National Health Mission
Rajasthan State Health Society

Request for Proposal (RFP)
For
Management & Operations of
Mobile Medical Services
in
Rajasthan

Last date and time for online submission of Proposal: - 06.01.2020 up to 6:00PM

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Disclaimer

The information contained in this Request for Proposal (RFP) document or subsequently provided to Applicant(s), whether verbally or in documentary form by or on behalf of the National Health Mission, or any of their employees or advisors, 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 document is not an Agreement and is not an offer or invitation by the NHM or its representatives to any other party. 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 purpose 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 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. NHM, its employees and advisors make no representation or warranty and shall incur no liability under any law, statute, rules or regulations as to the accuracy, reliability or completeness of the RFP document. NHM may in its absolute discretion, but without being under any obligation to do so, update, amend or supplement the information in this RFP document.

Bidders are advised to acquaint themselves with the provisions of the law relating to procurement, **"The Rajasthan Transparency in Public Procurement Act, 2012" and "Rajasthan Public Procurement Rules", 2013. If there is any discrepancy between the provisions of the Act and the Rules and this Bidding document, the provisions of the Act and Rules shall prevail with latest amendments.**

Abbreviations

ANC	Antenatal Care
ARI	Acute Respiratory Infection
ANM	Auxiliary Nurse Midwifery
ASHA	Accredited Social Health Activist
AWC	Anganwari Centre
AWW	Anganwari Worker
BCG	Behavioral Change Communication
BCMO	Block Chief Medical Officer
BOQ	Bill of Quantity
CMHO	Chief Medical & Health Officer
CMS	Camp Monitoring System (Web-based software)
DDW	District Drug Ware House
DHS	District Health Society
DLC	Differential Leucocytes Count
ECG	Electro Cardiogram
ESR	Erythrocyte Sedimentation Rate
FRU	First Referral Unit
GF&AR	General Financial And Accounts Rules.
GIS	Geographic Information System
GPS	Global Positioning System
HMIS	Health Management & Information System
HMV	Heavy Motor Vehicle
HOTO	Handover Taken over
IEC	Information Education and Communication
IMR	Infant Mortality Rate
ITR	Income Tax Return
IUD	Intra Uterine Device
MDG	Millennium Development Goals
MNDY	Mukhya Mantri Nishulk Dava Yojna
MMR	Maternal Mortality Ratio
MMU	Mobile Medical Unit
MMV	Mobile Medical Van
MoIC	Medical Officer In charge
MSME Act	Ministry of Micro Small and Medium Establishment Act
NAC	Non Availability certificate
OPD	Out Patient Department
PAN	Permanent Account Number
PHC	Primary Health Centre
PoSD	Point of Service Delivery
PRI	Panchayti Raj Institution
PUC	Pollution Under Control Certificate
RISC	Rajcomp Info Services Limited
RC	Registration Certificate
RCH	Reproductive and Child Health
RMRS	Rajasthan Medicare Relief Society
RTI	Respiratory Tract Infection
RTPP Act	Rajasthan Transparency in Public Procurement Act
SDG	Sustainable Development Goals
STI	Sexually Transmitted Infection
TAN	Tax Deduction and Collection Account Number
TLC	Total Leukocyte Count
TB	Tuberculosis

"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 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.

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.

"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 **Management & Operations of Mobile Medical Services in Rajasthan**.

"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 '**Management & Operations of Mobile Medical Services in Rajasthan**.'

"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 '**Management & Operations of Mobile Medical Services in Rajasthan**' as per the terms of the RFP Project Documents, and to whom a Letter of Intent has been issued.

"Zone" -Group of Districts.

Part- 1

Government of Rajasthan
Rajasthan State Health Society
[Swasthya Bhawan Tilak Marg, C-Scheme, Jaipur]

No. F. 18 ( )/NHM/MMU-MMV/RFP/2019-20/167 Date: 05/12/19

INVITATION OF REQUEST FOR PROPOSAL (RFP)
Through e-tender

Medical & Health Department, Government of Rajasthan under National Health Mission through District Health Society intends to look for a new service provider for **"Management & Operations of Mobile Medical Services in Rajasthan"** on zone wise basis with induction of existing and additional fleet of Mobile Medical Units and Vans in 7 zones (31 districts) of Rajasthan namely Ajmer, Alwar, Banswara, Barmer, Bharatpur, Bhilwara, Bikaner, Bundi, Chittorgarh, Churu, Dausa, Dholpur, Dungarpur, Hanumangarh, Jaipur 2, Jaisalmer, Jalore, Jhunjhunu, Jodhpur, Karauli, Kota, Nagaur, Pali, Pratapgarh, Rajsamand, Sawai Madhopur, Shri Ganganagar, Sikar, Sirohi, Tonk and Udaipur. For management & operations of the project the Request for Proposal (RFP) is invited from eligible private sector/non-Government entities, individual or consortium who intends to technologically and professionally manage and operate the services. All details related to this RFP can be viewed and downloaded from http://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.**

Date and time for downloading RFP document	Date of Pre-proposal conference	Last date and time for downloading the RFP document	Last date to deposit SD/RISL fees/Bid form fees in physical form at Room no. 312, 3rd floor, NHM Building,Swasthya Bhawan, Jaipur	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.
06 .12.19, 4.00 PM Onwords	13.12.19 At 11:00 AM	06.01.20 Upto 12:00 PM	06.01.20 Upto 5:00 PM	06.01.20 Upto 6:00 PM	07.01.20 At 12:00 PM	Shall be informed separately to the qualified bidders

(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.)

Tender Fee: - Rs.10,000/- (Ten Thousand Rupees Only) RISL Processing fees: - Rs. 1000/- (One Thousand Rupees Only) Tender fees for the document downloaded from website and processing fee shall be deposited by the bidders separately as applicable by DD/Banker's cheque in favor of **Rajasthan State Health Society** and RISL processing fee shall be submitted in form of DD/Banker's cheque in favor of **MD RISL, Jaipur** before the last date and time prescribed for online submission of bids. Tender fees, processing fees and bid security shall be deposited physically at the office of the **Project Authority, Rajasthan State Health Society, Jaipur** before Date: 06.01.2020 upto 05:00 PM. Amount of Bid Security shall be as mentioned in the document. The approximate project cost of RFP for 7 Zones shall be **161 Crore (Rs. One Hundred & Sixty One Crore Only) for Three years.**

Mission Director, NHM

Important information to prospective bidders regarding online tendering (e-tendering):

E-Procurement:-

1. Request for proposal for the "**Mobile Medical Services in Rajasthan**" 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 numbers. 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 NIB exhibited on website www. sppp.rajasthan.gov.in &www.rajswathya.nic.in Tenders are to be submitted online in electronic format on website http://eproc.rajasthan.gov.in
2	a) Tender fees of Rs.10,000/- in words (Rs. Ten Thousand only) in the form of DD/Bankers Cheque in favor of Rajasthan State Health Society. b) RISL Processing fees of Rs. 1000/- in words (Rs. One Thousand only) in the form of DD/Bankers Cheque in favor of MD RISL as mentioned in the notification published in newspaper (refer circular no 19/2011 dated 30-09-2011). c) Bid Security must be Deposited in the form of DD/Bankers cheque/Bank Guarantee/FDR in favor of Rajasthan State Health Society.
3	Last date & time for downloading of tender document: As per notification in part 1 of the RFP.
4	Last date and time of submission of online bids As per notification in part 1 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 Fees, Bid Security and RISL Processing Fees at the Office of Tendering Authority: Mission Director, NHM, 3rd floor, NHM Block, Swasthya Bhawan, Tilak Marg, Jaipur (Rajasthan) – 302005 before stipulated time as notification in part A1 of the RFP.In absence of the above fees, the e-tender will not be processed further and the bid shall be rejected (DD/ Bankers Cheque should be in the favor of RSHS)

	Instructions 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	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.
3	• Financial proposals shall be submitted in financial bid as BOQ by electronically on eproc. • Bidders are strictly prohibited to indicate their financial rates/quotations in technical bid proposal and on any paper uploaded with technical 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 bidder.

For more Information contact to:

Consultant MMU/MMV, NHM: 0141-2220961; Email ID: co_mmu.nrhm@yahoo.com

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

Medical CSR, NHM: Email ID: medicalcsr@gmail.com

Part- 2

Project Profile

1. **Name of the Project**
   "Management & Operations of Mobile Medical Services in Rajasthan"

2. **Objectives**
   The key objectives to be achieved through this project are:

   i. To provide regular primary health services in desert/ tribal/ inaccessible villages/regions/blocks in all the districts of Rajasthan through Mobile Medical Services where health facilities such as PHCs, CHCs, Sub- Centers or private health care facilities are not **adequately available.**

   ii. To supplement the existing health system by providing free of cost health services in the remote areas on a regular monthly basis and referrals to appropriate health facilities.

   iii. To improve uptake of curative and preventive health services such as immunization, antenatal and post natal care, and general OPD services, in the identified villages/ regions, with the aim of reducing the incidence of common illnesses and lowering maternal mortality and infant mortality.

   iv. To aware the public about health schemes, services of 104/108 toll free numbers & health helpline and grievance redressal system.

   v. To provide diagnostic services to the people living in remote areas.

   vi. For overall improvement in the health indicators of State.

   vii. Achieving the goals of NHM i.e. improvement in health indicators likes IMR, MMR etc.

   viii. To cover all Gram Panchayats of Rajasthan in order to provide basic Medical and Health facilities.

3. **Project Authority**
   Mission Director, National Health Mission
   Rajasthan State Health Society
   Swasthya Bhawan, Tilak Marg, C-Scheme, Jaipur

4. **Brief Description of the Project**

4.1 Access to health care and equitable distribution of health services are the fundamental requirements for achieving Millennium Development Goals, Sustainable Development Goals and the goals set under the National Health Mission (NHM) launched by the NHM, Govt. of India in April 2005.

Many areas in the State predominantly tribal and desert areas, even in well developed districts with lack of basic health care infrastructure hence limiting the access to health services. Over the years, various initiatives have been taken to overcome this difficulty with varied results.

4.2 With the objective to take health care to the doorstep of the public in the rural areas, especially in underserved areas Mobile Medical Units and Vans are operational in State since 2008-2009.

4.2.1 Mobile Medical Unit

Each MMU consists of 2 vehicles-One vehicle for the movement of doctors and paramedical staff and the second vehicle is fully equipped with diagnostic facilities like ECG, Semi Auto Analyzer etc.

4.2.2 Mobile Medical Van

Mobile Medical Van has single vehicle which carries staff and equipments in the same vehicle. It has basic diagnostic facilities like glucometer, haemoglobinometer, BP instrument etc.

4.2.3 Number of MMVs in Districts:-

Details of MMUs and MMVs allotted in districts of Rajasthan (**Annexure S**)

4.3 Numbers of the vans/units are on the basis of present fleet of vehicles approved presently. **NHM may add/reduce, vans/ units as the condition may arise from time to time.**

5. Scope of Services

5.1 Type of Services

5.1.1 Community Mobilization

Community engagement is essential to encourage uptake of services.

a. In order to ensure the uptake of services delivered by MMUs and MMVs, the service provider shall be required to engage with local communities through coordination with members of Panchayati Raj institutions such as Zila Parishad, Panchayat Samitis Panchayats and Village Health and Sanitation committees, community workers such as Anganwadi Workers, ASHAs, ANMs, Gram Sevak, village school teacher etc.

b. The approved route plans, schedules (fix camp days in every month) should be published/ displayed at conspicuous (specific) place of the area or community sufficiently in advance and appropriate IEC activities conducted by the service provider to raise community awareness of the services which can be availed.

c. Support Village Health and Sanitation Committee in planning to improve community awareness on health issues and uptake of services.

5.1.2 Health Education

1. The Service Provider should conduct Behavior Change Communication (BCC) activities to promote improved health seeking behavior in the target population.
2. Counselling on personal hygiene, proper nutrition, harmful effects of tobacco use, RTIs, STIs and other disease prevention, prohibition of sex selection etc.
3. Health Education should be carried out through individual and group counselling, display of health education material with use of audio-visual aids counselling.
4. Promotional material/messages related to health (as prescribed by RSHS-NHM) should also be displayed or carried by the MMUs/MMVs.

5.1.3 Services to be offered by Mobile Medical Unit/ Mobile Medical Van

A. Curative Services	a) Provide treatment for minor ailments including fever, diarrhoea, ARI, worm infestation. b) Early clinical detection of TB, Malaria, leprosy, Kala-Azar, and other locally endemic communicable diseases and non-communicable diseases such as hypertension, diabetes, cardiovascular diseases etc. c) Provision of first aid, minor surgical procedures and suturing.
B. Maternal Health	**1. <u>Antenatal Care:</u>** a) Registration of pregnancies with emphasis or early registration of all pregnancies, ideally within first trimester (before the 12th week of Pregnancy). b) Antenatal check-ups for pregnancies (**minimum five**). c) General examination such as height, weight, blood pressure, urine (albumin and sugar), abdominal examination, breast examination. d) Iron & Folic Acid Supplementation from 12 weeks and tetanus toxoid injections. e) Laboratory investigations like hemoglobin estimation, urine for albumin and sugar, and blood group. f) Identification of high-risk pregnancies and appropriate referral, promotion of institutional deliveries. g) Appropriate and prompt referral. h) Provision for deliveries in case of emergency. i) To create awareness of free referral services through 108/104 Toll Free Numbers. **2. <u>Postnatal care:</u>** a) Counselling for early breast-feeding. b) Counselling on diet & rest, hygiene, contraception, essential new born care, infant and young child feeding; birth registration. c) Counselling of family on girl child birth.
C. Child Health	a) Essential newborn care. b) Promotion of exclusive breast-feeding for 6 months. c) Full immunization of all infants and children against vaccine preventable diseases. d) Vitamin A prophylaxis to the children as per guidelines. e) Prevention and control of childhood diseases like malnutrition, Acute Respiratory Infection, diarrhoea. etc.
D. Referrals	a) Referral of complicated cases after primary management. b) Provision of referral card/slip to patients who should be attended to on a priority basis at the referral hospitals. c) Follow up on status for referred patients.
E. Family Planning Services	a) Education, motivation and counselling to adopt appropriate family planning methods. b) Provision of contraceptives such as condoms, oral pills, emergency contraceptives, IUD counselling, awareness and promotion. c) Follow up activities for couples that undertook permanent family planning methods (tubectomy / vasectomy).

F. Emergency and Epidemic management services.	a) The MMUs/MMVs shall attend to emergency cases, and if required refer patient to First Referral Unit (FRU) during their visits, without disrupting their schedule. b) The Service Provider shall support the District and local administration in National Service Program Activities and also assist in the management of any outbreak or epidemic or disaster in the area of operation.
G. Diagnostic Services	a) ECG of the patients as prescribed by the doctor. b) Basic lab tests to be conducted on the spot including urine tests (albumin, sugar & microscopy), blood count (TLC, DLC and ESR), hemoglobin, blood sugar, bleeding and clotting time and pregnancy tests.

5.2 Coverage and Frequency of Services

5.2.1 The mobile medical services are to be rendered in tribal, desert and unserved/underserved blocks of all districts. List of these blocks shall be given to the Service Provider. Camp sites within the blocks, and exact places of service delivery, shall be determined after the Agreement has been executed, and the following steps shall be followed:-

a) **All 271 blocks of 31 districts are covered with MMU/MMV services in Rajasthan.**
b) A list of areas with limited or a complete lack of access to healthcare services / underserved/ unserved/ 'C' category villages or as directed by MD NHM time to time shall be given to the successful service provider where the mobile medical services are to be provided. Areas/Places for camp holding may also be provided by respective DHS on the basis of specific need of that particular district.
c) Within each cluster of selected villages, a Point of Service Delivery (PoSD) shall be identified, in consultation with District Health Society-NHM, and the community being served. However; identification of such PoSD shall be responsibility of successful Service Provider.
d) The PoSD can be either the Panchayat Bhawan in a large village of the cluster, or the Anganwari Centre (AWC) or any other suitable location as may be suggested by the community being served.
e) Once the above have been discussed and finalized, the route maps for each MMU/MMV should be worked out by the Service Provider in consultation with respective District Health Society-NHM.
f) **Service provider shall ensure to take Patients feedback (in written) at least 5% of patients (age more than 21 Years) and submit with monthly report. Annexure V & W**
g) Quarterly Camp plan shall be filled by Service Provider in advanced in CMS (Camp Monitoring System) software by 28th of last month of previous quarter and get approval from concerned CMHO/BCMO through software.

5.2.2 The MMU/MMVs shall invariably be functional for 20 days in a month. All maintenance and repair/ replacement work for the vehicle & equipments should be undertaken on the weekly off. Expenses shall be borne by the service provider.

5.2.3 It is expected that for organizing camp a designated 'Point of Service delivery ' (PoSD) would be identified. Thus for each MMU/MMV 20 such PoSD would be identified and each PoSD would be visited at least once every month.

5.2.4 It is the responsibility of the service provider to spread awareness and mobilize these communities to ensure uptake of services on the fixed days of camp the MMU/MMV shall visit them. The Service Provider should ensure that services to be rendered in the camp, camp site and camp schedule etc. are publicized in each village through paper based/ SMS based/ whatsapp based/ telephone call to concerned ASHA/ANM/BCMO.

5.2.5 Parking of the vehicles (MMU/MMV) must be in the office of BCMO; for proper monitoring and control.

5.3. Staffing

5.3.1 Type and Number of Staff

a) The Service Provider must confirm to the minimum standards for staff mentioned below. The actual number of staff in each category should be decided taking into account work shifts, staff leave days, absenteeism and public holidays etc, to ensure that the Schedule of Services (prepared in consultation with District Health Society-NHM) is not disrupted in any way.

b) **MMU/MMVs** Each unit/ vehicle should have the following staff while rendering services:

Staff per MMU	Staff per MMV
1. Medical Officer -1 (Preferably Lady Medical Officer) 2. ANM or Nurse Grade II -1 3. Lab technician -1 4. Assistant Radiographer-1 (Applicable for Devnarayan Yojna MMUs) 5. Pharmacist -1 6. Driver – 2 (One for Diagnostic Vehicle and another for Staff vehicle) (Not applicable for district Bharatpur in block Rupwas)	1. Medical Officer -1 (Preferably Lady Medical Officer) 2. ANM or Nurse Grade II -1 3. Lab technician -1 4. Pharmacist - 1 5. Driver -1

Note: Staff details must be provided in the format enclosed at Annexure: AA

c) Service Provider shall be required to develop a network of the above mentioned staff in the area so that in the absence of any staff member back up may immediately be provided. Service provider may deploy additional staff in district if required and may include its cost in financial proposal. The list and details of staff (As per **Annexure-AA**) should be provided to BCMO/CMHO prior to camp. In any circumstances the scheduled camp would not be postponed due to non availability of staff.

5.3.2 Minimum Qualification and Responsibilities of Staff

Following are the details of the qualification and responsibilities for each of the posts in the MMU and MMV.

I. Staff Qualification

(Table- I)

S. No.	Staff	Qualification
1	Medical Officer	1. MBBS from recognized Medical College. 2. Registration in Rajasthan Medical Council compulsory
2	GNM	1. GNM Course from recognized college 2. Rajasthan Nursing Council Registration compulsory 3. If MCHN day is organised than 1 additional ANM is required.
3	Lab Technician	1. Two year regular diploma in lab technology from recognized Institute. 2. Registration in Rajasthan Paramedical Council compulsory.

4	Pharmacist	1. Diploma/ Bachelors Degree in Pharmacy from recognized Institute. 2. Rajasthan Pharmacy Council Registration compulsory.
5	Assistant Radiographer	1. Two year regular course in Radiation Technology from recognized Institute. 2. Registration in Rajasthan Paramedical Council compulsory.
6	Driver	**For diagnostic vehicle of MMU and MMV:-**As per the provisions of Motor Vehicle Act.1988. **For staff vehicle:-** As per the provisions of Motor Vehicle Act. 1988

II. Responsibilities :-

Table- II

Sr. No	Staff	Responsibilities
1	Doctor/MO/ Preferably Lady MO	a) Supervision of other staff functions and act as overall team leader/manager. b) Provide Preventive, promotive and curative care. c) Appropriate referrals of complicated cases and follow up. d) Support district appropriate authorities during disease outbreaks and epidemic outbreak and inform all concerned. e) Immunization – supervise the immunizations conducted by ANMs/Staff Nurses. f) Coordination with various institutions like PRI, Village Health and Sanitation committees etc. g) Send the indent for the required medicines to CMHO and respective DDW In charge, and if medicines are not available at DDW than these may be procured by concerned CMHO after getting NAC (Non Availability Certificate) from DDW. h) Consumables- Send the indent for the required consumables to the respective CMHOs, and ensure availability of lab consumables before the camp.
2	Nurse	a) Immunization of pregnant women and children and maintain their records in consultation with local ANM/ASHA/AWW. b) Ensure support and work in coordination with local community workers such as Anganwari workers, ASHA workers for effective service delivery when the MMU/MMVs are available in the village. c) Conduct ANCs and PNCs d) Under the supervision of the doctor rendering preventive, promotive and curative health care services. e) Health education and counselling.
3	ANM	a) Assist the doctor and nursing staff b) Health education and c) Counselling of the community being served.
4	Lab Technician	a) Collect samples and conduct tests as required – Urine &

		blood -Hb, TLC, DLC, pregnancy tests etc and maintain their proper records and registers according to camp days.
5	Pharmacist	Compound and dispense medicines as prescribed by doctors. Storing and handling of pharmaceutical supplies, medical supplies, drugs and lab consumables, maintaining the stock properly. Overall responsibility for availability of medicine prior to camp organized. For the same also coordinate with the concerned MOIC/ BCMO/CMHO and respective DDW in charge.
6	Assistant Radiographer	To conduct X-Rays of the patients as required, or as prescribed by the doctor and maintain their record.
7	Driver	The maintenance and upkeep of the vehicles should be the responsibility of the driver .The driver should be able to carry out basic repair and maintenance of the vehicle. He shall be responsible for maintenance of vehicle log book, maintenance and cleanliness of the vehicle; also follow instructions from all the staff of MMU/MMV and assist in all camp related operation of the unit.

6. IEC Activities and coordination:-

Proper and adequate IEC of the schemes and services of Medical & Health Department shall be the responsibility of the service provider. The service provider may also plan for conducting IEC activities in the designated areas and coordinating with local communities for uptake of services. All IEC material shall be approved by District Health Society and it is the responsibility of service provider to get such competent approval before displaying it anywhere.

Proper promotional activities of camps through IEC materials shall be done by service provider prior to organizing camps like print and electronic media like Pamphlets distribution, standees, auxiliary mike, messages, whatsapp group. Wall paintings at prominent places like Anganwadi Center or nearest PHC/ Sub- Center etc shall be ensured by the service provider to display the camp site, camp schedule, camp timing, services available, availability of staff, mobile numbers of Chief Medical and Health Officer, Block Chief Medical Officer. **Also display the information about services and health helpline numbers (available at State from Monday to Friday 9:00 AM to 5:00 PM) and health helpline for registering the complaint and it's redressal using 2-3 standees' at camp sites.** The service provider shall make provision for Auxiliary Mike & speakers of good sound quality so that maximum population can be aware of the future camps in the area.

7. Voluntary Workers: -

The service provider also has to involve voluntary workers (such as local ASHA workers, Anganwadi Workers and NGOs etc.) to support the MMU/ MMVs during their visits and for encouraging women to have institutional deliveries and to create awareness and mobilize the community for uptake of services. It shall be the responsibility of ANM/ AWW/ ASHA and service provider to inform public regarding camps

8. Maintenance, repair and proper upkeep of vehicles and equipments:-

Service provider is liable for proper repair, maintenance and upkeep of vehicles as per manufacturer schedule and good industrial practices. Maintenance shall be ensured based on progressive kilometers of the vehicles. **If vehicle is not maintained in good condition than service provider shall be liable for penalties as mentioned in penalty clause.** Maintenance includes all major, minor repairs during the Agreement period. The service provider shall be liable to submit all repair and routine maintenance related bills at district

head quarter for the purpose of ascertaining that repair/ maintenance is done. Maintenance schedule needs to be adhered. The proper records of maintenance schedule must be kept with the service provider and must be submitted periodically **As per Annexure AB.**

***9.* Pollution Under Control Certificate (PUC), Fitness Certificate And Insurance:-** The PUC, Fitness Certificate and Insurance of vehicles shall be renewed timely by the service provider. It shall be the responsibility of service provider to renew the PUC, Fitness Certificate and Insurance 3 months prior to the expiry of agreement period. The vehicles shall be in **"road worthy condition"** at the time of HOTO. **Photocopies of valid renewed PUC, Fitness certificate and Insurance shall be kept in vehicles else penalty shall be imposed as per clause 8 of Operational Parameters of part-4 Terms of Reference. (Refer HOTO sheet Annexure: AC & AE)**

Part- 3

Information and Instructions to the Bidders

1. Eligibility Criteria:

The RFPs shall qualify on the basis of following eligibility criteria-

SNo.	Eligibility Criteria
1.1	**Registration of the Bidder:**
	The bidder should be a registered body under the Societies Registration Act/Indian Charitable and Religious Trusts Act/Indian Trust Act/Companies Act/Registration under MSME Act/Indian Partnership act or their state counterparts for more than three years at the time of submission of proposal. Private Hospitals which fulfill eligibility criteria may also apply in the RFP. Joint venture & consortium may also apply. Bidders can apply in individual capacity / joint venture or consortium but not in all categories. **(Refer Annexure L,M,N,O & P)** The members entering into consortium will be jointly and severally responsible to meet all their obligations. • **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. • 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. • 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. • 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 vehicle equipped with man and machine, incorporate a Project Company Vehicle 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. **Note:-** i. The Bidder may seek qualification on the basis of financial capability of its Parent and / or its 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.

	(If audited balance sheet of 2018-2019 are not available than bidder should submit CA Certificate for 2018-2019.) iii. In a bidding consortium, each share holding company needs to satisfy the net worth requirement on a pro- rata equity commitment basis. iv. CA Certified copies of all the Balance Sheets whether of bidders from where the financial strength is drawn has to be submitted along with RFP.
1.2	**Experience in implementation and management of such projects/ schemes:**
	Minimum Three years of experience in operationalisation of MMUs or MMVs or outreach camps, ambulance services. Copy of Work orders/ experience certificates of Satisfactory services issued from various Central/State Government Dept./ CMHO Level needs to be submitted along with the proposal mandatorily. (Minimum 120 outreach camps during each year for 3 years between 2016-17 to 2018-19)
1.3	**Financial Soundness/Stability:**
	A proposal may come from • If applying for 10 vehicles then a single entity having a minimum annual average turnover of Rs. 200.00 Lacs (Two Hundred Lacs) in three financial years (2016-17, 2017-18, 2018-19). • If applying for >10 and <=20 vehicles then a single entity having a minimum annual average turnover of Rs. 250.00 Lacs (Two Hundred & Fifty Lacs) in three financial years (2016-17, 2017-18, 2018-19). • If applying for more than 20 vehicles then a single entity having a minimum annual average turnover of Rs. 300.00 Lacs (Three Hundred lacs) in three financial years (2016-17, 2017-18, 2018-19). The bidder must attach certified copy of audited accounts as supporting documents. Un-audited accounts shall not be considered. Copies of ITR for these years shall also be required along with the technical proposal. **(Refer Annexure-S)**
1.4	An affidavit (on a non judicial stamp paper of Rs. 500/-) (Rs Five Hundred only) to the effect that the bidder has not been blacklisted in the past by any of the State Governments/Procuring entity across the country or Government of India and that it shall not form any coalition with the other bidder. **Annexure A**

2. **Declarations:**
Every bidder is to submit a declaration in following annexures:-
Annexure A- Compliance with the Code of Integrity and No Conflict of Interest.
Annexure B:- Declaration by the bidder regarding qualifications.

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

4. **Pre-Bid/Proposal Conference:**
All the prospective bidders who have purchased the RFP document shall be invited to attend the pre-bid/proposal Conference to be held on date 13.12.19 in the office of Mission Director, NHM Tilak Marg, Swasthya Bhawan, Jaipur. Issues relating to the project received in writing five days before the conference shall be scrutinized. The Project Authority shall endeavor to clarify such issues during the discussions. However, at any time prior to the date for submission of RFP, NHM may, for any reason, whether at its own initiative or in response to the discussions/ clarifications, modify the RFP document by issuance of addenda(s) and conveyed to the bidders found successful in

document by issuance of addenda(s) and conveyed to the bidders found successful in evaluation of the RFP. The addenda(s) would also be placed on the website- **'www.rajswasthya.nic.in', http://sppp.rajasthan.gov.in** and **eproc.rajasthan.gov.in**. Such addenda(s) shall become integral part of this RFP document.

5. Evaluation of the Proposals

Only the online proposals received up to due date and time shall be considered for evaluation. Evaluation shall be done by departmental/ Bid Evaluation Committee at State level.

To facilitate evaluation, Rajasthan State Health Society, at its sole discretion, seek clarification in writing from any bidder.

6. Method for submission of the online proposal:

Online proposals shall be received on e-procurement portal of State Government i.e. http://eproc.rajasthan.gov.in by Project Authority in two parts i.e. Technical Proposal and Financial Proposal. It shall contain following in the same order-

6.1 Technical Part

Technical Proposal should contain-

a) Application Format and Covering Letter. **(Annexure: E & F)**
b) Scanned copy of DD/ Banker's Cheque issued by scheduled bank submitted physically towards cost of document, processing fees and as Bid Security (in multiples of MMU/MMVs applied for) for the operation of an MMU/MMV be mentioned) in the form of Banker's Cheque/Demand Draft/ B.G in favor of **"Rajasthan State Health Society** & RISL processing fees in favor of **MD-RISL** payable at Jaipur as per Para 7 of Part 4.
c) Bid security shall be 2% of the estimated value of subject matter of procurement put to bid. In case of Small Scale Industries of Rajasthan it Shall be 0.5% of the quantity offered for services and in case of Sick Industries other than Small Scale Industries , whose cases are pending with Board of Industrial and financial reconstructions, it shall be 1% of the value of Bid. Every Bidder, if not exempted, participating in the procurement process shall be required to furnish the bid security as specified in the notice inviting bids.

d) The Bid Security shall be submitted zone wise **. At minimum bidders shall submit proposal for one whole Zone however; they can apply for more than one Zone and bidder shall submit proposal maximum for 7 Zones (31 Districts).** Bid security be submitted physically before date.
e) Scanned copies of RFP document with all papers duly signed and stamped along with originally filled RFP to be uploaded with page number on each page.
f) Scanned copies of all supporting documents and information with respect to the eligibility criteria and evaluation of the proposal. Photocopies of the supporting documents duly attested by Gazetted Officer of Central/State Government(s) or Notary Public and also signed by the person signing the RFP to be uploaded. Self attested photocopies of the supporting documents are permitted.
g) Well organized proposal (in a sequential manner having index in starting mentioning contents with page number) and each page signed and stamped by the authorized signatory of the bidder. Bidder may refer to the checklist for submission of proposal ***Annexure H*** before submission.
h) New service provider shall have to take over MMU/MMVs with equipments in "road worthy condition" from RMRS in 03 weeks time from the date of signing of Agreement. This 03 weeks time may be utilized for planning including handing over and taking over (HOTO). After 03 weeks time period, on completion of 21st day i.e. the 22nd day shall be considered as the date of commencement of whole fleet of vehicles as per the scheduled camp plans.

i) For Turnkey vehicles service provider shall be given 30 days for planning of vehicles to be provided on turnkey basis including HOTO. Date of commencement for whole fleet of vehicles on turnkey basis shall be minimum 30 days up to 60 days from the date of signing of Agreement. The date on which whole fleet of vehicles to be made operational with GPS Device in the field.

j) A written information to the state shall be given by the Service Provider for successful completion of process of hand over taken over (HOTO) of whole fleet with copy of HOTO Sheet/documents be sent on the email ID- **co_mmu.nrhm@yahoo.com** at the end of the third week for allotted vehicles and at the end of eighth week in case of turnkey vehicles.

k) Timely renewal of The PUC, Fitness Certificate and insurance of all MMU/MMVs and staff vehicles and scheduled for vehicles on turnkey basis shall be done by service provider during the tenure. **If they fail to do so then a penalty shall be imposed as per the penalty provisions given in the sub point 1 under point no.8 of Operational Parameters and Penalties**. At the completion of contract RMRS shall not accept any PUC, Fitness certificate and Insurance in expired condition. No vehicle shall be HOTO to the new service provider by RMRS without completion of any documents. Strict Action shall be initiated against the defaulter.

l) **3 months prior to HOTO the vehicles should be in road worthy condition.**

m) NHM shall not undertake any repair of the MMU/ MMVs during the agreement period.

n) **During the project period if any vehicle gets non-roadworthy condition/ heavy accidental damage than it is the responsibility of service provider to hire MMV like vehicles on Turnkey MMV rates and organize camps in the concerned blocks. (Refer Annexure- T-1 & T-2)**

o) The vehicle taken on turnkey basis shall not be more than 2 years old and not more than 50,000 K.M.

6.2 Financial Proposal to be submitted online

6.2.1 Bidders are required to submit the operational cost per MMU/MMVs /Month.

6.2.2 Financial proposal should be submitted on e-portal (eproc) mentioned above. Bidder shall submit operational cost for MMU/MMV/Turnkey vehicle per month for concerned Zone for operations.

6.2.3 Separate BOQ (Financial Bid Format) is generated for each district of respective Zone. Bidders are required to quote in for specific zone in the BoQ (Bill of Quantities) specified for.

6.2.4 Physical submission of the required (fees) DDs shall be done at State level as mentioned in the document.

7. Validity of the Bid Proposal

Validity of the proposal shall be 180 days from the date of opening of technical proposal.

8. Modification/withdrawal of the Proposal:

No bid shall be withdrawn/substituted or modified after the last date and time fixed for receipt of bids.

9. The bidders should note the following

a) That the incomplete bid document/proposal 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.

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

c) All communication and information should be provided in writing.

d) No change in/or supplementary information shall be accepted once the bid document/proposal is submitted. However, Project Authority reserves the right to seek additional information and/or clarification from the Bidders, if found necessary, during the course of evaluation of the bid document/proposal. Non submission, incomplete

submission or delayed submission of such additional information or clarifications sought by Project Authority may be a ground for rejecting the bid document/proposal.

e) The bid document/proposal 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.

f) The Bidder should designate one person ("Contact Person" and "Authorized Representative and Signatory") authorized to represent the Bidder in its dealings. 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, etc. The Covering Letter submitted by the Bidder shall be signed by the Authorized Signatory and shall bear the stamp of the firm.

g) Mere submission of information does not entitle the Bidder to meet an eligibility criterion. Committee constituted under the Chairmanship of MD, NHM reserves the right to vet and verify any or all information submitted by the Bidder.

h) If any claim made or information provided by the Bidder in the bid document/proposal or any information provided by the Bidder in response to any subsequent query by, is found to be incorrect or is a material misrepresentation of facts, than the bid document/proposal shall be liable for rejection. Mere clerical errors or bonafide mistakes may be treated as an exception at the sole discretion of Committee constituted under the Chairmanship of MD,NHM, if satisfied.

i) The Bidder shall be responsible for all the costs associated with the preparation of the bid document/proposal and any subsequent costs incurred as a part of the Bidding Process, NHM, Rajasthan shall not be responsible in any way for such costs, regardless of the conduct or outcome of this process.

j) **Time and date for online opening of Financial Bid shall be communicated later to technically qualified bidders**. The Rajasthan State Health Society, NHM Jaipur in exceptional circumstances and at its sole discretion, revise the time schedule (extension in time) by issuance of addenda(s).

k) The contract period shall begin from the date of signing of Agreement.

10. **Grievance Redressal during the RFP Process:-** Bidder shall refer to the ***Annexure C*** for the process of Grievance Redressal during the process of RFP.

Part-4

TERMS OF REFERENCE

1. **Project Profile:**
   As per Part-3 of this document.

2. **Expected Outcomes:**

2.1 Operational Aspects

I. 20 camps per month shall be the target for each MMU/MMV.

II. Average patients treated in camps shall be in the range between 1500-2000 patients per vehicle per month. Proper patient's record shall be maintained by bidder.

III. Overall operationalisation of the scheme shall be the responsibility of the service provider; it may seek support from district/ block authorities.

IV. Proposed coverage through Mobile Medical Services is 'C' category villages where no sub-center or PHC exists or health facilities are not adequately available.

V. The camp timings shall be minimum 5 hours at the camp site Timing Summer between 8 AM to 3 PM and Winter 9 AM to 4PM, total five hour compulsory at camp site excluding travel time. Service Provider shall ensure proper IEC in camp area about timing of camp. Camp timings shall be monitored through GPS devices. GPS devices shall be installed by NHM. (To upkeep the GPS device, bidder shall maintain the vehicle battery, proper wiring of vehicle etc. it's the responsibility of the bidder. Replacement / shifting of GPS devices would be chargeable). Service provider shall ensure regular monitoring of camps through GPS devices and the mechanism for monitoring shall be provided by NHM, Rajasthan. The GPS device shall be Rajasthan Accountability and Assurance System (RAAS) compatible device and as per directed by Govt. of Rajasthan.

2.2 Administrative Aspects

i. Service Provider shall involve all local Panchayati Raj bodies, members of the Village Health , ANM, ASHA, AWW, village school teacher in the camp so that better IEC, coordination and support be ensured.

ii. Date of camp and time shall be intimated to all the concerned villages well in advance and utmost care should be taken to maintain regularity in these camps as per the schedule. The camps shall be organized as per the camp schedule .Prior approval of camp plans should be mandatory from state/ district. The camp schedule should also be displayed at prominent places so that maximum number of patients can avail the services.

iii. Referrals should be made, based on the case, either to PHC, Community Health Centre, District Hospital or Medical College.

2.3 IT Aspects :-Camp Monitoring System /IT Enabled Mobile Medical System

Information related to the services to be provided/ facilitated by the NHM through Camp Monitoring System software/IT Enabled Mobile Medical System. These software for online reporting have been designed and developed by National Health Mission/Medical & Health Department, Rajasthan for monitoring of camps on regular basis.

The following are responsibilities, reports and information regarding Camp Monitoring System software/IT Enabled Mobile Medical System:-

1. Reporting- Daily/ monthly reports.
2. Detailed Information of Doctor & Other staff :- Photos of complete staff in full uniform shall be uploaded by service provider and details as per **Annexure AA**
3. Quarterly Camp plan shall be filled by Service Provider in advanced in CMS /IT Enabled Mobile Medical System by 28th of last month of previous quarter and get approval from concerned CMHO/BCMO through software.

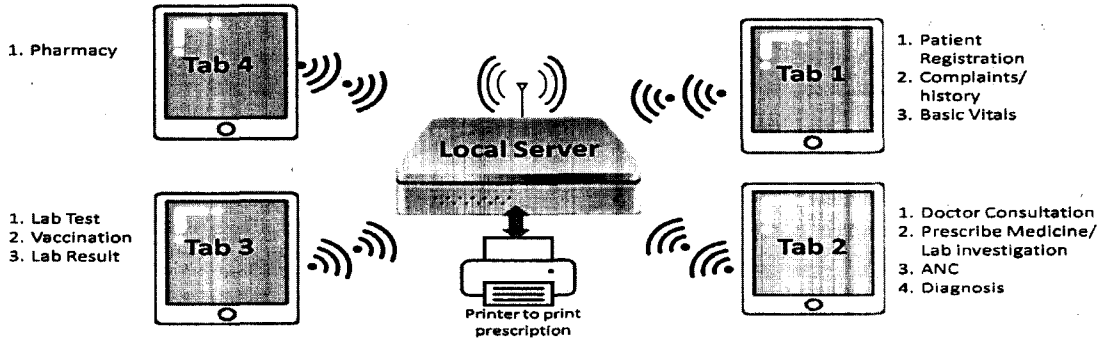
4. Camp postpone information should be uploaded by service provider well in advance. The prior information should be given on CMS software/IT Enabled Mobile Medical System latest by 8:00 AM on same camp scheduled day in the desired format.
5. Daily reports shall be submitted by respective service provider / RMRS within 24 hours of completion of camp on CMS software /IT Enabled Mobile Medical System.
6. Reports shall be uploaded strictly as per Monthly Reporting formats given at **Annexure V & W.**
7. Online submission of invoice on CMS software/IT Enabled Mobile Medical System shall be done on monthly basis till every 30th of each month by the service provider for payment purposes.
8. Online monitoring of GPS installed on Vehicles shall be done on daily basis through **GPS Monitoring system**.
9. The scanned photocopies of Registration certificate of doctors recruited by service provider shall be uploaded on CMS software/IT Enabled Mobile Medical System.
10. Provision to increase various reports as desired by NHM for effective monitoring and better management.
11. User management
12. Authenticated and Authorized users should be able to access the system.
13. All the financial records/MIS reports should be online.
14. Any other information prescribed by the District Health Society/ National Health Mission.
15. For any query related to CMS Software /IT Enabled Mobile Medical System Email at medicalcsr@gmail.com

IT Enabled Mobile Medical System :-

Government of Rajasthan has taken the initiative to IT enable the operations and monitoring of the Mobile Medical Services to improve the patient care. It's an initiative for electronic management of health information to deliver safer, more efficient, and better quality healthcare to the citizens of the state. Every MMU & MMV (Govt provided vehicle and Turnkey basis) shall be equipped with Tablet PC, server, printer, power backup/battery bank for power supply to hardware etc. **These devices shall be provided, maintained and managed by the service provider of MMU/MMV services .(Refer Table 1.1)**

Government of Rajasthan (GoR) has designed and developed a system to record patient's details along with services provided to them. Services offered/ provided by MMU/MMV like Patients registration, Medical History, OPD, ANC, Lab investigation, Medicine/ pharmacy etc. shall be entered in the mobile application by the service provider. Tracking and monitoring of all the information will be based on Bhamashah ID/ Jan Adhaar ID / Adhaar ID or any other Govt. provided ID only – List of acceptable IDs will be provided in due course. The software will have the facility to register patients based on these IDs. Software will work in offline mode where internet is not available. The data will sync with central servers when the vehicle comes in contact with internet. **GoR will provide the software training to the staff of the service provider in Train the Trainer mode. GoR will monitor all the reports centrally and will advice actions based on these reports from time to time.**

Hardware Architecture



Process Flow: As per above mentioned picture, there will be 4 tablet PCs for capturing details of patients. All tablet PCs will be connected to one local server for data synchronization. When Tab-1 submits any detail in the application, the data will sync with local server and will reflect in remaining all Tab's so that process will maintain. This data will be synced with central server at SDC when internet access is available. Service provider will ensure to provide internet access to the local server for data sync. All patients reporting will be taken by department through this system only. Service provider must ensure to enter details in this system. The OPD Slip format will be provided by NHM, service provider shall ensure to print OPD Slip in prescribed format provided by NHM.

Process flow(for Reference)

(Workflow may change from time to time. Appropriate changes will be done to the software remotely and will be deployed on the MMU/MMV servers remotely and the Service Provider teams will be trained accordingly)

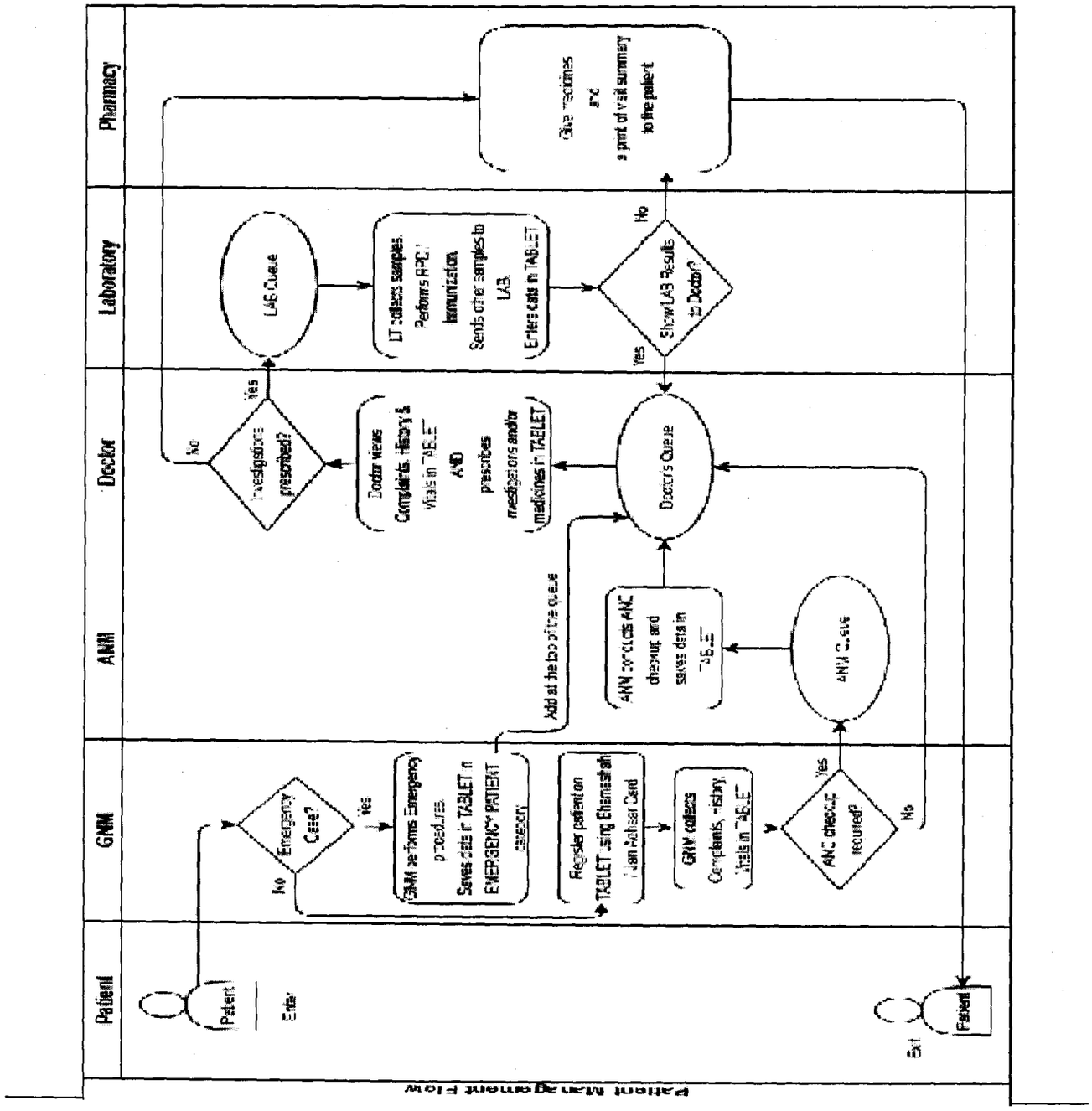


Table 1.1	
Minimum Hardware Specifications Required:	
1	Local Server - 2 Nos (Primary/DR)
	RAM - 4GB
	CPU - 64bit 1.5 GHz quad core (ARM preferred)
	USB 3.0 - 2 ports (Bluetooth Low Energy)
	USB 2.0 - 2 ports
	2.4 GHz and 5 GHz 802.11b/g/n/ac wireless LAN
	Gigabit Ethernet port
	HDMI - 1 ports
	microSD - 8GB
	mSATA connectivity/SATA - USB 3.0 connectivity
	Disk - 40GB M.2 SATA Disk
	mSATA to USB 3.0 SSD Enclosure MSATA SSD Case
	Small form factor enclosure/rack mountable
	Dongle for internet connectivity
2	Android Tablet - 4 Nos
	Android (v7.0 minimum)
	RAM 4GB
	QUAD CORE Processor
	32GB Internal Memory
3	Wi-Fi enabled
	Dual band (2.4GHz and 5 GHz)
	Fast/Gigabit Ethernet
	or more Ethernet ports for LAN connectivity
4	LaserJet/Dot-Matrix Printer- 1
5	UPS Backup with Battery - 1 KVA capacity
6	LAN cables, power cords and extension cords
7	Stationery

3. Procurements, Repair & Maintenance :

i. **All procurements** (if any) required for implementation of the project shall be undertaken by the Service Provider in a fair and transparent manner to ensure cost efficacy. Change of Vehicle Parts and equipments if required shall be done by Service provider with the permission of the Concerned CMHO. Ensuring the originality of parts and equipments may be replaced with prior consent from CMHO level. If any part or equipment is replaced without prior consent from CMHO than strict disciplinary action shall be taken against the service provider.

ii. **Medicines**: - Medicines shall be provided to these vehicles through free drug distribution under Mukhya Mantri Nishulk Dava Yojana (MNDY) In case any particular medicine is not made available to the service provider from District Drug Ware House under MNDY, the service provider shall take NAC (Non-availability Certificate) for the same from DDW. This NAC shall be given to respective CMHO after which CMHO shall provide that medicine to the service provider or service provider can procure the required medicines after consent from respective CMHO.CMHO shall also ensure the online requisition of funds for medicines to be given by respective DDW and send to State RMSCL.

iii. **Laboratory consumables**: - Lab consumables shall be made available by the respective CMHOs on the basis of indent raised by service provider from time to time. For availability

of Lab consumables the funds shall be provided to respective District Health Society through State.

iv. **Repair of equipments:-** Repair of large equipments and replacement of lab consumables./ small equipments if necessary shall be the responsibility of service provider.

v. **All non-consumable procurement** (if made) done for installation in the MMVs shall become assets of the project which shall have to be handed over "in perfect" and "operative conditions" to the NHM on termination/completion of the project. Proper records of such assets shall be maintained by the Service Provider in the project accounts.

vi. Vehicle battery and wiring should be properly managed and maintained, repaired, replaced to keep the GPS device responsive. In case of any damage & tampering with GPS devices, wiring & accessories the cost of replacement of GPS device, visit charges, travelling charges & other applicable charges would be borne by the service provider. The charges would be paid to GPS service Provider. In case of any tempering with GPS device the penalty should be imposed as per sub point 20 of point 8 operation parameters and penalties.

4. <u>Responsibilities of the Service Provider:</u>

i. Implementation of the project as per terms and conditions of the Agreement in the State of Rajasthan.

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

iii. Procurements as per Para 3 of Terms of Reference.

iv. 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. Implementation of sound management practices, employing appropriate advanced technology and safe methods. In respect of any matter relating to the Agreement, always act as faithful partner to the NHM and shall all times support and safeguard the NHM's rational interests in any dealing with the contracts, sub-contracts and third parties.

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

vi. 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 Mis-representation of facts in order to influence implementation process of the project in detriment of the NHM.

vii. Recruit, train and position qualified and suitable personnel for implementation of the project at various levels. **<u>The staff so engaged/recruited/appointed shall be exclusively on the pay rolls of the Service Provider and under no circumstances this staff shall ever have any claim, whatsoever for appointment with the NHM/ Government</u>**. **<u>The Service Provider shall be fully responsible for adhering to provisions of various laws applicable on them including Labor laws.</u>** In case the Service Provider fails to comply with the provisions of applicable laws and thereby any financial or other liability arises on the NHM by Court orders or otherwise, the Service Provider shall be fully responsible to compensate to the NHM for such liabilities. For realization of such damages, NHM may even resort to the provisions of Public Debt Recovery Act or other laws as applicable on the occurrence of such situations.

viii. If no staff vehicle is present with MMU then service provider has to hire vehicle in place of staff vehicle such that the rates do not exceed MMU (diagnostic + staff vehicle) rates in that district.

ix. Adherence to the mutually agreed time schedules.

x. The bidder should submit valid Insurance policy and cover note for MMU/MMV with a valid receipt issued by the Insurance Company preferably Nationalized Insurance Companies and handbills, literature, copies used for IEC activities

xi. Ensuring proper and timely monitoring of the services.

xii. To submit various reports, camp plans and information within the stipulated time frame as desired by the Mission Director, National Health Mission as well as District Health Societies.

xiii. Under no circumstances, the Service Provider shall entrust/sublet the services. No Power of Attorney shall be sublet. If found so, the performance security of the service provider shall be forfeited and process of termination of services shall be undertaken. Any kind of fraud to the Govt. shall lead to stopping the payment of such vehicles for said period of time without assigning notice or hearing.

xiv. Strict adherence to the stipulated time schedules for various activities.

xv. Ensure proper service delivery as per the guidelines laid down by the NHM.

xvi. To ensure adequate IEC activities.

xvii. Maintenance of all medical and non medical equipments and vehicle.

xviii. 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 of staff or patient)** 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.

xix. Staff should be present in following dress code:-

Sr. No.	Post	Dress Code
1	Doctor	Apron (White)
2	Other Staff	White Dress
3	Driver	Blue shirt ,Black pants

a) It is the responsibility of service provider to provide ID cards to all staff as per **Annexure AA.**, also to ensure that all staff wears ID at the camp site during whole duration of camp.
b) Service Provider shall provide one laptop along with internet connection (data card) for each vehicle for reporting purpose.

5. Responsibility of Government.

i. District Health Society shall provide appropriate assistance in implementation of the project.

ii. Timely settlement of claims at the agreed terms in accordance with the provisions of the Agreement.

iii. To lay down guidelines from time to time for operation of the services.

iv. Prescription of a set of quantifiable indicators & financial guidelines from time to time.

v. To conduct regular monitoring and evaluation (by itself or by external agency) of the project activities such as inspections based on quantifiable indicators and reports received from the Service Provider.

vi. **Zone wise monitoring of vehicles** :- Camp should be monitored every month under the supervision of the Joint Director of each zone . For this purpose one operator with computer shall be stationed at head office of service provider who shall also coordinate with DPM/CMHO.

6. Commencement and duration of the project:

Date of Commencement shall be the date of signing the Agreement. Duration of the project shall be for 3 years from the date of commencement or project period whichever is earlier. On mutual agreement, extendable as per period specified under RTPP Act.2012 and RTPP Rules 2013. Additional Performance security shall also be deposited for extended period.

7. Bid Security & Performance Security:

7.1 The bidder shall deposit Bid Security amounting to Rs. (Rupees .....for the particular zone a bidder has applied) in form of DD/Banker's Cheque/BG of scheduled bank in favor of "Rajasthan State Health Society" along with the bid.

7.2 Bid Security shall be. i.e. 2% of the project cost per Zone for 36 months.

Sr No.	Name of Zone	2% Bid security Amount (In Lacs)
1	Ajmer	48.15
2	Bharatpur	33.42
3	Bikaner	35.35
4	Jaipur	50.10
5	Jodhpur	69.63
6	Kota	12.15
7	Udaipur	73.77
8	**Total**	**322.60**

7.3 **Bid Forfeit :-** In the absence of the Bid Security, bid document/proposal shall be rejected. The Bid Security shall be forfeited in case the bidder withdraws or modifies the offer after opening of the bid or he does not execute the Agreement and deposit Performance Security within specified time. Bid Security of unsuccessful bidders shall be refunded after final agreement with the successful bidder. **The Bid Security be submitted in physical form on 06.01.2020 upto 5:00 PM.**

7.4 The bidder whose proposal is accepted and order issued shall have to deposit performance security within 15 days of award of contract, of an amount (in multiples of the MMUs/MMVs bidder is selected for in the concerned zone) in prescribed form. Amount of Bid Security can be adjusted into the Performance Security. **Performance Security shall be 5% of the project cost per MMU/MMV per annum.**

7.5 **Bid security:-**

The Bid Security may be given in the form of banker's cheque /demand draft /in Bank guarantee/Fixed Deposit in specified format, of a scheduled bank. The bid security must remain valid thirty days beyond the original or extended validity period of the bid.

7.6 **Declaration of successful bidder:- The successful Bidder shall be L_1 in having lowest rate in financial proposal in a particular Zone applied.**

7.7 **Performance Security:-**

Performance Security shall be deposited as Bank Guarantee/s of a scheduled bank. It shall be got verified from the issuing bank. Other conditions regarding bank guarantee shall be same as mentioned in the rule 42 of bid security of RTPP Rules 2013. Performance security furnished in the form specified in clause (b) to (e) of sub- rule (3) of Rule 75 of the said Rules 2013 shall remain valid for a period of ninety 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 Rajasthan State Health Society, Jaipur within 15 days of the award of contract & before signing of Agreement.

7.8 Performance Security is for due performance of the contract. It can be forfeited by the NHM in the following circumstances-

a. When any terms or conditions of the Agreement are infringed.

b. When the Service Provider fails to provide the services satisfactorily.

Notice shall be given to the Service Provider/Bidder with reasonable time before the Bid Security/ Performance Security is forfeited.

7.9 **Payment terms of the project:**

Payment in the project shall be on reimbursement basis in accordance with the provisions of the Agreement. Claims/reimbursements are envisaged on monthly basis on submission of bills/invoices (claims) by the Service Provider as per checklist for payment of bills in **Annexure R**. There shall not be any advance payment for any activity of the project. Payment shall be made after all due deductions made at source. Invoices information shall be uploaded on CMS software on monthly basis by service provider.

7.10 **Bills/ Invoices:-** Bills/ Invoices of the previous month has to be submitted by service provider at district level latest by 10th of each month.

8. Operational Parameters and Penalties:

Following are the broad operational parameters and norms for imposition of penalty with regard to default in management and operations of the project:

Table

SNo.	Implementation activity	Operational Parameters	Penalty in case of default
1.	Commencement of the service with MMUs/MMVs	Within 21 days from signing of the Agreement.	@ Rs 3,000/-(Rs Three Thousand) per vehicle per day after 21 days from the signing of the Agreement.
2.	Organization of camps in a month	20 camps in a month. Monitored through IT enabled Mobile Medical System	If less than 20 camps are organized than it would be treated as camp not held .Payment of that month would be deducted proportionately in addition to that a penalty of Rs 5000/-(Rs Five Thousand) per camp shall be levied.(This penalty shall be for 1month otherwise action for termination of contract must be initiated)
3.	OPD in a camp	Service Provider shall ensure OPD range of 1500-2000 patients in a month with one MMU/MMV. The details of OPD shall be taken through IT enabled Mobile Medical System	In case the Service Provider performs lesser than the aforesaid targets then penalties shall be levied as below:- Performance Criteria: Penalty In Rs. OPD is < 1000 patients: Rs.5000/- (Rupees Five Thousand Only)
4.	Absenteeism of staff/ staff not in uniform	Absenteeism not allowed. In case of urgency or leave etc. alternative effective arrangements shall have to be made positively.	Penalty shall be @ 1000 per person/staff per day. **BUT IF DOCTOR IS ABSENT IT SHALL BE TAKEN AS "CAMP NOT HELD"**
5.	Diagnostic Vehicle is not present in the camp.	It shall be taken as camp not held.	As per point no. 2
6.	Non Functional Vehicle	If vehicle remains Non Functional for more than a day, other than the maintenance schedule, proportionate deductions shall be affected from claims.	Penalty @ Rs. 1000 /-(Rs One Thousand) per day along with proportionate deductions shall be made.
7.	Proper IEC of the camp well before 7 days.	IEC activities should be such that it attracts minimum average OPD of 1500-2000 patients in a month per MMU/MMV.	Deduction as point no. 3.
8	If vehicles are not found on the camp site for the	The vehicles shall be monitored by district	In case the vehicle is not found on the place already scheduled for

	scheduled time for the camp. (As per the camp plan)	authority and GPS control room established at State Head Quarters as per the camp schedule at the State HQ prior to commencement of the quarter. (using GPS Tracking mobile app and web portal)	the camp, than it shall be taken as camp is not held, if the service provider fails to furnish a justified reason for the same. In case vehicle is not found in the camp for the scheduled time than proportionate deductions shall be affected from the claims of the service provider & penalties as in point no. 2 above.
9	If vehicles are not maintained as per the manufacturer's maintenance schedule	Service provider shall be required to submit the bills related to maintenance of vehicles and equipments as per the maintenance schedule intimated by NHM as a proof of regular maintenance being done. .(As per **Annexure AB**)	In case Service provider fails to maintain the vehicles as per the manufacturer's maintenance schedule than penalty of Rs. 5000/- per default shall be charged from the claims of service provider.
10	Medicines and lab consumables	If the Medicines and Lab consumables are found short in stock / expired as per the checklist in proper quantity. .(As per **Annexure X**)	Rs.1000/-(Rs One Thousand) penalty deduction shall be imposed on monthly payment.
11	Equipments	If the Equipments are not found in quantity/ functional status as per the checklist in proper quantity. .(As per **Annexure Y, AD& AF**)	
12	Cleanliness	If vehicles general cleanliness is poor.	
13	Staff Uniform	If staff is not present in uniform	
14	OPD Register/Medicine Stock Register/Log Book	Log Book not maintained properly	
15	Timely renewal of PUC, Fitness and Insurance certificate	Related Photocopies of documents not found in vehicle/Timely renewal not done.	
16	Registration Certificate of Doctors and photographs of all staff	Upload updated Doctors Registration Certificate and photographs of all staff on CMS software.	Rs.1000/- (Rs One Thousand) penalty deduction shall be imposed on monthly payment.
17	Advanced Camp Plan Schedule	Advance Camp plan Schedule of 3 months shall be uploaded by service provider on CMS software/ IT enabled Mobile Medical System	

18	Camp postpone	**Service provider is allowed to postpone only 3 camps per vehicle per month.** If >3 camps required to postpone in a month than service provider shall take prior approval from concerned BCMO/ CMHO and approved information shall be shared in the desired format on CMS Software/ IT enabled Mobile Medical System by 8 AM on scheduled camp day.	Rs.1000/- (Rs One Thousand) penalty deduction shall be imposed on monthly payment.
19	GPS device is available and found functional	The authority is able to track the vehicle and its location.	Rs. 1000/- (Rs One Thousand) penalty deduction shall be imposed for each GPS device per day if found Tampered.
20	Availability of vehicles on turnkey basis.	After stipulated time (61st day from the date of signing of agreement) mobile medical vehicles should be made available on turnkey basis by service provider.	If after stipulated time (61st day from the date of signing of agreement) mobile vehicles are not made available on turnkey basis then the rates agreed for turnkey vehicles shall be deducted from total bills of that district per default per month.
21	IT enabled Mobile Medical System	All Equipment mentioned in table no.1.1 shall be functional	Rs.1000/- (Rs One Thousand) penalty deduction shall be imposed on monthly payment

It is the duty and responsibility of the Service Provider/s to manage and ensure organizing of camps successfully and strictly as per RFP.

9. Verification-

9.1 Service provider shall submit verified camp held status for every camp duly signed by Principal/School Teacher of school in the area where camp is organized before leaving from camp site, same shall be shared with BCMO, CMHO and uploaded on CMS Software.

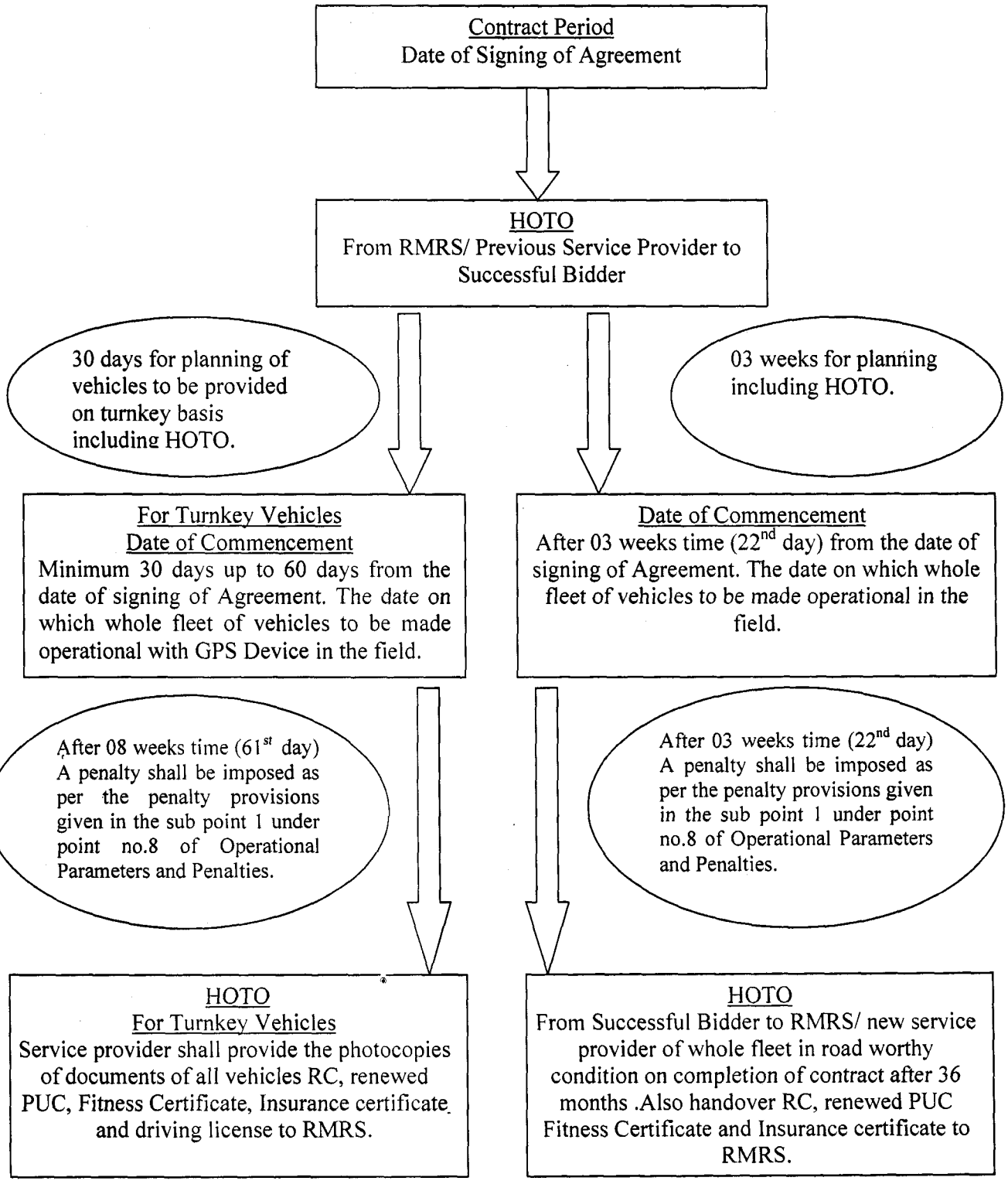
9.2 All the camp has to be verified by BCMO.

Note:- At the time of HOTO the District shall provide vehicles with renewed fitness, pollution under control certificate and insurance certificate.

9.3 The amount of penalties shall be recovered from the claims submitted by the Service Provider. In the absence of any claim(s), these can be recovered from Performance Security as per provisions of the Public Debt Recovery Act.

10. Process flow from signing of Agreement to completion of contract.

Flow Chart



Note:-

i. From the date of HOTO the service provider shall replace the current non functional MMUs in phase manner within 60 days by Turnkey vehicles. Service provider shall ensure that the services of respective block should not be hampered.

ii. If after stipulated time mobile vehicle are not made available on turnkey basis then the rates agreed for turnkey vehicles would be deducted from total bills of that district per default.

11. Monitoring and Evaluation:

i. The performance shall be reviewed monthly by respective District Collector in District Health Society Meeting and quarterly by the MD, NHM.

ii. The District Chief Medical & Health Officers and other designated district/block officials shall time to time oversee the activity within their respective districts in field inspections and as per instructions of MD, NHM.

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

iv. Evaluation of performance may be undertaken on half yearly basis by an external agency to be engaged by NHM.

12. Force Majeure:

i. The term 'Force Majeure' means an event which is beyond the reasonable control of a party which makes the party's performance of its obligations under the Agreement impossible under the circumstances.

ii. 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-

a) Has taken all reasonable precautions, due care and reasonable alternative measures in order to carry out the terms and conditions of the Agreement, and

b) Has informed the other party as soon as possible about the occurrence of such an event.

13. Suspension/Termination of the Agreement:

13.1 **Rajasthan State Health Society, Jaipur may, by written notice suspend the Agreement if the Service Provider fails to perform any of his obligations as per Agreement including carrying out the services, such notice of suspension-**

a) Shall specify the nature of failure, and

b) Shall request to remedy such failure within a period not exceeding 15 days after the receipt of such notice by the partner.

13.2 **The NHM may terminate the MoU by not less than 30 days written notice of termination to the Service Provider, to be given after the occurrence of any of the events specified below and/or as specified in Agreement-**

a) If the Service Provider does not remedy a failure in the performance of his obligations within 60 days of receipt of notice or within such further period as the NHM have subsequently approved in writing.

b) If the Service Provider becomes insolvent or bankrupt.

c) If, as a result of force majeure, the Service Provider is unable to perform a material portion of the services for a period of not less than 30 days: or

d) If, in the judgment of the NHM, Rajasthan, it is engaged in corrupt or fraudulent practices in completing for or in implementation of the project.

e) After proper inspection by NHM level, Notice must be issued to such service provider and process to debar such service provider to participate in future tenders must be initiated.

14. Saving Clause:

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.

15. Settlement of disputes:-

15.1 **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 initially to the District Health Society and if not resolved then referred to Mission Director, National Health Mission.

15.2 **Arbitration**

If the parties fail to resolve their dispute even after the decision of MD, NHM within 30 days of commencement of meeting 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 shall 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 sole arbitrator to be appointed by the NHM. The Arbitrator in these disputes shall be Additional Chief Secretary/ Principal Secretary Medical & Health, GoR. 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.

16. Right to accept or reject any of the proposal:

Rajasthan State Health Society, Jaipur reserves the right to accept or reject any proposal and to annul the bidding process and reject all Bids at any time prior to award of contract, without thereby incurring any liabilities to the bidders. Reasons for doing so shall be recorded in writing.

17. Award of contract and execution of Agreement:

On evaluation of RFP and decision thereon, the selected Service Provider shall have to execute an Agreement with N.H.M. within 15 days from the date of issue of letter of intent. This Request for Proposal along with documents and information provided by the Service Provider shall be deemed to be integral part of the Agreement. Before execution of the Agreement, the Service Provider shall have to deposit Performance Security as per provisions of RTPP Act.

18. Jurisdiction of Courts:

All legal proceedings, if arise to be instituted by any of the parties shall have to be filed in the courts having Jaipur Jurisdiction only and not elsewhere.

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 shall 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, Worker 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.

Annexure-B

Declaration By The Bidder Regarding Qualifications

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 and rules 2013, 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 administrated by a court or a judicial officer , not have my/our business activities suspended and not the subject of legal proceeding for any of the forgoing 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 qualification 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 Documents, which materially affects fair competition;

Date:

Signature of Bidder(In blue ink only)

Place:

Name:
Designation:
Address:

Annexure-C

Grievance Redressal During Procurement Process

(1) **Filling 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 provision 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 (10) days from the date of such decision or action, omission, as the case may be, clearly giving the specific ground or on grounds on which he feels aggrieved.

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

(2) The officer to whom an appeal is filed under Para (1) shall deal with the appeal as expeditiously as possible and shall endeavor to dispose it of within thirty (30) days from the date of the appeal.

(3) If the officer designated under Para (1) fails to dispose of the appeal filed within the period specified in Para (2) or if the Bidder or prospective bidder or the Procuring Entity is aggrieved by the order passed by the first Appellate Authority, the Bidder or prospective bidder or the Procuring Entity, as the case may be , may file as second appeal to Second Appellate Authority specified in the Bidding Document in this behalf within fifteen (15) days from the expiry of the period specified in Para (2) or of the date of receipt of the order passed by the First Appellate Authority, as the case may be.

(4) **Appeal not to lie in certain cases**

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

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

(5) **Form of Appeal**

(a) An appeal under Para (1) or (3) above shall be in the annexed form along with as many copies as there are respondents in the appeal.
(b) Every appeal shall be accompanied by as order appealed against. if any, affidavit verifying the facts stated in the appeal and proof of payment of fee.
(c) Every appeal may be presented to First Appellate Authority or Second Appellate Authority, as the case may be, in person or through registered post or authorized representative.

(6) **Fee for filling appeal**

(a) Fee for first appeal shall be Rupees Two Thousand Five Hundred (Rs. 2,500/-) and for second appeal shall be Rupees Ten Thousand (Rs. 10,000/-) which shall be non-refundable.

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

(7) **Procedure for disposal of appeal**

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

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

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

ii. Peruse or inspect documents, relevant records or copies thereof relating to the matter.

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

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

- **The designation and address of the First Appellate Authority is Mission Director, NHM.**
- **The designation and address of the Second Appellate Authority is Additional Chief Secretary / Principal Secretary, Medical & Health. Dept. Swasthya Bhawan, Tilak Marg C-Scheme Jaipur.**

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 Appellant Authority)

1. Particulars of appellant:
   i. Name of the appellant:
   ii. Official address, if any:
   iii. Residential address:
2. Name and address of the respondent(s):
   i.
   ii.
   iii.
3. Number and date of the order appealed against and name and designation of the officer/authority who passed the order (enclosed copy), or a statement of a decision, action or omission of the Procuring Entity in contravention to the provision 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. Ground 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 shall 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 quality, 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 subtotal, 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 in 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.

Annexure- E
Application Format

APPLICATION FORMAT		
1.	Proposal submitted for the project	Proposal submitted for the project: '**Management & Operations of Mobile Medical Services 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 :	Project Director, NHM 2nd Floor, Swasthya Bhawan, Tilak Marg, Jaipur-302005 (Rajasthan) Room no. 216
4.	Reference of the Notice for invitation of proposals.	No.....date.....
5.	Reference of deposit of document Charges	1.Receipt/DDNo...date..... For Rs..... 2.Receipt/DDNo... date ... For Rs..... 3.Receipt/DDNo... date ... 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 F

Format of The Covering Letter

(The covering letter is to be submitted by the Bidder as a part of the RFP)

Date:
Place:

The Mission Director,
National Health Mission,
Rajasthan State Health Society,
.....District

Dear Sir,

Sub: Selection of a Bidder for Management & Operations of Mobile Medical Services in Rajasthan.

Please find enclosed our "Request for Proposal" (RFP) in response to the issuance of RFP by NHM for Selection of a Bidder for **Management & Operations of Mobile Medical Services in Rajasthan**. We hereby confirm the following:

- The RFP is being submitted by ..... *(Name of the Bidder)* in accordance with the conditions stipulated in the RFP/RFP Documents.
- We have examined in detail and have understood the terms and conditions stipulated in the RFP Document issued by NHM and in any subsequent corrigendum sent by NHM. We agree and undertake to abide by all these terms and conditions. Our RFP is consistent with all the requirements of submission as stated in the RFP Document or in any of the subsequent corrigendum from NHM.
- ..... *(Mention the name of the Bidder)*, satisfy the legal requirements laid down in the RFP Document. We as the Bidder designate Mr./Ms. ..... *(mention name, designation, contact address, phone no., fax no., E-mail id, etc.)*, as our Authorized Representative and Signatory who is authorized to perform all tasks including, but not limited to providing information, responding to enquiries, entering into contractual commitments, etc. on behalf of us in respect of the project.
- We affirm that this proposal shall remain valid for a period of *180 days* from the last date for submission of the RFP. NHM may solicit our consent for further extension of the period of validity.

For and on behalf of

Signature (with seal)
(Authorized Representative/ Signatory) (Blue Ink Only)
Name of the Person.....
Designation.....
(Kindly attach the authorization letter)

Annexure G

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 confirm 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:

( )

Signature of authorized signatory

Date:

Designation and Official Seal

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

Annexure-H

Checklist for Submission of Proposal

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

Sr.No.	List of Documents (A)	Yes/ No	Page No.
1	To demonstrate annual turnover/gross receipts in this segment of the last 3 (Three) Financial Year. (as per Part-3 sub point 1.3)		
2	In case of a Consortium, Audited Annual Reports and financial statements of all the Members of Consortium		
3	Board Resolutions (as per **Annexure M**)		
4	Joint Bidding Agreement (as per **Annexure M**)		
5	Anti -Collusion Certificate (as per **Annexure L**)		
6	Financial Capability of the Bidder duly certified by CA (as per **Annexure J**)		
	List of Documents (B)		
1	DD for cost of RFP of Rs 10,000/- (in Rs. Ten Thousand Only) in favor of Rajasthan State Health Society payable at Jaipur (Non refundable) scanned copy with online proposal.		
2	DD towards RISL Processing fees for Rs 1000/- (in Rs. One Thousand Only) in favor of MD, RISL payable at Jaipur (Non refundable) scanned copy with online proposal.		
3	Bid Security DD/ Banker's Cheque/ Bank Guarantee for Rs. .....in favor of "Rajasthan State Health Society Jaipur" scanned copy with online proposal.		
4	Duly filled up Application Format (as per **Annexure- E**)		
5	Covering Letter cum project undertakings (as per **Annexure-F**)		
6	Format for undertaking (as per **Annexure-G**)		
7	Details of all information related to past experience and background should describe the nature of work, name and address of client, date of award of assignment, size of the project etc. (as per **Annexure –I**)		
8	A summary of relevant past experience and its registration should also be provided (as per **Annexure- K**)		
9	Affidavit for Declaration (Anti Collusion Certificate) mentioning that the applicant/ Consortium will not collude with the other applicants (as per **Annexure-L**)		
10	Power of Attorney authorizing the signatory of signing the proposal on behalf of the proposer/ Bidder (as per **Annexure-N**)		
11	In case of consortium, original Power of Attorney for signing of application by the lead member (as per **Annexure-O**)		
12	Letter of Exclusivity (in case of application by consortium) (as per **Annexure-P**)		
13	Affidavit certifying that entity/ promoters/ Directors/ members of an entity are not blacklisted (as per **Annexure-B**)		
14	Proposed organization structure and Curriculum Vitae (CV) key personnel to be involved in the operation of the project.		
15	Service Tax Clearance Certificate/ No dues from the assessing officer.		
16	Certificate of relevant experience issued by government or any other organizations by a competent authority.		

Annexure- I

Proposal Format For Organization

Selection A: Organization Profile

1. Name of the Organization:
2. Registered Address:

   DISTRICT PIN:
   Tel: Fax:
   Email:
   Website (if any):

3. Postal Address:
   DISTRICT PIN:
   Tel: Fax:
   Email:
4. Legal Status:

S.No.	Particulars	Registration no.	Date
I.	Public Charitable Trust Act		
II.	Society under Societies Registration Act		
III.	Non-profit company under Indian Companies Act 1956		
IV.	Registration under Foreign Contribution (Regulation) Act, 1976		
V.	Registration under MSME act or their states counter parts.		
VI.	Private Hospital which fulfills the required criteria		
VII.	Income tax registration:		
VIII.	- Under Section 12A		
IX.	- Under Section 80 G		
X.	- Under Section 35 CCA		
XI.	- Any other Section		
XII.	GST		

S.NO.	Name of Zone Applied For	Name of District (in concerned zone) Applied For	Number of Vehicles applied For.	D.D. Number & Date	Bank name and Branch	EMD Amount (in Rs) as per Annexure Z
1						
2						
3						
4						

5. Bank Details:

Bank Name	Branch Name	Account No.	I.F.S.C. Code

6. Details of the Contact Person:

Name:
Designation:
Contact No:
E-mail:

Photograph of contact person

7. Members Associated with the Organization:

S.No.	Name	Nationality	Occupation/ qualification	Position held in the organization	Relationship with any other office bearers (if any)	Address

Section B: Operational Background

1. Project/ Program related to village level health outreach activity:

SNo.	Name of the program	Period		No of outreach camps per month	Details of the Program	Total Budget	Source of fund
		From	To				

2. No. of Project/ Program related to Health:

S.No.	Name of the program	Duration	Period		Total Budget	Source of fund
			From	To		

3. Staff Details (Kindly provide the details of 5 key positions in the organization)

S.No.	Name of Staff	Position	Qualification	Mobile No	Working since	Photo
						(Paste photo here)
						(Paste photo here)
						(Paste photo here)
						(Paste photo here)
						(Paste photo here)

4. Any previous association/working experience with Govt. Sector? If yes, please provide the details:
5. Copy of Order/Experience Certificates (year 2016-17,2017-18 and 2018-19)

Section C: Proposal for Management & Operations of Mobile Medical Units and Mobile Medical Vans in outreach areas of Rajasthan.

- Technical proposal

Section D: Basic Documents required to be submitted along with the proposal for Evaluation

1. Copy of Trust Deed if registered under Trust Act.
2. Copy of Memorandum and Rules if registered under Society Registration Act.
3. Annual Report of last one year
4. Audited Accounts of 3 Years (year 2016-17, 2017-18 and 2018-19). (If audited balance sheet of 2018-2019 are not available than bidder should submit CA Certificate for 2018-2019.)
5. Organizational Chart
6. Legal Status of the society-Copy of Registration Certificate
7. Copy of PAN ,TAN Number, GST Number
8. Latest GST Clearance Certificate
9. Copy of Income Tax Return File of three years (year 2016-17,2017-18 and 2018-19)
10. Any other document relevant to the proposal.

Annexure J

Certificate (On Letter Head of CA)

This is to certify that I have verified the Books of Account and relevant documents of M/s.....having its registered office at ..... District & State..... The total turnover as per Books of Accounts produced before me for verification is as follows:-

Sr.No.	Financial Year	Total Turnover
1	2016-17	
2	2017-18	
3	2018-19	
	Average Turnover in the last three Years.	

According to above information average annual turnover is Rs...../-

Sign & Seal of (In blue ink only)

Chartered Accountant

Date:-
Reg. No.:-

Annexure-K

Format for Experience Certificate

The bidder should provide the experience details of services provided at each location/State:-

S.No.	State	District	Description of Project with period (in completed years)	No. of MMU/MMV Operationalised	Copies of work orders enclosed (yes/no)	Any other supporting document/experience certificate enclosed (yes/no)	Name & Designation of Certificate issuing authority

Annexure-L

Format Anti-Collusion Certificate

(On the letter head of the Single Entity / each Members of Consortium)

I/We hereby certify and confirm that in the preparation and submission of this Proposal, I/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.

I/We further confirm that we have not offered nor shall offer any illegal gratification in cash or kind to any person or agency in connection with the instant Proposal.

Date this ..... Day of .....201_.

Name of the Bidder

Signature of the Authorized Representative

Name of the Authorized Representative

Note: To be executed by each member, in case of a Consortium

Annexure-M

Board Resolution For Bidding Entities

Format for Lead Member

- "RESOLVED THAT approval of the Board be and is hereby granted to join the Consortium with_____, _____ and _____ (name and address of the Consortium members) for joint submission of bids to Department of Medical and Health, Government of Rajasthan for "**Management & Operations of Mobile Medical Services in Rajasthan**" called the "Project".
- "RESOLVED FURTHER THAT the "Draft" Memorandum of Understanding ("MoU) to be entered into with the Consortium partners (a copy whereof duly initialed by the Chairman is tabled in the meeting) be and is hereby approved."
- "RESOLVED FURTHER THAT Mr. _____(name), _____(designation) be and is hereby authorized to enter into an MoU, on behalf of the company, with the Consortium members and to sign the bidding documents on behalf of the Consortium for submission of the bidding documents and execute a power of attorney in favor of the Company as Lead Member."

Format for Members

- "RESOLVED THAT approval of the Board be and is hereby granted to join the Consortium with_____, _____ and _____ (name and address of the Consortium members) for joint submission of bids to Department of Medical and Health, Government of Rajasthan for "**Management & Operations of Mobile Medical Services in Rajasthan**"
- "RESOLVED FURTHER THAT the "draft" Memorandum of Understanding ("MoU) to be entered into with the Consortium partners (a copy whereof duly initialed by the Chairman is tabled in the meeting) be and is hereby approved."
- "RESOLVED FURTHER THAT Mr. _____(name), _____(designation) be and is hereby authorized to enter into an MoU with the Consortium members and execute a power of attorney in favor of _____ to act as the Lead Member"

ANNEXURE- N

Power of Attorney

Format for Power of Attorney for Signing of Application
(On a Stamp Paper of relevant value)

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 operationalisation of MMU/MMV services 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 Dept. Of MH&FW, GoR, and generally dealing with Dept. 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 _____20_

For _____

(Name, Designation and Address)
Accepted
_____**(Signature) (In blue ink only)**

(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 O

Power of Attorney For Lead Member

Format for Power of Attorney for Lead Member of Consortium
(On a Stamp Paper of relevant value)

Whereas the Department of Health and Family Welfare, Government of Rajasthan (GoR), has invited applications from interested parties for operationalisation of MMU/MMV services in Rajasthan.

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)

Annexure-P

Letter of Exclusivity

I, we, _____, hereby declare that we are/ shall 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) (In blue ink only)

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

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

Annexure Q

Agreement

1. An Agreement made this.....day of.....between..... ..... (Hereinafter called "the approved Second Party", 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 Mission Director, National health Mission (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 operationalise MMU/MMV services in Rajasthan in the manner set the terms of the Request for Proposal (RFP) and Schedule of Rate appended herewith.
3. And whereas the selected and approved service provider has deposited a sum of Rs..... (Rupees.....) Only in the form of ..... as security for satisfactory performance of the Project.
4. Now these present witnesses:
5. In consideration of the payment to be made by the Government through Mission Director, National Health Mission, Rajasthan at the rate set forth in the Schedule hereto appended, the approved service provider shall duly and satisfactorily implement the project in the manner set forth in the terms of the RFP.
6. The terms of the RFP appended to this Agreement shall 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 First Party 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 shall, through Mission Director, National 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 shall be as specified below-

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

9. Termination /Suspension of Agreement

i. The First Party 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 –

ii. Shall specify the nature of failure, and

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

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

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

b. If the service provider becomes insolvent or bankrupt.

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

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

Signature of the
Approved service provider,
Date:

Witness1

Witness 2

Mission Director,NHM
Signature & Designation
Date:

Witness 1

Witness 2

Annexure- R

Checklist for Payment of Bills

1. Original Bill	Yes	No	Page No.
2. Block wise Bills	Yes	No	Page No.
3. Verification of all camps by (A) Principal/School Teachers and (B) BCMO	Yes	No	Page No.
4. Copy of Log Book	Yes	No	Page No.
5. Supporting Bills/Details of all Other Expenses. (As per State GF&AR Rules)	Yes	No	Page No.
6. Monthly Reports of MMUs and MMVs as per format in **Annexure - V & W**	Yes	No	Page No.
7. Photograph of Camps if required by Controlling authority.	Yes	No	Page No.

Annexure S

Zonewise & District wise Distribution of MMU/MMVs

Zonewise and Districtwise Vehicle List						
Sr.No.	Zone	District	MMU (1 Diagnostic + 1Staff Vehicle)	MMV (Single Vehicle)	MMV ON TURNKEY BASIS	TOTAL
1	Ajmer	Ajmer	0	3	6	9
2		Bhilwara	0	6	6	12
3		Nagaur	0	12	2	14
4		Tonk	0	3	3	6
	Zone Total		**0**	**24**	**17**	**41**
5	Bharatpur	Bharatpur	2	2	6	10
6		Dholpur	1	2	2	5
7		Karauli	1	3	2	6
8		Sawai Madhopur	1	1	4	6
	Zone Total		**5**	**8**	**14**	**27**
9	Bikaner	Bikaner	0	3	4	7
10		Churu	0	5	2	7
11		Hanumangarh	0	4	3	7
12		Ganganagar	0	5	4	9
	Zone Total		**0**	**17**	**13**	**30**
13	Jaipur	Alwar	0	9	5	14
14		Dausa	0	2	4	6
15		Jaipur II	0	2	4	6
16		Jhunjhunu	0	8	0	8
17		Sikar	0	6	3	9
	Zone Total		**0**	**27**	**16**	**43**
18	Jodhpur	Barmer	0	7	10	17
19		Jaisalmer	0	0	3	3
20		Jalore	0	7	1	8
21		Jodhpur	0	7	9	16
22		Pali	0	10	0	10
23		Sirohi	0	2	3	5
	Zone Total		**0**	**33**	**26**	**59**
24	Kota	Bundi	0	2	3	5
25		Kota	0	2	3	5
	Zone Total		**0**	**4**	**6**	**10**

26	Udaipur	Banswara	0	4	7	11
27		Chittorgarh	0	5	6	11
28		Dungarpur	0	3	7	10
29		Pratapgarh	0	4	1	5
30		Rajsamand	0	1	6	7
31		Udaipur	0	9	8	17
	Zone Total		**0**	**26**	**35**	**61**
	Grand Total		**5**	**139**	**127**	**271**

* If no staff vehicle is present with MMU e.g. Bidder who is applying for vehicle in District Bharatpur block Rupwas then service provider has to hire vehicle in place of staff vehicle such that the rates do not exceed MMU (diagnostic + staff vehicle) rates in that district. Any additional amount shall not be allowed to claim.

Block wise vehicle detail

S.N.	Zone	District	Block Name Having MMU	Block Name Having MMV	Panchayat Samiti/ Block Name Having MMV to be Turnkey Basis
1	Ajmer	Ajmer		Jawaja	Sarwar
2				Kekdi	Arain
3				Masuda	Bhinay
4					Kishangarh
					Shrinagar
5					Pisangan
6		Bhilwara		Mandalgarh	Asind
7				Kotdi	Bijoliya
8				Baneda	Hurda
9				Sahada	Mandal
10				Raipur	Shahpura
11				Suwana	Jahajpur
12		Nagaur		Nagaur	Molasar
13				Moondwa	Nawa
14				Jayal	
15				Degana	
16				Merta	
17				Riyanbadi	
18				Ladnu	
19				Deedwana	
20				Kuchamancity	
21				Makrana	
22				Parbatsar	
23				Khinvsar	
24		Tonk		Devli	Malpura
25				Tonk	Niwai

26				Uniyara	Todaraisingh
27	Bharatpur	Bharatpur	Bayana	Weir	Deeg
28			Roopwas	Kaman	Kumher
29					Nadbai
30					Pahadi
31					Sewar
32					Nagar
33		Dholpur	Basedi	Badi	Sapau
34				Dholpur	Rajakheda
35		Karauli	Sapotara	Hindaun	Mandrayal
36				Karauli	Nadoti/Gudachandraji
37				Todabhim	
38		Sawai Madhopur	Khandar	Sawai Madhopur	Chouth Ka Barwada
39					Gangapurcity
					Bamanwas
40					Bonli
41	Bikaner	Bikaner		Kolayat	Panchu
42				Loonkaransar	Bikaner
43				Nokha	Khajuwala
44					Shridoongargarh
45		Churu		Churu	Bidasar
46				Rajgarh	Sujangarh
47				Ratangarh	
48				Sardarshahar	
49				Taranagar	
50					
51					
52		Ganganagar		Sardulshahar	Ganganagar
53				Anupgarh	Padampur
54				Shrikaranpur	Vijaynagar
55				Suratgarh	Ghadsana
56				Raisinghnagar	
57		Hanumangarh		Sangariya	Hanumangarh
58				Nohar	Tibbi
59				Pilibanga	Rawatsar
60				Bhadra	
61	Jaipur	Alwar		Thanagaji	Behror
62				Raini	Umrain
63				Mundawar	Bansoor
64				Tijara	Kathumar Kherli
65				Kotkasim	Rajgarh
66				Laxmangarh	
67				Ramgarh	
68				Neemrana	
69				Kishangarhbas	
70		Dausa		Lalsot	Bandiqui

71				Sikray	Dausa
72					Lawan
73					Mahawa
74		Jaipur II		Dudu	Bassi
75				Sambhar	Chaksu
					Sanganer
76					Phagi
77		Jhunjhunu		Malsisar	
78				Buhana	
79				Chidawa	
80				Jhunjhunu	
81				Khetri	
82				Nawalgarh	
83				Surajgarh	
84				Udaipurwati	
85		Sikar		Khandela	Dhond
86				Fatehpur	Neem Ka Thana
87				Laxmangarh	Kudan
88				Shrimadhopur	
89				Dantaramgarh	
90				Piprali	
91	Jodhpur	Barmer		Baytu	Dhanau
92				Chauhatan	Gadra Road
93				Dhorimanna	Kalyanpur
94				Shiv	Patodi
95				Siwana	Ramsar
96				Gira	Sedwa
97				Gudhamalani	Balotara
98					Barmer
99					Samdari
100					Sindhari
101		Jaisalmer			Sam
102					Sankda/Pokran
103					Jaisalmer
104		Jalore		Ahore	Chitalwana
105				Bhinmal	
106				Jalore	
107				Jaswantpura	
108				Raniwara	
109				Sanchor	
110				Sayla	
111		Jodhpur		Balesar	Bapini
112				Bhopalgarh	Bawri
113				Bilada	Dechu
114				Phalaudi	Lohawat
115				Luni/Salwas	Peepadshahar

116				Onsiya	Sekhala
117				Shergarh	Tiwri
118					Mandor
119					Baap
120		Pali		Bali	
121				Rohat	
122				Jaitaran	
123				Sumerpur	
124				Rani	
125				Marwad Jn./Kharchi	
126				Desuri	
127				Sojat	
128				Pali	
129				Raipur	
130		Sirohi		Pindwara	Sirohi
131				Shivganj	Abu Road
132					Revdar
133		Bundi		Nainwa	Hindauli
				Taleda	Keshoraipatan
134					Kapren
135		Kota		Itawa	Ladpura
136				Sangod	Sultanpur
137					Khairabad/Chechat
138	Udaipur	Banswara		Sajjangarh	Arthuna
139				Talwara	Banswara
140				Chhotisarvan	Gangartalai
141				Garhi/Partapur	Kushalgarh
142					Bagidaura
143					Anandpuri
144					Ghatol
145		Chittorgarh		BASSI/Bhadesar	Doongla
146				Rashmi	Gangrar
147				Bhupalsagar	Kapasan
148				Nimbaheda	Bhainsrodgarh
				Begu	Badisadri
149					Rawatbhata
150		Dungarpur		Bichhiwara	Chikhli
151				Sagwada	Dowda
152				Simalwara	Galiyakot
153					Jothli
154					Sabla
155					Aspur
156					Doongarpur
157		Pratapgarh		Pratagparh	Arnod
158				Chhoti Sadri	
159				Dhariyawad	

160				Pipalkhoont	
161		Rajsamand		Devgarh	Aamet
162					Rajsamand
163					Relmagra
164					Khamnor
165					Bhim
166					Kumbhalgarh
167		Udaipur		Khairwada	Jhallara
168				Rishabhdev	Kurabad
169				Hiranmagri/Girwa	Phalasiya
170				Kotda	Sayra
171				Lasadiya	Semari
172				Salumbar	Badgaon
173				Sarada	Jhadol
174				Mawli	Gogunda
175				Bhindar	
GRAND TOTAL			**5**	**139**	**127**

Annexure-T-1

Brief of Model &Make of the vehicles and Equipments of MMUs/MMVs Allotted by N.H.M.

S. No.	Equipment	Model Year/ Date of Purchase Order	Make and Vendor Name
1	Chassis (for 2 Diagnostic Vehicle MMU from Speck Systems of Hyderabad)	23.10.08	Ashok Leyland stag model with 4200 mm WB passenger. **M/s Speck Systems Ltd. Hyderabad.**
2	ECG machine	18.11.08	3 channel ECG machine. **M/s Recorders Medicare Systems,H.P.**
3	Semi Auto Analyser	18.11.08	STATFAX-3300. **M/sARK Diagnostics Mumbai.**
4	Centrifuge Machine	28.11.08	1/5 H/P Moter 220 V. **M/s Akanksha Equipments, Kota.**
5	Folding Scoop Stretcher	29.12.08	**M/s Hospimedia International Ltd. New Delhi.**
6	Binocular Microscope	25.06.09	AMT 5A. **M/s Rohilla Industries Jaipur.**
7	Chassis for 5 Diagnostic Vehicle.MMU(Devnarayan Yojna)	22.11.10	Tata 407. **M/s Kamal Coach**
8	Staff vehicle (Gama Trax)	10.07.07	**M/s Force India Ltd.**
9	Staff vehicle (Tata Sumo)	10.07.07	**M/s Tata Motors Ltd.**
10	Mobile Medical Vans.(139)	9.02.2011	**Model is Tata LP 410/34 BS III.**
11	MMU(Devnarayan Yojna) 4 Staff Vehicles	2013-14	**M/s Tata Motors Ltd.**

Annexure-T-2

Technical Details of Mobile Medical Vans on Turnkey Basis

S.No.	Technical Specification of Mobile Medical Units/ Mobile Medical Vans
1	The vehicle shall be BSIV latest model between 60 HP to 80HP engine capacity.
2	Vehicle chassis model shall be of standard chassis manufacturer & engine & gear box of reputed make & capacity & should be suitable for Mobile medical Van.
3	Vehicle base shall be between 2600mm to 4400mm
4	The vehicle should be MMV like vehicles (similar make and model already available in running fleet). (minimum 8 seater) After fabrication work the working space (Excluding cabin) should be available in between 17 to 22 in length and height should not be less than 6.6".
5	All structure shall be fabricated with proper size of MS sheet, angle channel, square pipes etc.
6	All equipments shall be properly fitted in vehicle to avoid damage during travelling.
7	Green colour Curtains on glass.
8	Fitted with PAS(Public Address System) Mike system
9	Medicine storage space must be available.
10	Ambulance blue light on top vehicle.
11	Fire extinguisher two in number.(Minimum 2 KG)
12	Installed with suitable inverter.
13	Minimum ground clearance not less than 180mm.
14	Installed GPS must be Made in India with IMEI No.

NOTE:-

a) During the project period if any vehicle gets non-roadworthy condition/ heavy accidental damage than it is the responsibility of service provider to hire MMV like vehicles on Turnkey MMV rates and organize camps in the concerned blocks.

b) The vehicle taken on turnkey basis shall not be more than 2 years old and not more than 50,000 K.M.

Annexure- U

Advance Camp Plan

Date wise Format for Camp Plan (to be filled in English)

Sr. No.	District	Block	Base Location	Registration No of Vehicle	Type of Vehicle MMU/MMV	Name of Driver	Mobile no of Driver	Name of Doctor	Mobile No of Doctor	Date		
										1	2	3
										Village Name	Village Name	Village Name

Date		
... 29	30	31
Village Name	Village Name	Village Name

Annexure –V

Format for Monthly Progress Report

NATIONAL RURAL HEALTH MISSION RAJASTHAN

Functioning of MEDICAL MOBILE UNIT (MMU)

Month/ Year -

Camp, Staff and patient details								Investigation Details					
								No. of lab test conducted					
											Blood		
S. No.	Name of District	Name of Block	Registration No of MMU	Camps held (Target 20/ month)	Achievement (Camps Held)	Patient Attended	No of Cases Referred	Sputum for AFB	Urine	HIV/ AIDS	Hb	Blood Sugar	Total

Note: Vehicle wise monthly report is to be submitted

Investigation Details										Medicines Staff and equipments				
		Identification of						Pregnancy related						
ECG	X-ray	Malaria	TB cases on basis of X-Ray	Leprosy Cases	Blindness Cases	Others	Malnutrition	ANC	PNC	No. of Patients distributed the medicines	Type and number of medicines which were short	Number of patients retuned without medicine due to unavailability	No of camps where Staff Strength was complete	Number of camps with all proposed equipments functioning

Note:-Daily reports shall be submitted by respective service provider / RMRS within 24 hours of completion of camp on CMS software
Vehicle wise monthly report is to be submitted. The above report shall be generated & downloaded from CMS Software.

ANNEXURE- W

Format for Monthly Progress Report

District																
Medical Mobile Van Monthly Progress Report Year (month of)																
Camp, Staff and patient details											Investigation Details					
S.No.	Block Name	MMV Reg. No.	Camp held Target 20/ month	Achievement (Camp Held)	Camp not held/postpone	Patients Attended				No of Cases Referred	Urine	Blood		Others (BP weight etc.)	Total
						Male	Female	Children	Total			Hb	Blood Sugar		
									Achievement						
1															
2															
3															

Note: Vehicle wise monthly report is to be submitted

Investigation Details								Medicines Staff and equipments				
Identification of (clinically)				Others	Malnutrition	Pregnancy related		No. of Patients distributed the medicine	Type and number of medicines which were short	Number of patients retuned without medicine due to unavailability	No of camps where Staff Strength was complete	Number of camps with all proposed equipments functioning
Malaria	TB	Leprosy	Blindness Cases			ANC	PNC					

Note: Vehicle wise monthly report is to be submitted. The above report shall be generated & downloaded from CMS Software.

Note: The Daily report of all the vehicles is to be submitted by respective Service provider / RMRS after completion of camp within 24 hours on CMS Software.

Annexure -X

List of Medicines

Sr. no.	Name of Medicine	Strength
1	Acecofenac + Paracetamol	100mg+ 500mg
2	Albendazol Oral Suspension	400 mg / 10 ml
3	Albendazol Tablet	400 mg
4	Alprazolam Tablet	0.25 mg
5	Amoxycillin Cap	250 mg
6	Amoxycillin Cap	500 mg
7	Amoxycillin Tablet +Clavulanic acid Tab/syrup	625mg+375mg
8	Amoxycillin TrihydrateDispersible Tab/syrup	125 mg
9	Amoxyclavenate Tablet	625 mg
10	Antacid Liquid	
11	Antacid Tablet(Tablet Omeprazole , Tablet Pantaprazole, Tablet Rabeprazole)	20mg
12	Ascorbic Acid Tablet	500 mg
13	Asprin Delayed Release Tab (Entric Coated)	75 mg
14	Atenolol Tablet	50 mg/ 25 mg
15	Azithromicin Tab	500 mg/ 100mg
16	Azithromicin Tab	100 mg
17	Bandage For Dressing	
18	Beclomethasone, Neomycin and Clotrimazole Cream	0.025 % + 0.5% + 1%
19	Biscodeyl Tab	5 mg
20	Calcium Carbonate & Vitamin D3 Suspension	
21	Calcium Carbonate & Vitamin D3 Tab	
22	Cefixime Tab	200 mg/ 100 mg
23	Cephalexin Cap	500 mg/ 250 mg
24	Cephalexin Dry Syrup	250 mg/ ml/ 125 mg /ml
25	Cephalexin Tab (DT)	125 mg
26	Cetrizine Tab	10 mg
27	Chloramphenitol Eye Drop	0.50%
28	Chloroquine Phosphate Tab IP	250 mg
29	Ciprofloxacin Eye Drop	0.30%
30	Ciprofloxacin Tab	500mg/ 250 mg
31	Co-Trimoxazole Tab (55)	40 mg + 200 mg
32	Cotton Roll	
33	Cough Syrup (each 5 ml contains Chlorophenramine Maleate 3 mg,Ammonium Chloride130 mg, Sodium Citrate 65mg,Menthol 0.05mg)	
34	Dexamethasone inj.	8mg/2ml
35	Dexamethasone Tab. IP	0.5mg
36	Diclofenac Gel	0.01
37	Diclofenac Sodium and Paracetamol	
38	Diclofenac Sodium Injection	
39	Diclofenac Sodium tab	50 mg

40	Dicyclomine and paracetamol Tab	20 mg + 500 mg
41	Domperidone Tab	5 mg
42	Doxycycline cap	100 mg
43	Enalapril Maleate Tab	5 mg
44	Ferrous Sulphate and Folic Acid Syrup	
45	Ferrous Sulphate and Folic Acid Tab/Syrup	100 mg + 5 mg
46	Gamma Benzene Hexachloride Lotion (Small Bottle)	0.01
47	Glycerine	
48	Ibuprofen and Paracetamol Tab	400 mg + 375 mg
49	Ibuprofen Tab	400 mg
50	Lignocaine Gel	0.02
51	Metformin Tab	500 mg
52	Metronidazole Benzoate Oral Suspension	100 mg/5 ml
53	Metronidazole Tab	400mg/ 200 mg
54	Mitonazole Nitrate Cream	0.02
55	Multivitamin tab	
56	Norfloxacim Tab	400 mg
57	Ofloxacin Tab	200 mg
58	Omeprazole Cap	20 mg
59	ORS Powder	
60	Paracetamol Drop	150 mg/ ml
61	Paracetamol Syrup	125 mg/ ml
62	Paracetamol Tab	500 mg
63	Pheniramine Inj.	2 ml
64	Povidone Iodine Ointment	0.05
65	Powder Neomycin, Bacitracine with Sulphacetamide	5 mg+ 250 Unit
66	Ranitidine Tab	300 mg/ 150 mg
67	Salbutamol Inhaler	100 mcg
68	Salbutamol Syrup	2 mg/ 5 ml
69	Salbutamol Tab	4 mg
70	Silver Sulphadiazine Cream	0.01
71	Surgical Spirit	100 ml
72	Vitamin A Cap	2 Lac units
73	Vitamin B Complex Tab	
74	Water for injection(IP 404)	vial
75	Xylocain Injection	

Annexure-Y-1

List of Medical Equipments(on MMVs allotted by NHM)

S.No.	Name of Medical Equipments
1	Stethoscope - 2 nos.(Life Plus)
2	B.P. apparatus (Mercury) - 1 nos. (Ajay)
3	B.P. apparatus (Digital) - 1 no. (Omron)
4	Thermometer (mercury/Hicks) - 2 nos.
5	Weighing machine (Adult) - 1 no.(Crown)
6	Weighing machine (Baby) - 1 no.(Crown)
7	Measurement Scale - 1 no.
8	Glucometer with strips - 1 nos. (Optium-Omega)
9	Sahli Haemoglobinometer (Marine Field)
10	Torch - 2 nos. (4 cells Everyday) Water Jug
11	Vaccine carrier - 2 no.(Neelkamal)
12	Foldable table - 4 no.
13	Folding half table - 2 no.
14	Chair foldable - 6 no.
15	Gloves - 12 sets
16	Rubber sheet (Macintosh) - 3 no.
17	Dustbin - 6 no.
18	Stretcher instruments - 1 no.
19	Needle destroyer - 2 no. (M.R.K)
20	Display board - 1 no.
21	Revolving stool - 2 no.
22	Wheel chair - 1 no.
23	Stretcher - 1 no.
24	I.V. stand - 1 no.
25	fans (4 + 1) Watch-1
26	Inverter/Battery 1 Nos.
27	Air Conditioner
28	L.C.D. T.V.
29	D.V.D.
30	Tool Kit & Stepney
31	KNOP 15*10 (Astro)

Annexure-Y-2

List of Medical Equipments(OnTurnkey MMVs)

S.No.	Name of Medical Equipments
1	Stethoscope - 2 nos.
2	B.P. apparatus (Mercury) - 1 nos.
3	B.P. apparatus (Digital) - 1 no.
4	Thermometer (mercury/Hicks) - 2 nos.
5	Weighing machine (Adult) - 1 no.
6	Weighing machine (Baby) - 1 no.
7	Measurement Scale - 1 no.
8	Glucometer with strips - 1 nos.
9	Sahli Haemoglobinometer (Marine Field)
10	Torch - 2 nos. Water Jug
11	Vaccine carrier - 2 no
12	Foldable table - 4 no.
13	Folding half table - 2 no.
14	Chair foldable - 6 no.
15	Gloves - 12 sets
16	Rubber sheet (Macintosh) - 3 no.
17	Dustbin - 6 no.
18	Stretcher instruments - 1 no.
19	Needle destroyer - 2 no.
20	Display board - 1 no.
21	Revolving stool - 2 no.
22	Wheel chair - 1 no.
23	Stretcher - 1 no.
24	I.V. stand - 1 no.
25	fans (4 + 1) Watch-1
26	Inverter/Battery 1 Nos.
27	Air Conditioner
28	L.C.D. T.V.
29	D.V.D.
30	Tool Kit & Stepney
31	KNOP 15*10

ANNEXURE-Z

Format For Submission Of Proposal Details

S.No.	Name of Districts applied for	Number of vehicles applied for	D. D. Number & Date	Bank Name & Branch & Address	EMD Amount (In Rs.) (in Words.& numbers.)

Note: Before filling details in above format, kindly go through Part -4 the terms of reference, Point No. 7 (Bid Security & Performance Security)

ANNEXURE-AA

Information of Staff

Recent color Photograph

Sr. No.	Particulars	Details
1	Name	
2	Designation	
3	Fathers name	
4	Name of Agency/ service provider	
5	Registration Number (Doctor/ ANM/GNM/Pharmacist/ Lab Tech./ Assistant Radiographer)	
6	Date of Birth	
7	Gender	
8	Mobile No	
9	Address 1	
10	Address 2	
11	District	
12	ID Proof (Aadhaar Card/ Driving Licence)	
13	Blood Group	
14	Marital Status	

Note: Service provider/ agency shall verify the details of all the employees. The details of all the employees should be provided in hardcopy to CM&HO office and also upload on CMS Software by the Service provider.

Annexure AB:-

Scheduled Maintenance Format

S.No	District	Block	Vehicle Type MMU/MMV/TURNKEY	Vehicle Reg.No.	Make & Model of Vehicle	Job Card No.	Date of servicing	Invoice No./ Date	Odometer reading KM	Items/Particulars	Time Duration for maintenance	Total Amount	Name of service station	Address	Copy of invoice /Job card

Annexure: AC

HOTO Annexure
Check list for MMV HOTO

Date:

Vehicle Registration No.:		**Name of RMRS :**	
S.No.	**Equipments Name**	**Tick Mark on Appropriate Option**	**Repair/ Replacement Cost**
1	Vehicle Odo meter reading (in K.M.)		
	Vehicle Odo meter condition	Good /Need repair/need replacement	
2	Vehicle Registration Certificate	Available/Not Available	
3	Vehicle Insurance Certificate	Valid/Need renewal	
4	Vehicle Fitness Certificate	Valid/Need renewal	
	Pollution Control Certificate	Valid/Need renewal	
5	Vehicle outer body condition	Good /Need repair/need replacement	
6	Vehicle inner body condition	Good /Need repair/need replacement	
7	Vehicle engine condition	Good /Need repair/need replacement	
8	Vehicle transmission condition (Gear, Clutch, rear axle)	Good /Need repair/need replacement	
9	Vehicle steering condition	Good /Need repair/need replacement	
10	Vehicle Brake Condition	Good /Need repair/need replacement	
11	Vehicle stickering condition	Good /Need repair/need replacement	
12	Vehicle floor condition	Good /Need repair/need replacement	
13	Vehicle seat condition	Good /Need repair/need replacement	
14	Vehicle tyre & Stepney condition	Good /Need repair/need replacement	
15	Vehicle battery condition	Good /Need repair/need replacement	
16	wiper and wiper machine condition	Good /Need repair/need replacement	
17	Vehicle electrical & lighting system	Good /Need repair/need replacement	
18	Side Glass, Front, rear and shutter glass	Good /Need repair/need replacement	
19	Vehicle suspension & shocker condition	Good /Need repair/need replacement	
20	Invertor condition	Good /Need repair/need replacement	
21	Invertor battery condition	Good /Need repair/need replacement	

22	Paint condition of Vehicle	Good /Need repair/need replacement	
23	Water tank/Pump/Wash basin	Good /Need repair/need replacement	
24	Public address system	Good /Need repair/need replacement	
25	Siren & light	Good /Need repair/need replacement	
26	Air conditioner condition	Good /Need repair/need replacement	
27	Hot Air Blower condition	Good /Need repair/need replacement	
28	Wooden Medicine cabinate Condition	Good /Need repair/need replacement	
29	LCD & DVD condition	Good /Need repair/need replacement	
30	Canopy awning System	Good /Need repair/need replacement	
31	Curtain & curtain rod condition	Good /Need repair/need replacement	
32	Fire Extinguisher	Good /Need repair/need replacement	
33	GPS Device	Good/need repair/need replacement	

HANDED OVER & TAKEN OVER

1	**Signature :-**	**Name & Signature of Block Level Takeover Committee:-** **1.CMHO -**
2	**Name of MMV/MMU Representative From NGO :-**	**2. DPM/ DAM -** **3. Driver -**

Note: In case GPS Device is damaged /misplaced /nonfunctional/tampered Rs. 1000/- should be charged.

Annexure: AD

List of Medical Equipments (MMV)

S.No.	Name of Medical Equipments	Available/Not Available/Functional/ Non Functional	Repair/Replacement Cost
1	Stethoscope - 2 nos.(Life Plus)	Available/Not Available/Functional/ Non Functional	
2	B.P. apparatuses (Mercury) - 1 nos. (Ajay)	Available/Not Available/Functional/ Non Functional	
3	B.P. apparatuses (Digital) - 1 no. (Omron)	Available/Not Available/Functional/ Non Functional	
4	Thermometer (mercury/Hicks) - 2 nos.	Available/Not Available/Functional/ Non Functional	
5	Weighing machine (Adult) - 1 no.(Crown)	Available/Not Available/Functional/ Non Functional	
6	Weighing machine (Baby) - 1 no.(Crown)	Available/Not Available/Functional/ Non Functional	
7	Measurement Scale - 1 no.	Available/Not Available/Functional/ Non Functional	
8	Glucometer with strips - 1 nos. (Optimum-Omega)	Available/Not Available/Functional/ Non Functional	
9	Sahil Haemoglobin meter (Marine Field)	Available/Not Available/Functional/ Non Functional	
10	Torch - 2 nos. (4 cells Everyday) Water Jug	Available/Not Available/Functional/ Non Functional	
11	Vaccine carrier - 2 no.(Neel kamal)	Available/Not Available/Functional/ Non Functional	
12	Foldable table - 4 no.	Available/Not Available/Functional/ Non Functional	
13	Folding half table - 2 no.	Available/Not Available/Functional/ Non Functional	
14	Chair foldable - 6 no.	Available/Not Available/Functional/ Non Functional	
15	Gloves - 12 sets	Available/Not Available/Functional/ Non Functional	
16	Rubber sheet (Macintosh) - 3 no.	Available/Not Available/Functional/ Non Functional	
17	Dustbin - 6 no.	Available/Not Available/Functional/ Non Functional	
18	Stretcher instruments - 1 no.	Available/Not Available/Functional/ Non Functional	
19	Needle destroyer - 2 no. (M.R.K)	Available/Not Available/Functional/ Non Functional	
20	Display board - 1 no.	Available/Not Available/Functional/ Non Functional	
21	Revolving stool - 2 no.	Available/Not Available/Functional/ Non Functional	
22	Wheel chair - 1 no.	Available/Not Available/Functional/ Non Functional	

23	Stretcher - 1 no.	Available/Not Available/Functional/ Non Functional	
24	I.V. stand - 1 no.	Available/Not Available/Functional/ Non Functional	
25	fans (4 + 1) Watch-1	Available/Not Available/Functional/ Non Functional	
26	Inverter/Battery 1 Nos.	Available/Not Available/Functional/ Non Functional	
27	Air Conditioner	Available/Not Available/Functional/ Non Functional	
28	L.C.D. T.V.	Available/Not Available/Functional/ Non Functional	
29	D.V.D.	Available/Not Available/Functional/ Non Functional	
30	Tool Kit & Stepney	Available/Not Available/Functional/ Non Functional	
31	KNOP 15*10 (Astro)	Available/Not Available/Functional/ Non Functional	
32	Portable Mobile Compact Lab Machine	Available/Not Available/Functional/ Non Functional	

Handed Over **Taken Over**

Name & Signature of Existing Service Provider/R.M.R.S.

Name & Signature of New Service Provider

Counter Signature

Name & Signature of CM&HO / Representative of CM&HO

Annexure: AE

Check list for MMU HOTO

Date:

Vehicle Registration No.:	**Name of District:**

S.No.	Equipments Name		Repair/ Replacement Cost
1	Vehicle Odo meter reading (in K.M.)		
2	Vehicle Odo meter condition	Good/need repair/need replacement	
3	Vehicle Registration Certificate	Available/Not Available	
4	Vehicle Insurance Certificate	Valid/Need renewal	
5	Vehicle Fitness Certificate	Valid/Need renewal	
5	Pollution Control Certificate	Valid/Need renewal	
6	Vehicle outer body condition	Good/need repair/need replacement	
7	Vehicle inner body condition	Good/need repair/need replacement	
8	Vehicle engine condition	Good/need repair/need replacement	
9	Vehicle transmission condition (Gear, Clutch, rear axle)	Good/need repair/need replacement	
10	Vehicle steering condition	Good/need repair/need replacement	
11	Vehicle Brake Condition	Good/need repair/need replacement	
12	Vehicle stickering condition	Good/need repair/need replacement	
13	Vehicle floor condition	Good/need repair/need replacement	
14	Vehicle seat condition	Good/need repair/need replacement	
15	Vehicle tyre & Stepney condition	Good/need repair/need replacement	
16	Vehicle battery condition	Good/need repair/need replacement	
17	wiper and wiper machine condition	Good/need repair/need replacement	
18	Vehicle electrical & lighting system	Good/need repair/need replacement	
19	Side Glass, Front, rear and shutter glass	Good/need repair/need replacement	
20	Vehicle suspension & shocker condition	Good/need repair/need replacement	
21	Invertor condition	Good/need repair/need replacement	
22	Invertor battery condition	Good/need repair/need replacement	

23	Paint condition of Vehicle	Good/need repair/need replacement	
24	Water tank/Pump/Wash basin	Good/need repair/need replacement	
25	Public address system	Good/need repair/need replacement	
26	Siren & light	Good/need repair/need replacement	
27	Air conditioner condition	Good/need repair/need replacement	
28	Wooden Medicine cabin Condition	Good/need repair/need replacement	
	Curtain & curtain rod condition	Good/need repair/need replacement	
30	Fire Extinguisher - 2 no.	Good/need repair/need replacement	
31	Generator Set - 5.5 KVA	Good/need repair/need replacement	
32	Generator Battery Condition	Good/need repair/need replacement	
33	GPS Device	Good/need repair/need replacement	

HANDED OVER & TAKEN OVER

1	**Signature :-**	**Name & Signature of Block Level Takeover Committee:-** **1.CMHO -**
2	**Name of MMV/MMU Representative From NGO :-**	**2. DPM/ DAM -** **3. Driver -**

Note: In case GPS Device is damaged /misplaced /nonfunctional/tampered Rs. 1000/- should be charged.

Annexure: AF

List of Medical & Non Medical Equipments (MMU)		
S.No.	**Functionality of Medical & Non Medical Equipments**	
		Available/Not Available/Functional/ Non Functional
1	X-ray Machine Condition	
2	X-ray View screen	
3	Dark room accessories	
4	Automatic film Processor	
5	Semi auto analyzer	
6	Centrifuge machine	
7	Binocular Microscope	
8	Potable 3 channel ECG	
9	Folding scoop stretcher	
10	Needle cutter	
11	Dr. chair - 2 no.	
12	Revolving stool - 2 no.	
13	One wheel chair	
14	Oxygen cylinder	
15	Plastic chair - 8 no.	
16	Tent & Poles	

Handed Over

Name & Signature of Existing Service Provider/R.M.R.S.

Taken Over

Name & Signature of New Service Provider

Counter Signature

Name & Signature of CM&HO / Representative of CM&HO

Annexure: AG

Financial Proposal

For Management & Operations of Mobile Medical Services in Rajasthan.

(Indian Rupees)

Particulars	Cost/Vehicle/Month (exclusive of all applicable taxes in INR)
Management & Operations of Mobile Medical Services Project in Rajasthan: Charges for MMU (Mobile Medical Units).	Single rate to be quoted for all Services mentioned in Table 1.2 Point No. 1 to 12 Rs ..... (Rupees in words ..... Only). Per (Mobile Medical Units) MMU per month.
Management & Operations of Mobile Medical Services Project in Rajasthan: Charges for MMV (Mobile Medical Vans) on Turnkey Basis .	Single rate to be quoted for all Services mentioned in Table 1.2 Point No. 1 to 12 Rs ...(Rupees in words ..... Only). Per MMV (Mobile Medical Vans) on Turnkey Basis per month.
Management & Operations of Mobile Medical Services Project in Rajasthan: Charges for MMV (Mobile Medical Vans)	Single rate to be quoted for all Services mentioned in Table 1.2 Point No. 1 to 12 Rs .....(Rupees in words ..... Only). Per MMV (Mobile Medical Vans) per month.

Table : 1.2 Description of items	
1.	Salary & allowances of the personnel deployed
2.	Recruitment & training
3.	Staff insurance & others
4.	Fuel
5.	Comprehensive maintenance charges of Vehicles
6.	Vehicle comprehensive insurance (from Government agency/ Government Insurance company)
7.	Uniforms
8.	Conveyance & traveling
9.	Repair and Maintenance of vehicles and equipments
10.	All the stipulations of the RFP
11.	Fitness and Pollution Certificate renewal
12.	All other miscellaneous expenses exclusive of all applicable taxes in INR

Note:-

- **Selection Criteria for L1 Bidder: The lowest bid quoted (total amount MMU + MMV + Turnkey MMV) for respective zone will be L1**
- Cost of operationalisation shall be inclusive of all the activities from point no. 1 to 12.
- Financial quote shall not be filled here. Bidders shall fill and upload the financial quote in the format specified for BOQ on eproc website.
- Salary, ESI Provision, PF Provision as per prevailing rules of Government of Rajasthan.
- The service provider shall make payment to his staff through cheque/NEFT payment only.

Place:
Date:

Signature of the authorized signatory
Designation and official seal.