

राजस्थान सरकार

निदेशालय चिकित्सा एवं स्वास्थ्य सेवाएं, राजस्थान, जयपुर

क्रमांक: चि.प्र./पीपीपी/2017/29

दिनांक : 11/8/17

ई-निविदा सूचना

60 प्राथमिक स्वास्थ्य केन्द्रों को निजी जन सहभागीता के द्वारा संचालन करना है। इच्छुक संस्थाएँ चिकित्सा विभाग की वेबसाइट www.rajswasthya.nic.in, www.eproc.rajasthan.gov.in, www.dipr.rajasthan.gov.in तथा sppp.rajasthan.gov.in पर विस्तृत विवरण प्राप्त कर सकते हैं।
खुली निविदा हेतु विवरण निम्न प्रकार है :-

1.	कार्यालय का नाम	निदेशालय, चिकित्सा एवं स्वास्थ्य सेवाएं, राज. जयपुर। (स्वास्थ्य भवन)
2.	कार्य का नाम	60 प्राथमिक स्वास्थ्य केन्द्रों को पीपीपी मोड पर चलाये जाने के सम्बन्ध में
3.	अनुमानित लागत	1.50 करोड़ रुपये प्रति प्राथमिक स्वास्थ्य केन्द्र
4.	अमानत राशि	1,00,000/- रुपये प्रति प्राथमिक स्वास्थ्य केन्द्र
5.	प्री. बिड कान्फेन्स	21.08.17 प्रातः 11.00 बजे निदेशालय स्थित कान्फेन्स हॉल में
6.	ऑन लाईन निविदा प्रपत्र डाउनलोड एवं अपलोड की अवधि	12.08.17 से 14.09.17 सायं 05:00 बजे तक
7.	ऑन लाईन निविदा खोलने की दिनांक	15.09.17 को 03:00 PM बजे
8.	ऑन लाईन निविदा खोलने का कार्यालय	निदेशालय, चिकित्सा एवं स्वास्थ्य सेवाएँ, जयपुर
9.	निविदा फार्म शुल्क	1000/- रुपये डीडी निदेशक (जन स्वा0) के पक्ष में
10.	निविदा प्रोसेसिंग शुल्क	1000/- रुपये डीडी MD(RISL) के पक्ष में

निविदा पत्रों को वेबसाइट www.eproc.rajasthan.gov.in, www.rajswasthya.nic.in, www.dipr.rajasthan.gov.in तथा sppp.rajasthan.gov.in से डाउनलोड किया जा सकता है, इन निविदाओं में भाग लेने वाले संवेदक निविदा को इलोकट्रॉनिक फार्मेट में वेबसाइट www.eproc.rajasthan.gov.in पर अपलोड करा सकते हैं। वित्त विभाग की आदेश संख्या एफ.(1)एफ.डी./जी.एफ.एण्ड ए.आर./2007 दिनांक 30.09.2011(सर्कुलर नं.19/2011) के अनुसार 50.00 लाख रुपये तक की राशि के कार्यों के लिए 500/- व 50.00 लाख रुपये से अधिक राशि के कार्यों के लिए 1000/- रुपये की राशि निविदा शुल्क के अतिरिक्त देनी होगी जो डिमांड ड्राफ्ट या बैंकर्स चेक के रूप में देय होगी। यह डिमांड ड्राफ्ट या बैंकर्स चेक या मैनेजिंग डायरेक्टर, आर.आई. एस. एल., MD(RISL) के पक्ष में व जयपुर में भुगतान योग्य होना चाहिए।

- धरोहर राशि निविदा प्रपत्र में दर्शायी गयी अनुसार 1.00 लाख रु. प्रति प्राथमिक स्वास्थ्य केन्द्र होगी। धरोहर राशि व निविदा शुल्क की राशि डिमांड ड्राफ्ट/बैंकर्स चेक Director (PH) के पक्ष में व जयपुर में भुगतान योग्य होना चाहिए।
- प्री-बिड मीटिंग के पश्चात् विभाग के द्वारा यदि आरएफपी की शर्तों में संशोधन किया जाता है तो इस संबंध विभाग द्वारा कॉरिजेण्डम जारी कर इसे www.eproc.rajasthan.gov.in, www.rajswasthya.nic.in तथा sppp.rajasthan.gov.in पर अपलोड किया जावेगा। यह कॉरिजेण्डम आरएफपी का भाग होगा। निविदादाता को इस कॉरिजेण्डम का अवलोकन कर इसे मूल आरएफपी के साथ अपने हस्ताक्षर कर www.eproc.rajasthan.gov.in पर अपलोड करना होगा तथा कॉरिजेण्डम में किये गये संशोधन को ध्यान में रखकर ही अपनी निविदा को प्रस्तुत करें।

3. निविदादाता एक या एक से अधिक प्राथमिक स्वास्थ्य केन्द्र का संचालन निजी जन सहभागिता से संचालन करने हेतु एक ही निविदा फार्म में आवेदन कर सकता है, लेकिन इस प्रकार के आवेदन के लिए निविदादाता को प्रत्येक प्राथमिक स्वास्थ्य केन्द्र का संचालन करने के लिए अलग अलग राशि रुपये एक लाख की धरोहर राशि का डीडी/बैंकर्स चेक को सीलबन्द लिफाफे में जमा करानी होगी एवं लिफाफे के बाहर आवेदन किये गये प्राथमिक स्वास्थ्य केन्द्र का लोट नम्बर एवं नाम अंकित करना होगा।
4. निविदा शुल्क, धरोहर राशि, MD(RISL) के पक्ष में देय शुल्क एवं शपथ पत्र (निविदा प्रपत्र में बताए अनुसार) की मूल प्रति संयुक्त निदेशक (चि.प्र.) कमरा नम्बर 108, निदेशालय, चिकित्सा एवं स्वास्थ्य सेवायें, जयपुर में 15 सितम्बर, 2017 को अपरान्ह 11:00 बजे तक जमा कराया जाना आवश्यक है, इसके बिना तकनीकी निविदा को नहीं खोला जावेगा एवं उक्त की स्कैन प्रति निविदा प्रपत्र के साथ अपलोड करानी होगी।
5. संबंधित संयुक्त निदेशक (चि.प्र.) कमरा नम्बर 108, निदेशालय, चिकित्सा एवं स्वास्थ्य सेवायें, जयपुर में संवेदक द्वारा 11.08.17 से 14.09.17 सायं 5:00 तक निविदा प्रपत्र को देखा जा सकता है अथवा वेबसाईट www.eproc.rajasthan.gov.in, www.rajswasthya.nic.in, www.dipr.rajasthan.gov.in तथा sppp.rajasthan.gov.in पर भी देखा जा सकता है। निविदा प्रपत्र में निविदाकर्ता के लिए योग्यता सूचना एवं निविदाकर्ता की पात्रता, प्लान, स्पेसिफिकेशन, ड्राईंग, विभिन्न कार्यों की मात्रा एवं दरों का विवरण, नियम शर्तें व विवरण वर्णित है।
6. निविदा खोलने की दिनांक से 90 दिवसों तक निविदा स्वीकृति हेतु मान्य रहेगी, यदि निविदाकर्ता उस अवधि में अपनी निविदा अथवा शर्तों में किसी प्रकार का संशोधन करता है अथवा अपनी निविदा वापस ले लेता है तो उसकी धरोहर राशि जप्त करली जावेगी।
7. किसी भी निविदा को स्वीकार करने एवं बिना कारण बताए निरस्त करने के समस्त अधिकार निदेशक (जन स्वा0) के पास सुरक्षित है।
8. आरटीपीपी एक्ट 2012 एवं आरटीपीपी नियम 2013 के समस्त प्रावधान इस निविदा पर लागू होंगे।
9. ई-टेंडरिंग के लिए निविदादाता हेतु निर्देश:-
 - इन निविदाओं में दिलचस्पी लेने वाले निविदादाता निविदा पत्रों को वेबसाईट www.eproc.rajasthan.gov.in, www.rajswasthya.nic.in, www.dipr.rajasthan.gov.in तथा sppp.rajasthan.gov.in से डाउनलोड कर सकते हैं।
 - निविदाओं में भाग लेने निविदादाताओं को वेबसाईट www.eproc.rajasthan.gov.in पर रजिस्टर्ड करवाना होगा। ऑनलाईन निविदा में भाग लेने के लिए डिजिटल सर्टिफिकेट इनफोरमेंशन टेक्नोलॉजी एक्ट 2000 के तहत प्राप्त करना होगा जो इलेक्ट्रॉनिक निविदा में साईन करने हेतु काम आयेगा। निविदादाता उपरोक्त डिजिटल सर्टिफिकेट सी सी ए द्वारा स्वीकृत एजेन्सी से प्राप्त कर सकते हैं। जिन निविदादाता के पास पूर्व में वेद्य डिजिटल सर्टिफिकेट है, नया डिजिटल सर्टिफिकेट लेने की आवश्यकता नहीं है।
 - निविदादाताओं को निविदा प्रपत्र इलेक्ट्रॉनिक फोरमेट में उपरोक्त साईट पर डिजिटल साईन के साथ प्रस्तुत करना होगा। जिनके प्रस्ताव डिजिटल साईन के साथ नहीं होंगे, उनके प्रस्ताव स्वीकार नहीं किये जायेंगे। कोई भी प्रस्ताव भौतिक फार्म में स्वीकार्य नहीं होगा।
 - ऑनलाईन निविदाएँ निर्धारित दिनांक एवं समय पर ही खोली जायेंगी। यदि निविदा खोलने की दिनांक को राज्य सरकार के द्वारा किसी कारण से राजकीय अवकाश घोषित कर दिया जाता है तो निविदाएँ अगले कार्यदिवस को खोली जावेगी।
 - सशर्त निविदाओं को स्वीकार नहीं किया जावेगा।

- इलेक्ट्रॉनिक निविदा प्रपत्रों को जमा कराने से पूर्व निविदादाता यह सुनिश्चित कर लेवें की निविदा प्रपत्रों से संबंधित सभी आवश्यक दस्तावेजों की स्कैन कॉपी निविदा प्रपत्रों के साथ संलग्न कर दी गई हैं।
 - कोई भी टेंडर इलेक्ट्रॉनिकली जमा कराने में किसी कारण से लेट हो जाता है तो उसका जिम्मेदार विभाग नहीं होगा।
 - मूल निविदा एवं निविदा प्रपत्रों में आवश्यक सभी सूचियों/एनेक्सचर को संपूर्ण रूप से भरकर ऑनलाईन दर्ज किया जाना चाहिए।
10. निविदादाताओं को मूल निविदा प्रपत्रों के साथ निविदा शुल्क, प्रोसेसिंग शुल्क तथा धरोहर राशि के डिमांड ड्राफ्ट/बैंकर्स चेक, शपथ पत्र, रजिस्ट्रेशन प्रमाण पत्र एवं गत 3 वर्षों का बेलेंस सीट (सीए से प्रमाणित करवाकर) तथा गत तीन वर्षों की इनकम टैक्स रिटर्न प्रमाण पत्र की प्रतियां वेबसाइट www.eproc.rajasthan.gov.in पर अपलोड कराना आवश्यक है। निविदा शुल्क, धरोहर राशि, आरआईएसएल के पक्ष में देय शुल्क के डिमांड ड्राफ्ट/बैंकर्स चेक तथा शपथ पत्र की भौतिक प्रति उक्त निर्धारित तिथि एवं समय तक निदेशालय, चिकित्सा एवं सेवायें, जयपुर के कमरा नम्बर 108 में जमा करानी होगी इसके अभाव में निविदाओं पर विचार नहीं किया जावेगा।

यदि किसी कारणवश उस दिन अवकाश रहता है तो उसके अगले दिन उसी समय व उसी स्थान पर निविदाएं खोली जायेगी। निविदा खोलने की तिथि को किसी कारणवश सारी निविदाएं खोली नहीं जा सकती है तो उसके अगले कार्य दिवस शेष निविदाएं खोलने का कार्य जारी रखा जायेगा।

तकनीकी निविदा में सफल निविदादाताओं की वित्तीय निविदा खोलने की सूचना निविदादाताओं को ईमेल द्वारा दी जावेगी।

निविदा शुल्क, धरोहर राशि, प्रोसेसिंग फिस के डी.डी./बैंकर्स चेक एवं शपथ पत्र भौतिक रूप से इस निदेशालय को निर्धारित दिनांक पर जमा कराने होंगे। उक्त दस्तावेजों की स्कैन प्रति निविदा के साथ www.eproc.rajasthan.gov.in पर अपलोड करानी होगी इसके अतिरिक्त निविदा संबंधित प्रक्रिया ऑनलाईन होगी।


 निदेशक (जन स्वास्थ्य)
 चिकित्सा एवं स्वास्थ्य सेवाएं
 राज.जयपुर

Request for Proposal
For
"Contracting Primary Health Centre
Under Public Private Partnership (PPP) model"

Government of Rajasthan
Department of Medical, Health & Family Welfare,
Rajasthan, Jaipur

Contact Person Detail:

Joint Director (H.A.)
Room No. : 108
Directorate Medical & Health Services
Office No. : 0141-2388020
Email_id : addtiha@gmail.com
Department website : www.rajswasthya.nic.in

9/12

REQUEST FOR PROPOSAL (RFP)

Request for proposal (RFP) is invited from the Private Organizations to execute the project "Contracting Primary Health Centers under PPP mode" for identified districts in Rajasthan.

The bidding document may be downloaded from sppp.rajasthan.gov.in, www.rajastwasthya.nic.in & www.eproc.rajasthan.gov.in and apply from the website www.eproc.rajasthan.gov.in

The application consists of **Technical bid** for resource requirements and **financial bid** for monthly fund requirements. Contract will be given to the bidder having lowest per month rate.

The submitted applications will be evaluated by Department of Medical, Health & Family Welfare, Government of Rajasthan.

Following schedule will be observed in this regard:

Schedule	Dates and Time
Pre-bid conference	21-08-2017 at 11:00 AM
Last date for Submission of Bids	14-09-2017 at 5:00 PM
Opening of tender Document	15-09-2017 at 03:00 PM


Director (PH)

"Directorate of Health Services"
Rajasthan, Jaipur





Table of Contents

S.No.	Content	Page No.
1.	PROJECT BACKGROUND	1-2
2.	SCOPE OF WORK	3-5
3.	CONCESSIONS/COMMITMENTS BY THE STATE	5
4.	TERMS AND CONDITIONS	5-9
5.	TERMINATION OF CONTRACT	9
6.	ARBITRATION	9-10
7.	APPLICABLE LAW AND JURISDICTION OF COURT	10
8.	PERFORMANCE OUTCOME /INDICATOR	10-11
9.	PROCESS OF PAYMENT	12
10.	PROCEDURE OF SUBMITTING OF PROPOSALS	12
11.	EVALUATION OF PROCESS	12-13
12.	TECHNICAL PROPOSAL	14
13.	FORM BOQ	15-16
14.	ANNEXURE-1 (LIST OF FREE INVESTIGATION DONE AT PRIMARY HEALTH CENTER)	17
15.	ANNEXURE-2 (Form 7)	18-19
16.	ANNEXURE-3 (Form 6)	20-21
17.	APPENDIX –A (FORWARDING LETTER FOR TECHNICAL BID)	22
18.	APPENDIX –B (BIDDER’S AUTHORISATION LETTER)	23
19.	APPENDIX –C (ASSIGNMENT OF SIMILAR NATURE SUCCESSFULLY COMPLETED DURING LAST TWO YEARS)	24
20.	APPENDIX –D (DECLARATION BY BIDDER)	25
21.	APPENDIX –E (CONSORTIUM)	26-28
22.	ANNEXURE-A (COMPLIANCE WITH THE CODE OF INTEGRITY AND NO CONFLICT OF INTEREST)	29
23.	ANNEXURE-B (DECLARATION BY THE BIDDER REGARDING QUALIFICATION)	30
24.	ANNEXURE-C (GRIEVANCE REDRESSED DURING PROCUREMENT PROCESS)	31-32
25.	ANNEXURE-D (ADDITIONAL CONDITIONS OF CONTRACT)	33

Project Background:

- i. Government of Rajasthan is seeking assistance of the private sector to partner with the government to improve the availability and quality of Primary healthcare services towards meeting the state, national and Millennium Development Goals.
- ii. The Government of Rajasthan wishes to leverage a public-private partnership (PPP) policy for the health sector. The over-riding objective of the policy is to utilize the technical, financial and managerial resources available in the private sector for filling the gaps in existing Public health care System & Institution.
- iii. To improve the quality of Public health care system in Rajasthan, Government of Rajasthan has decided to contract out Primary Health Centers (PHCs). This project is executed by the Government of Rajasthan.
- iv. The current RFP is being released to invite proposal for operations and management of Primary Health Centre & attached sub centers in State. Preferably of the following :-

Lot No.	District	Block	PHC	No. of Sub Centre
1	Ajmer	Arain	Bhamolav	Attached sub centre according concern CM&HO report
2	Banswara	Partapur	Panchwara	-
3	Baran	Chhabra	Pali	-
4		Atru	Badora	-
5	Barmer	Sheo	Khalife Ki Bawari	-
6		Dhorimana	Udasar	-
7	Bharatpur	Bayana	Kapuramaluka	-
8		Kaman	Andhwari	-
9	Bhilwara	Mandal	Chitamba	-
10		Mandalgarh	Barundani	-
11		Raipur	Kot	-
12		Jahazpur	Iuharikaran	-
13	Bikaner	Kolayat	Godu	-
14		Kolayat	Barsalpur	-
15	Bundi	Kapran	Barakhera	-
16	Chittorgarh	Rawatbhata	Javda	-
17		Rawatbhata	Mandesar	-
18	Churu	Sardarshahar	Badriya	-
19	Dholpur	Rajakhera	Gopalpura	-
20		Rajakhera	Samona	-
21	Dungarpur	Aspur	Sakani	-
22		Bichiwar	Bokhla	-
23	Ganganagar	Suratgarh	DAIDASPURA	-
24		Suratgarh	Thukrana	-
25	Hanumangarh	Pilibanga	Badopal	-
26		Rawatsar	Rampura Matoriyan	-
27	Jaipur-II	Dudu	Ladera	-

28	Jaisalmer	Jaisalmer	Bharewala	-
29		Jaisalmer	Madasar	-
30		Pokaran	Khetolai	-
31	Jalore	Ahore	Bhavrani	-
32		Ahore	Ghana	-
33	Jhalawar	Dag	Dudhaliya	-
34	Jodhpur	Mandor	BERU	-
35	kaurali	Gudachandraji	Kemla	-
36		Hindaun	Vijayapura	-
37		Todabhim	Shehrakar	-
38	Kota	Sultanpur	Nimoda	-
39	Nagaur	Deedwana	PALOT	-
40		Merta	Kurdaya	-
41		Parbatsar	Rid	-
42		Deedwana	Thaakriawas	-
43		Kuchaman City	SHIV	-
44	Pali	Jaitaran	Bhumbaliya	-
45		Jaitaran	Kurkee	-
46		Raipur	Kot Kirana	-
47	pratapgarh	Chhoti Sadri	Dholapani	-
48		Chhoti Sadri	Kesunda	-
49		Pipalkhunt	Rampuriya	-
50		Pratapgarh	Kunni	-
51	Rajsamand	Kumbhalgarh	Gajpur	-
52		Kumbhalgarh	Sameecha	-
53	Sawai Madhopur	Khandar	Lahsoda	-
54		Khandar	Rawajna chour	-
55	sirohi	Sheoganj	Manadar	-
56		Reodar	Bant	-
57		Sheoganj	alpa	-
58	Tonk	Malpura	Kalmanda	-
59		Todaraisingh	Ganeti	-
60	Udaipur	Girwa	Chansada	-

2. Scope of Work

The agency (A preferably Not for Profit or a single legal entity/entrepreneur or a consortium or thereof) selected through this RFP shall be required to run one or more of the above mentioned Primary Health Center

- The private partner will manage the PHC will also become a part of the project and the private partner shall run them.
- The existing building and physical infrastructure of the PHC will be handed over to the selected organizations which include equipments, furniture, drug inventory, medical record and so on.
- Manpower requirement as in each PHC is to be provided by the private partner per the schedule below.

S.No	Designation	Min. Recommended
A Staff at PHCs		
1	Medical Officer	1
2	Grade II Nurse	2
3	Pharmacist	1
4	Lab Technician	1
5	L.H.V(Ladies health Visitor)	1
6	M.P.W. Female(A.N.M.)	1
7	Data Entry Operator	1
8	Ward boy	2
9	Sweeper	1
	Total	11
Sub Center		
10	ANM	According to number of one ANM for each sub centers under PHC

- The functional of PHC & Sub Centre has to comply with Indian Public Health Standard (IPHS) norms & the following essential and desirable service are to be rendered by the private organization.

Services to be Provided:-

Essential Services:-

All services to be provided at PHCs:-

- Free OPD services to be provided to the beneficiaries, no consultation for services will be charged.
- OPD services to be provided 7 days a week

In working day timing:

- Summer timings will be 8:00 am to 12:00 noon in the morning and 5:00pm to 7:00 pm in the evening
- Winter Timings will be 9:00 am to 1:00 pm in the morning and 4:00 pm to 6:00 pm in the evening

In gazette holiday timing:

- On all gazette holidays timings will be 9.00 to 11.00 am
- In-patient services (6 beds)

- 24*7 Emergency Services appropriate management of injuries and accident, First Aid, stitching of wounds, incision and drainage of abscess, stabilization of the condition of the patient before referral, dog bite/snake bite/scorpion bite cases, and other emergency conditions.
- Maternal and Child Health Care Including Family Planning
 - Early registration of all pregnancies in the area of operation
 - Minimum 4 quality antenatal checkups and provision of complete package of services and associated services like providing iron and folic acid tablets, injection Tetanus Toxoid. Atleast one ANC from the 4 should be done by the doctor.
 - 24*7 labor room for institutional normal deliveries and referrals for complicated and cesarean deliveries
 - Routine Immunization services once a week (Every Thursday) at the PHC. Ensuring routine immunizations through ANMs at the community level per plans.
 - Family Planning Services (IUD, OCP/Nirodh) and arrangement of FP Camps
 - Newborn Care Corner in Labour Room/OT with all essentials
 - Health education for prevention of RTI/STIs.
 - Treatment of RTI/STIs.
 - Diagnosis of and nutrition advice to malnourished children, pregnant women and others. Diagnosis and management of anemia and vitamin A deficiency Coordination with ICDs.
- Adolescent Health Care to be provided preferably through adolescent friendly clinic for 2 hours once a week on a fixed day.
- Essential Laboratory services using Semi-Auto Laboratory services which can be done by using Semi-Auto analyzer like C.B.C., Blood grouping, MP test, Widal test, Stool and Urine exam, Sputum test for AFB, Blood Sugar, Pregnancy Test etc. (A minimum of 15 tests per IPHS are provided) Annexure-1
- Participation in all national and state programs.
- Maintaining medical records and submission of monthly report to Block CM&HO in soft copy and will participate in all government meetings

Functions of the Sub centers

- The PHC will provide monitoring and supportive supervision to the attached sub centers

- Sub centers will contribute towards the mobilization for all the RMNCHA+ and National Programs per the IPHS standard. Some of these include (not limited to)
 - Maternal and Child Health Services including registration of pregnancies, ANC, promotion of institutional deliveries, skilled deliveries at home, referrals, PNCs, immunization etc.
 - Education, motivation and counseling to adopt appropriate family planning methods
 - Provide treatment for minor ailments
 - Organizing and coordination for field programs such as village health nutrition days
 - Mobilization for National Health Programs.

3. Concessions/Commitments by the state

- All available medicines under MNDY will be provided by government.
- The private sector will be entitled to use the services of 104 and 108 existing in the area for referrals and transportation to CHC/District hospitals.
- The government will provide trainings to the PHC staff as planned for the government run PHCs to ensure consistency of public health messages and programs.
- Proper support will be provided by government facilities (CHC/DH) against the referrals made by the private partner managing the PHC as per norms.
- Payments will be made by the government against verification of the deliverables and the Statement of Expenditure (SOE) through BCMO.
- Timely submission of SOE and deliverables is responsibility of private partner and ensuring verification and timely release of payments will be the responsibility of the state

4. Terms and Conditions:

- 1) **Earnest money** Rs. 1,00,000/- (One Lakh) per PHC will be in form of Demand Draft/ Bankers Cheque drawn in favor of Director (PH) Medical & Health Services Rajasthan Jaipur. An applicant can submit one or more than one proposal in same application but in such case, he has to deposit earnest money in multiple of PHCs applied. For each PHC bid a separate DD/Bankers cheque Rs. 1,00,000/- as earnest money should be submitted, the envelope containing all DD/Bankers cheque should be sealed and lot number or name of PHC applied should be clearly mention outside the envelop.
- 2) Contract tenure will be of 5 years, extendable as per satisfactory functioning based on performance. The period of contract should be considered from the date of handover of PHC.
- 3) Third Party evaluation will be conducted annually by empanelled CA audit and government audit and incase of financial misappropriation private partner will be liable for a ten times penalty of financial misappropriation amount. Compliance audit deliverables will also be done by medical and health department.
- 4) District Health Society (DHS) will be the Regular Monitoring and Funding body which will monitor and evaluate the functioning of PHC and attached sub centers periodically.

5) The reporting formats will be provided by the DHS as **Annexure-2, 3** and will be in time with the regular reporting formats provided to such institution. Covering sentinel survey data, National programmers data, MNDY, MNJY data etc.

6) Performance Security:

a) Performance security shall be solicited from all successful bidder. The amount of performance security shall be Rs. 2,50,000/- (In Word: Two Lakh Fifty Thousand only) per PHC.

b) Performance security shall be furnished in any one of the following forms:-

- i. Deposit through eGRAS;
- ii. Bank Draft or Banker's Cheque of a scheduled bank;
- iii. National Savings Certificates and any other script/instrument under National Saving schemes for promotion of small savings issued by a Post Office in Rajasthan, if the same can be pledged under the relevant rules. They shall be accepted at their surrender value at the time of bid and formally transferred in the name of procuring entity with the approval of Head Post Master;
- iv. Bank guarantee's of a scheduled bank. It shall be got verified from the issuing bank. Other condition regarding bank guarantee shall be as mentioned in the rule-42 of bid security of RTPP Rule 2013
- v. Fixed deposit receipt (FDR) of a scheduled bank. It shall be in the name of procuring entity on account of bidder and discharge by the bidder in advance. The procuring entity shall ensure before, accepting the Fixed deposit Receipt that the bidder furnishes an undertaking from the bank to make payment/premature payment of the fixed Deposit Receipt on demand to the procuring entity without requirement of consent of the bidder concerned. In the event of forfeiture of the performance security, the Fixed Deposit shall be forfeited along with interest earned on such Fixed Deposit.

c) Performance Security furnished in the form specified in clause (ii) to (v) of sub-rule (b) shall remain valid for a period of sixty days beyond date of completion of all contractual obligations of the bidder, including warranty obligations and maintenance and defect liability period.

7) Only one paid weekly off and 12 Casual Leave per year will be allowed to the staff. If any staff does not avail his/her 12 Casual Leave in calendar year (1st Jan. to 31st Dec.), remaining Casual Leave will lapse at the end of the calendar year.

In case of absence beyond paid weekly off and 12 Casual Leave per year, deductions from the monthly bill shall be made as under:-

S. No.	Name/Post of Staff	Amount of deductions per day (Rs)
1.	Doctor	1500 /-
2.	Para-medical staff (GNM, LHV, ANM, LT, Pharmacist & Data Entry Operator)	500 /- per person
3.	Ward Boy & Sweeper	250/- Per person

- 8) Liquidated damages for deficiency in delivery of services or deployment of required staff-In the case of deficiency in delivery of services or deployment of required staff, liquidated damages, in addition to the deductions mentioned at 7 above, may be charged @ 10% of the gross amount of monthly charges; however, an opportunity of hearing will be given before passing an order on liquidated damages."
- 9) PHC will be run by the bidder and it cannot be sub-let to other.
- 10) Doctor's posted at the PHC will have to prescribe medicines with generic name only.
- 11) Money granted from Govt such as untied fund, annual maintenance fund, corpus grant fund etc can be spent if permissible under Govt guideline on recurring expenditure such as water and electricity bill, stationary, bulb, tube light, fan and cooler repairing, change of tap, daily cleanliness etc. This spent money will be adjusted towards payment to be made by Department of Medical & Health to the service provider.
However, Non recurring expenditure on gap filling activities will not be adjusted towards payment to be made by Department of Medical & Health to the service provider.
RMRS will be managed by service provider. The income generated through RMRS, Should be used as per the objective of RMRS that PHC by the BCMO of the Block.
- 12) **RFP Form Fees:** Rs.1000/-
- 13) Settlement of any dispute will be done within the jurisdiction of Court of Jaipur.
- 14) Rs.100/- affidavit attested by Notary certifying of concerned firm. as per format enclosed **Appendix-D**
- 15) In case of any conflict, regarding term and condition between service provider and Medical & Health Department the decision of Principal Health Secretary will be considered final.
- 16) Bid will be valid for 90 day from date of opening Technical Bid.
- 17) The staff posted by the bidder/contractor in PHC have no right for appointment or absorption on Government job.
- 18) After allotment of PHC to bidder, MOU should be signed by bidder within 15 days and after that bidder should start running the PHC within 1 month of signing MOU. If not then a penalty of Rs. 1000/- per day will be charged. If the bidder fails to start running of PHC within 3 months from the date of agreement the contract shall be terminated and the performance security shall be forfeited.
- 19) Any person/institute who is debar in last three years by any department/venture of state government will not be eligible to take part in bidding process.
- 20) Bidder should write page no. on every page of Technical Bid and put index which should indicate detail of document.
- 21) The Director(PH) reserves the right to reduce the number of PHCs / to delete the name of PHCs mentioned in this RFP.
- 22) The liability for depositing the amount statutory deduction of staffs such as ESI/PF etc. shall be borne by the service provider.
- 23) Which shall be uploaded forwarding letter ("**Appendix A**") and shall include the following:
 - A. Rs. 1000/- DD/Bankers Cheque in favor Director (PH), DMHS, Jaipur regarding payment of Tender Cost.
 - B. Rs. 1000/- DD/Bankers Cheque in favor MD (RISL), Jaipur regarding payment of Processing Fee.
 - C. Bank Draft /Bankers Cheque Rs 1,00,000 (One lakh only) each PHC in favor of Director (PH), DMHS, Jaipur payable at Jaipur towards **E.M.D.**

- D. Original tender document duly stamped and signed in each page along with the forwarding Letter confirming the performing the assignment as per **"Appendix "A"**
 - E. Experience particulars of the bidder as per.
 - F. Copy of the Income Tax Returns acknowledgement for last three assessment years 2014-15, 2015-16 & 2016-17.
 - G. Copy of audited accounts statement for the last three financial years 2013-14, 2014-15 & 2015-16 attested by CA.
 - H. A duly notarized declaration from the bidder in the format given in the **"Appendix -"D"** to the effect that the firm has neither been declared as defaulter or black-listed by any competent authority of Government of India OR Government of any State.
- 24) **Compliance of Minimum Wages Act and other statutory requirements**
The bidder shall comply with all the provisions of Minimum Wages Act and other applicable labour laws. The bidder shall also comply with all other statutory provision including biomedical waste management, bio-safety, occupational, fire fighting system and environmental safety.
Legal liability of the services provided by the bidder shall remain with the service provider but in case of any death the certificate shall be issued by the government doctor. The Service provider shall maintain confidentiality of medical records and shall make adequate arrangement for cyber security.
- 25) **Income Tax Deduction at Source:**
Income tax deduction at source shall be made at the prescribed rates from the bidder's bills.
The deducted amount will be reflected in the requisite Form, which will be issued at the end of the financial year.
- 26) The issue for which the RFP Document is silent will be dealt and decided as per the relevant provisions of RTTP Act 2012 Rules 2013.
- 27) Every month for the payment of PHC the individual/organization should produce the bills/invoice with the statement of expenditure.
- 28) The MoU of PHC can be cancelled by giving one month prior notice by the department.
- 29) **Compliance of Minimum Wages Act and other statutory requirements**
The bidder shall comply with all the provisions of Minimum Wages Act and other applicable labour laws. The bidder shall also comply with all other statutory provision including biomedical waste management, bio-safety, occupational, fire fighting system and environmental safety.
Legal liability of the services provided by the bidder shall remain with the service provider but in case of any death the certificate shall be issued by the government doctor. The Service provider shall maintain confidentiality of medical records and shall make adequate arrangement for cyber security.

30) Income Tax Deduction at Source

Income tax deduction at source shall be made at the prescribed rates from the bidder's bills.

The deducted amount will be reflected in the requisite Form, which will be issued at the end of the financial year.

31) Damages for Mishap/Injury

The Procuring entity shall not be responsible for damages of any kind or for any mishap/ injury/accident caused to any personnel/property of the bidder while performing duty in the procuring entity / consignee's premises. All liabilities, legal or monetary, arising in that eventuality shall be borne by firm/contractor/bidder.

5. Termination of contract:

The department/appropriate authority may terminate the contract if the successful bidder withdraws its tender after its acceptance or fails to submit the required performance securities for the initial contract and or fail to fulfil any other contractual obligation. In that event the Procuring entity will have the right to forfeited of earnest money and performance security and purchase the services from next eligible bidder and the extra expenditure on this account shall be recoverable from the defaulter. The earnest money and the performance security deposited by the defaulter shall also be recovered to pay the balance amount of extra expenditure incurred by the Procuring entity.

6. Arbitration:

- a) If dispute or difference of any kind arise between the Directorate, Medical & Health Services and the service provider in connection with or relating to the contract, the parties shall make every effort to resolve the same amicably by mutual consultations within 30 days.
- b) If the parties fail to resolve their dispute or difference by such mutual consultations within 30 days of commencement of consultations, then either the Directorate, Medical & Health Services 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 arbitrator, i.e. of an officer to be appointed by the Principal Health Secretary as the arbitrator. 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 Principal Health Secretary to act as Arbitrator. Such person shall be entitled to proceed with the matter from the stage at which it was left by his predecessor and the arbitrator shall give reasoned award in every case referred to for arbitration and only award for Rupees One Lac (Rs. 1,00,000/-) or more can be challenge in civil court.

- c) The service provider shall, notwithstanding the existence of any dispute or difference continue to provide services under contract and medical and health department shall not withhold payment orders payable to service provider except such payment are the direct subject of the arbitration.
- d) Reference to arbitration shall be a condition precedent to any other action at law in the court of law.
- e) Venue of Arbitration: The venue of arbitration shall be the place from where the agreement has been executed.

7. Applicable Law and Jurisdiction of Court:

The MoU/Agreement shall be governed by and interpreted in accordance with the laws of India for the time being in force. The Court located at Jaipur shall have jurisdiction to decide any dispute arising out of or in respect of the MoU. It is specifically agreed that no other Court shall have jurisdiction in the matter.

8. Performance Outcomes/Indicators:

- The performance of Primary Health Center (PHC) shall be treated as 'satisfactory' if the performance will be as per given table

S.No	Type of Services		Criteria for Assessment	Minimum Level Expected	weightage of work
1	Out Patient Department	1.1	Average Outpatients/ month	All patient coming in OPD	5%
2	In patient Department	2.1	Average Inpatients/month (Including deliveries)	all required IPD service	6%
3	Safe Motherhood Services	3.1	Registration of Pregnant Mother	At least 90% in 1 st year, 95% in 2 nd and 3 rd year and after 3 rd year 100% achievement will be required.	6%
		3.2	4 ANC Checkup	At least 90% in 1 st year, 95% in 2 nd and 3 rd year and after 3 rd year 100% achievement will be required.	10%
		3.3	Normal deliveries/year	200/year in the first three year and after 3 rd year 300 per year deliveries should be conducted.	7%
		3.4	High risk Cases Referred	All	5%

4	Infant Care	4.1	High risk Infants and Screened and referred Malnourished children should be identified and referred to malnutrition treatment centers(MTCs)	All high risk infants will be screened and referred to higher center if needed. All malnourished should be identified and referred to nearby malnutrition treatment centers (MTCs)	7%
5	Immunization	5.1	Full Immunization coverage(minimum level of achievement)	At least 90% in 1 st year, 95% in 2 nd and 3 rd year and after 3 rd year 100% achievement will be required.	11%
6	Family planning methods	6.1	Temporary method-IUD,OPC,CC(minimum level of achievement)	75% of the unmet need for each method in 1 st three year than 100% after 3 rd year so that after 4 th year TFR can be achieved to 2.1.	7%
		6.2	Permanent-Sterilization (minimum level of achievement)	75%	12%
7	Lab test	7.1	Minimum 15 kind of the test should be done at PHCs	All the 15 kind of the test should be done at PHCs as in Annexure-1	7%
8	Medical Records	8.1	Updated Medical Record Keeping	Complete Monthly Report should be submitted timely to the BCMO in time on line. Annexure-2,3	5%
9	Causality	9.1	Death Audit Report	Zero causality due to negligence.	5%
10	Monthly Monitoring Meeting	10.1	No of meeting	all the meetings should be attended	4%
11	School health Check up	11.1	No of school	All the school under PHCs area according to guidelines.	3%
Total wattage of work					100%

- Wattage of work will be done by percentile basis.
- The performance assessment will be done on Quarterly basis by BCMO based on data maintain by the PHCs. After quarterly review service performance of service providers are not satisfactory than writing notice for one month to service provider for improve of services if services are not improve with in notice period by service provider than agreement the contract shall be terminated and the performance security shall be forfeited.
- Evaluation of physical targets of family planning methods will be done every year at the end of 31st March. But 75% achievement should be done till month of February of Financial Year. If achievements are less than 75%, the amount deducted will be kept as withheld amount. If targets are achieved till 31st March then the withheld amount will be released in the bill of March.

8. Process of payment:-

- i. Service provider should submit their bill till 5th day of next month.
- ii. BCMO will send bill to CM&HO till 10th of corresponding month after examination of the bill. If the payment are to be done at level of BCMO than the bill should be sent to treasury.
- iii. if there are any objection in the bill BCMO after compiling all objection bill should be returned to the service provider till 10th day of corresponding month.
- iv. Service provider will return back bill after removing objection to BCMO till 17th day of corresponding month.
- v. BCMO will send the bill to CMHO/ treasury till 20th day of corresponding month.
- vi. If payments are to be done at the level of CM&HO, he should send the bill treasury before 25th day of the corresponding month.
- vii. If service provider makes delay in submission of bill, he will be responsible for delay of payment.

9. **Procedure for submitting the proposals.** Bidder can submit one or more than one PHC proposal in same application but in such case, he has to deposit earnest money multiply PHC applied. For each PHC bid a separate DD/Bankers cheque Rs. 1,00,000/- (One Lakh) as earnest money should be submitted, the envelope containing all DD/Bankers cheque should be sealed and lot number or name of PHC applied should be clearly mention outside the envelop.

Each page, Form, Annexure and Appendices of the Request for Proposal (RFP) must be signed by bidder with seal of the firm/legal entity. If bidder is not signing and if he authorizing some other person than authorization latter (Appendix "B") should be submitted with bid document. If authorized signatory with seal of the firm/legal entity is not found than the application will not be accepted. The State Government reserves the right to accept or reject one or all applications without giving any explanation.

Part-A: Technical proposal: This will contain a write up detailing the profile of the agency with details of ongoing and completed projects of similar nature with cost, contact details of the clients for the assignments undertaken and income tax return for assessment three years as per Form B.

Part-B: Financial proposal: This will contain the per month expenses of running a Primary Health Center (PHC) as per Form BOQ.

10. Evaluation Procedure:

- Evaluation will be done separately for each bid.
- The Proposals shall be evaluated by an Evaluation Team, in the following manner:
Stage 1- Evaluation of the Technical Bid- Evaluation of technical bid will not be done if bidder not submitted bid fees Rs. 1000/- , RISL fees Rs. 1000/- Earnest money Rs. 1 lack per PHC and affidavit as per Appendix "D".
- The applicant can be a "not for profit" legal entity individual or consortium Appendix "E", Private Company.
- Any doctor, individual or group of doctors with minimum qualification of MBBS can also apply.

Stage 2 - All the applicants who have crossed Stage 1 successfully shall be opened next and evaluated on parameters indicated below

Parameter	Marks	Maximum Marks
Type of organization		
A Not for profit Agency/ Pvt.Ltd. Company/ Consortium	20	40
An Individual MBBS Doctor/ Group of doctor's (with minimum qualification of MBBS each)	40	
Experience:		
Agency having Experience of running Govt. Hospital more than one year (document has to be attached in support of experience)	25	40
Agency having Experience of running more than 10 bedded Hospital more than one year (Other than Govt. Hospital)	20	
Financial detail :		
Average annual turnover for the last three financial years- (2013-14, 2014-15,2015-16) below 1 crore (assessment will be based on certificate issued by the CA).Individual doctor will have to submit 3 assessment year ITRs (2014-15, 2015-16,2016-17)	10	20
Rs. 1 crore or more attested by CA	20	
	Total	100

- Technical proposals scoring less than 50 marks shall be declared as non-responsive and their financial proposals not to be opened.
- All bidders have to submitted previous three assessment years- (2015-16, 2016-17 & 2017-18) ITR.

Stage 2- Evaluation of the financial bid. It will be examined only after successful qualifying of technical bid and lowest bid will be selected.

Form B
Annexure for Technical Proposal (II)

Type of organization	Yes/No	Page No.
A Not for profit Agency/ Pvt.Ltd. Company/ Consortium		
An Individual MBBS Doctor/ Group of doctor's (with minimum qualification of MBBS each)		
Experience: (Appendix "C")		
Agency having Experience of running Govt. Hospital more than one year (document has to be attached in support of experience)		
Agency having Experience of running more than 10 bedded Hospital more than one year (Other than Govt. Hospital)		
Financial detail :		
Average annual turnover for the last three financial years- (2013-14, 2014-15,2015-16) below 1 crore (assessment will be based on certificate issued by the CA).Individual doctor will have to submit 3 assessment year ITRs. (2014-15, 2015-16 & 2016-17)		
Rs 1 crore or more		

Note: Attach relevant document for proof.

(Handwritten signature)

- Financial proposal format

"Form-BOQ"

Format for Financial Proposal

Lot No.	Name of PHC	Per month unit cost of running per PHC. (in figure)	Per month unit cost of running per PHC. (in word)
Lot No.	PHC		
1	Bhamolav		
2	Panchwara		
3	Pali		
4	Badora		
5	Khalife Ki Bawari		
6	Udasar		
7	Kapuramaluka		
8	Andhwari		
9	Chitamba		
10	Barundani		
11	Kot		
12	Iuharikaran		
13	Godu		
14	Barsalpur		
15	Barakhera		
16	Javda		
17	Mandesar		
18	Badriya		
19	Gopalpura		
20	Samona		
21	Sakani		
22	Bokhla		
23	DAIDASPURA		
24	Thukrana		
25	Badopal		
26	Rampura Matoriyan		
27	Ladera		
28	Bharewala		
29	Madasar		
30	Khetolai		
31	Bhavrani		
32	Ghana		
33	Dudhaliya		
34	BERU		
35	Kemla		
36	Vijayapura		
37	Shehrakar		
38	Nimoda		
39	PALOT		
40	Kurdaya		

41	Rid		
42	Thaakriawas		
43	SHIV		
44	Bhumbaliya		
45	Kurkee		
46	Kot Kirana		
47	Dholapani		
48	Kesunda		
49	Rampuriya		
50	Kunni		
51	Gajpur		
52	Sameecha		
53	Lahsoda		
54	Rawajna chour		
55	Manadar		
56	Bant		
57	alpa		
58	Kalmanda		
59	Ganeti		
60	Chansada		

A. The rates shown above are inclusive of all taxes, levies etc.

B. The rates shown above includes all payment towards Salary to staff engaged, Administrative charges, maintenance charges and other miscellaneous charges incidental to running the PHC.

Signature

The signatory must be the same person(s) who have signed the letter of transmittal."



Annexure-1**LIST OF FREE INVESTIGATIONS DONE AT PRIMARY HEALTH CENTER**

S.No	Name of Test
Clinical Pathology	
1	Hemoglobin estimation
2	Total leucocyte count(TLC)
3	Differential leucocyte count (DLC)
4	Malaria parasite by blood smear (MP)
5	ESR
6	BT &CT
7	Blood group ABO and Rhtyping
Biochemistry	
8	Blood sugar (Gluco meter)
Microbiology	
9	Widal slide Test
10	VDRL rapid Test
11	HIV Card Test
12	Sputum for AFB
Urine Analysis	
13	Urine for albumin and sugar
14	Urine pregnancy Test
Stool Analysis	
15	Stool for ova and cyst

Annexure-2

फार्म न.- 7 राजस्थान सरकार प्राथमिक स्वास्थ्य केन्द्र का मासिक प्रगति प्रतिवेदन

District
No of Subcenter

Block
No. of subcenters whose
reports received

PHC
Month

M1	प्रसवपूर्व सेवार्य	माह के दौरान	माह के अंत तक
	कुल पंजीकृत गर्भवती महिलाओं की संख्या		
	प्रथम तिमाही (12 सप्ताह पूर्व) में पंजीकृत गर्भवती महिलाएँ		
	जननी सुरक्षा योजना में पंजीकृत महिलाएँ		
	गर्भवती महिलाएँ जिनकी प्रसव पूर्व 4 जांचें लें		
	गर्भवती महिलाओं को टी.टी. का टीका		
	टी.टी.-1		
	टी.टी.-2		
	टी.टी. बूस्टर		
	गर्भवती महिलाएँ जिन्हें 100 आई.एफ.ए. गोली दी		
	गर्भवती महिलाएँ जिन्हें 200 आई.एफ.ए. गोली दी (एनिमिक)		
	उच्च रक्तचाप वाली गर्भवती महिलाएँ (बी.पी.140/90 से अधिक)		
	संस्था में इस माह दर्ज नये केस (उच्च रक्तचाप वाले)		
	खून की कमी वाली गर्भवती महिलाएँ		
	जिनका हिमोग्लोबिन स्तर 11 से कम है (जांच के बाद)		
	यूरिन टेस्ट		
	गर्भवती महिलाओं की संख्या जिनकी जटिलता का संस्था पर इलाज किया गया		
	गर्भवती महिलाओं की संख्या जिन्हें जटिलता के कारण उच्च संस्थाओं पर रेफर किया गया		
M2	प्रसव		
	घर पर हुए प्रसव संख्या		
	एस.बी.ए. प्रशिक्षित व्यक्ति द्वारा		
	अप्रशिक्षित व्यक्ति द्वारा (दाई, रिश्तेदार आदि)		
	नवजात शिशुओं की संख्या जिनका 24 घंटे के अन्दर घर पर जाकर फॉलोअप किया		
	बी.पी.एल. प्रसूताओं की संख्या जिन्हें प्रसव पूर्व 8 से 12 सप्ताह जननी सुरक्षा योजना की राशि दी गई		
	घर पर हुए बी.पी.एल. प्रसव		
	संस्थागत प्रसव		
	संस्था पर कराये गये प्रसवों की संख्या		
	प्रसवों की संख्या जो 24 घंटे तक संस्था में रहे		
	प्रसवों की संख्या जो 48 घंटे और अधिक तक संस्था में रहें		
	जननी सुरक्षा योजना में कितने लाभार्थियों को राशि का भुगतान किया संख्या में		
	प्रसूता महिला को (संख्या)		
	ग्रामीण क्षेत्र		

शहरी क्षेत्र		
आशा को (संख्या)		
जनमंगल जोड़े को		
प्रशिक्षित दाईयों की (संख्या)		
संस्थागत बीपीएल प्रसवों की संख्या		
संस्थागत बीपीएल प्रथम प्रसवों की संख्या		
संस्था पर किये गये सिजेरियन प्रसवों की संख्या		
गर्भावस्था का परिणाम व नवजात शिशु की जानकारी		
कुल जीवित जन्में बच्चों की संख्या		
बलक		
बलिका		
कुल प्री-मेच्योर जन्में बच्चों की संख्या		
बालक		
बलिका		
मृत जन्म		
गर्भपात		
नवजात शिशु का वजन		
नवजात शिशुओं की संख्या जिनका जन्म के दौरान वजन लिया		
1.5 से 2.5 किलो वजन वाले नवजात शिशुओं की संख्या		
1.5 किलो से कम वजन के नवजात शिशुओं की संख्या		
नवजात शिशुओं की संख्या जिन्हें 1 घण्टे के भीतर स्तनपान कराया गया		
जटिल प्रसव		
महिलाओं के ऑबसट्रिटिक केस जिनका संस्था पर ईलाज किया गया		
एंटीहाइपोटेटिक दवाईयों से		
एंटीहाइपरटेन्सिव/मगशुल्फा इंजेक्शन से		
आक्सीटोसीन से		
प्रसव पश्चात देखभाल		
प्रसूताओं की संख्या जिनका 48 घण्टे के अन्दर प्रसव पश्चात फालोअप किया गया		
प्रसूताओं की संख्या जिनका 48 घण्टे व 14 दिन के अन्दर प्रसव पश्चात फालोअप किया गया		
प्रसूताओं की संख्या जिनकी प्रसव पश्चात 3 जांचे की गई		
प्रसूताओं की संख्या जिन्हें प्रसव पश्चात हुई जटिलता का संस्था पर ईलाज किया गया		
प्रसव पश्चात जटिलतावाली प्रसूतायें जिन्हें उच्च संस्थाओं पर रेफर किया गया		
नवजात शिशुओं की संख्या जिनकी 10 दिनों के भीतर फालोअप कर 3 जांचे की गई		
कम वजन वाले नवजात शिशुओं की संख्या जिनकी 1 माह के भीतर फॉलोअप कर 6 जांचे की गई		
गर्भ समापन सेवायें		
संस्था पर किये गये गर्भ समापन		
12 सप्ताह के भीतर		
12 सप्ताह के अधिक		

Annexure-3

फॉर्म न.- 6

राजस्थान सरकार

उप स्वास्थ्य केन्द्र का मासिक प्रगति प्रतिवेदन

District

Sub center code

Block

No of PHC/CHC

Sub center

Month

M1	प्रसव पूर्व सेवार्य	माह के दौरान	माह के अंत तक
	कुल पंजीकृत गर्भवती महिलाओं की संख्या		
	प्रथम तिमाही (12 सप्ताह पूर्व) में पंजीकृत गर्भवती महिलाएं		
	जननी सुरक्षा योजना में पंजीकृत महिलाएं		
	गर्भवती महिलाये जिनकी प्रसव पूर्व 4 जांच है।		
	गर्भवती महिलाओं को टी.टी. का टीका		
	टी.टी.-1		
	टी.टी.-2		
	टी.टी. बूस्टर		
	गर्भवती महिलाये जिन्हें 100 आई.एफ.ए. गोली दी		
	गर्भवती महिलाये जिन्हें 200 आई.एफ.ए. गोली दी (एनिमिक)		
	उच्च रक्तचाप वाली गर्भवती महिलाये (बी.पी.140/90 से अधिक)		
	संस्था में इस माह दर्ज नये केस (उच्च रक्तचाप वाले)		
	खून की कमी वाली गर्भवती महिलाये		
	जिनका हिमोग्लोबिन स्तर 11 से कम है (जांच के बाद)		
	यूरिन टेस्ट		
	गर्भवती महिलाओं की संख्या जिनकी जटिलता का संस्था पर इलाज किया गया		
	गर्भवती महिलाओं की संख्या जिन्हें जटिलता के कारण उच्च संस्थाओं पर रेफर किया गया		
M2	प्रसव		
	घर पर हुए प्रसव संख्या		
	एस.बी.ए. प्रशिक्षित व्यक्ति द्वारा		
	अप्रशिक्षित व्यक्ति द्वारा (दाई, रिश्तेदार आदि)		
	नवजात शिशुओं की संख्या जिनका 24 घंटे के अन्दर घर पर जाकर फॉलोअप किया		
	बी.पी.एल. प्रसूताओं की संख्या जिन्हें प्रसव पूर्व 8 से 12 सप्ताह जननी सुरक्षा योजना की राशि दी गई		
	घर पर हुए बी.पी.एल. प्रसव		
	संस्थागत प्रसव		
	संस्था पर कराये गये प्रसवों की संख्या		
	प्रसवों की संख्या जो 24 घंटे तक संस्था में रहे		
	प्रसवों की संख्या जो 48 घंटे और अधिक तक संस्था में रहे		
	जननी सुरक्षा योजना में कितने लाभार्थियों को राशि का भुगतान किया संख्या में		
	प्रसूता महिला को (संख्या)		
	ग्रामीण क्षेत्र		
	शहरी क्षेत्र		

आशा को (संख्या)		
जनमंगल जोडे को		
प्रशिक्षित दाईयों की (संख्या)		
संस्थागत बीपीएल प्रसवों की संख्या		
संस्थागत बीपीएल प्रथम प्रसवों की संख्या		
संस्था पर किये गये सिजेरियन प्रसवों की संख्या		
गर्भावस्था का परिणाम व नवजात शिशु की जानकारी		
कुल जीवित जन्में बच्चों की संख्या		
बलक		
बलिका		
कुल प्री-मेच्योर जन्में बच्चों की संख्या		
बालक		
बलिका		
मृत जन्म		
गर्भपात		
नवजात शिशु का वजन		
नवजात शिशुओं की संख्या जिनका जन्म के दौरान वजन लिया		
1.5 से 2.5 किलो वजन वाले नवजात शिशुओं की संख्या		
1.5 किलो से कम वजन के नवजात शिशुओं की संख्या		
नवजात शिशुओं की संख्या जिन्हें 1 घण्टे के भीतर स्तनपान कराया गया		
जटिल प्रसव		
महिलाओं के ऑब्सट्रेटिक केस जिनका संस्था पर ईलाज किया गया		
एंटीहाबायोटिक दवाईयों से		
एंटीहाइपरटेन्सिव/मगशुल्फा इंजेक्शन से		
आक्सीटोक्सीन से		
प्रसव पश्चात देखभाल		
प्रसूताओं की संख्या जिनका 48 घण्टे के अन्दर प्रसव पश्चात फालोअप किया गया		
प्रसूताओं की संख्या जिनका 48 घण्टे व 14 दिन के अन्दर प्रसव पश्चात फालोअप किया गया		
प्रसूताओं की संख्या जिनकी प्रसव पश्चात 3 जांचे की गई		
प्रसूताओं की संख्या जिन्हें प्रसव पश्चात हुई जटिलता का संस्था पर ईलाज किया गया		
प्रसव पश्चात जटिलतावाली प्रसूतायें जिन्हें उच्च संस्थाओं पर रेफर किया गया		
नवजात शिशुओं की संख्या जिनकी 10 दिनों के भीतर फालोअप कर 3 जांचे की गई		
कम वजन वाले नवजात शिशुओं की संख्या जिनकी 1 माह के भीतर फालोअप कर 6 जांचे की गई		

नोट :- राष्ट्रीय कार्यक्रमों की प्रगति रिपोर्ट जैसे :- NVBDCP, RNTCP, IDSP, एपिडेमिक तथा मौसमी बीमारी इत्यादि की रिपोर्ट जो प्रा0स्वा0केन्द्र द्वारा भेजी जाती है।

APPENDIX -A

Forwarding Letter for Technical Bid

(To be submitted by all bidders in their letterhead)

Date:.....

To

Director(PH)
Directorate Medical & Health Services,
Swasthya Bhawan, C-scheme, Tilak Marg Jaipur,
Rajasthan

Sub: Tender for Providing of Running for Primary Health Center under Tender No....

Sir,

1. We are submitting, herewith our tender for providing Running for Primary Health Center Name and Lot No. :-
 - i.
 - ii.
 - iii.
2. We are enclosing:-
 - i. Each page, form, Annexure and Appendix of the original Request for Proposal (RFP) must be signed by bidder with seal of firm/legal entity .
 - ii. Declaration by Bidder (Appendix. D)
 - iii. Rs. 1000/- DD/Bankers Cheque No. Dated : in favour of Director(PH) toward tender fees.
 - iv. Rs. 1000/- DD/Bankers Cheque No. Dated : in favour of MD(RISL) toward Processing fees.
 - v. Detailed of Earnest Money :-
 - a) Name of Primary Health Center..... Earnest Money Amount..... DD/Banker Cheque No. Dated :
 - b) Name of Primary Health Center..... Earnest Money Amount..... DD/Banker Cheque No. Dated :
 - c) Name of Primary Health Center..... Earnest Money Ammount..... DD/Banker Cheque No. Dated : Toward Earnest Money Deposit (EMD), in favour of Director (PH) Directorate Medical & Health Services, Jaipur, Rajasthan.
3. We agree to accept all the terms and condition stipulated in your tender enquiry. We also agree to submit Performance Security as per terms and condition No.....
4. We agree to keep our offer valid for the period for the period stipulated in your tender enquiry.

Signature of the Bidder.....

Seal of the Bidder.....

APPENDIX -B

BIDDER'S AUTHORISATION LETTER

(To be submitted by authorized agent)

To

Director (PH)
Directorate Medical & Health Services,
Swasthya Bhawan, C-scheme, Tilak Marg, Jaipur,
Rajasthan

Ref. Your TE document No. _____, dated _____

Dear Sirs,

We, _____ are the service
provider of _____ (name of services(s) and hereby
conform that;

1. Messrs. _____ (name and address of the agent) is our authorized agents for

2. Messrs. _____ is authorized to sign and submit the RFP on our behalf.

Yours faithfully,

[Signature with date,

name and address]

Of the authorized Agent

[Signature with date, name and designation]

For and on behalf of

Messrs _____

[Name & Address of the Service provider]

Note:

1. This letter of authorization should be on the letterhead of the Service provider and should be signed by a top executive of the Service provider.
2. Scan copy of letter shall be upload with RFP on www.eproc.rajasthan.gov.in

APPENDIX - C

ASSIGNMENT OF SIMILAR NATURE SUCCESSFULLY COMPLETED DURING LAST TWO YEARS

1. Attach users' certificates (in original) regarding satisfactory completion of assignments.

Sr. No	Assignment contract No & date	Description of work services provided	Contract price of assignment	Date of commencement	Date of completion	Was assignment satisfactorily completed	Address of organization with Phone No. where assignment done
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Note: Attach extra sheet for above Performa if required.

Signature.....

Name

APPENDIX -D

Declaration By Bidder

I/We agree that we shall keep our price valid for entire period of contract. I/We will abide by all the terms & conditions set forth in the tender documents No. /

I / We do hereby declare I / We have not been de-recognized / black listed by any State Govt./Union Territory / Govt. of India / Govt. Organisation / Govt. Health Institutions.

Signature of the bidder:

Date :

Name & Address of the Firm:

Affidavit before Executive Magistrate / Notary Public in Rs.100.00 stamp paper.



APPENDIX -E

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 submitting
response to RFP, and execution of "Agreement" (in case of award), against RFP dated
_____ issued by Directorate of Medical and Health Services (DM&HS), Government
of Rajasthan 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 DM&HS intends to operate professionally managed and running
"Existing CT Scan Machine"

WHEREAS, the DM&HS 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 DM&HS 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 thereof 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 DM&HS 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 DM&HS, 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 DM&HS.

15. This Agreement

a) It 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 DM&HS.

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 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 behaviour 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.

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 or purpose 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 decision 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 or 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.-in-charge/ consultant for the contract.

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 taxes payable to the Union and the State Government or any local authority as specified in the Bidding Documents;
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:

Signature of bidder

Place:

Name:

Designation:

Address:

Annexure C: Grievance Redressed during Procurement Process

The designated and address of the First Appellate Authority is DIRECTOR (PH), MEDICAL AND HEALTH SERVICES, RAJASTHAN, JAIPUR

The designation and address of the Second Appellate Authority is PRINCIPAL SECRETARY, MEDICAL & HEALTH DEPARTMENT, RAJASTHAN, JAIPUR.

- 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 there under, he may file an appeal to First Appellate Authority, as specified in the Bidding Document within a period of ten days from the date of such decision or action, omission, as the case may be, clearly giving the specific ground or grounds on which he feels aggrieved:

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

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

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

If the officer designated under Para (I) fails to dispose of the appeal filed within the period specified in para (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 Disposal 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,-
 - Hear all the parties to appeal present before him; and
 - Peruse or inspect documents, relevant records or copies thereof relating to the matter.
- c) After hearing the parties, perusal or inspection of documents and relevant records or copies thereof relating to the matter, the Appellate Authority concerned shall pass an order in writing and provide the copy of order to the parties to appeal free of cost.
- d) The order passed under sub-clause (c) above shall also be placed on the State Public Procurement Portal.

Annexure D: Additional Conditions of Contract

1. Correction of arithmetical errors

Providing 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 does not accept the 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 quality 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 condition 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.