REQUEST FOR PROPOSAL
FOR
"INTEGRATED AMBULANCE SERVICES"
as "Dial an ambulance Service Project"

Medical, Health and Family Welfare Department

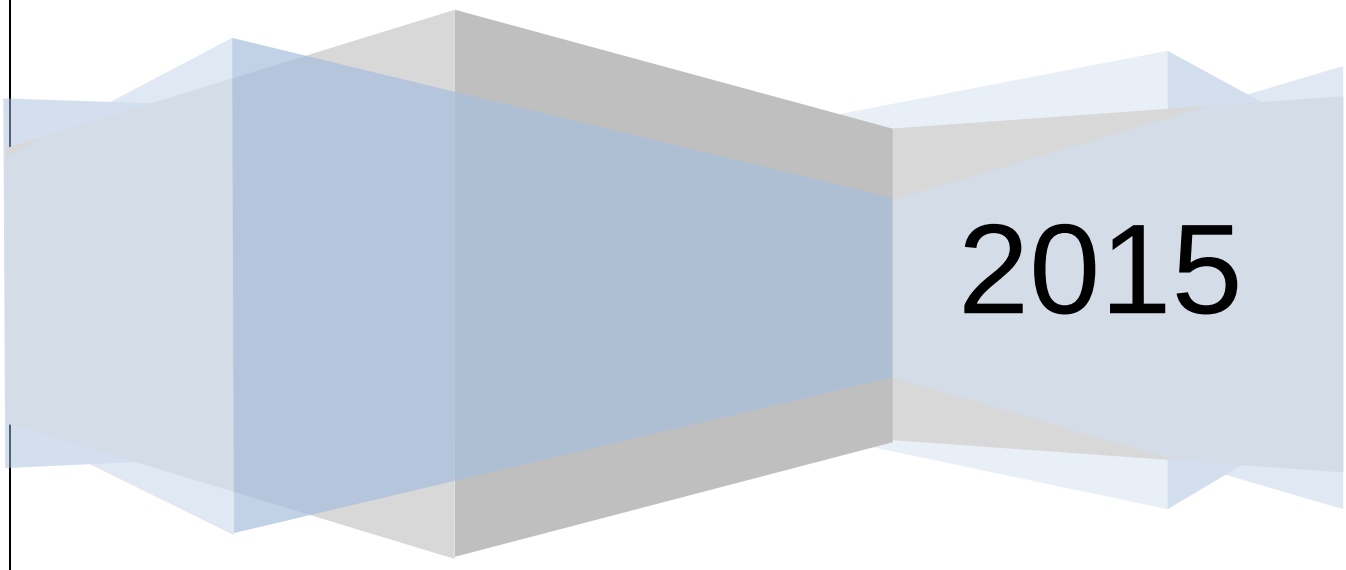
National Health Mission

Rajasthan State Health Society

Government of Rajasthan

DOCUMENT OF REQUEST FOR PROPOSAL FOR

“INTEGRATED AMBULANCE SERVICES”
as “Dial an ambulance Service Project”



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The information contained in this RFP document or subsequently provided to Applicant(s), by National Rural Health Mission, is provided to Applicant(s) on the terms and conditions set out in this RFP document and any other terms and conditions subject to which such information is provided. This RFP is based on material and information available in public domain.

This RFP document is not an agreement and is not an offer or invitation by the RSHS (NRHM) to the prospective bidder(s). The purpose of this RFP document is to provide interested parties with information to assist the formulation of their Application and detailed Proposal. This RFP document does not purport to contain all the information each Applicant may require. This RFP document may not be appropriate for all persons, and it is not possible for the RSHS (NRHM), their employees or advisors to consider the investment objectives, financial situation and particular needs of each party who reads or uses this RFP document. Certain applicants may have a better knowledge of the proposed Project than others. Each applicant should conduct its own investigations and analysis and should check the accuracy, reliability and completeness of the information in this RFP document and obtain independent advice from appropriate sources. This RFP document has been prepared in a good faith and neither RSHS (NRHM), or its employees or advisors make no representation or warranty, express or implied, and shall incur no liability under any law, statute, rules or regulations as to the accuracy, reliability or completeness of the RFP document even if any loss or damage is caused by any act or omission on their part. RSHS (NRHM) may on its absolute discretion, but without being under any obligation to do so, update, amend or supplement the information in this RFP document.

Part- A1

Government of Rajasthan
Medical, Health and Family Welfare Department
(National Health Mission)

No.F.23 () NRHM/ISC/ Integrated Ambulance/1406 Dated 9.6.15

NOTICE INVITING PROPOSAL

Government of Rajasthan under National Health Mission, Rajasthan through Rajasthan State Health Society intends to operate a professionally managed "Integrated Ambulance Services" as " Dial an Ambulance Service Project" for operationalization of existing fleet of 741 equipped 108- Ambulances, 600 Janani Express Vehicles and 200 Base Ambulances along with a centralized call center for 108 and Toll Free 104 Medical Advice Service. For implementation of this project, Proposals are invited from eligible private sector/nongovernment entities intending to participate in the bid process.

All details related to this RFP can be viewed and downloaded from departmental website www.rajswasthya.nic.in and website: http://eproc.rajasthan.gov.in. Proposals shall be submitted online in electronic format on website: http://eproc.rajasthan.gov.in. Timelines are as below:-

Date and time for downloading RFP document	Date of Pre-proposal conference	Last date and time for downloading the RFP document	Last date and time for submission of online proposals	Date and time for opening of technical proposals.	Date and time for opening of financial proposals.
15.06.2015 at 011:30 am	26.06.2015 at 03:00 pm	20.07.2015 at 1:00 pm	20.07.2015 at 1:00 pm	21.07.2015 at 12:00 pm	Shall be informed separately to the successful bidders.

Tender Fee is Rs. 1,00,000/- (Rs. One Lacs only) and RISL Processing fees is Rs. 1000/- (Rs. One Thousand Only). DD/Banker's cheque for RFP document cost shall be made in favor of the State Health Society, Rajasthan payable at Jaipur and DD/Banker's cheque for processing fee shall be made in favor of MD, RISL payable at Jaipur and shall be deposited by the bidders separately as applicable by way of DD/Banker's cheque to the office of Mission Director, NHM, Swasthya Bhawan Tilak Marg C-Scheme Jaipur before the last date and time prescribed for online submission of bids. Tender fees, processing fees and bid security will be deposited physically at the office of the Mission Director, NHM as mentioned in the RFP document. The approximate value of the RFP is Rs. 130.00 crores.

The 'Request for Proposal' document can be downloaded from e-procurement portal http://eproc.rajasthan.gov.in and department website: www.rajswasthya.nic.in.

Mission Director, NRHM

"Definitions"

"Affiliate" shall mean a Company that, directly or indirectly,

i) controls, or
ii) is controlled by, or
ii) is under common control with, a Company developing a Project or a Member in a Consortium developing the Project and control means ownership by one Company of at least 26% (twenty six percent) of the voting rights of the other Company;

"Agreement" shall mean the Contract between the Department of Medical, Health and Family Welfare, Government of Rajasthan and the service provider in accordance with the provisions of this RFP.

"Bid" Bid shall mean the Technical Bid and Financial Bid submitted by the Bidder, in response to this RFP, in accordance with the terms and conditions hereof.

"Bidder" shall mean Bidding Company, Bidding Registered Society, Proprietorship firm, Partnership firm (Registered) or a Bidding Consortium submitting the Bid. Any reference to the Bidder includes Bidding Company / Registered Society, Proprietorship firm, Partnership firm (Registered), Bidding Consortium/ Consortium, Member of a Bidding Consortium including its successors, executors and permitted assigns and Lead Member of the Bidding Consortium jointly and severally, as the context may require".

"Bidding Company" shall refer to such single company that has submitted the response in accordance with the provisions of this RFP.

"Bidding Consortium" or "Consortium" shall refer to a group of companies that has collectively submitted the response in accordance with the provisions of this RFP.

"Chartered Accountant" shall mean a person practicing in India or a firm whereof all the partners practicing in India as a Chartered Accountant(s) within the meaning of the Chartered Accountants Act, 1949.

"Company" shall mean a body incorporated in India under the Company's Act, 1956.

Conflict of Interest" A Bidder may be considered to be in a Conflict of Interest with one or more Bidders in the same bidding process under this RFP if they have a relationship with each other, directly or indirectly through a common company / entity, that puts them in a position to have access to information about or influence the Bid of another Bidder.

"Effective Date" shall mean the date of signing of agreement by both the parties.;

"Financial Closure or Financial Close" shall mean the execution of all the Financing Agreements required for the "Integrated Ambulance Service Project" and fulfilment of conditions precedents and waiver, if any, of the conditions precedent for the initial draw down of funds for the "Integrated Ambulance Service Project".

"***Financially Evaluated Company / Entity***" shall mean the company / entity which has been evaluated for the satisfaction of the financial requirement set forth herein in the RFP.

"Force Majeure conditions" means any event or circumstance which is beyond the reasonable direct or indirect control and without the fault or negligence of the bidder and which results in bidder's inability, notwithstanding its reasonable best efforts, to perform its obligations in whole or in part and may include rebellion, mutiny, civil unrest, riot, fire, explosion, flood, cyclone, lightening, earthquake, act of foreign enemy, war or other forces, theft, burglary, ionizing radiation or contamination, Government action, inaction or restrictions, accidents or an act of God or other similar causes.

"Lead Member of the Bidding Consortium" or "Lead Member": There shall be only one Lead Member, having the shareholding of more than 50% in the Bidding Consortium and cannot be changed till 1 year of the commencement of the agreement.

"Letter of Intent" or "LOI" shall mean the letter to be issued by the Rajasthan State Health Society (RSHS), Department of Medical, Health and Family Welfare (NRHM) to the Successful Bidder(s) for Operation and Maintenance of ambulances under the "integrated Ambulance service project".

"Limited Liability Partnership" or "LLP" shall mean a Company governed by Limited Liability Partnership Act 2008;

"Member in a Bidding Consortium" or "Member" shall mean each Company in a Bidding Consortium.

"Parent Company" shall mean a company that holds at least twenty six percent (26%) of the paid - up equity capital directly or indirectly in the Bidding Company or in the Member of a Bidding Consortium, as the case may be.

"***Registered Society***" shall mean a Society registered under the Society Act as well as registered under the Income Tax Act, 1961.

"RFP" shall mean this Request for Proposal along with all formats and RFP Project Documents attached hereto and shall include any modifications, amendments alterations or clarifications thereto.

"RFP Documents" shall mean the documents to be entered into by the parties to the respective agreements in connection with the "Integrated Ambulance Service Project".

"Selected Bidder(s) or Successful Bidder(s)" shall mean the Bidder(s) selected by the Department, pursuant to this RFP to set up the project and operate a professionally managed "Emergency Response Service" popularly known as "Integrated Ambulance Service Project" as per the terms of the RFP Project Documents, and to whom a Letter of Intent has been issued.

"Statutory Auditor" shall mean the auditor appointed under the provisions of the Companies Act, 1956 or under the provisions of any other applicable governing law.

"Ultimate Parent Company" shall mean a Company which directly or indirectly owns at least twenty six percent (26%) paid up equity capital in the Bidding company or member of a consortium, (as the case may be) and/or in the financially evaluated Company and such bidding company or member company of a consortium (as the case may be) and / or the financially evaluated company shall be under the direct control or indirectly under the control of such company.

Information to prospective bidders regarding on line bidding:

E-Procurement:-

1. Request for proposal for the "Integrated Ambulance Services" as "Dial an Ambulance Service Project" is invited through e-tender system for selection of bidders.
2. The selection of Bidders shall be carried out through e-procurement process. Proposal/Bids are to be submitted online in electronic format on website **http://eproc.rajasthan.gov.in** as per RFP document.
3. All tender documents should essentially be signed digitally and submitted on **http://eproc.rajasthan.gov.in** in time as per checklist provided with the tender document. The checklist along with relevant page No's. should also be submitted with the tender.
4. Bidders who wish to participate in this RFP enquiry will have to register on http://eproc.rajasthan.gov.in (bidders registered on eproc.rajasthan.gov.in earlier, need not to be registered again). To participate in online tenders, Bidders will have to procure Digital Signature Certificate as per requirement under Information Technology Act-2000 using which they can sign their electronic bids. Bidders can procure the same from any CCA approved certifying agency or they may contact e-Procurement Cell, Department of IT & C, Government of Rajasthan on the following address:-

   Address: e-Procurement Cell, RISL, Yojana Bhawan, Tilak Marg, C-Scheme, Jaipur, e-mail eproc@rajasthan.gov.in

1	The tender documents can be downloaded from web site http://eproc.rajasthan.gov.in. Detail of this tender notification and pre-qualification criteria can also be seen in NIT exhibited on website www.dipronline.org. Tenders are to be submitted online in electronic format on website http://eproc.rajasthan.gov.in
2	1. The tender documents can be downloaded from website http://eproc.rajasthan.gov.in. and cost of tender form downloaded from the website shall be deposited by the tenderer separately as applicable by way of D.D/ Bankers Cheque by Bid due date 2. In addition to Tender Form Fees and BID SECURITY, RISL Processing Fees of Rs 1000/- has to be physically deposited by way of D.D. in favor of M.D. RISL before opening of the Technical Bid (refer circular no 19/2011 dated 30-09-2011). 3. Annexure 1 and 4 have to be also submitted physically.
3	Last date & time for downloading of tender document: ---------- up to 6pm
4	Last date and time of submission of online bids: ---------- till 1pm (Bid Due date)
5	Date and time of Opening of online bids: ---------- at 3pm
6	Physical submission of Tender Fee, Processing Fee & BID SECURITY at the Office of Tendering Authority: MD, NRHM, IIIrd floor, Main Building, Swasthya Bhawan, Tilak Marg, Jaipur (Rajasthan) – 302005 is essential before opening of the Technical Bid. In absence

	of the above fee, the e-bid will not be processed further and the bid shall be rejected (DD/ Bankers Cheque should be in the favor of RSHS)
Instruction to Bidders for online tendering (e-tendering)	
1	The bidders who are interested in bidding shall participate through e bidding system of http://eproc.rajasthan.gov.in.
2	Bidders who wish to participate in this tender will have to register on http://eproc.rajasthan.gov.in. (Bidders registered on http://eproc.rajasthan.gov.in. before 30-09-2011 needs to registered again). To participate in online tenders. Bidders will have to procure Digital Signature Certificate (type II or type III) as per Information Technology Act-2000 using which they can sign their electronic bids. Bidders can procure the same from any CCA approved certifying agency I.e. TCS, safecrypt, Ncode etc. or they may contact e-Procurement Cell, Department of IT & C, Government of Rajasthan for further assistance. Bidders who already have a valid Digital Certificate need not procure a new Digital Certificate. Contact No: 0141-4022688 (Help desk 10 am to 6 pm on all working days) e-mail: eproc@rajasthan.gov.in Address: e-Procurement Cell. RISL, Yojana Bhawan, Tilak Marg, C-Scheme, Jaipur
3	Bidder shall submit their offer on-line in Electronic formats both for technical and financial proposal, however D.D. for Tender Fees, Processing Fees and Bid Security.It should be submitted manually in the office of Tendering Authority by 1:00pm on ---------- and scanned copy of D.D. should also be uploaded along with the online bid.
4	Before electronically submitting the tenders, it should be ensured that all the tender papers including conditions of contract are digitally signed by the tenderer.
5	Training for the bidders on the usage of e-Tendering System is also being arranged by RISL on regular basis. Bidders interested for training may contact e-Procumbent Cell. RISL for booking the training slot.
6	Bidders are also advised to refer “Bidders manual” available under “Downloads” section for further details about the e-tendering process

IMPORTANT DATES

Notice inviting tender published in newspapers	……
Download of RFP by prospective bidders	Downloadable from ……. to …….. up to 6pm from DIPR website: www.dipronlie.org, www.eproc.rajasthan.gov.in and departments website : www.rajswasthya.nic.in
Last date for receiving the queries	……..
Pre-Bid Conference	…….. at 3.00pm
Cost of RFP document	Rs. 100000/- (Rupees One Lakh) by demand draft in favor of Rajasthan State Health Society, payable at Jaipur (Nonrefundable)
Last date & time for submission of electronic Bid (the "Bid Due Date")	Date: …….. till 01:00 PM
Date, time and place of opening of Proposal and presentation	a) For Technical Proposal (Part A): On line Opening of RFP: …… at 3:00 PM b) Financial Proposal (Part B): Will be announced on line after opening of Technical bid.
Issue of Letter of Intent (LOI)	Within 3 days of approval of award by the competent authority.
Signing of management Agreement	Within 15 days of acceptance of LOI

Part- A2

INFORMATION AND INSTRUCTIONS TO THE BIDDERS

2.1. The name and objectives of the project:-

Name of the project: "Integrated Ambulance Services" as "Dial an Ambulance Service Project" in The State of Rajasthan.

The main 4 objectives of this project are:

2.1.1 Emergency Response Services 108:-

- To provide 24 x 7 Ambulance Services through 108 toll-free numbers across all 34 districts in the state of Rajasthan.
- Identify and respond to medical emergencies in the entire state of Rajasthan through an existing fleet of 741 BLS Ambulances which may be scaled up further (if required) with ALS Ambulances during the financial year 2015-16. Bidder may thus, take into account, a fleet of 741 Basic Life Support Ambulances (BLS) and ALS ambulances (maybe 34) to be operated during the year 2015-16 fully equipped with Medical and non-medical Equipments & consumables as per Annexure 15 of this RFP for BLS Ambulances.
- Operate an exclusive 24 x 7 call Centre for managing and coordinating the ambulance services.
- Provide trained manpower and specified medical equipment that will stabilize the patients and then transport them to the nearest Government Hospital within the shortest possible time.
- Normal response time as per clause 3.18 given under the Clause Operational Parameter and Penalty.

2.1.2 Referral Transport Service 104 Janani Express:-

- To provide referral transport services to pregnant mothers, sick children up to 18 years.
- Operationalization, management and maintenance of a fleet of 600 such vehicles deployed across state**.**
- Deploy trained drivers as detailed in RFP 24X7 on these vehicles.
- Provide GPS monitoring for these vehicles (complete solution as detailed in the RFP)
- Manage and operate the call center (104) for dispatch and monitoring of these vehicles.

2.1.3 Non – Emergency Ambulance Services (user paid):-

- Takeover, maintain, manage and operate existing Base ambulances of the Department.
- Deploy trained, professional, well behaved manpower (Driver and Nursing Staff) in these ambulances.
- Establish a system for revenue collection in a clean and transparent manner**.**
- This service will be mainly for those who are medically not fit to travel in any other mode of transport (other than ambulance) but not an emergency.

2.1.4 Toll Free 104 Medical Advice Service:-

- To provide Medical Advice, counseling, information directory, complaint registration etc. Services over telephone.
- This call center will also be utilized for ASHASOFT helpline, Health Insurance Helpline, Malnutrition information center etc

Other as detailed in RFP.

2.2 Agreement Period: Initially it will be for 2 years or Project Period whichever is earlier. On mutual agreement, Extendable every year for a period of maximum 1 year. However; **If Govt. feels appropriate it may undertake review of the Base ambulances through NHM and if in that evaluation it is found that this project is not beneficial to the Government, then Government has a right to withdraw Base ambulance part from the remaining Integrated Ambulance Project by giving one month notice to the Service Provider.**

2.3 Eligibility Criteria:-

2.3.1 Technical Capacity:-

2.3.1.1. The applicant can either be a single entity, a joint venture company or consortium of entities formed for this purpose with a valid memorandum of understating (MoU) duly executed. The applicant(s)/ members can either be a Firm, Company, Society or a Trust fulfilling following conditions are only eligible to apply:-

I. Companies incorporated under the Company's Act, 1956 are eligible on standalone basis or as a part of the bidding consortium.

II. A foreign company can also participate on standalone basis or as a member of consortium at RFP stage. But before signing the agreement it will have to form an Indian Company registered under the Company Act, 1956.

III. Successful Companies can also execute the project through a Special Purpose Vehicle (SPV).

IV. Societies registered under Societies Act as well as Income Tax Act, 1961.

V. Proprietorship firm,

VI. Partnership firm (Registered)

2.3.1.2. Should have minimum two years of experience of operation of at least 200 vehicles in last three years. Vehicles, supported with call center with computer telephony integration and ability to log calls with GIS based GPRS integrated vehicle monitoring system for any Government Service Provider. Operation of these 200 No's. Vehicles in a year may be cumulative of multiple sites/orders but a single fleet of minimum of 150 vehicles is mandatory. (Certificates from the organizations to whom services have been provided in past needs to be submitted along with the proposal).

2.3.1.3 The bidder must be operating an inbound and outbound call centre with a minimum of 20 seats for at least 3 years (as on the date of submission of proposal/bid). The experience of running in-house call center/help desk for bidder's own operations or their partner/associate's operation will not be counted and only experience of running a call center for third party clients will be considered.

(Certificates from the organizations to whom services have been provided in past needs to be submitted along with the proposal

2.3.1.4. Bidder should not have been convicted by any court of law for any criminal or civil offences either in the past or in the present. In case of a consortium, the members should not have been declared bankrupt in the past.

2.3.1.5. **Should not have been black listed/debarred in the past or in the last three years from the date of submission of bid by any Central/ State/ Public Sector undertaking in India.**

2.3.2 Financial Capacity:-

2.3.2.1. Should have minimum Rs. 10 crore of annual turnover in the similar line of activities (i.e. excluding non-operating turnover) during last three completed financial years gross receipts starting from financial year 2011-12. Bidder needs to submit audited turnover statements. If audited, statement of FY year 2014-15 are not available, applicant should submit audited turnover statement of FY 2011-12, 2012-13 and FY 2013-14. For purpose of verification of turnover bidder is required to submit a certificate of turnover in similar line of activities for the years as above.

Note: For the Qualification Requirements, if data is provided by the Bidder in foreign currency, equivalent rupees of Net Worth will be calculated using bills selling exchange rates (card rate) USD / INR of State Bank of India prevailing on the date of closing of the accounts for the respective financial year as certified by the Bidder's banker.

For currency other than USD, Bidder shall convert such currency into USD as per the exchange rates certified by their banker prevailing on the relevant date and used for such conversion.

(If the exchange rate for any of the above dates is not available, the rate for the immediately available previous day shall be taken into account)

2.3.2.2 If the response to RFP is submitted by a Consortium, the technical and financial requirement shall be met collectively by the Bidding Consortium in which case the financial requirement to be met by each Member of the Consortium shall be computed in proportion to the equity commitment made by each of them in the Project Company (Board resolutions for such commitment to be enclosed). Any Consortium, if selected, shall, for the purpose of operation and maintenance of ambulances equipped with man and machine, ***incorporate a Project Company (SPV) with equity participation by the Members in line with consortium agreement before signing the agreement with RSHS (NHM)*** i.e. the Project Company incorporated shall have the same Shareholding Pattern as given at the time of RFP. This shall not change till the signing of agreement and the percentage of Controlling Shareholding (held by the Lead Member holding more than 50% of voting rights) shall not change from the RFP up to One Year after the commencement of agreement. However, in case of any change in the shareholding of the other shareholders (other than the Controlling Shareholder including Lead Member) after signing of agreement, the arrangement should not change the status of the Controlling Shareholder and of the

lead member in the Project Company at least up to one year after the commencement of agreement. Further, such change in shareholding would be subject to continued fulfillment of the financial and technical criteria, by the project company.

Notes:

(i) The Bidder may seek qualification on the basis of financial capability of its Parent and / or it's Affiliate(s) for the purpose of meeting the Qualification Requirements.

(ii) The Individual firms and Partnership firms shall have to submit a CA audited / CA certified Balance Sheet and other financial statements for evaluation purposes. iii) Where the financially evaluated company is not the Bidding Company or a member of a bidding consortium, as the case may be, the Bidding Company or a member shall continue to be an affiliate of the financially evaluated company till completion of the Project.

(iii) It is further clarified that a Parent Company can be a foreign company and it can hold equity as permitted under the RBI/ FEMA guidelines in the bidding company. Once selected, the net worth has to be brought into the bidding company as per RFP before signing the Agreement.

(iv) The financial strength of the parent / ultimate parent/ an affiliate can be taken for calculation of net worth for qualifying at the time of submission of RFP, but before signing of Agreement the required net worth is required to be infused in the company registered in India, which will be known as "Project Company".

(v) In case the strength is drawn from parent / ultimate parent / affiliate, copy of Board resolution as per Annexure 3A authorizing to invest the committed equity for the project company / consortium is to be submitted with RFP along with an unqualified opinion from a legal counsel of such foreign entity stating that the Board resolution are in compliance with applicable laws of the countries' respective jurisdiction of the issuing company and the authorization granted therein are true and valid.

(ix) Guarantee / Bond submitted by foreign companies must be submitted through Banks having branches in India / correspondent Banks in India and such Bank Guarantee issued by foreign banks should be endorsed by the Indian Branch of such foreign Bank. In case of claim on Bank guarantee, same shall be paid by the Indian branches of such foreign Bank.

(x) In a foreign company in case of calendar year instead of financial year is used for compilation of accounts, then the same shall be used.

(xi) In a bidding consortium, each share holding company needs to satisfy the net worth requirement on a pro-rata equity commitment basis as per Annexure 13A.

(xii) CA Certified copies of all the Balance Sheets whether of Parent / Affiliate from where the financial strength is drawn has to be submitted along with RFP.

(xv) The company having the maximum number of share (having voting rights) has to be a lead member having the shareholding of more than 50% in the Bidding Consortium.

(xvi) Maximum 3 companies can join the consortium and any such member shall not have less than 26% share in the Consortium.

(xvii) In case of Unlisted companies the infusion of Share premium shall be supported by self certified copy of Form 2 and ROC receipt of deposition of the same.

(xviii) Foreign companies shall ensure compliance of RBI/FEMA guidelines for bringing investment / equity in India.

(xix) Failure to comply with the aforesaid provisions shall make the bid liable for rejection at any stage.

2.3.3. The bidder shall inform himself fully that:

The bidder shall be deemed to have been satisfied himself as to the scope of the task as well as all the conditions and circumstances affecting implementing of the Project. Should he find any discrepancy in the RFP document including terms of reference, he should submit his issue/question in writing at least a week before the Pre-Bid Conference.

2.3.4. Pre-Bid Conference

All the prospective bidders: are invited to attend the Pre-Bid Conference to be held on…… at 3:00pm Directorate Conference Hall, Ground floor, Main Building, Swasthya Bhawan, Tilak Marg, Jaipur (Rajasthan) – 302005

1. Issues relating to the project/RFP received in writing within the stipulated time as mentioned here above and other points raised during discussions in the conference will be scrutinized during the Pre- Bid conference. The Project Authority shall endeavor to clarify such issues during the discussions.
2. However, at any point of time prior to the date for submission of RFP, RSHS (NRHM) may, for any reason, whether at its own discretion or in response to the discussions/ clarifications, modify the RFP document by issuance of an addendum to be published on e-procurement website www.eproc.rajasthan.gov.ine. The addendum would also be placed on the DIPR website: www.dipronlie.org, and department's website: www.rajswasthya.nic.in. Such addendum will become an integral part of the RFP document.

2.3.5 Method for submission of Proposals-

(a) The proposal shall be submitted online in two parts -

(1) Part A – Technical Proposal as per RFP Annexure 17

(2) Part B – Financial Proposal as per the format set out in RFP Annexure 2 and Annexure 3

(b) The Proposal shall be digitally signed by the applicant/authorized representative of the applicant on each page. In case the applicant is a consortium of two or more companies the proposal shall be signed by the duly authorized signatory of the lead member and shall be legally binding on all the members of the Consortium.

The proposals shall contain the information required for each of the member of the Consortium.

(i) Power of Attorney for signing of bid: The bidder should submit a Power of Attorney as per the format in **Annexure-5**, authorizing the signatory of the bid to commit on behalf of the bidder.

(ii) Power of Attorney for Lead Members of Consortium: In case the bidder is a Consortium, the members thereof should furnish a Power of Attorney in favor of the Lead Member in the format in **Annexure-6.**

2.3.6 Proposal Submission Requirements

2.3.6.1 PART A (Technical Proposal)

This part of the proposal i.e. Part A shall contain following documents

1. Duly filled up Application Form (as per **Annexure-1**).
2. Covering Letter cum Project Undertakings as per **Annexure-4.**
3. Bid Security of Rs. 2.6 Crore (Rs. Two crore and sixty lakhs only) in form of an account payee DD/Pay order/Banker's Cheque in favor of RSHS, Payable at Jaipur.
4. The Bidder is expected to provide details of its registration as per **Annexure-11** and furnish documents to support its claim.
5. A summary of relevant past experience should also be provided as per **Annexure-11**.
6. Details of all information related to past experience and background should describe the nature of work, name & address of client, date of award of assignment, size of the project etc. as per **Annexure-12**.
7. Power of Attorney authorizing the signatory for signing the proposal on behalf of the proposer/Bidder as per **Annexure-5.**
8. In case of consortium, original Power of attorney for signing of application by the lead member as per **Annexure-6.**
9. Letter of Exclusivity (in case of application by Consortium) as per **Annexure-8**.
10. Covering letter and brief profile of the bidder.
11. Proposed organizational structure and Curriculum Vitae (CV) of key personnel to be involved in the operation of the project
12. Detailed strategy for performance monitoring and evaluation, quality assurance and internal control for successful and efficient implementation of the Integrated Ambulance Services.
13. Affidavit certifying that Entity/promoters/Directors/members of an entity are not blacklisted as per annexure 10A.
14. Affidavit of Declaration (Anti Collusion Certificate) mentioning that the applicant/consortium will not collude with the other applicants as per **Annexure-10B**
15. Certificates of relevant experience issued by government or any other organizations by a competent authority.
16. Technical Proposal of all the Applicants will be evaluated based on appropriate marking system. To qualify the bidder should obtain minimum of 70 marks for opening of the financial bid. The categories for marking and their respective weightage are as under:
17. Documents/ Certificates/ evidence of fulfilling the eligibility criteria including audited financial statements for the last 3 (three) years i.e. 2012-13, 2013-14 & 2014-15
18. The Bidder should submit details of financial capability for the last three (3) financial years as per **Annexure-13**. The Qualification Bid should be accompanied with the Audited Annual Reports including all financial statements of the Bidder. In case of a Consortium, Audited Annual Reports of all the Members of Consortium should be submitted.
19. VAT Clearance certificate up to March, 2014.
20. 20 seater call centre and 2 years' experience enclosed.

21. PAN No.

22. Firm's Registration Copy.

2.3.6.2 PART B (Financial Proposal)

1. Bidder shall submit Financial Proposal as per **Annexure – 2.**
2. In case of any discrepancy between figures and words in the financial proposal, the one described in words shall be adopted.
3. The Bidder shall be paid on per ambulance per month (for 108 ambulances, 104 Janani Express and Base Ambulances) for Base ambulances Service Provider shall recover from the user for all its operational expenditure. For Capital Expenditure Service Provider shall quote rate on the basis of basis inclusive of all taxes. **(Annexure 3). Payment under JE would include operation and maintenance of Call center for Toll Free 104 Medical Advice Service.**
4. **In case of Base Ambulances bidder shall quote a rate per ambulance per month which it would pay to the Govt. every month.**

2.3.7 Evaluation of the Proposals

The proposals received online up to due date and time as mentioned in the NIT will only be considered for evaluation.

At the first instance Technical Part shall be opened and evaluated. Financial Part of only those bidders will be opened who are found substantially in order of the RFP stipulations. To facilitate evaluation, RSHS (NRHM) may, at its sole discretion, seek clarifications in writing from any bidder.

2.3.7.1 Evaluation of Technical Proposals

a) In the first stage, Part A (Technical Part) shall be opened online and the eligibility shall be assessed as per the set criteria given in Clause 2.3.1.

2.3.7.2 Evaluation of Financial Proposal:

a. The financial bid opening shall be done for only those applicants who shall qualify technically.
b. It is highlighted that the bidder quoting the most advantageous bid (cumulatively of all three bids) would be judged as Successful Bidder.

2.3.8. <u>Number of Proposals</u>

A bidder is eligible to submit only one bid for the project. A bidder company bidding individually or as a member of a Consortium shall not be entitled to submit another bid either individually or as a member of any Consortium, as the case may be.

2.3.9 <u>Validity of Proposals</u>

The Proposal shall remain valid for 180 days after the date of opening of Technical bid. Any Proposal, which is valid for a shorter period, shall be rejected as non-responsive. However the same can be extended with the mutual consent and acceptance of the bidder.

2.3.10 <u>Cost of Proposal</u>

The Applicants shall be responsible for all of the costs associated with the preparation of their RFP and their participation in the Selection Process. Department will neither be responsible nor in any way be liable for such costs, regardless of the conduct or outcome of the Selection Process.

2.3.11 Acknowledgement by Applicant

a) It shall be deemed that by submitting the Proposal, the Applicant has: -

(i) Made a complete and careful examination of the RFP;

(ii) Received all relevant information requested from Department.

(iii) Acknowledged and accepted the risk of inadequacy, error or mistake in the information provided in the RFP or furnished by or on behalf of Department or relating to any of the matters stated in the RFP Document.

(iv) Satisfies himself/herself about all the matters, things and information, necessary and required for submitting an informed Proposal and performance of all of its obligations there under;

(v) Acknowledged that it does not have any Conflict of Interest; and

(vi) Agreed to be bound by the undertaking provided under and in terms hereof.

b) The Department shall not be liable for any omission, mistake or error on the part of the Applicant in respect of any of the above or on account of any matter or thing arising out of or concerning or relating to RFP or the Selection Process, including any error or mistake therein or in any information or data given by the Department.

2.3.12 Language

The Proposal with all accompanying documents (the "**Documents"**) and all Communication in relation to or concerning the Selection Process shall be in English language and strictly on the forms provided in this RFP.

2.3.13 Proposal Due Date

Last date & time for submission of electronic Bid (the "Proposal Due Date"): Date: till 01:00 PM

2.3.14 Pre-Bid Conference

(a) Pre-Bid Conference of the Applicants shall be convened at Directorate Conference Hall, Ground floor, Main Building, Swasthya Bhawan, Tilak Marg, Jaipur (Rajasthan) – 302005 on at 3pm

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

(c) However; at any time before bid due date Government may change/amend/ modify any condition/s of the RFP document by issuing an addenda to the bidders who have purchased the RFP document and the same addenda may also be uploaded on eproc website. All such addendums shall form the part of the RFP document.

2.3.15 PROPOSAL/BID Opening

Online opening of technical Bids……. at 3pm

2.3.16 Applicability of the law on the RFP.

In absence of any clear provision or any ambiguity in the provision/s RTPP act and Rules 2013 shall be considered as final.

2.3.17 The bidders should note the following:

1) That the incomplete proposals in any respect or those that are not consistent with the requirements as specified in this Request for Proposal Document or those that do not contain the Covering Letter or any other documents as per the specified formats may be considered non-responsive and liable for rejection.

2) Strict adherence to formats, wherever specified, is required.

3) All communication and information should be provided in writing and in English language.

4) All communication and information provided should be legible. The financial proposals given in figures should be mentioned in words also.

5) No change in/or supplementary information shall be accepted once the proposal is submitted. However, the RSHS (NRHM) reserves the right to seek additional information and/or clarification from the Bidders, if found necessary, during the course of evaluation of the proposal. Non submission, incomplete submission or delayed submission of such additional information or clarifications sought by RSHS (NRHM) may be a ground for rejecting the proposals.

6) The Proposals shall be evaluated as per the criteria specified in this RFP Document. However, within the broad framework of the evaluation parameters as stated in the RFP, RSHS (NRHM) reserves the right to make modifications to the stated evaluation criteria before the Bid Due date by issuing an addenda, which would be uniformly applied to all the Bidders.

7) The Bidder should designate one person ("Contact Person" and "Authorized Representative and Signatory") authorized to represent the Bidder in its dealings with RSHS (NRHM). This designated person should hold the Power of Attorney and be authorized to perform all tasks including but not limited to providing information, responding to enquiries. The Covering Letter submitted by the Bidder shall be signed by the Authorized Signatory and shall bear the stamp of the firm/consortium.

8) RSHS (NRHM) reserves the right to reject any or the entire Proposal without assigning any reason whatsoever.

9) Mere submission of information does not entitle the Bidder to meet an eligibility criterion. RSHS (NRHM) reserve the right to vet and verify any or all information submitted by the Bidder as well as right to reject.

10) If any claim made or information provided by the Bidder in the Proposal or any information provided by the Bidder in response to any subsequent query by Department of Health and Family Welfare, is found to be incorrect or is a material misrepresentation of facts, then the Proposal will be liable for rejection and BID SECURITY shall be forfeited. Mere clerical errors or bona fide mistakes may be treated as an exception at the sole discretion of RSHS (NRHM) if adequately satisfied.

11) The Bidder shall be responsible for all the costs associated with the preparation of the Proposal and any subsequent costs incurred as a part of the Bidding Process. RSHS (NRHM) shall not be responsible in any way for such costs, regardless of the conduct or outcome of this process.

12) In every specific case, where the Bidder is constrained by statute/law from fulfilling any specific provision of this document, the Bidder is encouraged to contact Mission Director, NRHM, Rajasthan.

13) The RSHS (NRHM) may, in exceptional circumstances and at its sole discretion, revise the time schedule (extension in time) by issuance of addenda. Communication of such extension to the persons who purchased the RFP document shall be made by National Rural Health Mission.

2.3.18 Financing of the Project:

Financing of the project shall be on reimbursement basis in accordance with the provision of the agreement. Claims or reimbursements for operational expenditure shall be payable by the respective District Health Societies on monthly basis on submission of statement of claim by the service provider. No advance financing shall be done under the project.

2.3.19 Investment and Ownership:

All movable and immovable assets created in the project will be the property of RSHS (NRHM), Government of Rajasthan. The assets will have to be handed over to the Government at the end of the contract period in well maintained/ working condition.

Part- A3
TERMS OF REFERENCE

3 Background:-

Among the major attributes, delay in reaching to an appropriate health facility is considered to be one of the prime factors contributing to high NMR & MMR. This normally happens either due to lack of readily available and affordable transport facility or inaccessibility / distance for which people fail to access institutional health services. Apart from this it is also a well-known fact that if any emergency reaches to/ gets medical aid within Golden Hour, chances of saving a life can be increased many folds. Other then these; there is always a segment of people who are in need of medical transport but these are not medical emergencies. This segment can be catered by providing an option of medical transport through user paid ambulances.

The Government of Rajasthan has taken a decision to integrate the three services and operate the same through a single centralized call center and single toll free number i.e. 108 to improve overall operational efficiency and cost effectiveness of these schemes. In additional, there be health helpline services through toll free number 104, which may be housed in the same call centre. The purpose of this RFP is to invite proposal from eligible parties to select most suitable of them to integrate, operate and manage all four services including Medical Advice Service (104), Emergency Ambulance Service (108), 104 Janani Express and Base Ambulance paid service.

3.1 Project Profile-

The scheme is formulated by Medical & Health Department with financing from RSHS (NHM) & State Plan. Presently 741 ambulances (108) are running across the State under the scheme for providing emergency care, 600 Janani Express vehicles are also operational for providing referral; transport. Bidder may thus, take into account, a fleet of 741 ambulances (108), 600 Janani Express Vehicles and 200 Base ambulances to be operated during the year 2015-16. For 108 ambulances centralized call Centre is presently operational in SIHFW building at Jhalana Dungri, Jaipur and approximately 145 CO/DOs are working in this call center. Other than this a 20 seater call center is operational at Swasthya Bhawan, Jaipur for Toll Free 104 Medical Advice Service.

Scope of work mainly includes operationalization of an existing project with a fleet of 741 ambulances (108), 600 Janani Express Vehicles and 200 Base ambulances deployed strategically across the State of Rajasthan supported with a fully functional centralized call center situated at State Institute of Health & Family Welfare (SIHFW) building in Jhalana Dungari, Jaipur which is receiving more than 27000 calls per day and handling approx. 1800 emergencies on daily basis. Presently this project has approx. 2900 employees of the service provider including 2700 Pilots (Drivers) and Emergency Management Technician (EMT) under 108 ambulance Project, approximately1800 drivers under 104 Janani Express Project employees by RMRS's. Scope of work also includes running of Base ambulances for non-emergency cases on payment basis for general public. It also includes taking over and running the existing Toll Free 104 Medical Advice Service. Number/type of Ambulances may increase/ decrease during the contract period. The scope of services may include procurement of assets, operation and maintenance of Ambulances, provision of medical and non-medical consumables constantly, as

specified in Annexure- 15 of this RFP and also associated activities in designated zones within the State of Rajasthan.

3.2 Objectives & Goals of the Project

It is very clear from the project profile that DAA project entails integration, taking over and implementation of 108 ambulance, 104 Janani Express and Toll Free 104 Medical Advice Service Project. It also includes operationalization of Base ambulances on "On payment" mode. Therefore scope broadly includes to provide comprehensive Integrated Ambulance Services to the people of Rajasthan and to Improve the access to medical & health care, police and fire services, particularly attending the emergency situations relating to pregnant women, neonates, parents of neonates, infant and children in situations of serious ill-health and all other emergencies in the general population; and thereby assist the State to achieve the critical Millennium Development Goals in the Health sector, i.e. reduction of Infant Mortality Rate, and Maternal Mortality Ratio, and in general reduce the vulnerability of the people by providing access to Integrated Ambulance Services.

However; components wise details are also given for ease of bidders to understand:-

- The services to be coordinated through an existing 24x7 Call Centre with a common toll free call number 108 and/ or 104 and GPS networking with the 108 Ambulances, 104 Janani Express and Base Ambulances.
- Computer telephony integration with the ability to log calls with GPS (Global Positioning System) incorporated in GIS (Geographical Information System) with GSM/GPRS (Global System for Mobile Communication/General Packet Radio Service) integrated Ambulance monitoring and tracking system, call management, performance monitoring and reporting. The movement of every ambulance should be able to be tracked through GPRS for every trip of the Ambulance.
- Taking over of presently fully operational 108 Ambulance project along with all assets and centralized Call Center based at SIHFW, Jaipur, taking over of entire fleet of 104 Janani Express vehicles with the 104 call center situated at Swasthya Bhawan Jaipur along with Medical Advice Service, Taking over 200 base ambulances from Government and making them operational through these toll free numbers/call centers with all modern necessary equipments and GPS.
- Bidders are expected to bring their own software to manage and operate the hardware of the existing project, which shall ultimately be surrendered to the Government at the end of the contract with transfer of license to use by the Government.
- Existing Manpower including Pilot, EMT, Co/Dos, HAOs, Drivers etc. working in the implementation of the Project shall be given priority as far as possible.
- Taking calls and dispatching of 104 Janani Express vehicles for the needy patients (pregnant mother/sick new born/children screened under RBSK and as per the call receives at 104/108 call center)

The main 4 objectives of this project are:

3.2.1 Emergency Response Services 108:-

- To provide 24 x 7 Ambulance Services through 108 toll-free numbers across all 34 districts in the state of Rajasthan.
- Identify and respond to medical emergencies in the entire state of Rajasthan through an existing fleet of 741 BLS Ambulances which may be scaled up further (if required) with ALS Ambulances during the financial year 2015-16. Bidder may thus, take into account, a fleet of 741 Basic Life Support Ambulances (BLS) and ALS ambulances (not more than 34 in FY 2015-16 for 4 months) to be operated during the year 2015-16 fully equipped with Medical and non-medical Equipments as

per Annexure 15 of this RFP for BLS ambulances and for ALS ambulances as per good industry practices.

- Operate an exclusive 24 x 7 call centre (108) in integration and coordination with 104 call center for managing and coordinating the ambulance services.
- Provide trained manpower as per Annexure 16 and specified medical equipment as per Annexure 15 that will stabilize the patients and then transport them to the nearest Government Hospital within the shortest possible time.
- Normal response time as given under the Clause 3.18.
- Details of 741 ambulances are enclosed at Annexure 18.
- The Service Provide shall be paid @ per month per ambulance quoted in the Financial Proposal.

3.2.2 Referral Transport Service 104 Janani Express:-

- To provide referral transport services to pregnant mothers, sick children up to 18 years.
- Operationalization and management of a fleet of 600 such vehicles deployed across state**.**
- Deploy trained drivers as detailed in RFP 24X7 on these vehicles.
- Provide GPS monitoring for these vehicles (complete solution as detailed in the RFP)
- Manage and operate the call center (104) in integration and coordination with 108 call center for dispatch and monitoring of these vehicles.
- Details of Janani Express Vehicles are enclosed at Annexure 18.
- The Service Provide shall be paid @ per month per ambulance quoted in the Financial Proposal.

3.2.3 Non – Emergency Ambulance Services:-

- Takeover, maintain, manage and operate existing Base ambulances of the Department.
- Deploy trained, professional, well behaved manpower (Driver and Nursing Staff) in these ambulances.
- Establish a system for revenue collection in a clean and transparent manner**.**
- This service will be mainly for those who are medically not fit to travel in any other mode of transport (other than ambulance) but not an emergency. Base ambulance may also carry patients from private hospitals.
- Service Provider shall take all necessary measures to ensure that any ambulance should not be misused for any illegal/unethical purpose.
- **Details of Base Ambulances are encloses at Annexure 18.**
- The Service Provider shall be charged @ per month per ambulance as per the quote in the Financial Proposal.

- Copy of ID card shall be taken of the patient to be transported before initiation of the journey and shall be kept in records for future verification/audit purposes.
- **The patients would be charged at the rate of Rs. 20 per kilometer and minimum of Rs. 200/- up to 10 kms. In case of halt; for first one hour no halt charges shall be taken from the patient. From second hour onwards an amount of Rs. 200/-per hour shall be charged from the patient.**
- It will be the responsibility of the Service Provider to explain about the rates to be charged to the patient. Service Provider shall also display the rates in the in Hindi and English both languages.
- The patient has to be necessarily given receipt of payment which has to be loaded daily on the designated software and displayed on dedicated web portal.
- The receipt amount and the kilometer travelled has to match with the GPS based kilometer travel account maintained by the agency.

- If any ambulance is deployed for any exigency/ protocol duty or for any other official purposes by the district or the state Govt. authorities, it shall be provided @ 25% lesser than the fixed rates to the Government.
- The money generated by the transportation of patient would be kept by the agency subject to the condition that daily online accounting with the name, address and transportation distance covered by the ambulance is displayed on web portal created by the agency for this purpose.
- The link of the web portal has to be necessarily shared by the agency and has to be displayed on the website of the state health society.
- The successful bidder would pay the tendered amount to the SHS by 7th of every month. One month advance amount shall be kept by the SHS before initiation of the contract.
- Operator will not affect the emergency use of base ambulances/VIP duties in any case. It will also provide the ambulances free of cost services in case of any emergency/ natural disaster.
- Operator shall make entries of the base ambulance in the movement registrar at the concern CHC where the ambulance is deployed/ stationed.

If Govt. feels appropriate it may undertake review of the Base ambulances through NHM and if in that evaluation it is found that this project is not beneficial to the Government, then Government has a right to withdraw Base ambulance part from the remaining Integrated Ambulance Project by giving one month notice to the Service Provider.

3.2.4 Toll Free 104 Medical Advice Service:-

- To provide Medical Advice, counseling, information directory, complaint registration etc. Services over telephone.
- This call center will also be utilized for ASHASOFT helpline, Health Insurance Helpline, Malnutrition information center etc.
- Medical advice using Triage (classifying the caller's condition into "critical", "serious" or "stable" states).Medical Advice and allowed suggestive medication including home remedies.
- First level medical advice and suggestive medication, First aid advice.
- Counselling : Counselling and advice (stress, depression, anxiety, post-trauma recovery, HIV, AIDS/RTI, STI, Alcohol and Tobacco de-addiction)
- Rehab counseling (Alcohol, Drugs, Smoking,)
- Psychological counseling (Anxiety, Depression, suicidal tendencies, chronic diseases like cancer etc.)
- Family planning counseling
- Counseling about stigmatized diseases (HIV, AIDS, Leprosy)
- Information Directories Services: Information Directory for tracking health services providers/institutions, diagnostic services, hospitals etc. Through 104, citizens can have access to the details of various facilities in their area like medical facilities- hospitals, pharmacies, independent practitioners, diagnostic services, rehabilitation centres and other health care services.
- Complaint Registration about person/ institution relating to deficiency of services, negligence corruption, etc. in government healthcare institutions and about sex selection of foetus.
- Creation and maintenance of database on
    - Number of Calls/Complaints/Grievances received per day per month and per year.

- Reference number assigned for each Call/complaint/grievance received.
- Number of Calls/Complaints/Grievances communicated to department (Wherever necessary).
- A record of various diseases or problems for which calls received.
- Record of various call types is to be maintained by the Service Provider and forwarded to the department periodically or as directed by the department.

- Advice on long term ill conditions like diabetes, heart issues etc.
- Response to health scares and other localized epidemics
- Health and symptoms checker (initial assessment, flu advice, pregnancy related information etc)
- Inbound and outbound call center for dispatch of Janani Express Vehicles.
- Working as back up call center for 108 ambulance services in case of emergency or as and when required.
- Women and child health care information
- Information regarding alternate medication (AYUSH)
- Nutrition and hygiene Information
- Health alerts and warning
- Other as detailed in RFP.

Note:- All services shall be made operational through one integrated call center (108 +104). Caller in need of any of the above services will not be asked to dial another number.

3.3. Manpower for various services:

The Service Provider, at each district, shall provide at least one district operational coordinator to explain the progress to Distt. Collector/ CMHO/ CS and/or for co-ordination/resolution of complaints, if any. Other than above, Service Provider shall place adequate staff at state call centre and must have following categories of manpower having required qualifications as given below;

3.3.1 For 108 and Base Ambulances: One EMT and one driver round the clock. Driver shall also work as Ambulance Care Assistant trained in first aid &life-saving Palliative Skills and Emergency Medical Technician (EMT) with wide range of Emergency Skills like Bleeding Control, defibrillation, Spinal Immobilization, Oxygen Therapy, Medicine Administration.

Basic qualification of EMT – Dip. In E.M.T., B.Sc. (PCB) with certification in BLS/ALS/ACLS/ITLS, B.SC. Nursing/GNM/ANM, B.Pharma /D. Pharma, BMLT/DMLT or any other equivalent paramedical course from recognized university with valid registration from state statutory body with minimum 6 month relevant experience. The EMT should undergo training of at least one month or till proficiency in a tertiary care institution or at any recognized institutes to handle the life-saving & life sustaining equipment & administer use splints. EMTs should be trained and certified in Advance Life Support (ALS)/ Advance Cardiac Life Support (ACLS)/ Integrated Trauma Life Support (ITLS) from a recognized national/international institution.

3.3.2 104 Janani Express vehicles:

The agency need to provide vehicle along with driver only on 24x7 basis, no medical technician is required in case of JE. Driver should be trained in giving first aid to the patient, if required.

3.3.3 For Medical Advice Service (at Call center):

Call Takers: Academic and Professional background Paramedic Suitable candidates will be holders of any of the following qualifications

1.Bachelor of Pharmacy or Diploma in Pharmacy
2. Bachelor of Physiotherapy
3. Bachelor of Science (Nursing)
4. Bachelor of Science (Life Science)
5. General Nursery and Midwifery
6. Master of Social Work

The candidates should ideally possess work experience of at least one year in providing medical care.

Doctor

- 1. MBBS / MD (General Practitioner)
- 2. Clinical Psychologist

Salary Structure:-

a) Gross Salary of the staff in 108 Project is Rs. 9785/- for per month for EMT, Rs.10099/- per month for Driver and salary of Call taker is Rs. 7685/- per month.
b) Salary of Health Advisory Officers (Call Takers) at 104 call center is between Rs. 6000/- to Rs. 8500/-.
c) Under 104 Janani Express salary of drivers is ranging between Rs. 7000/- per month to Rs. 12000/- per month.

Existing Manpower including Pilot, EMT, Co/Dos, HAOs, Drivers etc. working in the implementation of the Project shall be given priority as far as possible.

3.4 Time Schedule for Implementation

3.4.1 **108 Ambulances are** already operational and managed by a vendor under Public Private Mode. The winning bidder has to start and operationalize the services across all 34 districts within one month from the date of signing of agreement without any interruptions to the current operations. Government shall handover all the assets including IT and hardware infrastructure to the winning bidder within 30 days' time.

3.4.2 **Janani Express Vehicles** are being operated at district levels through RMRs and spread across all 34 districts. The Service Provider is required to start full operations across all districts within one month from signing of the contract as per scope of work. To avoid disruption to the present operation, Service Provider may take over operations from existing vendors in phased manner.

3.4.3 **Base Ambulances** are being operated at various CHCs through respective RMRS. The Service Provider has to take up the operations of these ambulances after proper branding, upkeep with all necessary Equipments as per **Annexure 19. Within one month of signing of the contract.**

3.4.4 **104 and 108 Call Center:** The Service Provider has to take up both the call centers within 15 days of signing of the contract. Within this time period entire hardware shall be taken up by the Service Provider and software shall be installed for seamless transition.

3.4.5 Handing over taking over shall be done under the supervision of NHM Staff.

3.4.6 New service provider will have to take over Ambulances on "As is where is" basis. NHM will not undertake any repair of the ambulances. In case ambulances are received in

damaged condition and new service provider undertakes repair; than the repair cost shall be recovered from previous service provider on risk and cost basis.

3.5 Expected Outcomes (Scope)

- To provide residents of Rajasthan with a single point of contact through toll free numbers 108 and 104 for emergency services, maternal health/ child health related services, medical advice services and paid ambulance services to the persons in need but not emergencies (paid ambulance services excludes BPLs as it will be free for BPLs.
- To provide 24x7 pre-hospital emergency transportation care (Ambulance) services across the State within Permissible Response Time of Urban- 20 min, Rural- 30 min and Desert (Bikaner, Barmer & Jaisalmer other than urban areas)- 40 min of the call being received in the Call Centre as per clause 3.18.
- Access to health information for all strata of society.
- State would be better equipped to handle any health crisis by effectively managing the information dissemination process, and directing people to the right place in the least amount of time.
- Reduction in the number of footfalls in hospitals.
- State would be able to optimize the resources in the Healthcare system – funds, personnel, facilities etc.
- Increased acceptability of confidential medical counseling services, resulting in a decrease in the number of people suffering from such conditions.
- Establish a forum for the general public where complaints can be registered and forwarded to appropriate authority for Redressal.
- The bidder to ensure that no discontinuation/interruption in the services occurs and no call is left unattended even while taking over / handing over of the existing project responsibilities.
- The bidder would ensure uninterrupted functioning of the call center 24x7 and overall Integrated Ambulance Services under the project.
- Operationalize/ Manage/ Maintain existing as well as new Ambulances which may be included in the fleet.
- Training and Deployment of adequate qualified personnel as per requirement of the project in Head Office, field staff, Call center employees, Emergency Management Technicians, Drivers and other required staff for running the Project efficiently as per Annexure 16
- Operate and manage further scaling up of the project.

3.6 Procurements

- The Government may procure and provide additional Ambulances as and when needed.
- Non-consumable items shall become assets of the project which will have to be handed over to the Government on termination/completion of the project. Proper records of such assets will be maintained in the project accounts by the service provider.
- Medical/non-medical consumables to be made available in the Ambulances at all times as per **Annexure-15.** There shall invariably be an inscription on all such consumables as “Government supply Not for Sale”.

- Details of present Hardware and software under the Project is enclosed at Annexure 20 this includes Hardware and Software at call center.

3.7 IEC of the Project:-

- IEC activities of the project shall be undertaken by Director (IEC), Medical & Health Department.

3.8 Responsibility of the service provider

1) Operation and management of the Integrated Ambulance Services in the State of Rajasthan.

2) Provide technological, leadership, administrative and managerial support in open and transparent manner to produce mutually agreed outcomes.

3) (a) Performance of the activities and carrying out its obligations with all due diligence, efficiency and economy in accordance with the generally accepted professional techniques and practices.

(b) Observance of sound management practices, employing appropriate advanced technology and safe methods

(c) In respect of any matter relating to the agreement, always act as faithful partner to the Government and shall all times support and safeguard the Government's legitimate interests in any dealing with the contracts, sub-contracts and third parties.

4) Shall not accept for his own benefit any commission, discount or similar payment in connection with the activities pursuant to discharge of his obligations under the agreement, and shall use his best efforts to ensure that his personnel and agents, either of them similarly shall not receive any such additional remuneration.

5) Bidder is required to observe the highest standard of ethics and shall not use 'corrupt/fraudulent practice'. For the purpose of this provision, 'corrupt practice' means offering, giving, receiving or soliciting anything of value to influence the action of a public official in implementation of the project and 'fraudulent practice' means misrepresentation of facts in order to influence implementation process of the project in detriment of the Government.

6) Recruit, train and position qualified and suitable personnel for implementation of the project at various levels. The staff so engaged/recruited/appointed shall be exclusively on the pay rolls of the bidder and shall under no circumstances this staff will ever have any claim, whatsoever for appointment with the Government. Bidder shall not assign or sublet his contract or any substantial part thereof to any agency.

7) The bidder shall be fully responsible for adhering to the provisions of various applicable laws including **Labor laws and Minimum Wages Act**. In case the bidder fails to comply with the provisions of applicable laws and thereby any financial or other liability arises on the Government by Court orders or otherwise, the bidder shall be fully responsible to compensate/indemnify to the Government for such liabilities. For realization of such damages, Government may even resort to the provisions of Public Debt Recovery Act or other laws as applicable on the occurrence of such situations.

8) The Bidder shall be required to maintain consumption register of medical and non-medical consumable items in each Ambulance.

9) Assist the Government when required in accreditation of hospitals in the State and such other matters from time to time.

10) Conduct training programs for paramedics, doctors and other academic activities (workshops/seminars) as required for governmental doctors and others on the request of the Government (Government to bear expenses on such workshops/ seminars).

11) Strive for continuous improvement in management of Integrated Ambulance Services and shall ensure proper and timely monitoring of the services.

12) **Strict adherence to the stipulated time schedule as per Annexure 19.**

13) Operation and Maintenance of fully equipped all Ambulances as per the vehicle manufacturers maintenance schedules throughout the life of the agreement to prevent any structural or functional deterioration of the assets handed over to the bidder according to the guidelines laid down by the Government.

14) Ensuring 24x7 services at the Call Centre.

15) **To maintain 99.99 per cent up time of the complete integrated IT based system along with real-time tracking otherwise penalty will be imposed.**

16) Recruit and train human resource required for existing as well as the anticipated expansion of the project. Training norms/ courses for EMTs/ Pilots/technical personnel shall be duly approved by the Government.

18) To maintain records and submit various reports and information within the stipulated timeframe as desired by the Mission Director, National Rural Health Mission as well as District wise reports to respective District Health Society.

19) The bidder shall be subjected to periodical System and financial Audit by a Chartered Accountant as appointed by NHRM.

20) The Service Provider cannot change the location of the vehicle without prior information to the Directorate.

Infrastructure: The Company is required to maintain the building and other infrastructure throughout the life of the agreement to prevent the structural and functional deterioration that can impede the service delivery as years passes by. The company shall also ensure that the ownership of government of Rajasthan in assets created out of government fund is protected.

Operation and Maintenance: During the “Agreement” Period, the Service Provider shall operate and maintain the Project Facilities in accordance with this “Agreement”, comply with the provisions of this “Agreement”, Applicable Laws and Applicable Permits, and conform to Good Industry Practice. The obligations of the Service Provider hereunder shall include:

(a) Providing round-the-clock response to medical emergencies as per the Performance Standards / SOP defined and forming part of the “Agreement” during normal operating conditions;

(b) Carrying out periodic preventive maintenance of the Project Facilities;

(c) Undertaking routine maintenance to ensure undisrupted operation of the Project Facilities;

(d) Undertaking major maintenance such as ambulance repairs (as per vehicle manufacturers recommended maintenance schedules) and refurbishment & necessary upgradation of IT Infrastructure and other equipments time to time;

(e) Operation and maintenance of all communication, control and administrative systems necessary for the efficient operation of the Project Facilities;

(f) The Service Provider shall maintain, in conformity with Good Industry Practice, all ambulances, equipment, software, building and furniture forming part of the Project Facilities.

Statutory Compliance: the Agency is responsible for the compliance of the statutory requirement under any law in respect of any asset and operation. The agency shall be held responsible in case of any penalty, loss or other legal consequences arising out of non-compliance.

Monitoring & Evaluation: Develop and implement a full proof monitoring and evaluation system to ensure efficiency in capacity utilization. Key indicators need to be put in place for looking at equity of access, quality of care, volume of utilization and wasteful consumption.

Standard Operating procedures: RSHS (NRHM) has prepared the Standard Operating Procedure~~,~~ to run the "Integrated Ambulance Services" popularly known as "108 Ambulance Service Project.
This SOP shall be binding on the bidder, non-compliance of which will lead to deduction in the reimbursement of the operating expenses made to the company as defined under clause 3.13 Operational Parameter and Penalty Clauses. The RSHS (NRHM) reserves the right to terminate the contract in case of persistence of grave defaults in compliance of the SOP at the discretion of the RSHS (NRHM).

3.9 Responsibility of National Rural Health Mission / Government of Rajasthan

1) National Rural Health Mission /GOR shall provide appropriate assistance where required so as to benefit maximum people of Rajasthan.

2) Timely settlement of claims at the agreed terms in accordance with the provisions of the agreement. Claims shall be presented to District Health Societies and payment shall be made by the respective District Health Societies.

3) To provide space for stationing of the Ambulances at strategically located places across the State.

4) To lay down guidelines and standard operating procedures to service provider for operation of the Ambulances services.

5) To conduct regular monitoring and evaluation of the project activities based on quantifiable indicators and reports received from the service provider.

6) Prescribe various formats for reporting progress of the project. Service Provider may submit its own reporting formats which can be used after due approval by the Government.

3.10 Bid Security and Performance Security

3.10.1 Bid Security: 2% of the total estimated Project Cost Rs. 130.00 Crores in the form of Banker's Cheque/ Demand Draft in favor of "Rajasthan State Health society Jaipur". The bid security must remain valid thirty days beyond the original or extended validity period of the bid.

In the absence of the Bid Security, technical proposal of the bidder shall be rejected.

The Bid Security shall be kept valid through the proposal validity period and would be required to be extended if so required by the department.

The Bid Security shall be returned to unsuccessful bidders within a period of eight (8) weeks from the date of announcement of the successful bidder without any interest or claim whatsoever.

The Bid Security shall be forfeited in the following namely:

- **a.** when the bidder withdraws or modifies its bid after opening of bids;
- **b.** when the bidder does not execute the agreement , if any , after placement of supply / work order within the specified period;
- **c.** when the bidder fails to commence the supply of goods or services or execute work as per supply / work order within the time specified;
- **d.** when the bidder does not deposit the performance security within specified period after the supply / work order is placed;
- **e.** if the bidder breaches any provision of code of integrity for bidders specified in the act;

Without any right of claim of the bidder, if the bidder withdraws/modifies its proposal during the interval between the proposal due date and expiration of the proposal validity period of the "Integrated Ambulance Services" popularly known as "108 Ambulance Service Project" in Rajasthan- Request for Proposal.

3.10.2 Performance Security: The bidder whose proposal is accepted and Award issued shall have to deposit Performance Security of an amount of 5% of the total project cost to be calculated on the basis of rates received in the RFP along with signing of the agreement. Amount of BID SECURITY can be adjusted into the security deposit. Security deposit is for due performance of the agreement. Non submission of Performance security within the specified time may also lead to forfeiture of the BID SECURITY in the following case:-

1. When any terms and conditions of contract is breached.
2. When the tenderer fails to make complete supply satisfactorily.
3. Notice of reasonable time will be given in case of forfeiture of security deposit.
4. The decision of purchase officer in this regard shall be final.
5. The expanses of completing and stamping the agreement shall be paid by the tenderer and the department shall be furnished free of charge with one executed stand counter part of the agreement.

Performance security furnished in the form specified in clause 3.10.2 (b) to (e) of sub- rule (3) of Rule 75 of the said Rules 2013 shall remain valid for a period of sixty days beyond the completion of all contractual obligations of the bidder, including warranty obligations and maintenance and defect liability period.

The original BG shall be deposited at the office of Mission Director, NHM. Scanned copy of the BG shall be uploaded with the online proposal.
In case performance security is deposited in form of Bank guarantee (BG), then the same should be valid for 30 months from the date of signing of the Agreement.

The Government in the following circumstances can forfeit the Security Deposit;

(i) When any terms or conditions of the agreement are infringed or not complied with.
(ii) When the service provider fails in providing the services satisfactorily.
Notice will be given to the bidder/service provider with reasonable time before the earnest money / security deposit is forfeited.

3.11 Financing of the Project:

Financing of the project shall be on reimbursement basis in accordance with the provisions of the agreement. Claims/reimbursements are envisaged on monthly basis on submission of statements of claims by the service provider. No advance financing shall be done under any circumstances.

3.12 Investment and ownership

All moveable and immovable assets created in the project will be the property of RSHS (NRHM), Government of Rajasthan. Account of such assets shall be maintained properly. The assets will have to be handed over to the Government on completion/termination of the agreement in proper working condition. Service Provider shall ensure to send the detailed information on monthly basis of the assets procured in that particular month.
In case of Ambulances, they have to be handed over in operative and road worthy condition along with the tools provided by RSHS (NRHM) in good condition; normal wear and tear is permissible. In case the Ambulance is found non road worthy then the ambulance will be repaired at the risk and cost of the Service provider.
NHM may undertake inspection of any of the ambulance and call center by the officers nominated by MD, NHM and shortcomings noticed in the report may result in imposition penalty as per provisions of the agreement. NHM may also undertake verification of calls and OPD numbers in the hospitals (of the patients intimated to be admitted by 108/104 ambulances); in case any shortcomings noticed in the report it may result imposition of penalty as per provisions of the agreement. In case of any mismatch, payment related to that particular case shall be deducted from the claims of the service provider.

3.13 Operational Parameter and Penalty Clauses

For 108 Ambulances:-

1. **TRIP**: Trip Is defined as under:-
2. **0**.1 trip for every 3 kilometers.
3. **TRIP (Event calls):** In case of the ambulance is being used for events like religious fairs and festivals, police / army recruitments and if the ambulance is stationed at a particular place for one shift i.e. 12 hours then credit of 2.5 trips is admissible and in case the ambulance has been stationed round the clock i.e. Two shifts, then credit of 5 trips is admissible. In case the ambulance is used only for one shift and for the remaining time it is used for other emergency duties, then the credit would be given for its emergency operations which are again subject to

maximum 5 trips. These two cannot be claimed simultaneously. It has to be either one shift or the actual emergency services which is maximum 5 (whichever is higher).

4. **Un availed trips: Out of total trips unavailed trips are allowed up to 10% of the total trips .If percentage of un availed trips to total trips is more than 10%, then trip count of such trips in excess of 10% of the un availed trips will be made on the basis of 50 per cent of the criterion described in point 1 above. For e.g. Suppose Bid Price is Rs. 75,000 per ambulance per month. An ambulance does total 150 trips out of which 15 are unavailed trips then complete Rs. 75,000/- shall be payable. Now if an ambulance does 30 unavailed trips then up to 135 trips it will be paid @ Rs. 500/- per trip for remaining 15 trips it will be paid Rs. 250/- per trip and a total amount of Rs.71750/- per month for that ambulance.**

5. Definition of Average: The average of 5 trips/Ambulance/ day will be calculated over a period of 1 month for each District.

(a) The Agency (Service Provider) shall ensure that an average of 4 trips/day/Ambulance is achieved in the first 3 months of operation after fully taking over of the project (this is not applicable on subsequent launching of any new Ambulances in the fleet); after which performance level of 5 Trips/Day/Ambulance is achieved. Other than this no call or emergency should be left unattended even after expected levels of minimum trips is achieved. In case this level of services is not achieved then a proportionate deduction towards non-running of ambulances shall be affected from the claims. In case of other defaults in services necessary action under terms of the agreement will be initiated in addition to imposition of penalty considering seriousness of the default. The fault shall be determined with reference to the outputs as mentioned at **Part A3 clause3** above and the penalty will be determined by a committee consisting of Principal Health Secretary, Medical & Health, Mission Director, National Rural Health Mission, Director (PH) & Project Director (NRHM).

(b) The amount of penalty shall be recovered from the claims submitted by the service provider. In the absence of any claim, it can be recovered from security deposit also.

(c) Service provider shall recommend the list of vehicle/s which he feels appropriate for condemnation. Department / NHM after following all due procedures as per rules and seeking technical advice may declare that particular vehicle/s as condemn vehicle/s. Service provider shall be responsible for providing alternative vehicle/s on the respective location either hiring from market or purchasing on its own. Department may provide replacement if availability of vehicle/s is there. For the substitute vehicle/s, service provider will have to ensure all the physical, technical and mechanical parameters before replacement. No additional charges shall be paid by Department/ NHM for the above and the Services provider will be reimbursed on the same rate as is quoted for that particular ambulance type in the financial quote.

(d) Service provider to ensure Comprehensive Insurance of the Ambulances for whole of the contract period. New Service Provider shall ensure to transfer the old insurance certificates from previous service provider's name to its name.

S.No	Description of Penalty	Amount of penalty to be imposed
1.	**Permissible Response Time as per clause 3.18 : (for 108 ambulance and 104 Janani Express)**	If the delay in Permissible Response Time exceeds 150 minutes cumulatively/ Ambulance/month then a penalty of 0.1% of the monthly "Bid Price`" will be deducted for delay of every 10 minutes thereafter.

	Urban- 20 min Rural- 30 min Desert (Bikaner, Barmer & Jaisalmer other than urban areas)- 40 min	
2.	**Off Road Penalty : (for 108 ambulance and 104 Janani Express)** Service Provider has to ensure 95% vehicles on road in a given month. This includes maintenance etc. This calculation shall be done at district level prior to making the payments. if vehicles remain off road more than 5% than; (The Service Provider shall not ground any 108 Ambulance, 104 Janani Express and Base ambulance for undertaking maintenance/service or repair works except with the prior written approval of the Department. Such approval shall be sought by the Service Provider through a written request to be made at least 7 (seven) days before the proposed grounding of a particular Ambulance and shall be accompanied by necessary particulars thereof, such as the exact time period/time-slot required for grounding/serving of a particular Ambulance.) The information for on road/ off road vehicles, a separate email – id will be generated at the state level. The communication of the information regarding the	Proportionate deductions shall be affected from the claims. Along with Rs. 500/- penalty from per vehicle the bid price on daily basis. **For example:** **No. of 108 Ambulances/Janani in a district = 30** **No. of working days in a month = 30** **Therefore,** **30x30 = 900 Ambulance Days** **95% of 900 = 855, i.e. No penalty up to 855 Ambulance days on road a month.** **If a particular Ambulance remains on road less than 855 Ambulance days then proportionate deductions shall be made in addition to penalty of 10% of the bid price per Ambulance per day. On this basis, number of 104 Janani Express will be calculated. The calculation for on road/ off road 108 Ambulance and 104 Janani Express will be done separated.**

	off road vehicle will be considered most important. If the information is not communicated on the state generated email id, then the vehicle will be considered off road and will be provisioned for a penalty.		
3.	In case an average of 5 trips per ambulance per day is not achieved, (only for 108 ambulances)	Then a proportionate deduction towards non-achieving of the vehicle shall be made from the claims**. For e.g. If an ambulance makes 150 trips in a month of 30 days no proportionate deduction shall be done as average trip per day is 5.** **Proportionate deductions shall made as follows:-** **Suppose bid price is Rs. 75,000/- per ambulance per month. Per trip cost in this case shall be Rs. 500/- (in a month of 30 days 75000/150=500). If an ambulance does 140 trips then an amount of Rs. 5000/- (150-140=10*500) shall be deducted from the claims for that ambulance per month.**	
4.	Any shortfall/ default found on inspection by RSHS (NRHM)/ authorized District representatives. (For 108 ambulance, 104 Janani Express and Base ambulance)	1.Poor General cleanliness/ Ambulance body maintenance 2. Hygienic storage of Medical/ non-medical consumables 3. Non availability of Medical/ non-medical consumables as per the enclosed list at Annexure 15 4. Non functioning of any Equipments 5. Proper updated maintenance of log book, stock register, PCR record, vehicle maintenance record as prescribed by NRHM 6. Nonfunctioning of Air-conditioning of Ambulance	Penalty of Rs 500/- 1st time for every shortfall/ default and subsequently Rs 1000/- / Ambulance (Individually for every shortfall/ default)
5.	Ambulances are not operational due to strike by Ambulance staff / management, payments, short of funds or any unacceptable	Proportionate Deductions of the bid price will be made for the non-operative period of the Ambulance along with additional penalty of 5% of the bid price/ Ambulance/ day.	

	reasons.(for 108 ambulance and 104 Janani Express)	
6.	Submission of information desired by NRHM, GoR in stipulated time frame.	Penalty of Rs 1000/- will be imposed for every default.
7.	If any GPS unit is frequently non-functional then replacement of such GPS units should be ensured within 2 days or else penalty will be imposed at the rate of Rs 1000/- per day per GPS unit from 3rd day onwards.(For 108 ambulance,104 Janani Express and Base ambulances)	

104 Janani Express

A Janani Express is expected to cater to minimum 75 cases in a month in the quoted bid price If it does lesser than 75 cases; proportionate deductions shall be affected from the claims.

Base Ambulance

(e) Any base ambulance will not be allowed to remain off road for more than two days in a month. After two days a penalty of Rs. 1000/- per day per ambulance shall be charged from the service provider.

(f) Service Provider shall take permission from the respective MoIC for keeping the vehicle off road for these two days. Without permission off road even in these two days will attract penalty @ Rs. 1000/- per day per ambulance.

(g) Penalty off Rs. 1000/- shall be charged in case of any default/s per day per ambulance.

(h) If it is found any time that the ambulance is utilized for illegal/unethical task then penalty of Rs.2000/- per such incident shall be deducted from claims and strict disciplinary/legal action will also be initiated against the Service Provider for such misconduct.

3.14 Sanctions and Transfer of funds to the service provider: Transfer of funds shall be done from State Level, Rajasthan State Health Society online/centrally to the Service Provider.

The Service Provider shall submit claims with the relevant documents mentioned at **Annexure 22** to the CMHO office of the respective district. District shall do the initial verification and checking of calculation within 5 days of receipt of invoices complete in all aspects mentioned in Annexure 22. And issue sanction to the service provider endorsing a copy to the MD, NHM for payment of 80% of the invoice amount based on calculation and verification. RSHS shall transfer the 80% amount centrally to the service provider on the basis of sanction received from the district within 10 working days of receipt of such sanction.

After checking, authentication, verification, due deductions as per rules (retaining all the vouchers and related documents at district level only for future audit purposes); districts shall issue Sanction out of remaning 20% "to be paid after all verification and all due deductions as per agreement" within 15 days of sanction of 80%. A copy of such Sanction shall also be endorsed to MD, NHM for transfer of funds centralized from State level. At State level funds shall be transferred to Service Provider within ~~5~~10 working days of receipt of such verification report and Sanction from the

districts. Respective Chief Medical and Health Officer shall be ultimately responsible for correct verification of bills and payment sanction. In case, the required documents are not submitted with the invoice or are not completed (as per **Annexure 22),** then the payments (related to both 80% and 20%) shall not be made to the service provider and in no case service provider shall raise a claim on such incomplete invoices.

3.15 Referrals by 108,104 and base ambulances:-
In case a patient needs referral then following approvals are required:-

For referral of a patient; referral slip from the MoIC of the institution indicating need for such referral is required.
Referral within the district concerned CMHO shall approve.
For Inter –district referral within the zone Joint Director of the respective zone shall approve.
For Inter- district referral outside the zone MD, NHM shall approve.

In emergency situations prior approval for referral is not required.
Taking approval for referral shall be the responsibility of Service Provider.

3.16 Software Requirements:

3.16.1 For 108, 104 JE and Base ambulances

1. To maintain the various information of Integrated Ambulance Services (ERS) and Global Positioning System (GPS) should be fully computerized (with online login facility from DM&HS) and Comprehensive Data will be provided through online reports to DM&HS.
2. It should be efficient, scalable and transparent to assist the stake-holders of RSHS (NRHM) (at state/districts) for the better monitoring, management, planning and decision-making to ensure the effective delivery of ERS and real-time tracking of ambulances.
3. It should generate various required auto generated reports (online/offline/graphical/charts) which are downloadable/ exportable without manual intervention.
4. Conduct security audit of complete ERS system from hackers/ viruses/ malwares/ spywares with timely renewal of the security services (within 3 months) otherwise penalty will be imposed.
5. Application software, database structures, database, application user-interfaces, user guidelines, flowcharts, training manuals and other information should be provided to RSHS (NRHM) which will be the property of RSHS (NRHM). (within 1 month)
6. The administrative rights to amend/modify/change the application software, database structures should be under the control of NRHM.
7. The deployment of complete application software and database at the SIHFW, Jaipur with proper provision of Disaster Recovery (DR).
8. Change request mechanism including User Acceptance Test (UAT) for the timely incorporation of any new report (in MIS) so as to avoid frequent changes in the software.

9. Include provision of Query By form in the software for the generation of any kind of dynamic reports (downloadable/ exportable).
10. Appropriate user-rights for generating reports and viewing the information should be provided to the department to generate information from the system on real-time basis with quality, completeness and relevancy of information in the various reports.
11. GIS mapping of ambulances with proper color-coding (i.e. Moving: GREEN, Stopped-On road: RED, Stopped-Off road: BLACK) and information (i.e. vehicle registration no., driver name, vehicle contact no., speed, status, reason for Off-road etc)
12. Various MIS reports (detailed/summary) should be generated through GPS.
13. Mechanism to auto-email the auto-generated daily and monthly reports to NRHM. daily and monthly reports **(annexure 14)** should be auto-generated without manual intervention
14. Submission of monthly backup of database by 3rd of every month to the NRHM and the support to restore the backup and view/search information.
15. Regular AMC of hardware/ software/ security / communication channels for the smooth operations of the ERS and GPS.
16. Hand-over of complete operational system at the end of the project period/ termination/ discontinuation services.
17. Ensure adequate number of call queues so that calls do not remain unattended or dropped without entering into the software at the level of telephone exchange or show lines busy. Report should be submitted to NRHM.
18. GPS device should have capacity to store approximately 2000 records during "No Network Connection" situation and GPS History Tracking is an in-built feature of the software. Minimum period given for History Tracking of GPS data should be at least 60 days.
19. Dynamic reporting should be incorporated in the software, so that queries can be generated on various fields like call date, chief complaint type, unattended calls, and off-road vehicles.
20. Software general requirements:

S.No.	Description
1.	Virtual PBX Integration
2.	Supporting Multi-user environment
3.	Ability to use common call input screen for Medial, Police & Fire
4.	Ability to automatically check for duplicate calls
5.	Caller Archived Maintained (whenever same caller call then its information automatically display on screen)
6.	Inbound/Outbound Calling
7.	Automatic generation of custom caller IDs and trip IDs
8.	Full-featured Advanced Call Distribution (ACD)
9.	Adequate number of call queues
10.	Ability to forward information, Call return, Call out (VOIP/PSTN)
11.	Conference bridges
12.	Ability to view queues; calls & agents status

13.	Time based, real-time statistics
14.	One-click call monitoring
15.	Customizable fields, functionality
16.	Powerful/Customizable reporting with graphical representation
17.	Real-time queue and agent data reports
18.	Data Import/Export facility
19.	Compatibility to log calls with GPS (Global Positioning System) incorporated in GIS (Geographical Information System) with GSM/GPRS (Global System for Mobile Communication/General Packet Radio Service) integrated Ambulance monitoring and tracking system.
20.	AVLT integration under MDA application Computer added TRAI protocol equivalent to AMCDS for communication.
21.	Agent application medical Protocol for physician application
22.	Business continuity plan compliant [so that services should not hamper]
23.	Single record for an event [end to end], integrated with audio and data.
24.	Medical dispatch agent application integrated with SMS.
25.	Patient care record should be computerized.
26.	Fleet management system integrated with medical dispatch agent application
27.	Single application to administer all users of the ERS system.
28.	SMS integration (SMS to driver, to caller and to authority as specified by NHM)
29.	Mobile application

3.16.2 Call center:-

1. The call center should maintain a call closure rate of 100%, which will be sent to department on regular basis.
2. The successful bidder shall ensure and enter into specific agreements related to complete security of information, database and the behavior of its employees while answering the calls.

3. All supporting documents should be provided as part of the proposal.

4. The Call Centre shall have the facility of handling telephone lines from more than one telecom operator in future. It should also have the capability of Call Holding and Skill-based Call Routing facilities. It shall also bear the Internet charges incurred by the Call Centre.

5. The Call Centre Company would engage at least one Supervisor per shift, who would be fully conversant with all aspects of the *Helpline* processes and subject matter.

6. The Call Centre Agents would record the name, address, contact details, queries, disease type, reply to the query by the call center, escalation details etc. in a suitable format which is approved by the Department. In case of a repeat call by a caller, the name and other personal details of the caller shall be retrieved from the database automatically after entering the telephone/mobile number of the caller.

7. Calls will be answered within 3 rings with hold time not more than 10 seconds.

8. The Call Detail Database containing the information about the personal details of the callers, queries raised, answers given, etc. shall be maintained on a web enabled database which can be accessed from anywhere on the web by authorized users.

3.16.2.1 Call center interface

- This provides the interface to the users and call takers for logging, tacking, resolution & closing of calls. The following are different types of interfaces that can be used by the operators:

- The health helpdesk especially for 104 MAS: The helpdesk staff will consist of doctors and paramedical staff in the ratio of 1 doctor for every 6 paramedics/call takers. The services and information will be provided in three languages, viz. Rajasthani, Hindi and English. Ratio of doctor and psychologist shall be 2:1 in the call center. As per requirement NRHM shall have the right to revise the ratio. Doctor or psychologist shall have at least three years of post – qualification work experience.

3.17 Quality assurance in operations

3.17.1 Call Recording and Monitoring

All calls received by the call takers second by second will be recorded using the "state of the art technology", enabling electronic transfer of the recorded calls (*.mp3 files) to the Department via email within 24 hours upon request. These same recorded calls will also be sent to the Department on CD-ROM on monthly basis and as and when required. Such calls will also be used for paramedic training & coaching for which supervisor will listen to calls for improving the performance of paramedics.

3.17.2 Call Verification

Calls will be made available at all times to the Department staff for any necessary due diligence.

3.17.3 IT Infrastructure Audit

The software developed/customized for the system shall be audited by the agency from a security & controls perspective. Such audit shall also include the IT infrastructure and network deployed for system. Following are the broad activities to be performed by the Agency as part of the security review. The security review shall subject the system for the following activities:-

- Audit of Network, Server and Application security mechanisms

- Assessment of authentication mechanism provided in the application /components/ modules

- Assessment of data encryption mechanisms implemented for the solution
- Assessment of data access privileges, retention periods and archival mechanisms
- Server and Application security features incorporated etc
- Security audit shall be the responsibility of the service provider.

3.18 Performance Standards and Standard Operating Procedures

3.18.1Performance Standards for Ambulances

(a) The ambulance has to reach the site of requirement within the response time of receiving such calls at the Emergency Response Center in all of the cases. It is clarified that non-response to hoax calls, repeat calls, crank calls or calls that did not provide an address for the Patient will not be taken into account while determining adherence to Response Time standards by the Operator. Response Time standards shall apply to all emergency ambulance requests requiring a response as determined by the Emergency Response Center (ERC) using call screening and dispatch protocols approved by the Department and only such calls shall be used for the purposes of determining response time compliance calculations.

(b) Any delay in adhering to the Response Time and Patient Transport Times standards shall be recorded and reported by the Operator to Department and deductions shall be effected from the monthly bills as per penalty clause.

(c) Response Time calculations shall be calculated as:

i. Time of Call Received- shall be defined as the time at which the ERC has received a call through telephone or any other source (fire service, police).

ii. Time of Arrival on Scene – shall mean the time at which an ambulance crew (the pilot) notifies the ERC that the ambulance has reached the point to the Patient.

iii. Response Times for Urban, Rural and Desert areas respectively are as given below:

Urban - 20 mins for 8-10 kms

Rural - 30 mins for 10-15 kms.

Desert (Bikaner, Barmer & Jaisalmer other than Urban areas) - 40 mins for 15-20 kms

Beyond upper limit in each category 2 mins for every one kms shall be considered.

iv. In case of multiple response i.e. more than one vehicle arriving at the scene, the response time shall be recorded for the first vehicle arriving on scene.

(v) Response time standards may be suspended in case of a multi casualty incident or disaster in case Department calls on the vehicles to aid.

3.19 Call Flow

The envisaged call routing of any call coming to the call center is the following:

1. A beneficiary dials the '108' or '104' helpline number

2. The call is received by a paramedic/call taker within 10 seconds.

3. If the beneficiary needs information, counseling or medical advice, then citizen details are captured and entered in the system

4. The paramedic provides information to the beneficiary as per the data that is available with the helpdesk

5. If the beneficiary asks for medical advice then the paramedic asks for symptoms from the citizen

6. The paramedic provides advice with the support of clinical decision support system available to him/her

7. The paramedic can suggest hospitals/private practitioners to be visited by the beneficiary for further clinical advice

8. The paramedic can also provide information about nearby pharmacists in case the beneficiary needs to know where he can procure medicines etc.

9. If the beneficiary is not satisfied with the counseling, information or medical advice, or if the paramedic believes that more expertise is required to assist the beneficiary, the call is routed to an available doctor.

10. The doctor then tries to provide the relevant information, counseling or advice to the beneficiary.

11. If the beneficiary needs emergency care, the call is routed to '108' ambulance in case of General emergency if 108 ambulance is reported to be busy/not available at that time the call shall be routed to the 104 vehicle available for referral transport. Directory of phone numbers of such vehicles shall be provided by NRHM.

12. If call is related to Maternal or Child Health Emergency the call shall be routed to 104 Janani Express. If 104 JE is found busy at that time the call shall be routed to 108 ambulance.

13. If the caller is not an emergency but needs transport service; it will be provided with Base ambulance at a pre-decided rate to be paid by the beneficiary. Call may also be routed to base ambulance if in case an emergency is there and both 108 and 104 vehicles are busy at that point of time. In this case no charges shall be taken from the beneficiary.

NRHM/GoR shall provide data related to Medical and Health Services, for information directory and other data, necessary for project implementation but bidder will also have to bring its own knowledge bank based on previous experience/ study conducted on the matter to assist the NRHM/GoR.

3.20 Monitoring & Evaluation

a) The performance will be reviewed monthly by Mission Director, National Rural Health Mission and quarterly by Principal Secretary, Medical & Health Department.

b) The District Chief Medical & Health Officers will oversee the activity within their respective districts in District Health Societies meetings.

c) The services and records of the service shall be subject to inspection by designated officer(s) of Medical & Health Department.

d) Evaluation of performance shall be undertaken by National Rural Health Mission.

3.21 Saving Clauses

In the absence of any specific provision in the agreement on any issue the guidelines issued/to be issued by the Mission Director, NRHM, Government of Rajasthan shall be applicable.

3.22 Force Majeure:

(a) Integrated Ambulance Services as being Emergency Services, the Operator shall not be allowed to suspend or discontinue Emergency Medical Services during occurrences of emergencies or Force Majeure Events. Provided, in such circumstances of emergencies and Force Majeure Event, if the Performance Standards are not complied with because of any damage caused to Ambulance vehicles or any of the Project Facilities or non-availability of staff, or inability to provide services in accordance with the Performance Standards as a direct consequence of such Force Majeure Events or circumstances then no penalties applicable for the relevant default in Performance Standards would be applied to such particular defaults. Provided further, unless the Force Majeure event is of such nature that it completely prevents the operation of Ambulances, a suspension of or failure to provide Emergency Services on the occurrence of a Force Majeure event will be an Event of Default and Department may terminate this Agreement without any termination payment being made in respect thereof.

(b) Department agrees to reimburse the cost of repair or replacement of any Ambulance or equipment in respect thereof that is damaged as a direct consequence of a Force Majeure Event, to the extent that such cost was not covered by the relevant insurance policies that were obtained by the Operator.

(c) On the occurrence of any Force Majeure Events or implementation of any disaster management operations or law and order emergencies, Department may give instructions to the Operator including requiring deployment of certain number of Ambulances in specific locations, in such circumstances, the

Operator shall comply with such instructions and will be excused from adherence to relevant performance standards.

(d) The failure of a party to fulfill any of its obligations under the agreement shall not be considered to be a default in so far as such inability arises from an event of force majeure, provided that the party affected by such an event:-

- Has taken all reasonable precautions, due care and reasonable alternative measures in order to carry out the terms and conditions of the agreement, and
- Has informed the other party as soon as possible about the occurrence of such an event.

3.23 Termination /Suspension of Agreement

(a) The Government may, by a notice in writing suspend the agreement if the service provider fails to perform any of his obligations including carrying out the services, provided that such notice of suspension--
(i) Shall specify the nature of failure, and
(ii) Shall request remedy of such failure within a period not exceeding 15 days after the receipt of such notice.

(b) The Government after giving 30 days clear notice in writing expressing the intention of termination by stating the ground/grounds on the happening of any of the events (i) to (iv), may terminate the agreement after giving reasonable opportunity of being heard to the service provider.
(i) If the service provider do not remedy a failure in the performance of his obligations within 15 days of receipt of notice or within such further period as the Government have subsequently approve in writing.
(ii) If the service provider becomes insolvent or bankrupt.
(iii) If, as a result of other than force majeure conditions, service provider is unable to perform a material portion of the services for a period of not less than 60 days: or
(iv) If, in the judgment of the Government, the service provider is engaged in corrupt or fraudulent practices in competing for or in implementation of the project.

(c) In the event of premature termination of the contract by the Government on the instances other than non-fulfillment/ non-performance of the contractual obligation by the agency, the balance remaining un-paid amount on account of capital expenditure as on the day of termination shall be released within six months from the date of such termination.

3.24 Modifications

Modifications in terms of reference including scope of the services can only be made by written consent of both parties. However, basic conditions of the agreement shall not be modified.

3.25 Settlement of Disputes:

If any dispute with regard to the interpretation, difference or objection whatsoever arises in connection with or arises out of the agreement, or the meaning of any part thereof, or on the rights, duties or liabilities of any party, the same shall be referred for decision to the committee which would consist of the following-

1) Chief Secretary, Government of Rajasthan
2) Principal Secretary, Medical Health & Family Welfare.
3) Principal Secretary, Finance Department.
4) Principal Secretary, Law Department.

In case of Dispute, payment of 10% to 25% shall be "with-held" and will be paid on settlement of the dispute.

3.26 Right to Accept and Reject any Proposal

Government reserves the right to accept or reject any proposal at any time without any liability or any obligation for such rejection or annulment and without assigning any reason.

3.27 Award of Contract and Agreement

On evaluation of technical and financial parts of proposal and decision thereon, the selected bidder shall have to execute an agreement with the Government within 15 days from the date of acceptance of the bid is communicated to him. This Request for Proposal along with documents and information provided by the bidder shall be deemed to be integral part of the agreement. Before execution of the agreement, the bidder shall have to deposit Performance security as mentioned in the proposal above.

3.28 Jurisdiction of Court

Legal proceedings if any shall be subject to Jaipur (Rajasthan) jurisdiction only.

PART A4

REPORTING

- Generation of daily and monthly reports regarding call received and ambulance dispatch.
- Generation of daily and monthly reports regarding trips, response time and off road-on road ambulances.
- Generation of daily and monthly reports regarding calls Received & calls attended.
- Generation of daily and monthly reports regarding complaints Received & complaints attended.
- Furnishing daily report to the concerned authority for updating the website.
- Development of suitable Management Information System (MIS) for reporting periodical progress in Redressal of public grievances.
- It shall have feature to generate customized reports as per the requirement
- The daily, weekly, monthly reports shall include the following but not limited to:
    - **a.** Report on calls handled & call pending,
    - **b.** Average duration of calls,
    - **c.** Min. & max duration of calls,
    - **d.** Number of instances the operator found busy,
    - **e.** Calls abandoned due to breakdown,
    - **f.** Calls made / referred to stakeholder institutions.
    - **g.** Call type etc.
- Submission of quarterly / half yearly / annual progress report to MD, NHM.
- It shall have the facility to host the web portal containing the MIS and call data Captured.
- Senior level officials of the Call Centre operator shall be required to attend status review meetings to be held by, at regular intervals.
- The service provider shall have to submit the reports in the form and format desired by the Department/ NHM.

ANNEXURES

ANNEXURE 1: APPLICATION FORMAT

APPLICATION FORMAT		
1	Proposal submitted for the project	Proposal submitted for the project: "Integrated Ambulance Services" popularly known as "Dial an Ambulance Project" in Rajasthan"
2	Name and postal address of the organization submitting Proposal. PAN, Service Tax and Sales Tax registration numbers with self-certified copy	
	Telephone No. with STD Code	
	Fax Number	
	E-mail address, if any	
	Reference of registration/incorporation of the organization.	
	Name and address of the Chief Executive (with telephone No's.)	
3	Proposal addressed to:	Mission Director, NRHM, 3rd Floor, Swasthya Bhawan, Tilak Marg, Jaipur-302005 (Rajasthan).
4	Reference of the Notice for invitation of proposals	No…….dt……..
5	Reference of deposit of document Charges	1. Receipt/DD No……..dt…… For Rs…… 2. Receipt/DD No……..dt…… For Rs…… 3. Receipt/DD No……..dt…… For Rs……
6	Authority for signing and submitting the document (Power of Attorney, Resolution of the organization)	
7	Documents enclosed in support of the Request- 1) …… 2) …… 3) …… 4) …… 5) …… Total pages……. Name and signature of the authorized signatory Seal of the organization Date:	

ANNEXURE 1A: FORMAT for UNDERTAKING

6. I/We declare that we have read and understood and that we accept all clauses, conditions and any addendum thereof, and descriptions of the RFP document without any change, reservations and conditions.
7. I/We have carefully examined and conform to all the parts of the RFP documents and have obtained all the requisite information affecting this proposal and am/are aware of all conditions and difficulties likely to affect the execution of the agreement.
8. I/We hereby propose to implement the project as described in the RFP document in conformity with the conditions of agreement and the technical aspects as indicated in this RFP.

Place:

( )

Date: Signature of authorized signatory

Designation and Official seal

Note- The bidders are not required to submit a signed copy of RFP document along with his Proposal

ANNEXURE 2: ACKNOWLEGEMENT & FINANCIAL PROPOSAL

FINANCIAL PROPOSAL (BOQ)

To
The ……
Department of Health & Family Welfare
Government of Rajasthan

Sub: - Request for Proposal for "Integrated Ambulance Services" popularly known as "Dial an Ambulance Project" in Rajasthan

Sir,

1. Having carefully examined all the parts of the RFP documents and having obtained all the requisite information affecting this proposal and being aware of all conditions and difficulties likely to affect the execution of the agreement, I/We hereby propose to implement the project as described in the RFP document in conformity with the conditions of agreement, technical aspects and the sums indicated in this financial proposal.

2. I/We declare that we have read and understood and that we accept all clauses, conditions and any addendum thereof, and descriptions of the RFP document without any change, reservations and conditions.

3. If our proposal is accepted, we undertake to deposit security deposit equals to the 5% of the Project Cost arrived at on the basis of financial quote before execution of the formal agreement

4. I/We agree to abide by this proposal/bid for a period of 180 days from the date of its opening and also undertake not to withdraw and to make any modifications unless asked for by you and that the proposal may be accepted at any time before the expiry of the validity period or the extended bid validity period.

5. Unless and until the formal agreement is signed, this offer together with your written acceptance thereof shall constitute a binding contract between me/us and the Government of Rajasthan.

6. The Financial Bid shall be inclusive of all the applicable taxes and the government will not pay anything over and above the rate quoted in the BOQ.

7. We submit the Schedule of Rate as appended herewith.

Yours faithfully
Signature of the authorized signatory

Encl: Schedule of Rate

ANNEXURE 3: FINANCIAL BID

SCHEDULE OF RATES (BOQ)

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

(OPERATING COST PER AMBULANCE PER MONTH) 24x7

(Indian Rupees)

Particulars	Cost/Ambulance/Month (Exclusive of service tax but inclusive of all other taxes as applicable)
Implementation of Integrated Ambulance Service project in Rajasthan for: Charges for Operation & maintenance of the 108 ambulance services including:- • Salary & allowances of the personnel deployed • Recruitment & training • Staff insurance & others • Fuel • Comprehensive maintenance charges of ambulances • Ambulance comprehensive insurance (from Government agency/ Government Insurance company) • Uniforms • Ambulance mobile phones • Conveyance & traveling • Asset insurance • Telephone, Mobile, PRI line, internet services • Rent of buildings, electricity & water • Housekeeping • Security audit of software • Maintenance and upgradation of software. • AMC of hardware's, software's, equipments • Postage & courier, printing and stationary • Medical and non-medical consumables(as per Annexure 15) in every ambulance • All other miscellaneous expenses • All the stipulations of the RFP	Single rate to be quoted for all items mentioned from 1 to 20 Rs ……..…… (Rupees in words ……..... …….…… ……... Only). Per 108 ambulance per month.
Implementation of Integrated Ambulance Service project in Rajasthan for: Charges for Operation & maintenance of the 104 Janani Express services including:- • Salary & allowances of the personnel deployed • Recruitment & training	Single rate to be quoted for all items mentioned from 1 to 20 Rs ……..…… (Rupees in words

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

All the stipulations of the RFP	

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

Place:

( )

Date: Signature of authorized signatory

Designation and Official seal

ANNEXURE 3A(i) : Board Resolutions

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

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

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

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

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

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

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

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

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

(Director)

Certified true copy by Company Secretary

(Signature, Name and stamp of Company Secretary)

Notes:

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

ANNEXURE 3A (ii): Board Resolutions

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

M/s_____

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

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

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

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

(Directors)

Certified true copy

(Signature, Name and stamp of Company Secretary)

Notes:

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

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

ANNEXURE 4: FORMAT FOR COVERING LETTER

Format for Covering Letter

[On the Letter head of the Applicant (in case of Single Applicant) or Lead Member (in case of a Consortium)]
Date:

To
The Mission Director
National Rural Health Mission
Government of Rajasthan
Jaipur

Re: "Integrated Ambulance Services" popularly known as "Dial an Ambulance Project" for Rajasthan State.

Madam / Sir,

Being duly authorized to represent and act on behalf of…… (Hereinafter referred to as "the Applicant"), and having reviewed and fully understood all of the requirements and information provided in this RFP, the undersigned hereby apply for the qualification for Emergency Medical Services for Rajasthan. We are enclosing our Application with BID SECURITY amount of Rs. _____in the form of Demand Draft and two copies of Proposal (Part A, Part B and Part C) with the details as per the requirements of this RFP. We confirm that our proposal is valid for a period of Six months from_____(Application Due *Date).*

Yours faithfully,

_____
(Signature of Authorized Signatory)
(NAME, TITLE AND ADDRESS)

ANNEXURE- 5: POWER OF ATTORNEY

Format for Power of Attorney for Signing of Application

(On a Stamp Paper of relevant value)

Power of Attorney

Know all men by these presents, We M/s……(name and address of the registered office) do hereby constitute, appoint and authorize Mr / Ms……(name and residential address and PAN), duly approved by the Board of Directors in their meeting held on_____ (Copy of board resolution enclosed), who is presently employed with us and holding the position of ……as our attorney, to do in our name and on our behalf, all such acts, deeds and things necessary in connection with or incidental to our bid for "Integrated Ambulance Services" popularly known as "Dial an ambulance Project" in Rajasthan including signing and submission of all documents and providing information / responses to the Department of Health & Family Welfare, GoR, representing us in all matters before Deptt. of MH&FW, GoR, and generally dealing with Deptt. of MH&FW, GoR in all matters in connection with our bid for the said Project.

We hereby agree to ratify all acts, deeds and things lawfully done by our said attorney pursuant to this Power of Attorney and that all acts, deeds and things done by our aforesaid attorney shall and shall always be deemed to have been done by us. Dated this the _____ day of _____200_

For _____

(Name, Designation and Address)

Accepted

_____(Signature)

(Name, Title and Address of the Attorney)

Date: _____

Note:

i. 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 executants (s) and when it is so required the same should be under common seal affixed in accordance with the required procedure.

ii. In case an authorized Director of the Applicant signs the Application, a certified copy of the appropriate resolution/ document conveying such authority may be enclosed in lieu of the Power of Attorney.

iii. In case the Application is executed outside India, the Applicant has to get necessary authorization from the Consulate of India. The Applicant shall be required to pay the necessary registration fees at the office of Inspector General of Stamps.

ANNEXURE- 6: POWER OF ATTORNEY FOR LEAD MEMBER

Format for Power of Attorney for Lead Member of Consortium

(On a Stamp Paper of relevant value)

Power of Attorney

Whereas the Department of Health and Family Welfare, Government of Rajasthan (GoR), has invited applications from interested parties for Expansion of "Integrated Ambulance Services" popularly known as "Dial an Ambulance Project".

Whereas, the members of the Consortium are interested in bidding for the Project and implementing the Project in accordance with the terms and conditions of the Request for Proposal (RFP) Document and other connected documents in respect of the Project, and

Whereas, it is necessary under the RFP Document for the members of the Consortium to designate the Lead Member with all necessary power and authority to do for and on behalf of the Consortium, all acts, deeds and things as may be necessary in connection with the Consortium's bid for the Project who, acting jointly, would have all necessary power and authority to do all acts, deeds and things on behalf of the Consortium, as may be necessary in connection with the Consortium's bid for the Project.

NOW THIS POWER OF ATTORNEY WITNESSETH THAT;

We, M/s. _____(M/s _____(Member (s)) (the respective names and addresses of the registered office) having formed a bidding consortium named_____ (insert name of the consortium) (hereinafter called as consortium), vide the consortium agreement dated_____ (copy enclosed) as approved by the Board of Directors of each member and having mutually agreed to appoint M/s_____ as the lead member of the said consortium, as our duly constituted lawful attorney hereinafter called the lead to do on behalf of the Consortium, all or any of the lawful acts, deeds or things as necessary or incidental to the Consortium's bid for the Project, including submission of application/proposal, participating in conferences, responding to queries, submission of information/ documents and generally to represent the Consortium in all its dealings with the Department, any other Government Organization or any person, in connection with the Project until culmination of the process of bidding and thereafter in the event of the Consortium being selected as successful bidder, this Power of Attorney shall remain valid and binding and irrevocable till the Agreement period as is entered into with Department of Health and Family Welfare, Government of Rajasthan (GoR) and the Consortium.

We hereby agree to ratify all acts, deeds and things lawfully done by Lead Member, our said attorney, pursuant to this Power of Attorney and that all acts deeds and things done by our aforesaid attorney shall and shall always be deemed to have been done by us/Consortium and shall be binding till the Agreement period on all members individually and collectively.

Dated this the _____day of 20__
(Executants)

Note: *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 executants (s) and the same should be under common seal affixed in accordance with the required procedure*.

ANNEXURE- 7: AGREEMENT

AGREEMENT

1. An agreement made this.....day of.....between..... ..... (Hereinafter called "the approved service provider", which expression shall where the context so admits, be deemed to include his heirs, successors, executors, Parent and affiliate companies and administrators) of the one part and the Governor of the State of Rajasthan (hereinafter called "the Government" which expression shall where the context so admits, be deemed to include his successors in office and assigns) of the other part.
2. Whereas the selected and approved service provider has agreed with the Government to implement the "Integrated Ambulance Services" popularly known as "Dial an Ambulance Service Project" (hereinafter referred to as "Project")in the State of Rajasthan in the manner set forth in the terms of the Request for Proposal (RFP) and Schedule of Rate appended herewith.
3. And whereas the selected and approved service provider has deposited a sum of Rs.....(Rupees……..) only in the form of …… as security for satisfactory performance of the Project.
4. Now these present witnesses:
5. In consideration of the payment to be made by the Government through Mission Director, National Rural Health Mission, Rajasthan at the rate set forth in the Schedule hereto appended, the approved service provider will duly and satisfactorily implement the project in the manner set forth in the terms of the RFP.
6. The terms of the RFP appended to this agreement will be deemed to be taken as integral part of this agreement and are binding on the parties executing this agreement.
7. Following letters/correspondence undertaken between the parties shall also form part of this agreement-

Govt. of Rajasthan	Approved service provider

8. (a) The Government do hereby agree that if the approved service provider shall duly implement the project in the manner aforesaid, observe and keep the said terms and conditions, the Government will, through Mission Director, National Rural Health Mission, Rajasthan, pay or cause to be paid to the approved service provider at the time and in the manner set forth in the said terms.

   (b) The mode of payment will be as specified below-

   - Financing of the project shall be on reimbursement basis.
   - Claims/reimbursements are envisaged on monthly basis
   - Payments to be released on submission of monthly statements of claims by the service provider and after their approval by the appropriate authority.

9. Termination /Suspension of Agreement

10. The Government may, by a notice in writing suspend the agreement if the service provider fails to perform any of his obligations including carrying out the services, provided that such notice of suspension –

11. Shall specify the nature of failure, and

    (1) Shall request remedy of such failure within a period not exceeding 15 days after the receipt of such notice.

    (2) The Government after giving 30 days clear notice in writing expressing the intention of termination by stating the ground/grounds on the happening of any of the events (a) to (d) as enumerated below, may terminate the agreement after giving reasonable opportunity of being heard to the service provider.

    (a) If the service provider does not remedy a failure in the performance of his obligations within 15 days of receipt of notice or within such further period as the Government have subsequently approved in writing.

    (b) If the service provider becomes insolvent or bankrupt.

    (c) I If, as a result of other than *force majeure conditions*, service provider is unable to perform a material portion of the services for a period of not less than 60 days.

    (d) If, in the judgment of the Government, the service provider is engaged in corrupt or fraudulent practices in competing for or in implementation of the project.

    (3) In the event of premature termination of the contract by the Government on the instances, other than non-fulfillment/ non-performance of the contractual obligation by the agency, the balance remaining un-paid amount as on the day of termination shall be released within six months from the date of such termination.

12. In case of any default in providing the services, necessary action under the terms of this agreement may be initiated by the Government in addition to imposition of penalty / liquidated damages / difference of loss of additional cost for new contract.

13. All disputes arising out of this agreement and all questions relating to the interpretation of this agreement shall be decided by the committee as specified in RFP document.

In witness whereof the parties hereto have set their hands on the .....day of.....2013.

Legal proceedings if any shall be subject to Jaipur (Rajasthan) jurisdiction only.

For and on behalf of
The Governor or Rajasthan

Principal Secretary,
Medical & Health
Signature & Designation

Signature of the
approved service provider,

Date:

Witness No.1.

Witness No.2.

Date:

1. Witness

2. Witness

ANNEXURE- 8: LETTER OF EXCLUSIVITY

Letter of Exclusivity

I, we, _____, hereby declare that we are/ will not associate with any other firm/entity/consortium submitting a separate application for the Project under consideration.

Dated this the _____ day of _____20….

For _____
(Name, Designation and Address of the
Chief Executive Officer of the applicant)
(Lead organization in case of consortium)
Accepted

_____(Signature)
(Name, Title and Address of the Applicant/s)
Date: _____

Note:
To be executed separately by all the Members in case of Consortium.

ANNEXURE- 9: FORMAT FOR JOINT BIDDING AGREEMENT

(Format for Consortium Agreement)

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

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

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

WHEREAS the RSHS (NRHM) intends to operate a professionally managed "Integrated Ambulance Services" popularly known as "Dial an Ambulance Service Project" for operationalization of existing fleet of 464 equipped Ambulances and further expansion by 227 additional equipped ambulances proposed to be deployed by _____, 2013 as per the directives of Department of Medical Health & Family Welfare.

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

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

NOW THEREFORE, THIS AGREEMENT WITNESSTH AS UNDER:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

12. It is further expressly agreed that this consortium agreement shall be irrevocable and shall form an integral part of the "Agreement" between Department of Medical, Health and Family Welfare,

Government of Rajasthan and the bidder consortium and shall remain valid until the expiration or early termination of the same.

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

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

15. This Agreement

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

    (b) sets forth the entire understanding of the Members hereto with respect to the subject matter hereof; and

    I may not be amended or modified except in writing signed by each of the Members and with prior written consent of NHRM.

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

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

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

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

Witnesses:

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

Name: Name:

Address: Address:

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

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

Witnesses:

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

Name: Name:

Address: Address:

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

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

Witnesses:

Signature ----------

Name:

Address:

Signature ----------

Name:

Address:

Signature and stamp of Notary of the place of execution

ANNEXURE- 10A: FORMAT FOR AFFIDAVIT

Format for Affidavit Certifying that Entity/ Promoter(s) /Director(s)/Members of Entity are not blacklisted (On a Stamp Paper of relevant value)

Affidavit

I, M/s. …… (Sole Applicant / Lead Member / Member/Affiliate), (the names and addresses of the registered office) hereby certify and confirm that we or any of our promoter(s) /director(s) are not barred by Department of Health & FW, Govt. of Rajasthan/ or any other entity of GoR or blacklisted by any state government or central government / department / organization in India from participating in Project/s, either individually or as member of a Consortium as on the_____ (Date of Signing of Application).

We further confirm that we are aware that, our Application for the captioned Project would be liable for rejection in case any material misrepresentation is made or discovered at any stage of the Bidding Process or thereafter during the agreement period and the amounts paid till date shall stand forfeited without further intimation.

Dated this ……..Day of ……., 20…..

Name of the Applicant

……

Signature of the Authorized Person

……

Name of the Authorized Person

Note:

To be executed separately by all the Members in case of Consortium.

ANNEXURE- 10B: ANTI COLLUSION CERTIFICATE

Anti-Collusion Certificate

We hereby certify and confirm that in the preparation and submission of our Proposal for "Integrated Ambulance Services" popularly known as "Dial an Ambulance Project" in Rajasthan against the RFP issued by Department of Health & Family Welfare, Government of Rajasthan, We have not acted in concert or in collusion with any other Bidder or other person(s) and also not done any act, deed or thing, which is or could be regarded as anti-competitive. We further confirm that we have not offered nor will offer any illegal gratification in cash or kind to any person or organization in connection with the instant proposal.

Dated this _____ Day of _____, 20____

For_____

(Name)

Authorized Signatory

ANNEXURE-11: INFORMATION REGARDING PAST EXPERIENCE OF THE BIDDER

Details of Bidder

Note: Details to be provided for the Bidder/ Lead Member / each Member of Consortium (in case of Consortium)

Details of Organization:		
Name of the organization		
Type of Legal entity		
Year of Incorporation/Registration/Commencement		
Name of the Authority/Jurisdiction/Law under which the Legal entity is incorporated or registered.		
Statute Legislation under which the Legal entity is incorporated/registered		
Registration Number: (Under the Company Act, Income Tax Act, Service Tax and Sales Tax Act)	Note 1	
Registered Address		
Correspondence Address and Head Office address		
Does the Memorandum of Association/Articles of Association permit the organization to carry out the business of emergency medical transport services?	Note 2	
Number of years of operation in Ambulance service		
Relevant Qualification Details Years wise and State Wise	Note 3	
1**. State wise**		
Name of the State / Province where ambulances services are/were operational		
Years of experience in ambulance operations in ~~the~~ that/those State(s)		
Current areas of operation – specify (Names of the Districts)		
	Year 1	Year 2
Number of ambulances operated	Note 4	
Number of ambulances owned		
Number of patients transported per ambulance per annum on average		
Number of emergency response centers (ERCs) / MAS call centre operated in the State		
Location and address of ERC/ MAS Call Centre		
Number of Call Operators working per ERC / MAS Call Centre		
Average volume of daily calls received per ERC / MAS call	Note 5	
Certificate of satisfactory performance	Note 6	

The Bidder should provide details of experience of only those Projects of ambulance operation which is undertaken by it under its own name / under the names of the Consortium Members. Experience of the Consortium Members will be considered for eligibility under the experience criteria.

The percentage holding of the financially evaluated company, Lead member, affiliate at the beginning and during the tenure of the Project shall be governed by the clauses given under financial capacity clause 2.3.2.

Note 1
Please enclose Registration / Incorporation Certificates

Note 2
Please enclose certified copies of Memorandum & Articles of Association, documents.

Note 3
In case of International experience, country wise details should be provided. The information shall be provided for each of the Financial Year. The Financial Year shall mean the accounting year followed by the Bidder in course of its normal business.

Note 4
Provide certificate from the Government Authority or Statutory Auditor towards fleet of Ambulances operation in the State.

Certificate from the Government Authority /Statutory Auditor regarding Qualification experience

This is to certify that …….. (name of the Bidder/Member/Associate) has been operating a fleet of
vehicles supported by a call Centre in the State of _____ for the past _____ financial years as per year-wise details noted below:

	Year 1	Year 2
mber of vehicles		
Number of Call Operators at the ERC / Call Centre		

Signature of the Authorized Signatory

Note 5
The Bidder shall provide documentary evidence showing successful operations of ERC/call centre like computer generated call logs, etc.

Note 6
The Bidder shall provide Performance certificate from the relevant Authority from the State/Country in which the vehicles are operational.

ANNEXURE-12: DETAILS OF ELIGIBLE EXPERIENCE

The Bidder should provide the experience details of services provided at each location/ State / Country / undertaken. The experience of the Single Entity's Associate or Consortium Member's Associates (who are not Members of the Consortium) will also be considered.

In case Bidder is a Consortium, the above information should be provided for each member and their Associate (for whom the experience is claimed).

In Role of Member specify whether Single Entity, or in case of Consortium specify whether Lead Member or Member.

<table>
<tr><td colspan="2">Name of entity providing support:</td><td colspan="3">Project cost:</td></tr>
<tr><td colspan="2">Location: (country, state, districts):</td><td colspan="3">No. of staff by category:</td></tr>
<tr><td colspan="2"></td><td>Ambulance/vehicle:
(per ambulance)</td><td>ERC/ MAS call center:</td><td>Other:
(e.g. first Responders etc.)</td></tr>
<tr><td colspan="2">Duration of ambulance service provision:</td><td colspan="3">Profile of staff:
Summary of key staff (degree /diploma/certificates with specific reference to project, training, number of years in employment, total relevant experience as a paramedic/ call centre employee.)</td></tr>
<tr><td>Start Date:</td><td>Completion Date:</td><td colspan="3">Name of associates, Consortium members (if any):</td></tr>
<tr><td colspan="5">Details of government organization, funding organization or contracting agency for ambulance/vehicle services:</td></tr>
<tr><td colspan="5">Name of Senior staff (Project Director, Project Manager) involved and functions performed:</td></tr>
<tr><td colspan="5">Narrative description of project and the outcome:
(Including number of patients transported per ambulance per annum on an average)</td></tr>
<tr><td colspan="5">Brief description of actual services provided:</td></tr>
<tr><td colspan="5">Fleet details:
• Number of vehicles operated
Number of ALS ambulance operated
• Number of BLS ambulance operated
• Number of ambulances owned</td></tr>
</table>

• Number of ambulances leased
Emergency Response Centre / Call Centre: • Average number of calls received per month • Toll free number used • Software used • If operations are in more than one state the control room/ call centre details for each area of operation may be separately provided.

Instructions:

1. A separate sheet should be filled for each state where ambulance services have been provided.
2. Role of Member would be Single Entity or in case of Consortium would be Lead Member or Member.
3. Ambulances services carried out for: Government Agency / Self or own company (parent company / group company). Details such as name, address and contact details need to be provided.
4. Project Cost should be provided. Date of successful completion / substantial completion should be provided.

ANNEXURE-13: FINANCIAL CAPABILITY OF THE BIDDER/MEMBER

(*To be submitted by each member in case of consortium*)

Name of Bidder/Member ……

Role of Bidder/Member……..….

Revenue-Expenditure Statement

(In Rs. Lacs)

S.No.	In Rupee, at the end of concerned Financial Year	FY 1	FY 2	FY 3
1.	Revenue / Income/ Gross Receipts (A)			
2.	Operating Cost (B) =(C+D+E)			
3.	Employees cost I			
4.	Admin and General Cost (D)			
5.	Other Costs (E)			
6.	Depreciation (F)			
7.	Interest (G)			
8.	Provisions (H)			
9.	**Profit Before Tax I = (A-B-F-G-H)**			
10.	Tax Paid (J)			
11.	**Profit After Tax (I-J)**			

Note:

1. This information should be extracted from the Annual Financial Statement / Balance Sheet which should be enclosed and this response sheet shall be certified by the Statutory Auditor.
2. The Single Entity or the Consortium should provide the Financial Capability of its own / of the Consortium Members/Financially evaluated company.
3. In Role of Member specify whether it is a Single Entity, Lead Member or Member of the Consortium or Affiliate or Parent.
4. The Bidder along with Consortium Members shall attach copies of the balance sheets, financial statements and Annual Reports for 3 (three) years preceding the Proposal Due Date.
5. Financial Year 1 (FY1) will be the latest completed financial year, preceding the bidding. Year 2 shall be the year immediately preceding Year 1 and so on.
6. If data is provided by the Bidder in foreign currency, equivalent rupees of Net Worth will be calculated using bills selling exchange rates (card rate) USD / INR of State Bank of India prevailing on the date of closing of the accounts for the respective financial year as certified by the Bidder's banker.

For currency other than USD, Bidder shall convert such currency into USD as per the exchange rates certified by their banker prevailing on the relevant date and used for such conversion.

(If the exchange rate for any of the above dates is not available, the rate for the immediately available on previous day shall be taken into account)

1. The bidder shall provide an Auditor's Certificate specifying the Revenue / Income/ Gross Receipts of the bidder and its Consortium members and also specifying the methodology adopted for calculating the same.
2. The Bidder shall attach the copies of the audited balance sheets, financial statements and Annual Reports for 3 (three) years preceding the Proposal Due Date of its Associate whose Financial Capacity has been claimed.

ANNEXURE-13A: FINANCIAL CAPABILITY OF THE BIDDER MEMBER

(*To be submitted by each member separately in case of consortium*)

NCrore (Equity Commitment (%) * Rs. [ ] Crore)
For the above calculations, we have considered Net Worth by Member in Bidding Consortium and/ or Parent/ Affiliate as per following details:

Name of Consortium Member Company	Name of Company / Parent/ Ultimate Parent/ Affiliate/ Consortium Member whose Turn Over is to be considered	Relationship with Bidding Company* (if any)	Financial Year to be considered for Turn Over	Turn Over (in Rs. Crore) of the Consortium Member Company	Equity Commitment (in %age) in Bidding Consortium	Committ-ed Net Worth (in Rs. Crore)
Company 1						
			Total			

** The column for "Relationship with Bidding Company" is to be filled only in case the financial capability of Parent/Affiliate has been used for meeting Qualification Requirements. Further, documentary evidence to establish the relationship, duly certified by the company secretary/chartered accountant is required to be attached with the format.*

(Signature & Name of the person Authorized By the board) ***(Signature and Stamp of Auditor)***

Date:

ANNEXURE- 14: SOFTWARE REPORTING FORMATS

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN
[A-CALL DETAILS]

Emergency call-type-wise summary sheet

Up to reporting month: [……-2013]

Print date & time

S.No	Emergency call-type		during the month		Up to the month	
	code	type	No. of cases	% of cases	No. of Cases	% of cases
1	2	3	4	5	6	7
1	01	Unattended calls	n	(n/N)x100	p	(p/P)x100
2	02	Emergency calls	m	(m/N)x100	q	(q/P)x100
3	03	Other calls	o	(o/N)x100	r	(r/P)x100
		Total:	N	(N/N)x100	P	(P/P)x100

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

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

[B-DEPARTMENT-WISE DETAILS]

Emergency type-wise summary sheet
Up to reporting month: [……...-2013]
Print date & time

S.No	Emergency		during the month		Up to the month	
	Code	type	No. of cases	% of cases	No. of Cases	% of cases
1	2	3	4	5	6	7
1	01	Medical (exclusively)	n	(n/N)x100	p	(p/P)x100
2	02	Police (exclusively)	m	(m/N)x100	q	(q/P)x100
3	03	Fire (exclusively)	o	(o/N)x100	r	(r/P)x100
4	04	Medical and Police	a	(a/N)x100	s	(s/P)x100
5	05	Medical and Fire	b	(b/N)x100	t	(t/P)x100
6	06	Medical, Police and Fire	c	(c/N)x100	u	(u/P)x100
7	07	Other (if any)				
		Total:	N	(N/N)x100	P	(P/P)x100

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

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

Closing status-wise summary sheet
Up to reporting month: […….-2013]
Print date & time

S.No	Closing status		during the month		Up to the month	
	code	type	No. of cases	% of cases	No. of Cases	% of cases
1	2	3	4	5	6	7
1	01	Availed	n	(n/N)x100	p	(p/P)x100
2	02	Not availed	m	(m/N)x100	q	(q/P)x100
3	03	Vehicle busy	o	(o/N)x100	r	(r/P)x100
4	04	Other (if any)	a	(a/N)x100	s	(s/P)x100
		Total:	N	(N/N)x100	P	(P/P)x100

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

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN
[D.1-TYPES OF CASE WISE DETAILS]

Chief complaint-wise summary sheet order by code
Up to reporting month: [……-2013]
Print date & time

S.No	Chief complaint		during the month		up to the month	
	code	type	No. of cases	% of cases	No. of Cases	% of cases
1	2	3	4	5	6	7
1	01	Abdominal Pain/ Problems	n	(n/N)x100	p	(p/P)x100
2	02	Animal Bites/Attacks	m	(m/N)x100	q	(q/P)x100
3	03	Allergies Reactions)/ Envenomation's (Stings, Bites)	o	(o/N)x100	r	(r/P)x100
		Total:	N	(N/N)x100	P	(P/P)x100

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

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN
[D.2-TYPES OF CASE WISE DETAILS]

Chief complaint-wise summary sheet order by type
Up to reporting month: […….-2013]
Print date & time

S.No	Chief complaint		during the month		Up to the month	
	code	type	No. of cases	% of cases	No. of Cases	% of cases
1	2	3	4	5	6	7
1	01	Abdominal Pain/ Problems	n	(n/N)x100	p	(p/P)x100
2	02	Animal Bites/Attacks	m	(m/N)x100	q	(q/P)x100
3	03	Allergies Reactions)/ Envenomation's (Stings, Bites)	o	(o/N)x100	r	(r/P)x100
		Total:	N	(N/N)x100	P	(P/P)x100

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

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

District-wise ambulance utilization detail [MONTHLY REPORT]
for the reporting month: […….-2013]
Print date & time

S.No	Name of District	No. of ambulances in the district	Detail of trips (Km based)				No. of ambulances			No. of institutional deliveries carried by 108 amb.	No. of deliveries in 108 amb.	No. of neonates (0-30 days) carried by 108 amb.	Remarks
			Availed	Not availed	Total (Col. 4+5)	Average trips/ Ambulance (Col. 6/3)	Remained Off-road	making less than and equal to 5 trips	making more than 5 trips				
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Total													

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

District-wise Block-wise ambulance utilization in 50 High Focus Blocks [MONTHLY REPORT]
Up to the reporting month: […….-2013]
Print date & time

S.No	Name of District	Name of Block/ Tehsil	Registration no. of ambulance	during the month												up to the month												
				Availed no. of trips	Not availed no. of trips	Total no. of trips	Distance covered for availed trips (in Kms)	Distance covered for NOT availed trips (in Kms)	Total distance (in Kms)	Availed no. of trips (Km based)	Not availed no. of trips (Km based)	Total no. of trips (Km based)	Total no. of beneficiaries	No. of institutional deliveries carried by 108 amb.	No. of deliveries in 108 amb.	No. of neonates (0-30 days) carried by 108 amb.	Availed no. of trips	Not availed no. of trips	Total no. of trips	Distance covered for availed trips (in Kms)	Distance covered for NOT availed trips (in Kms)	Total distance (in Kms)	Availed no. of trips (Km based)	Not availed no. of trips (Km based)	Total no. of trips (Km based)	Total no. of beneficiaries	No. of institutional deliveries carried by 108 amb.	No. of deliveries in 108 amb.	No. of neonates (0-30 days) carried by 108 amb.
Total																												

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

Details of ambulances remained Off-road [MONTHLY REPORT]

For the reporting month: […….-2013]
Print date & time

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

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

Details of trips [DAILY REPORT]

for the reporting month: [……-2013]
Print date & time

S.No	Trip no.	District name	Base location of amb.	Reg. no. of amb.	Call date (DD/MM/YYYY)	Call Time (HH:MM:SS AM/PM)	Service type	Caller type	Chief complaint	Caller name	Caller phone no.	Patient name	Patient Age	Patient gender (Male/ Female)	Patient contact no.	Patient place/ picked from	Reaching time at patient place/ picked from (HH:MM:SS AM/PM)	Hospital reaching time (HH:MM:SS AM/PM)	Base location reaching time (HH:MM:SS AM/PM)	OPD/ IPD/ Emergency no.	Total distance (in Kms)	Trips (Km based)	Driver name	Driver/crew mobile no.	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

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

Up to reporting date: [DD/MM/YYYY]
Print date & time

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

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

Details of ambulances remained Off-road [DAILY REPORT]

For the date: [DD/MM/YYYY]
Print date & time

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

ANNEXURE- 15

Medical/ Non-medical Consumables in 108-Ambulances

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

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

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

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

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

10	DIESEL AND OIL RECORD REGISTER	“	1
11	EMT CHECK LIST DAILY	“	1
12	EQUIPMENT BOOK FOR AMB	“	1
13	ERASER	“	2
14	ERCP EQUIPMENT BOOK	“	1
15	EXTICATION KIT REGISTER	“	1
16	FACE TISSUE BOX	“	1
17	FEVI STICK	“	1
18	FLAT FILE	“	2
19	INVENTORY REGISTER	“	1
20	PATIENT RECIVING RECORD REGISTER	“	1
21	PCR BOOK	“	2
22	PENCIL	“	2
23	PLASTIC BOX SQUARE TYPE	“	1
24	POSTERS EMRI LEAFLETS	“	-
25	PUNCHING MACHINE	“	1
26	RED PENS	“	2
27	SCALE	“	1
28	SCRIBBLING PAD	“	1
29	SHARPENER	“	1
30	SKETCH PEN	“	2
31	SLIP PAD	“	1
32	SPIRAL BOOK	“	1
33	STAMP PAD	“	1
34	STAPLER	“	1
35	STAPLER PIN	Pkt	1
36	STOCK RECORDS	No’s	1
37	TRIP SHEET REGISTER	“	1
38	VEHICLE CHECK LIST – DAILY	“	1
39	VEHICLE CHECK LIST – WEEKLY	“	1

40	VEHICLE COMPLAINT REGISTER	"	1
41	VEHICLE DEFECT REGISTER	"	1
42	VEHICLE LOG BOOK	"	1
43	VISITORS FORM / BLANK BOOK	"	1
44	WORKSHOP BREAKEDOWN REGISTER	"	1
MEDICAL EQUIPMENTS			
1	AMBU BAG- CHILD (BAG VALUE MASK)	No's	1
2	AMBU BAG- ADULT (BAG VALUE MASK)	"	1
3	ARTERY FORCEPS 6"	"	1
4	AUTOMATIC BP APPARATUS	"	1
5	CHARGER PULSE OXYMETER	"	1
6	CYLINDER KEY	"	1
7	FORCEPS PLAIN 6"	"	1
8	GLUCOMETER	"	1
9	HUMIDIFIER	"	2
10	MANUAL BP APPRATUS	"	1
11	MASK TO MOUTH RESPIRATOR- ADULT	"	1
12	MASK TO MOUTH RESPIRATOR- CHILD	"	1
13	NEBULISOR MACHINE	"	1
14	NEEDLE AND SYRINGE DESTROYER	"	1
15	OXYGEN CYLINDER (D TYPE)	"	2
16	OXYGEN FLOW METER	"	2
17	PULSE OXYMETER (MOTION TOLERANCE)	"	1
18	REGULATOR	"	2
19	SCISSOR STREIGHT	"	1
20	SCISSORS 6" WITH ROUND TIP	"	1
21	SCOOP STRETCHER	"	1
22	SENSOR LEAD (SPO 2)	"	1
23	SPINE BOARD STRETCHER	"	1

24	STETHOSCOPE	“	1
25	STRETCHER CUM TROLLEY	“	1
26	SUCTION PUMP BATTERY OPERATED	“	1
27	SUCTION PUMP HAND OPERATED	“	1
28	THERMOMETER DIGITAL	“	1
29	TONGUE DEPRESSOR WOODEN	“	10
30	TOOTHED FORCEPS 6”	“	1
31	WHEEL CHAIRS STRETCHER	“	1
TOOLS			
1	ALLEN KEY 14MM	No’s	1
2	ALLEN KEY 5 MM	“	1
3	ALLEN KEY 6 MM	“	1
4	ALLEN KEY 8 MM	“	1
5	BOLT CUTTER WITH 1” TI 1 3/4” JAW OPENING	“	1
6	CROWBAR 51” PINCH POINT	“	1
7	FIRE BLANKET (RESCUE)	“	1
8	FIR AXE WITH 24” HANDLE	“	1
9	FIRE EXTINGUISHER 5 KGS ABC TYPE	“	1
10	GUM BOOTS	Pairs	1
11	HACKSAW WITH 12” CARBIDE WIRE BLADES]	No’s	1
12	HAMMER 5 LB WITH 15” HANDLE	“	1
13	HAND GLOVES (GAUNTLETS)	Pairs	1
14	LUMINOUS WARNING TORCH	“	1
15	MASTIC KNIFE	“	1
16	O.T GOGGLES	“	2
17	PLIERS PIPE GRIPS 10”	“	1
18	PLIERS SIDE CUTTING 200 MM	“	1
19	PRUNING SAW	“	1
20	PUNCH CENTRE	“	1

21	PUPILLARY TORCH (AA BATTERY X 2NO'S	"	1
22	ROPE 5100 LB TENSILE STRENGTH IN 50'	"	1
23	SCREW DRIVER 12" STANDARD SQUARE BAR	"	1
24	SCREW DRIVER NP 150 MM	"	1
25	SCREW DRIVER PHILLIPS HEAD 150 MM	"	1
26	SCREW DRIVER PHILLIPS HEAD 8"	"	1
27	SHOVEL GS POINTED BLADE	"	1
28	SPANNER OJDE 12 X 13 MM	"	1
29	SPANNER OJDE 14 X 15 MM	"	1
30	SPANNER OJDE 16 X 17 MM	"	1
31	SPANNER OJDE 20 X 22 MM	"	1
32	SPANNER OJDE 6 X 7 MM	"	1
33	SPANNER RTDE 10 X 11 MM	"	1
34	SPANNER RTDE 12 X 13 MM	"	1
35	SPANNER RTDE 14 X 15 MM	"	1
36	SPANNER RTDE 16 X 17 MM	"	1
37	SPANNER RTDE 18 X 19 MM	"	1
38	SPANNER RTDE 20 X 22 MM	"	1
39	SPANNER RTDE 6 X 7 MM	"	1
40	SPANNER RTDE 8 X 9 MM	"	1
41	TIN SNIPS, DOUBLE ACTION 8" MINIMUM	"	1
42	WRECKING BAR WITH 24" HANDLE	"	1
43	WRENCH ADUSTABLE 12" OPEN END	"	1

ANNEXURE- 16: STAFF DEPLOYMENT & TRAINING

AMBULANCE STAFF:

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

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

Emergency Medical Technician (EMT) (GNM/ B. Sc (Nursing))

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

CALL CENTRE STAFF:

COMMUNICATION OFFICER (CALL TAKER)

Who are responsible for attending all the 108 calls and taking down the basic information related to the caller and emergency. The capacity of each CO in a shift of 8 hours is

approximately 500-600 calls. They undergo 21 days training before assuming the role of the CO.

DISPATCH OFFICER (DO)

Who sensitize the emergencies and decides the dispatch of ambulance to the emergency site and coordinate with the ambulance staff/ first responder and emergency response centre physical for virtual handling. The capacity of each DO in a shift of 8 hours is approximately 90-100 calls. They undergo 21 days training before assuming the role of the CO.

POLICE DISPACH OFFICER (PDO)

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

MEDICAL DOCTOR

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

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

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

DISTRICT MANAGER:

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

ZONAL MANAGER:

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

ADMINISTRATIVE STAFF

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

ANNEXURE- 17: CHECK LIST OF DOCUMENTS

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

S.No.	List of documents	Y/N	Page no.
1	Audited financial statements of the bidder/parent /ultimate parent (whichever is used for the meeting the qualification criterion) for the year for which Net worth is to be considered.		
2	To demonstrate annual turnover/ gross receipts in this segment of at least Rs.10 (ten) Crores in each of the last 3 (three) financial years, the bidder shall submit audited annual accounts for last 3 years		
3	In case of a Consortium, Audited Annual Reports and financial statements of all the Members of Consortium		
4	Board resolutions {as per Annexure-3A(i) & 3A (ii)}		
5	Joint Bidding Agreement (as per Annexure-9).		
6	Anti-Collusion Certificate (as per Annexure-10B).		
7	Financial Capability of the bidder duly certified by C.A. (as per Annexure-13 & 13A).		

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

S.No.	List of documents	Y/N	Page no.
1	DD for cost of RFP of Rs. 1,00,0000/- in favor of Rajasthan State Health Society, payable at Jaipur (Nonrefundable)		
2	DD towards RISL Processing fees for Rs. 1000/- in favor of M.D. RISL.		
3	Bid security DD/Banker's Cheque for Rs. 50, 00,000/- in favor of "Rajasthan State Health society Jaipur".		
4	Certificates from the organizations to whom services have been provided in past.		
5	Duly filled up Application Form (as per Annexure-1).		

6	Format for undertaking (as per Annexure-1A).		
7	Covering Letter cum Project Undertakings as per Annexure-4.		
8	Power of Attorney authorizing the signatory for signing the proposal on behalf of the proposer/Bidder as per Annexure-5.		
9	In case of consortium, original Power of attorney for signing of application by the lead member as per Annexure-6.		
10	Letter of Exclusivity (in case of application by Consortium) as per Annexure-8.		
11	Affidavit certifying that entity/promoters/Directors/members of an entity are not blacklisted as per Annexure 10A.		
13	Affidavit of Declaration (Anti Collusion Certificate) mentioning that the applicant/consortium will not collude with the other applicants as per Annexure-10B		
14	A summary of relevant past experience and its registration should also be provided as per Annexure-11.		
15	Details of all information related to past experience and background should describe the nature of work, name & address of client, date of award of assignment, size of the project etc. as per Annexure-12.		
16	Proposed organizational structure and Curriculum Vitae (CV) of key personnel to be involved in the operation of the project.		
17	Service tax clearance certificate / no dues from the assessing officer.		
18	Certificates of relevant experience issued by government or any other organizations by a competent authority.		
19	Certificate of existing Call centre capacity of 20 seats.		

ANNEXURE 18

Details of Ambulances/ Vehicles to be operationalize under Integrated Ambulance Project

108 Ambulances

1	2008-09	Tata 407	86
2	2009-10	Tata 407	44
3	2010-11	Tata 407	144
4	2011-12	Tata Stretch Winger	140
5	2013-14	Tata 410 & Force Traveller	127
		Force Traveller	100
6	2014-15	Tata 410 &	100
	Total		**741**

104 Janani Express

S.No.	Purchase Year	Model	No. of Vehicle
1	2012	Maruti Omni	400
2	2013	Tata Sumo	100
		Maruti EECO	100
	Total		**600**

Base Ambulances

S.No.	Purchase Year	Model	No. of Vehicle
1	2013	Tata Winger	212
	Total		**212**

Annexure- 19

Details of Equipments to be kept in Base Ambulances

1. Manual Suction machine
2. O2 Cylinder with complete MASK System
3. Pulse Oxymeter
4. BP Apparatus
5. Stethoscope
6. First Aid Kit
7. Medicine Kit

Annexure 20

Time Schedule for taking over the project

S. No.	Activity	Timeline
1	Agreement Signing	First Day (Day one)
2	Taking over the call center (108 and 104)	Hardware in seven days
3	Installation of software (108 and 104)	By tenth day
4	Test Check (108 and 104)	11^{th} and 12^{th} day
5	Full taking over of call center (108 and 104)	15^{th} Day
6	Taking over of ambulances of divisional headquarters (108)	Within seven days of agreement signing
7	Taking over of ambulances of district headquarters (108)	Within fifteen days of agreement signing
8	Taking over remaining ambulances (108,`104 and base)	In next fifteen days but total within one month from the date of agreement signing

Annexure 21
Details of Hardware and Software at call center

ANNEXURE 1- FIXED ASSESTS					
S.No	Block Name	Asset Category	Serial Number	Description	Quantity
1	Computer	Call Center	1PNT1BS	Desktop (CPU, Key Board, Mouse)	1
2	Computer	Call Center	2PNT1BS	Desktop (CPU, Key Board, Mouse)	1
3	Computer	Call Center	3PNT1BS	Desktop (CPU, Key Board, Mouse)	1
4	Computer	Office	4PNT1BS	Desktop (CPU, Key Board, Mouse)	1
5	Computer	Office	5PNT1BS	Desktop (CPU, Key Board, Mouse)	1
6	Computer	Call Center	6PNT1BS	Desktop (CPU, Key Board, Mouse)	1
7	Computer	Call Center	7PNT1BS	Desktop (CPU, Key Board, Mouse)	1
8	Computer	Office	8PNT1BS	Desktop (CPU, Key Board, Mouse)	1
9	Computer	Office	9PNT1BS	Desktop (CPU, Key Board, Mouse)	1
10	Computer	Call Center	BPNT1BS	Desktop (CPU, Key Board, Mouse)	1
11	Computer	Office	CPNT1BS	Desktop (CPU, Key Board, Mouse)	1
12	Computer	Call Center	DPNT1BS	Desktop (CPU, Key Board, Mouse)	1
13	Computer	Call Center	FPNT1BS	Desktop (CPU, Key Board, Mouse)	1
14	Computer	Office	GPNT1BS	Desktop (CPU, Key Board, Mouse)	1
15	Computer	Call Center	HPNT1BS	Desktop (CPU, Key Board, Mouse)	1
16	Computer	Call Center	JPNT1BS	Desktop (CPU, Key Board, Mouse)	1
17	Computer	Call Center	1QNT1BS	Desktop (CPU, Key Board, Mouse)	1
18	Computer	Call Center	2QNT1BS	Desktop (CPU, Key Board, Mouse)	1
19	Computer	Office(Store)	3QNT1BS	Desktop (CPU, Key Board, Mouse)	1
20	Computer	Call Center	4QNT1BS	Desktop (CPU, Key Board, Mouse)	1
21	Computer	Call Center	5QNT1BS	Desktop (CPU, Key Board, Mouse)	1
22	Computer	Office	6QNT1BS	Desktop (CPU, Key Board, Mouse)	1
23	Computer	Call Center	7QNT1BS	Desktop (CPU, Key Board, Mouse)	1
24	Computer	Office	8QNT1BS	Desktop (CPU, Key Board, Mouse)	1
25	Computer	Office	9QNT1BS	Desktop (CPU, Key Board, Mouse)	1
26	Computer	Office	BQNT1BS	Desktop (CPU, Key Board, Mouse)	1
27	Computer	Office	CQNT1BS	Desktop (CPU, Key Board, Mouse)	1
28	Computer	Office	DQNT1BS	Desktop (CPU, Key Board, Mouse)	1
29	Computer	Office	FQNT1BS	Desktop (CPU, Key Board, Mouse)	1
30	Computer	Call Center	GQNT1BS	Desktop (CPU, Key Board, Mouse)	1
31	Computer	Call Center	HQNT1BS	Desktop (CPU, Key Board, Mouse)	1
32	Computer	Call Center	JQNT1BS	Desktop (CPU, Key Board, Mouse)	1
33	Computer	Office	1RNT1BS	Desktop (CPU, Key Board, Mouse)	1
34	Computer	Office	2RNT1BS	Desktop (CPU, Key Board, Mouse)	1
35	Computer	Call Center	3RNT1BS	Desktop (CPU, Key Board, Mouse)	1
36	Computer	Call Center	4RNT1BS	Desktop (CPU, Key Board, Mouse)	1
37	Computer	Call Center	5RNT1BS	Desktop (CPU, Key Board, Mouse)	1
38	Computer	Office	6RNT1BS	Desktop (CPU, Key Board, Mouse)	1
39	Computer	Office	7RNT1BS	Desktop (CPU, Key Board, Mouse)	1
40	Computer	Call Center	8RNT1BS	Desktop (CPU, Key Board, Mouse)	1
41	Computer	Office	9RNT1BS	Desktop (CPU, Key Board, Mouse)	1
42	Computer	Call Center	BRNT1BS	Desktop (CPU, Key Board, Mouse)	1
43	Computer	Call Center	CRNT1BS	Desktop (CPU, Key Board, Mouse)	1
44	Computer	Call Center	DRNT1BS	Desktop (CPU, Key Board, Mouse)	1

Details of Hardware and Software at call center

ANNEXURE 2 - NORTAL			
NORTEL-VOICE			
PRODUCT CODE	DESCRIPTION	SERIAL NO.	QUANTITY
NT6D41CAE5	CE POWER SUPPLY	ADPL1603VF6F	1
NT8D17HCE5	CONF/TDS	NNTMENC83H47	1
NT5D97ADE5	DDP2	NNTML21GKH6B	1
NT5D97ADE5	DDP2	NNTML21GKH5M	1
NT5D97ADE5	DDP2	NNTML21GKHF9	1
NT8D04BA	SNET	NNTMENC8493Y	1
NT8D04BA	SNET	NNTMENC84996	1
NTRB53AA	CC	NNTMENC7K030	1
QPC43RE5	PS	NNTMENC835W4	1
QPC441F	3PE	NNTMENC83DJR	1
NT4N65AC	CNI	NNTMENC80E6Y	1
NT4N48BAE5	SYSTEM UTILITY	NNTMENC8329J	1
NT4N39AAE5	CP CPIV	NNTM84N00MW7	1
NT6D41CAE5	CE POWER SUPPLY	ADPL1603VDCX	1
NT8D17HCE5	CONF/TDS	NNTMENC83H3W	1
NT5D97ADE5	DDP2	NNTML21GKHJK	1
NT5D97ADE5	DDP2	NNTML21GKH7N	1
NT8D04BA	SNET	NNTMENC849FG	1
NTRB53AA	CC	NNTMENC82FDX	1
QPC43RE5	PS	NNTMENC835W4	1
QPC441F	3PE	NNTMENC83DMJ	1
NT4N65AC	CNI	NNTMENC80E87	1
NT4N48BAE5	SYSTEM UTILITY	NNTMENC82K5W	1
NT4N39AAE5	CP CPIV	NNTM84N00MWL	1
NT6D40BAE5	PE POWER SUPPLY	ADPL1603X8RG	1
NT5D29AA	XCOT-I	NNTMENC83597	1
NT5D29AA	XCOT-I	NNTMENC8359G	1
NT5D29AA	XCOT-I	NNTMENC83594	1
NT5D29AA	XCOT-I	NNTMENC8359C	1
NT8D02HAE5	DLC	NNTMENC837W2	1
NT8D02HAE5	DLC	NNTMENC81E3R	1

Annexure- 22
Required Enclosures with the Invoice

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

ABBREVIATIONS

AMC	Annual Maintenance Contract
AVLT	Automated Vehicle Location Tracking
BG	Bank Guarantee
BLSA	Basic Life Support Ambulances
BoQ	Bill of Quantity
CO	Communication Officer
DO	Dispatch Officer
DR	Disaster Recovery
BID SECURITY	Earnest Money Deposit
EMT	Emergency Management Technician
ERC	Emergency Response Center
ERS	Integrated Ambulance Services
GIS	Geographical Information System
GNM	General Nursing Midwifery
GOR	Government of Rajasthan
GPRS	General Packet Radio Service
GPS	Global Positioning System
GSM	Global System for Mobile Communication
IEC	Information, Education, Communication
IMR	Infant Mortality Rate
MD, NRHM	Mission Director, National Rural Health Mission
MDA	Model Driven Architecture
MDG	Millennium Development Goals
MIS	Management Information System
MMR	Maternal Mortality Ratio
NRHM	National Rural Health Mission
PD	Project Director
PH	Public Health
PSTN	Public Switched Telephone Network
RFP	Request for Proposal
RSHS	Rajasthan State Health Society
SIHFW	State Institute of Health & Family Welfare
SoP	Standard Operating Procedures
UAT	User Acceptance Test
VoIP	Voice over Internet Protocol

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 designated and address of the First Appellate Authority is PRINCIPAL SECRETARY, MEDICAL AND HEALTH.

The designation and address of the Second Appellate Authority is EXECUTIVE COMMITTEE, STATE HEALTH SOCIETY.

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 (I) shall deal with the appeal as expeditiously as possible and shall endeavour to dispose it of within thirty days of the appeal.

If the officer designated under Para (I) fails to dispose of the appeal filed within the period specified in pare (2), or if the Bidder or prospective Bidder or Procuring Entity is aggrieved by the order passed by the First Appellate Authority, the Bidder or prospective Bidder or 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.

3) 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 the 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.

4) Form of Appeal

a. An appeal under Para (I) OR (3) above shall be in the annexed Form along with as many copies as there respondents in the appeal.
b. Every appeal shall be accompanied by an order appealed against, if any, affidavit verifying the facts states in the appeal and proof of payment of fee.
c. Every appeal may be presented to First Appellate Authority or Second Appellate Authority.

5) Fee for filing Appeal

a. Fee for the 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.

6) Procedure for Disposable of Appeal

a. The First Appellate Authority or Second Appellate Authority, as the case may be up on 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. Pursue 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. Resident address:
2. Name and address of the respondent(s):
   i.
   ii.
   iii.
3. Number and date of order appealed against
   And name and designation of the officer/ authority
   Who passed the order (enclosed copy), or a
   Statement of a decision, action or omission of
   The Procurement 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

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.