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

Medical, Health and Family Welfare Department

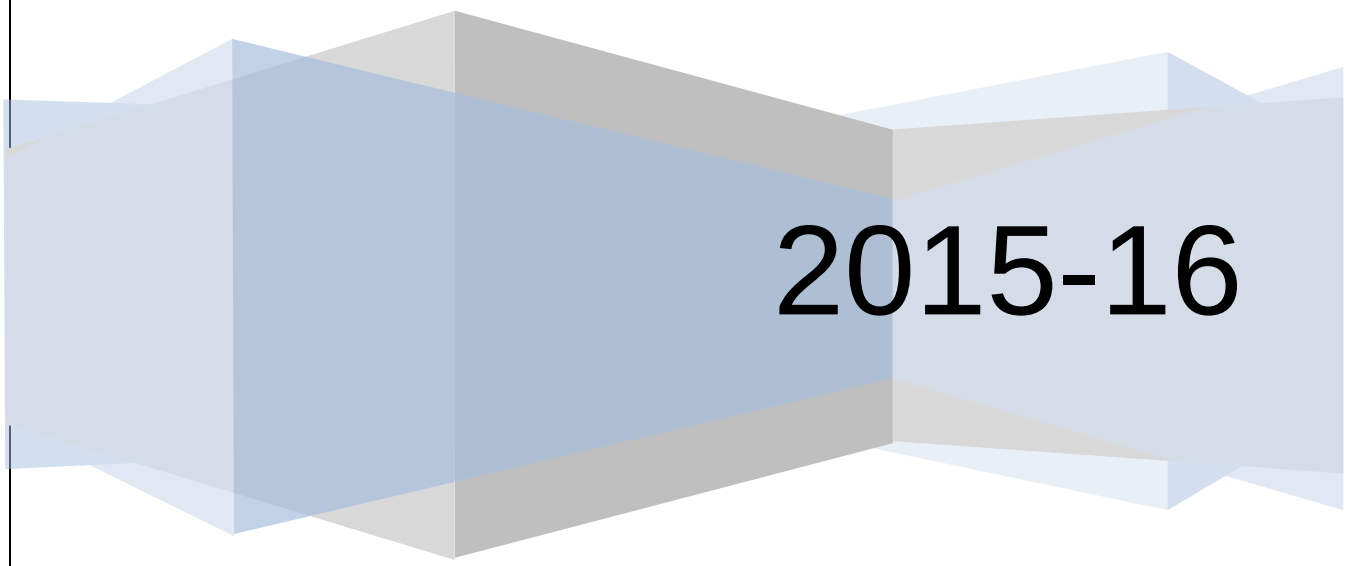
National Health Mission

Rajasthan State Health Society

Government of Rajasthan

DOCUMENT OF REQUEST FOR PROPOSAL
FOR

"INTEGRATED AMBULANCE SERVICES"
as "Dial an ambulance Service Project"



Disclaimer

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 (NHM) 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 (NHM), 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 (NHM), 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 (NHM) 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)

F. No. 23 ( )/NRHM/ISC/IAP/2015-16/382 Date: 30.01.16

NOTICE

RFP published vide Notification No. F. No. 23 ( )/NRHM/ISC/IAP/2015-16/5847 date: 29.12.15 is revised and uploaded on SPPP.rajasthan.gov.in, portal 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

All details related to this RFP can be viewed and downloaded from SPPP.rajasthan.gov.in, 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:-

Start date and time for downloading RFP document	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.
02.02.16 3:00 pm	07.03.16 3:00 pm	07.03.16 3:00 pm	08.03.16 1:00 pm	Shall be informed separately to the successful bidders.

Note:- In case if any date mentioned above happens to be a holiday, the scheduled activity of that date will be carried out on next working day on same time.

Mission Director, NHM

"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 25% (twenty Five 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, 2013.

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 (NHM) 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 Five percent (25%) 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, addendums 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.

"Valid Call"**:** Any call made by a caller to seek services of 108 ambulance, 104 Janani Express, Base ambulance (Paid service) or for Medical Advice as defined in clause 3.2.4 of the RFP. It also refers to the call made by a caller in case of emergency/ non –emergency seeking the services available at the call center. It is the responsibility of the service provider to direct the call to the relevant call taker/section/doctor/counselor/ambulance/vehicle etc. and provide necessary service to the caller as per the need. It does not include a call which is of a nature e.g. a missed call/disconnected call/nuisance call/prank call/silent call/wrong call/dropped call to which service provider is not expected to deliver any service laid down in the RFP.

"Invalid Calls"**:** All calls which are not covered under the definition of Valid Call.

"Inspection of ambulances/vehicles" :Any Physical verification undertaken by any authority designated by MD, NHM at random or on regular basis. The inspection shall be undertaken on a prescribed checklist given by NHM. Regular inspections shall be undertaken by the district authorities based on mobile application and report of the said inspection will be sent to the district and state authorities. It will have a provision of calculation of the penalty on the basis of the checklist and the provisions of the agreement. The calculated amount of penalty for a particular ambulance for one inspection shall immediately be intimated to the district and same deduction shall be affected from the claims of the service provider. The responsibility of development of mobile app is the responsibility of the service provider to incorporate in the IT /software part.

"Services of 108 Ambulances "108 ambulances shall be assigned in following cases but not limited to:-

a. Road Traffic Accidents
b. Mass Casualties
c. Snake Bite
d. Burn case
e. Heart Attack
f. Poisoning/food poisoning
g. Pregnancy related cases/for sick new bornes (if 104 Janani Express is not available in that area or it is engaged on a separate case)
h. Referral in case of emergency or
i. Any other medical emergency

"Services of 104 Janani Express vehicles" 104 janani Express shall be assigned in following cases:-

- For pregnant women/pregnancy related cases (both pre and post) from home to hospital and hospital to home.
- For transport of sick/referred children upto an age of 18 years.
- Referral cases under RBSK programme.
- Drop back home facility to sterilization cases.
- However; any other service may be added as per directions of NHM/Govt time to time.

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.rajswathya.nic.in 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 as mentioned in the notification published in news paper (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: As per notification in part A1 of the RFP.
4	Last date and time of submission of online bids As per notification in part A1 of the RFP.
5	Date and time of Opening of online bids As per notification in part A1 of the RFP.
6	Physical submission of Tender Fee, Processing Fee & BID SECURITY at the Office of Tendering Authority: MD, NHM, 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/bank Guaranttee 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 as mentioned in the RFP document and scanned copy of D.D./BG 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

For more Information contact to:

Consultant ISC, NHM: 0141-2220961; Email ID: co_isc.nrhm@yahoo.com

Project Director, NHM: 0141-2220289; Email ID: pd-nrhm-rj@nic.in

IMPORTANT DATES

Notice inviting tender published in newspapers	As per notification in part A1 of the RFP.
Download of RFP by prospective bidders	As per notification in part A1 of the RFP from www.eproc.rajasthan.gov.in, departmental website www.rajswasthya.nic.in and SPPP.rajasthan.gov.in
Last date for receiving the queries	As mentioned in clause 2.3.3
Cost of RFP document	As per notification published vide no. F. No. 23 ()/NRHM/ISC/IAP/2015-16/5847 dated 29.12.15
Last date & time for submission of electronic Bid (the "Bid Due Date")	As per notification in part A1 of the RFP document.
Date, time and place of opening of Proposal and presentation	As per notification in part A1 of the RFP document. For technical presentation eligible bidders will be informed separately.
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.

Among the major attributes, delay in reaching to an appropriate health facility is considered to be one of the prime factors contributing to high number of deaths in emergencies. It also results in high NMR and MMR if the pregnant women or sick new borne doesn't get a prompt referral transport within specified time. 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.

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

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. However; the bidder will be handed over only with the ambulances/vehicles which are in roadworthy condition. Bidder may thus, take into account, a fleet of 650 ambulances (108), 570 Janani Express Vehicles and 200 Base ambulances to be operated during the year 2015-16. However; the numbers are indicative and may differ from the actual handed over vehicles. For 108 ambulances a centralized call Centre is presently operational in SIHFW building at Jhalana Dungri, Jaipur and approximately 145 EROs 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 650 ambulances (108), 570 Janani Express (104) Vehicles and 200 Base ambulances deployed strategically across the State of Rajasthan supported with two fully functional call centers. situated at State Institute of Health & Family Welfare (SIHFW) building in Jhalana Dungari, Jaipur which is receiving approximately 18000 calls per day and handling approx. 1800 emergencies on daily basis. Presently these projects have approx. 4500 employees of the service provider including 2700 Pilots (Drivers) and Emergency Management Technician (EMT) under 108 Ambulance Project, approximately 1800 drivers under 104 Janani Express Project employees by RMRS's. Scope of work also includes running of Base ambulances for non-emergency cases on payment basis for general public. It also includes taking over and running the existing Toll Free 104 Medical Advice Service presently operational through a 20 seater call center situated at Swasthya Bhawan Tilak Marg Jaipur. Number/type of Ambulances may increase/ decrease

during the contract period. The scope of services may include procurement of assets, operation and maintenance of Ambulances, provision of medical and non-medical consumables constantly, as specified in Annexure- 15 of this RFP and also associated activities in designated zones within the State of Rajasthan.

Integrated Ambulance Service Concept:-

Caller can dial a single number from anywhere in Rajasthan in case he/she needs

1. Services of emergency/referral transport either through 108 or 104
2. Services of 104 Janani Express,
3. Medical Advice,
4. Wants to lodge complaint, requires counseling or information
5. Needs an ambulance for non-emergency medical transport.

Emergencies related to Police and fire will also be reported on the same number. Police and Fire emergencies will be referred to nearby police station/fire station. The Integrated Ambulance Project will be monitored on the basis that all valid call case should not be left unattended and corresponding services should be made available as detailed in the RFP's part A3. Service Provider shall be penalized if any service is denied or call is not attended or service is provided late or not as per conditions. It is not target based.

The main components of this concept are:-

Toll Free 104 Medical Advice Service:-

- To provide Medical Advice, counseling, information directory, complaint registration etc. Services over telephone as detailed in RFP.

Services of 108 ambulances, 104 Janani Express and Base ambulances:-

- To provide 24 x 7 Ambulance/referral/advice/medical transport Services through 108/104 toll-free numbers across all 34 districts in the state of Rajasthan.
- Identify and respond to medical, police and fire emergencies in the entire state of Rajasthan managed through a centralized integrated call center and an existing fleet of 650 Basic Life Support Ambulances (BLS) (approx) which may be scaled up further (if required) with ALS/BLS Ambulances, 570 Janani Express vehicles and 200 Base ambulances.
- Operate and integrate 24 x 7 108 and 104 call Centers for managing and coordinating all these ambulances and vehicles..
- Deploy trained, professional, well behaved manpower in these ambulances (Driver and EMT in 108 ambulances & Base ambulances and drivers in 104 Janani Express) with uniform and ID cards in the ambulance and specified medical equipment that will stabilize the patients and then transport them to the nearest Government/authorized private Hospital, provide referral transport services to pregnant women and , sick children up to 18 years with the help of Ja**n**ani Express vehicles within the shortest possible time adhering to the response time standards as per clause .
- Operationalization, management and maintenance of a fleet of all these ambulances/ vehicles (approx.) deployed across state**.**
- Provide GPS monitoring for these vehicles (complete solution as detailed in the RFP)
- Manage and operate the centralized integrated 108 and 104 call centers for dispatch and monitoring of these vehicles.

- Establish a system for revenue collection in a clean and transparent manner in case of base ambulances. 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.

NOTE:- Number of vehicles mentioned in this RFP document are indicative only and on the basis of present fleet in Rajasthan. These numbers may differ (may be lesser or higher) from the actual handed over vehicles while handing over.

2.2 Agreement Period: Initially it will be for 3 years or Project Period whichever is earlier. On mutual agreement, Extendable every year for a period of maximum 2 years. However; If Govt. feels appropriate and if there is reason to rescind the agreement or part of the agreement with either of the parties, it can be done by giving a notice of 2 months or after holding a joint consultation. If either if the parties is not willing to continue its services before stipulated period of the agreement the same can only be done by giving 2 months notice and after joint consultation among the parties. It cannot be done if the joint consultation is not conducted and decision is communicated in writing.
Escalation @ 3% per year on the bid price shall be applicable for 108 Ambulance and 104 Janani Express vehicles. This escalation will also be applicable on the rates quoted by bidder for Base ambulances to be paid to RSHS per month.

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, 2013 are eligible on standalone basis or as a part of the bidding consortium.

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

III. A foreign company can also participate as a member of consortium with an Indian entity mentioned in point I to IV.

IV. Trust incorporated under relevant Act in India

V. Proprietorship firm

VI. Partnership firm (Registered under relevant applicable Act.)

2.3.1.2. Should have minimum 2 years of experience of operation of a fleet of 100 vehicles (four wheel motorized) in last 5 years Integrated vehicle monitoring system with call center having computer telephony integration and ability to log calls with GIS based GPS information.(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 2 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. Bidder will submit an affidavit to this effect.

2.3.1.5 Bidder will give an affidavit that no investigation by any statutory body / Govt. investigating Agency of any state Govt./ Central Govt. is undertaken or pending against the bidder for the charge having nature of criminal/economic offence/fraud.

2.3.1.6. Should not have been 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 average turnover in the similar line of activities (i.e. excluding non-operating turnover) during last three completed financial years which refers to gross receipts starting from financial year 2012-13. Bidder needs to submit audited turnover statements by statutory auditor. For purpose of verification of turnover, bidder is required to submit a certificate of turnover of Chartered Accountant.

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.

(iv) 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.

(iii) The financial strength of the parent / ultimate parent/ an affiliate can be taken for calculation of turn over for qualifying at the time of submission of RFP, but before signing of Agreement the required turn over 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 25% 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 twenty days before last date and time for submission of online proposals.

2.3.4. Revised RFP after pre proposal conference-

Pre-Bid Conference was held as mentioned in the notification published Vide no. F. No. 23 ()/NRHM/ISC/IAP/2015-16/5847 dated 29.12.15 at 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 have been scrutinized and this revised RFP is published after that.
2. However, at any point of time prior to the date for submission of RFP, RSHS (NHM) may, for any reason, whether at its own discretion or in response to the discussions/ clarifications, modify the RFP document by issuance of an addendum to be published on e-procurement website www.eproc.rajasthan.gov.in. department's website: www.rajswasthya.nic.in and on sppp.rajasthangov.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/Bank Guarantee of scheduled Bank 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 development of soaftaware required for implementation of Integrated Ambulance Project, 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. 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
17. 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.
18. VAT Clearance certificate up to March, 2014 (If applicable)
19. 20 seater call centre and 2 years' experience enclosed.
20. PAN No.
21. Firm's Registration Copy.
22. **Ann** A,B,C and D as per RTPP Act.

2.3.6.2 PART B (Financial Proposal)

1. Bidder shall submit Financial Proposal as per **Annexure – 3.**
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 and 104 Janani Express. 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 would be payable to the Govt. every month. This amount will be adjusted from the claims of Service Provider every month while transfer of funds.

2.3.7 Evaluation of the Proposals

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

At the first instance Technical Part shall be opened and evaluated. Bidder who fulfills the eligibility criteria laid down in the RFP shall be called for technical presentation before the committee of following :-

1. Principal Secretary Health or his representative.
2. Mission Director, NHM
3. Additional Mission Director, NHM
4. Project Director, NHM
5. Director (Finance) NHM
6. Director (Public Health)
7. Representative of Secretary IT, GoR
8. Representative of SIO, NIC
9. Consultant ISC, NHM
10. Consultant IT, NHM

Financial Part of only those bidders will be opened who are found substantially in order of the RFP stipulations and qualifies in the above technical presentation. Committee reserves the powers to disqualify any or all bidders without assigning reasons thereof even though the bidder/s qualifies the eligibility criteria laid down in the RFP in clause 2.3. The decision of the committee shall be final binding on the bidders.

Technical presentation by the bidders would be based on the IT requirements laid down in the RFP for Integrated Ambulance Project.

To facilitate evaluation, RSHS (NHM) may, at its sole discretion, seek clarifications/information in writing from any bidder.

2.3.7.1 Evaluation of Technical Proposals

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

2.3.7.2 Evaluation of Financial Proposal:

a. The financial bid opening shall be done for only those bidders who shall qualify technically as per the criteria laid down in the RFP and in the technical presentation before the committee.
b. It is highlighted that the bidder quoting the most advantageous bid (cumulatively of all three bids) would be judged as Successful Bidder. For financial evaluation total financial receivables from all Base Ambulances shall be deducted from the total financial payables for 108 ambulances and 104 Janani Expresses. After that most beneficial proposal shall be selected.

2.3.8. Number of Proposals

A bidder is eligible to submit only one proposal 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 Validity of Proposals

The Proposal shall remain valid for 90 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 Cost of Proposal

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 and time)

As per notification published vide no. F. No. 23 ()/NRHM/ISC/IAP/2015-16/382 dated 30.01.16.

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2.3.14 Pre-Bid Conference

(a) Pre-Bid Conference of the bidders is already held at Swasthya Bhawan, Tilak Marg, Jaipur (Rajasthan) – 302005–as per notification published vide no. F. No. 23 ()/NRHM/ISC/IAP/2015-16/5847 dated 29.12.15. No separate pre-proposal conference is scheduled for this RFP.

(b) Bidders are free to seek clarifications and make suggestions for consideration of Department in written to MD, NHM at least before 20 days of last date and time for submission of online proposals. 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 attended the RFP document and the same addenda may also be uploaded on the website/s mentioned in the notification . No. 23 ()/NRHM/ISC/IAP/2015-16/382 dated 30.01.16. All such addendums shall form the part of the RFP document.

2.3.15 Proposal/Bid Opening

As per notification published vide no. F. No. 23 ()/NRHM/ISC/IAP/2015-16/382 dated 30.01.16

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 (NHM) 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 (NHM) 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 (NHM) 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 (NHM). 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 (NHM) reserves the right to reject any or all Proposals/entire RFP without assigning any reason whatsoever.

9) Mere submission of information does not entitle the Bidder to meet an eligibility criterion. RSHS (NHM) 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 (NHM) 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 (NHM) 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, NHM, Rajasthan.

13) The RSHS (NHM) 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.

Part- A3
TERMS OF REFERENCE

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 Projects. 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 Accident (Road traffic accidents/other accidents), medical, pregnant women, neonates, parents of neonates, infant and children in situations of serious ill-health and all other emergencies in the general population like mass casualties, epidemic etc; 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 shall be coordinated through two existing 24x7 integrated Call Centres one at SIHFW building Jhalana Doongari and another at Swasthya Bhawan Jaipur with a common toll free number 108 and/ or 104 and GPS device to be fitted on 108 Ambulances, 104 Janani Express and Base Ambulances and with mobile App to be installed in mobile phones to capture the movement from base location, to patient location, to hospital location and back to base location. Toll Free Medical Advice will be an integral part of this project. The bidder will have to set up IT platform and software for management of these call centers which will have sufficient provision for providing medical advice, counselling and other services as laid down in clause 3.2.1,3.2.2 and 3.2.3 of the RFP.

- 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/vehicle monitoring and tracking system, call management, performance monitoring and reporting. The movement (movement from base location, to patient location, to hospital location and back to base location) of every ambulance/vehicle should be able to be tracked through GPS and mobile App for every trip/move of the Ambulance/vehicle.
- 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 after proper branding as per directions of NHM through these toll free numbers/call centers with all modern necessary equipments and GPS devices.
- 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 may be given priority. The new service provider may undertake test of existing employees of all the four services and if the staff is found fit as per the required qualifications; he/she may be considered for the job.

The main parts of this service are:-

3.2.1. Management and operation of 108 and 104 call centers:-

This part mainly consists of two sub- parts:-

3.2.1.1.Management and integration of call centers:-

- Operate both 24 x 7 call centers 108 and 104 in integration and coordination for providing ambulance/referral/transport services and Medical Advice Service.
- The integration shall be IT based however both the call centers shall continue to operate on the same places they are presently operating on. NHM do not have provision for place to operate both call centers from one place. Also considering emergency nature of services it is advisable to have two separate call centers so that in case of failure/breakdown of one call center due to any reason another may be utilized and emergency services can be kept uninterrupted. Integration of call center is basically an IT issue. Call centers will be operated from the existing places. Integration should not be affected in any case.
- Service Provider will take over both call centers as is where is and operate while integrating on IT basis.
- Both the call centers would provide all the services envisaged under the Integrated Ambulance Project.
- Any call whether dialed on 108 or 104 would land on any of the call center and service provider would be liable to deliver desired services to the caller or person in need without asking the caller to dial another number for availing other service
- Provide adequate manpower 24X7 at the call center in a way that no valid call should be left unattended and unserviced.
- Respond to emergencies related to Police and Fire and forward them to nearby/ respective police/fire station.

3.2.1.2 Establishment & implementation of IT platform and software for Integrated Ambulance Project:-

- The bidder will create, install, upgrade, establish, implement, manage, maintain and operate complete IT solution as detailed in RFP in clause 3.16.
- The IT solution and software shall be capable to implement all the envisaged services under RFP.
- It will have a provision of upgradation, upscaling, addition, amendment as per the requirement of NHM/Govt. given in this RFP and to be given time to time during the period of the agreement and after the currency of the agreement in case Govt. decides to continue after completion/termination of the project.
- The entire IT platform shall be the property of the Govt. and Service Provider shall be liable to create all required documents in a way that at the time of exit no technical/financial/legal problem arise on handing over to the Govt.

3.2.2. Maintenance, Management and operation of assets handed over to service provide and of a fleet of 108 ambulances, 104 Janani Express and Base Ambulances:-

- To takeover, maintain and manage a fleet of 1420 vehicles/ambulances. This includes 650 ambulances (108), 570 Janani Express and 200 Base Ambulances.
- Operation and Maintenance of fully equipped all Ambulances/vehicles 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.
- 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:
- Carrying out periodic preventive maintenance of the Project Facilities;
- Undertaking routine maintenance to ensure undisrupted operation of the Project Facilities;

- Undertaking major maintenance such as ambulance repairs (as per vehicle manufacturers recommended maintenance schedules), refurbishment and necessary upgradation and maintenance of IT/GPS Infrastructure and other equipments time to time.

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

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

- Routine maintenance, upkeep, refurbishment of the vehicles and of the medical and non- medical equipments.
- Operationalize/ Manage/ Maintain existing as well as new Ambulances which may be included in the fleet. Re-trade tyres, repaired batteries and retrieved spares will not be allowed in maintenance.
- Major aggregates chassis and complete engine can be hanged after due permission from NHM. Entry of this change has to be entered in vehicle registration certificate from District Transport Authority.

- To provide 24 x 7 Ambulance/referral/non- emergency medical transport Services through 108/104 toll-free numbers across all 34 districts in the state of Rajasthan.
- **3.2.3 Services Under the Project:-**

3.2.3.1 Services of 108 Ambulances and 104 Janani Express Vehicles (free service):-

- Takeover, maintain, manage and operate existing Base ambulances of the Department.
- Deploy trained, professional, well behaved manpower (Driver and Nursing Staff) in these ambulances.
- Identify and respond to medical, police and fire emergencies in the entire state of Rajasthan through an existing fleet of 650 BLS Ambulances (108) which may be scaled up further, if required with ALS Ambulances during the financial year 2015-16.

108 Ambulances will cater to broadly following emergency situations but not limited to:-

a. Road Traffic Accidents
b. Mass Casualties
c. Snake Bite
d. Burn case
e. Heart Attack
f. Poisoning/food poisoning
g. Pregnancy related cases (if 104 Janani Express is not available in that area or it is engaged on a separate case)
h. Referral in case of emergency or
i. Any other medical emergency

- To provide referral transport services to pregnant women, sick children up to 18 years through Janani Expresses.
- Provide referral transport to malnourished children, children screened under RBSK program, drop back to home facility for sterilization cases with the help of Janani Express vehicles and any other as per the guidelines/directions issued/to be issued by the NHM.
- Provide integrated GPS monitoring for these vehicles (complete solution as detailed in the RFP)
- The Service Provider shall be paid @ per month per ambulance quoted in the Financial Proposal.
- 104 Janani Express vehicles will cater to broadly following emergency situations but not limited to:-

Provide referral transport to pregnant women/ sick new borne as below but not limited to:-

a) Pick up from Home To Hospital
b) Hospital To Home

c) Hospital To Hospital
d) Provide referral transport to the children screened under RBSK
e) Provide referral transport to malnourished children
f) Drop back facility to sterilization cases.

Details of all Vehicles are enclosed at Annexure 18.

- Provide trained manpower as per clause 3.3 and services through specified medical/non- medical equipments/ consumables that will stabilize the patients and then transport them to the nearest Government Hospital within the shortest possible time and adhere to the response time standards as per clause 3.18.
- Adhere to response time as given under the Clause 3.18.
- Provide integrated GPS monitoring for these vehicles (complete solution as detailed in the RFP)
- The Service Provider shall be paid @ per month per ambulance/per vehicle quoted in the Financial Proposal.
- These services shall be free of cost to the beneficiary.

3.2.3.2 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. 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.
- Provide integrated GPS monitoring for these vehicles (complete solution as detailed in the RFP)
- Details of Base Ambulances are enclosed at Annexure 18.
- The Service Provider shall be charged @ per month per ambulance as per the quote in the Financial Proposal.

- For safety reasons Copy of ID card shall be taken of the patient/attendant to be transported before initiation of the journey and shall be kept in records for future verification/audit purposes.
- The patients may be charged at the rate of maximum Rs. 20 per kilometer. Service provider is allowed to charge minimum of Rs. 200/- up to 10 kms. In case of halt; for first one hour no halt charges may be taken from the patient. From second hour onwards an amount of Rs. 200/-per hour may 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 Hindi and English both languages.
- The patient has to be necessarily given receipt of payment which has to be loaded daily on the designated integrated software of ERC 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. A maximum gap of 10% may be allowed but it is not the right of the bidder it has to be proven with relevant justification. Geo tagging (i.e. geographical location) may be ensured through 'Mobile App' being used to record the start and end of the case.
- 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. Amount related to such cases will be paid to the Service Provider by respective RMRS of the Institution where the Base ambulance is stationed.
- 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 amount payable to the SHS every fortnight will be adjusted from the claims of the service provider while transfer of funds. One month advance amount shall be kept by the SHS before initiation of the contract. The amount which is to be paid to RSHS by the Service Provider every month for Base ambulances shall be adjusted at State level every fortnight while transferring the funds for 108 ambulances and 104 Janani Express vehicles. The amount received/adjusted for/towards each base ambulance at State level will be transferred to respective RMRS where that particular ambulance is allotted to.

- Operator will not affect the emergency use of base ambulances/VIP duties in any case except the situation in which the base ambulance is already assigned on a case. However Service Provider will provide immediately after base ambulance gets free from the already assigned case. In case of refusal to any usage sought by Govt/Dept the service provider will be required to furnish the reasons for such refusal. It will also provide the ambulances free of cost services in case of any emergency/ natural disaster.
- Service Provider will be paid @ 25% lesser than the laid down rates for VIP duties and amount related to such cases will be paid to the Service Provider by respective RMRS of the Institution where the Base ambulance is stationed.In case base ambulance is sent for an emergency use if another 108 ambulance and 104 JE is busy at that time or a disaster (multi causality incident/accident) occurs wherein all 108 and 104 JE of that particular area are insufficient in number to cater to that emergency situation then no extra payment will be made to the service provider for such emergency cases as service provider is expected to attend to every valid call as a basic condition of the RFP.
- Operator shall make entries of the base ambulance in the movement registrar at the concern CHC where the ambulance is deployed/ stationed.

3.2.4 Toll Free Medical Advice Service (free service):-

- To provide Medical Advice, counseling, information directory, complaint registration etc. Services over telephone.
- This call center will also be utilized for ASHA Soft 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 centers 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.
- 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/JDand/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 whereas in Janani Express vehicles only drivers are required.

3.3.1.1 Basic qualification of EMT – B.Sc. (PCB)/ B.SC. Nursing/GNM with relevant training 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 working and usage in Basic Life Support (BLS) ambulances from a recognized national /international institution for BLS ambulances. He must be able to manage first aid/ emergency requirement and stabilizing the condition of the patient being transported.

In future if in case any ALS ambulances are added in the fleet then the service provider will be required to impart training to operate equipments of ALS ambulances and he must be able to manage first aid/ emergency requirement and stabilizing the condition of the patient being transported in ALS ambulance.

3.3.1.2 Drivers :

The Service Provider has to provide driver on 24x7 basis on all vehicles, no medical technician is required in case of JE. Driver should be trained in giving first aid to the patient, if required. Drivers shall be kept as per qualification laid down for Govt Department.

3.3.2 Call Centre Staff:

Call Takers for Emergency Response Service (ambulance/Vehicle Dispatch) : Who are responsible for attending all the calls and taking down the basic information related to the caller and emergency. He/she will also sensitize the emergencies and decides the dispatch of ambulance to the emergency site and coordinate with the ambulance staff and emergency response centre for virtual handling. The capacity of each Call Taker in a shift of 8 hours is approximately 250-300 for emergency calls. They undergo 21 days training before assuming the role of the CO/DO.

Call Takers for Medical Advice Service: 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 (at call center for guiding the EMT during transport to provide virtual medical direction for all critical cases **and also for proving medical advice to the caller/person in need)**

1. MBBS / MD (General Practitioner)
2. Clinical Psychologist for counseling Service over telephone

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

1. Team leader: for every 15 call taker
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.

POLICE DISPATCH 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.

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

3.3.3 In addition to this following manpower will also be employed by Service Provider at call center and at State control Room in Swasthya Bhawan. This team will see the functioning of the call center and same will be reverified at State Head Quarters by similar team. These personnel will be on rolls of service provider but will be appointed by NHM. Honorarium of these personnel will be disbursed by the service

provider on monthly basis on the basis of attendance verification and satisfactory work performance report of MD/PD, NHM at state level and of CMHO at Dist. Level. Bidder will include the salaries of these personnel in financial proposal. Personnel at State level and District level would be as below:-

For 24 X 7 IT teams to be placed one at call center and second at control room at Swasthya Bhawan (state level)

Post and No's	salary
Control Room Supervisor (Three) round the clock	Rs. 35,000/- pm/per supervisor
GPS Consultant (one)	Rs. 43,000/- pm/ per GPS consultant.
Data operators (2x3=6) round the clock	Rs. 12,000/- pm/data operator

At State level

Post and Nos	Salary
Mechanical Engineer (2)	Rs. 25,000/ pm/Mech. Eng.

At district level

Post and Nos	Salary
Data Operators in the Districts (1x34=34)	Rs. 8,000/- pm/Data Operator

Existing Salary Structure (only for reference):-

a) Gross Salary of the staff in 108 Project is Rs. 10099/- for per month for EMT, Rs.9785/- per month for Driver and of Call taker is Rs. 7685/- per month.
b) Gross Salary of Health Advisory Officers (Call Takers) at 104 call center is between Rs. 6000/- to Rs. 8500/-.
c) Under 104 Janani Express salary of drivers is ranging between Rs. 7000/- per month to Rs. 12000/- per month.
d) A broad idea about the number of staff employed and indicative present salary structure (for reference) by present service providers is provided in the RFP, further details may be taken by the bidder from respective CMHOs and PMOs.

Existing Manpower including Pilot, EMT, Co/Dos, HAOs, Drivers etc. working in the implementation of the Project shall be given priority as far as possible. As far as continuation of existing staff is concerned the new service provider may undertake test of existing employees of all the four services and if the staff is found suitable as per the required qualifications; he/she may be considered for continuation in the job.

3.4 Time Schedule for Implementation and moratorium period

3.4.1 For Fleet: 108 Ambulances are already operational and managed by a vendor under Public Private Mode. The successful bidder has to start and operationalize the services across all 34 districts within 60

days from the date of signing of agreement without any interruptions to the current operations. Successful bidder shall takeover all the assets including IT and hardware infrastructure and all ambulance and vehicles within 60 days time. **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. **Base Ambulances are bei**ng operated at various CHCs/DH through respective RMRS. The Service Provider has to take up the operations of these ambulances after proper branding, upkeep with all necessary Equipments as per **Annexure 19.** Within one month of signing o**f the contract.**

3.4.2 **104 and 108 Call Center:** The Service Provider has to take up both the call centers within 30 days of signing of the contract. 30 days time period is being provided for taking over the hardware of the call center, installing software, test check/run and then finally making it fully operationalized.

3.4.3 Handing Over Taking Over shall be done under the supervision of NHM Staff. To avoid disruption to the present operation, Service Provider may take over operations from existing vendors in phased manner.

3.4.4 **Moratorium Period:-** Bidder will have to take over the project within 60 days time. In addition to these 60 days, bidder will be given a period of another 60 days as moratorium period wherein penalties will not be imposed. During taking over Service Provider will be paid for the ambulances /vehicles taken over and for the days for which the taken over ambulances are operated. After these 120 days bidder will have to achieve all the parameters as mentioned in RFP otherwise penalties/deductions shall be affected from claims as per RFP.

3.4.5 New service provider will have to take over Ambulances on "As is where is" basis and installation of GPS devices will be ensured within this 60 days time. NHM will not undertake any repair of the ambulances. In case ambulances are received in damaged condition and new service provider undertakes repair; than the repair cost shall be reimbursed to the Service Provider out of a pool of reserve funds of Rs. 2.00 crores. The repair shall be undertaken by a committee having members from Govt and Service Provider both. The committee will take a decision regarding repair/quantum of repair and then undertake the repair as the rules and regulations of RTPP Act, 2013.

3.4.6 The Service Provider will be handed over the ambulances which are in roadworthy condition. These are approximately, 650 (108 ambulances), 570 Janani Express vehicles and 200 base ambulances. After taking over the ambulances/vehicles service provider will undertake proper upkeep, maintenance, minor repair of the ambulances. The financial proposal of the Service Provider shall be inclusive of these costs also in addition to all other costs related to the implementation of the project.

3.4.7 Sr. No. 4,6,9,13,15,16, 17,18, 21,23,25,26 and 31 in Medical Equipments and S. No. 9 in Tools of Ann. 15 are available in present fleet of 741 ambulances (108). These shall be made available in newly launched ambulances by NHM in future (if any) and in case of ALS ambulances in future (if any) Defibrillators and Ventilators shall also be provided in addition to these. In 58 ambulances of present fleet tools mentioned in Ann.15 (except S. No. 9) shall be provided by Service Provider. However; items mentioned in Ann.15 under Medical Equipments are available in 741 ambulances and tools are available in 741-58=683 ambulances but there is a shortage of some equipments as mentioned in Ann. 15, these shall be provided by Service Provider. The previous Service Provider will repair/ meet the shortage in that case. In the absence of discharging such liability on the part of previous service provider, the same shall be done by the new service provider at the cost of previous service provider, which will be recovered by NHM from the previous service provider. Vehicle wise kilometer reading is enclosed at Ann. 25 for reference of bidders.

3.4.8 Gap analysis of all present ambulances will be done and any gap found will be funded by Govt. as per clause 3.4.5. Any discrepancy (shortage and/or repair) in the equipments of the ambulances which are on the part of previous service provider, the liability of the same will be of the previous service provider. The new service provider will then undertake the repair through authorized dealer in accordance with clause 3.4.5.

3.5 Expected Outcomes

- 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 of medical transport but not emergencies
- The basic objective of the project is to provide emergency/referral/medical advice and non-emergency medical transport services to all valid calls being received at the call center.
- To successfully close all the valid calls received at the call center after providing the desired/required service to the caller/person in need. No valid calls should be left unattended or denied from service. Any denial from services shall be viewed seriously and penal/disciplinary action shall be taken as per the provisions of the agreement.
- .To provide 24x7 pre-hospital emergency transportation care (Ambulance) services across the State within Permissible Response Time of Urban- 20 min and in Rural- 30 min. and in dessert areas- Bikaner, Barmer and Jaisalmer other than Urban Areas- 40 Mins. of the call being received in the Call Centre as per clause 3.18.
- To provide 24x7 pre-hospital transportation facility to the pregnant women, sick new bornes (Janani Express) across the State within Permissible Response Time of Urban- 20 min and in Rural- 30 min. and in dessert areas- Bikaner, Barmer and Jaisalmer other than Urban Areas- 40 Mins. 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 emergency response/transport service 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. Maintenance and upgradation of existing hardware's, software's, servers, voice solutions and all other solutions and equipments etc.
- AMC of hardware's, software's, servers, voice solutions and all other solutions and equipments etc.
- 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 RFP.
- 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 21** 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 as per requirement. The Service Provider would recommend for the proposed IEC to improve the usage under the project for all type of vehicles and areas where IEC is required.

3.8 Responsibility of the service provider

1) Ensuring 100% service to the valid calls received at the call center.
2) Installing IT platform and software as per the provisions of the RFP.
3) Maintenance and upgradation of existing hardware's, software's, servers, voice solutions and all other solutions and equipments etc.
4) AMC of hardware's, software's, servers, voice solutions and all other solutions and equipments etc.
5) Operation and management of the Integrated Ambulance Services in the State of Rajasthan.
6) To make sure that proper services are being delivered to valid calls which are landing on the call center. The call taker at the call center would identify the nature of call received at the call center and process it as per the call flow given in the clause 3.16 of the RFP.
7) To ensure availability of quality Emergency Response Service through 108 ambulances, transport/referral transport facility through 104 Janani Express vehicles to all the emergency/cases for which call receives at the call center through 104 or 108 numbers.
8) The facility through 108 ambulances or 104 Janani Express shall be provided within the given response time as per RFP.
9) Service Provider shall place the ambulances/ vehicles across Rajasthan in a way that call/emergency/case intimated at the call center from any area of the Rajasthan should be catered to and also in the given response time.
10) Service provider shall be provided with the approximately 650 ambulances (108) and 570 Janani Express vehicles. This number is excluding of the vehicles which are not in roadworthy condition.
11) Service provider shall be given a list of all Medical Institutions like Medical College Hospitals, District Hospitals, Sub Divisional Hospitals, CHCs and PHCs and Service Provider will map its ambulances according to location of these institutions in consultation with NHM.
12) The service provider will have to cater to all emergencies of all areas of Rajasthan in the prescribed response time as per clause 3.18. Presently all ambulances are deployed at strategically selected locations however, relocation of these ambulances may be considered in order to attend all emergencies within response time Provide technological, leadership, administrative and managerial support in open and transparent manner to produce mutually agreed outcomes. Relocation of any ambulance is permitted on the basis of approval of respective District Collector/DHS. It is the responsibility of the bidder to make justified proposal with reasons for such relocation and present it before the respective district collector for approval.
13) (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.

14) 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.

15) 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.

16) 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.

17) The bidder shall be fully responsible for adhering to the provisions of various applicable laws including Motor Vehicle Act, **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. Service Provider has to comply with provisions of Labor Law, Minimum Wages Act, PF rules and ESI Act, Group Insurance cover (with accidental benefit of Rs. 5.00 lacs in case of death) and other labor welfare laws of land while appointment, continuation, termination during the job. These laws shall also be complied by the Service Provider in case any accident/ mishap/death/injury/disability occur to any of the staff.

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

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

20) 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).

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

22) **Strict adherence to the stipulated time schedule as per Annexure 20.**

23) Operation and Maintenance of fully equipped all Ambulances/vehicles 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.

24) Ensuring 24x7 services at the Call Centre.

25) **To** maintain 99.99 per cent up time of the complete integrated IT and GPS based system along with real-time tracking of all vehicles otherwise penalty will be imposed as per clause 3.13.

26) 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.

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

28) The bidder shall be subjected to periodical System of internal and financial Audit. The audit may be conducted by auditor appointed by NHM. The expenses for conducting such audit would be borne by NHM. The Service Provider shall be liable to provide all required documents for audit purpose.

29) If required, the Service Provider can change the locations of the ambulances/vehicles in order to provide services in all areas of Rajasthan but for this prior information to NHM/Govt.

30) Service Provider will be provided with login ID and password for PCTS software. From this software the service provider will fetch the due date list of expected ANCs, deliveries, PNCs and immunization of children. This due date list shall be kept in each and every JE vehicle and Service Provider shall make calls to the patients mentioned in due list for providing transport services through JE.

31) Service Provider shall comply with software requirements as mentioned in clause 3.16.

32) The service provider shall ensure to fill PCR form as per **Annexure 24** for each and every patient transported in the ambulance. At the end of the month the service provider shall submit a certificate duly certified by the BCMO that he has seen and checked all the PCR forms for the patients transported in that particular month for all the ambulances in that particular block. Service provider shall ensure to fill three copies of the PCR form out of which one shall be handed over to hospital at the time of handing over the patient, second shall be kept in ambulance and third shall be sent to head office of Service Provider. Every month Service Provider shall submit a report about the PCR forms received at its state office to NHM Rajasthan.

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.

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

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

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

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

6) Nodal Officer PCTS (State Demographer) will provide the PCTS User ID and Password to Service Provider.

3.10 Bid Security and Performance Security

3.10.1 Bid Security: 2% of the total estimated annual Project Cost Rs. 130.00 Crores in the form of Banker's Cheque/ Demand Draft/ BG 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 required 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 within the period mentioned in Award of Contract.

In case performance security is deposited in form of Bank guarantee (BG), then the same should be valid for 42 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 fortnightly basis on submission of statements of invoices by the service provider. No advance financing shall be done under any circumstances.

3.12 Investment and ownership

All movable and immovable assets created in the project will be the property of RSHS (NHM), 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.

3.13 Operational Parameter and Penalty Clauses

For 108 Ambulances and 104 Janani Express:-

The Agency (Service Provider) shall ensure that all call/emergency/case intimated at the call center from any area of the Rajasthan should be catered to and also in the given response time as mentioned in clause 3.18.

(a) 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 Health Mission, Director (PH), Project Director (NHM) and Director (Finance, NHM)/representative of Principal Secretary Finance.

(b) If the Service Provider feels aggrieved with any of the decision/decisions of the above committee, it may proceed further with the issue as per the clause 3.25 for Settlement of disputes and Arbitration.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) If an ambulance is condemned after following due procedures as per rules (GF & AR) or total loss because of an accident then the service provider if required will have to provide an ambulance after procuring ambulance from authorized dealer or hiring from market after permission of MD,NHM. In both cases NHM will pay the amount calculated on the depreciated value @ flat 1.0% per month of the purchase cost of that particular ambulance in addition to the operational cost of that particular ambulance/JE quoted in financial proposal. Penalties shall be applicable in both the cases as per provisions of the agreement. Bidder do not have to quote for a separate financial proposal.

(d) Hiring of the ambulance in order to cater the valid calls related to that particular area can be done by the bidder after detailed gap analysis for the area in consultation with DHS/CMHO but final approval of MD, NHM for such hiring will be mandatory. Penalties shall be applicable in both the cases as per provisions of the agreement. 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.

<table>
<tr><th>S.No</th><th>Description of Penalty</th><th>Amount of penalty to be imposed</th></tr>
<tr><td>1.</td><td>Permissible Response Time as per clause 3.18 : (for 108 ambulance and 104 Janani Express)

Urban- 20 min and in Rural- 30 min. and in dessert areas- Bikaner, Barmer and Jaisalmer other than Urban Areas- 40 Mins.</td><td>Cumulative delay of 75 minutes per ambulance per fortnight is allowed. If delay in Response Time exceeds than as mentioned in clause 3.18 and allowed relaxation of 75 minutes per ambulance per fortnight is also exhausted then a penalty of Rs. 50 will be deducted on case to case basis for delay of every 1 minute thereafter, subject to maximum of Rs. 3000. (penalty will be Rs. 50.00 for every minute & a fraction of 30 or more will be considered as a minute. For 30 seconds and above next minute will be considered.

eg. if an ambulance gets delayed by 1 minute 29 seconds then the prescribed response time then the penalty for this case would be Rs. 50. If an ambulance gets delayed by 1 minute 30 seconds or one minute 31 seconds then the prescribed response time then the penalty for this case would be Rs. 100/- however; subject to maximum of Rs. 3000.</td></tr>
<tr><td>2.</td><td>In case a valid call is not serviced as per RFP requirement. Calls received at the call center shall be scrutinized and checked by IT team of NHM placed at the call center and at Swasthya Bhawan State Head Quarters on random sampling of minimum 10% of total calls received at call center on daily basis. If it is found that the required services are denied/not provided to the call or the call is not successfully closed due to the fault of service provider or calls is not attended within 10 seconds then penalty shall be imposed.</td><td>This will be calculated on monthly basis and penalty shall be imposed as below:-

<table>
<tr><th>S. No.</th><th>SLA</th><th>Penalty</th></tr>
<tr><td>1</td><td>The prime requirement of this RFP is that all valid calls received at the call center should be provided with the required service as per RFP provisions. If it is found in the verification that any valid call is not provided with the required service or is denied from the service then</td><td>Penalty @ Rs. 1000/- per ambulance /JE related unattended valid call and Rs. 200/- per call for remaining unattended valid calls shall be deducted from the claims of the service provider. Number of such calls shall be ascertained on the basis of inferences of</td></tr>
</table>
</td></tr>
</table>

				random sampling. For eg. If 10% calls out of the sample comes out to be as calls to which required service is not provided or service is denied then deduction @ Rs. 1000/- or Rs. 200/- (on the basis of nature of unattended valid calls) for 10% calls of the total calls shall be made from the claims of service provider.
3.	Any shortfall/ default found on inspection by RSHS (NHM)/ authorized District representatives. (For 108 ambulance, 104 Janani Express and Base ambulance) On the basis of inspection conducted by NHM as defined in RFP.	**Categories of shortfalls:-** 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 NHM 6. Nonfunctioning of Air-conditioning of Ambulance 7. If the ambulance staff is not found in uniform.	Penalty of Rs 500/- for first time for every category of shortfall and subsequently Rs 1000/- / Ambulance (Individually for every category of shortfall)

		8.If vehicle is push start. 9.If Stepny is not available with vehicle.	
4.	Submission of information desired by NHM, GoR in stipulated time frame.	Penalty of Rs 1000/- will be imposed for every default.	
5.	If quarterly Security Audit is not conducted as per clause 3.16. (18)	Rs. 5000/- per day after three months.	
6.	If the ambulances/ vehicles are not maintained as per the vehicle manufacturer maintenance schedule penalty @ Rs. 1000/- for default in per category as per R-16 of Ann. 14 (it is inspection based) shall be deducted from the claims of the service provider.		
7.	If any GPS unit is frequently non-functional then replacement/repair of such GPS units should be ensured within 2 days otherwise penalty will be imposed at the rate of Rs 1000/- per day per GPS unit from 1st day onwards.(For 108 ambulance,104 Janani Express and Base ambulances). GPS penalty will be calculated on the basis of GPS monitoring done at state level and same will be informed to respective districts for the deduction of calculated amount from the claims of service provider. GPS penalty will not be deducted for off-road vehicles shown in daily report of the Service Provider.		

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.

Payments to the Service Provider shall be made on fortnight basis and system generated and based on the reports of the IT team and verification reports of the districts.

The Service Provider shall submit invoices/bills alongwith documents as indicated at Ann. 22 fortnightedly at district headquarters. The Service provider will first submit the invoices in scanned copy online and hard copy of the same within 24 hours to the respective District CMHO.

State Head quarter IT team shall generate a fortnightedly report which will be sent to all districts. For this purpose the IT team at call center and State Head quarters shall analyze the reports generated on daily basis. The team will listen to minimum of 10% call recordings of total calls received at the call center on daily basis and a provisional daily payable amount shall be generated after accounting for the penal provisions as mentioned in the RFP. Such daily genetared amount will be prepared after accounting for the penal provisions except point number 3,4 and 6 of the penalty table mentioned in penalty clause 3.13. Simultaneously the district will also undertake the call verification process on daily basis through verification of OPD/IPD numbers through a designated person specially employed for this purpose as mentioned in clause 3.3.3 as District Data Operator. This person will verify the valid calls through verification of IPD/OPD/discharge ticket numbers and/or as directed by NHM time to time. The service provider shall make arrangements for storage of call recordings at the call center and make it available to the NHM team at Swasthya Bhawan Jaipur as and when required.

The districts will report the State HQ about penalty and /or proposed deduction to be affected from the claims of the Service Provider within 2 working days w.r.t point number 3,4 and 6 of the penalty table mentioned in penalty clause 3.13. After taking into account the penalties and/or proportionate deductions reported by IT team at NHM HQ, the genuineness and calculations of claims raised in the invoices by the Service Provider and penalties/ deductions (if any) on the basis of verification report of districts as per the provision of the RFP the district CMHO

will issue the sanction for payment and will send to the State HQ within next 3 working days. State on consolidation of the sanction amount from districts and after deducting the amount of penalties computed by ITteam of NHM HQ transfer the funds to the Service Provider centrally.

A separate software will be developed by NHM for above payment process to avoid any unwarranted delay in payments.

For any payment/penalty related problem Service Provider may submit reresentation to PD, NHM/respective CMHO as the case may be.

Inspection of ambulances/vehicles:- Any Physical verification undertaken by any authority designated by MD, NHM at random or on regular basis. The inspection shall be undertaken on a prescribed checklist given by NHM. Regular inspections shall be undertaken by the district authorities based on mobile application and report of the said inspection will be sent to the district and state authorities along with a copy to service provider. It will also have a provision of calculation of the penalty on the basis of the checklist and the provisions of the agreement. The calculated amount of penalty for a particular ambulance for one inspection shall immediately be intimated to the district and same deduction shall be affected from the claims of the service provider. The responsibility of development of mobile app is the responsibility of the service provider to incorporate in the IT /software part.

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.

Cross check by Service Provider and re-inspection by NHM:-

On the basis of report the service provider shall undertake a cross check of that particular ambulance/vehicle and rectify the shortcomings within 7 days of the receipt of the inspection report. After the rectification the designated officer of the service provider will re inspect the ambulance and submit the re-inspection report using same mobile app and will send a copy to the district and state authorities and also to the inspector who had done the inspection of that ambulance/vehicle. Software should have a provision to immediate cross tally both the reports and generate a cross check report. The Cross check report will confirm the rectification done by the service provider which will be further verified by the inspector of NHM. If all the shortcomings found rectified by the inspector of NHM then he/she will send a confirmation report to the State & district authorities and to service provider. If some/all of the shortcomings are still noted or if the service provider fails to cross check/rectify the shortcomings then penalty shall be deducted from the claims as per penalty clause.

In any case the inspection of each ambulance shall be done on weekly basis by district authority.

3.15 Referrals by 108,104 and base ambulances:-

In case a patient needs referral then following approvals are required:-

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

d. For Inter- district referral outside the zone MD, NHM shall approve.
e. In emergency situations prior approval for referral is not required.
f. Taking approval for referral shall be the responsibility of Service Provider.

3.16 Software Requirements:

Core Components of Emergency Response Centre (ERC): Call Agent, Medical Dispatch Agent, Police Dispatch Agent, Fire Dispatch Agent, Supervisor, Emergency Physician, Stake Holders, Pre-Defined Reports, Customized Reports, Medical Directory, Telephone Directory, Health Institutions Directory, GIS, GPS Device with dual SIM to overcome dark zone limitations, Replay Tracking and History Tracking of ambulances, Mobile Application for Drivers and State/District/Block Administrators, SMS gateway and Email, Mobile Phones (Android/USSD based), Computer Hardware, Web-based Application Software, Power Backup, Communication Channel (Primary and Backup)etc, billing and invoice module,

Note: Dark zone- where communication network of any telecom service provider is not available.

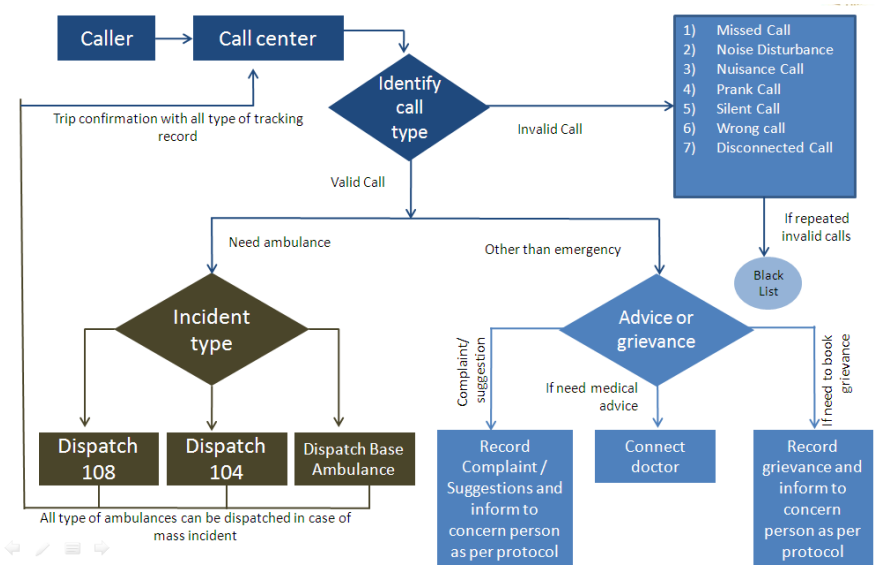
1. Software should be efficient, scalable and transparent to assist the stake-holders of RSHS (NHM) (at state/districts) for the better monitoring, management, planning and decision-making to ensure the effective delivery of ERS and real-time tracking of ambulances also to assist agents for dispatching the appropriate available nearest ambulance. The bidder shall ensure upgradation of existing hardwares, softwares, servers, voice solutions and all other solutions and equipments etc. Bidder shall also ensure maintenance of hardwares, softwares, servers, voice solutions and all other solutions and equipments etc.
   Under upgradation and maintenance of the hardware, software, server, voice solution etc. in addition to the other requirements to fulfill the Service Level IT expectation of the project, the bidder shall ensure the following but not limited to:-
   a. Upgradation of the existing PBX with its new version of Hardware and Software.
   b. Latest releases of communication server application to be procured and upgraded.
   c. Maintenance of call pilot application.
   d. Upgradation of the existing hardware (servers) for the communication Server Application as per the hardware specifications required for latest versions.
   e. Upgradation of Call Logger and related solutions with provisions to log calls and backup.
   f. Replacement of one 24 port switch.
   g. Upgradation and maintenance of other solutions and equipments etc.
2. However, bidder may visit the existing call center/s and arrive at the best required alternative.

1. Global Positioning System (GPS) should be fully computerized, secured, robust, transparent and scalable (with online real-time login facility from DM&HS) and Comprehensive GPS Data will be available through online/offline reports to DM&HS. Integrated GIS maps (Google Maps), which enables to capture the incident location on the map for immediate dispatch of available nearest ambulance. GPS device should have capacity to store approximately 3000 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 90 days.

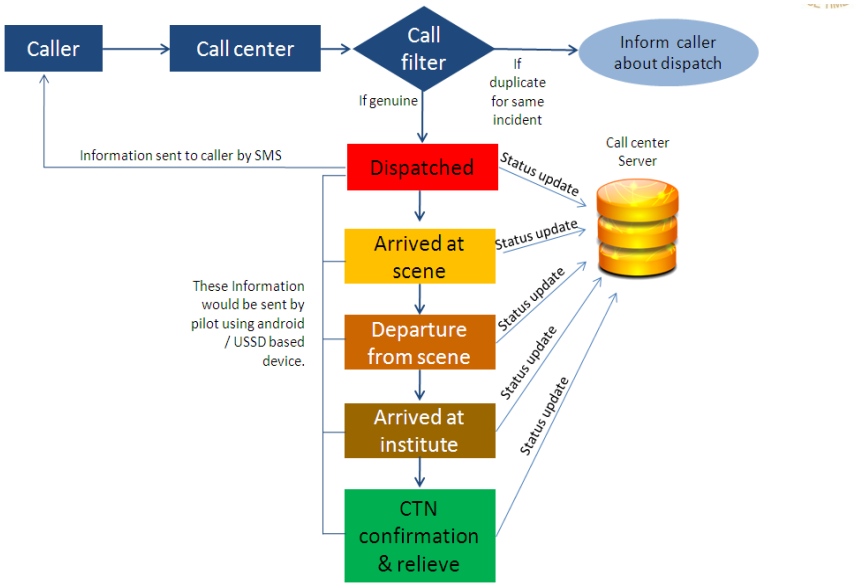
2. GIS Mapping of all government health institutions (Medical College and Hospitals, District Hospitals, Sub Division Hospitals, Satellite Hospitals, Community Health Centre and Primary Health Centre), accredited private hospitals**, Fire Stations, Police Stations** and all ambulances (104 Janani Express, 108 Ambulance, Base Ambulance) and vehicle information should be display on map (i.e. vehicle registration no., driver name, vehicle contact no., speed, status etc)
3. Integration with SMS gateway and Email: For immediate information or notification of incident/dispatch to the concerned Caller, Ambulance, Police Station, Fire Station and Control Room at Swasthya Bhawan, Jaipur (e.g: **ambulance.raj@gmail.com**).
4. Integration with mobile application configured to mobile phone present in ambulance through which drivers can immediately update the date and time stamp, location and status (Available, Busy, Off-road etc) of ambulance.
5. Establishment of Control Rooms under NHM IT team:- One control room will be located at Swasthya Bhawan, Jaipur and second will be located at call center of integrated ambulance for 24 X 7 monitoring of complete integrated ambulance project. These control rooms will be fully functional with full capacity of reporting facility like computer systems with internet facility, printers, telephone, application access etc. Each dispatch information (in FIFO manner) should be made available/visible in transparent manner at control room. Personnel of NHM IT team will be at rolls of services provider as per clause 3.3.3 of RFP.

6. Overall System Flow:



Note: *Integrated facility to block (black list) the number of callers who are calling more than* ***10 times*** *under call type of prank call, Nuisance call, Wrong call etc. Ensure adequate number of call queues so that calls do not remain unattended.*

7. Ambulance Dispatch Flow:

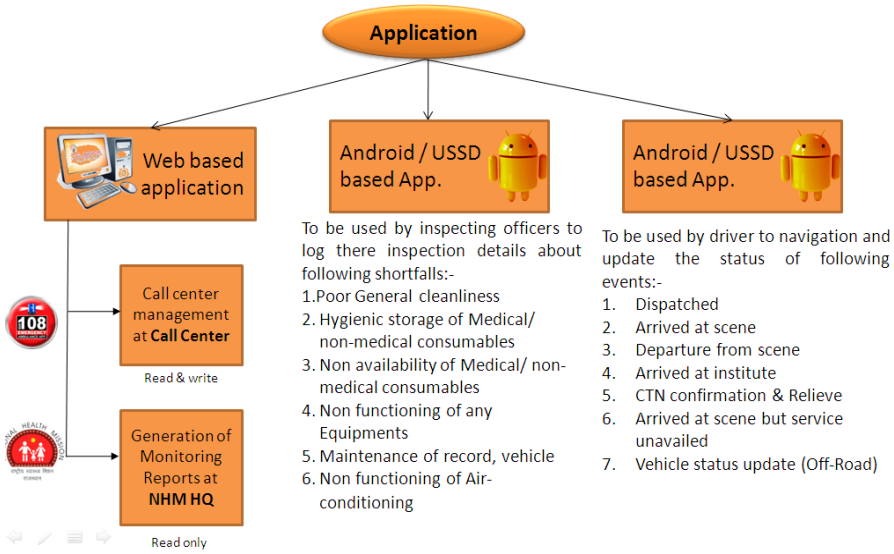


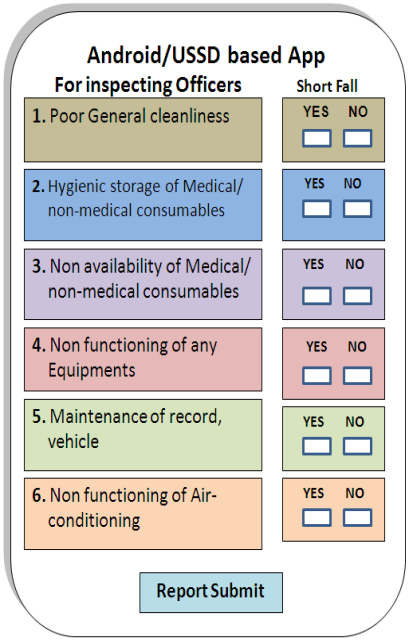
Note: *CTN (Confirmation Token Number) can be OPD/IPD/Emergency Registration Number in case of 108 ambualnces and JE. D*ischarge ticket number and referral slip can be used in case of drop back/referral by Janani Express vehicles.

Process details:

Sr. No.	Ambulance Status	Description
1	Dispatched	Case assigned to ambulance and it started movement towards patient location.
2	Arrived at scene	Ambulance is reached at the patient location.
3	Departure from scene	Ambulance takes the patient and started movement towards health institute/centre.
4	Arrived at institute	Ambulance is reached at health institute/centre with patient.
5	CTN confirmation & relieve	Driver will enter OPD/IPD/ Emergency Registration Number/Hologram Number through their mobile application to the server. (now ambulance status is changed from Busy to Available for next case)

8. Application Type:





Note: *All the applications should be integrated for real time updation of vehicle status and other information. (All images are indicative).*

a) For Ambulance Drivers: A mobile application for ambulance drivers for log there trip details, so that trip time calculations can be accurate. This data also integrate with data base and available on MIS report.

1. Dispatched
2. Arrived at scene

3. Departure from scene
4. Arrived at institute
5. CTN confirmation & Relieve
6. Arrived at scene but service unavailed: Vehicle arrived to incident location but patient already moved to the hospital using other vehicle.
7. Vehicle status update (Off-Road): Toggle button for Off-Road/On-Road

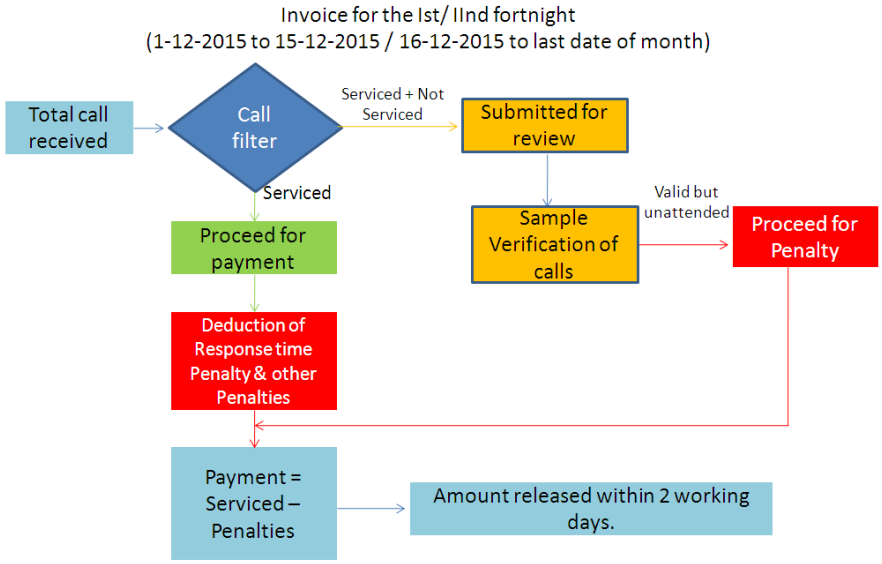
9. For Inspecting Officers: A mobile application for officers to submit their inspection reports regarding shortfalls found in the ambulance as per **(Annexure:___ Point No 4).** Application come with facility of option "Any Shortfall – YES/NO". On submission of report an automated email of inspection will be send to inspecting officers mail ID/control room mail ID. Each inspection report contains all information with a ***unique inspection ID***.

10. **Call Type:**

Valid Call Type	**Definition**
Emergency Call	When caller request for Medical, Fire, Police emergency
Medical Advice Call	When caller wants to take advice from doctor.
Information call	When caller seeks Information about health institution, health schemes etc.
Repeated Call	When caller calls for an emergency, for which an ambulance is already dispatched.
Complaint Call	When caller wants to compliant against sex determination, hospital staff, health services etc.
Follow Up call	When caller calls for his/her registration number/ complaint status.
Invalid Call Type	**Definition**
Nuisance Call	When caller misbehaving on call
Noise Disturbance	When noise disturbance from caller end
Missed Call	When Caller disconnects the call before it reaches to call taker
Prank Call	When caller making joke or mischievous things on call

Silent Call	When caller calls but no voice contact established
Wrong call	When caller inquire about gas booking, mobile recharge and other customer care numbers.
Disconnected Call	When call gets disconnected from callers end

8. **Integrated Payment Module:**



- **Sample Verification of** All Calls.

9. Call Taker (Communication Agent) should be able to identify, generate and capture following information:
   a. Unique Event ID for every call will be auto generated.
   b. Emergency Type (Fire, Medical, Police)
   c. Caller Information (If not available in the telephone database)
   d. Event Information (Intelligence to identify the duplicate calls, if the same incident is already reported; Integrated GIS Maps (Google Maps), which enables to capture the incident or event location on map)
   e. Victim/patient Information if available (Name, Age, Gender etc)
   f. Chief Complaint (Abdominal Pain etc)
   g. On the basis of above information, severity of the case and medical triage, the system should list the available ambulances and also recommend the nearest ambulance (104 Janani Express, 108 Ambulance etc), so that appropriate ambulance may be assigned and dispatched.
   h. Integrated SMS gateway would enable to send SMS to following stakeholders soon upon the assignment of ambulance:
      i. To the caller as an acknowledgement regarding ambulance dispatch details.

ii. To driver/ pilot with event details and chief complaint of the victim/patient, which helps the EMT in preparing for the case.

iii. To MOIC to be prepared for case (*a separate module would be developed to collect the institution profile along with the contact number of MOIC, it would be updated regularly by CMHO/district admin.).*

Once a decision taken to dispatch the ambulance/vehicle call taker should be able to identify, generate and capture following information:

i. Event Information using Unique Event ID.

j. Dispatched

k. Arrived at scene

l. Departure from scene

m. Arrived at institute

n. Appending the victims to same event, in case of existence of more number of victims in the incident location than registered.

A. Real time status of hospital, ambulance and first responder to call centre on GIS maps:

i. To identify the nearest ambulance and event location

ii. To locate or navigate the shortest path between the ambulance and event location

iii. To display distance between ambulance and event location along with average time to reach the event location.

iv. To identify the nearest hospital and event location

v. To locate or navigate the shortest path between the event location and hospital

vi. To display distance between hospital and event location along with average time to reach the hospital.

vii. To monitor the ambulance movement and status on GIS maps to avoid the delay in service delivery (i.e. Live tracking of the ambulance while handling the emergency case)

10. Police and Fire Dispatch Module

a. Receiving events dispatched from call taker through intelligent robust routing engine of ERS, and will be queued up at each PDA/FDA desk.

b. Populating the following information regarding the event:

i. Caller Information

ii. Event Information

iii. Victim details

c. Populating the nearest police station/fire station details based on the event details

d. Sending reports (customizable formats) regarding the event information to corresponding police station/fire station (to the registered telephone number)

e. Sending an E-mail to the corresponding official with the relevant information.

11. Dashboard
    a. No. of calls
    b. No. of calls attended
    c. No. of calls un-attended
    d. No. of emergency calls (Fire, Medical, Police)
    e. No. of trips (Availed/ Unavailed – Within response time/ Beyond response time)
    f. No. of vehicles (On road- Available/Busy, Off road)
12. User Management System (User-role, Access rights): Application will capable to de-assign / modify the user credentials.
    a. Admin
    b. State Hq
    c. District Hq
    d. Block Hq
    e. Call taker
    f. Call Dispatch
    g. Other users
13. **Search Module:** to view information of any call or case in public domain on the basis of following parameters (Event ID, Call Date, Caller Name – first 3 characters, Caller Mobile No., Ambulance Registration No., Patient Name - first 3 characters, Gender, Patient Mobile No., Address - first 3 characters, District, Chief Complaint Type, Location Address, Hospital Name). Include provision of Query By form in the software for the generation of any kind of dynamic reports (downloadable/ exportable). Dynamic reporting should be incorporated in the software, so that queries can be generated on various fields
14. A module for fleet management should be developed. It contains the regular updated information of On Road, Off Road, available ambulance, on trip ambulance, Unit wise manpower detail etc.
15. Regular AMC of hardware/ software/ security / communication channels etc. for the smooth operations of the ERS and GPS. Hand-over of complete operational system at the end of the project period/ termination/ discontinuation services.
16. Each call must be recorded and kept saved and each recording should also be accessible at NHM Control Room, Swasthya Bhawan. Submission of monthly backup of database by 3rd of every month to the NHM and the support to restore the backup and view/search information. Ensure adequate number of call queues so that calls do not remain unattended. All calls should be attended within 10 Seconds.

17. Change request mechanism including User Acceptance Test (UAT) for the timely incorporation of any new report (in MIS) to avoid frequent changes in the software. The administrative rights to amend/modify/change the application software, database structures should be under the control of NHM.

18. Conduct quarterly security audit of complete ERS system from hackers/ viruses/ malwares/ spywares with timely renewal of the security services. The deployment of complete application software and database at the SIHFW, Jaipur with proper provision of Disaster Recovery (DR).

19. Application software, database structures, database, application user-interfaces, user guidelines, flowcharts, training manuals and other information should be provided to RSHS (NHM) which will be the property of RSHS (NHM).

20. Reporting: For performance monitoring of project reporting of each and every instance is necessary. Software should generate various required auto generated reports online/offline/graphical/charts) which are downloadable/ exportable without manual intervention. 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. Software will come with the facility of redesign/customisable the reporting format, graphical format.
    Generation of report will be: daily report, weekly report, fortnightly report, monthly report, quarterly report and yearly report. Report will be export in multiple formats like PDF, EXCEL, and WORD. Report fields will be following and they will also customisable:

    - Serviced Call: type of service availed (108, 104, Base Ambulance, medical advice, information, suggestion, complaints/grievances). Service availed history report: it contains all events like caller details (name, number, location), call taker details (telecaller/call agent), type of service availed, date and time of each event, dispatch, seen arrival, return to base location of ambulance, instance details (type of case wise details), grievance details, compliant details, duration of calls.
    - Report of not answered/attend call by telecaller within 10 seconds of incoming call.
    - Not serviced Call: Full details of call in the category of reason of NOT SERVICED, not answered call by telecaller, Disconnected by caller, Noise disturbance, Misbehave, Duplicate/ repeated call, Prank call, Nuisance call (requested for other services).
    - Fleet Management report: Full report of vehicle.
    - Reports regarding complaints Received & complaints attended.
    - Various MIS reports (detailed/summary) for reporting periodical progress of project.
    - The service provider shall have to submit the reports in the form and format desired by the Department/ NHM.

- Virtual PBX Integration, Supporting Multi-user environment, Ability to use common call input screen for Medial, Police, Fire and Medical Advice, Ability to automatically check for duplicate calls, Caller Archived Maintained (whenever same caller call then its information automatically display on screen) and nuisance/prank callers should be blocked for 30 days, Inbound/Outbound Calling, Automatic generation of custom caller IDs and trip IDs, Full-featured Advanced Call Distribution (ACD), Adequate number of call queues, Ability to forward information, Call return, Call out (VOIP/PSTN), Conference bridges, Ability to view queues; calls & agents status, Time based, real-time statistics, One-click call monitoring, Customizable fields, functionality, Powerful/Customizable reporting with graphical representation, Real-time queue and agent data reports, Data Import/Export facility, AVLT integration under MDA application Computer added TRAI protocol equivalent to AMCDS for communication, Agent application medical Protocol for physician application, Business continuity plan compliant [so that services should not hamper], Single record for an event [end to end], integrated with audio and data, Fleet management system, Single integrated application to administer all users of the ERS system, Mobile application for tracking of vehicles, Reports for response time, kilometers travelled (trips).

Abbreviations:

1. ERC: Emergency Response Centre
2. GIS: Geographical Information System
3. GPS: Global Positioning System
4. SMS: Short Message Service
5. RSHS: Rajasthan State Health Society
6. NHM: National Health Mission
7. DM&HS: Directorate of Medical and Health Services
8. FIFO: First In First Out
9. USSD: "Unstructured Supplementary Service Data" mobile communication technology
10. CTN: Confirmation Token Number
11. OPD: Out Patient Department
12. IPD: In Patient Department
13. HQ: Head Quarter (NHM, Swasthya Bhawan, C-Scheme, Jaipur)
14. MIS: Management Information system
15. EMT: Emergency Medical Technician
16. MOIC: Medical Officer In-Charge
17. CMHO: Chief Medical & Health Officer
18. PDA: Police Dispatch Agent
19. FDA: Fire Dispatch Agent
20. AMC: Annual Maintenance Contract

21. UAT: User Acceptance Test
22. ERS: Emergency Response System
23. DR: Disaster Recovery
24. Institute: Health facility

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 server established at State Head Quarters automatically. 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. There will be two separate teams from NHM side to monitor the call center as mentioned in clause 3.3.3. One team will be located at the call center and another will be at NHM office. These two teams will monitor the calls received at the call center on day to day basis. These personnel will be selected by NHM but shall be on rolls on service provider. Verification of the calls shall be undertaken by these teams under supervision of NHM IT team.

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

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/vehicle 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 claims 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/JE 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 min

Rural- 30 min

Dessert areas- Bikaner, Barmer and Jaisalmer other than Urban Areas- 40 Mins.

iv. Urban ,Rural and dessert areas will be defined by the location of the patients/site of emergency. 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.

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

(v) Response time will be determined based on GPS reports.

(vi) **GPS tracking in dark Zones: -** Service provider shall ensure installation of dual SIM GPS device in the areas which are with no connectivity or are identified as dark zones. If both SIMs fails to catch signals and GPS remains non-functional due to this then for these areas response time and other related information shall be worked out on the basis of history tracking and replay tracking.

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 emergency care, the call will be routed to '108' ambulance in case of medical emergency, if 108 ambulance is reported to be busy/not available at that time the call shall be routed to the 104 JE vehicle available for referral transport.

4.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.

5.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.

6. If the caller is not an emergency but needs transport service; it will be provided with Base

ambulance at a pre-decided rate specified in RFP to be paid by the beneficiary. In case caller seeks information, the call will be diverted to MAS call taker.

7. In case of mass causality/epidemic or any situation like these service provider will have to send all ambulances/vehicles to the site of emergency.

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

9. The MAS call taker provides information to the beneficiary as per the data that is available with the call center database.

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

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

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

13The paramedic can also provide information about nearby pharmacists in case the beneficiary needs to know where he can procure medicines etc.

14. 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.

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

16.In case the caller wants to register a complaint, the call taker will register its complaint and forward to the relevant section.

17. Complaint /grievance redressal:-

a) After receipt of complaint from the call center the concerned section of Govt./NHM/service provider will take necessary action within 7 days of receipt.

b) Action taken shall be followed up by the call center and then it will be informed/intimated to the complainant.

NHM/GoR shall provide data related to Medical and Health Services, for information directory and other data, necessary for project implementation but bidder will also have to bring its own knowledge bank based on previous experience/ study conducted on the matter to assist the NHM/GoR. In all the vehicles GPS device should be fitted to capture the movements (from Base location, to patient location, to hospital and back to base location).

3.20 Monitoring & Evaluation

a) The performance will be reviewed by Mission Director, National Health Mission as and when required 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 may be undertaken by National Rural Health Mission.

e) Regular monitoring of the services shall be undertaken by both IT teams placed at call center and State Head Quarters.

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, NHM, 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.

(e) 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.

(f) 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. Also if there is reason to rescind the agreement or part of the agreement by either of the parties, they may do so by giving a notice of 2 months and after holding a joint consultation. Giving notice is not to be deemed as approval unless joint consultation is conducted and decision is communicated in writing.

(g) **Handover at the time of exit from the Project:-**

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 back to NHM/Govt. in operative and road worthy condition along with the tools/medical equipments provided by RSHS (NHM) or purchased by the Service Provider during currency of the agreement; 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. In addition to this service provider will be imposed with a penalty @ Rs. 1000/- per day for the number of days the ambulance remain off road due to improper upkeep and handover in non- roadworthy condition.

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 and Arbitration

3.25.1 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 constituted as below:-

1. Principal Secretary Medical and Health, GoR.

2. Representative of Principal Secretary Finance, GoR.
3. Representative of Principal Secretary Law, GoR
4. Representative of Principal Secretary IT, GoR.

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

If either of the party is not satisfied with the decision of above committee it may refer the matter for arbitration as per clause 3.25.2.

3.25.2 Arbitration

If dispute or difference of any kind shall arise between the NHM and the Service Provider in connection with or relating to the agreement, the parties shall make every effort to resolve the same amicably by mutual consultations.

If the parties fail to resolve their dispute or difference by such mutual consultations and even after the decision of Dispute Settlement Committee within thirty days of commencement of meeting of Dispute Settlement Committee, then either the NHM or the Service provider may give notice to the other party of its intention to commence arbitration, as hereinafter provided. The applicable arbitration procedure will be as per the Arbitration and Conciliation Act 1996 of India. In that event, the dispute or difference shall be referred to the sole arbitration of an officer as the arbitrator to be appointed by the NHM. If the arbitrator to whom the matter is initially referred is transferred or vacates his office or is unable to act for any reason, he/she shall be replaced by another person appointed by NHM to act as Arbitrator.

Work under the agreement shall, notwithstanding the existence of any such dispute or difference, continue during arbitration proceedings and no payment due or payable by the NHM or the Service Provider shall be withheld on account of such proceedings unless such payments are the direct subject of the arbitration.

Reference to arbitration shall be a condition precedent to any other action at law.

Venue of Arbitration: The venue of arbitration shall be Jaipur, Rajasthan.

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.
- All reporting shall be done as mentioned in Ann. 14 and as and when required by MD, NHM or respective district authorities.

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, NHM, 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

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.

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.

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 90 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 however Service Tax would be extra as applicable and the government will not pay anything over and above the rate quoted in the BOQ.

Yours faithfully
Signature of the authorized signatory

ANNEXURE 3: FINANCIAL BID
SCHEDULE OF RATES (BOQ)

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

(OPERATING COST PER AMBULANCE PER MONTH) 24x7

(Indian Rupees)

Particulars	Cost/Ambulance/Month (Inclusive of all other taxes but Service tax extra as applicable)
Implementation of Integrated Ambulance Service project in Rajasthan for: Charges for Operation & maintenance of the 108 ambulance services including:- 1. Salary & allowances of the personnel deployed 2. IT teams at call center and State HQ 3. Personnel at zonal Head quarters 4. Recruitment & training 5. Staff insurance & others 6. Fuel 7. Installation of GPS in all handed over ambulances approximately 650 but not more than 741 BLS and 34 ALS ambulances (if any) in the year 2015-16 and 2016-17 onwards. 8. Comprehensive maintenance charges of ambulances 9. Ambulance comprehensive insurance (from Government agency/ Government Insurance company) 10. Uniforms 11. Ambulance mobile phones 12. Conveyance & traveling 13. Asset insurance 14. Telephone, Mobile, PRI line, internet services 15. Rent of buildings, electricity & water 16. Housekeeping 17. Security audit of software 18. Upgradation of existing hardwares, softwares, servers, voice solutions and all other solutions and equipments etc.* 19. Maintenance of hardwares, softwares, servers, voice solutions and all other solutions and equipments etc.* 20. Postage & courier, printing and stationary 21. Medical and non-medical consumables(as per Annexure 15) in every ambulance 22. All other miscellaneous expenses 23. All the stipulations of the RFP	Single rate to be quoted for all items mentioned from 1 to 23 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:- 1. Salary & allowances of the personnel deployed 2. Recruitment & training 3. Staff insurance & others	Single rate to be quoted for all items mentioned from 1 to 20 Rs ……..…… (Rupees in words ……......

4. Fuel 5. Installation of GPS in all 570 (approx.) Janani Express vehicles 6. Comprehensive maintenance charges of ambulances 7. Ambulance comprehensive insurance (from Government agency/ Government Insurance company) 8. Uniforms 9. Ambulance mobile phones 10. Conveyance & traveling 11. Asset insurance 12. Telephone, Mobile, PRI line, internet services 13. Rent of buildings, electricity & water 14. Housekeeping 15. Security audit of software 16. Upgradation of existing hardwares, softwares, servers, voice solutions and all other solutions and equipments etc.* 17. Maintenance of hardwares, softwares, servers, voice solutions and all other solutions and equipments etc.* 18. Postage & courier, printing and stationary 19. All other miscellaneous expenses 20. 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>:- 1. Branding of Ambulances 2. Salary & allowances of the personnel deployed 3. Recruitment & training 4. Staff insurance & others 5. Fuel 6. Installation of GPS in all 200 Base Ambulances 7. Comprehensive maintenance charges of ambulances 8. Ambulance comprehensive insurance (from Government agency/ Government Insurance company) 9. Uniforms 10. Ambulance mobile phones 11. Conveyance & traveling 12. Asset insurance 13. Telephone, Mobile, PRI line, internet services 14. Rent of buildings, electricity & water 15. Housekeeping 16. Security audit of software 17. Upgradation of existing hardwares, softwares, servers, voice solutions and all other solutions and equipments etc.* 18. Maintenance of hardwares, softwares, servers, voice solutions and all other solutions and equipments etc.* 19. Postage & courier, printing and stationary 20. All other miscellaneous expenses 21. All the stipulations of the RFP	Single rate to be quoted for all items mentioned from 1 to 21 ……..... ……..…… …….... Only). Per Base Ambulance per month. The amount in shall indicate charges to be paid to the Govt.

*Service Provider is required to submit the item wise details for hardwares, softwares, servers, voice solutions and all other solutions and equipments etc.

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, 2013, passed the following Resolution:

RESOLVED THAT pursuant to the provisions of the Companies Act, 2013 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 requirements for the "Integrated Ambulance Project" popularly known as "Dial An Ambulance 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. _____, Tender Fee, RISL processing Fee as per the requirements of this RFP. We confirm that our proposal is valid for a period of 90 days from opening of technical proposal.

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 performance 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 and addendums thereof, if any 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 in accordance with clause 3.14 of the RFP-

9. 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.

(d) 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. Also if there is reason to rescind the agreement or part of the agreement by either of the parties, they may do so by giving a notice of 2 months and after holding a joint consultation. Giving notice is not to be deemed as approval unless joint consultation is conducted and decision is communicated in writing.

(e) Handover at the time of exit from the Project

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 back to NHM/Govt. in operative and road worthy condition along with the tools/medical equipments provided by RSHS (NHM) or purchased by the Service Provider during currency of the agreement; 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. In addition to this service provider will be imposed with a penalty @ Rs. 1000/- per day for the number of days the ambulance remain off road due to improper upkeep and handover in non- roadworthy condition.

9. 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.

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

In witness whereof the parties hereto have set their hands on the .....day of.....201.

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 (NHM) intends to operate a professionally managed "Integrated Ambulance Services" popularly known as "Dial an Ambulance Service Project" for operationalization of existing fleet of 741 Ambulances (108) (actually handed over could be 650), 600 Janani Express (actually handed over could be 570) and 200 Base Ambulances and further expansion (if required) with BLS/ALS/JE/Base ambulances as per the directives of Department of Medical Health & Family Welfare.

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

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

NOW THEREFORE, THIS AGREEMENT WITNESSTH AS UNDER:

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

1. We, the Members of the Consortium and Members to the Agreement do hereby unequivocally agree that Member-1 (M/s_____), shall act as the Lead Member as defined in the RFP for self and agent for and on behalf of Member-2, -----, Member-n.
2. The Lead Member is hereby authorized by the Members of the Consortium and Members to the Agreement to bind the Consortium and receive instructions for and on their behalf.
3. Notwithstanding anything contrary contained in this Agreement, the Lead Member shall always be liable for the equity investment obligations of all the Consortium Members i.e. for both its own liability as well as the liability of other Members.
4. The Lead Member shall be liable and responsible for ensuring the individual and collective commitment of each of the Members of the Consortium in discharging all of their respective equity obligations. Each

Member further undertakes to be individually liable for the performance of its part of the obligations without in any way limiting the scope of collective liability envisaged in this Agreement.

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

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

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

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

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

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

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

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

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

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

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

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

15. This Agreement

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

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

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

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

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

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

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

Witnesses:

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

Name: Name:

Address: Address:

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

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

Witnesses:

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

Name: Name:

Address: Address:

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

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

Witnesses:

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

Name: Name:

Address: Address:

Signature and stamp of Notary of the place of execution

ANNEXURE- 10A: FORMAT FOR AFFIDAVIT

Format for Affidavit Certifying that Entity/ Promoter(s) /Director(s)/Members of Entity have not 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 **(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) have not been convicted by any court of law for any criminal or civil offences either in the past or in the present, also not have been declared bankrupt in the past by Department of Health & FW, Govt. of Rajasthan/ or any other entity of GoR 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- 10A1: FORMAT FOR AFFIDAVIT

Format for Affidavit Certifying that Entity/ Promoter(s) /Director(s)/Members of Entity that no investigation statutory body / Govt. investigating Agency of any state Govt./ Central Govt. is undertaken or pending against the bidder for the charge having nature of criminal/economic offence/fraud **(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 no investigation statutory body / Govt. investigating Agency of any state Govt./ Central Govt. is undertaken or pending against us or any of our promoter(s) /director(s) for the charge having nature of criminal/economic offence/fraud 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- 10A2: FORMAT FOR AFFIDAVIT

Format for Affidavit Certifying that Entity/ Promoter(s) /Director(s)/Members of Entity have not been 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 **(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) have not been 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 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: DETAILS OF REGISTRATION AND 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 vehicle (Four wheel motorized) services are/were operational		
Years of experience in vehicle (Four wheel motorized) operations in that/those State(s)		
Current areas of operation – specify (Names of the Districts)		
	Year 1	Year 2
Number of vehicles operated	Note 4	
Number of vehicles owned		
Number of patients transported per ambulance per annum on average		
Number of emergency response centers (ERCs) / MAS call centre/Call centre operated in the State		
Location and address of ERC/ MAS Call Centre/Call centre		
Number of Call Operators working per ERC / MAS Call Centre/ Call centre		
Average volume of daily calls received per ERC / MAS call /Call centre	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: refer clause of Eligibility Criteria for the same (2.3)

	Year 1	Year 2	Year n
Number of vehicles			
Number of seats at the ERC / Call Centre			
Others as per requirement in clause 2.3			

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 (Four wheel motorized):
(per ambulance)</td><td>ERC/ MAS call center/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 (Four wheel motorized) operated
• Number of ALS ambulance operated
• Number of BLS ambulance operated
• Number of ambulances owned
• Number of ambulances leased</td></tr>
<tr><td colspan="5">Emergency Response Centre / Call Centre:</td></tr>
</table>

• 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
R/1
Call-type-wise summary sheet
Up to reporting month: […… - 2015]
Print date & time

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

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

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

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

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/2

Emergency type-wise summary sheet

Up to reporting month: [……...- 2015]

Print date & time

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

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

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/2A

Non Emergency – Medical Advice summary sheet

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

Print date & time

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

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/3

Closing status-wise summary sheet

Up to reporting month: [……. - 2015]

Print date & time

S.No	Closing status		during the month			Up to the month		
	code	type	No. of cases		% of cases	No. of Cases		% of cases
1	2	3	4		6	7		9
		Availed						
1	1	Emergency calls – 108 Ambulance						
2	2	Emergency calls – 104 Janani Express (From home to hospital)						
3	3	Non Emergency calls – 104 Janani Express (From hospital to home)						
4	4	104 Janani Express (Referrals)						
5	5	Non Emergency calls – Base Ambulance						
6	6	**Total Availed**	n		(n/N)x100	p		(p/P)x100
7	7	**Not Availed**						
8	8	Emergency calls – 108 Ambulance						
9	9	Emergency calls – 104 Janani Express (From home to hospital)						
10	10	Non Emergency calls – 104 Janani Express (From hospital to home)						
11	11	104 Janani Express (Referrals)						
12	12	Non Emergency calls – Base Ambulance						
13	13	**Total Not Availed**	m		(m/N)x100	q		(q/P)x100
14	14	**Vehicle Busy**						
15	15	Emergency calls – 108 Ambulance						
16	16	Emergency calls – 104 Janani Express (From home to hospital)						
17	17	Non Emergency calls – 104 Janani Express (From hospital to home)						
18	18	104 Janani Express (Referrals)						

19	19	Non Emergency calls – Base Ambulance						
20	20	**Total Vehicle Busy**	o		(o/N)x100	r		(r/P)x100
		Total:	N		(N/N)x100	P		(P/P)x100

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

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/4

Chief complaint-wise summary sheet

Up to reporting month: [……. - 2015]

Print date & time

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

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

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/5

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

for the reporting month: [……. - 2015]

Print date & time

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

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/6

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

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

Print date & time

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

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/7

Details of 108 Ambulance/ 104 Janani Express/ Base Ambulance remained Off-road [DAILY AND MONTHLY REPORT]

For the reporting month: [……. - 2015]

Print date & time

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

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/8

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

for the reporting month: [……. - 2015]

Print date & time

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

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/9

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

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

Print date & time

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

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/10

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

For the month: […….. - 2015]

Print date & time

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

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/11

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

For the month: […….. - 2015]

Print date & time

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

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/12

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

For the month: […….. - 2015]

Print date & time

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

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/13

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

(Separate format for each type of vehicle)

For the month: […….. - 2015]

Print date & time

Monthly Statement regarding information of Insurance & Fitness of ……						
Month……..						
S.No.	**District**	**Ambulance No.**	**Fitness Due Date**	**Fitness Done on Date**	**Insurance Due Date**	**Insurance Done on Date**
Renewed fitness & Insurance Certificate in the current month should follow with report.						

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/14

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

(Separate format for each type of vehicle)

For the month: […….. - 2015]

Print date & time

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

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/15

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

(Separate format for each type of vehicle)

For the month: […….. - 2015]

Print date & time

Integrated Ambulance Services RSHS (NHM), Rajasthan.

Monthly Accident Report

Date…….

S.No.	District	Ambulance No.	Location	Accident Place	Accident Date	On Road Date	Release dated from Police custody	Total Off road days	Type of Accident Fetal/Major/Minor

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/16

Maintenance [Monthly REPORT]

(Separate format for each type of vehicle)

For the month: […….. - 2015]

Print date & time

Oil Change & Major Maintenance Done
As per vehicle maintenance schedule

Month……..

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

INTEGRATED AMBULANCE SERVICES – RSHS (NRHM), RAJASTHAN

R/17

Operational Vehicle report [Monthly REPORT]

(Separate format for each type of vehicle)

For the month: […….. - 2015]

Print date & time

Monthly Operational Vehicle report

Month……

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

ANNEXURE- 15

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

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

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

46	STRIP GLUCOMETER	"	1
47	SUCTION CATHETER 12	"	5
48	SUCTION CATHETER 16	"	5
49	SUCTION CONNECTOR	"	1
50	SURGICAL GLOVES (1 OF 100 PIECES)	Box	Pack of 100
51	STERILISED SILK SUTURE WITH CURVED CUTTING NEEDLE 1/0,2/0,3/0	No's	one each type
52	URINE PAN (PLASTIC)	"	1
MEDICINE			
1	GLUCOSE 100GM	No's	2
2	I V FLUID DEXTROSE 25%	Bottle	5
3	I V FLUID NORMAL SALINE	"	10
4	I V FLUID RINGER (RL)	"	10
5	I V FLUID 5% GNS	"	5
6	INJ ADRENALINE 1ML	No's	5
7	ASTHALIN-NEUBILIZING SOLUTION	"	5
8	INJ ATROPINE 1ML	"	20
9	INJ AVIL 2ML	"	5
10	BUDESONIDE-NEUBILIZING SOLUTION	"	5
11	INJ DISTILLED WATER 5ML	"	5
12	INJ DIZAZEPAM 2ML	"	5
13	INJ HYDROCORTISONE 100 MG	"	5
14	INJ LASIX 2ML	"	5
15	INJ PARACITAMOL 2ML	"	5
16	INJ RANTIDINE 2ML	"	5
17	INJ TRAMADOL 2ML	"	5
18	INJ TRANEXAMINIC ACID	"	4
19	INJ NEOSTIGMIN	"	4
20	INJ HAEMACCEL	"	2
21	INJ MANITOL	"	5
22	INJ SODABICARB 7.5%	"	5

23	INJ METACLOPROMIDE	"	5
24	INJ PHENYTOIN	"	5
25	INJ HYOSYMINE BROMIDE OR DICYCLOMINE HYDROCHLORIDE	"	5
26	INJ METHARGIN	"	5
27	ORS 4.20GM	"	10
28	SYP ANTACID ANAESTHETIC GEL	Bottle	1
29	SYP PARACITAMOL 60ML	"	1
30	TAB ACTIVATED CHARCOAL	Strip	1
31	TAB CLOPIDOGREL	"	1
32	TAB DISPRIN/ASPRIN	"	1
33	TAB PARACETAMOL	"	1
34	TAB ISOSORBRITE DINITRATE 5MG SUBLINGUAL	"	1 Strip
35	XYLOCAINE (WOCAINE GEL) 2% 30GM JELLY	No's	1 tube
NON-MEDICAL			
1	LIQUID MOSQUITO REFIL	No's	1
2	LIQUID MOSQUITO MACHINE	"	1
3	BIO HAZARD PLASTIC BAG (YELLOW)	"	10
4	BIO-HAZARD PLASTIC BAGS (RED)	"	10
5	CLEANING POWDER 0.500KG	"	1
6	CLEANING RUBBER WIPERS	"	1
7	DISINFECTANT 1 LTR	"	1
8	DOOR MATS	"	1
9	DOPING CLOTH	"	5
10	GLASS CLEANER 500ML	"	1
11	LIQUID HAND WASH	"	1
12	ODONIL PACKET	"	1
13	PHENYL 5LTR	"	1
14	POLYTHENE BAG (Blue & Black)	"	2
15	ROOM FRESHENERS	"	1
16	SPONGES	"	2
17	TEFLON TAPE	"	1

18	TISSUE PAPERS	“	1
19	YELLOW CLOTH	“	5
OTHER ITEMS			
1	BED SHEETS	No’s	1
2	PLASTIC BUCKETS	“	1
3	PLASTIC JAR MEDIUM 500ML	“	5
4	PLASTIC JAR SMALL 250ML	“	17
5	PLASTIC MUG	“	1
6	RAIN COAT	“	2
7	TRAY PLASTIC	“	2
STATIONARY			
1	ACCIDENT INFORMATION FORM	No’s	1
2	ATTENDANCE RECORD REGISTER	“	1
3	BINDER PIN (1 BOX)	Box	1
4	BLANK REGISTER	No’s	1
5	BLUE PEN	“	2
6	BOOK FOR AMBULANCE (SPIRAL)	“	1
7	CLOTH NAPKIN	“	2
8	CORRECTION FLUID	“	1
9	DAILLY STATEMENT REGISTER	“	1
10	DIESEL AND OIL RECORD REGISTER	“	1
11	EMT CHECK LIST DAILY	“	1
12	EQUIPMENT BOOK FOR AMB	“	1
13	ERASER	“	2
14	ERCP EQUIPMENT BOOK	“	1
15	EXTICATION KIT REGISTER	“	1
16	FACE TISSUE BOX	“	1
17	FEVI STICK	“	1
18	FLAT FILE	“	2
19	INVENTORY REGISTER	“	1

20	PATIENT RECIVING RECORD REGISTER	“	1
21	PCR BOOK	“	2
22	PENCIL	“	2
23	PLASTIC BOX SQUARE TYPE	“	1
24	POSTERS EMRI LEAFLETS	“	-
25	PUNCHING MACHINE	“	1
26	RED PENS	“	2
27	SCALE	“	1
28	SCRIBBLING PAD	“	1
29	SHARPENER	“	1
30	SKETCH PEN	“	2
31	SLIP PAD	“	1
32	SPIRAL BOOK	“	1
33	STAMP PAD	“	1
34	STAPLER	“	1
35	STAPLER PIN	Pkt	1
36	STOCK RECORDS	No’s	1
37	TRIP SHEET REGISTER	“	1
38	VEHICLE CHECK LIST – DAILY	“	1
39	VEHICLE CHECK LIST – WEEKLY	“	1
40	VEHICLE COMPLAINT REGISTER	“	1
41	VEHICLE DEFECT REGISTER	“	1
42	VEHICLE LOG BOOK	“	1
43	VISITORS FORM / BLANK BOOK	“	1
44	WORKSHOP BREAKEDOWN REGISTER	“	1
45	Copy of Valid Fitness Certificate		
46	Copy of Valid Insurance Policy of the Vehicle		
47	Copy of Valid Pollution Under Control (PUC)		
MEDICAL EQUIPMENTS			
1	AMBU BAG- CHILD (BAG VALUE MASK)	No’s	1
2	AMBU BAG- ADULT (BAG VALUE MASK)	“	1

3	ARTERY FORCEPS 6”	“	1
4	AUTOMATIC BP APPARATUS	“	1
5	CHARGER PULSE OXYMETER	“	1
6	CYLINDER KEY	“	1
7	FORCEPS PLAIN 6”	“	1
8	GLUCOMETER	“	1
9	HUMIDIFIER	“	2
10	MANUAL BP APPRATUS	“	1
11	MASK TO MOUTH RESPIRATOR- ADULT	“	1
12	MASK TO MOUTH RESPIRATOR- CHILD	“	1
13	NEBULISOR MACHINE	“	1
14	NEEDLE AND SYRINGE DESTROYER	“	1
15	OXYGEN CYLINDER (D TYPE)	“	2
16	OXYGEN FLOW METER	“	2
17	PULSE OXYMETER (MOTION TOLERANCE)	“	1
18	REGULATOR	“	2
19	SCISSOR STREIGHT	“	1
20	SCISSORS 6” WITH ROUND TIP	“	1
21	SCOOP STRETCHER	“	1
22	SENSOR LEAD (SPO 2)	“	1
23	SPINE BOARD STRETCHER	“	1
24	STETHOSCOPE	“	1
25	STRETCHER CUM TROLLEY	“	1
26	SUCTION PUMP BATTERY OPERATED	“	1
27	SUCTION PUMP HAND OPERATED	“	1
28	THERMOMETER DIGITAL	“	1
29	TONGUE DEPRESSOR WOODEN	“	10
30	TOOTHED FORCEPS 6”	“	1
31	WHEEL CHAIRS STRETCHER	“	1
	TOOLS		
1	ALLEN KEY 14MM	No’s	1

2	ALLEN KEY 5 MM	“	1
3	ALLEN KEY 6 MM	“	1
4	ALLEN KEY 8 MM	“	1
5	BOLT CUTTER WITH 1” TI 1 3/4” JAW OPENING	“	1
6	CROWBAR 51” PINCH POINT	“	1
7	FIRE BLANKET (RESCUE)	“	1
8	FIR AXE WITH 24” HANDLE	“	1
9	FIRE EXTINGUISHER 5 KGS ABC TYPE	“	1
10	GUM BOOTS	Pairs	1
11	HACKSAW WITH 12” CARBIDE WIRE BLADES]	No’s	1
12	HAMMER 5 LB WITH 15” HANDLE	“	1
13	HAND GLOVES (GAUNTLETS)	Pairs	1
14	LUMINOUS WARNING TORCH	“	1
15	MASTIC KNIFE	“	1
16	O.T GOGGLES	“	2
17	PLIERS PIPE GRIPS 10”	“	1
18	PLIERS SIDE CUTTING 200 MM	“	1
19	PRUNING SAW	“	1
20	PUNCH CENTRE	“	1
21	PUPILLARY TORCH (AA BATTERY X 2NO’S	“	1
22	ROPE 5100 LB TENSILE STRENGTH IN 50’	“	1
23	SCREW DRIVER 12” STANDARD SQUARE BAR	“	1
24	SCREW DRIVER NP 150 MM	“	1
25	SCREW DRIVER PHILLIPS HEAD 150 MM	“	1
26	SCREW DRIVER PHILLIPS HEAD 8”	“	1
27	SHOVEL GS POINTED BLADE	“	1
28	SPANNER OJDE 12 X 13 MM	“	1
29	SPANNER OJDE 14 X 15 MM	“	1
30	SPANNER OJDE 16 X 17 MM	“	1
31	SPANNER OJDE 20 X 22 MM	“	1
32	SPANNER OJDE 6 X 7 MM	“	1
33	SPANNER RTDE 10 X 11 MM	“	1

34	SPANNER RTDE 12 X 13 MM	“	1
35	SPANNER RTDE 14 X 15 MM	“	1
36	SPANNER RTDE 16 X 17 MM	“	1
37	SPANNER RTDE 18 X 19 MM	“	1
38	SPANNER RTDE 20 X 22 MM	“	1
39	SPANNER RTDE 6 X 7 MM	“	1
40	SPANNER RTDE 8 X 9 MM	“	1
41	TIN SNIPS, DOUBLE ACTION 8” MINIMUM	“	1
42	WRECKING BAR WITH 24” HANDLE	“	1
43	WRENCH ADUSTABLE 12” OPEN END	“	1

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 training (EMT)

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

ANNEXURE- 17: CHECK LIST OF DOCUMENTS

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

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

1	DD for cost of RFP of Rs. 1,00,000/- in favor of Rajasthan State Health Society, payable at Jaipur (Nonrefundable) Scanned copy with online proposal		
2	DD towards RISL Processing fees for Rs. 1000/- in favor of M.D. RISL payable at Jaipur (Non-refundable) Scanned copy with online proposal		
3	Bid security DD/Banker's Cheque/ Bank Guaranttee for Rs. 2.60 crores (Two Crores Sixty Lacs) in favor of "Rajasthan State Health society Jaipur". Scanned copy with online proposal		
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,10A1,10A2.		
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	200
	Total		**200**

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 15th day
4	Test Check (108 and 104)	By 20th to 25th day
5	Full taking over of call center (108 and 104)	By 30th Day
6	Taking over of ambulances of divisional headquarters (108 and base)	Within 15 days of agreement signing
7	Taking over of ambulances of district headquarters (108 and Base)	Within 30 days of agreement signing
8	Taking over remaining ambulances (108,104 and base)	In next 30 days but total within 60 days from the date of agreement signing

Annexure 21

Details of Hardware and Software at 108 call center

Summary Sheet

S.No	Item Description	Total Quantity
1	Cisco Router	1
2	Actura 48210	1
3	Brocade Fiber Switch	2
4	Call Pilot Server	1
5	Canon M145	1
6	CC TV Equipment System	1
7	Cisco Firewall	1
8	Dell Latitude E5400	15
9	Dell Optiplex 330 Desktop	100
10	Dell P1950 Server	15
11	Dell P2950 Server	2
12	Dell SAN Storage	1
13	Dell TL 4000 Backup Device	1
14	HP Color Laser jet 1515N	1
15	HP Laser Jet 1522	1
16	HP-Laptop	2
17	Nortel EPABX	1
18	Nortel Phone M3904	50
19	Projector Sanyo	3
20	Scanner	
21	Switch	5
22	Techroute	1
23	UPS LN 3300 Model	2
24	Verint VAM Server	1
25	VIDEO CONFERENCING MACHINE	1
26	Xerox Printer	
Grand Total		210

Details of computer hardware, equipment, network, voice solution and software @ 108 Call Center

S.No	Item Description	Specification	Quantity	Purchase Date	Status (Working/ Not Working
1	Dell P1950 Server	Xeon 2.33GHz,4GB RAM, 300GB HDD	1	Procured in b/w May 2008 to Sept 2008)	Working
2	Dell P1950 Server	Xeon 2.33GHz,4GB RAM, 300GB HDD	1	-do-	Working
3	Dell P1950 Server	Xeon 2.33GHz,2GB RAM, 300GB HDD	1	-do-	Working
4	Dell P1950 Server	Xeon 2.33GHz,2GB RAM 300GB HDD	1	-do-	Working
5	Dell P1950 Server	Xeon 2.33GHz,24GB RAM, 300GB HDD	1	-do-	Working
6	Dell P1950 Server	Xeon 2.33GHz,4GB 300GB HDD	1	-do-	Working
7	Dell P1950 Server	Xeon 2.33GHz,2GB RAM 300GB HDD	1	-do-	Working
8	Dell P1950 Server	Xeon 2.33GHz,2GB RAM 300GB HDD	1	-do-	Working
9	Dell P1950 Server	Xeon 2.33GHz,4GB RAM 300GB HDD	1	-do-	Working
10	Dell P2950 Server	Xeon 1.90GHz,4GB RAM,300GB HDD	1	-do-	Working
11	Dell P1950 Server	Xeon 2.33GHz,4GB RAM 300GB HDD	1	-do-	Working
12	Dell P2950 Server	Xeon 1.90GHz,4GB RAM,300GB HDD	1	-do-	Working
13	Dell P1950 Server	Xeon 2.33GHz,300GB HDD	1	-do-	Working
14	Dell P1950 Server	Xeon 2.33GHz,4GB RAM300GB HDD	1	-do-	Working
15	Dell P1950 Server	Xeon 2.33GHz,300GB HDD, 2GB RAM	1	-do-	Working
16	Dell P1950 Server	Xeon 2.33GHz,4GB RAM 300GB HDD	1	-do-	Working
17	Dell P1950 Server	Xeon 2.33GHz,300GB HDD	1	-do-	Working
18	Verint VAM Server	Celeon 1.33GHz, 80GB HDD, 1GB RAM	1	-do-	Working

19	Nortel Phone M3904	Nortel	50	-do-	Working
20	Nortel EPABX	Nortel CS1000	1	-do-	Working
21	Actura 48210	Emersion FCBC Power Supply	1	-do-	Working
22	Dell TL 4000 Backup Device		1	-do-	Working
23	Dell SAN Storage	1TB*11, 300GB*10 HDD	1	-do-	Working
24	Brocade Fiber Switch		1	-do-	Working
25	Brocade Fiber Switch		1	-do-	Working
26	Cisco Firewall	ASA 5510	1	-do-	Working
27	Cisco Router	1800 Series	1	-do-	Working
28	Techroute	TR1725	1	-do-	Working
29	Call Pilot Server	Intel P-4, 3.0Ghz 512 MB RAM, 80 GB	1	-do-	Working
30	Dell Latitude E5400	C2D 2 GHz, 1GB, 80 GB, 15.4"	1	-do-	Working
31	Dell Latitude E5400	C2D 2 GHz, 1GB, 80 GB, 14"	1	-do-	Working
32	Dell Latitude E5400	C2D 2 GHz, 1GB, 80 GB, 14"	1	-do-	Working
33	Dell Latitude E5400	C2D 2 GHz, 1GB, 80 GB, 14"	1	-do-	Working
34	Dell Latitude E5400	C2D 2 GHz, 1GB, 80 GB, 14"	1	-do-	Working
35	Dell Latitude E5400	C2D 2 GHz, 1GB, 80 GB, 14"	1	-do-	Working
36	Dell Latitude E5400	C2D 2 GHz, 1GB, 80 GB, 14"	1	-do-	Working
37	Dell Latitude E5400	C2D 2 GHz, 1GB, 80 GB, 14"	1	-do-	Working
38	Dell Latitude E5400	C2D 2 GHz, 1GB, 80 GB, 14"	1	-do-	Working
39	Dell Latitude E5400	C2D 2 GHz, 1GB, 80 GB, 14"	1	-do-	Working
40	Dell Latitude E5400	C2D 2 GHz, 1GB, 80 GB, 14"	1	-do-	Working
41	Dell Latitude E5400	C2D 2 GHz, 2GB, 80 GB, 14"	1	-do-	Working
42	Dell Latitude E5400	C2D 2 GHz, 1GB, 80 GB, 14"	1	-do-	Working
43	Dell Latitude E5400	C2D 2 GHz, 1GB, 80 GB, 14"	1	-do-	Working
44	Dell Latitude E5400	C2D 2 GHz, 1GB, 80 GB, 14"	1	-do-	Working
45	HP-Laptop	C2D 2 GHz, 2GB, 80 GB, 14"	1	-do-	Working
46	HP-Laptop	C2D 2 GHz, 1GB, 80 GB, 14"	1	-do-	Working
47	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
48	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 2GB, 160 GB, 17"	1	-do-	Working
49	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 2GB, 160 GB, 17"	1	-do-	Working
50	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
51	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
52	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
53	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 2GB, 160 GB, 17"	1	-do-	Working
54	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 2GB, 160 GB, 17"	1	-do-	Working
55	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 2GB, 160 GB, 17"	1	-do-	Working
56	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working

57	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
58	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
59	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
60	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
61	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 2GB, 160 GB, 17"	1	-do-	Working
62	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 2GB, 160 GB, 17"	1	-do-	Working
63	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
64	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
65	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
66	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
67	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
68	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 2GB, 160 GB, 17"	1	-do-	Working
69	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
70	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 2GB, 160 GB, 17"	1	-do-	Working
71	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
72	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
73	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
74	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
75	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 2GB, 160 GB, 17"	1	-do-	Working
76	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
77	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
78	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
79	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 2GB, 160 GB, 17"	1	-do-	Working
80	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
81	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
82	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
83	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
84	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
85	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
86	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
87	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
88	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 2GB, 160 GB, 17"	1	-do-	Working
89	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
90	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
91	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
92	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
93	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
94	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
95	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
96	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
97	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
98	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working

99	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
100	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
101	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
102	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
103	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
104	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
105	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
106	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
107	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
108	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
109	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 2GB, 160 GB, 17"	1	-do-	Working
110	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
111	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
112	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
113	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
114	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 2GB, 160 GB, 17"	1	-do-	Working
115	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
116	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
117	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
118	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
119	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
120	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
121	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
122	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
123	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
124	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
125	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
126	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
127	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
128	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
129	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
130	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
131	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
132	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
133	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
134	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
135	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
136	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
137	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
138	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
139	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
140	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working

141	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
142	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
143	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
144	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
145	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
146	Dell Optiplex 330 Desktop	C2D 2.4 GHz, 1GB, 160 GB, 17"	1	-do-	Working
147	HP Laser Jet 1522		1	-do-	Not working
148	HP Color Laser jet 1515N		1	-do-	Not working
149	Canon M145		1	-do-	Not working
150	VIDEO CONFERENCING MACHINE	Life Size	1	-do-	Working
151	CC TV Equipment System	LG	1	-do-	Working
152	Projector Sanyo	Sanyo	3	-do-	Not working
153	Scanner			-do-	Working
154	Xerox Printer	Xerox 5225		-do-	Working
155	Switch	24 Port Switch	1	-do-	Working
156	Switch	48 Port Switch	1	-do-	Working
157	Switch	48 Port Switch	1	-do-	Working
158	Switch	48 Port Switch	1	-do-	Working
159	Switch	48 Port Switch	1	-do-	Working
160	UPS LN 3300 Model	40kva*2 Nos DB Make UPS System	2	-do-	Working

Details of Hardware and Software at 104 call center
Summary Sheet

Sr. No.	Item Description	Total Quantity
1	Desktop Computer Dell bundle pack with **CPU processor** Intel Core 2 Duo 2.93 Ghz **RAM** -2GB DDR 3, **Hard Drive** 500GB SATA3, **DVD** N series Monitor Dell 18.5" E1910H FLATE PANEL DISPLAY, KeyBoard Dell KB212-B USB, Mouse Dell MS111 USB Optical, Software Ubuntu	20
2	IBM Server **IBM –processor** Intel(R) Xeon(R) CPU E5-24070 @ 2.20GHz **RAM** 8GB **Hard Drive** 1TB Software Suse viciBox	2
Total		22

Other Hardware Details

Sr. No.	Item	Description
1	Security Camera	DVR 4 Channel. Two Camera located in 104 Call Center and One Camera in Corridor
2	HeadPhone & MIC	Accutone Headphone with Mic
3	Dial Pad (for call)/Number Keypad	Accutone T3 Dial Pad
4	Employee Attendance System	Through log in reports of the application server system

Annexure- 22
Required Enclosures with the Invoice

1. Computer Log sheet of the Vehicle.
2. Off road statement of Vehicles.
3. GPS statement of Vehicles.
4. No. of available vehicle/ working vehicle/ working days.
5. PCR form certificate certified by BCMO.

Annexure - 23

Technical Specifications/requirements of GPS device to be installed in all vehicles

(108 ambulances, Janani Express and Base Ambulances)

Minimum Hardware Specifications of VTS/ GPS Device Components

Environmental

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

Power Supply

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

GSM/ GPRS

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

GPS

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

Compulsory requirements:

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

Annexure – 24

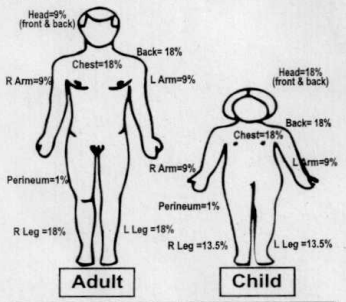
Zone: ..... Date: .....
City/Town/Village..... Vehicle Location .....
Ambulance/FR GVKE MRI | Govt. | ASP | Hosp.
Trip No..... Trip Paid: Y/N Amount
Pilot ID ..... Pilot Name .....

	Odometer	Time hh:mm
Call received at ambulance		
Vehicle Departure from location		
Vehicle arrival at scene		
Reaching Victim		
Vehicle departure from scene		
Enroute to hospital		
Arrival at hospital		
Handed over victim at hospital		
Departure from hospital		
vehicle degassing		
Back to base		

- ☐ Traffic conditions on way to incident location
- ☐ Delay in reaching victim
- ☐ Reason if not proceeded
- ☐ Reason for not serving victim after not reaching site
- ☐ Destination determination
  - ☐ Self determination
  - ☐ Refusal against Transport
  - ☐ Transport decline form signed
  - ☐ Refusal against Medical advice
  - ☐ Medical decline form signed
  - ☐ Other medical authorities at scene
  - ☐ Restraints used
  - ☐ Do not resuscitate
  - ☐ Destination diversion
  - ☐ Treated and Discharged

Extrication details.....

Name of Good Samaritan .....
Contact No.....
Service.....
Address.....



EMT Summary:

Patient Name ..... Incident ID/CaseID: .....
Age yy mm Sex : M/F Occupation ☐ Vehicle No. ..... Vehicle Type: ALS / BLS /FR
Social Status: SC/ST/OBC /General Insurance: Yes/ No Area: Urban/Rural/Tribal Incident Location ☐
Ration Card : Yellow/Pink/blue No.: Street ..... City/Town/Village .....
Identification Marks 1..... Tehsil ..... District ..... Division .....
2..... Father/Spouse Name.....Contact No.....
Height (cm) .....Weight (kg) .....Blood Group..... Name of the Attendant.....Contact No.....
Res. Address: ..... Relationship.....
.....Pin..... Aid at scene before vehicle arrival : .....
Chief Complaint : Primary ☐ Duration hh mm Associate ☐☐☐ Duration hh mm
Breathing : Normal/ Shallow/Lahoured/Agonal A ☐ V ☐ P ☐ U ☐ MCI ☐

Past illness

D.M.	☐	Respiratory	☐
HTN	☐	Epilepsy	☐
HIV	☐	Behavioural	☐
CAD	☐	Surgeries	☐
Stroke	☐	Trauma	☐

History of Medication

Antibiotics	☐	Diuretics	☐
Antidiabeties	☐	Bronchodilators	☐
Antihypertensives	☐	Antidepressants	☐
Anticoagulants	☐	Antianginals	☐
Antiplatelets	☐	Antihistaminics	☐
NSAIDs	☐	Anti Cancer	☐

Type of Case: Accident (Trauma)/Medical
Type of emergency
Cause of emergency
Anatomical area of emergency
Mechanism of Injury
Presenting symptoms ☐☐

Allergies, if any ..... Habits : Smoking/Alcohol
Family Physician Name .....Contact No : .....Advice .....

Vital Signs	At Scene 0 Minutes	Enroute ____Minutes	Handing over at hospital ____Minutes
Skin			
Colour (Pink/Dusky/Cyanotic)			
Temp. (Warm/Hot/Cool/Cold)			
Condition (Normal/Diaphoretic/Moist/Dry)			
Capillary refil (2,2-4,4)>4)			
Temperature			
Pulse			
Rate/Min			
Rhythm (regular/Irregular)			
Voluem (Normal/Thready)			
B.P.			
Respiration			
Rate/Min			
Right Air Entry (Yes/No)			
Left Air Entry (Yes/No)			
Adventitious Sounds (Creps/Rhonchi)			
SPO_2			
Pupils			
Right Size (Normal/Constricted/Dilated)			
Reaction to light (Brisk/Sluggish/Non reacting)			
Left Size (Normal/Constricted/Dilated)			
Reaction to light (Brisk/Sluggish/Non reacting)			
G.C.S.	E V M	E V M	E V M
Blood glucose (mg/dl)			

Pregnancy ; Yes/No LMP (DD/MM/YYYY) ..... G P L D
Abnormal Bleeding ; Yes/No APGAR Score : A P G A R Total Time of Birth hh mm Sex M/F
Aid enroute at any other hospital. if any :.....
Hospital Name ..... Telephone.....

Pre Hospital Care

A E D	☐	OPA / NPA	☐
Bag mask	☐	Ryles Tube	☐
C Collar	☐	Splinting	☐
C P R	☐	Suction	☐
E C G	☐	Telemetry	☐
E T I	☐	Ventilator	☐
I V Fluids	☐	Wound care	☐
Oxygen	☐	Own medicatiion	☐
Others			

Event during transport
Improved ☐
Status quo ☐
Worsened ☐
Death ☐

ERCP Name & Advice

Medicines Used

Handed over medical & disposables attached to patient, Medico legally significant material, GVK EMRI equipment and others
1. ..... 2. ..... 3. .....
4. ..... 5. ..... 6. .....

I received above mentioned articles : Name & Signature: .....Contact No .....
EMT ID No. .....Name.....Signature.....

Destination Hospital Name : .....Telephone .....Arrival Time at hospital :.....
Comments of the Receiving Hospital : .....
.....MLC No. ☐☐☐

Signature..... Hospital Seal
Designation..... Date/Time : .....
Patient/Attendant LTI/ Signature

Annexure – 25

Details of kilometers of vehicles

Sr. No.	Vehicle No.	Vehicle Model	Manufacturing Year	KM Update
1	RJ14PA9790	Tata 407	2008	457663
2	RJ14PA9812	Tata 407	2008	378363
3	RJ14PA9813	Tata 407	2008	295735
4	RJ14PA9851	Tata 407	2008	298303
5	RJ14PA9974	Tata 407	2008	415493
6	RJ14PB0085	Tata 407	2008	230933
7	RJ14PB0086	Tata 407	2008	304948
8	RJ14PB1031	Tata 407	2008	256720
9	RJ14PB5139	Tata 407	2009	217808
10	RJ14PB6194	Tata 407	2009	212384
11	RJ14PB6652	Tata 407	2009	231247
12	RJ14PB6832	Tata 407	2009	198138
13	RJ14PB7105	Tata 407	2009	202544
14	RJ14PB7111	Tata 407	2009	288480
15	RJ14PB8123	Tata Winger	2011	228249
16	RJ14PB8134	Tata Winger	2011	174598
17	RJ14PB8332	Tata Winger	2011	202045
18	RJ14PB8338	Tata Winger	2011	165169
19	RJ14PB8343	Tata Winger	2011	134811
20	RJ14PB8361	Tata Winger	2011	218384
21	RJ14PB8963	Tata Winger	2011	178947
22	RJ14PB8966	Tata Winger	2011	162086
23	RJ14PC5264	Force	2013	138011
24	RJ14PC7277	Tata 410	2013	117502
25	RJ14PC7540	Tata 410	2013	109322
26	RJ14PC7694	Tata 410	2013	123817
27	RJ14PC9995	Tata 410	2014	56230
28	RJ14PD0372	Tata 410	2014	51132
29	RJ14PD0586	Tata 410	2014	12966
30	RJ14PC7551	Tata 410	2013	69652
31	RJ14PB0107	Tata 407	2008	279498
32	RJ14PB0898	Tata 407	2008	364706
33	RJ14PB0910	Tata 407	2008	269535
34	RJ14PB6192	Tata 407	2009	245458
35	RJ14PB6197	Tata 407	2009	232236
36	RJ14PB6657	Tata 407	2009	246195
37	RJ14PB6834	Tata 407	2009	209176
38	RJ14PB6844	Tata 407	2009	274965
39	RJ14PB7101	Tata 407	2009	124344
40	RJ14PB7108	Tata 407	2009	227933

41	RJ14PB7300	Tata Winger	2011	232949
42	RJ14PB7311	Tata Winger	2011	232285
43	RJ14PB7445	Tata 407	2009	130392
44	RJ14PB8122	Tata Winger	2011	120414
45	RJ14PB8138	Tata Winger	2011	212865
46	RJ14PB8139	Tata Winger	2011	119483
47	RJ14PB8150	Tata Winger	2011	86199
48	RJ14PB8152	Tata Winger	2011	124284
49	RJ14PB8348	Tata Winger	2011	130857
50	RJ14PB8964	Tata Winger	2011	117251
51	RJ14PC5067	Force	2013	90756
52	RJ14PB0090	Tata 407	2008	296420
53	RJ14PD0003	Tata 410	2014	51313
54	RJ14PD0375	Tata 410	2014	28637
55	RJ14PB0089	Tata 407	2008	300060
56	RJ14PC5461	Force	2013	122493
57	RJ14PC7274	Tata 410	2013	69309
58	RJ14PC7269	Tata 410	2013	64734
59	RJ14PB0120	Tata 407	2008	407431
60	RJ14PB5120	Tata 407	2009	225629
61	RJ14PB6637	Tata 407	2009	361429
62	RJ14PB6659	Tata 407	2009	297230
63	RJ14PB7118	Tata 407	2009	313602
64	RJ14PB8101	Tata Winger	2011	196414
65	RJ14PC5460	Force	2013	179796
66	RJ14PC5463	Force	2013	182727
67	RJ14PC5464	Force	2013	165089
68	RJ14PC7270	Tata 410	2013	119668
69	RJ14PC7282	Tata 410	2013	122332
70	RJ14PC7435	Tata 410	2013	131994
71	RJ14PC7535	Tata 410	2013	122617
72	RJ14PA9710	Tata 407	2008	391865
73	RJ14PD0377	Tata 410	2014	51681
74	RJ14PB0899	Tata 407	2008	182973
75	RJ14PB0901	Tata 407	2008	150113
76	RJ14PB1070	Tata 407	2008	199225
77	RJ14PB5119	Tata 407	2009	284805
78	RJ14PB5127	Tata 407	2009	185711
79	RJ14PB6839	Tata 407	2009	317551
80	RJ14PB8103	Tata Winger	2011	172769
81	RJ14PB8349	Tata Winger	2011	300176
82	RJ14PC5462	Force	2013	213538
83	RJ14PC7288	Tata 410	2013	87527

84	RJ14PC7431	Tata 410	2013	81366
85	RJ14PC7531	Tata 410	2013	121932
86	RJ14PC7533	Tata 410	2013	130024
87	RJ14PD0028	Tata 410	2014	60382
88	RJ14PB1027	Tata 407	2008	298657
89	RJ14PB8143	Tata Winger	2011	247914
90	RJ14PC5465	Force	2013	141205
91	RJ14PB0132	Tata 407	2008	324055
92	RJ14PB0902	Tata 407	2008	184548
93	RJ14PB0904	Tata 407	2008	321141
94	RJ14PB6183	Tata 407	2009	181376
95	RJ14PB6646	Tata 407	2009	216960
96	RJ14PB6654	Tata 407	2009	313868
97	RJ14PB6828	Tata 407	2009	307897
98	RJ14PB6850	Tata 407	2009	284823
99	RJ14PB7158	Tata Winger	2011	186564
100	RJ14PB7199	Tata Winger	2011	129273
101	RJ14PB7281	Tata Winger	2011	151585
102	RJ14PB7302	Tata Winger	2011	188357
103	RJ14PB7304	Tata Winger	2011	244782
104	RJ14PB7410	Tata Winger	2011	252720
105	RJ14PC5250	Force	2013	251652
106	RJ14PC5251	Force	2013	222637
107	RJ14PC5446	Force	2013	204825
108	RJ14PC7296	Tata 410	2013	130323
109	RJ14PB0142	Tata 407	2008	341214
110	RJ14PB7161	Tata Winger	2011	97946
111	RJ14PB0129	Tata 407	2008	198820
112	RJ14PB1030	Tata 407	2008	251800
113	RJ14PB1042	Tata 407	2008	223246
114	RJ14PB5116	Tata 407	2009	174173
115	RJ14PB5128	Tata 407	2009	141036
116	RJ14PB6181	Tata 407	2009	232963
117	RJ14PB6647	Tata 407	2009	139850
118	RJ14PB6649	Tata 407	2009	344257
119	RJ14PB7133	Tata Winger	2011	124750
120	RJ14PB7423	Tata Winger	2011	179969
121	RJ14PB8355	Tata Winger	2011	162604
122	RJ14PC5248	Force	2013	132545
123	RJ14PC5249	Force	2013	157070
124	RJ14PC5445	Force	2013	154757
125	RJ14PC7294	Tata 410	2013	48926
126	RJ14PC7286	Tata 410	2013	53295

127	RJ14PC7707	Tata 410	2013	115518
128	RJ14PC9996	Tata 410	2014	88336
129	RJ14PB0909	Tata 407	2008	212191
130	RJ14PB0058	Tata 407	2008	92078
131	RJ14PB0087	Tata 407	2008	201221
132	RJ14PB0187	Tata 407	2008	316406
133	RJ14PB0127	Tata 407	2008	216011
134	RJ14PB1013	Tata 407	2008	249332
135	RJ14PB1016	Tata 407	2008	169191
136	RJ14PB1029	Tata 407	2008	216639
137	RJ14PB6842	Tata 407	2009	198062
138	RJ14PB7097	Tata 407	2009	172686
139	RJ14PB7104	Tata 407	2009	176308
140	RJ14PB7308	Tata Winger	2011	126306
141	RJ14PB7412	Tata Winger	2011	86123
142	RJ14PB7424	Tata Winger	2011	250602
143	RJ14PB8337	Tata Winger	2011	189069
144	RJ14PB8340	Tata Winger	2011	152211
145	RJ14PB8356	Tata Winger	2011	157197
146	RJ14PB8363	Tata Winger	2011	233741
147	RJ14PB8965	Tata Winger	2011	123696
148	RJ14PC5065	Force	2013	145164
149	RJ14PC5066	Force	2013	141592
150	RJ14PC5447	Force	2013	109027
151	RJ14PC5448	Force	2013	130719
152	RJ14PC7285	Tata 410	2013	107169
153	RJ14PC7297	Tata 410	2013	109206
154	RJ14PC7436	Tata 410	2013	164687
155	RJ14PC7546	Tata 410	2013	85105
156	RJ14PC7678	Tata 410	2013	124412
157	RJ14PC7675	Tata 410	2013	80672
158	RJ14PD0002	Tata 410	2014	70301
159	RJ14PB6843	Tata 407	2009	233685
160	RJ14PB7107	Tata 407	2009	116599
161	RJ14PB7117	Tata 407	2009	227296
162	RJ14PB7298	Tata Winger	2011	215013
163	RJ14PB7417	Tata Winger	2011	165249
164	RJ14PB7442	Tata 407	2009	112678
165	RJ14PC5072	Force	2013	136256
166	RJ14PC5073	Force	2013	165665
167	RJ14PD0012	Tata 410	2014	90125
168	RJ14PA9708	Tata 407	2008	216072
169	RJ14PC7686	Tata 410	2013	112461

170	RJ14PC7697	Tata 410	2013	89483
171	RJ14PA9787	Tata 407	2008	338633
172	RJ14PC7696	Tata 410	2013	76179
173	RJ14PA9877	Tata 407	2008	423724
174	RJ14PA9972	Tata 407	2008	227529
175	RJ14PA9975	Tata 407	2008	356325
176	RJ14PC7682	Tata 410	2013	91246
177	RJ14PB7110	Tata 407	2009	197593
178	RJ14PB7119	Tata 407	2009	319898
179	RJ14PB7159	Tata Winger	2011	270943
180	RJ14PB7162	Tata Winger	2011	207298
181	RJ14PC7265	Tata 410	2013	115317
182	RJ14PC7427	Tata 410	2013	52332
183	RJ14PC7559	Tata 410	2013	93115
184	RJ14PC7705	Tata 410	2013	96774
185	RJ14PA9852	Tata 407	2008	208429
186	RJ14PD0018	Tata 410	2014	48367
187	RJ14PD0384	Tata 410	2014	33911
188	RJ14PD0599	Tata 410	2014	20161
189	RJ14PD0597	Tata 410	2014	25059
190	RJ14PD0598	Tata 410	2014	27864
191	RJ14PB1019	Tata 407	2008	177269
192	RJ14PB1043	Tata 407	2008	189668
193	RJ14PB6176	Tata 407	2009	270473
194	RJ14PB6853	Tata 407	2009	200477
195	RJ14PB7464	Tata 407	2009	128413
196	RJ14PB8341	Tata Winger	2011	121259
197	RJ14PC5080	Force	2013	175118
198	RJ14PC5081	Force	2013	202208
199	RJ14PC5457	Force	2013	101637
200	RJ14PD0026	Tata 410	2014	52494
201	RJ14PD0394	Tata 410	2014	56514
202	RJ14PD0395	Tata 410	2014	38801
203	RJ14PD0603	Tata 410	2014	43121
204	RJ14PD0604	Tata 410	2014	40812
205	RJ14PB1035	Tata 407	2008	225700
206	RJ14PB5125	Tata 407	2009	346556
207	RJ14PB6642	Tata 407	2009	167990
208	RJ14PB6835	Tata 407	2009	329445
209	RJ14PB6841	Tata 407	2009	242012
210	RJ14PB6945	Tata 407	2009	281863
211	RJ14PB7132	Tata Winger	2011	211152
212	RJ14PB8098	Tata Winger	2011	210848

213	RJ14PB8328	Tata Winger	2011	232651
214	RJ14PB8335	Tata Winger	2011	209314
215	RJ14PC5068	Force	2013	239783
216	RJ14PC5069	Force	2013	166962
217	RJ14PC5238	Force	2013	192814
218	RJ14PC7271	Tata 410	2013	148309
219	RJ14PC7542	Tata 410	2013	148267
220	RJ14PA9890	Tata 407	2008	184331
221	RJ14PD0004	Tata 410	2014	85186
222	RJ14PD0376	Tata 410	2014	47776
223	RJ14PD0588	Tata 410	2014	39359
224	RJ14PD0590	Tata 410	2014	57010
225	RJ14PD0616	Tata 410	2014	43592
226	RJ14PD0617	Tata 410	2014	47929
227	RJ14PB0128	Tata 407	2008	244942
228	RJ14PB1058	Tata 407	2008	268640
229	RJ14PB5126	Tata 407	2009	335882
230	RJ14PB6184	Tata 407	2009	252101
231	RJ14PB6653	Tata 407	2009	379776
232	RJ14PB7114	Tata 407	2009	276138
233	RJ14PB7125	Tata 407	2009	330830
234	RJ14PB7305	Tata Winger	2011	213152
235	RJ14PB8133	Tata Winger	2011	228017
236	RJ14PB8350	Tata Winger	2011	179227
237	RJ14PB8357	Tata Winger	2011	257673
238	RJ14PC5266	Force	2013	136997
239	RJ14PC7292	Tata 410	2013	98959
240	RJ14PC7553	Tata 410	2013	71810
241	RJ14PC7526	Tata 410	2013	93815
242	RJ14PC7530	Tata 410	2013	104456
243	RJ14PC7690	Tata 410	2013	75499
244	RJ14PC7676	Tata 410	2013	66599
245	RJ14PA9785	Tata 407	2008	375482
246	RJ14PD0008	Tata 410	2014	32928
247	RJ14PD0379	Tata 410	2014	38524
248	RJ14PD0380	Tata 410	2014	59160
249	RJ14PB6643	Tata 407	2009	150000
250	RJ14PD0591	Tata 410	2014	24552
251	RJ14PB0143	Tata 407	2008	283503
252	RJ14PB0144	Tata 407	2008	320993
253	RJ14PB0190	Tata 407	2008	253691
254	RJ14PB0895	Tata 407	2008	294500
255	RJ14PB1060	Tata 407	2008	363084

256	RJ14PB6182	Tata 407	2009	205150
257	RJ14PB7443	Tata 407	2009	270251
258	RJ14PB7451	Tata 407	2009	150177
259	RJ14PB7462	Tata 407	2009	225852
260	RJ14PB8141	Tata Winger	2011	168216
261	RJ14PB8145	Tata Winger	2011	213123
262	RJ14PB8146	Tata Winger	2011	166891
263	RJ14PB8147	Tata Winger	2011	197750
264	RJ14PB8148	Tata Winger	2011	105343
265	RJ14PC7281	Tata 410	2013	96058
266	RJ14PC7424	Tata 410	2013	120362
267	RJ14PC7710	Tata 410	2013	97590
268	RJ14PD0014	Tata 410	2014	39791
269	RJ14PD0613	Tata 410	2014	31424
270	RJ14PB0136	Tata 407	2008	369289
271	RJ14PB1055	Tata 407	2008	242062
272	RJ14PB5137	Tata 407	2009	392703
273	RJ14PB6846	Tata 407	2009	268447
274	RJ14PB6851	Tata 407	2009	248176
275	RJ14PB7124	Tata 407	2009	204519
276	RJ14PB7452	Tata 407	2009	240710
277	RJ14PB7453	Tata 407	2009	358610
278	RJ14PB7454	Tata 407	2009	212414
279	RJ14PB8358	Tata Winger	2011	263052
280	RJ14PB8359	Tata Winger	2011	279187
281	RJ14PC7273	Tata 410	2013	112380
282	RJ14PC7691	Tata 410	2013	113481
283	RJ14PC7680	Tata 410	2013	134387
284	RJ14PD0016	Tata 410	2014	33327
285	RJ14PD0382	Tata 410	2014	20622
286	RJ14PD0383	Tata 410	2014	51203
287	RJ14PD0594	Tata 410	2014	25952
288	RJ14PB5118	Tata 407	2009	195455
289	RJ14PB5134	Tata 407	2009	304862
290	RJ14PB6196	Tata 407	2009	318822
291	RJ14PB7278	Tata Winger	2011	212954
292	RJ14PC5263	Force	2013	121329
293	RJ14PC7275	Tata 410	2013	100190
294	RJ14PC7437	Tata 410	2013	94756
295	RJ14PC7547	Tata 410	2013	104045
296	RJ14PD0010	Tata 410	2014	44688
297	RJ14PD0592	Tata 410	2014	38250
298	RJ14PD0593	Tata 410	2014	42265

299	RJ14PD0621	Tata 410	2014	51644
300	RJ14PD0620	Tata 410	2014	61246
301	RJ14PC7679	Tata 410	2013	78895
302	RJ14PA9849	Tata 407	2008	314023
303	RJ14PC7693	Tata 410	2013	134843
304	RJ14PC7708	Tata 410	2013	134642
305	RJ14PC7706	Tata 410	2013	97075
306	RJ14PC7689	Tata 410	2013	95540
307	RJ14PC7684	Tata 410	2013	47867
308	RJ14PC7685	Tata 410	2013	57176
309	RJ14PA9973	Tata 407	2008	289507
310	RJ14PA9976	Tata 407	2008	347812
311	RJ14PC7695	Tata 410	2013	112180
312	RJ14PB5129	Tata 407	2009	223899
313	RJ14PB6180	Tata 407	2009	259104
314	RJ14PB7113	Tata 407	2009	206070
315	RJ14PB7191	Tata Winger	2011	272446
316	RJ14PB7241	Tata Winger	2011	167634
317	RJ14PB7461	Tata 407	2009	326223
318	RJ14PB8331	Tata Winger	2009	124849
319	RJ14PC7426	Tata 410	2013	74678
320	RJ14PC7433	Tata 410	2013	69761
321	RJ14PC7692	Tata 410	2013	76744
322	RJ14PD0017	Tata 410	2014	73990
323	RJ14PD0596	Tata 410	2014	34149
324	RJ14PD0595	Tata 410	2014	33472
325	RJ14PA9853	TATA 407	2008	210741
326	RJ14PB0106	Tata 407	2008	294540
327	RJ14PB1015	Tata 407	2008	318280
328	RJ14PB1041	Tata 407	2008	184554
329	RJ14PB1066	Tata 407	2008	330093
330	RJ14PB1076	Tata 407	2008	282650
331	RJ14PB5117	Tata 407	2009	117607
332	RJ14PB5132	Tata 407	2009	235055
333	RJ14PB5136	Tata 407	2009	230520
334	RJ14PB6827	Tata 407	2009	97685
335	RJ14PB6837	Tata 407	2009	161741
336	RJ14PB6838	Tata 407	2009	245804
337	RJ14PB8131	Tata Winger	2011	206424
338	RJ14PB8142	Tata Winger	2011	168714
339	RJ14PB8342	Tata Winger	2011	212782
340	RJ14PB8347	Tata Winger	2011	173744
341	RJ14PB8364	Tata Winger	2011	206149

342	RJ14PC5265	Force	2013	164243
343	RJ14PC5452	Force	2013	145274
344	RJ14PC5453	Force	2013	176570
345	RJ14PC5455	Force	2013	167495
346	RJ14PC7702	Tata 410	2013	84660
347	RJ14PC7703	Tata 410	2013	57925
348	RJ14PD0023	Tata 410	2014	44537
349	RJ14PD0388	Tata 410	2014	57552
350	RJ14PD0389	Tata 410	2014	36972
351	RJ14PA9791	TATA 407	2008	294635
352	RJ14PB8097	Tata Winger	2011	303631
353	RJ14PB0109	Tata 407	2008	422582
354	RJ14PB0896	Tata 407	2008	374920
355	RJ14PB1025	Tata 407	2008	326511
356	RJ14PB1061	Tata 407	2008	359876
357	RJ14PB5131	Tata 407	2009	392947
358	RJ14PB5135	Tata 407	2009	260361
359	RJ14PB6193	Tata 407	2009	297430
360	RJ14PB6840	Tata 407	2009	193240
361	RJ14PB7099	Tata 407	2009	235851
362	RJ14PB7299	Tata Winger	2011	277261
363	RJ14PB8093	Tata Winger	2011	171269
364	RJ14PB0091	Tata 407	2008	263240
365	RJ14PB8102	Tata Winger	2011	300951
366	RJ14PB8334	Tata Winger	2011	269802
367	RJ14PB8336	Tata Winger	2011	243257
368	RJ14PC5087	Force	2013	194990
369	RJ14PC5088	Force	2013	209063
370	RJ14PC5474	Force	2013	185187
371	RJ14PC5476	Force	2013	157641
372	RJ14PC7434	Tata 410	2013	117674
373	RJ14PC7432	Tata 410	2013	94032
374	RJ14PC7439	Tata 410	2013	103978
375	RJ14PC7532	Tata 410	2013	124929
376	RJ14PC9999	Tata 410	2014	65817
377	RJ14PD0610	Tata 410	2014	37437
378	RJ14PB0897	Tata 407	2008	228609
379	RJ14PB6179	Tata 407	2009	265968
380	RJ14PB6847	Tata 407	2010	201031
381	RJ14PB7120	Tata 407	2011	155468
382	RJ14PB8119	Tata Winger	2011	106833
383	RJ14PB8330	Tata Winger	2011	123538
384	RJ14PC5090	Force	2013	161102

385	RJ14PC5091	Force	2013	118072
386	RJ14PC5247	Force	2013	64169
387	RJ14PC5480	Force	2013	102855
388	RJ14PC5481	Force	2013	98089
389	RJ14PC5482	Force	2013	132425
390	RJ14PC5483	Force	2013	150288
391	RJ14PC7295	Tata 410	2013	65537
392	RJ14PC7268	Tata 410	2013	175801
393	RJ14PC7688	Tata 410	2013	84339
394	RJ14PD0035	Tata 410	2014	39184
395	RJ14PD0614	Tata 410	2014	28290
396	RJ14PD0615	Tata 410	2014	18341
397	RJ14PB0134	Tata 407	2008	256363
398	RJ14PB1037	Tata 407	2008	161655
399	RJ14PB5130	Tata 407	2010	249365
400	RJ14PB5133	TATA 407	2010	309570
401	RJ14PB6175	TATA 407	2009	458353
402	RJ14PB7446	TATA 407	2010	229785
403	RJ14PB7456	TATA 407	2009	358800
404	RJ14PB7457	Tata 407	2009	300818
405	RJ14PB8365	Tata Winger	2011	338650
406	RJ14PC5063	Force	2013	180539
407	RJ14PC5064	Force	2013	188949
408	RJ14PC5237	Force	2013	175431
409	RJ14PC5253	Force	2013	234387
410	RJ14PC5254	Force	2013	110345
411	RJ14PC5255	Force	2013	166741
412	RJ14PC5256	Force	2013	168509
413	RJ14PC5257	Force	2013	184713
414	RJ14PC5258	Force	2013	166099
415	RJ14PC5259	Force	2013	228540
416	RJ14PC5260	Force	2013	146476
417	RJ14PC5261	Force	2013	220234
418	RJ14PC5262	Force	2013	191262
419	RJ14PC7264	Tata 410	2013	169385
420	RJ14PC7266	Tata 410	2013	67483
421	RJ14PC7429	Tata 410	2013	151802
422	RJ14PC7425	Tata 410	2013	107220
423	RJ14PC7539	Tata 410	2013	90051
424	RJ14PD0033	Tata 410	2014	55725
425	RJ14PD0385	Tata 410	2014	46389
426	RJ14PC9894	Tata 410	2014	84109
427	RJ14PD0619	Tata 410	2014	11903

428	RJ14PB0140	Tata 407	2008	255195
429	RJ14PB0141	Tata 407	2008	269096
430	RJ14PB7287	Tata Winger	2011	199937
431	RJ14PB7425	Tata Winger	2011	227646
432	RJ14PB7465	TATA 407	2009	197984
433	RJ14PB8125	Tata Winger	2011	167780
434	RJ14PB8329	Tata Winger	2011	143836
435	RJ14PC5075	Force	2013	118884
436	RJ14PC5252	Force	2013	124274
437	RJ14PC5450	Force	2013	159537
438	RJ14PC7290	Tata 410	2013	67477
439	RJ14PC7289	Tata 410	2013	35523
440	RJ14PD0019	Tata 410	2014	28830
441	RJ14PD0393	Tata 410	2014	13139
442	RJ14PB1059	Tata 407	2008	308976
443	RJ14PB6177	Tata 407	2009	167442
444	RJ14PB6188	Tata 407	2009	201331
445	RJ14PB6191	Tata 407	2009	127291
446	RJ14PB7115	Tata 407	2009	243717
447	RJ14PB7444	Tata 407	2009	170747
448	RJ14PB7463	Tata 407	2009	301563
449	RJ14PB8344	Tata Winger	2011	116028
450	RJ14PB8345	Tata Winger	2011	126572
451	RJ14PB8353	Tata Winger	2011	212371
452	RJ14PB8360	Tata Winger	2011	220159
453	RJ14PC5076	Force	2013	60529
454	RJ14PC5077	Force	2013	87880
455	RJ14PC7430	Tata 410	2013	95034
456	RJ14PC7548	Tata 410	2013	75343
457	RJ14PC7560	Tata 410	2013	79799
458	RJ14PD0020	Tata 410	2014	50277
459	RJ14PD0386	Tata 410	2014	67752
460	RJ14PD0387	Tata 410	2014	77878
461	RJ14PD0601	Tata 410	2014	22622
462	RJ14PA9845	Tata 407	2008	124947
463	RJ14PA9858	Tata 407	2008	293276
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465	RJ14PC5241	Force	2013	143059
466	RJ14PD0392	Tata 410	2014	32726
467	RJ14PA9818	Tata 407	2008	344549
468	RJ14PA9881	Tata 407	2008	331284
469	RJ14PB0139	Tata 407	2008	336414
470	RJ14PB7023	Tata Winger	2011	109835

471	RJ14PB7122	Tata 407	2009	208240
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473	RJ14PB8362	Tata Winger	2011	75851
474	RJ14PC5242	Force	2013	126789
475	RJ14PC5456	Force	2013	134019
476	RJ14PC7537	Tata 410	2013	95599
477	RJ14PC7699	Tata 410	2013	76468
478	RJ14PC7698	Tata 410	2013	89070
479	RJ14PC7687	Tata 410	2013	76017
480	RJ14PD0602	Tata 410	2014	63557
481	RJ14PA9846	Tata 407	2008	272477
482	RJ14PA9850	Tata 407	2008	315711
483	RJ14PB1040	Tata 407	2008	284957
484	RJ14PB7103	Tata 407	2009	360090
485	RJ14PB7458	Tata 407	2009	203872
486	RJ14PB8132	Tata Winger	2011	161052
487	RJ14PB8354	Tata Winger	2011	137956
488	RJ14PC5078	Force	2013	124306
489	RJ14PC5079	Force	2013	198873
490	RJ14PC5240	Force	2013	120170
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492	RJ14PC7267	Tata 410	2013	123095
493	RJ14PC7712	Tata 410	2013	50060
494	RJ14PD0390	Tata 410	2014	69055
495	RJ14PD0391	Tata 410	2014	25312
496	RJ14PB5123	Tata 407	2009	377538
497	RJ14PB7459	Tata 407	2009	215087
498	RJ14PC7561	Tata 410	2013	102739
499	RJ14PD0024	Tata 410	2014	66024
500	RJ14PB0167	Tata 407	2008	338269
501	RJ14PB0170	Tata 407	2008	382303
502	RJ14PB1038	Tata 407	2008	147001
503	RJ14PB5140	Tata 407	2009	202925
504	RJ14PB6187	Tata 407	2009	242177
505	RJ14PB6826	Tata 407	2009	142568
506	RJ14PB6829	Tata 407	2009	237788
507	RJ14PB6830	Tata 407	2009	227891
508	RJ14PB7123	Tata 407	2009	108175
509	RJ14PB7280	Tata Winger	2011	151614
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512	RJ14PC5466	Force	2013	62747
513	RJ14PC5467	Force	2013	109038

514	RJ14PC5468	Force	2013	142671
515	RJ14PC7283	Tata 410	2013	117692
516	RJ14PC7287	Tata 410	2013	97299
517	RJ14PC7291	Tata 410	2013	114692
518	RJ14PC7556	Tata 410	2013	60384
519	RJ14PC7543	Tata 410	2013	46875
520	RJ14PC7701	Tata 410	2013	106670
521	RJ14PC7534	Tata 410	2013	98272
522	RJ14PB1068	Tata 407	2008	609289
523	RJ14PD0029	Tata 410	2014	39869
524	RJ14PD0396	Tata 410	2014	49193
525	RJ14PD0037	Tata 410	2014	76880
526	RJ14PD0607	Tata 410	2014	29050
527	RJ14PD0608	Tata 410	2014	33057
528	RJ14PB0165	Tata 407	2008	146495
529	RJ14PB1034	Tata 407	2008	210141
530	RJ14PB7309	Tata Winger	2011	113038
531	RJ14PB7310	Tata Winger	2011	121246
532	RJ14PB7421	Tata Winger	2011	156867
533	RJ14PB7466	Tata 407	2009	189560
534	RJ14PB8127	Tata Winger	2011	86708
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536	RJ14PC5477	Force	2013	44014
537	RJ14PC5478	Force	2013	90684
538	RJ14PC5479	Force	2013	103366
539	RJ14PC7552	Tata 410	2013	79511
540	RJ14PC7704	Tata 410	2013	93681
541	RJ14PD0034	Tata 410	2014	9673
542	RJ14PD0401	Tata 410	2014	20631
543	RJ14PD0611	Tata 410	2014	18567
544	RJ14PB0118	Tata 407	2008	290794
545	RJ14PB1033	Tata 407	2008	193395
546	RJ14PB6173	Tata 407	2009	152308
547	RJ14PB6648	Tata 407	2009	145267
548	RJ14PB6658	Tata 407	2009	249690
549	RJ14PB6831	Tata 407	2009	246281
550	RJ14PB6852	Tata 407	2009	217669
551	RJ14PB7131	Tata Winger	2011	102187
552	RJ14PB7297	Tata Winger	2011	234386
553	RJ14PC5062	Force	2013	173103
554	RJ14PC7538	Tata 410	2013	52963
555	RJ14PC7711	Tata 410	2013	74389
556	RJ14PC9998	Tata 410	2014	61035

557	RJ14PD0374	Tata 410	2014	46158
558	RJ14PD0587	Tata 410	2014	52931
559	RJ14PB1057	Tata 407	2009	243872
560	RJ14PB7121	Tata 407	2009	197545
561	RJ14PB7286	Tata Winger	2011	165676
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563	RJ14PB7418	Tata Winger	2011	158379
564	RJ14PB8967	Tata Winger	2011	157955
565	RJ14PC5070	Force	2013	81515
566	RJ14PC5071	Force	2013	115785
567	RJ14PC5449	Force	2013	79122
568	RJ14PD0005	Tata 410	2014	9223
569	RJ14PD0378	Tata 410	2014	35283
570	RJ14PB7246	Tata Winger	2011	257447
571	RJ14PB1021	Tata 407	2008	137880
572	RJ14PB1026	Tata 407	2008	256449
573	RJ14PB7116	Tata 407	2009	215729
574	RJ14PB7240	Tata Winger	2011	162964
575	RJ14PB1020	Tata 407	2008	177179
576	RJ14PB7294	Tata Winger	2011	185314
577	RJ14PB7295	Tata Winger	2011	241402
578	RJ14PC5239	Force	2013	164239
579	RJ14PC5451	Force	2013	154845
580	RJ14PC7276	Tata 410	2013	107313
581	RJ14PC7521	Tata 410	2013	123564
582	RJ14PC7524	Tata 410	2013	133970
583	RJ14PC7523	Tata 410	2013	106819
584	RJ14PC7525	Tata 410	2013	132515
585	RJ14PC7528	Tata 410	2013	102580
586	RJ14PC7522	Tata 410	2013	117476
587	RJ14PC7529	Tata 410	2013	72476
588	RJ14PD0022	Tata 410	2014	101149
589	RJ14PD0606	Tata 410	2014	29887
590	RJ14PA9816	Tata 407	2008	194590
591	RJ14PA9836	Tata 407	2008	192960
592	RJ14PA9844	Tata 407	2008	144071
593	RJ14PA9879	Tata 407	2008	194041
594	RJ14PA9897	Tata 407	2008	201991
595	RJ14PB6198	Tata 407	2009	257453
596	RJ14PB6845	Tata 407	2009	271924
597	RJ14PB7100	Tata 407	2009	209215
598	RJ14PC5082	Force	2013	211606
599	RJ14PC5458	Force	2013	92551

600	RJ14PC5459	Force	2013	136838
601	RJ20PA2398	Tata 407	2008	209057
602	RJ14PC7438	Tata 410	2013	116881
603	RJ14PC7549	Tata 410	2013	70204
604	RJ14PD0027	Tata 410	2014	57399
605	RJ14PA9784	Tata 407	2008	302310
606	RJ14PB0095	Tata 407	2008	182197
607	RJ14PD0605	Tata 410	2014	33634
608	RJ14PB0092	Tata 407	2008	209397
609	RJ14PB1018	Tata 407	2008	161380
610	RJ14PB7102	Tata 407	2009	83124
611	RJ14PB7242	Tata Winger	2011	120405
612	RJ14PB7292	Tata Winger	2011	81141
613	RJ14PC5085	Force	2013	122518
614	RJ14PC5086	Force	2013	94962
615	RJ14PC5245	Force	2013	83813
616	RJ14PC5246	Force	2013	96661
617	RJ14PC5472	Force	2013	82326
618	RJ14PC5473	Force	2013	88597
619	RJ14PC7263	Tata 410	2013	55372
620	RJ14PC7428	Tata 410	2013	108952
621	RJ14PC7558	Tata 410	2013	70436
622	RJ14PD0032	Tata 410	2014	50868
623	RJ14PD0612	Tata 410	2014	24006
624	RJ14PB0130	Tata 407	2008	316584
625	RJ14PB1077	Tata 407	2008	286308
626	RJ14PB5115	Tata 407	2010	168293
627	RJ14PB5138	Tata 407	2010	314776
628	RJ14PB6185	Tata 407	2009	206156
629	RJ14PB6307	Tata 407	2009	199172
630	RJ14PB6644	Tata 407	2009	238530
631	RJ14PB6655	Tata 407	2009	355286
632	RJ14PB6656	Tata 407	2009	287532
633	RJ14PB7288	Tata Winger	2010	262502
634	RJ14PB7290	Tata Winger	2011	165915
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636	RJ14PB7405	Tata Winger	2011	108236
637	RJ14PC5061	Force	2013	120233
638	RJ14PC7709	Tata 410	2013	81915
639	RJ14PC7681	Tata 410	2013	113586
640	RJ14PC9997	Tata 410	2014	61913
641	RJ14PD0373	Tata 410	2014	66811
642	RJ14PD0618	Tata 410	2014	52072

643	RJ14PB0098	Tata 407	2008	295610
644	RJ14PB1064	Tata 407	2008	282542
645	RJ14PB5122	Tata 407	2009	187750
646	RJ14PB6186	Tata 407	2009	210888
647	RJ14PB6189	Tata 407	2009	170680
648	RJ14PB6639	Tata 407	2009	194712
649	RJ14PB6640	Tata 407	2009	263733
650	RJ14PB6848	Tata 407	2009	157777
651	RJ14PB7106	Tata 407	2009	213857
652	RJ14PB7109	Tata 407	2009	127510
653	RJ14PB7306	Tata Winger	2011	105437
654	RJ14PB7307	Tata Winger	2011	90488
655	RJ14PC7088	Tata 410	2013	39896
656	RJ14PC7278	Tata 410	2013	31912
657	RJ14PC7554	Tata 410	2013	50966
658	RJ14PC7557	Tata 410	2013	84969
659	RJ14PC7541	Tata 410	2013	59981
660	RJ14PC7562	Tata 410	2013	95522
661	RJ14PD0006	Tata 410	2014	45343
662	RJ14PB6836	Tata 407	2009	202488
663	RJ14PB7312	Tata Winger	2011	153114
664	RJ14PB7406	Tata Winger	2011	175981
665	RJ14PB8346	Tata Winger	2011	134822
666	RJ14PC5074	Force	2013	98845
667	RJ14PC7279	Tata 410	2013	146582
668	RJ14PC7544	Tata 410	2013	92003
669	RJ14PD0013	Tata 410	2014	80936
670	RJ14PD0381	Tata 410	2014	60754
671	RJ14PB0189	Tata 407	2009	259652
672	RJ14PB1069	Tata 407	2008	110345
673	RJ14PB6849	Tata 407	2009	174796
674	RJ14PB7407	Tata Winger	2011	117763
675	RJ14PB6638	Tata 407	2009	168623
676	RJ14PC5469	Force	2013	118392
677	RJ14PB7408	Tata Winger	2011	116231
678	RJ14PB7422	Tata Winger	2011	98244
679	RJ14PC5083	Force	2013	66644
680	RJ14PC5084	Force	2013	136827
681	RJ14PC5243	Force	2013	63873
682	RJ14PC5244	Force	2013	113903
683	RJ14PB7277	Tata Winger	2011	142439
684	RJ14PD0030	Tata 410	2014	53142
685	RJ14PD0398	Tata 410	2014	34729

686	RJ14PD0399	Tata 410	2014	22873
687	RJ14PD0609	Tata 410	2014	41972
688	RJ14PC7423	Tata 410	2013	125587
689	RJ14PC5470	Force	2013	103912
690	RJ14PB6178	Tata 407	2009	218114
691	RJ14PB6651	Tata 407	2009	273769
692	RJ14PB7160	Tata Winger	2011	151699
693	RJ14PB7283	Tata Winger	2011	258734
694	RJ14PB7289	Tata Winger	2011	113744
695	RJ14PB7291	Tata Winger	2011	164527
696	RJ14PB1056	Tata 407	2009	268229
697	RJ14PC5471	Force	2013	111780
698	RJ14PB0119	Tata 407	2008	270019
699	RJ14PC7550	Tata 410	2013	116446
700	RJ14PD0031	Tata 410	2014	65800
701	RJ14PD0400	Tata 410	2014	57256
702	RJ14PA9847	Tata 407	2008	277641
703	RJ14PA9848	Tata 407	2008	313861
704	RJ14PA9876	Tata 407	2008	247408
705	RJ14PA9880	Tata 407	2008	360815
706	RJ14PB1039	Tata 407	2008	298775
707	RJ14PB1063	Tata 407	2008	291425
708	RJ14PB1067	Tata 407	2008	292007
709	RJ14PB1074	Tata 407	2008	330733
710	RJ14PB1075	Tata 407	2008	222058
711	RJ14PB6174	Tata 407	2009	326686
712	RJ14PB6190	Tata 407	2009	212538
713	RJ14PB7098	Tata 407	2009	143442
714	RJ14PB7112	Tata 407	2009	156054
715	RJ14PB7238	Tata Winger	2011	153042
716	RJ14PB7296	Tata Winger	2011	133197
717	RJ14PB7396	Tata Winger	2011	263429
718	RJ14PB7401	Tata Winger	2011	127327
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721	RJ14PB7414	Tata Winger	2011	281254
722	RJ14PB7415	Tata Winger	2011	243395
723	RJ14PB7420	Tata Winger	2011	197432
724	RJ14PB8126	Tata Winger	2011	123377
725	RJ14PB8140	Tata Winger	2011	109602
726	RJ14PB8352	Tata Winger	2011	265209
727	RJ14PC5484	Force	2013	106082
728	RJ14PC5502	Force	2013	72979

729	RJ14PC7545	Tata 410	2013	82679
730	RJ14PC7280	Tata 410	2013	97772
731	RJ14PC7700	Tata 410	2013	119045
732	RJ14PC7683	Tata 410	2013	102952
733	RJ14PD0025	Tata 410	2014	66446
734	RJ14PD0418	Tata 410	2014	49814
735	RJ14PA9709	TATA 407	2008	257196
736	RJ14PA9712	TATA 407	2008	249070

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
DAA Project	Dial an Ambulance Project
DO	Dispatch Officer
DR	Disaster Recovery
BID SECURITY	Earnest Money Deposit
EMT	Emergency Management Technician
ERC	Emergency Response Center
ERS	Emergency Responce 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
IAP	Integrated Ambulance Project
IEC	Information, Education, Communication
IMR	Infant Mortality Rate
MD, NHM	Mission Director, National Health Mission
MDA	Model Driven Architecture
MDG	Millennium Development Goals
MIS	Management Information System
MMR	Maternal Mortality Ratio
NHM	National 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 endeavor 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.

Doc1