as the case may be, which the Authority may have thereunder or otherwise, the LOA or the Insurance Agreement, as the case may be, shall be liable to be terminated without the Authority being liable in any manner whatsoever to the Selected Bidder or Insurer for the same. For the avoidance of doubt, this disqualification shall not apply where such adviser was engaged by the Bidder, its Member or Associate in the past but its assignment expired or was terminated prior to the Application Due Date. Nor will this disqualification apply where such adviser is engaged after a period of 3 (three) years from the date of commercial operation of the Scheme.

2.1.11. This RFP is not transferable.

2.1.12. Any award of Insurance pursuant to this RFP shall be subject to the terms of Bidding Documents.

2.1.13. Other Bid conditions shall include clause 1.1.4.

2.1.14. The RFP and RFQ have been drawn up in accordance with and in compliance of the procurement rules which are annexed herein.

2.2 Cost of Bidding

The Bidders shall be responsible for all of the costs associated with the preparation of their Bids and their participation in the Bidding Process. The Authority will not be responsible or in any way liable for such costs, regardless of the conduct or outcome of the Bidding Process. The bidder has to submit RFP document fee of Rs. 5.00 lacs as informed prior to issue of the RFP.

2.3 Site visit and verification of information

2.3.1 Bidders are encouraged to submit their respective Bids after visiting the Authority's office and ascertaining for themselves the location, surroundings, climate, applicable laws (including RTPP Act and Rules) and regulations, and any other matter considered relevant by them.

2.3.2 It shall be deemed that by submitting a Bid, the Bidder has:

(a) made a complete and careful examination of the Bidding Documents;

(b) received all relevant information requested from the Authority;

(c) accepted the risk of inadequacy, error or mistake in the information provided in the Bidding Documents or furnished by or on behalf of the Authority relating to any of the matters referred to in Clause 2.3.1 above;

(d) satisfied itself about all matters, things and information including matters referred to in Clause 2.3.1 hereinabove necessary and required for submitting an informed Bid, execution of the Scheme in accordance with the Bidding Documents and performance of all of its obligations there under;

(e) acknowledged and agreed that inadequacy, lack of completeness or incorrectness of information provided in the Bidding Documents or ignorance of any of the matters referred to in Clause 2.3.1 hereinabove shall not be a basis for any claim for compensation, damages, extension of time for performance of its obligations, loss of profits etc. from the Authority, or a ground for termination of the Insurance Agreement by the Insurer;

(f) acknowledged that it does not have a Conflict of Interest; and

(g) agreed to be bound by the undertakings provided by it under and in terms hereof.

2.3.3 The Authority shall not be liable for any omission, mistake or error in respect of any of the above or on account of any matter or thing arising out of or concerning or relating to RFP, RFQ, the Bidding Documents or the Bidding Process, including any error or mistake therein or in any information or data given by the Authority.

2.4 Verification and Disqualification

2.4.1 The Authority reserves the right to verify all statements, information and documents submitted by the Bidder in response to the RFQ, the RFP or the Bidding Documents and the Bidder shall, when so required by the Authority, make available all such information, evidence and documents as may be necessary for such verification. Any such verification or lack of such verification, by the Authority shall not relieve the Bidder of its obligations or liabilities hereunder nor will it affect any rights of the Authority there under.

Such misrepresentation/ improper response shall lead to the disqualification of the Bidder. If such disqualification / rejection occur after the Bids have been opened and the Lowest Bidder (L1) gets disqualified / rejected, then the Authority reserves the right to:

i. Invite the remaining Bidders to submit their Bids in accordance with Clauses 3.3.3 and 3.3.4; or

ii. Take any such measure as may be deemed fit in the sole discretion of the Authority, including annulment of the Bidding Process.

2.4.3 In case it is found during the evaluation or at any time before signing of the Insurance Agreement or after its execution and during the period of subsistence thereof, including the Insurance thereby granted by the Authority, that one or more of the pre-qualification conditions have not been met by the Bidder, or the Bidder has made material misrepresentation or has given any materially incorrect or false information, the Bidder shall be disqualified forthwith if not yet appointed as the Insurer either by issue of the LOA or entering into of the Insurance Agreement, and if the Selected Bidder has already been issued the LOA or has entered into the Insurance Agreement, as the case may be, the same shall, notwithstanding anything to the contrary contained therein or in this RFP, be liable to be terminated, by a communication in writing by the Authority to the Selected Bidder or the Insurer, as the case may be, without the Authority being liable in any manner whatsoever to the Selected Bidder or Insurer. In such an event, the Authority shall be entitled to forfeit and appropriate the Bid Security or Performance Security, as the case may be, as Damages, without prejudice to any other right or remedy that may be available to the Authority under the Bidding Documents and/ or the Insurance Agreement, or otherwise.

B. DOCUMENTS

2.5 Contents of the RFP

2.5.1 This RFP comprises the Disclaimer set forth hereinabove, the contents as listed below, and will additionally include any Addenda issued in accordance with Clause 2.7.

Invitation for Bids

Section 1. Introduction

Section 2. Instructions to Bidders

Section 3. Evaluation of Bids

Section 4. Fraud and Corrupt Practices

Section 5. Pre-Bid Conference

Section 6. Miscellaneous

Cost of document Rs. 5.00 lacs in form of DD/banker's Cheque.

Appendices

I. Letter comprising the Bid

II. Power of Attorney for signing of Bid

III. Guidelines of the Department of Disinvestment

IV. List of Bid-Specific Clauses

2.6 Clarifications

2.6.1 Bidders requiring any clarification on the RFP may notify the Authority in writing by speed post/ courier/ special messenger and by e-mail.They should send in their queries

on or before the date mentioned in the Schedule of Bidding Process specified in Clause 1.3. The Authority shall endeavour to respond to the queries within the period specified therein, but no later than 15 (fifteen) days prior to the Bid Due Date. The responses will be sent by e-mail. The Authority will forward all the queries and its responses thereto, to all Bidders without identifying the source of queries.

2.6.2 The Authority shall endeavour to respond to the questions raised or clarifications sought by the Bidders. However, the Authority reserves the right not to respond to any question or provide any clarification, in its sole discretion, and nothing in this Clause shall be taken or read as compelling or requiring the Authority to respond to any question or to provide any clarification.

2.6.3 The Authority may also on its own motion, if deemed necessary, issue interpretations and clarifications to all Bidders. All clarifications and interpretations issued by the Authority shall be deemed to be part of the Bidding Documents. Verbal clarifications and information given by Authority or its employees or representatives shall not in any way or manner be binding on the Authority.

2.7 Amendment of RFP

2.7.1 At any time prior to the Bid Due Date, the Authority may, for any reason, whether at its own initiative or in response to clarifications requested by a Bidder, modify the RFP by the issuance of Addenda.

2.7.2 Any Addendum issued hereunder will be in writing and shall be sent to all the Bidders.

2.7.3 In order to afford the Bidders a reasonable time for taking an Addendum into account, or for any other reason, the Authority may, in its sole discretion, extend the Bid Due Date[$].

C. PREPARATION AND SUBMISSION OF BIDS

2.8 Format and Signing of Bid

2.8.1 The Bidder shall provide all the information sought under this RFP. The Authority will evaluate only those Bids that are received in the required formats and complete in all respects.

2.8.2 The Bid and its copy shall be typed or written in indelible ink and signed by the authorised signatory of the Bidder who shall also initial each page, in blue ink. In case of printed and published documents, only the cover shall be initialled. All the alterations, omissions, additions or any other amendments made to the Bid shall be initialled by the person(s) signing the Bid.

[$] While extending the Bid Due Date on account of an addendum, the Authority shall have due regard for the time required by Bidders to address the amendments specified therein. In the case of significant amendments, at least 15 (fifteen) days shall be provided between the date of amendment and the Bid Due Date, and in the case of minor amendments, at least 7 (seven) days shall be provided.

2.9 Sealing and Marking of Bids

2.9.1 The Bidder shall submit the Bid in the format specified at Appendix-I, and seal it in an envelope and mark the envelope as "BID".

2.9.2 The documents accompanying the Bid shall be placed in a separate envelope and marked as "Enclosures of the Bid". The documents shall include:

(a) Power of Attorney for signing of Bid in the format at Appendix–III;

(b) Formats A, B, C, D as per FD circular dated 4.2.13 of RTPP rules, 2013

(c) A true copy of the documents accompanying the Bid, as specified in Clause 2.9.2 above, shall be bound together in hard cover and the pages shall be numbered serially. Each page thereof shall be initialled in blue ink by the authorised signatory of the Bidder. This copy of the documents shall be placed in a separate envelope and marked "Copy of Documents".

2.9.3 The three envelopes specified in Clauses 2.9.1, 2.9.2 and 2.9.3 shall be placed in an outer envelope, which shall be sealed. Each of the four envelopes shall clearly bear the following identification:

"Application for Swasthay Bima Yojna in Rajasthan"

and shall clearly indicate the name and address of the Bidder. In addition, the Bid Due Date should be indicated on the right hand top corner of each of the envelopes.

2.9.4 Each of the envelopes shall be addressed to:

ATTN. OF:	Shri Niraj K. Pawan
DESIGNATION	Additional Mission Director, National Health Mission
ADDRESS:	Swasthya Bhawan, Tilak Marg, Jaipur - 3002005
TELEPHONE NO.	0141 - 2222817
E-MAIL ADDRESS	Directoriec-rj@nic.in

2.9.5 If the envelopes are not sealed and marked as instructed above, the Authority assumes no responsibility for the misplacement or premature opening of the contents of the Bid submitted and consequent losses, if any, suffered by the Bidder.

2..9.6 Bids submitted by fax, telex, telegram or e-mail shall not be entertained and shall be rejected.

2.10 Bid Due Date

2.10.1 Bids should be submitted before 1100 hours IST on the Bid Due Date at the address provided in Clause 1.3 in the manner and form as detailed in this RFP. A receipt thereof should be obtained from the person specified at Clause 1.3.

2.10.2 The Authority may, in its sole discretion, extend the Bid Due Date by issuing an Addendum in accordance with Clause 2.7 uniformly for all Bidders.

2.11 Late Bids

Bids received by the Authority after the specified time on the Bid Due Date shall not be eligible for consideration and shall be summarily rejected.

2.12 Contents of the Bid

2.12.1 The Bid shall be furnished in the format at Appendix–I and shall consist of a Premium to be quoted by the Bidder. The Bidder shall specify (in Indian Rupees) the to undertake the Scheme in accordance with this RFP and the provisions of the Insurance Agreement.

2.12.2 Generally, the Scheme will be awarded to the Highest Bidder.

2.12.3 The opening of Bids and acceptance thereof shall be substantially in accordance with this RFP.

2.12.4 The proposed Insurance Agreement shall be deemed to be part of the Bid.

2.13 Modifications/ Substitution/ Withdrawal of Bids

2.131 The Bidder may modify, substitute or withdraw its Bid after submission, provided that written notice of the modification, substitution or withdrawal is received by the Authority prior to the Bid Due Date. No Bid shall be modified, substituted or withdrawn by the Bidder on or after the Bid Due Date.

2.13.2 The modification, substitution or withdrawal notice shall be prepared, sealed, marked, and delivered in accordance with Clause 2.13, with the envelopes being additionally marked “MODIFICATION”, “SUBSTITUTION” or “WITHDRAWAL”, as appropriate.

2.13.3 Any alteration/ modification in the Bid or additional information supplied subsequent to the Bid Due Date, unless the same has been expressly sought for by the Authority, shall be disregarded.

2.14 Rejection of Bids

2.14.1 Notwithstanding anything contained in this RFP, the Authority reserves the right to reject any Bid and to annul the Bidding Process and reject all Bids at any time without any liability or any obligation for such acceptance, rejection or annulment, and without assigning any reasons therefore. In the event that the Authority rejects or annuls all the Bids, it may, in its discretion**,** invite all eligible Bidders to submit fresh Bids hereunder.

2.14.2 The Authority reserves the right not to proceed with the Bidding Process at any time, without notice or liability, and to reject any Bid without assigning any reasons.

2.15 Validity of Bids

The Bids shall be valid for a period of not less than 180 (one hundred and eighty) days from the Bid Due Date. The validity of Bids may be extended by mutual consent of the respective Bidders and the Authority.

2.16 Confidentiality

Information relating to the examination, clarification, evaluation and recommendation for the Bidders shall not be disclosed to any person who is not officially concerned with the process or is not a retained professional advisor advising the Authority in relation to or matters arising out of, or concerning the Bidding Process. The Authority will treat all information, submitted as part of the Bid, in confidence and will require all those who have access to such material to treat the same in confidence. The Authority may not divulge any such information unless it is directed to do so by any statutory entity that has the power under law to require its disclosure or is to enforce or assert any right or privilege of the statutory entity and/ or the Authority or as may be required by law or in connection with any legal process.

2.17 Correspondence with the Bidder

Save and except as provided in this RFP, the Authority shall not entertain any correspondence with any Bidder in relation to acceptance or rejection of any Bid.

3. EVALUATION OF BIDS

3.1 Opening and Evaluation of Bids

3.1.1 The Authority shall open the Bids at 1130 hours on the Bid Due Date, at the place specified in Clause 3.1 and in the presence of the Bidders who choose to attend.

3.1.2 The Authority will subsequently examine and evaluate the Bids in accordance with the provisions set out in this Section 3.

3.1.3 To facilitate evaluation of Bids, the Authority may, at its sole discretion, seek clarifications in writing from any Bidder regarding its Bid.

3.2 Tests of responsiveness

3.2.1 Prior to evaluation of Bids, the Authority shall determine whether each Bid is responsive to the requirements of this RFP. A Bid shall be considered responsive if:

(a) it is received as per the format at Appendix–I;

(b) it is received by the Bid Due Date including any extension thereof

(c) it is signed, sealed, bound together in hard cover and marked as stipulated in Clauses 2.8 and 2.9;

(d) it is accompanied by the Power(s) of Attorney as specified in Clauses 2.1.5

(e) it contains all the information (complete in all respects) as requested in this RFP and/or Bidding Documents (in formats same as those specified);

(f) it does not contain any condition or qualification; and

(g) it is not non-responsive in terms hereof.

3.2.2 The Authority reserves the right to reject any Bid which is non-responsive and no request for alteration, modification, substitution or withdrawal shall be entertained by the Authority in respect of such Bid. Provided, however, that the Authority may, in its discretion, allow the Bidder to rectify any infirmities or omissions if the same do not constitute a material modification of the Bid.

3.3 Selection of Bidder

3.3.1 Three separate quotes would have to be submitted by the bidders.

A. Premium For RSBY and NFSS family (Government at its discretion may include new category of beneficiary and increase the number of beneficiaries) of maximum 5 - sum insured Rs.30000 per year for secondary illness & Rs.300000 per year for critical illness

B. .Premium For RSBY and NFSS family (Government at its discretion may include new category of beneficiary and increase the number of beneficiaries) of maximum 5 - Diagnostics of Rs. 5000 per year

C. Premium for voluntary inclusions i.e. Non RSBY and Non NFSS families(max 5 members) - sum insured Rs 100,000 for secondary+ teriary illness

3.3.2 Subject to the provisions of RFP the Bidder whose Bid is adjudged as responsive in terms of Clause 3.2.1. the bidder who quotes lowest premium for A shall be invited to match lowest rate of B and C. . In case of agreement be declared as the selected Bidder (the "**Selected Bidder**"). If L1 of A refuses to match the L1 rates of B & C, then L2 of A will be offered to match the L1 rates of A, B and C. Government at its own discretion may decide to go with B/C or B and C along with coverage of A.

3.3.2 In the event that two or more Bidders quote the same amount of premium (the "**Tie Bidders**"), the Authority will identify the Selected Bidder who is more sound on technical grounds as laid down in FRQ stage. Priject Authority at its sole discretion may divide the total 34 districts of Rajasthan among two or more bidders.

3.3.3 In the event that no Bidder offers to match the rates specified in Clause 3.3.2, the Authority may, in its discretion, invite fresh Bids from all Bidders, or annul the Bidding Process, as the case may be

3.3.4 After selection, a Letter of Award (the "**LOA**") shall be issued, in duplicate, by the Authority to the Selected Bidder and the Selected Bidder shall, within 7 (seven) days of the receipt of the LOA, sign and return the duplicate copy of the LOA in acknowledgement thereof. In the event the duplicate copy of the LOA duly signed by the Selected Bidder is not received by the stipulated date, the Authority may, unless it consents to extension of time for submission thereof, consider it failure of the Selected Bidder to acknowledge the LOA, and the next eligible Bidder may be considered.

3.3.5 After acknowledgement of the LOA as aforesaid by the Selected Bidder, it shall cause the Insurer to execute the Insurance Agreement within the period prescribed in Clause 1.3. The Selected Bidder shall not be entitled to seek any deviation, modification or amendment in the Insurance Agreement.

3.4 Contacts during Bid Evaluation

Bids shall be deemed to be under consideration immediately after they are opened and until such time the Authority makes official intimation of award/ rejection to the Bidders. While the Bids are under consideration, Bidders and/ or their representatives or other interested parties are advised to refrain, save and except as required under the Bidding Documents, from contacting by any means, the Authority and/ or their employees/ representatives on matters related to the Bids under consideration.

3.5 Bid Parameter

3.5.1 The Bid shall comprise a Premium, as the case may be, to be quoted by the Bidder in accordance with the provisions of the Insurance Agreement. Premium comprising the Bid shall be offered in accordance with the provisions of Clause 3.5.2.

3.5.2 The Bid shall comprise, premium amount per family per year on floater basis for eligible families inclusive of all taxes and levies in Indian Rupees and in both numbers and words as mentioned in clause 3.3.1.

4. FRAUD AND CORRUPT PRACTICES

4.1 Insurance Companies are hereby informed that canvassing in any form for influencing the notification of award would result in disqualification of the Public Sector Insurance Company. Further, they shall observe the highest ethical standards and will not indulge in any corrupt, fraudulent, coercive, undesirable or restrictive practices, as the case may be.

"Corrupt practice" means offering, giving, receiving or soliciting of anything of value to influence the action of the public official;

"Fraudulent practice" means a misrepresentation of facts in order to influence tender process or an execution of a contract to the detriment of the scheme, and includes collusive practice among Public Sector Insurance Company's/Authorized Representative (prior to or after Proposal submission) designed to establish Proposal prices at artificial non-competitive levels and to deprive the scheme free and open competition;

"Collusive practice" means a scheme or arrangement between two or more bidders, with or without the knowledge of the Purchaser of insurance , designed to establish tender prices at artificial, non-competitive level; and

"Coercive practice" means harming or threatening to harm, directly or indirectly, persons or their property to influence their participation in the procurement process or effect the execution of the contract

Government of Rajasthan will reject a proposal for award if it determines that the Public Sector Insurance Company (ies) have engaged in corrupt or fraudulent practices

Government of Rajasthan will declare a firm ineligible, either indefinitely or for a stated period of time, to be awarded a contract if it at any time determines that the Public Sector Insurance Company (ies) has engaged in corrupt and fraudulent practices in competing for, or in executing, a contract

5. PRE-BID CONFERENCE

5.1 Pre-Bid Conference(s) of the Bidders shall be convened at the designated date, time and place. Only those persons who have purchased the RFP document shall be allowed to participate in the Pre-Bid Conference(s). A maximum of five representatives of each Bidder shall be allowed to participate on production of authority letter from the Bidder.

5.2 During the course of Pre-Bid Conference(s), the Bidders will be free to seek clarifications and make suggestions for consideration of the Authority. The Authority shall endeavour to provide clarifications and such further information as it may, in its sole discretion, consider appropriate for facilitating a fair, transparent and competitive Bidding Process.

6. MISCELLANEOUS

6.1 The Bidding Process shall be governed by, and construed in accordance with, the laws of India and the Courts in the State in which the Authority has its headquarters shall have exclusive jurisdiction over all disputes arising under, pursuant to and/ or in connection with the Bidding Process. ***In absence of any provision in the document; or ambiguity in thereof, provisions of the Rajasthan Transparency Act, 2012 and Rules 2013 shall be finally agreed to by both the parties.***

6.2 The Authority, in its sole discretion and without incurring any obligation or liability, reserves the right, at any time, to;

(a) suspend and/ or cancel the Bidding Process and/ or amend and/ or supplement the Bidding Process or modify the dates or other terms and conditions relating thereto;

(b) consult with any Bidder in order to receive clarification or further information;

(c) retain any information and/ or evidence submitted to the Authority by, on behalf of, and/ or in relation to any Bidder; and/ or

(d) independently verify, disqualify, reject and/ or accept any and all submissions or other information and/ or evidence submitted by or on behalf of any Bidder.

6.3 It shall be deemed that by submitting the Bid, the Bidder agrees and releases the Authority, its employees, agents and advisers, irrevocably, unconditionally, fully and finally from any and all liability for claims, losses, damages, costs, expenses or liabilities in any way related to or arising from the exercise of any rights and/ or performance of any obligations hereunder, pursuant hereto and/ or in connection with the Bidding Process and waives, to the fullest extent permitted by applicable laws, any and all rights and/ or claims it may have in this respect, whether actual or contingent, whether present or in future.

6.4 The Bidding Documents and RFQ are to be taken as mutually explanatory and, unless otherwise expressly provided elsewhere in this RFP, in the event of any conflict between them the priority shall be in the following order:

(a) the Bidding Documents;

(b) the RFQ.

i.e. the Bidding Documents at (a) above shall prevail over the RFQ at (b) above.

6.5 The implementation of the Scheme and the bidding process will be undertaken in a transparent manner. Subject to the provisions of the Right to Information Act, 2005, the parties agree that they will not raise objections to disclosure of information pursuant to receipt of requests by the relevant public authority under the provisions of the said Act.

Appendices

APPENDIX–I

1 Letter comprising the Bid

(Refer Clauses 2.1.5 and 2.14)

Dated:

To,

…….

…….

…….

Sub: Bid for the …… Scheme

Dear Sir,

With reference to your RFP document dated …….., I/we, having examined the Bidding Documents and understood their contents, hereby submit my/our Bid for the aforesaid Scheme. The Bid is unconditional and unqualified.

2. I/ We acknowledge that the Authority will be relying on the information provided in the Bid and the documents accompanying the Bid for selection of the Insurer for the aforesaid Scheme, and we certify that all information provided therein is true and correct; nothing has been omitted which renders such information misleading; and all documents accompanying the Bid are true copies of their respective originals.

3. This statement is made for the express purpose of our selection as Insurer for the Implementation of Swasthya Bima Yojana of the aforesaid Scheme.

4. I/ We shall make available to the Authority any additional information it may find necessary or require to supplement or authenticate the Bid.

5. I/ We acknowledge the right of the Authority to reject our Bid without assigning any reason or otherwise and hereby waive, to the fullest extent permitted by applicable law, our right to challenge the same on any account whatsoever.

6. I/ We certify that in the last three years, we or our Associates have neither failed to perform on any contract, as evidenced by imposition of a penalty by an arbitral or judicial authority or a judicial

pronouncement or arbitration award, nor been expelled from any Scheme or contract by any public authority nor have had any contract terminated by any public authority for breach on our part.

7. I/ We declare that:

(a) I/ We have examined and have no reservations to the Bidding Documents, including any Addendum issued by the Authority; and

(b) I/ We do not have any conflict of interest in accordance with Clauses 2.1.12 and 2.1.13 of the RFP document; and

(c) I/ We have not directly or indirectly or through an agent engaged or indulged in any corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice, as defined in Clause 4.1 of the RFP document, in respect of any tender or request for proposals issued by or any agreement entered into with the Authority or any other public sector enterprise or any government, Central or State; and

(d) I/ We hereby certify that we have taken steps to ensure that in conformity with the provisions of Section 4 of the RFP, no person acting for us or on our behalf has engaged or will engage in any corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice; and

(e) the undertakings given by us along with the Application in response to the RFQ for the Scheme were true and correct as on the date of making the Application and are also true and correct as on the Bid Due Date and I/we shall continue to abide by them.

8. I/ We understand that you may cancel the Bidding Process at any time and that you are neither bound to accept any Bid that you may receive nor to invite the Bidders to Bid for the Scheme, without incurring any liability to the Bidders.

9. I/ We believe that I/we satisfy(s) the Net Worth criteria and meet(s) the requirements as specified in the RFQ document.

10. I/ We declare that we/or our Associates are not a Member of a/ any other Consortium submitting a Bid for the Scheme.

11. I/ We certify that in regard to matters other than security and integrity of the country, we or any of our/ their Associates have not been convicted by a Court of Law or indicted or adverse orders passed by a regulatory authority which could cast a doubt on our ability to undertake the

Scheme or which relates to a grave offence that outrages the moral sense of the community.

12. I/ We further certify that in regard to matters relating to security and integrity of the country, we/ our/ their Associates have not been charge-sheeted by any agency of the Government or convicted by a Court of Law.

13. I/ We further certify that no investigation by a regulatory authority is pending either against us or against our Associates or against our CEO or any of our directors/ managers/ employees.[£]

14. I/ We further certify that we are not disqualified in terms of the additional criteria specified by the Department of Disinvestment in their OM No. 6/4/2001-DD-II dated July 13, 2001, a copy of which forms part of the RFP at Appendix-V thereof.

15. I/ We undertake that in case due to any change in facts or circumstances during the Bidding Process, we are attracted by the provisions of disqualification in terms of the guidelines referred to above, we shall intimate the Authority of the same immediately.

16. I/ We acknowledge and undertake that we were pre-qualified and short-listed on the basis of Technical Capacity and Financial Capacity. We further agree and acknowledge that the aforesaid obligation shall be in addition to the obligations contained in the Insurance Agreement in respect of Change in Ownership.

17. I/ We acknowledge and agree that in the event of a change in control of an Associate whose Technical Capacity and/ or Financial Capacity was taken into consideration for the purposes of short-listing and pre-qualification under and in accordance with the RFQ, I/We shall inform the Authority forthwith along with all relevant particulars and the Authority may, in its sole discretion, disqualify our Consortium or withdraw the Letter of Award, as the case may be. I/We further

---

£

In case the Bidder is unable to provide certification regarding any pending investigation as specified in paragraph 13, it may precede the paragraph by the words viz. "Except as specified in Schedule ……. hereto". The exceptions to the certification or any disclosures relating thereto may be clearly stated in a Schedule to be attached to the Application. The Authority will consider the contents of such Schedule and determine whether or not the exceptions/disclosures are material to the suitability of the Bidder for award hereunder.

acknowledge and agree that in the event such change in control occurs after signing of the Insurance Agreement but prior to Financial Close of the Scheme, it would, notwithstanding anything to the contrary contained in the Agreement, be deemed a breach thereof, and the Insurance Agreement shall be liable to be terminated without the Authority being liable to us in any manner whatsoever.

18. I/ We understand that the Selected Bidder shall either be an existing Company incorporated under the Indian Companies Act, 1956/ 2013, or shall incorporate as such prior to execution of the Insurance Agreement.

19. I/ We hereby irrevocably waive any right or remedy which we may have at any stage at law or howsoever otherwise arising to challenge or question any decision taken by the Authority in connection with the selection of the Bidder, or in connection with the Bidding Process itself, in respect of the above mentioned Scheme and the terms and implementation thereof.

20. In the event of my/ our being declared as the Selected Bidder, I/we agree to enter into a Insurance Agreement in accordance with the draft that has been provided to me/us prior to the Bid Due Date. We agree not to seek any changes in the aforesaid draft and agree to abide by the same.

21. I/ We have studied all the Bidding Documents carefully and also surveyed the [Scheme highway and the traffic]. We understand that except to the extent as expressly set forth in the Insurance Agreement, we shall have no claim, right or title arising out of any documents or information provided to us by the Authority or in respect of any matter arising out of or relating to the Bidding Process including the award of Concession.

23. The documents accompanying the Bid, as specified in Clause 2.9.2 of the RFP, have been submitted in a separate envelope and marked as “Enclosures of the Bid”.

25. I/ We agree and understand that the Bid is subject to the provisions of the Bidding Documents. In no case, I/we shall have any claim or right of whatsoever nature if the Scheme / Insurance is not awarded to me/us or our Bid is not opened or rejected.

26. The bid has been quoted by me/us after taking into consideration all the terms and conditions stated in the RFP, draft Insurance Agreement, our own estimates of costs [and traffic] and after a careful assessment of the site and all the conditions that may affect the Scheme cost and implementation of the Scheme.

27. I/ We agree and undertake to abide by all the terms and conditions of the RFP document.

28. I/ We shall keep this offer valid for 180 (one hundred and Eighty) days from the Bid Due Date specified in the RFP.

29. I/ We hereby submit the following Bid for undertaking the aforesaid Scheme in accordance with the Bidding Documents and the Insurance Agreement:[$]

In witness thereof, I/we submit this Bid under and in accordance with the terms of the RFP document.

Yours faithfully,

Date: (Signature, name and designation of the Authorised signatory)

Place: Name and seal of Bidder/Lead Member

[$] A Bidder shall fill up only one of the four options and shall strike out the remaining three options.

APPENDIX II

Financial Bid for Swasthya Bima Yojna 2015

NAME and ADDRESS OF INSURER: ……

Premium quote for a sum insured of Rs 30000 & 300000 lakhs per family of 5 members. (But it will not limit the benefits to the additional member of the family. All members inBhamashah card are eligible for the benefits under the scheme. An average size is given just to give an idea for arriving at a financial quote.)
Insurer has to separate quote for coverage with diagnostic of Rs 5000 per policy year per family.

A. Premium for the enrolled Bhamashah Families

S.NO.	PREMIUM PER FAMILY OF 5 SUM INSURED RS.30000 & RS.300000 WITHOUT SERVICE TAX
1	

B. Premium for diagnostics for the enrolled Bhamashah Families

S.NO.	PREMIUM PER FAMILY OF 5 for DIAGNOSTIC OF RS.5000 PER YEAR PER FAMILY WITHOUT SERVICE TAX
1	

Note - No other document or attachment shall be permissible along with Annexure- Any deviation will attract disqualification.

C. Premium for Voluntary Inclusion of Families

S.NO.	PREMIUM PER FAMILY (max 5 members) - SUM INSURED RS 100,000 WITHOUT SERVICE TAX
1	

Authorized Signatory

Seal and Stamp

APPENDIX–III

Power Of Attorney For Signing Of Bid[$]

(refer clause 2.1.5)

Know all men by these presents, we, …… (name of the firm and address of the registered office) do hereby irrevocably constitute, nominate, appoint and authorise mr. / ms (name), son/daughter/wife of …… and presently residing at …….., who is presently employed with us/ the lead member of our consortium and holding the position of …….., as our true and lawful attorney (hereinafter referred to as the "attorney") to do in our name and on our behalf, all such acts, deeds and things as are necessary or required in connection with or incidental to submission of our bid for the …… projectscheme proposed or being developed by the …… (the "authority") including but not limited to signing and submission of all applications, bids and other documents and writings, participate in bidders' and other conferences and providing information / responses to the authority, representing us in all matters before the authority, signing and execution of all contracts including the concession agreement and undertakings consequent to acceptance of our bid, and generally dealing with the authority in all matters in connection with or relating to or arising out of our bid for the said projectscheme and/or upon award thereof to us and/or till the entering into of the concession agreement with the authority.

and we hereby agree to ratify and confirm and do hereby ratify and confirm all acts, deeds and things done or caused to be done by our said attorney pursuant to and in exercise of the powers conferred by this power of attorney and that all acts, deeds and things done by our said attorney in exercise of the powers hereby conferred shall and shall always be deemed to have been done by us.

in witness whereof we, …….., the above named principal have executed this power of attorney on this …… day of ……., 20…..

for……..

(SIGNATURE, NAME, DESIGNATION AND ADDRESS)

WITNESSES:

Appendix - III
Page 2

1.

2.

Accepted Notarised

(Signature, name, designation and address
of the Attorney)

Notes:

- *The mode of execution of the Power of Attorney should be in accordance with the procedure, if any, laid down by the applicable law and the charter documents of the executant(s) and when it is so required, the same should be under common seal affixed in accordance with the required procedure.*

- *Wherever required, the Bidder should submit for verification the extract of the charter documents and documents such as a board or shareholders resolution/ power of attorney in favour of the person executing this Power of Attorney for the delegation of power hereunder on behalf of the Bidder.*

- *For a Power of Attorney executed and issued overseas, the document will also have to be legalised by the Indian Embassy and notarised in the jurisdiction where the Power of Attorney is being issued. However, the Power of Attorney provided by Bidders from countries that have signed the Hague Legislation Convention 1961 are not required to be legalised by the Indian Embassy if it carries a conforming Appostille certificate.*

APPENDIX– IV[1]

Guidelines of the Department of Disinvestment
(Refer Clause1.2.1)

No. 6/4/2001-DD-II
Government of India
Department of Disinvestment

Block 14, CGO Complex
New Delhi.
Dated 13th July 2001.

OFFICE MEMORANDUM

Sub: Guidelines for qualification of Bidders seeking to acquire stakes in Public Sector Enterprises through the process of disinvestment

Government has examined the issue of framing comprehensive and transparent guidelines defining the criteria for bidders interested in PSE-disinvestment so that the parties selected through competitive bidding could inspire public confidence. Earlier, criteria like net worth, experience etc. used to be prescribed. Based on experience and in consultation with concerned departments, Government has decided to prescribe the following additional criteria for the qualification/ disqualification of the parties seeking to acquire stakes in public sector enterprises through disinvestment:

(a) In regard to matters other than the security and integrity of the country, any conviction by a Court of Law or indictment/ adverse order by a regulatory authority that casts a doubt on the ability of the bidder to manage the public sector unit when it is disinvested, or which relates to a grave offence would constitute disqualification. Grave offence is defined to be of such a nature that it outrages the moral sense of the community. The decision in regard to the nature of the offence would be taken on case to case basis after considering the facts of the case and relevant legal principles, by the Government of India.

(b) In regard to matters relating to the security and integrity of the country, any charge-sheet by an agency of the Government/ conviction by a Court of Law for an offence committed by the bidding party or by any sister concern of the bidding party would result in disqualification. The decision in regard to the relationship between the sister concerns would be taken, based on the relevant facts and after examining whether the two concerns are substantially controlled by the same person/ persons.

(c) In both (a) and (b), disqualification shall continue for a period that Government deems appropriate.

[1] These guidelines may be modified or substituted by the Government from time to time.

(d) Any entity, which is disqualified from participating in the disinvestment process, would not be allowed to remain associated with it or get associated merely because it has preferred an appeal against the order based on which it has been disqualified. The mere pendency of appeal will have no effect on the disqualification.

(e) The disqualification criteria would come into effect immediately and would apply to all bidders for various disinvestment transactions, which have not been completed as yet.

(f) Before disqualifying a concern, a Show Cause Notice why it should not be disqualified would be issued to it and it would be given an opportunity to explain its position.

(g) Henceforth, these criteria will be prescribed in the advertisements seeking Expression of Interest (EOI) from the interested parties. The interested parties would be required to provide the information on the above criteria, along with their Expressions of Interest (EOI). The bidders shall be required to provide with their EOI an undertaking to the effect that no investigation by a regulatory authority is pending against them. In case any investigation is pending against the concern or its sister concern or against its CEO or any of its Directors/ Managers/ employees, full details of such investigation including the name of the investigating agency, the charge/ offence for which the investigation has been launched, name and designation of persons against whom the investigation has been launched and other relevant information should be disclosed, to the satisfaction of the Government. For other criteria also, a similar undertaking shall be obtained along with EOI.

sd/-

(A.K. Tewari)

Under Secretary to the Government of India

APPNDIX V A
List of Surgeries / Therapies for Illnesses to be covered under the Swasthya Swasthya Bima Yojna

Appendix V A – Packages covered under General illness

S No.	Package Name	Category	Rate
1	Fistulectomy	Dental	8500
2	Fixation of fracture of jaw	Dental	10000
3	Tumour excision	Dental	7500
4	Apisectomy including LA	Dental	550
5	Complicated Ext. per Tooth including LA	Dental	300
6	Cyst under LA (Large)	Dental	450
7	Cyst under LA (Small)	Dental	300
8	Extraction of tooth including LA	Dental	100
9	Flap operation per Tooth	Dental	350
10	Fracture wiring including LA	Dental	600
11	Gingivectomy per Tooth	Dental	250
12	Impacted Molar including LA	Dental	550
13	Drainage of parotid abscess	Dental	7000
14	Excision of mandible	Dental	12000
15	Repair of parotid duct	Dental	15000
16	Abscess incision	Dental	250
17	All extractions in one Jaw	Dental	300
18	Alveolectomy per tooth	Dental	250
19	Apical Curettage per tooth	Dental	250
20	condylectomy	Dental	1500
21	Fistula closure	Dental	350
22	ginivectomy full mouth	Dental	1500
23	Fracture Jaws closed reduction	Dental	500
24	Frenectomy	Dental	150
25	growth removal	Dental	250
26	Osteotomy	Dental	1000
27	Pericoronotomy	Dental	200
28	pulpotomy	Dental	250
29	Removal of Impaction	Dental	250

30	Segmental resection of jaw	Dental	1500
31	treatment Nursing bottle caries (Full mouth)	Dental	5000
32	Complete denture	Dental	1500
33	Removable partial denture	Dental	150
34	Restoration of teeth per tooth	Dental	200
35	treatment of gums through scaling (three sittings)	Dental	450
36	Root canal treatment per tooth	Dental	500
37	Decompression sac	Ear	11500
38	Fenestration	Ear	7000
39	Ossiculoplasty	Ear	7500
40	Partial amputation - Pinna	Ear	4050
41	Excision of Pinna for Growths (Squamous/Basal) Injuries - Total Amputation & Excision of External Auditory Meatus	Ear	8,500
42	Excision of Pinna for Growths (Squamous/Basal) Injuries Total Amputation	Ear	5,100
43	Stapedectomy	Ear	8000
44	Vidian neurectomy - Micro	Ear	7000
45	Ear lobe repair - single	Ear	1000
46	Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin and Cartilage	Ear	3000
47	Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin Only	Ear	2000
48	Pharyngectomy and reconstruction	Ear	12000
49	Skull base surgery	Ear	29000
50	Total Amputation & Excision of External Auditory Meatus	Ear	6000
51	Total amputation of Pinna	Ear	3000
52	Ant. Ethmoidal artery ligation	Nose	12360
53	Antrostomy – Bilateral	Nose	6500
54	Antrostomy – Unilateral	Nose	4500
55	Caldwell - luc – Bilateral	Nose	8000
56	Caldwell - luc- Unilateral	Nose	4600

57	Cryosurgery	Nose	7200
58	Rhinorrhoea - Repair	Nose	5200
59	Dacryocystorhinostomy (DCR)	Nose	9300
60	Septoplasty + FESS	Nose	10500
61	Ethmoidectomy - External	Nose	9200
62	Fracture reduction nose with septal correction	Nose	6700
63	Fracture - setting maxilla	Nose	8750
64	Fracture - setting nasal bone	Nose	4200
65	Functional Endoscopic Sinus (FESS)	Nose	9200
66	Intra Nasal Ethmoidectomy	Nose	12600
67	Rhinotomy - Lateral	Nose	10625
68	Nasal polypectomy - Bilateral	Nose	7700
69	Nasal polypectomy - Unilateral	Nose	5400
70	Turbinectomy Partial - Bilateral	Nose	7200
71	Turbinectomy Partial - Unilateral	Nose	4600
72	Radical fronto ethmo sphenodectomy	Nose	15500
73	Rhinoplasty	Nose	14500
74	Septoplasty	Nose	8500
75	Sinus Antroscopy	Nose	4600
76	Submucos resection	Nose	7500
77	Trans Antral Ethmoidectomy	Nose	10800
78	Youngs operation	Nose	5600
79	Angiofibrom Exision	Nose	14500
80	cranio-facial resection	Nose	11800
81	Endoscopic DCR	Nose	5600
82	Endoscopic Hypophysectomy	Nose	16500
83	Endoscopic sugery	Nose	6300
84	Intranasal Diathermy	Nose	1800
85	Lateral Rhinotomy	Nose	1130
86	Rhinosporosis	Nose	14500
87	Septo-rhinoplasty	Nose	6600
88	Removal of FB from nose	Nose	900
89	Adeno tonsillectomy +	Nose	11000

	Aural polypectomy		
90	Ant. Ethmoidal artery ligation+ Intra nasal ethmoidectomy	Nose	14500
91	Ant. Ethmoidal artery ligation+Nasal polypectomy - Bilateral	Nose	13750
92	Functional Endoscopic Sinus (FESS) + Nasal polypectomy - Unilateral	Nose	10250
93	Ant. Ethmoidal artery ligation+ Rhinoplasty	Nose	16500
94	Antrostomy – Bilateral+ Septoplasty	Nose	8050
95	Ant. Ethmoidal artery ligation+Functional Endoscopic Sinus (FESS)	Nose	14500
96	Adeno Tonsillectomy	Throat	6000
97	Adenoidectomy	Throat	4000
98	Arytenoidectomy	Throat	15000
99	Choanal atresia	Throat	10000
100	Pharyngeal diverticulum's – Excision	Throat	12000
101	Laryngectomy	Throat	15750
102	Laryngofissure	Throat	3500
103	Laryngophayryngectomy	Throat	13500
104	Maxilla - Excision	Throat	10000
105	Oro Antral fistula	Throat	10000
106	Parapharyngeal - Exploration	Throat	10000
107	Parapharyngeal Abscess - Drainage	Throat	15000
108	peritonsillor abscess under LA	Throat	1500
109	Excision of Pharyngeal Diverticulum	Throat	9500
110	Pharyngoplasty	Throat	11000
111	Release of Tongue tie	Throat	2500
112	Retro pharyngeal abscess - Drainage	Throat	4000
113	Styloidectomy - Both side	Throat	7500
114	Styloidectomy - One side	Throat	10000
115	Tonsillectomy + Styloidectomy	Throat	12500
116	Thyroglossal Fistula - Excision	Throat	9000
117	Tonsillectomy - Bilateral	Throat	7000
118	Tonsillectomy - Unilateral	Throat	5500

119	Total Parotidectomy	Throat	15000
120	Uvulophanyngo Plasty	Throat	11000
121	Cleft palate repair	Throat	8000
122	Commondo Operation (glossectomy)	Throat	14000
123	Excision of Branchial Cyst	Throat	7000
124	Excision of Branchial Sinus	Throat	5500
125	Excision of Cystic Hygroma Extensive	Throat	7500
126	Excision of Cystic Hygroma Major	Throat	4500
127	Excision of Cystic Hygroma Minor	Throat	3000
128	Excision of the Mandible Segmental	Throat	3000
129	Hemiglossectomy	Throat	4500
130	Hemimandibulectomy	Throat	11000
131	Palatopharyngoplasty	Throat	14000
132	Parotidectomy - Conservative	Throat	7000
133	Parotidectomy - Radical Total	Throat	15000
134	Parotidectomy - Superficial	Throat	9500
135	Partial Glossectomy	Throat	3500
136	Ranula excision	Throat	4000
137	Removal of Submandibular Salivary gland	Throat	5500
138	Total Glossectomy	Throat	14000
139	Cheek Advancement	Throat	9000
140	Adeno tonsillectomy+Aural polypectomy	Throat	13500
141	Adenoidectomy+Aural polypectomy	Throat	13500
142	Adeno tonsillectomy+choanal atersia	Throat	13000
143	Adeno tonsillectomy+Nasal polypectomy - Bilatera	Throat	9450
144	Adenoidectomy+Tonsillec tomy - Bilateral	Throat	8250
145	Adenoidectomy+ Tonsillectomy + Myrinogotomy	Throat	9800
146	polyp removal under LA	Throat	1250

147	Abdomino Perineal Resection	General Surgery	17500
148	Adventious Burse - Excision	General Surgery	8750
149	Anterior Resection for CA	General Surgery	10000
150	Arteriovenous (AV) Malformation of Soft Tissue Tumour - Excision	General Surgery	17000
151	Bakers Cyst - Excision	General Surgery	5000
152	Bilateral Inguinal block dissection	General Surgery	13000
153	Bleeding Ulcer - Gastrectomy & vagotomy	General Surgery	17000
154	Bleeding Ulcer - Partial gastrectomy	General Surgery	15000
155	Block dissection Cervical Nodes	General Surgery	15750
156	Branchial Fistula	General Surgery	13000
157	Breast Lump - Left - Excision	General Surgery	5000
158	Breast Lump - Right - Excision	General Surgery	5000
159	Bronchial Cyst	General Surgery	5000
160	Bursa - Excision	General Surgery	7000
161	Bypass - Inoprablaca of Pancreas	General Surgery	13000
162	Caecopexy	General Surgery	13000
163	Carbuncle back	General Surgery	3500
164	Cavernostomy	General Surgery	13000
165	Cervial Lymphnodes - Excision	General Surgery	2500
166	Colocystoplasty	General Surgery	15000
167	Colostomy	General Surgery	12500
168	Cyst over Scrotum - Excision	General Surgery	4000
169	Cystic Mass - Excision	General Surgery	2000
170	Dermoid Cyst - Large - Excision	General Surgery	2500
171	Dermoid Cyst - Small - Excision	General Surgery	1500
172	Distal Pancrcatectomy with Pancreatico Jejunostomy	General Surgery	17000
173	Diverticulectomy	General Surgery	15000
174	Dorsal Slit and Reduction of Paraphimosis	General Surgery	1500
175	Drainage of Ischio Rectal	General Surgery	4000

	Abscess		
176	Incision and Drainage of large Abscess	General Surgery	1500
177	Drainage of Peripherally Gastric Abscess	General Surgery	8000
178	Drainage of Psoas Abscess	General Surgery	6000
179	Drainage of Subdiaphramatic Abscess	General Surgery	8000
180	Drainage Pericardial Effusion	General Surgery	11000
181	Duodenal Diverticulum	General Surgery	15000
182	Duodenal Jejunostomy	General Surgery	15000
183	Duodenectomy	General Surgery	20000
184	Dupcrytren's (duputryen's contracture ?]	General Surgery	13000
185	Duplication of Intestine	General Surgery	17000
186	Epidedectomy	General Surgery	8000
187	Epididymal Swelling - Excision	General Surgery	5500
188	Epidymal Cyst	General Surgery	3000
189	Evacuation of Scrotal Hematoma	General Surgery	5000
190	Excision Benign Tumor - Small intestine	General Surgery	15000
191	Excision Bronchial Sinus	General Surgery	8000
192	Excision and drainage of liver Abscess	General Surgery	13000
193	Excision Filarial Scrotum	General Surgery	8750
194	Excision Mammary Fistula	General Surgery	5500
195	Excision Meckel's Diverticulum	General Surgery	15000
196	Excision Pilonidal Sinus	General Surgery	8250
197	Excision Small Intestinal Fistulla	General Surgery	12000
198	Excision of Large Growth from Tongue	General Surgery	5000
199	Excision of Small Growth from Tongue	General Surgery	1500
200	Excision of Swelling in Right Cervial Region	General Surgery	4000
201	Excision of Large Swelling in Hand	General Surgery	2500
202	Excision of Small Swelling in Hand	General Surgery	1500
203	Excision of Neurofibroma	General Surgery	7000

204	Exicision of Siniuds and Curetage	General Surgery	7000
205	Facial Decompression	General Surgery	15000
206	Fibro Lipoma of Right Sided Spermatic with Lord Excision	General Surgery	2500
207	Fibroadenoma - Bilateral	General Surgery	7500
208	Fibrodenoma - Unilateral	General Surgery	6500
209	Fibroma - Excision	General Surgery	7000
210	Fistula Repair	General Surgery	5000
211	Foreign Body Removal in Deep Region	General Surgery	3000
212	Fulguration	General Surgery	5000
213	Fundoplication	General Surgery	15750
214	G J Vagotomy	General Surgery	15000
215	Vagotomy	General Surgery	12000
216	Ganglion - large - Excision	General Surgery	3000
217	Ganglion (Dorsum of Both Wrist) - Excision	General Surgery	4000
218	Ganglion - Small - Excision	General Surgery	1000
219	Gastro jejunal ulcer	General Surgery	10000
220	Gastro jejuno Colic Fistula	General Surgery	12500
221	Gastrojejunostomy	General Surgery	15000
222	Gastrotomy	General Surgery	15000
223	Graham's Operation	General Surgery	12500
224	Granuloma - Excision	General Surgery	4000
225	Growth - Excision	General Surgery	1800
226	Haemangioma - Excision	General Surgery	7000
227	Haemorrage of Small Intestine	General Surgery	15000
228	Hemi Glossectomy	General Surgery	10000
229	Hemithyroplasty	General Surgery	12000
230	Hepatic Resection (lobectomy)	General Surgery	15000
231	Nodular Cyst	General Surgery	3000
232	Ilieo Sigmoidostomy	General Surgery	13000
233	Infected Bunion Foot - Excision	General Surgery	4000
234	Inguinal Node (bulk dissection) axial	General Surgery	10000
235	Instestinal perforation	General Surgery	9000
236	Intestinal Obstruction	General Surgery	9000

237	Intussusception	General Surgery	12500
238	Jejunostomy	General Surgery	10000
239	Closure of Perforation	General Surgery	9000
240	Cysto Reductive Surgery	General Surgery	7000
241	Gastric Perforation	General Surgery	12500
242	Intestinal Perforation (Resection Anastomosis)	General Surgery	11250
243	Burst Abdomen Obstruction	General Surgery	11000
244	Closure of Hollow Viscus Perforation	General Surgery	13500
245	Laryngectomy & Pharyngeal Diverticulum (Throat)	General Surgery	10000
246	Anorectoplasty	General Surgery	14000
247	Laryngectomy with Block Dissection (Throat)	General Surgery	12000
248	Laryngo Fissure (Throat)	General Surgery	12500
249	Laryngopharyngectomy (Throat)	General Surgery	12000
250	Ileostomy	General Surgery	17500
251	Lipoma	General Surgery	2000
252	Loop Colostomy Sigmoid	General Surgery	12000
253	Lords Procedure (haemorrhoids)	General Surgery	5000
254	Lumpectomy - Excision	General Surgery	7000
255	Mastectomy	General Surgery	9000
256	Mesenteric Cyst - Excision	General Surgery	9000
257	Mesenteric Caval Anastomosis	General Surgery	10000
258	Microlaryngoscopic Surgery	General Surgery	12500
259	Oeshophagoscopy for foreign body removal	General Surgery	6000
260	Oesophagectomy	General Surgery	14000
261	Oesophagus Portal Hypertension	General Surgery	18000
262	Pelvic Abscess - Open Drainage	General Surgery	8000
263	Orchidectomy	General Surgery	5500
264	Orchidectomy + Herniorraphy	General Surgery	7000
265	Orchidopexy	General Surgery	6000
266	Orchidopexy with Circumsion	General Surgery	9750

267	Orchidopexy With Eversion of Sac	General Surgery	8750
268	Orchidopexy with Herniotomy	General Surgery	14875
269	Pancreatrico Deodeneotomy	General Surgery	13750
270	Papilloma Rectum - Excision	General Surgery	3500
271	Phytomatous Growth in the Scalp - Excision	General Surgery	3125
272	Porto Caval Anastomosis	General Surgery	12000
273	Pyeloroplasty	General Surgery	11000
274	Radical Mastectomy	General Surgery	12500
275	Radical Neck Dissection - Excision	General Surgery	18750
276	Hernia - Spigelian	General Surgery	12250
277	Rectal Dilation	General Surgery	4500
278	Prolapse of Rectal Mass - Excision	General Surgery	8000
279	Rectopexy	General Surgery	10000
280	Repair of Common Bile Duct	General Surgery	12500
281	Resection Anastomosis (Large Intestine)	General Surgery	15000
282	Resection Anastomosis (Small Intestine)	General Surgery	15000
283	Retroperitoneal Tumor - Excision	General Surgery	15750
284	Salivary Gland - Excision	General Surgery	7000
285	Sebaceous Cyst - Excision	General Surgery	1200
286	Segmental Resection of Breast	General Surgery	10000
287	Scrotal Swelling (Multiple) - Excision	General Surgery	5500
288	Sigmoid Diverticulum	General Surgery	15000
289	Simple closure - Peptic perforation	General Surgery	11000
290	Sinus - Excision	General Surgery	5000
291	Soft Tissue Tumor - Excision	General Surgery	4000
292	Spindle Cell Tumor - Excision	General Surgery	7000
293	Splenectomy	General Surgery	23000
294	Submandibular Lymphs - Excision	General Surgery	4500
295	Submandibular Mass Excision + Reconstruction	General Surgery	15000

296	Superficial Parodectomy	General Surgery	10000
297	Swelling in Rt and Lt Foot - Excision	General Surgery	2400
298	Swelling Over Scapular Region	General Surgery	4000
299	Terminal Colostomy	General Surgery	12000
300	Thyroplasty	General Surgery	11000
301	Coloectomy - Total	General Surgery	15000
302	Cystectomy - Total	General Surgery	10000
303	Pharyngectomy & Reconstruction - Total	General Surgery	13000
304	Tracheal Stenosis (End to end Anastamosis) (Throat)	General Surgery	15000
305	Tracheoplasty (Throat)	General Surgery	15000
306	Tranverse Colostomy	General Surgery	12500
307	Umbilical Sinus - Excision	General Surgery	5000
308	Vagotomy & Drainage	General Surgery	15000
309	Vagotomy & Pyloroplasty	General Surgery	15000
310	Varicose Veins - Excision and Ligation	General Surgery	7000
311	Vasco Vasostomy	General Surgery	11000
312	Volvlous of Large Bowel	General Surgery	15000
313	Warren's Shunt	General Surgery	15000
314	Abbe Operation	General Surgery	7500
315	Aneurysm not Requiring Bypass Techniques	General Surgery	28000
316	Aneurysm Resection & Grafting	General Surgery	29000
317	Aorta-Femoral Bypass	General Surgery	25000
318	Arterial Embolectomy	General Surgery	20000
319	Aspiration of Empymema	General Surgery	1500
320	Benign Tumour of intestine Excisions	General Surgery	8500
321	Carotid artery aneurism	General Surgery	28000
322	Carotid Body Excision	General Surgery	14500
323	Congential Arteriovenus Fistula	General Surgery	21000
324	Decortication (Pleurectomy)	General Surgery	16500
325	Dissecting Aneurysms	General Surgery	28000
326	Distal Abdominal Aorta	General Surgery	22500
327	Dressing under GA	General Surgery	1500
328	Estlander Operation	General Surgery	6500

329	Excision and Skin Graft of Venous Ulcer	General Surgery	10500
330	Excision of Corns	General Surgery	250
331	Excision of Moles	General Surgery	300
332	Excision of Molluscumcontagiosum	General Surgery	350
333	Excision of Parathyroid Adenoma/Carcinoma	General Surgery	13500
334	Excision of Sebaceous Cysts	General Surgery	1200
335	Excision of Superficial Liipoma	General Surgery	1500
336	Excision of Superficial Neurofibroma	General Surgery	300
337	Excision of Thyroglossal Cyst/Fistula	General Surgery	7000
338	Femoropopliteal by pass procedure	General Surgery	23500
339	Flap Reconstructive Surgery	General Surgery	22500
340	Free Grafts - Large Area 10%	General Surgery	5000
341	Free Grafts - Theirech-Small Area 5%	General Surgery	4000
342	Free Grafts - Very Large Area 20%	General Surgery	7500
343	Free Grafts - Wolfe Grafts	General Surgery	8000
344	Haemorrhoid - injection	General Surgery	500
345	Hemithyroidectomy	General Surgery	8000
346	Intrathoracic Aneurysm - Aneurysm not Requiring Bypass Techniques	General Surgery	16440
347	Intrathoracic Aneurysm - Requiring Bypass Techniques	General Surgery	17460
348	Isthmectomy	General Surgery	7000
349	Laaproscopic Hernia Repair	General Surgery	13000
350	Lap. Assisted left Hemicolectomy	General Surgery	17000
351	Lap. Assisted Right Hemicolectomy	General Surgery	17000
352	Lap. Assisted small bowel resection	General Surgery	14000
353	Lap. Assisted Total Colectomy	General Surgery	19500

354	Lap. For intestinal obstruction	General Surgery	14000
355	Lap. Hepatic resection	General Surgery	17300
356	Lap. Hydatid of liver surgery	General Surgery	15200
357	Laproscopic Adhesiolysis	General Surgery	11000
358	Laproscopic Adrenalectomy	General Surgery	12000
359	Laproscopic Appenjdicectomy	General Surgery	9500
360	Laproscopic Cholecystectomy	General Surgery	12000
361	Laproscopic Coliatomus	General Surgery	17000
362	Laproscopic cystogastrostomy	General Surgery	15000
363	Laproscopic donor Nephroctomy	General Surgery	15000
364	Laproscopic Gastrostomy	General Surgery	10500
365	Laproscopic Hiatus Hernia Repair	General Surgery	17000
366	Laproscopic Pyelolithotomy	General Surgery	15000
367	Laproscopic Pyloromyotomy	General Surgery	12500
368	Laproscopic Rectopexy	General Surgery	15000
369	Laproscopic Spleenectomy	General Surgery	12000
370	Laproscopic Thyroidectomy	General Surgery	12000
371	Laproscopic umbilical hernia repair	General Surgery	14000
372	Laproscopic ureterolithotomy	General Surgery	14000
373	Laproscopic ventral hernia repair	General Surgery	14000
374	Laprotomy-peritonitis lavage and drainage	General Surgery	7000
375	Ligation of Ankle Perforators	General Surgery	10500
376	Lymphatics Excision of Subcutaneous Tissues In Lymphoedema	General Surgery	8000
377	Repai of Main Arteries of the Limbs	General Surgery	28000
378	Mediastinal Tumour	General Surgery	23000
379	Oesophagectomy for	General Surgery	20000

	Carcinoma Easophagus		
380	Operation for Bleeding Peptic Ulcer	General Surgery	14000
381	Operation for Carcinoma Lip - Vermilionectomy	General Surgery	7200
382	Operation for Carcinoma Lip - Wedge Excision and Vermilonectomy	General Surgery	8250
383	Operation for Carcinoma Lip - Wedge-Excision	General Surgery	7750
384	Caecostomy	General Surgery	6500
385	Closure of Colostomy	General Surgery	12500
386	Coccygeal Teratoma Excision	General Surgery	15,300
387	Colostomy - Loop Colostomy Transverse Sigmoid	General Surgery	11,900
388	Congenital Atresia & Stenosis of Small Intestine	General Surgery	15,500
389	Cystojejunostomy/or Cystogastrostomy	General Surgery	17500
390	Direct Operation on Oesophagus for Portal Hypertension	General Surgery	19,890
391	Drainage of perinephric abscess	General Surgery	8500
392	drainage of perivertibral abscess	General Surgery	7000
393	Excision and removal of superficial cysts	General Surgery	750
394	Excision I/D Injection keloid or Acne (per site)	General Surgery	250
395	Foreign Body Removal in Superficial	General Surgery	850
396	Gastojejunostomy and vagotomy	General Surgery	15500
397	Incision and Drainage of small abscess	General Surgery	750
398	Intercostal drainage	General Surgery	1500
399	operation for caricinoma lip- cheek advancement	General Surgery	9250
400	thymectomy	General Surgery	23000
401	Operation for Gastrojejunal Ulcer	General Surgery	13000
402	Operation of Choledochal Cyst	General Surgery	12500
403	Operations for Acquired Arteriovenous Fistula	General Surgery	19500

404	Operations for Replacement of Oesophagus by Colon	General Surgery	21000
405	Operations for Stenosis of Renal Arteries	General Surgery	24000
406	Parapharyngeal Tumour Excision	General Surgery	11000
407	Partial Pericardectomy	General Surgery	14500
408	Partial Thyroidectomy	General Surgery	8000
409	Partial/Subtotal Gastrectomy for Carcinoma	General Surgery	15500
410	Partial/Subtotal Gastrectomy for Ulcer	General Surgery	15500
411	Patch Graft Angioplasty	General Surgery	17000
412	Pericardiostomy	General Surgery	25000
413	Peritoneal dialysis	General Surgery	1500
414	Phimosis Under LA	General Surgery	1000
415	Pneumonectomy	General Surgery	20000
416	Portocaval Anastomosis	General Surgery	22000
417	Removal of Foreign Body from Trachea or Oesophagus	General Surgery	2500
418	Removal Tumours of Chest Wall	General Surgery	12500
419	Renal Artery aneurysm and disection	General Surgery	28000
420	Procedures Requiring Bypass Techniques	General Surgery	28000
421	Resection Enucleation of Adenoma	General Surgery	7500
422	Rib Resection & Drainage	General Surgery	7500
423	Skin Flaps - Rotation Flaps	General Surgery	5000
424	Soft Tissue Sarcoma	General Surgery	12500
425	Splenectomy - For Hypersplenism	General Surgery	18000
426	Splenectomy - For Trauma	General Surgery	18000
427	Splenorenal Anastomosis	General Surgery	20000
428	Superficial Veriscosity	General Surgery	2500
429	Surgery for Arterial Aneursysm Carotid	General Surgery	15000
430	Surgery for Arterial Aneursysm Renal Artery	General Surgery	15000
431	Surgery for Arterial	General Surgery	15000

	Aneursysm Spleen Artery		
432	Surgery for Arterial Aneursysm -Vertebral	General Surgery	20520
433	Suturing of wounds with local anesthesia	General Surgery	200
434	Suturing without local anesthesia	General Surgery	100
435	Sympathetectomy - Cervical	General Surgery	2500
436	Sympathetectomy - Lumbar	General Surgery	11500
437	Temporal Bone resection	General Surgery	11500
438	Temporary Pacemaker	General Surgery	10000
439	Thorachostomy	General Surgery	7500
440	Thoracocentesis	General Surgery	1200
441	Thoracoplasty	General Surgery	20500
442	Thoracoscopic Decortication	General Surgery	19500
443	Thoracoscopic Hydatid Cyst excision	General Surgery	16500
444	Thoracoscopic Lebectomy	General Surgery	19500
445	Thoracoscopic Pneumonectomy	General Surgery	22500
446	Thoracoscopic Segmental Resection	General Surgery	18500
447	Thoracoscopic Sympathectomy	General Surgery	16500
448	Thrombendarterectomy	General Surgery	23500
449	Thorax (penetrating wounds)	General Surgery	10000
450	Total Laryngectomy	General Surgery	17500
451	Total Thyroidectomy and Block Dissection	General Surgery	16500
452	Trendelenburg Operation	General Surgery	10500
453	Urtheral Dilatation	General Surgery	500
454	Vagotomy Pyleroplasty / Gastro Jejunostomy	General Surgery	11000
455	Varicose veins - injection	General Surgery	500
456	Vasectomy	General Surgery	1500
457	Subtotal Thyroidectomy (Toxic Goitre)	General Surgery	12000
458	Debridement of Ulcer-Leprosy	General Surgery	9000
459	Tissue Reconstruction Flap Leprosy	General Surgery	22000
460	Tendon Transfer-Leprosy	General Surgery	22000

461	Excision of Veneral Warts	General Surgery	250
462	Excision of Warts	General Surgery	350
463	Chemical Cautery Wart excision (per sitting)	General Surgery	100
464	cleft lip	General Surgery	2500
465	cleft lip and palate	General Surgery	10000
466	Hydrocele - Excision - Unilateral + Hernioplasty	Obstertics and Gynaecology	8250
467	Skin Grafting + Fasciotomy	General Surgery	13650
468	Rectal Dilation + Rectal Polyp	General Surgery	5750
469	Removal of foreign body (from skin/muscle)	General Surgery	450
470	Aspiration of cold Abscess of Lymphnode	General Surgery	2,040
471	Aspiration of Empyema	General Surgery	1,700
472	Injury of Superficial Soft Tissues - Debridement of wounds	General Surgery	850
473	Injury of Superficial Soft Tissues - Delayed primary suture	General Surgery	1250
474	Injury of Superficial Soft Tissues - Secondary suture of wounds	General Surgery	850
475	Abdomonal open for stress incision	Obstertics and Gynaecology	13000
476	Bartholin abscess I & D	Obstertics and Gynaecology	2200
477	Bartholin cyst removal	Obstertics and Gynaecology	2200
478	Cervical Polypectomy	Obstertics and Gynaecology	3500
479	Cyst - Labial	Obstertics and Gynaecology	2000
480	Cyst -Vaginal Enucleation	Obstertics and Gynaecology	2100
481	Ovarian Cystectomy	Obstertics and Gynaecology	8000
482	Cystocele - Anterior repair	Obstertics and Gynaecology	11500
483	Electro Cauterisation Cryo Surgery	Obstertics and Gynaecology	2750
484	Fractional Curretage	Obstertics and Gynaecology	2750
485	Gilliams Operation	Obstertics and Gynaecology	6900

486	Haemato Colpo/Excision - Vaginal Septum	Obstertics and Gynaecology	3450
487	Hymenectomy & Repair of Hymen	Obstertics and Gynaecology	5750
488	Perineal Tear Repair	Obstertics and Gynaecology	1875
489	Prolapse Uterus -L forts	Obstertics and Gynaecology	13000
490	Prolapse Uterus - Manchester	Obstertics and Gynaecology	13000
491	Retro Vaginal Fistula - Repair	Obstertics and Gynaecology	14000
492	Salpingoophrectomy	Obstertics and Gynaecology	8750
493	Tuboplasty	Obstertics and Gynaecology	9500
494	Vaginal Tear -Repair	Obstertics and Gynaecology	3500
495	Vulvectomy	Obstertics and Gynaecology	9200
496	Vulvectomy - Radical	Obstertics and Gynaecology	8600
497	Vulval Tumors - Removal	Obstertics and Gynaecology	5750
498	Normal Delivery	Obstertics and Gynaecology	3500
499	Casearean delivery	Obstertics and Gynaecology	6500
500	Destructive operation	Obstertics and Gynaecology	7500
501	Laprotomy for ectopic repture	Obstertics and Gynaecology	8500
502	Low Forceps+ Normal delivery	Obstertics and Gynaecology	5500
503	Low midcavity forceps + Normal delivery	Obstertics and Gynaecology	5500
504	Lower Segment Caesarean Section	Obstertics and Gynaecology	6900
505	Manual removel of Plecenta for outside delivery etc.	Obstertics and Gynaecology	2500
506	Nomal delivery with episiosty and P repair	Obstertics and Gynaecology	5100
507	Perforamtion of Uterus after D/E laprotomy and closure	Obstertics and Gynaecology	14000
508	Repair of post coital tear, perineal injury	Obstertics and	2750

		Gynaecology	
509	Rupture Uterus , closer and repoar with tubal ligation	Obstertics and Gynaecology	14000
510	Shirodhkar Mc. Donalds stich	Obstertics and Gynaecology	2800
511	Casearean delivery + Tubectomy	Obstertics and Gynaecology	7500
512	Pre-eclampsia + Caesearen Delivery	Obstertics and Gynaecology	10000
513	Pre-eclampsia + Normal Delivery	Obstertics and Gynaecology	7500
514	Normal Delivery + Tubectomy	Obstertics and Gynaecology	6500
515	Puerperal Sepsis	Obstertics and Gynaecology	5500
516	Bartholin abscess I & D + Cyst -Vaginal Enucleation	Obstertics and Gynaecology	3100
517	Adhenolysis + Cystocele - Anterior repair	Obstertics and Gynaecology	17500
518	Colopotomy	Obstertics and Gynaecology	900
519	Colpollaisis/Colporrhophy	Obstertics and Gynaecology	3000
520	Operation for stress incontinence	Obstertics and Gynaecology	9200
521	Radical vulvectomy	Obstertics and Gynaecology	9200
522	comprhensive mother package (three antenal checkup , diagnositics , treatment and Delivery - normal or caessorian)	Obstertics and Gynaecology	7500
523	Ablation of Endometriotic Spot +Adhenolysis	Obstertics and Gynaecology	6500
524	Bartholin abscess I & D + cervical polypectomy	Obstertics and Gynaecology	4500
525	Bartholin cyst removal + cervical polypectomy	Obstertics and Gynaecology	4500
526	Bartholin abscess I & D +Cyst -Vaginal Enucleation	Obstertics and Gynaecology	3750
527	Abdomonal open for stress incision+Cystocele - Anterior repair	Obstertics and Gynaecology	11250
528	Adhenolysis+ Cystocele - Anterior repair	Obstertics and Gynaecology	18500
529	Normal delivery +	Obstertics and	4500

	perineal tear repair	Gynaecology	
530	Electro Cauterisation Cryo Surgery +Fractional Curretage	Obstertics and Gynaecology	4250
531	Broad Ligment Haemotoma drainage	Obstertics and Gynaecology	7650
532	Brust abodomen repair	Obstertics and Gynaecology	11500
533	Colpotomy-drainage P/V needling EUA	Obstertics and Gynaecology	3500
534	Excision of urethral caruncle	Obstertics and Gynaecology	2750
535	Exploration of abdominal haematoma (after laparotomy + LUCS)	Obstertics and Gynaecology	10500
536	Exploration of perineal haematoma & Resuturing of episiotomy	Obstertics and Gynaecology	7225
537	Exploration of PPH-tear repair	Obstertics and Gynaecology	3400
538	Laparotomy for Ectopic rupture	Obstertics and Gynaecology	12750
539	Laparotomy-peritonitis lavage and drainage	Obstertics and Gynaecology	10200
540	Perforation of Uterus after D/E Laparotomy & Closure	Obstertics and Gynaecology	12750
541	Repair of post-coital tear, perineal injury	Obstertics and Gynaecology	2900
542	Rupture Uterus, closure & repair with tubal ligation	Obstertics and Gynaecology	15300
543	Suction evacuation vesicular mole, missed abortion D/E	Obstertics and Gynaecology	4250
544	comprhensive mother package (three antenal checkup , diagnositics , treatment and Delivery - normal or caessorian)	Obstertics and Gynaecology	7500
545	Cyst Aspiration	Endoscopic procedures	1750
546	Endometria to Endometria Anastomosis	Endoscopic procedures	7000
547	Fimbriolysis	Endoscopic procedures	5000
548	Hemicolectomy	Endoscopic procedures	17000
549	Intestinal resection	Endoscopic procedures	13500
550	Myomectomy	Endoscopic	10500

		procedures	
551	Oophrectomy	Endoscopic procedures	7000
552	Perotionities	Endoscopic procedures	9000
553	Salpingo Ophrectomy	Endoscopic procedures	9000
554	Salpingostomy	Endoscopic procedures	9000
555	Uterine septum	Endoscopic procedures	7500
556	Varicocele - Bilateral	Endoscopic procedures	15000
557	Varicocele - Unilateral	procedures	11000
558	Repair of Ureterocele	Endoscopic procedures	10000
559	Esophageal Sclerotheraphy for varies first sitting	Endoscopic procedures	1400
560	Esophageal Sclerotheraphy for varies subseqent sitting	Endoscopic procedures	1100
561	Upper GI endoscopy	Endoscopic procedures	900
562	Upper GI endoscopy with biopsy	Endoscopic procedures	1200
563	ERCP	Endoscopic procedures	8000
564	Ablation of Endometrium	Hysteroscopic procedures	5000
565	Hysteroscopic Tubal Cannulation	Hysteroscopic procedures	7500
566	Polypectomy	Hysteroscopic procedures	7000
567	Uterine Synechia - Cutting	Hysteroscopic procedures	7500
568	Anneurysm	Neurosurgery	28750
569	Anterior Encephalocele	Neurosurgery	28750
570	Burr hole	Neurosurgery	20625
571	Carotid Endartrectomy	Neurosurgery	20625
572	carotid body tumour - excision	Neurosurgery	21500
573	Carpal Tunnel Release	Neurosurgery	12100
574	Cervical Ribs – Bilateral	Neurosurgery	14300
575	Cervical Ribs - Unilateral	Neurosurgery	11000
576	Cranio Ventrical	Neurosurgery	15400
577	Cranioplasty	Neurosurgery	11000

578	Craniostenosis	Neurosurgery	22000
579	Cerebrospinal Fluid (CSF) Rhinorrohea	Neurosurgery	11000
580	Duroplasty	Neurosurgery	9900
581	Haematoma - Brain (head injuries)	Neurosurgery	24200
582	Haematoma - Brain (hypertensive)	Neurosurgery	24200
583	Haematoma (Child irritable subdural)	Neurosurgery	24200
584	Local Neurectomy	Neurosurgery	12100
585	Lumbar Disc	Neurosurgery	12000
586	Meningocele - Anterior	Neurosurgery	33000
587	Meningocele - Lumbar	Neurosurgery	24750
588	Meningococle – Ocipital	Neurosurgery	29000
589	Microdiscectomy - Cervical	Neurosurgery	16500
590	Microdiscectomy - Lumber	Neurosurgery	16500
591	Peripheral Nerve Surgery	Neurosurgery	13200
592	Posterior Fossa - Decompression	Neurosurgery	20625
593	Repair & Transposition Nerve	Neurosurgery	7150
594	Brachial Plexus - Repair	Neurosurgery	20625
595	Spina Bifida - Large - Repair	Neurosurgery	24200
596	Spina Bifida - Small - Repair	Neurosurgery	19800
597	Shunt	Neurosurgery	16000
598	Skull Traction	Neurosurgery	9000
599	Spine - Anterior Decompression	Neurosurgery	21000
600	Spine - Canal Stenosis	Neurosurgery	15400
601	Spine - Decompression & Fusion	Neurosurgery	18700
602	Spine - Disc Cervical/Lumber	Neurosurgery	16500
603	Spine - Extradural Tumour	Neurosurgery	15400
604	Spine - Intradural Tumour	Neurosurgery	15400
605	Spine - Intramedullar Tumour	Neurosurgery	16500
606	Subdural aspiration	Neurosurgery	8800
607	Temporal Rhizotomy	Neurosurgery	13200
608	Trans Sphenoidal	Neurosurgery	16500

609	Tumours - Supratentorial	Neurosurgery	25000
610	Tumours Meninges - Gocussa	Neurosurgery	25000
611	Tumours Meninges - Posterior	Neurosurgery	25000
612	Vagotomy - Selective	Neurosurgery	16500
613	Vagotomy with Gastrojejunostomy	Neurosurgery	16500
614	Vagotomy with Pyeloroplasty	Neurosurgery	16500
615	Vagotomy - Highly Selective	Neurosurgery	16500
616	Ventricular Puncture	Neurosurgery	9000
617	Brain Biopsy	Neurosurgery	13750
618	Cranial Nerve Anastomosis	Neurosurgery	11000
619	Depressed Fracture	Neurosurgery	18150
620	Nerve Biopsy excluding Hensens	Neurosurgery	4950
621	Peripheral Neurectomy (Tirgeminal)	Neurosurgery	11550
622	Peritoneal Shunt	Neurosurgery	11000
623	R.F. Lesion for Trigeminal Neuralgia -	Neurosurgery	5500
624	Subdural Tapping	Neurosurgery	2200
625	Twist Drill Craniostomy	Neurosurgery	11550
626	Abscess Drainage of Lid	Ophthalmology	550
627	Anterior Chamber Reconstruction	Ophthalmology	7700
628	Buckle Removal	Ophthalmology	10450
629	Canaliculo Dacryocysto Rhinostomy	Ophthalmology	7700
630	Capsulotomy	Ophthalmology	2200
631	Corneal Grafting	Ophthalmology	5000
632	Cryoretinopexy - Closed	Ophthalmology	4000
633	Cryoretinopexy - Open	Ophthalmology	5500
634	Cyclocryotherapy	Ophthalmology	6600
635	Cyst	Ophthalmology	3850
636	Endoscopic Optic Nerve Decompression	Ophthalmology	5500
637	Endoscopic Optic Orbital Decompression	Ophthalmology	8800
638	Enucleation	Ophthalmology	8800
639	Enuleation with Implant	Ophthalmology	2200
640	Exentration	Ophthalmology	7500
641	Ectropion Correction	Ophthalmology	3850

642	Glaucoma surgery (trabeculectomy)	Ophthalmology	3300
643	Intraocular Foreign Body Removal	Ophthalmology	7700
644	Keratoplasty	Ophthalmology	3300
645	Limbal Dermoid Removal	Ophthalmology	8250
646	Membranectomy	Ophthalmology	2750
647	Perforating corneo - Scleral Injury	Ophthalmology	6600
648	Ptosis	Ophthalmology	1100
649	Radial Keratotomy	Ophthalmology	4500
650	IRIS Prolapse - Repair	Ophthalmology	10,000
651	Retinal Detachment Surgery	Ophthalmology	3500
652	Small Tumour of Lid - Excision	Ophthalmology	11000
653	Socket Reconstruction	Ophthalmology	550
654	Trabeculectomy - Right	Ophthalmology	7500
655	Iridectomy	Ophthalmology	8500
656	Tumours of IRIS	Ophthalmology	1980
657	Vitrectomy	Ophthalmology	4400
658	Vitrectomy + Retinal Detachment	Ophthalmology	14000
659	Acid and alkali burns	Ophthalmology	550
660	Cauterisation of ulcer/subconjuctival injection - both eye	Ophthalmology	320
661	Cauterisation of ulcer/subconjuctival injection - One eye	Ophthalmology	210
662	Chalazion - both eye	Ophthalmology	660
663	Chalazion - one eye	Ophthalmology	500
664	Conjuntival Melanoma	Ophthalmology	1100
665	Decompression of Optic nerve	Ophthalmology	13500
666	EKG/EOG	Ophthalmology	1350
667	Entropion correction	Ophthalmology	3300
668	Epicantuhus correction	Ophthalmology	2200
669	Epiliation	Ophthalmology	250
670	ERG	Ophthalmology	825
671	Eviseration	Ophthalmology	2700
672	Laser for retinopath (per sitting)	Ophthalmology	1320
673	Laser inter ferometry	Ophthalmology	1650
674	Lid tear	Ophthalmology	4500
675	Orbitotomy	Ophthalmology	6600

676	Squint correction	Ophthalmology	12500
677	lasix laser	Ophthalmology	10000
678	terigium removal	Ophthalmology	750
679	Abscess Drainage of Lid +Cryoretinopexy - Closed	Ophthalmology	5250
680	Anterior Chamber Reconstruction +Perforating corneo - Scleral Injury	Ophthalmology	9200
681	Retrobulbar injections both eyes	Ophthalmology	450
682	Retrobulbar injections one eye	Ophthalmology	250
683	syringing of lacrimal sac for both eyes	Ophthalmology	350
684	Syringing of lacrimal sac for one eye	Ophthalmology	250
685	Accessory bone - Excision	Orthopedics	12,000
686	Ampuation - Upper Fore Arm	Orthopedics	16,000
687	Amputation - Index Fingure	Orthopedics	1,000
688	Amputation - Forearm	Orthopedics	18,000
689	Amputation - Wrist Axillary Node Dissection	Orthopedics	12,000
690	Amputation - 2nd and 3rd Toe	Orthopedics	2,000
691	Amputation - 2nd Toe	Orthopedics	1,000
692	Amputation - 3rd and 4th Toes	Orthopedics	2,000
693	Amputation - 4th and 5th Toes	Orthopedics	2,000
694	Amputation - Ankle	Orthopedics	12,000
695	Amputation - Arm	Orthopedics	18,000
696	Amputation - Digits	Orthopedics	5,000
697	Amputation - Fifth Toe	Orthopedics	1,700
698	Amputation - Foot	Orthopedics	18,000
699	Amputation - Forefoot	Orthopedics	15,000
700	Amputation - Great Toe	Orthopedics	2,500
701	Amputation - Wrist	Orthopedics	12,000
702	Amputation - Leg	Orthopedics	20,000
703	Amputation - Part of Toe and Fixation of K Wire	Orthopedics	12,000
704	Amputation - Thigh	Orthopedics	20,000
705	Anterior & Posterior Spine Fixation	Orthopedics	25,000

706	Arthoplasty – Excision	Orthopedics	8,000
707	Arthorotomy	Orthopedics	15,000
708	Arthrodesis Ankle Triple	Orthopedics	16000
709	Arthrotomy + Synevectomy	Orthopedics	15,000
710	Arthroplasty of Femur head - Excision	Orthopedics	18,000
711	Bimalleolar Fracture Fixation	Orthopedics	12,000
712	Bone Tumour and Reconstruction -Major - Excision	Orthopedics	13,000
713	Bone Tumour and Reconstruction - Minor - Excision	Orthopedics	10,000
714	Calcaneal Spur - Excision of Both	Orthopedics	9,000
715	Clavicle Surgery	Orthopedics	15,000
716	Close Fixation - Hand Bones	Orthopedics	7,000
717	Close Fixation - Foot Bones	Orthopedics	6,500
718	Close Reduction - Small Joints	Orthopedics	3,500
719	Closed Interlock Nailing + Bone Grafting	Orthopedics	12,000
720	Closed Interlocking Intermedullary	Orthopedics	12,000
721	Closed Interlocking Tibia + Orif of Fracture Fixation	Orthopedics	12,000
722	Closed Reduction and Internal Fixation	Orthopedics	12,000
723	Closed Reduction and Internal Fixation with K wire	Orthopedics	12,000
724	Closed Reduction and Percutaneous Screw Fixation	Orthopedics	12,000
725	Closed Reduction and Percuteneous Pinning	Orthopedics	12,000
726	Closed Reduction and Percutaneous Nailing	Orthopedics	12,000
727	Closed Reduction and Proceed to Posterior Stabilization	Orthopedics	16,000
728	Debridement & Closure - Major	Orthopedics	5,000
729	Debridement & Closure - Minor	Orthopedics	3,000

730	Decompression and Spinal Fixation	Orthopedics	20,000
731	Decompression and Stabilization with Steffiplate	Orthopedics	20,000
732	Decompression L5 S1 Fusion with Posterior Stabilization	Orthopedics	20,000
733	Decompression of Carpal Tunnel Syndrome	Orthopedics	4,500
734	Decompression Posteier D12+L1	Orthopedics	18,000
735	Dislocation - Elbow	Orthopedics	1,000
736	Dislocation - Shoulder	Orthopedics	1,000
737	Dislocation- Hip	Orthopedics	1,000
738	Dislocation - Knee	Orthopedics	1,000
739	Drainage of Abscess Cold	Orthopedics	1,250
740	Dupuytren Contracture	Orthopedics	12,000
741	Epiphyseal Stimulation	Orthopedics	10,000
742	Exostosis - Small bones - Excision	Orthopedics	5,500
743	Exostosis - Femur - Excision	Orthopedics	15,000
744	Exostosis - Humerus - Excision	Orthopedics	15,000
745	Exostosis - Radius - Excision	Orthopedics	12,000
746	Exostosis - Ulna - Excision	Orthopedics	12,000
747	Exostosis - Tibia- Excision	Orthopedics	12,000
748	Exostosis - Fibula - Excision	Orthopedics	12,000
749	Exostosis - Patella - Excision	Orthopedics	12,000
750	Exploration and Ulnar Repair	Orthopedics	9,500
751	External fixation - Long bone	Orthopedics	13,000
752	External fixation - Small bone	Orthopedics	11,500
753	External fixation - Pelvis	Orthopedics	15,000
754	Fasciotomy	Orthopedics	12,000
755	Fixater with Joint Arthrolysis	Orthopedics	18,000
756	Fracture - Acetabulam	Orthopedics	18,000
757	Fracture - Femoral neck -	Orthopedics	18,000

	MUA & Internal Fixation		
758	Fracture - Femoral Neck Open Reduction & Nailing	Orthopedics	15,000
759	Fracture - Fibula Internal Fixation	Orthopedics	15,000
760	Fracture - Hip Internal Fixation	Orthopedics	15,000
761	Fracture - Humerus Internal Fixation	Orthopedics	13,000
762	Fracture - Olecranon of Ulna	Orthopedics	9,500
763	Fracture - Radius Internal Fixation	Orthopedics	9,500
764	Fracture - TIBIA Internal Fixation	Orthopedics	10,500
765	Fracture - Ulna Internal Fixation	Orthopedics	9,500
766	Fractured Fragment Excision	Orthopedics	7500
767	Girdle Stone Arthroplasty	Orthopedics	15,000
768	Harrington Instrumentation	Orthopedics	15,000
769	Head Radius - Excision	Orthopedics	15,000
770	High Tibial Osteotomy	Orthopedics	15,000
771	Hip Region Surgery	Orthopedics	18,000
772	Hip Spica	Orthopedics	4,000
773	Internal Fixation Lateral Epicondyle	Orthopedics	9,000
774	Internal Fixation of other Small Bone	Orthopedics	7,000
775	Joint Reconstruction	Orthopedics	22,000
776	Leg Lengthening	Orthopedics	15,000
777	Llizarov Fixation	Orthopedics	15,000
778	Multiple Tendon Repair	Orthopedics	12,500
779	Nerve Repair Surgery	Orthopedics	14,000
780	Nerve Transplant/Release	Orthopedics	13,500
781	Neurolysis	Orthopedics	18,000
782	Open Reduction Internal Fixation (2 Small Bone)	Orthopedics	12,000
783	Open Reduction Internal Fixation (Large Bone)	Orthopedics	16,000
784	Open Reduction of CDH	Orthopedics	17,000
785	Open Reduction of Small Joint	Orthopedics	7,500
786	Open Reduction with	Orthopedics	10,000

	Phemister Grafting		
787	Osteotomy -Small Bone	Orthopedics	18,000
788	Osteotomy -Long Bone	Orthopedics	21,000
789	Patellectomy	Orthopedics	15,000
790	Pelvic Fracture - Fixation	Orthopedics	17,000
791	Pelvic Osteotomy	Orthopedics	22,000
792	Percutaneous - Fixation of Fracture	Orthopedics	10,000
793	Prepatellar Bursa and Repair of MCL of Knee	Orthopedics	15,500
794	Reconstruction of ACL/PCL	Orthopedics	19,000
795	Retrocalcaneal Bursa - Excision	Orthopedics	10,000
796	Sequestrectomy of Long Bones	Orthopedics	18,000
797	Shoulder Jacket (is it shoulder spica ?	Orthopedics	5,000
798	Sinus Over Sacrum Excision	Orthopedics	7,500
799	Skin Grafting	Orthopedics	7,500
800	Spinal Fusion	Orthopedics	22,000
801	Synovectomy	Orthopedics	18,000
802	Synovial Cyst - Excision	Orthopedics	7,500
803	Tendo Achilles Tenotomy	Orthopedics	5000
804	Tendon Grafting	Orthopedics	18,000
805	Tendon Nerve Surgery of Foot	Orthopedics	2,000
806	Tendon Release	Orthopedics	2,500
807	Tenolysis	Orthopedics	8,000
808	Tenotomy	Orthopedics	8,000
809	Tension Band Wiring Patella	Orthopedics	12,500
810	Trigger Thumb	Orthopedics	2,500
811	Wound Debridiment	Orthopedics	1,000
812	Application of Functional Cast Brace	Orthopedics	1,200
813	Application of P.O.P. casts for Upper & Lower Limbs	Orthopedics	850
814	Application of P.O.P. Spicas & Jackets	Orthopedics	2,450
815	Application of Skeletal Tractions	Orthopedics	1,500
816	Application of Skin	Orthopedics	800

	Traction		
817	Arthroplasty (joints) - Excision	Orthopedics	13,000
818	Aspiration & Intra Articular Injections	Orthopedics	1,000
819	Bandage & Stapping for Fractures	Orthopedics	600
820	Close Reduction of Fractures of Limb & P.O.P.	Orthopedics	2,000
821	Internal Wire Fixation of Mandible & Maxilla	Orthopedics	9,500
822	Reduction of Compound Fractures	Orthopedics	4,000
823	Reduction of Facial Fractures of Maxilla	Orthopedics	8,500
824	Reduction of Fractures of Mandible & Maxilla - Cast Netal Splints	Orthopedics	5,500
825	Reduction of Fractures of Mandible & Maxilla - Eye Let Splinting	Orthopedics	5,500
826	Reduction of Fractures of Mandible & Maxilla - Gumming Splints	Orthopedics	5,500
827	Accessory bone - Excision + Acromion reconstruction	Orthopedics	22,400
828	Clavicle Surgery + Closed reduction and internal fixation with K wire	Orthopedics	19,000
829	Fracture - Radius Internal Fixation + Fracture - Ulna Internal Fixation	Orthopedics	16,500
830	Head radius - Excision + Fracture - Ulna Internal Fixation	Orthopedics	18,000
831	Clavicle Surgery + Closed Interlocking Intermedullary	Orthopedics	18900
832	Close Fixation - Hand Bones +Closed Reduction and Internal Fixation	Orthopedics	13,300
833	Close Fixation - Hand Bones +Closed Reduction and Internal Fixation with K wires	Orthopedics	18,900
834	Closed Interlocking Intermedullary+Closed reduction and internal fixation with K wire	Orthopedics	16,800
835	External fixation - Long bone +Fracture - Fibula Internal Fixation	Orthopedics	19,600

836	Accessory bone - Excision+Fracture - Humerus Internal Fixation	Orthopedics	19,600
837	Acromion reconstruction +Fracture - Humerus Internal Fixation	Orthopedics	23,100
838	Fracture - Humerus Internal Fixation+Fracture - Olecranon of Ulna	Orthopedics	15,750
839	Fracture - Fibula Internal Fixation+Fracture - TIBIA Internal Fixation	Orthopedics	17,850
840	Fracture - Radius Internal Fixation+Fracture - Ulna Internal Fixation	Orthopedics	13,300
841	Head radius - Excision+Fracture - Ulna Internal Fixation	Orthopedics	17,150
842	Amputation - Arm+ Amputation - Digits	Orthopedics	19,500
843	Fistulectomy+Sequestrectomy	Orthopedics	14,500
844	Skin Grafting + Sequestrectomy of Long Bones	Orthopedics	18,500
845	Acromion reconstruction +Percutaneous - Fixation of Fracture	Orthopedics	21,000
846	Amputation - Forearm +Open Reduction Internal Fixation (Large Bone)	Orthopedics	18,200
847	Arthorotomy + Open Reduction Internal Fixation (Large Bone)	Orthopedics	19,500
848	Closed reduction and internal fixation with K wire+Open Reduction Internal Fixation (Large Bone)	Orthopedics	19,600
849	Acromion reconstruction +Open Reduction with Phemister Grafting	Orthopedics	21000
850	Open Reduction Internal Fixation (Large Bone) +Open Reduction with Phemister Grafting	Orthopedics	18,500
851	Open Reduction Internal Fixation (Large Bone) +Osteotomy -long bone	Orthopedics	14,500
852	Open Reduction Internal	Orthopedics	24,500

	Fixation (Large Bone) + Hip Region Surgery		
853	Accessory bone - Excision+Exostosis - Femur - Excision	Orthopedics	18,900
854	Debridement & closure - Major+ skin grafting	Orthopedics	10,150
855	Tendon Grafting + skin grafting	Orthopedics	18,500
856	Debridement & closure - Major+Open Reduction Internal Fixation (Large Bone)	Orthopedics	15,500
857	Closed Interlocking Intermedullary+Debridem ent & closure - Major	Orthopedics	11,900
858	Above elbow post-slab for Soft Tissue injury	Orthopedics	550
859	Below knee post-slab for Soft tissue injury	Orthopedics	750
860	Colles fracture Ant. or post, slab	Orthopedics	750
861	Colles fracture Below elbow	Orthopedics	950
862	Colles fracture Full plaster	Orthopedics	1,500
863	Double hip spiky	Orthopedics	1,700
864	Fingers (post, slab)	Orthopedics	250
865	Fingers full plaster	Orthopedics	300
866	Minerva Jacket	Orthopedics	1,500
867	Plaster Jacket	Orthopedics	1,500
868	Shoulder spika	Orthopedics	1,500
869	Single hip spika	Orthopedics	1,500
870	Strapping Ankle	Orthopedics	300
871	Strapping Ball bandage	Orthopedics	450
872	Strapping Chest	Orthopedics	450
873	Strapping Colar and cuff sling	Orthopedics	300
874	Strapping Elbow	Orthopedics	300
875	Strapping Figure of 8 bandage	Orthopedics	450
876	Strapping Finger	Orthopedics	200
877	Strapping Knee	Orthopedics	350
878	Strapping Nasal bone fracture	Orthopedics	400
879	Strapping Shoulder	Orthopedics	250
880	Strapping Toes	Orthopedics	150
881	Strapping Wrist	Orthopedics	300

882	Tube Plaster (or plaster cylinder)	Orthopedics	1050
883	Correction of club foot $	Orthopedics	10000
884	Abdomino Perioneal (Exomphalos)	Paediatrics	13,000
885	Anal Dilatation	Paediatrics	5000
886	Anal Transposition for Ectopic Anus	Paediatrics	17000
887	Chordee Correction	Paediatrics	10000
888	Closure Colostomy	Paediatrics	12500
889	Colectomy	Paediatrics	12000
890	Colon Transplant	Paediatrics	18000
891	Cystolithotomy	Paediatrics	7500
892	Esophageal Atresia (Fistula)	Paediatrics	18000
893	Gastrostomy	Paediatrics	15000
894	Hernia - Diaphragmatic	Paediatrics	10000
895	Meckel's Diverticulectomy	Paediatrics	12250
896	Meniscectomy	Paediatrics	6000
897	Orchidopexy - Bilateral	Paediatrics	7500
898	Orchidopexy - Unilateral)	Paediatrics	5000
899	Pyeloplasty	Paediatrics	15000
900	Pyloric Stenosis (Ramsted OP)	Paediatrics	10000
901	Rectal Polyp	Paediatrics	3750
902	Resection & Anastamosis of Intestine	Paediatrics	17000
903	Supra Pubic Drainage - Open	Paediatrics	4000
904	Torsion Testis	Paediatrics	10000
905	Tracheo Esophageal Fistula	Paediatrics	18750
906	Ureterotomy	Paediatrics	10000
907	Urethroplasty	Paediatrics	15000
908	Vesicostomy	Paediatrics	12000
909	neonatal jaundice #	Paediatrics	9500
910	Basic Package for Neo Natal Care (Package for Babies admitted for short term care for conditions like: Transient tachypnoea of newborn, Mild birth asphyxia, Jaundice requiring phototherapy, Hemorrhagic disease of newborn, Large for date	Paediatrics	3,000
911	Specialised Package for Neo Natal Care (Package for Babies admitted with mild-	Paediatrics	5,500

	moderate respiratory distress, Infections/sepsis with no major complications, Prolonged/persistent jaundice, Assisted feeding for low birth weight babies (<1800 gms), Neonatal seizures)#		
912	Advanced Package for Neo Natal Care (Low birth weight babies <1500 gm and all babies admitted with complications like Meningitis, Severe respiratory distress, Shock, Coma, Convulsions or Encephalopathy, Jaundice requiring exchange transfusion, NEC)#	Paediatrics	12,000
913	Adenoma Parathyroid - Excision	Endocrine	28000
914	Adrenal Gland Tumour - Excision	Endocrine	35000
915	Axillary lymphnode - Excision	Endocrine	21000
916	Parotid Tumour - Excision	Endocrine	9000
917	Pancreatectomy	Endocrine	55000
918	spleenectomy	Endocrine	13000
919	Thyroid Adenoma Resection Enucleation	Endocrine	22000
920	Total Thyroidectomy + Reconstruction	Endocrine	15000
921	Trendal Burge Ligation and Stripping	Endocrine	9000
922	Post Fossa	Endocrine	12000
923	Excision of Lingual Thyroid	Endocrine	18500
924	Bladder Calculi- Removal	Urology	7000
925	Bladder Tumour (Fulgration)	Urology	2000
926	Correction of Extrophy of Bladder	Urology	1500
927	Cystilithotomy	Urology	6000
928	Cysto Gastrostomy	Cysto Gastrostomy	10000
929	Cysto Jejunostomy	Urology	10000
930	Dormia Extraction of Calculus	Urology	5000
931	Drainage of Perinepheric Abscess	Urology	7500
932	Cystolithopexy	Urology	7500
933	Excision of Urethral Carbuncle	Urology	5000

934	Exploration of Epididymus (Unsuccesful Vasco vasectomy)	Urology	7500
935	Urachal Cyst	Urology	4000
936	Hydrospadius	Urology	10800
937	Internal Urethrotomy	Urology	7000
938	Litholapexy	Urology	7500
939	Lithotripsy	Urology	11000
940	Meatoplasty	Urology	2500
941	Meatotomy	Urology	1500
942	Neoblastoma	Urology	10000
943	Nephrectomy	Urology	10000
944	Nephrectomy (Renal tumour)	Urology	10000
945	Nephro Uretrectomy	Urology	10000
946	Nephrolithotomy	Urology	15000
947	Nephropexy	Urology	9000
948	Nephrostomy	Urology	10500
949	Nephrourethrotomy (is it Nephrourethrectomy ?)	Urology	11000
950	Open Resection of Bladder Neck	Urology	7500
951	Operation for Cyst of Kidney	Urology	9625
952	Operation for Double Ureter	Urology	15750
953	Fturp	Urology	12250
954	Operation for Injury of Bladder	Urology	12250
955	Partial Cystectomy	Urology	16500
956	Partial Nephrectomy	Urology	10000
957	PCNL (Percutaneous nephro lithotomy) - Biilateral	Urology	18000
958	PCNL (Percutaneous nephro lithotomy) - Unilateral	Urology	14000
959	Post Urethral Valve	Urology	9000
960	Pyelolithotomy	Urology	13500
961	Pyeloplasty & Similar Procedures	Urology	12500
962	Radical Nephrectomy	Urology	13000
963	Reduction of Paraphimosis	Urology	1500
964	Reimplanation of Urethra	Urology	17000
965	Reimplantation of Bladder	Urology	17000
966	Reimplantation of Ureter	Urology	17000

967	Repair of Uretero Vaginal Fistula	Urology	12000
968	Retroperitoneal Fibrosis - Renal	Urology	26250
969	Retropubic Prostatectomy	Urology	15000
970	Spleno Renal Anastomosis	Urology	13000
971	Stricture Urethra	Urology	7500
972	Suprapubic Cystostomy - Open	Urology	3500
973	Suprapubic Drainage - Closed	Urology	3500
974	Trans Vesical Prostatectomy	Urology	15750
975	Transurethral Fulguration	Urology	4000
976	TURBT (Transurethral Resection of the Bladder Tumor)	Urology	15000
977	Uretero Colic Anastomosis	Urology	8000
978	Ureterolithotomy	Urology	10000
979	Ureteroscopic Calculi - Bilateral	Urology	18000
980	Ureteroscopic Calculi - Unilateral	Urology	12000
981	Ureteroscopy Urethroplasty	Urology	17000
982	Ureteroscopy PCNL	Urology	17000
983	Ureteroscopic stone Removal And DJ Stenting	Urology	9000
984	Urethral Dilatation	Urology	2250
985	Urethral Injury	Urology	10000
986	Urethral Reconstuction	Urology	10000
987	Ureteric Catheterization - Cystoscopy	Urology	3000
988	Uretrostomy (Cutanie)	Urology	10000
989	URS + Stone Removal	Urology	9000
990	URS Extraction of Stone Ureter - Bilateral	Urology	15000
991	URS Extraction of Stone Ureter - Unilateral	Urology	10500
992	URS with DJ Stenting With ESWL	Urology	15000
993	URS with Endolitholopexy	Urology	9000
994	URS with Lithotripsy	Urology	9000
995	URS with Lithotripsy with DJ Stenting	Urology	10000
996	URS+Cysto+Lithotomy	Urology	9000

997	V V F Repair	Urology	15000
998	Hypospadias Repair and Orchiopexy	Urology	16250
999	Vesico uretero Reflux - Bilateral	Urology	13000
1000	Vesico Uretero Reflux - Unilateral	Urology	8750
1001	Vesicolithotomy	Urology	7000
1002	VIU (Visual Internal Urethrotomy)	Urology	7500
1003	VIU + Cystolithopexy	Urology	12000
1004	VIU and Meatoplasty	Urology	9000
1005	VIU for Stricture Urethra	Urology	7500
1006	VIU with Cystoscopy	Urology	7500
1007	Y V Plasty of Bladder Neck	Urology	9500
1008	Operation for ectopic ureter	Urology	9000
1009	TURP + Cystolithotripsy	Urology	12000
1010	TURP with removal of the verical calculi	Urology	12000
1011	TURP with vesicolithotomy	Urology	12000
1012	Ureteroscopic removal of lower ureteric	Urology	9000
1013	Ureteroscopic removal of ureteric calculi	Urology	7500
1014	Varicocele	Urology	3500
1015	VIU + TURP	Urology	12000
1016	Ureteric Catheterization - Cystoscopy+PCNL (Percutaneous nephro lithotomy) - Unilateral	Urology	12500
1017	Ureteric Catheterization - Cystoscopy+Pyelolithoto my	Urology	10500
1018	Bladder Calculi-Removal+Trans vesical prostatectomy	Urology	14500
1019	Stricture Urethra+TURP (Trans-Urethral Resection of Bladder)Prostate	Urology	15550
1020	Ureteroscopic Calculi - Unilateral+TURP (Trans- Urethral Resection of Bladder)Prostate	Urology	18550
1021	Bladder Calculi-Removal+Stricture Urethra	Urology	10150
1022	Ureteroscopic Calculi - Unilateral+Ureteric Catheterization - Cystoscopy	Urology	11250

1023	Ureteric Catheterization - Cystoscopy+Nephrolithot omy	Urology	10550
1024	Dilatation of urethera	Urology	750
1025	AV Shunt for dialysis	Urology	7500
1026	Adenoma Excision	Onclology	12000
1027	Adrenalectomy - Bilateral	Onclology	22800
1028	Adrenalectomy - Unilateral	Onclology	15000
1029	Carcinoma lip - Wedge excision	Onclology	8400
1030	Chemotherapy - Per sitting	Onclology	1200
1031	Excision Cartoid Body tumour	Onclology	15600
1032	Malignant ovarian	Onclology	18000
1033	Operation for Neoblastoma	Onclology	12000
1034	Partial Subtotal Gastrectomy & Ulcer	Onclology	18000
1035	Radiotherapy - Per sitting	Onclology	1800
1036	Upto 30% burns first dressing	Other commonly used procedures	300
1037	Upto 30% burns subsequent dressing	Other commonly used procedures	200
1038	Dog Bite subject to completion of 5 injections plus dressing	Other commonly used procedures	2500
1039	Snake bite (poisionous)	Other commonly used procedures	10500
1040	Whole Blood per unit	Other commonly used procedures	1200
1041	Platelets per unit	Other commonly used procedures	750
1042	Plasma per unit	Other commonly used procedures	750
1043	Packed cells per unit	Other commonly used procedures	1500
1044	General Ward :Unspecified Description of ailment to be written.	Medical procedures	750

1045	ICU-designated air conditioned space, with Standard ICU bed, equipment for the constant monitoring for vitals, emergency crash cart/tray, defibrillator, ventilators, suction pumps, bedside oxygen facility.	Medical procedures	1500

Annexure A : Compliance with the Code of Integrity and No Conflict of Interest

Any person participating in a procurement process shall -

(a) not offer any bribe, reward or gift or any material benefit either directly or indirectly in exchange for an unfair advantage in procurement process or to otherwise influence the procurement process;

(b) not misrepresent or omit that misleads or attempts to mislead so as to obtain a financial or other benefit or avoid an obligation;

(c) not indulge in any collusion, Bid rigging or anti-competitive behavior to impair the transparency, fairness and progress of the procurement process;

(d) not misuse any information shared between the procuring Entity and the Bidders with an intent to gain unfair advantage in the procurement process;

(e) not indulge in any coercion including impairing or harming or threatening to do the same, directly or indirectly, to any party or to its property to influence the procurement process;

(f) not obstruct any investigation or audit of a procurement process;

(g) disclose conflict of interest, if any; and

(h) disclose any previous transgressions with any Entity in India or any other country during the last three years or any debarment by any other procuring entity.

Conflict of Interest:-

The Bidder participating in a bidding process must not have a Conflict of Interest.

A Conflict of Interest is considered to be a situation in which a party has interests that could improperly influence that party's performance of official duties or responsibilities, contractual obligations, or compliance with applicable laws and regulations.

i. A Bidder may be considered to be in Conflict of Interest with one or more parties in a bidding process if, including but not limited to:

a. have controlling partners/ shareholders in common; or

b. receive or have received any direct or indirect subsidy from any of them; or

c. have the same legal representative for purposes of the Bid; or

d. have a relationship with each other, directly or through common third parties, that puts them in a position to have access to information about or influence on the Bid of another Bidder, or influence the decisions of the Procuring Entity regarding the bidding process; or

e. the Bidder participates in more than one Bid in a bidding process. Participation by a Bidder in more than one Bid will result in the disqualification of all Bids in which the Bidder is involved. However, this does not limit the inclusion of the same subcontractor, not otherwise participating as a Bidder, in more than one Bid; or

f. the Bidder or any of its affiliates participated as a consultant in the preparation of the design or technical specifications of the Goods, Works or Services that are the subject of the Bid; or

g. Bidder or any of its affiliates has been hired (or is proposed to be hired) by the Procuring Entity as engineer-in-charge/ consultant for the contract.

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Annexure B : Declaration by the Bidder regarding Qualifications

Declaration by the Bidder

In relation to my/our Bid submitted to ..... for procurement of ..... in response to their Notice Inviting Bids No..... Dated..... I/we hereby declare under Section 7 of Rajasthan Transparency in Public Procurement Act, 2012, that:

1. I/we possess the necessary professional, technical, financial and managerial resources and competence required by the Bidding Document issued by the Procuring Entity;
2. I/we have fulfilled my/our obligation to pay such of the taxes payable to the Union and the State Government or any local authority as specified in the Bidding Document;
3. I/we are not insolvent, in receivership, bankrupt or being wound up, not have my/our affairs administered by a court or a judicial officer, not have my/our business activities suspended and not the subject of legal proceedings for any of the foregoing reasons;
4. I/we do not have, and our directors and officers not have, been convicted of any criminal offence related to my/our professional conduct or the making of false statements or misrepresentations as to my/our qualifications to enter into a procurement contract within a period of three years preceding the commencement of this procurement process, or not have been otherwise disqualified pursuant to debarment proceedings;
5. I/we do not have a conflict of interest as specified in the Act, Rules and the Bidding Document, which materially affects fair competition;

Date:
Place:

Signature of bidder
Name :
Designation:
Address:

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Annexure C : Grievance Redressal during Procurement Process

The designation and address of the First Appellate Authority is MISSION DIRECTOR, NRHM
The designation and address of the Second Appellate Authority is PRINCIPLE SECRETARY, MEDICAL & HEALTH

(1) Filing an appeal

If any Bidder or prospective bidder is aggrieved that any decision, action or omission of the Procuring Entity is in contravention to the provisions of the Act or the Rules or the Guidelines issued thereunder, he may file an appeal to First Appellate Authority, as specified in the Bidding Document within a period of ten days from the date of such decision or action, omission, as the case may be, clearly giving the specific ground or grounds on which he feels aggrieved:

Provided that after the declaration of a Bidder as successful the appeal may be filed only by a Bidder who has participated in procurement proceedings:

Provided further that in case a Procuring Entity evaluates the Technical Bids before the opening of the Financial Bids, an appeal related to the matter of Financial Bids may be filed only by a Bidder whose Technical Bid is found to be acceptable.

(2) The officer to whom an appeal is filed under para (1) shall deal with the appeal as expeditiously as possible and shall endeavour to dispose it of within thirty days from the date of the appeal.

(3) If the officer designated under para (1) fails to dispose of the appeal filed within the period specified in para (2), or if the Bidder or prospective bidder or the Procuring Entity is aggrieved by the order passed by the First Appellate Authority, the Bidder or prospective bidder or the Procuring Entity, as the case may be, may file a second appeal to Second Appellate Authority specified in the Bidding Document in this behalf within fifteen days from the expiry of the period specified in para (2) or of the date of receipt of the order passed by the First Appellate Authority, as the case may be.

(4) Appeal not to lie in certain cases

No appeal shall lie against any decision of the Procuring Entity relating to the following matters, namely:-

(a) determination of need of procurement;
(b) provisions limiting participation of Bidders in the Bid process;
(c) the decision of whether or not to enter into negotiations;
(d) cancellation of a procurement process;
(e) applicability of the provisions of confidentiality.

(5) Form of Appeal

(a) An appeal under para (1) or (3) above shall be in the annexed Form along with as many copies as there are respondents in the appeal.
(b) Every appeal shall be accompanied by an order appealed against, if any, affidavit verifying the facts stated in the appeal and proof of payment of fee.

(c) Every appeal may be presented to First Appellate Authority or Second Appellate Authority, as the case may be, in person or through registered post or authorised representative.

(6) Fee for filing appeal

(a) Fee for first appeal shall be rupees two thousand five hundred and for second appeal shall be rupees ten thousand, which shall be non-refundable.

(b) The fee shall be paid in the form of bank demand draft or banker's cheque of a Scheduled Bank in India payable in the name of Appellate Authority concerned.

(7) Procedure for disposal of appeal

(a) The First Appellate Authority or Second Appellate Authority, as the case may be, upon filing of appeal, shall issue notice accompanied by copy of appeal, affidavit and documents, if any, to the respondents and fix date of hearing.

(b) On the date fixed for hearing, the First Appellate Authority or Second Appellate Authority, as the case may be, shall,-

(i) hear all the parties to appeal present before him; and

(ii) peruse or inspect documents, relevant records or copies thereof relating to the matter.

(c) After hearing the parties, perusal or inspection of documents and relevant records or copies thereof relating to the matter, the Appellate Authority concerned shall pass an order in writing and provide the copy of order to the parties to appeal free of cost.

(d) The order passed under sub-clause (c) above shall also be placed on the State Public Procurement Portal.

FORM No. 1
[See rule 83]

Memorandum of Appeal under the Rajasthan Transparency in Public Procurement Act, 2012

Appeal No .....of .....
Before the ..... (First / Second Appellate Authority)

1. Particulars of appellant:
   (i) Name of the appellant:

   (ii) Official address, if any:

   (iii) Residential address:

2. Name and address of the respondent(s):
   (i)
   (ii)
   (iii)
3. Number and date of the order appealed against and name and designation of the officer / authority who passed the order (enclose copy), or a statement of a decision, action or omission of the Procuring Entity in contravention to the provisions of the Act by which the appellant is aggrieved:
4. If the Appellant proposes to be represented by a representative, the name and postal address of the representative:
5. Number of affidavits and documents enclosed with the appeal:
6. Grounds of appeal:
   .....
   .....
   ..... (Supported by an affidavit)
7. Prayer:
   .....
   .....
   .....

Place .....
Date .....
Appellant's Signature

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Annexure D : Additional Conditions of Contract

1. Correction of arithmetical errors

Provided that a Financial Bid is substantially responsive, the Procuring Entity will correct arithmetical errors during evaluation of Financial Bids on the following basis:

i. if there is a discrepancy between the unit price and the total price that is obtained by multiplying the unit price and quantity, the unit price shall prevail and the total price shall be corrected, unless in the opinion of the Procuring Entity there is an obvious misplacement of the decimal point in the unit price, in which case the total price as quoted shall govern and the unit price shall be corrected;
ii. if there is an error in a total corresponding to the addition or subtraction of subtotals, the subtotals shall prevail and the total shall be corrected; and
iii. if there is a discrepancy between words and figures, the amount in words shall prevail, unless the amount expressed in words is related to an arithmetic error, in which case the amount in figures shall prevail subject to (i) and (ii) above.

If the Bidder that submitted the lowest evaluated Bid does not accept the correction of errors, its Bid shall be disqualified and its Bid Security shall be forfeited or its Bid Securing Declaration shall be executed.

2. Procuring Entity's Right to Vary Quantities

(i) At the time of award of contract, the quantity of Goods, works or services originally specified in the Bidding Document may be increased or decreased by a specified percentage, but such increase or decrease shall not exceed twenty percent, of the quantity specified in the Bidding Document. It shall be without any change in the unit prices or other terms and conditions of the Bid and the conditions of contract.

(ii) If the Procuring Entity does not procure any subject matter of procurement or procures less than the quantity specified in the Bidding Document due to change in circumstances, the Bidder shall not be entitled for any claim or compensation except otherwise provided in the Conditions of Contract.

(iii) In case of procurement of Goods or services, additional quantity may be procured by placing a repeat order on the rates and conditions of the original order. However, the additional quantity shall not be more than 25% of the value of Goods of the original contract and shall be within one month from the date of expiry of last supply. If the Supplier fails to do so, the Procuring Entity shall be free to arrange for the balance supply by limited Bidding or otherwise and the extra cost incurred shall be recovered from the Supplier.

3. **Dividing quantities among more than one Bidder at the time of award (In case of procurement of Goods)**

As a general rule all the quantities of the subject matter of procurement shall be procured from the Bidder, whose Bid is accepted. However, when it is considered that the quantity of the subject matter of procurement to be procured is very large and it may not be in the capacity of the Bidder, whose Bid is accepted, to deliver the entire quantity or when it is considered that the subject matter of procurement to be procured is of critical and vital nature, in such cases, the quantity may be divided between the Bidder, whose Bid is accepted and the second lowest Bidder or even more Bidders in that order, in a fair, transparent and equitable manner at the rates of the Bidder, whose Bid is accepted.

Annexure E: Declaration as per rule 42 (3) of RTPP Rules 2013

7. Bid Securing Declaration

Form of Bid-Securing Declaration

Date: *[insert date (as day, month and year)]*
Notice Inviting Bids No.: *[insert number of bidding process]*

To: *[insert complete name of Procuring Entity]*

We, the undersigned, declare that:

We understand that, according to your conditions, bids must be supported by a Bid-Securing Declaration.

We accept that we will automatically be suspended from being eligible for bidding in any contract with the Procuring Entity for the period of time of *[Procuring Entity to indicate here the period of time for which the Procuring Entity will declare a Bidder ineligible to be awarded a Contract if the Bid Securing Declaration is to be executed.]* starting on the date that we receive a notification from the *Procuring Entity* that our Bid Securing Declaration is executed, if we are in breach of our obligation(s) under the bid conditions, because we:

(a) have withdrawn our Bid during the period of bid validity specified in the Form of Bid; or
(b) having been notified of the acceptance of its Bid by the *Procuring Entity* during the period of bid validity,
    (i) fail or refuse to execute the Contract Form, if required,
    (ii) fail or refuses to furnish the performance security, in accordance with the Instructions to Bidders (hereinafter "the ITB"),
(c) have not accepted the correction of errors in accordance with the ITB, or
(d) have breached a provision of the Code of Integrity specified in ITB;

We understand this Bid-Securing Declaration shall expire if we are not the successful Bidder, upon the earlier of (i) our receipt of your notification to us of the name of the successful Bidder; or (ii) thirty days after the expiration of our Bid.

Signed:_____*[insert signature of person whose name and capacity are shown]*

In the capacity of:_____
[insert legal capacity of person signing the Bid-Securing Declaration]

Name: ___
[insert complete name of person signing the Bid-Securing Declaration]

Duly authorized to sign the bid for and on behalf of:
_____*[insert complete name of Bidder]*

Dated on _____day of _____, _____*[insert date of signing]*

Corporate Seal_____