

# REQUEST FOR PROPOSAL

## Selection of Agency to undertake Paramedics, Nursing & other Techno Managerial Services at Govt. Health Institutions

RFP Reference No.: Outsourcing/PNTMS /Dist. DEOGARH  
*District / Institution) / \_\_\_\_\_ (Tender no. if any)*

Date: \_\_\_\_\_ 2026



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## DISCLAIMER

The information contained in this Request for Proposal (RFP) document or subsequently provided to bidder(s) whether verbally or in documentary form by or on behalf of the Tender Inviting Authority under Department of Health & Family Welfare, Govt. of Odisha, or any of their employees or advisors, is provided to bidder(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 Tender Inviting Authority 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 proposal and detailed Proposal. This RFP document does not purport to contain all the information each bidder may require. This RFP document may not be appropriate for all persons, and it is not possible for the Department, their employees or advisors to consider the investment objectives, financial situation and particular needs of each party who reads or uses this RFP document. Some bidders may have a better knowledge of the proposed Project than others. Each bidder 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. Tender Inviting Authority / Department, 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. Tender Inviting Authority / Department may in its absolute discretion but without being under any obligation to do so can update, amend or supplement the information in this RFP document.



**NOTICE INVITING PROPOSAL**

RFP No.: Outsourcing/ PNTMS (DEOGARH)/Tender No \_\_\_\_\_ Dated: \_\_\_\_\_ 2026

Detailed proposals are invited from eligible agencies for selection of the most suitable agency to undertake paramedics, nursing & other techno managerial services at Govt. Health Institutions.

|   |   |   |
|---|---|---|
| 1 | Period of Availability of RFP Document                | From <b>21.04.2026 to 12.05.2026</b><br><br>(Downloadable from website: <a href="https://deogarh.odisha.gov.in">https://deogarh.odisha.gov.in</a> )   |
| 2 | Pre-bid Meeting                                       | Date : <b>28.04.2026, Time : 10:00 AM</b><br><br>Venue & Address: O/o CDM & PHO, Deogarh,<br>New DHH, Deogarh, PIN-768108   |
| 3 | Last date for submission of Proposal                  | Date: <b>12.05.2026, Time: 01:00 PM</b><br><br>Venue & Address: O/o CDM & PHO, Deogarh,<br>New DHH, Deogarh, PIN-768108<br><br><i>NB : Proposals should be submitted through Speed post / Registered post / Courier</i>   |
| 4 | Date, time and place of opening of Technical Proposal | a) Technical Proposal (Part A) opening : <b>13.05.2026, 10:00 AM</b> (time) at O/o CDM & PHO, Deogarh.<br><br>b) Financial Proposal (Part B):<br><i>The date of opening of financial proposals will be intimated by the CDM &amp; PHO cum DMD/ Director of the Deogarh District / Institution, to the agency found successful in the technical proposal evaluation.</i><br><br><i>(Bidders / their authorized representative may remain present at the time of opening of proposal)</i> |



**SECTION 1 : SCHEDULE OF PROPOSAL SUBMISSION**

| Sl. | RFP No.& date  | Name of District / Institution | Address for Submission of Proposal& Opening of Proposal  | Last date & time of Submission of Proposal | Date & time of opening of Technical Proposal |
|-----|--|--------------------------------|--|--|--|
| 1   | Outsourcing / PNTMS/ <i>DEOGARH</i> /<br><i>Tender no</i> _____ /<br>dated _____, 2026 | DEOGARH                        | The CDM & PHO cum DMD,<br>Deogarh<br>O/o of the CDM & PHO cum<br>DMD, District Head Quarter<br>Hospital, At/P.O.-Deogarh,<br>Dist. Deogarh, Odisha,<br>Pin Code : 768108 | 12.05.2026<br><br>Time: 1:00<br>PM         | 13.05.2026<br><br>Time: 10:00<br>AM          |



## **SECTION 2- INSTRUCTIONS TO BIDDERS**

### **2.1 Scope of Proposal**

- (a) Interested bidders fulfilling the eligibility criteria may submit their bid alongwith the relevant documents as per the instruction mentioned in this RFP document;
- (b) Detailed description of the objectives, scope of services, deliverables and other requirements relating to “Provisioning of Paramedics, Nursing & other Techno Manegrial Services at Govt. Health Institutions” are specified in this RFP. The manner in which the Proposal is required to be submitted, evaluated and accepted is explained in this RFP;
- (c) The selection of the Agency shall be on the basis of an evaluation by the tender committee of the District / Institution, through the Selection Process specified in this RFP. Bidders shall be deemed to have understood and agreed that no explanation or justification for any aspect of the Selection Process will be given and that the decision of CDM& PHO cum DMD / Director of the concerned health institution is without any right of appeal whatsoever;
- (d) The bidder shall submit its Proposal in the form and manner specified in this RFP. **The Financial Proposal (Part B) shall be submitted in the format specified in F1,F2.** Upon selection, the agency shall be required to enter into an Agreement with the CDM & PHO cum DMD of the Deogarh District/ Institution in the form specified at **Annexure I.**

### **2.2 Eligibility Criteria**

The bidder should fulfil the following Eligibility Criteria:

- I. Should be registered in India as a Company (Companies Act 1956 / 2013) / Partnership Firm (Indian Partnership Act 1932 / Limited Liability Partnership Act 2008), Society (Societies Registration Act 1860) or a Trust (Indian Trust Act 1882) and its amendment thereof.
- II. Consortium is not allowed
- III. Should have a registered office or one of the branch offices in Odisha.
- IV. Should have an average Annual Turnover of **Rs.3 Crores or more** during the three financial years (2022-23, 2023-24 & 2024-25). Turnover certificate from the Chartered Accountant in Form T3 alongwith the photocopies of the audited financial statement (P/L and Balance Sheet) for financial years (2021-22, 2022-23 & 2023-24) to be submitted.
- V. Should have minimum 3 years of working experience in providing personnel for **Paramedics / Nursing /Clinical Services** in health facilities of Govt. Sector [State Govt. Organizations / Central Govt. Organizations / PSUs / Govt. owned Societies / Govt. Corporations] on the stipulated date of bid submission.
- VI. The Bidder must not have been blacklisted / debarred either by the tender inviting authority or by any State Govt. or Govt. of India organization on the bid submission date. The agency shall submit undertaking regarding the same on Non Judicial Stamp paper of Rs. 20/- as per Format T6.
- VII. Must have labour registration certificate.
- VIII. Must have ISO 9001 / ISO 45001:2018 certification.
- IX. Must be registered under EPF.
- X. Must be registered under ESI.
- XI. Must have a PAN.
- XII. Must have GST registration number.

## 2.3 Proposal Submission

Interested eligible bidders may submit their bid by submitting **EMD & documents** as set forth in this RFP at the district / institution, the detail address of which is mentioned in **Section 1: Schedule of Proposal Submission**.

The proposal shall be submitted in two parts:

(1) **Part A -Bid Security & Technical Proposal as per format set out in RFP.**

(2) **Part B - Financial Proposal as per the format set out in RFP.**

- (i) The Proposal shall be typed or written legibly in indelible ink and shall be signed the authorized representative of the bidder.
- (ii) Power of Attorney for signing of bid: The bidder should submit a Power of Attorney as per the **Form T5**, authorizing the signatory of the bid to commit the bidder.
- iii) Any interlineations, erasures or overwriting shall be valid only if the person or persons signing the Proposal have put his/their initial prior to submission of the same.

## 2.4 Bid Document Cost

The bidders shall have to furnish a bid document cost of **Rs.1,500/-**(non-refundable) in the shape of a **Banker's cheques / Demand Draft**) from any Nationalized / Schedule Bank payable at **Deogarh** (name of the *district*) and in favour of **ZSS, Non-NRHM, Deogarh**.

In the absence of the bid document cost, the technical proposal of the bidder shall be rejected.

**The bid document cost should be put in the Technical Proposal (Cover A) envelop.**

## 2.5 Earnest Money Deposit (EMD)

The bidder along with the technical proposal shall have to furnish Earnest Money Deposit (EMD) amounting to **Rs. 3,21,480/- (Rupees Three Lakh Twenty-one Thousand Four Hundred Eighty only) (refundable)** in the shape of Banker's cheques / Demand Draft from any Nationalized / Schedule Bank in favour of the ZSS, non-NRHM Deogarh (the *District name*) payable at Deogarh (the *District name*).

In the absence of the EMD, technical proposal of the bidder shall be rejected. However, as per the Finance Department, Govt. of Odisha office memorandum no. 21926 dated 12.8.2015, the **local MSEs** (Micro & Small Enterprises) registered with respective DICs, Khadi, Village, Cottage & Handicraft Industries, OSIC and NSIC are exempted from submission of EMD while participating in tenders of Govt. Departments and Agencies under its control. It is further clarified that the above exemption is applicable to **local MSEs registered in Odisha only**. This exemption to the local MSEs shall be applicable if the kind of service as required under this tender enquiry is clearly specified against the details of the service to be provided in their DIC /



NSIC / MSME registration certificate (to be furnished in the technical bid).

The EMD shall be returned to unsuccessful bidders within a period of 4 weeks from the date of announcement of the successful bidder.

The EMD shall be forfeited if the bidder withdraws its proposal during the interval between the proposal due date and expiration of the proposal validity period or on in case of successful bidder, if does not execute the agreement.

## 2.6 Packing, Sealing and Marking of Proposal

(a) The Technical Proposal (CoverA) and Financial Proposal (Cover B) must be inserted in separate sealed envelopes, along with applicant's name and address in the left hand corner of the envelope and super scribed in the following manner.

- **Cover-A-** Technical Proposal for “**Paramedics, Nursing & other Techno Managerial Services at Health Facilities, District Deogarh**”.
- **Cover-B** - Financial Proposal for “**Paramedics, Nursing & other Techno Managerial Services at Health Facilities, District Deogarh**”.

(b) The two envelopes, i.e. envelope for Part-A, Part-B must be packed in a separate sealed outer cover and clearly **superscribed** with the following:

- Proposal for “**Paramedics, Nursing & other Techno Managerial Services at Health Facilities, District Deogarh**”.
- **RFP no. & District /Institution Name**(The bidder should clearly mention the RFP no. & District /Institution name for which the proposal is submitted)
- The bidder's Name & address shall be mentioned in the left hand corner of the outer envelope.

(c) The inner and outer envelopes shall be **addressed** to the **CDM & PHO cum DMD Deogarh**(of the concerned health facility) at the **detail address** mentioned at the Section - 1: Schedule of Proposal Submission.

*If the outer envelope is not sealed and marked as mentioned above, then the O/o the CDM& PHO cum DMD / Director (of the concerned health facility) will assume no responsibility for the tender's misplacement or premature opening. Email or facsimile tenders will be rejected.*

(d) Content of the Proposal

### I. CoverA (Technical Proposal)

The bidders are requested to submit a detailed technical proposal with respect to outsourcing of Paramedics, Nursing and Techno Managerial manpower Services at health institutions during the proposed contract period in conformity with the Terms of Reference forming part of this RFP.

1. EMD of **Rs.3,21,480/-** (Rupees Three Lakh Twenty-one Thousand Four Hundred Eighty only) in the shape of a Demand Draft in favour of **ZSS, Non NRHM, Deogarh.**
2. Bid document cost of Rs.1,500/- (Rupees One Thousand Five hundred) in the shape of a Demand Draft in favour of **ZSS, Non NRHM, Deogarh.**
3. Form T1
4. Form T2
5. Photocopy of the Registration Certificate of the Agency
6. Photocopy of PAN
7. Photocopy of GST, EPF, ESI Registration
8. Photocopy of the ECR of EPF and Challans of ESI for the month of March2026 towards EPF / ESI payment of the personnel deployed by the agency.
9. Photocopy of ISO 9001 certification
10. Form T3 (Turnover Certificate from the Chartered Accountant)
11. Photocopy of the audited Profit & Loss Statement in the last three financial years in support of the turnover certificate [2022-23, 2023-24 & 2024-25]
12. Form T4 A,B - Relevant Experience Details in different category of Services in Govt. Sector [State Govt. Organizations / Central Govt. Organizations / PSUs / Govt. owned Societies / Govt. Corporations].
13. Photocopies of work orders / contracts executed in support of the information furnished in Form T4
14. Form T5 - Power of Attorney authorizing the signatory for signing the proposal on behalf of the proposer/Bidder
15. Form T6 - Affidavit certifying that the Entity/Promoter(s)/Directors/Partner(s) of Entity are not blacklisted.
16. Form T7 - Letter of Declaration (Anti Collusion Certificate) mentioning that the bidder will not collude with the other bidders.
17. Any other details, the bidder like to include in the proposal.

## II. Cover B (Financial Proposal)

1. The bidder must submit the Financial Proposal using Form specified in Form F1,F2 with proper signature and seal of the bidder.
2. In case of any discrepancy between figures and words in the financial proposal, the one described in words shall be taken into consideration.
3. The same person signing the RFP shall sign the financial part also.

### 2.7 Number of Proposals

Interested bidders fulfilling the eligibility criteria are eligible to submit **only one proposal** for **one District / Institution.**

### 2.8 Validity of Proposals

The Proposal shall remain valid for 180 days after the date of bid opening. Any Proposal, which is valid for a shorter period, shall be rejected as non-responsive. The tender inviting authority will make its best effort to complete the selection process within the bid validity period. If required, the tender inviting authority may request the bidders to extend the

validity period of their proposals. Bidders, who do not agree, have the right to refuse to extend the validity of their proposal. Under such circumstances, the tender inviting authority shall not consider such proposal for further evaluation.

## **2.9 Cost of Proposal**

The bidder shall be responsible for all of the costs associated with the preparation of their Proposals and their participation in the Selection Process. The concerned district authority / institution will neither be responsible nor in any way liable for such costs, regardless of the conduct or outcome of the Selection Process.

## **2.10 Acknowledgement by the bidder**

- (a) It shall be deemed that by submitting the Proposal, the bidder has: -
- (i) made a complete and careful examination of the RFP;
  - (ii) received all relevant information requested from the concerned District authority / Institution;
  - (iii) acknowledged and accepted the risk of inadequacy, error or mistake in the information provided in the RFP or furnished by or on behalf of the concerned district authority/ institution relating to any of the matters stated in the RFP Document;
  - (iv) satisfied itself about all matters, things and information, necessary and required for submitting an informed Proposal and performance of all of its obligations there under;
  - (v) acknowledged that it does not have a Conflict of Interest; and
  - (vi) Agreed to be bound by the undertaking provided by it under and in terms hereof.
- (b) The concerned district authority / institution shall not be liable for any omission, mistake or error on the part of the bidder in respect of any of the above or on account of any matter or thing arising out of or concerning or relating to RFP or the Selection Process, including any error or mistake therein or in any information or data given by the concerned district authority.

## **2.11 Language**

The Proposal with all accompanying documents (the “**Documents**”) and all communications in relation to or concerning the Selection Process shall be in English language and strictly as per the forms provided in this RFP. No supporting document or printed literature shall be submitted with the Proposal unless specifically asked for and in case any of these Documents is in another language, it must be accompanied by an accurate translation of the relevant passages in English, in which case, for all purposes of interpretation of the Proposal, the translation in English shall prevail.

## **2.12 Proposal Due Date**

RFP filled in all respect must reach O/o the CDM & PHO cum DMD Deogarh at the address, time and date specified in the Section-1: Schedule of Proposal Submission, through Speed Post/ Regd. Post / Courier. If the specified date for the submission of RFPs is declared as a holiday, the RFPs will be received up to the stipulated time on the next working day.



### 2.13 RFP Opening

- (a) The concerned authority of the district / institution in their respective Districts/ Institution will open all Proposals, in the presence of bidders or their authorized representatives who choose to attend, at the location, date and time mentioned in the Section 1: Schedule of Proposal Submission
- (b) The bidder/their authorized representatives who will be present shall sign a register evidencing their attendance.
- (c) In the event of the specified RFP opening date being declared a holiday, the RFPs shall be opened at the stipulated time and location on the next working day.



## **SECTION 3 - TERMS OF REFERENCE**

(Scope of Service Contract for Outsourcing of Selected Services for Strengthening Health care Service Delivery at Facility & Field Level)

### 3.1 Selected Areas of Services:

The State has planned to outsource the selected Services (based on approval) for strengthening Health care Service Delivery at Facility & Field Level, where services are not at all provided as there is no such sanctioned position to deliver it or quality of Service delivery is compromised due to unavailability of adequate manpower from regular cadre.

- I. Physiotherapy Services
- II. Counselling Services
- III. Laboratory Services
- IV. Management of Drug Distribution Centres
- V. Radiography Services
- VI. Nursing Services at Wards of General IPD and Step-down units of Specialized Service wings
- VII. Outreach Services of Sub Centres
- VIII. SAM Children management at NRCs
- IX. Managing Services at Lactation Management Unit
- X. Medical Record Keeping & MIS Wing at Public Health Facilities
- XI. Paramedics Services at Mobile Health Team (RBSK-MHT)

**Note:** The Services which are not required for a district, shall have to put “0 (Zero)” in the column “No. of Facility” of the respective Services under clause 3.7 so that the “total monthly operational cost” column of that service shall become 0 (Zero).

Under this Service Contract, the selected agency has to provide all the Services as per the Set of deliverables fixed for each service areas.

### 3.2 Targeted Facilities:

The proposed Services shall not be rolled out at all Public health facilities across the State but limited to selected facilities as per need & approved by appropriate Authority at State /District level.


| Sl. | Name of the Services/<br>Service Wings                     | Level of Facilities Targeted   |
|-----|--|--|
| 1   | Physiotherapy Services at Integrated Physiotherapy Centers | The Integrated Physiotherapy Centers are Planned at SDHs / CHCs / UCHCs / UPHCs of the concerned district/City.<br>The District/City wise details of Facilities to have Integrated Physiotherapy Centers is at <b>Clause 3.7.1</b> |

| Sl. | Name of the Services/<br>Service Wings   | Level of Facilities Targeted  |
|-----|--|---|
| 2   | <b>Counseling Services at Integrated Counseling Centers</b>                                      | The Integrated Counseling Centers are planned at Non FRU CHCs / UCHCs of the concerned district.<br>The District/City wise details of Facilities to have Integrated Counseling Centers is at <b>Clause 3.7.2</b>  |
| 3   | <b>Laboratory Services at Integrated Laboratories</b>  | The Integrated Laboratories are planned at PHCs / UPHCs / CHC-BPHUs / UCHCs / SDH-IPHL and DHH-IPHLs of the concerned district.<br>The District/City wise details of Facilities to have Integrated Laboratories at <b>Clause 3.7.3.1, 3.7.3.2, 3.7.3.3</b>  |
| 4   | <b>Management of Drug Distribution Centers</b>   | Functionalisation of new DDCs are planned at DHH / SDHs/CHCs /UCHCs/PHCs/ UPHCs and UAAMs<br>The District/City wise Facility list is attached herewith as <b>Clause 3.7.4.1, 3.7.4.2, 3.7.4.3</b>   |
| 5   | <b>Radiography Services at X-Ray Units</b>   | The X Ray units are Planned at CHCs / UCHCs & SDHs.<br>The District/City wise Facility list is attached herewith as <b>Clause 3.7.5</b>   |
| 6   | <b>Nursing Services at Wards of General IPD and Step down units of Specialized Service wings</b> | The Nursing Services are Planned to be out sourced for the following if approvals received on the following:<br>(1) For managing Step Down Beds of Specialized Wings as follows : <ul style="list-style-type: none"> <li>• Critical Care Block Hospitals at DHH Level</li> <li>• SNCU at DHH &amp; MCHs</li> <li>• NBSU at FRUs</li> <li>• KMC Wing at FRUs</li> <li>• MNCU at MCHs</li> <li>• Maternity HDU at DHH Level</li> <li>• Pediatric Hybrid ICU at DHH Level</li> </ul> (2) To manage wards of General IPD of DHH,SDH & CHC/UCHCs<br>(3) To manage wards of general OPD and other clinical services at UPHCs/UAAMs<br>(3) Specialized Units <ul style="list-style-type: none"> <li>• Comprehensive Lactation Management Unit at DHH Level</li> <li>• District Early Intervention Centres at DHH Level</li> </ul> The District wise details of Facilities where Nursing services will be out sourced is at <b>Clause 3.7.6.1 to 3.7.6.10</b> |

| Sl. | Name of the Services/<br>Service Wings                | Level of Facilities Targeted   |
|-----|---|--|
| 7   | Outreach Services at Sub-Health Centers / AAM         | The Plan is to operationalise out-reach services at Sub-Health Centers / AAM of the district.<br>The District wise detailed list of Sub-Health Centers / AAM is at <b>Clause 3.7.7</b>   |
| 8   | SAM Children management at NRCs                       | It is planned at NRCs as per approvals.<br>The District wise detailed List of NRC/s is at <b>Clause 3.7.8.1 &amp; 3.7.8.2</b>  |
| 9   | Managing Services at Lactation Management Unit (LMU)  | The Plan is to operationalise LMU at DHH of the concerned district.<br>The Facility wise details list is attached herewith at <b>Clause 3.7.9</b>  |
| 10  | Record Keeping / MIS Wing at public Health Facilities | The said services is planned at DHH Level IPHL, DHH-CCBH, CHC level BPHUs, SDHs, CHCs, UCHCs, UPHCs and Blood Bank of the concerned district.<br>The District/City wise details of Facilities to have Record Keeping / MIS wing is at <b>Clause 3.7.10</b> |
| 11  | Paramedics Services at Mobile Health Team (RBSK)      | The list of Mobile Health Teams (MHT-RBSK) requiring Paramedics Services is at <b>Clause 3.7.11</b>  |

### 3.3 Operational Modalities with Major Deliverables

The State has targeted to operationalize different service wings/ units at public health facilities & thus defined service specific deliverables and expect from the agency to deliver it.

| Sl. No | Name of the Service Units/ Centres  | Operational Modalities with defined responsibilities of State & the Agency and Broad Deliverables   |
|--------|---|---|
| 1      | Physiotherapy Services at Integrated Physiotherapy Centers<br><br> | As per the guidelines/approvals, the Integrated Physiotherapy centre at SDH / CHC/UCHC/UPHC level will be staffed with <u>1 qualified Physiotherapist</u> .<br><b>Responsibility Matrix :</b><br>The authority will provide infrastructure (space within the existing hospital building & EIF), undertake its regular maintenance and provide required logistics including case cards. Also provide training time to time as planned for other Physiotherapists in the system.<br><br>The agency will engage qualified manpower and provide services as per the defined deliverables. |

| Sl. No | Name of the Service Units/ Centres                   | Operational Modalities with defined responsibilities of State & the Agency and Broad Deliverables   |
|--------|--|---|
|        |  | <p><b>Major Deliverables:</b></p> <ul style="list-style-type: none"> <li>• Physiotherapy Centre shall open <b>6 days in a week at SDH Level</b> and <b>5 days in a week at CHC/ UCHC Level</b> in line with OPD timings.</li> <li>• Undertake field visit to home bound Geriatric &amp; Palliative cases at least once in a week applicable only for CHC/ UCHC Physiotherapy Centre.</li> <li>• Provide Physiotherapy Service to the OPD, IPD &amp; ICU patients as recommended by treating physicians/ decided by Physiotherapy concerned during OPD consultation.</li> <li>• Prepare case studies (4/Annum) of successful cases &amp; submit to the district Authority for advocacy in social media.</li> <li>• Submit report/returns as decided by the appropriate authority.</li> </ul>   |
| 2      | Counseling Services at Integrated Counseling Centers | <p><b>As per the guidelines/approvals, the Integrated Counselling centre at Non FRU CHC &amp; UCHC level will be staffed with <u>1 qualified Counsellor.</u></b></p> <p><b>Responsibility Matrix :</b><br/>The District/ City will establish Counselling Centre, equip it with necessary furniture / Fixtures, provide the tools for counseling and other logistics for managing the centre. Also provide training time to time as planned for other Counsellors in the system.</p> <p>Agency shall provide qualified manpower and deliver services as defined by the State.</p> <p><b>Major Deliverables:</b></p> <ul style="list-style-type: none"> <li>• Integrated Counseling Centers shall open <b>6 days in a week</b> in line with OPD timings.</li> <li>• The Counseling Services will be extended to Anti Natal cases, Post Natal cases, Adolescents, cases at DEICs, cases at PMSMA, NCD cases, GBV cases etc.</li> <li>• Individual, group &amp; family counseling sessions shall be organized depending on the need of the situations.</li> <li>• Counseling sessions shall be conducted at counseling centers and also at wards, DEICs etc.</li> <li>• Follow up counseling through Tele-consultation shall also be taken up wherever required.</li> <li>• <b>Counseling of Adolescent Boys / Girls – Minimum 150 per month</b></li> </ul> |
| 3      | Laboratory Services at Integrated Laboratories       | <p><b>As per the guidelines/approvals, the Integrated Laboratories at PHC, UPHC, CHC-BPHU and UCHC will be staffed with <u>1 Lab Technician</u> respectively. The</b></p>   |

| Sl. No | Name of the Service Units/ Centres                  | Operational Modalities with defined responsibilities of State & the Agency and Broad Deliverables   |
|--------|---|---|
|        |   | <p>Integrated Laboratories at SDH-IPHL would have <u>2 Lab Technicians</u> &amp; at DHH- IPHL would have <u>4 Lab Technicians</u>.</p> <p><b>Responsibility Matrix :</b></p> <p>The District/ City will equip Integrated Labs at different levels with necessary EIF as per the guidelines and provides reagents &amp; consumables as per need. Also provide training time to time as planned for other LTs in the system.</p> <p>The agency will provide qualified manpower and conduct tests as mandated by GoO.</p> <p><b>Major Deliverables:</b></p> <ul style="list-style-type: none"> <li>• The Integrated Lab shall open 6 days in a week in line with OPD timings.</li> <li>• It will conduct tests as per the Essential Diagnostic List recommended for that level.</li> <li>• It will also collect samples &amp; send to nearest Drop-in-centre for test/s, if the given test facilities is not available at that level, following guidelines issued by the State.</li> </ul>   |
| 4      | Management of Services at Drug Distribution Centers | <p><b>As per the guidelines/approvals</b>, the Drug Distribution Centre (DDC) at PHC/UPHC/ UAAM will be staffed with <u>1 Pharmacist</u>. Similarly, the DDC at CHC/UHC/SDH would have <u>2 Pharmacists</u> and DHH have <u>3 Pharmacists</u> for round o'clock services.</p> <p><b>Responsibility Matrix:</b></p> <p>The District/ City will establish DDC &amp; equip it with necessary Furniture &amp; Fixtures, Computers &amp; Peripherals. The State will also provide logistics to manage it and also provide training from time to time as planned for other Pharmacists in the system.</p> <p>The agency will provide qualified manpower &amp; manage DDC as per the guidelines.</p> <p><b>Major Deliverables :</b></p> <ul style="list-style-type: none"> <li>• Dispense Medicine to Patients as prescribed by treating physicians.</li> <li>• Maintain records on e-Niramay application.</li> <li>• Scan the prescriptions &amp; keep the same for record/ audit.</li> <li>• Manage the DDC as per NQAS requirements.</li> </ul> |
| 5      | Radiotherapy Services at X-Ray Units                | <p><b>As per the guidelines/approvals</b>, the X Ray unit at SDH/ CHC /UHC shall be staffed with <u>1 Radiographer</u>.</p>   |

| Sl. No | Name of the Service Units/ Centres  | Operational Modalities with defined responsibilities of State & the Agency and Broad Deliverables  |
|--------|---|--|
|        |   | <p><b>Responsibility Matrix:</b><br/>The district/city shall establish X Ray unit, furnish the physical infra as per AERB recommendations, equip it with necessary EIF and provide necessary logistics as required. Also provide training time to time as planned for other Radiographer in the system.</p> <p>The Agency will provide qualified Radiographer and manage the unit for delivering desired services.</p> <p><b>Major Deliverables:</b></p> <ul style="list-style-type: none"> <li>• Services are opened for min 8 hours a day &amp; in all working days for patients.</li> <li>• Undertake X-Rays as prescribed by different Department.</li> <li>• Submit the X-Ray image/s with concerned Physician/ Radiologists (if in position) for interpretation &amp; treatment thereon.</li> <li>• Keep the Stock &amp; Store of logistics provided.</li> </ul>   |
| 6      | Nursing Services at Wards of General IPD and Step down units of Specialized Service wings | <p>The <b>position of Nursing Officers(NOs)</b> approved for these units / wings are detailed below:</p> <p>Critical Care Health Blocks (CCBH) : <b>66 NOs</b><br/> SNCU : <b>10 NOs</b> for each 12 beds, <b>20 NOs</b> for each 24 Beds, <b>40 NOs</b> for each 48 Beds<br/> Maternity HDU : <b>16 NOs</b><br/> Pediatric Hybrid ICU: <b>20 NOs</b><br/> KMC : <b>4 NOs</b><br/> MNCU: <b>10 NOs</b><br/> NBSU: <b>4 NOs</b><br/> CLMC: <b>5 NOs</b><br/> DEIC:<b>1 NO</b><br/> General Wards of IPD at CHC/UCHC/SDH/DHH : <b>One ( 1 ) NO</b> for every 6 beds<br/> OPD and other clinical services at UPHC/UAAM: <b>1 NO</b></p> <p><b>Responsibility Matrix :</b><br/>The establishments of above specialized units are the responsibility of the system. Different Skill based Training of Nursing Officers required time to time will also be taken up by District/ City Health Authorities. Recurring Expenses to manage the Wings also be taken care by the System.</p> <p>The agency will provide qualified HR and manage to deliver services as per given deliverables.</p> <ul style="list-style-type: none"> <li>• Nursing care to patients as per defined protocols in SOPs/ Guideines.</li> </ul> |

| Sl. No | Name of the Service Units/ Centres            | Operational Modalities with defined responsibilities of State & the Agency and Broad Deliverables  |
|--------|---|--|
|        |   | <ul style="list-style-type: none"> <li>Maintain case records, both in form of offline &amp; online mode or as recommended for the programme.</li> <li>Counselling to patients / their family members on family centred care.</li> </ul>  |
| 7      | Outreach Services at Sub-Health Centers / AAM | <p><b>As per the guidelines/approvals</b>, each subcenter shall be staffed with <b>one HW-F</b> for managing outreach services.</p> <p><b>Responsibility Matrix :</b><br/>The District/ City shall provide necessary Equipment/ Instruments &amp; logistics to deliver services in the field &amp; also provide training as mandated. They will also be provided expenses for internet connection (as approved in PIP) for entry &amp; updation of data in the portals.<br/>The agency shall provide qualified manpower &amp; manage services at field as per the given deliverables.</p> <p><b>Major Deliverables :</b></p> <ul style="list-style-type: none"> <li>Conduct all types of outreach services as mandated for subcentre (Fixed day sessions like HSND, FID, AHD etc. Organize different Campaigns like NCD, MDA, NDD etc.)</li> <li>Undertake Tele Follow up &amp; Home visit to patients as per weekly scheduled plan.</li> <li>Conduct JAS meeting as defined in the guidelines.</li> <li>Update data in different portals/ applications and update Registers as per instructions.</li> <li>Attend meetings (Sector, Monthly etc.) as per communications time to time from appropriate authority</li> </ul> |
| 8      | SAM Children management at NRCs               | <p><b>As per the guidelines/approvals</b>, each NRC with 10 beds shall be staffed with <b>4 HW-Fs</b> &amp; 15 beds with <b>6 HW-Fs</b> for delivering desired services,</p> <p><b>Responsibility Matrix:</b><br/>The District has to establish the NRC &amp; equip those with necessary EIF, provide logistics as per guidelines. Also spend recurring expenses (approved in NHM PIP) as per need.<br/>The agency to provide manpower &amp; manage services for desired result.</p> <p><b>Major Deliverables :</b></p> <ul style="list-style-type: none"> <li>Provide clinical support as per the prescription of treating physicians</li> <li>Provide Micro Nutrient and electrolyte supplementation.</li> <li>Ensure Therapeutic Feeding to children.</li> </ul>  |

| Sl. No | Name of the Service Units/ Centres      | Operational Modalities with defined responsibilities of State & the Agency and Broad Deliverables   |
|--------|---|---|
| 9      | Management of Lactation Management Unit | <p>As per the guidelines/ approval, each LMU should be staged with <b>2 HW-Fs</b> for managing services.</p> <p><b>Responsibility Matrix :</b><br/>The District to establish LMU, procure &amp; install EIF and spend recurring expenses as approved in NHM PIP.</p> <p>The agency will provide manpower &amp; deliver services as per given set deliverables.</p> <p><b>Major Deliverables :</b></p> <ul style="list-style-type: none"> <li>• Regularly pay Rounds to SNCU, KMC, PNC Ward etc. for lactation support.</li> <li>• Facilitating and helping mothers in milk expression.</li> <li>• Proper storage &amp; dispensation of stored Milk.</li> </ul>  |
| 10     | Medical Record Keeping / MIS Wing       | <p><b>As per the guidelines/approvals</b>, each Public Health Facilities starting from CHC/UHC &amp; above (SDH&amp; DHH) shall have <b>one MIS wing with one (1) Medical Record Assistant(MRA)</b>for maintaining &amp; updating medical records (Both in form of online &amp; offline mode as required by hospital Authority). In addition to above, DHH-IPHL, CHC-BPHU, DHH-CCBH and Blood Bank will have <b>one additional MIS wing with one (1) MRA</b> for updating lab records on daily basis.</p> <p><b>Responsibility Matrix:</b><br/>The District/City shall provide Computer &amp; Peripherals &amp; necessary logistics to maintain both online and off line registers &amp; Records. The District/ City also to provide necessary programmatic training required to manage the data base &amp; reporting.</p> <p>The agency has to provide qualified Medical Record Assistant &amp; guide them to deliver, as per the need of respective facility.</p> <p><b>Major Deliverables :</b></p> <ul style="list-style-type: none"> <li>• Update online facility based report in the portal (used for various National Health programmes).</li> <li>• Maintain Register &amp; Records as assigned by Superintendent for NHPs.</li> <li>• Patient Follow up over phone to track their status wherever required.</li> </ul> |
| 11     | Paramedics Services at MHTs             | <p>As per Gol guidelines, each MHT shall have <b>one ANM&amp;one Pharmacist</b> to support in 4 D Screening of children aged 0-18 years at field level.</p>   |

| Sl. No | Name of the Service Units/ Centres | Operational Modalities with defined responsibilities of State & the Agency and Broad Deliverables  |
|--------|------------------------------------|--|
|        |                                    | <p><b>Responsibility Matrix :</b><br/>The district shall engage Vehicle, impart training to all its staff, supply Tools, provide Drugs &amp; logistics for screening &amp; referral of cases from the field.</p> <p>The agency will engage manpower &amp; ensure mandated services under RBSK-MHT.</p> <p><b>Major Deliverables:</b></p> <ul style="list-style-type: none"> <li>• Conduct atleast 20 visits (1 visit /day) to field for screening &amp; services.</li> <li>• Refer cases to DEIC &amp; do required follow up.</li> </ul> |

### 3.4 Eligibility Criteria for Manpower required at different Service Centres/ Wings

| Sl. | Name of the position   | Minimum Educational Qualification   |
|-----|------------------------|---|
| 1   | Nursing Officer        | The candidate must have passed +2 in any stream under council of higher secondary education, Odisha or equivalent with diploma in GNM course in Nursing / BSc Nursing from any Medical College and Hospital of the State / Any Other Institution duly recognized and approved by Indian Nursing Council.<br>Age Limit: Minimum 21 years & Maximum 65 years  |
| 2   | Health Worker (Female) | The candidate must have passed +2 in any stream under council of higher secondary education, Odisha or equivalent and passed Health Worker Female (Auxiliary Nursing Midwifery) training course conducted by the Odisha State Nursing and Midwife Board or passed out from INC approved institutions either Govt. or Pvt. And having Odisha Nursing & Midwifery Council registration.<br>Age Limit: Minimum 21 years & Maximum 65 years |
| 3   | Laboratory Technician  | The candidate must have passed +2 Science Examinations under Council of Higher Secondary Education, Odisha or equivalent and passed DMLT from Govt. Medical College & Hospitals of the State / any other private institution recognized by Govt. of Odisha or All India Council of Technical Education (AICTE).<br>Age Limit: Minimum 21 years & Maximum 65 years   |
| 4   | Pharmacist             | The candidate must have passed + 2 Science Examination under Council of Higher Secondary Education, Odisha or equivalent and passed Diploma in Pharmacy from Govt. Medical College & Hospitals of the State / any other private institution duly approved by All India Council of Technical Education (AICTE) and examination conducted the Odisha Pharmacy Board.  |

|   |                          |   |
|---|--------------------------|---|
|   |                          | Age Limit: Minimum 21 years & Maximum 65 years  |
| 5 | Radiographer             | <p>Must have passed +2 Science Examination under Council of Higher Secondary Education, Odisha or equivalent course and passed Diploma in Medical Radiation Technology (DMRT) from Government Medical College and Hospitals of the State or any other private institutions recognized by Government of Odisha or All India Council of Technical Education(AICTE).</p> <p>If any candidate has obtained higher qualifications like Bachelor in Medical Radiation Technology (BMRT) or Master in Medical Radiation Technology (MRT), they shall also be eligible to apply provided they have obtained the basic qualification i.e. Diploma in Medical Radiation Technology (DMRT).</p> <p><b>Experience:-</b>She/he must have minimum 02 years of post qualification clinical experience.</p> <p>Age Limit: Minimum 21 years &amp; Maximum 65 years</p> |
| 6 | Physiotherapist          | <p>Candidate must have passed Bachelor Degree in Physiotherapy (B.P.T) with minimum 55% marks in aggregate from a recognized Institution / University. The Degree must be 4 ½ years full time course including 6 months of compulsory internship.</p> <p><b>Experience:-</b>She/he must have minimum 02 years of post qualification clinical experience.</p> <p>Age Limit: Minimum 21 years &amp; Maximum 65 years</p>  |
| 7 | Medical Record Assistant | <p>Graduation with 50% marks and passed PGDCA / DCA / Odisha State Certificate in Information Technology (OS-CIT) course of Odisha Knowledge Corporation Limited (minimum 6 months course duration) or any equivalent courses from a recognized institute.</p> <p>Age Limit: Minimum 21 years &amp; Maximum 65 years</p>  |
| 8 | Counsellor               | <p>Qualification: The candidate must have passed Bachelors Degree in Social work/ Psychology/ Clinical Psychology/ Counseling Psychology/ Sociology/ Public Administration from any recognized University/ Institution with at least 55% marks.</p> <p style="text-align: center;">OR</p> <p>The candidate must have passed Master Degree in Social Work/ Psychology/ Clinical Psychology/ Counseling Psychology/ Sociology/ Public Administration from any recognized university/ Institution with at least 55% marks.</p> <p>Experience: S/he must have Minimum 2 years of post-qualification experience in health or social sector.</p> <p>Upper age limit: Up to 35 years</p>   |

**Note:**

It shall be the responsibility of the selected service provider to verify the required qualification and experience of the deployed personnel. The deployed personnel will be liable for performing the defined responsibilities assigned by the concerned district authority / institution from time to time. The concerned district authority / institution reserves the rights to verify and check the credentials and qualification of the deployed personnel by the service provider. If during the course of engagement of any deployed personnel, it comes to notice of the authority that he/she has misrepresented the fact about his /her qualification / experience, the service provider has to terminate the service of such staffs immediately.

**3.5 Core Performance Indicators / Penalty Clauses:**

The core performance indicator/s are defined for each service & linked to penalty clauses for poor performance status. The Penalty will not be imposed on the agency for the first 3 months, as functionalization of these Wings/Units needs time.

The **penalty will be charged** on the **service charges** and **Operational Cost** as mentioned below:

- i) A maximum of 15 % penalty on **Service Charges** shall be charged on Service Specific performance status of different service wings.
- ii) A maximum of 5% penalty on **operational cost** on overall vacancy status in each month across the said services in the district.

The Agency to submit self-certified performance report on core performance indicator with certification from In-charge of the respective facility along with other documents while claim for **Total Management Cost (Operational expenses + Service Charges)**

**A. Service Specific Core Performance Indicator****3.5.1 Physiotherapy Services**

| Sl. No | Key Deliverable/ Core performance indicator   | Score Card  |
|--------|---|---|
| 1      | Physiotherapy Units shall open 6 days in a week at DHH & SDH Level and 5 days in a week at CHC/ UCHC Level in line with OPD timings | <b>For SDH &amp; CHC/ UCHCs :</b><br>- Physiotherapy Units providing services for more than or equal to 80% days in a month : no penalty<br>- 70% to 79%: 2.5% penalty<br>- Less than 70%: 5% penalty |
| 2      | Management of different OPD cases as per the guideline of Physiotherapy Units : Minimum 15 patients (Average)                       | <b>For SDH &amp; CHC/ UCHCs :</b><br>- Case load more than or equal to 80% in a month: no penalty<br>- 70% to 79%: 2.5% penalty   |

| Sl. No | Key Deliverable/ Core performance indicator   | Score Card  |
|--------|---|---|
|        | Per Day per physiotherapist   | - Less than 70%: 5% penalty   |
| 3      | Undertake field visit to home bound Geriatric & Palliative cases: At least once in a week for CHC/ UCHC Physiotherapy Units | <b>For CHCs / UCHCs only:</b><br>- Number of visits more than or equal to 3 visits in a month: no penalty<br>- 2 visits in a month : 2.5% penalty<br>- Less than 2 visits in a month : 5% penalty |

### 3.5.2 Counseling Services

| Sl. No | Key Deliverable/ Core performance indicator  | Score Card   |
|--------|--|--|
| 1      | Integrated Counseling Centers shall open 6 days in a week in line with OPD timings | Integrated Counseling Centers providing services for more than or equal to 80% days in a month : no penalty<br>- 70% to 79%: 2.5% penalty<br>- Less than 70%: 5% penalty   |
| 2      | Performance status of the services   | 60 counseling sessions in a month for PNC cases/ 90% of delivery cases before discharge (whichever is lower).<br>-Performance more than or equal to 80% in a month : no penalty<br>- 70% to 79%: 2.5% penalty<br>- Less than 70%: 5% penalty |
| 3      | Performance status of the services   | Min 24 sessions with NCD cases in a month (spread over the month)<br>-Performance more than or equal to 80% in a month : no penalty<br>- 70% to 79%: 2.5% penalty<br>- Less than 70%: 5% penalty   |
| 4      | Counselling of Adolescent Boys / Girls   | <b>Counselling of Adolescent Boys / Girls : Minimum 150 per Month</b><br>-Performance more than or equal to 80% in a month : no penalty<br>- 70% to 79%: 2.5% penalty<br>- Less than 70%: 5% penalty   |

### 3.5.3 Laboratory Services:

| Sl. No | Key Deliverable/ Core performance indicator                         | Score Card  |
|--------|---|---|
| 1      | Integrated Lab shall open 6 days in a week in line with OPD timings | Integrated Lab providing services for more than or equal to 80% days in a month : no penalty<br>- 70% to 79%: 2.5% penalty<br>- Less than 70%: 5% penalty |
| 2      | Performance Status  | Each LT will perform 50 tests per day/ as prescribed by treating physicians (whichever is lower).   |

| Sl. No | Key Deliverable/ Core performance indicator | Score Card   |
|--------|---|--|
|        |   | -Performance more than or equal to 80% in a month : no penalty<br>- 70% to 79%: 5% penalty<br>- Less than 70%: 10% penalty<br><br><b>Note-</b> Tests prescribed by treating physicians shall be equally divided among LTs in that shift for calculation of performance of each LT. |

#### 3.5.4 Management of Drug Distribution Centres

| Sl. No | Key Deliverable/ Core performance indicator | Score Card  |
|--------|---|---|
| 1      | Using e-Niramaya application                | If yes, no penalty<br>If no, 10% penalty  |
| 2      | Keeping scanned Prescription for audit      | -Scanned more than or equal to 80% in a month : no penalty<br>- 70% to 79%: 2. 5% penalty<br>- Less than 70%: 5 % penalty |

#### 3.5.5 Radiotherapy Services at X-Ray Units

| Sl. No | Key Deliverable/ Core performance indicator | Score Card  |
|--------|---|---|
| 1      | Performance Status                          | Conducting minimum 50 X Rays per day / As prescribed by treating physician (Whichever is lower).<br><br>-Performance more than or equal to 80% in a month : no penalty<br>- 70% to 79%: 10% penalty<br>- Less than 70%: 15% penalty |

#### 3.5.6 Outreach Services at Sub Centre

| Sl. No | Key Deliverable/ Core performance indicator  | Score Card  |
|--------|--|---|
| 1      | Performance Status   |   |
| 1.1    | % of VHSND & FID Sessions (Including Integrated VHSND & FID) held against planned in a month   | Performance more than or equal to 90% in a month : no penalty<br>- 80% to 89%: 2.5% penalty<br>- Less than 80%: 5% penalty  |
| 1.2    | Presumptive TB test against population in each month (Mandate-Propertionate target @ 3000 test per 1 lakh population per annum & thus 250 tests per month per 1 lakh | -Performance more than or equal to 80% in a month : no penalty<br>- 70% to 79%: 2.5% penalty<br>- Less than 70%: 5% penalty |

| Sl. No | Key Deliverable/ Core performance indicator  | Score Card  |
|--------|--|---|
|        | population PM)   |   |
| 1.3    | NCD Screening coverage(Proportionate monthly target has to be found out for the purpose) | -Performance more than or equal to 80% in a month : no penalty<br>- 70% to 79%: 2.5% penalty<br>- Less than 70%: 5% penalty |

### 3.5.7 SAM Children management at NRCs

| Sl. No | Key Deliverable/ Core performance indicator          | Score Card  |
|--------|--|---|
| 1      | Performance Status                                   |   |
| 1.1    | % children discharged with atleast 15 % weight gain. | -Performance more than or equal to 80% in a month : no penalty<br>- 70% to 79%: 10% penalty<br>- Less than 70%: 15% penalty |

### 3.5.8 Medical Record Keeping

| Sl. No | Key Deliverable/ Core performance indicator                           | Score Card                           |
|--------|---|--------------------------------------|
| 1      | Performance Status  |                                      |
| 1.1    | HMIS report updated in the portal, complete in all respect & in time, | Yes- No Penalty<br>No – 15 % Penalty |

### 3.5.9 Management of Services at Lactation Management Unit (LMU)

| Sl. No | Key Deliverable/ Core performance indicator           | Score Card  |
|--------|---|---|
| 1      | Performance Status                                    |   |
| 1.1    | Lactation support to mothers of SNCU admitted babies. | -Performance more than or equal to 80% in a month : no penalty<br>- 70% to 79%: 10% penalty<br>- Less than 70%: 15% penalty |

### 3.5.10 Nursing Services at Wards of General IPD and Step down units of Specialized Service wings

| Sl. No | Key Deliverable/ Core performance indicator                               | Score Card                            |
|--------|---|---------------------------------------|
| 1      | Performance Status  |                                       |
| 1.1    | NBSU/SNCU/MNCU : BOR more than equal to 50%<br>PICU/PHICU/MHCU/MHICU- BOR | Yes – No Penalty<br>No – 15 % penalty |

| Sl. No | Key Deliverable/ Core performance indicator   | Score Card |
|--------|---|------------|
|        | <p>more than equal to 30%</p> <p>CLMC - Functional Milk Bank</p> <p>DEIC- New Born Screening done for atleast 50% inborn cases</p> <p>CCBH- Functional Casualty</p> <p>General Wards of IPD : BOR more than equal to 30%</p> <p>Management of OPD and Clinical Services at UPHC/UAAM : 50% of OPD cases received services through counselling / NCD screening &amp; reporting in the portal, 100% of the sample collection from patients and management of emergency cases referred by doctors.</p> |            |

### 3.5.11 Paramedical Services at Mobile health Team (RBSK-MHT)

| Sl. No | Key Deliverable/ Core performance indicator | Score Card   |
|--------|---|--|
| 1      | Performance Status                          |  |
| 1.1    | Visit to field for 4 D screening            | At least 20 days in month – No penalty<br>< 20 days in month- 10 % Penalty |
| 1.2    | Daily Reporting in the RBSK MIS Software    | Minimum 15 days in a month- No penalty or else 5% penalty                  |

Note : The service penalty % has to be calculated for different service wings as mentioned above and to be added to arrive at the total % of penalty. This penalty has to be calculated on the Service charge component of the concerned Services. The maximum extent of penalty on a monthly basis shall not be more than 15% of the Service charge cost of all Services.

#### B. Attrition Rate

5% Penalty will be levied on agency on service charges, if an overall vacancy across the services areas is 10 % or more at the end of each month i.e. 30<sup>th</sup> of every month.

### 3.6 Monthly Operational Cost of different Service Units / Wings

The monthly operational cost proposed herewith for the Service Unit/ Wings is not the manpower cost but meant for the Services as they are supposed to deliver as per set of deliverables. *It does not include Service charges.*

| Sl. | Name of the Service Wing         | Monthly Operational Cost (in Rs.) per Center |
|-----|----------------------------------|--|
| 1   | Integrated Physiotherapy Centers | Rs.45, 000.00                                |

| Sl.      | Name of the Service Wing   | Monthly Operational Cost (in Rs.) per Center |
|----------|--|--|
| 2        | Integrated Counseling Centers  | Rs.28,000.00                                 |
| <b>3</b> | <b>Integrated Laboratories</b>   |  |
| 3.1      | PHC Level  | Rs.21,000.00                                 |
| 3.2      | CHC-BPHU/ UCHC Level   | Rs.21,000.00                                 |
| 3.3      | SDH-IPHL Level   | Rs.42,000.00                                 |
| 3.4      | DHH-IPHL Level   | Rs.84,000.00                                 |
| <b>4</b> | <b>Drug Distribution Centers</b>   |  |
| 4.1      | UPHC/PHC/UAAM Level  | Rs.21,000.00                                 |
| 4.2      | UCHC/CHC/SDH Level   | Rs. 42,000.00                                |
| 4.3      | DHH Level  | Rs. 63,000.00                                |
| <b>5</b> | <b>X-Ray Units</b>   | Rs.21,000.00                                 |
| <b>6</b> | <b>Nursing Services at Ward/s of Specialized Service wings</b>             | <b>Rs. 21,000.00 x No. of NO</b>             |
| 6.1      | SNCU (12 Bedded)   | Rs. 2,10,000.00                              |
| 6.2      | SNCU (24 bedded)   | Rs. 4,20,000.00                              |
| 6.3      | SNCU (48 bedded)   | Rs. 8,40,000.00                              |
| 6.4      | KMC Wing   | Rs. 88,000.00                                |
| 6.5      | CCBH   | Rs.13,86,000.00                              |
| 6.6      | Pediatric Hybrid ICU   | Rs. 4,20,000.00                              |
| 6.7      | DEIC   | Rs. 21,000.00                                |
| 6.8      | CLMC   | Rs. 1,05,000.00                              |
| 6.9      | Maternity HDU  | Rs. 3,36,000.00                              |
| 6.10     | MNCU   | Rs. 2,10,000.00                              |
| 6.11     | NBSU   | Rs. 84,000.00                                |
| 6.12     | Management of 6 beds at General Ward of Public Health Facilities           | Rs. 21,000.00                                |
| <b>7</b> | <b>Sub-Health Centers / AAM</b>  | Rs.19,000.00                                 |
| <b>8</b> | <b>SAM Children management at NRCs</b>                                     |  |
| 8.1      | 10 bedded NRC  | Rs.76,000.00                                 |
| 8.2      | 15 bedded NRC  | Rs.1,14,000.00                               |
| 9        | Management of LMU  | Rs.38,000.00                                 |
| 10       | Record Keeping/ MIS Services at Hospitals at CHC and above/ CCBH/IPHL/BPHU | Rs.19,000.00                                 |
| 11       | Paramedical services at MHTs   | Rs. 40,000.00                                |

**N.B:** The Operational Cost mentioned at Clause No.3.6 above shall include the staff remuneration and statutory dues like EPF, ESI but excludes the Service Charge & GST. No PLP/TBI shall be given over & above the Operational Cost as mentioned in Clause no.3.6

**Note:** The monthly operational cost per center for each Service is calculated based on the number of personnel required for each services as per the norm mentioned at Clause 3.3

### 3.7 Total Operational Cost of different Service Units / Wings

Notes for filling up the column “No. of facility” in the following table:

Note 1 : Districts have to mention the name of the district and calculate the no. of SDH / CHC /PHC /UPHC / UCHC / \_\_\_\_\_ etc. as per the norm and accordingly put the number in the respective column of “No. of facility” for each service and accordingly mention the total monthly operational cost in the respective column of each Service.

Note 2: The Services which are not required for a district, shall have to put “0 (Zero)” in the column “No. of Facility” of the respective Service(s) under clause 3.7.1 to 3.7.11, so that the “total monthly operational cost” column of that Service shall become 0 (Zero).

#### 3.7.1 Physiotherapy Services at Integrated Physiotherapy Centers

| Name of the District | No. of Facility where Physiotherapy Centres are proposed |     |      |      | Total No. of Physiotherapy Centres to be established | Monthly Operational Cost per Centre (Rs.) | Total Monthly Operational Cost (Rs.) |
|----------------------|--|-----|------|------|--|---|--------------------------------------|
|                      | SDH  | CHC | UCHC | UPHC |  |   |                                      |
| 1                    | 2  | 3   | 4    | 5    | 6=(2+3+4+5)  | 7   | 8=(6x7)                              |
| DEOGARH              | 0  | 4   | 0    | 0    | 4  | 45,000                                    | 1,80,000                             |

#### 3.7.2 Counseling Services at Integrated Counseling Centers

| Name of the District | No. of Facility where Integrated Counseling Centers are proposed |      | Total no. of Integrated Counseling Centers to be established | Monthly Operational Cost per Centre (Rs.) | Total Monthly Operational Cost (Rs.) |
|----------------------|--|------|--|---|--------------------------------------|
|                      | Non-FRU CHCs   | UCHC |  |   |                                      |
| 1                    | 2  | 3    | 4=(2+3)  | 5   | 6=(4x5)                              |
| DEOGARH              | 3  | 0    | 3  | 28,000                                    | 84,000                               |

#### 3.7.3.1 Laboratory Services at Integrated Laboratories (PHC,UPHC,CHC, UCHC)

| Name of the District | No. of Facility where Integrated Laboratories are proposed |      |     |      |            | Total no. of Integrated Laboratories to be established | Monthly Operational Cost per Centre (Rs.) | Total Monthly Operational Cost (Rs.) |
|----------------------|--|------|-----|------|------------|--|---|--------------------------------------|
|                      | CHC-BPHU   | UCHC | PHC | UPHC | RTPC R Lab |  |   |                                      |
| 1                    | 2  | 3    | 4   | 5    | 6          | 7=(2+3+4+5+6)  | 7   | 8=(6x7)                              |
| DEOGARH              | 3  | 0    | 8   | 0    | 02         | 13   | 21,000                                    | 2,73,000                             |

## 3.7.3.2 Laboratory Services at Integrated Laboratories (SDH-IPHL)

| Name of the District | No. of Facility where Integrated Laboratories are proposed | Monthly Operational Cost per Centre (Rs.) | Total Monthly Operational Cost (Rs.) |
|----------------------|--|---|--------------------------------------|
|                      | SDH-IPHL   |   |                                      |
| 1                    | 2  | 3   | 4 = (2x3)                            |
| DEOGARH              | 0  | 42,000                                    | 0                                    |

## 3.7.3.3 Laboratory Services at Integrated Laboratories (DHH-IPHL)

| Name of the District | No. of Facility where Integrated Laboratories are proposed | Monthly Operational Cost per Centre (Rs.) | Total Monthly Operational Cost (Rs.) |
|----------------------|--|---|--------------------------------------|
|                      | DHH-IPHL   |   |                                      |
| 1                    | 2  | 3   | 4 = (2x3)                            |
| DEOGARH              | 01   | 84,000                                    | 84,000                               |

## 3.7.4.1 Management of Drug Distribution Centers (PHC/UPHCs/UAAMs)

| Name of the District | No. of Facility where Drug Distribution Centers are proposed |      |      | Total no. of Drug Distribution Centers to be established | Monthly Operational Cost per Centre (Rs.) | Total Monthly Operational Cost (Rs.) |
|----------------------|--|------|------|--|---|--------------------------------------|
|                      | PHC  | UPHC | UAAM |  |   |                                      |
| 1                    | 2  | 3    | 4    | 5=(2+3+4)  | 6   | 7=(5x6)                              |
| DEOGARH              | 0  | 0    | 01   | 01   | 21,000                                    | 21,000                               |

## 3.7.4.2 Management of Drug Distribution Centers (SDH/CHC/UHC)

| Name of the District | No. of Facility where Drug Distribution Centers are proposed |     |     | Total no. of Drug Distribution Centers to be established | Monthly Operational Cost per Centre (Rs.) | Total Monthly Operational Cost (Rs.) |
|----------------------|--|-----|-----|--|---|--------------------------------------|
|                      | SDH  | CHC | UHC |  |   |                                      |
| 1                    | 2  | 3   | 4   | 5=(2+3+4)  | 6   | 7=(5x6)                              |
| DEOGARH              | 0  | 0   | 0   | 0  | 42,000                                    | 0                                    |

## 3.7.4.3 Management of Drug Distribution Centers (DHHs)

| Name of the District | No. of Facility where Drug Distribution Centers are proposed | Monthly Operational Cost per Centre (Rs.) | Total Monthly Operational Cost (Rs.) |
|----------------------|--|---|--------------------------------------|
|                      | DHH  |   |                                      |
| 1                    | 2  | 3   | 4=(2x3)                              |

|         |   |        |   |
|---------|---|--------|---|
| DEOGARH | 0 | 63,000 | 0 |
|---------|---|--------|---|

### 3.7.5 Radiography Services at X-Ray Units

| Name of the District | No. of Facility where X-Ray Units are proposed |     |      | Total no. of X-Ray Units to be established | Monthly Operational Cost per Centre (Rs.) | Total Monthly Operational Cost (Rs.) |
|----------------------|--|-----|------|--|---|--------------------------------------|
|                      | SDH  | CHC | UCHC |  |   |                                      |
| 1                    | 2  | 3   | 4    | 5=(2+3+4)                                  | 6   | 7=(5x6)                              |
| DEOGARH              | 0  | 0   | 0    | 0  | 21,000                                    | 0                                    |

### 3.7.6.1 Nursing Services at wards/ Step down units of Critical Care Health Block

| Name of the District | No. of Critical Care Health Block are proposed | Monthly Operational Cost per Centre (Rs.) | Total Monthly Operational Cost (Rs.) |
|----------------------|--|---|--------------------------------------|
|                      | DHH-CCBH                                       |   |                                      |
| 1                    | 2  | 3   | 4=(2x3)                              |
| DEOGARH              | 0  | 13,86,000                                 | 0                                    |

### 3.7.6.2 Nursing Services at Stepdown Unit of SNCU-12 bedded-New/ Extension & MNCU

| Name of the District | No. of Facility where SNCU-12 bedded/ MNCU are proposed |      | Total no. of SNCU-12 bedded/ MNCU to be established | Monthly Operational Cost per Centre (Rs.) | Total Monthly Operational Cost (Rs.) |
|----------------------|---|------|---|---|--------------------------------------|
|                      | SNCU-12 Bedded  | MNCU |   |   |                                      |
| 1                    | 2   | 3    | 4=(2+3)   | 5   | 6=(4 x 5)                            |
| DEOGARH              | 0   | 0    | 0   | 2,10,000                                  | 0                                    |

### 3.7.6.3 Nursing Services at wards& Stepdown units of Maternity HDU

| Name of the District | No. of Facility where Maternity HDU are proposed | Monthly Operational Cost per Centre (Rs.) | Total Monthly Operational Cost (Rs.) |
|----------------------|--|---|--------------------------------------|
|                      | Maternity HDU                                    |   |                                      |
| 1                    | 2  | 3   | 4=(2 x 3)                            |
| DEOGARH              | 0  | 3,36,000                                  | 0                                    |

### 3.7.6.4 Nursing Services at KMC, NBSU

| Name of the District | No. of Facility where KMC/ NBSU are proposed |      | Total no. of KMC/ NBSU to be established | Monthly Operational Cost per Centre (Rs.) | Total Monthly Operational Cost (Rs.) |
|----------------------|--|------|--|---|--------------------------------------|
|                      | KMC  | NBSU |  |   |                                      |
| 1                    | 2  | 3    | 4=(2+3)                                  | 5   | 6=(4x5)                              |

|         |   |   |   |        |   |
|---------|---|---|---|--------|---|
| DEOGARH | 0 | 0 | 0 | 88,000 | 0 |
|---------|---|---|---|--------|---|

### 3.7.6.5 Nursing Services at Stepdown units of SNCU-24 Bedded- New / Extension

| Name of the District | No. of Facility where SNCU-24 Bedded are proposed | Monthly Operational Cost per Centre (Rs.) | Total Monthly Operational Cost (Rs.) |
|----------------------|---|---|--------------------------------------|
|                      | SNCU-24 Bedded                                    |   |                                      |
| 1                    | 2   | 3   | 4=(2x3)                              |
| DEOGARH              | 0   | 4,20,000                                  | 0                                    |

### 3.7.6.6 Nursing Services at Stepdown units of SNCU-48 Bedded- New/ Extension

| Name of the District | No. of Facility where SNCU-48 Bedded are proposed | Monthly Operational Cost per Centre (Rs.) | Total Monthly Operational Cost (Rs.) |
|----------------------|---|---|--------------------------------------|
|                      | SNCU-48 Bedded                                    |   |                                      |
| 1                    | 2   | 3   | 4=(2x3)                              |
| DEOGARH              | 0   | 8,40,000                                  | 0                                    |

### 3.7.6.7 Nursing Services at wards & Stepdown units of Pediatric Hybrid ICU

| Name of the District | No. of Facility where Pediatric Hybrid ICU are proposed | Monthly Operational Cost per Centre (Rs.) | Total Monthly Operational Cost (Rs.) |
|----------------------|---|---|--------------------------------------|
|                      | Pediatric Hybrid ICU                                    |   |                                      |
| 1                    | 2   | 3   | 4=(2x3)                              |
| DEOGARH              | 0   | 4,20,000                                  | 0                                    |

### 3.7.6.8 Nursing Services at CLMC

| Name of the District | No. of Facility where CLMC are proposed | Monthly Operational Cost per Centre (Rs.) | Total Monthly Operational Cost (Rs.) |
|----------------------|---|---|--------------------------------------|
|                      | CLMC                                    |   |                                      |
| 1                    | 2                                       | 3   | 4=(2x3)                              |
| DEOGARH              | 0                                       | 1,05,000                                  | 0                                    |

### 3.7.6.9 Nursing Services at DEIC

| Name of the District | No. of Facility where DEIC are proposed | Monthly Operational Cost per Centre (Rs.) | Total Monthly Operational Cost (Rs.) |
|----------------------|---|---|--------------------------------------|
|                      | DEIC                                    |   |                                      |
| 1                    | 2                                       | 3   | 4=(2x3)                              |
| DEOGARH              | 0                                       | 21,000                                    | 0                                    |

## 3.7.6.10 Nursing Services at Wards of General IPD of DHH/ SDH/CHC/UCHC

| Name of the District | Beds at General Wards of IPD |     |     |      | Total no. of IPD Beds | Monthly Operational Cost for every 6 Beds (Rs.) | Total monthly Operational Cost per Annum (Rs.) |
|----------------------|------------------------------|-----|-----|------|-----------------------|---|--|
|                      | DHH                          | SDH | CHC | UCHC |                       |   |  |
| A                    | B                            | C   | D   | E    | $F=(B+C+D+E)$         | G   | $H=(F/6)\times G$                              |
| DEOGARH              | 0                            | 0   | 0   | 0    | 0                     | 21,000  | 0  |

## 3.7.6.11 OPD &amp; other clinical services at UPHC/UAAM

| Name of the District | No. of Facility proposed |      | Total no. of Centers | Monthly Operational Cost per Centre (Rs.) | Total Monthly Operational Cost (Rs.) |
|----------------------|--------------------------|------|----------------------|---|--------------------------------------|
|                      | UPHC                     | UAAM |                      |   |                                      |
| 1                    | 2                        | 3    | $4=(2+3)$            | 5   | $6=(4\times 5)$                      |
| DEOGARH              | 0                        | 01   | 01                   | 21,000                                    | 21,000                               |

## 3.7.7 Outreach Services at Sub-Health Centers / AAM

| Name of the District | No. of SCs/AAM where Outreach Services are proposed | Monthly Operational Cost per Centre (Rs.) | Total Monthly Operational Cost (Rs.) |
|----------------------|---|---|--------------------------------------|
| 1                    | 2   | 3   | $4=(2\times 3)$                      |
| DEOGARH              | 03  | 19,000                                    | 57,000                               |

## 3.7.8.1 SAM Children management at NRCs (NRC-10 bedded)

| Name of the District | No. of Facility where 10 Bedded NRC are proposed | Monthly Operational Cost per Centre (Rs.) | Total Monthly Operational Cost (Rs.) |
|----------------------|--|---|--------------------------------------|
| 1                    | 2  | 3   | $4=(2\times 3)$                      |
| DEOGARH              | 0  | 76,000                                    | 0                                    |

## 3.7.8.2 SAM Children management at NRCs(NRC-15 bedded)

| Name of the District | No. of Facility where 15 Bedded NRC are proposed | Monthly Operational Cost per Centre (Rs.) | Total Monthly Operational Cost (Rs.) |
|----------------------|--|---|--------------------------------------|
| 1                    | 2  | 3   | $4=(2\times 3)$                      |

|         |   |          |   |
|---------|---|----------|---|
| DEOGARH | 0 | 1,14,000 | 0 |
|---------|---|----------|---|

### 3.7.9 Management of Lactation Management Unit (LMU)

| Name of the District | No. of Facility where LMU are proposed | Monthly Operational Cost per Centre (Rs.) | Total Monthly Operational Cost (Rs.) |
|----------------------|--|---|--------------------------------------|
| 1                    | 2                                      | 3   | 4=(2x3)                              |
| DEOGARH              | 0                                      | 38,000                                    | 0                                    |

### 3.7.10 Record Keeping / MIS Wing at Public Health Facilities

| Name of the District | No. of Facility |          |          |     |     |     |      |      |            | Total no. of MIS wing to be established | Monthly Operational Cost per Centre (Rs.) | Total Monthly Operational Cost (Rs.) |
|----------------------|-----------------|----------|----------|-----|-----|-----|------|------|------------|---|---|--------------------------------------|
|                      | DHH-IPHL        | DHH-CCHB | CHC-BPHU | DHH | SDH | CHC | UCHC | UPHC | Blood Bank |   |   |                                      |
| 1                    | 2               | 3        | 4        | 5   | 6   | 7   | 8    | 9    | 10         | 11=(2+3+4+5+6+7+8+9+10)                 | 12  | 13=(11x12)                           |
| DEOGARH              | 01              | 0        | 03       | 03  | 0   | 0   | 0    | 0    | 01         | 08                                      | 19,000                                    | 1,52,000                             |

### 3.7.11 Paramedics Services at Mobile Health Team (RBSK)

| Name of the District | No. of Mobile Health Teams (MHT-RBSK) requiring Paramedics Services | Monthly Operational Cost per Centre (Rs.) | Total Monthly Operational Cost (Rs.) |
|----------------------|---|---|--------------------------------------|
| 1                    | 2   | 3   | 4=(2x3)                              |
| DEOGARH              | 01  | 21,000                                    | 21,000                               |

Note : The monthly operational cost per center for each Service is calculated based on the number of personnel required for each services as per the norm mentioned at Clause 3.3

### 3.7.12 TOTAL Monthly Operational Cost (Rs.) of all required Services: Rs.8,93,000/- (Sum total of Clause 3.7.1 to 3.7.11)

Note: The districts shall have to carefully fill up the total monthly operational cost of all required services in clause 3.7.12 above by adding the total monthly operational cost of each service as stated in clauses 3.7.1 to 3.7.11.

3.8. Attendance: Biometric attendance system will be introduced to track availability of the personnel engaged under the said contract. The agency shall install the Biometric (with face reader / retina scan) Attendance System at the concerned health facilities. The registration process of the personnel engaged for the required service and monthly attendance report generation from the Biometric (with face reader / retina scan) Attendance System installed by

the Agency shall be done by the Agency. The designated personnel (Medical Record Assistant) of the concerned health facility shall verify the same. The monthly attendance report generated through the biometric attendance system shall have to be furnished by the agency. The engaged personnel should be given weekly off by the agency as per the labour rules of State Government. Any deviation of the rules is liability of the agency. Apart from the weekly off, if the deployed personnel remain absent on a particular day or comes late / leave early on three occasions, deduction from the remuneration for one day shall be made.

**3.9 Uniform:** A uniform dress code (Colour) / Apron may be recommended for all the personnel deployed by the agency.

**3.10 Other Conditions :**

- a) The personnel deployed through Agency for the required Paramedics, Nursing & other Technical Services in the health facility (ies) **shall not claim** any benefit, compensation, **absorption or regularization of their Services** in the Govt. establishment under the provision of any statutory act.
- b) The personnel deployed through Agency for the required Paramedics, Nursing & other Technical Services shall not divulge or disclose any details of office, operational process, technical know-how, security arrangement, administrative/ organizational matters to any third person, as all of that are confidential in nature. In the event of being found that the official secrecy has been disclosed and for the purpose of security arrangement and or for other purpose, it is desirable to remove the said person, the nodal officer of the health facility has every right to remove the said person, immediately and responsibility if any has to be borne by the Agency.
- c) The personnel deployed through Agency for the required Paramedics, Nursing & other Technical Services shall ensure that the person deployed are disciplined and shall enforce prohibition of consumption of alcoholic drinks, paan, Gutkha, smoking, loitering and shall not engage in gambling or any immoral act.

**3.11 Data Management:**

**Report expected from the agency**

- a) Monthly attendance along with the work certificate of the personnel deployed through Agency for the required Paramedics, Nursing & other Technical Services, duly signed by the head of the health institution / person authorized by the head of the health institution.
- b) Any other reporting mechanism as desired by the Hospital.

**3.12 Responsibilities of the Implementing Agency & Hospital Administration:**

**3.12.1 Following are the responsibilities of the Agency (Service Provider):**

- The Paramedics, Nursing & other Technical Services shall be provided **on all working days** without any interruption.
- All the personnel engaged by the Agency to provide the services in the hospital have to be in proper uniform / apron during duty hour.

- All the personnel shall bear photo identity cards during the duty hour. (The Photo Identity Card shall be duly verified and countersigned by the designated Official of the hospital)
- All the rules and regulations relating to labour laws including accident, workmen compensation and insurance, ESI, PF etc. (if applicable) are to be complied.
- All standard safety norms are to be followed during execution of work by the Agency to avoid accidents causing damages to personnel, machines, buildings, etc.
- In case of any accident/ mishap of any nature occurred during performing the duty, the liability will be borne by the agency.

### 3.12.2 The responsibilities of the Hospital Administration/ Authority shall include:

- Assign the duty chat to the deployed staffs of the service provider for the paramedics, nursing & other techno managerial services.
- Provisioning of space for safe storage of articles & place of sitting for staffs deployed by the agency.
- Permission to use the equipment / instrument of the Hospital which are required to perform the duty assigned to the concerned staffs.
- Monitor and assess the deliverable of the outsourced services based on the monthly work report of each personnel.



## **SECTION 4 - TERMS & CONDITIONS**

### 4.1 Period of Engagement

- a) The engagement of the agency shall be for a period of **three years** from the date of signing of contract. However, the agreement with the agency shall be signed **initially for a period of one year** from the date of signing of the contract, which shall be **renewed** on a **yearly basis** based on satisfactory service of the Service Provider as per due assessment.
- b) The agency shall sign the contract (in the given Format) within 15 days of issue of Letter of Award/ Intimation.

### 4.2 Award of Contract

On evaluation of technical and financial parts of RFP and decision thereon, the selected bidder shall have to execute a contract with the District Authority / Institution within 15 days from the date of acceptance of their bid is communicated to them. The terms and condition, terms of reference of this RFP along with documents and information provided by the selected bidder shall be deemed to be an integral part of the contract. Before execution of the contract, the selected bidder shall have to deposit the performance security deposit as per clause 4.4 mentioned below.

### 4.3 Performance Security

The selected service provider has to furnish a performance security deposit (valid for a period of 15 months) at the time of signing of contract, amounting to **6% of the total yearly contract value** of the concerned district / Institution in the shape of DD / BG from a National / Scheduled Bank in India. In case of renewal of the contract for another year, the validity of the BG has to be duly revalidated for another 15 months. The performance security deposit is for due performance of the contract. The amount of Earnest money deposit of the selected bidder can be adjusted against the performance security deposit. The successful bidder in case of Local MSE will have to deposit 25% of the stipulated Performance Security (i.e. 25% of **6%** of the total yearly contract value) by way of demand draft / BG drawn on any Nationalized / Scheduled Bank payable at location of the concerned District / Institution or Bank Guarantee from any Nationalized / Scheduled Bank in favour of CDM&PHO cum DMD Deogarh (of the District / Institution). In case of BG, the BG shall have to be valid for a period of 90 days beyond the contract period. No interest shall be payable on the Performance Security. In case of renewal of the contract, the validity of the BG has to be duly revalidated for 90 days beyond the new contract period.

The District Authority / Institution in the following circumstances can forfeit it;

- 1) When any terms or the condition of the contract is infringed.
- 2) When the service provider fails in providing the required services satisfactorily.

### 4.4 Commencement of Service

The selected service provider is required to start the services in the concerned district **at all the facilities** of that district (DHH, SDH, CHC, PHC) within 30 days of signing of the contract.

#### 4.5 Payment & Price Validity

- a) The service provider shall be paid on **monthly basis** as per the contracted rate. The payment shall be the fixed operational cost(which includes payment to staffs deployed) and the service / management charge as quoted in the price schedule.
- b) While the bill for 1<sup>st</sup> month shall be paid after submission of bill for the month, payment from the 2<sup>nd</sup> month onwards shall be made subject to production of documentary evidence of having made all statutory payments if any such as PF [Electronic Challan cum Return (ECR)], ESI (Challans) etc. for the previous month.
- c) The price as quoted by the service provider shall remain unchanged during the contract period except in case of revision in the fixed service fees for any type of services, if the contracted amount is below the recommended rate as applicable.
- d) GST as applicable shall be paid at the applicable rate.
- e) TDS as applicable shall be deducted from the payment as per the Income Tax Act
- f) All payments by the service provider to its deployed personnel must be made by the through e-transfer only.

#### 4.6 Penalty

In case the Agency fails to commence/execute the work as stipulated in the agreement or gives unsatisfactory performance or does not meet the statutory requirements of the contract, CDM& PHO cum DMD / Director of the concerned health facility (ies) reserves the right to impose the penalty as detailed below:

##### a) Commencement of the Work:

- 1) 0.5% of annual costs of Contract / Agreement value (per health facility) per week of delay, up to four weeks of delay per health facility.
- 2) After four weeks delay, the tender Inviting Authority / concerned District Authority reserves the right to cancel the whole contract or part thereof and withhold the agreement and get this job carried out by other successful bidders (L2 & so on in that order). The earnest money/security deposit shall also be forfeited.

##### b) Service Penalty

The service penalty shall be applicable for non adherence to the key deliverables / core performance indicator. The Penalty will not be imposed on the agency for the first 3 months of operation as functionalization of the different Service Wings/Units needs time. The **Service penalty will be charged** on the **service charges** claimed by the agency for managing Wings/ Units. The details of the Service penalty are mentioned at **Clause 3.5**.

#### 4.7 General Conditions of the Contract

- a) The personnel provided shall be the employees of the service provider and all statutory liabilities if any will be paid by the service provider such as ESI, PF, Workmen's Compensation Act, etc.
- b) The persons deployed by the service provider should be properly trained, have requisite experience and having the skills for carrying out required task against each position.
- c) In the event of any personnel being on leave / absent, the service provider shall ensure

suitable reserve personnel to make up such absence. If personnel leave the job for any reason, the service provider is liable to provide suitable replacement within 3 working days. In case of delay in providing required replacement, the amount of penalty calculated at the rate of 1% of the annual contract value of that Services per week for on account of delay, shall be deducted from the monthly bills in the succeeding months.

- d) The service provider at their end should ensure the Health and Safety measures of the outsourced staffs, deputed for the works.
- e) The contracting authority if required may also conduct health checkup of the staff deployed at regular intervals at the cost of the service provider.
- f) The service provider shall engage only such workers, whose antecedents and health have been thoroughly verified including character and police verification and other formalities. The service provider shall be fully responsible for the conduct of their staff.
- g) The service provider at all times should indemnify the contracting Authority against all claims, damages or compensation under the provisions of payment of wages Act; Minimum Wages Act; Employer's Liability Act the Workmen Compensation Act; Industrial Disputes Act,; Maternity Benefit Act, or any modification thereof or any other law relating thereof and rules made hereunder from time to time. Contracting authority will not own any responsibility in this regard. Payment of minimum wages, notified by the government, shall be ensured all the time.
- h) The staff deployed through the service provider in the health facility (ies) shall not claim any benefit, compensation, absorption or regularization of their services in the Govt. establishment either under the provision of Industrial Disputes Act. or Contract Labour (Regulation & Abolition) Act. The Agency should have to obtain an undertaking from the deployed persons to the effect that the deployed person is the employee of the Service Provider and shall submit the said undertaking to the Contracting Authority. In the event of any litigation on the status of the deployed persons, the Contracting Authority/Society shall not be a necessary party. However in any event, either the deployed persons or to the order of the hon'ble court, the District Health Society / Institution may be a party in dispute to adjudicate the matter. The service provider has to reimburse the expenditure that would have been borne by the Contracting Authority.
- i) The staffs deployed by the service provider shall not divulge or disclose any details of office, operational process, technical know-how, administrative/ organizational matters to any third person, as all of that are confidential and secret in nature. In the event of being found that the official secrecy has been disclosed, it is desirable to remove the said person. The nodal officer of the health facility has every right to remove the said person immediately and the responsibility if any in this context is to be borne by the service provider.
- j) All liabilities arising out of accident or death of the personnel provided by the service provider while on duty shall be borne by the service provider.
- k) Adequate supervision will be provided to ensure correct & effective performance of the services in accordance with the prevailing assignment and instructions agreed upon between the two parties.

- l) The service provider and its staff shall take proper and reasonable precautions to prevent loss, destruction, waste or misuse of the areas of the Hospital premises.
- m) That in the event of any loss occurred to the Hospital, as a result of any lapse on the part of the service provider as may be established after an enquiry conducted by the hospital, such loss will be made good from the amount payable to the service provider. The decision of the district / institution authority in this regard will be final and binding on the service provider.
- n) The service provider shall be responsible to protect all properties and equipment of the health facility entrusted to it.
- o) Any damage or loss caused by service provider's persons to the hospital in whatever form, would be recovered from the service provider.
- p) In the event of any breach/violation or contravention of any terms and conditions contained herein by the service provider, the performance security deposit of the service provider shall be forfeited.
- q) Any liability arising out of any litigation (including those in consumer courts) due to any act of service provider's personnel shall be directly borne by the service provider including all expenses/fines. The concerned service provider's personnel shall attend the court as and when required.
- r) The service provider shall not engage any such sub-contractor or transfer the contract to any other person in any manner.
- s) The staffs engaged by the service provider shall not take part in any staff union and association activities.
- t) The Hospital shall not be responsible for providing residential accommodation to any of the deployed personnel of the service provider.
- u) If as a result of post payment audit any overpayment is detected in respect of any work done by the service provider or alleged to have been done by the service provider under the tender, it shall be recovered by the authority of the concerned health institution from the service provider.
- v) If any less payment to the service provider is discovered, the amount shall be duly paid to the service provider by the authority of the concerned health institution.
- w) The service provider shall provide the copies of relevant records during the period of contract or otherwise even after the contract is over whenever required by the Tender Inviting Authority / Authority of the concerned health institution.
- x) The service provider will have to enclose the proof / copies of the challans showing payment of statutory dues if any for the previous month along with monthly bills.
- y) All necessary reports and other information will be supplied on a mutually agreed basis and regular meetings will be held with the nodal officer of the respective health facility (ies)/ Tender Inviting Authority/Contracting Authority. The service provider and its staff shall take proper and reasonable precautions to preserve from loss, destruction, waste or misuse the areas of responsibility given to them by the Hospital, and shall not knowingly lend to any person or company any of the effects or assets of the Hospital, under its control.

- z) The service provider shall immediately intimate to the Controlling Authority about any criminal charge framed against the persons or supervisor engaged or employed by the agency, in the course of their performance of duties. A copy of such communication shall also be sent to the officer-in-charge of the Police Station where the person charged against resides.
- aa) The service provider shall be blacklisted if miserably performed as per assessment based on score card even after repeated notice for improving performance i.e. minimum 3 times. The service provider shall also be blacklisted if found indulging in such activity which will affect name & fame of the implementing agency.
- bb) The service provider shall not assign or sublet the services undertaken or any part thereof to any third party.
- cc) The contract can be terminated at any time prior to its completion by either Party with 30 days of notice period.
- dd) In case of breach of any terms and conditions attached to the contract, the Performance Security Deposit of the service provider will be liable to be forfeited by contracting authority besides annulment of the contract.
- ee) The service provider shall ensure that the person deployed are disciplined and shall enforce prohibition of consumption of alcoholic drinks, paan, gutkha, smoking, loitering and shall not engage in gambling or any immoral act.

#### 4.8 Termination /Suspension of Contract

The District Authority/ Institution may by a notice in writing, suspend the contract if the selected agency fails to perform any of his obligations including carrying out the services, provided that such notice of suspension shall specify the nature of failure, and shall request remedy of such failure within a period not exceeding 15 days after the receipt of such notice.

The District Authority/ Institution after giving 30 days clear notice in writing expressing the intension of termination by stating the ground/grounds on the happening of any of the events (as mentioned below), may terminate the agreement after giving reasonable opportunity of being heard to the service provider :

- 1) If the service provider do not remedy a failure in the performance of his obligations within 15 days of receipt of notice or within such further period as the District Authority / Institution have subsequently approve in writing.
- 2) If the service provider becomes insolvent or bankrupt.
- 3) 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 60 days: or
- 4) If, in the judgment of the District Authority /Institution, the service provider is engaged in corrupt or fraudulent practices in competing for or in implementation of the project.

#### 4.9 Modifications

Modifications in terms of reference including scope of the services can only be made by the district authority / institution with written consent of both parties. However, basic conditions of the contract shall not be modified.

#### 4.10 Force Majeure

This Services as being an emergency response services, the Service Provider shall not be allowed to suspend or discontinue the Services during occurrences of emergencies or Force Majeure Events.

For the purposes of this contract, "Force Majeure" means an event which is beyond the reasonable control of a Party, is not foreseeable, is unavoidable, and not brought about by or at the instance of the Party claiming to be affected by such events and which has caused the non-performance or delay in performance and which makes a Party's performance of its obligations hereunder impossible or so impractical as reasonably to be considered impossible in the circumstances, and includes, but is not limited to war, riots, civil disorder, earthquake, fire, explosion, storm, flood or other adverse weather conditions, strikes, lockouts or other industrial action (except where such strikes, lockouts or other industrial action are within the power of the Party invoking Force Majeure to prevent), confiscation or any other action by Government agencies.

In such circumstances of emergencies and Force Majeure Event, if the Performance Standards are not complied with because of any damage caused to the services or any of the Project Facilities or non-availability of staff, or inability to Provide services in accordance with the Performance Standards as a direct consequence of such Force Majeure Events or circumstances, then no penalties shall be applicable for the relevant default in Performance Standards and would be applied to such particular defaults. Further, unless the Force Majeure event is of such nature that it completely prevents the operation of services, a suspension or failure to provide Services on the occurrence of a Force Majeure event will be an Event of Default and the District authority may terminate this Agreement without any termination payment being made in respect thereof.

The failure of a party to fulfill any of its obligations under the agreement shall not be considered to be a default in so far as such inability arises from an event of force majeure, provided that the party affected by such an event has taken all reasonable precautions, due care and reasonable alternative measures in order to carry out the terms and conditions of the agreement and has informed the other party as soon as possible about the occurrence of such an event.

#### 4.11 Settlement of Dispute

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 to Committee constituted at the District level for decision.

#### 4.12 Jurisdiction of Court

Legal proceedings if any shall be subject to the Deogarh District jurisdiction only.

#### 4.13 Right to Accept and Reject any Proposal

The District Authority / Institution / Tender Inviting Authority reserve the right to accept or reject any proposal at any time without any liability or any obligation for such rejection or annulment and without assigning any reason.

## SECTION 5 - CRITERIA FOR EVALUATION

### 5.1 Evaluation of Technical Proposals

In the first stage, the Technical Proposal will be evaluated on the basis of bidder's fulfillment of **eligibility criteria**. Only those bidders whose Technical Proposals becomes **responsive** based on the eligibility criteria, shall qualify for further detail technical evaluation for presentation and awards of marks based on the following Criteria :

| Sl. | Evaluation of Parameters   | Total Marks | Criteria for award of Mark  |
|-----|--|-------------|---|
| 1.  | <p><b>Experience: No. of years of Experience</b></p> <p>Experience in providing <b>Paramedics / Nursing / Clinical Services</b>—Details to be furnished <b>Form T4A</b></p>  | 10          | <ul style="list-style-type: none"> <li>● &gt;3 year ≤ 5 years : 5 marks</li> <li>● &gt;5 years : 10 marks</li> </ul>  |
| 2.  | <p><b>Experience : No. of Contracts Executed during the last three Financial Years in health facilities of Govt. Sector</b></p> <p>Experience in execution of contracts related to provisioning of manpower for <b>*Paramedics / Nursing/ Clinical Services</b> to State Govt.Organizations / Central Govt.Organizations / PSUs/ Govt. owned Societies / Govt. Corporations during the three financial years : <b>2022-23, 2023-24 &amp; 2024-25</b>(to be determined from the work order / contract copies ) – Details to be furnished Form T4B<br/>[Renewal of a contract / Continuation of a contract during the above financial years is to be <b>considered once</b> for calculation of no. of contracts. The contract duration must be at least one year duration) - Details to be furnished in <b>Form T4B</b>.<br/>The contracts executed relating to manpower for Security /Housekeeping / Laundry Services / DEO / Plumber / Electrician / Attendant / Gardener/ Supervisor shall not be considered as contracts for award of Marks]</p> | 25          | <ul style="list-style-type: none"> <li>● 1 no ≤ 4 nos : 10 marks</li> <li>● &gt;4 nos ≤ 7 nos : 15 marks</li> <li>● &gt;7 nos ≤ 10 nos : 20 marks</li> <li>● &gt;10 nos : 25 marks</li> </ul> |
| 3   | <p><b>Experience : * No. of Paramedics / Nursing / Clinical Services Manpower Deployed</b> during the last three financial years</p> <p><b>Average no. of *Paramedics / Nursing / Clinical Services manpower (other than</b></p>   | 25          | <ul style="list-style-type: none"> <li>● 20-30 persons : 10 marks</li> <li>● 31- 40 persons : 15 marks</li> <li>● 41-50 persons : 20 marks</li> </ul>   |

|   |  |           |   |
|---|--|-----------|---|
|   | manpower relating to Security / Housekeeping / Laundry Services / DEO / Plumber / Electrician / Attendant / Gardener / Supervisor) engaged in State Govt. Organizations / Central Govt. Organizations / PSUs / Govt. owned Societies / Govt. Corporations during the 3 financial years : <b>2022-23, 2023-24 &amp; 2024-25</b> (to be determined from the work order / contract copies ) – Details to be furnished <b>Form T4B</b> |           | <ul style="list-style-type: none"> <li>• &gt;50 persons : 25 marks</li> </ul>   |
| 4 | <b>Total Average Annual turnover (Audited)</b><br>(Average Annual Turnover of the financial years <b>2022-23, 2023-24 &amp; 2024-25</b> )  | 15        | <ul style="list-style-type: none"> <li>• &gt; 3 ≤ 5 crores : 5 Marks</li> <li>• &gt; 5 ≤ 7 crores : 7 Marks</li> <li>• &gt;7 ≤ 10 crores : 10 Marks</li> <li>• &gt; 10 crores : 15 Marks</li> </ul> |
| 5 | Quality Certifications of Bidder   | 5         | <ul style="list-style-type: none"> <li>• ISO 9001:2015 <b>OR</b> ISO 45001:2018 : 2.5 Marks</li> <li>• ISO 9001:2015 <b>AND</b> ISO 45001:2018 : 5 Marks</li> </ul>                                 |
|   | <b>Total Marks</b>   | <b>80</b> |   |

- \* Note: 1) **Paramedics / Nursing / Clinical Manpower services** does not include Security / Cleaning / Laundry Service Personnel / Supervisor / DEO / Plumber / Electrician / Attendant / Gardner etc.
- 2) Any **forged document furnished**(which is found during the evaluation of bid) by bidders in support of the credentials related to evaluation parameters mentioned in the above table, shall lead to **rejection of their bid** and also these bidders shall be liable for blacklisting by the tender inviting authority for a period of one year from the date of blacklisting.

Financial proposal shall be opened after the technical evaluation is completed and **only those bidders** who score **at least 56 marks or more** in technical evaluation shall qualify for **financial bid opening**.

## 5.2 Evaluation of Financial Proposal

In the financial bid, the bidder with the **lowest monthly service charge %** shall be awarded the contract. However, in case of **multiple bidders** quoting the **same lowest monthly service charge %**, L1 shall be selected through a **transparent system of lottery**.

# RFP FORMATS

## Paramedics, Nursing & other Techno-Managerial Services at Govt. Health Institutions

### TECHNICAL PROPOSAL



### Check List (Technical Proposal)

Please check whether following have been enclosed in the respective cover namely, Technical Proposal: *(please arrange the documents serially in the following order & do the page numbering of the entire bid document and mention the page no. in the column "page No" against the particulars in the check list as mentioned below for ease of scrutiny)*

| Sl. | Particulars  | Whether Submitted<br>(Yes / No) | Page No. |
|-----|--|---------------------------------|----------|
| 1   | EMD (DD of Rs. _____/-)  |                                 |          |
| 2   | Bid document Cost (DD of Rs. 1,500/-)  |                                 |          |
| 3   | Form T1  |                                 |          |
| 4   | Form T2  |                                 |          |
| 5   | Photocopy of the company/Agency Registration certificate   |                                 |          |
| 6   | Photocopy of the GST registration certificate  |                                 |          |
| 7   | Photocopy of the EPF registration certificate  |                                 |          |
| 8   | Photocopy of the ESI registration certificate  |                                 |          |
| 9   | Photocopy of the ECR of EPF and Challans of ESI for the month of <b>March 2026</b> towards EPF / ESI payment of the personnel deployed by the agency.                            |                                 |          |
| 10  | Photocopy of the Labour Registration Certificate   |                                 |          |
| 11  | Copy of PAN  |                                 |          |
| 12  | Photocopy of ISO 9001 certification  |                                 |          |
| 13  | Form T3  |                                 |          |
| 14  | Photocopies of the audited P/L account of <b>each year highlighting the turnover</b> in support of the information furnished in Form T3  |                                 |          |
| 15  | Form T4 A, T4B   |                                 |          |
| 16  | Copies of Work Order/Contract from the clients in support of providing different category of manpower services executed in support of the information provided in Form T4 A, T4B |                                 |          |
| 17  | Form T5  |                                 |          |
| 18  | Form T6  |                                 |          |
| 19  | Form T7  |                                 |          |
| 20  | Any other documents  |                                 |          |

**FORM – T1***(to be furnished in the technical proposal)***TECHNICAL TENDER SUBMISSION FORM**

(On the letterhead of the agency)

To

The CDM &amp; PHO cum DMD Deogarh

*(pl. mention the name of the District / Institution)*

Re. : RFP Reference no. \_\_\_\_\_ dated \_\_\_\_\_

*(pl. mention the RFP reference no. against the concerned district / institution from the table at Section 1- Schedule of Proposal submission)*

Dear Sir / Madam,

We, the undersigned, offer to provide the Paramedics, Nursing & other Techno-Managerial Services at District Health Institutions. We are hereby submitting our Proposal, which includes this Technical Proposal and a Commercial Proposal sealed under a separate envelope.

We hereby declare our Confirmation of acceptance of the Conditions of Contract mentioned in the RFP document under reference cited above.

We hereby declare that all the information and statements made in this Proposal are true and accept that any of our misrepresentations contained in it may lead to our disqualification.

Our proposal shall be binding upon us for a period of 180 days from the date of bid opening, subject to the modifications resulting from Contract negotiations you may subsequently carry out with us to accept our bid. If we are assigned the work during the period of validity of the Proposal, we undertake to carry out the same as per the terms and conditions of this tender document.

I hereby declare that my company has not been debarred / black listed by any Government/ Semi Government organizations. I further certify that I am the competent authority in my company authorized to make this declaration.

We understand you are not bound to accept any Proposal you receive.

Yours sincerely,

Authorized Signatory [*In full and initials*]: \_\_\_\_\_

Name and Title of Signatory: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

(Organization Seal)





**FORM T3***(to be furnished in the technical proposal)***ANNUAL AVERAGE TURN OVER STATEMENT***(To be furnished in the **letter head** of the Chartered Accountant)*

The Annual Turnover of M/s \_\_\_\_\_  
for the last 3 financial years are given below and certified that the statement is true and correct.

| Sl.                                   | Financial Year | Turnover in Rs. |
|---------------------------------------|----------------|-----------------|
| 1                                     | 2022-23        |                 |
| 2                                     | 2023-24        |                 |
| 3                                     | 2024-25        |                 |
| <b>Average Annual Turnover in Rs.</b> |                |                 |

\*Provisional audited statement shall not be considered.

Date:

Signature of Chartered Accountant

Place:

(Name in Capital)

Seal

Membership No.:

UDIN:

**Note:**

- 1) To be issued in the **letter head** of the Chartered Accountant with membership No.
- 2) Also attach photocopies of the audited P/L account of **each year highlighting** the turnover in support of that.



**FORM T4 A***(to be furnished in the technical proposal)***PAST EXPERIENCE IN PROVIDING MANPOWER (only in \*Paramedics / Nursing / Clinical Manpower) SERVICES IN GOVT. SECTOR***(Attach separate sheets if the space provided is not sufficient)***[This format is required for assessment no. of years of experience in Paramedics / Nursing / Clinical Services]**

| Sl.  | Name /address of the Organizations / Institution for which <b><u>Paramedics / Nursing / Clinical Manpower</u></b> assignments were undertaken | Date of award of Assignment | Date of completion of assignment | Value of the Assignment | Designations of the Manpower deployed | Work Order / Contract enclosed (Yes / No) | Page no (s) in your bid where the copies of the relevant work order / contract is (are) placed |
|------|---|-----------------------------|----------------------------------|-------------------------|---------------------------------------|---|--|
| 1    |   |                             |                                  |                         |                                       |   |  |
| 2    |   |                             |                                  |                         |                                       |   |  |
| 3    |   |                             |                                  |                         |                                       |   |  |
| 4    |   |                             |                                  |                         |                                       |   |  |
| 5    |   |                             |                                  |                         |                                       |   |  |
| 6    |   |                             |                                  |                         |                                       |   |  |
| 7    |   |                             |                                  |                         |                                       |   |  |
| 8    |   |                             |                                  |                         |                                       |   |  |
| 9    |   |                             |                                  |                         |                                       |   |  |
| 10   |   |                             |                                  |                         |                                       |   |  |
| 11   |   |                             |                                  |                         |                                       |   |  |
| 12   |   |                             |                                  |                         |                                       |   |  |
| .... |   |                             |                                  |                         |                                       |   |  |

\*Note: Paramedics / Nursing / Clinical Manpower services **does not include** Security / Cleaning / Laundry Service Personnel / Supervisor / DEO / Plumber / Electrician / Attendant / Gardner

\*\*Please furnish the **Work order / Contract copies** of the works executed in support of the information mentioned **serially** in the **same order** as mentioned in the above format for ease of scrutiny.

Authorized Signatory/Signature [*In full and initials*]: \_\_\_\_\_

Name and Title of Signatory: \_\_\_\_\_

(Organization Seal)



**FORM T4 B***(to be furnished in the technical proposal)***PAST EXPERIENCE IN PROVIDING \*PARAMEDICS / NURSING / CLINICAL MANPOWER (other than DEO / Plumber / Electrician) SERVICES IN GOVT. SECTOR DURING THE FINANCIAL YEARS MENTIONED BELOW****(Attach separate sheets if the space provided is not sufficient)****[\*Note: PARAMEDICS / NURSING / CLINICAL Manpower does not include Security / Cleaning / Laundry Service Personnel / Supervisor / DEO / Plumber / Electrician / Attendant / Gardner]****F.Y. 2022-23**

| Sl. | **Name /address of the Institution for which <b><u>Paramedics / Nursing / Clinical Manpower</u></b> Services (other than Security / Cleaning / Laundry Service Personnel / Supervisor / DEO / Plumber / Electrician / Attendant / Gardner) assignments were undertaken | Date of award of Assignment | Date of completion of assignment | Value of the Assignment | Designations of the Manpower deployed | ***No. of personnel deployed (other than Security / Cleaning / Laundry Service Personnel / Supervisor / DEO / Plumber / Electrician / Attendant / Gardner) | Work Order / Contract enclosed (Yes / No) | Page no (s) in your bid where the copies of the relevant work order / contract is (are) placed |
|-----|--|-----------------------------|----------------------------------|-------------------------|---------------------------------------|--|---|--|
| 1   |  |                             |                                  |                         |                                       |  |   |  |
| 2   |  |                             |                                  |                         |                                       |  |   |  |
| 3   |  |                             |                                  |                         |                                       |  |   |  |
| 4   |  |                             |                                  |                         |                                       |  |   |  |
| ... |  |                             |                                  |                         |                                       |  |   |  |

**F.Y. 2023-24**

| Sl. | **Name /address of the Institution for which <b><u>Paramedics / Nursing / Clinical Manpower</u></b> Services (other than Security / Cleaning / Laundry Service Personnel / Supervisor / DEO / Plumber / Electrician / Attendant / Gardner) assignments were undertaken | Date of award of Assignment | Date of completion of assignment | Value of the Assignment | Designations of the Manpower deployed | ***No. of personnel deployed (other than Security / Cleaning / Laundry Service Personnel / Supervisor / DEO / Plumber / Electrician / Attendant / Gardner) | Work Order / Contract enclosed (Yes / No) | Page no (s) in your bid where the copies of the relevant work order / contract is (are) placed |
|-----|--|-----------------------------|----------------------------------|-------------------------|---------------------------------------|--|---|--|
|     |  |                             |                                  |                         |                                       |  |   |  |



|     |  |  |  |  |  |  |  |  |
|-----|--|--|--|--|--|--|--|--|
| 1   |  |  |  |  |  |  |  |  |
| 2   |  |  |  |  |  |  |  |  |
| 3   |  |  |  |  |  |  |  |  |
| 4   |  |  |  |  |  |  |  |  |
| 5   |  |  |  |  |  |  |  |  |
| ... |  |  |  |  |  |  |  |  |

**F.Y. 2024-25**

| Sl. | **Name /address of the Institution for which <b>Paramedics / Nursing / Clinical Manpower Services</b> (other than Security / Cleaning / Laundry Service Personnel / Supervisor / DEO / Plumber / Electrician / Attendant / Gardner) assignments were undertaken | Date of award of Assignment | Date of completion of assignment | Value of the Assignment | Designations of the Manpower deployed | ***No. of personnel deployed (other than Security / Cleaning / Laundry Service Personnel / Supervisor / DEO / Plumber / Electrician / Attendant / Gardner) | Work Order / Contract enclosed (Yes / No) | Page no (s) in your bid where the copies of the relevant work order / contract is (are) placed |
|-----|---|-----------------------------|----------------------------------|-------------------------|---------------------------------------|--|---|--|
| 1   |   |                             |                                  |                         |                                       |  |   |  |
| 2   |   |                             |                                  |                         |                                       |  |   |  |
| 3   |   |                             |                                  |                         |                                       |  |   |  |
| 4   |   |                             |                                  |                         |                                       |  |   |  |
| 5   |   |                             |                                  |                         |                                       |  |   |  |
| ... |   |                             |                                  |                         |                                       |  |   |  |

\*\* Please furnish the **Work order / Contract copies** of the works executed in support of the information mentioned **serially** in the **same order** as mentioned in the above format for ease of scrutiny.

\*\*\* No. of **Paramedics / Nursing / Clinical Manpower** deployed should be clearly mentioned in the relevant work order / contract copies

Authorized Signatory/Signature [*In full and initials*]: \_\_\_\_\_

Name and Title of Signatory: \_\_\_\_\_

(Organization Seal)

**Form T5***(to be furnished in the technical proposal)***Format for Power of Attorney for Signing of Proposal***(On a Stamp Paper of Rs.20/-)***Power of Attorney**

Know all persons by these presents, We.....(name and address of the registered office) do hereby constitute, appoint and authorize Mr / Ms.....(name and residential address) 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 Paramedics, Nursing & other Techno-Managerial Services at health institutions including signing and submission of all documents and providing information / responses to the District / Institution Authority, representing us in all matters before District / Institution authority and generally dealing with District / Institution authority 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 \_\_\_\_\_ 2026

For \_\_\_\_\_

(Name, Designation and Address)  
Accepted

\_\_\_\_\_(Signature)  
(Name, Title and Address of the Attorney)  
Date : \_\_\_\_\_

*Note:*

- i. *To be executed by the Chief of the Agency.*
- ii. *The mode of execution of the Power of Attorney should be in accordance with the procedure, if any, laid down by the applicable law and the charter documents of the executant(s) and when it is so required the same should be under common seal affixed in accordance with the required procedure.*
- iii. *In case an authorized Director of the agency signs the proposal, a certified copy of the appropriate resolution/ document conveying such authority may be enclosed in lieu of the Power of Attorney.*

**FORM T6***(to be furnished in the technical proposal)***Format for Affidavit certifying that Entity / Promoter(s) / Director(s)/Partners  
of Entity are not blacklisted  
(On a Stamp Paper of Rs.20/-)****Affidavit**

I, M/s. .... (the name of the agency with address of the registered office) hereby certify and confirm that we or any of our promoter(s) / Director(s) are not barred by Department of Health & FW, Govt. of Odisha/ or any other entity of GoO or blacklisted by any State Government or Central Government / Department / Organization in India from participating in Tenders as on the \_\_\_\_\_ (Date of Signing of this proposal).

We further confirm that we are aware that, our proposal for the captioned Project would be liable for rejection including blacklisting in case of any material misrepresentation is made or discovered at any stage of the Bidding Process. Further in case of selection of our bid, if any material misrepresentation is found during the agreement period, we will be liable to be blacklisted by the tender inviting authority.

Dated this .....Day of ....., 2026

Authorized Signatory/Signature [*In full and initials*]: \_\_\_\_\_

Name and Title of Signatory: \_\_\_\_\_

(Organization Seal)



**FORM T7***(to be furnished in the technical proposal)***Anti Collusion Certificate**

We hereby certify and confirm that in the preparation and submission of our Proposal for Paramedics, Nursing & other Techno-Managerial Services at health institutions under this RFP Reference No. \_\_\_\_\_, We have not acted in concert or in collusion with any other Bidder or other person(s) and also not done any act, deed or thing, which is or could be regarded as anti-competitive. We further confirm that we have not offered nor will offer any illegal gratification in cash or kind to any person or organization in connection with the instant proposal.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_, 2026

Authorized Signatory/Signature [*In full and initials*]: \_\_\_\_\_

Name and Title of Signatory: \_\_\_\_\_

(Organization Seal)



## FORMATS

# Paramedics, Nursing & other Techno Managerial Services at Govt. Health Institutions

## FINANCIAL PROPOSAL



**Check List (Financial Proposal)**

Please check whether the following Forms have been enclosed in the respective cover, namely Cover **B: Financial Proposal**  
*(please arrange the documents serially in the following order)*

- |            |        |                          |
|------------|--------|--------------------------|
| 1. Form F1 | Yes/No | <input type="checkbox"/> |
| 2. Form F2 | Yes/No | <input type="checkbox"/> |



**FORM F-1**

(To be submitted with Financial Proposal)

To

The CDM &amp; PHO cum DMD Deogarh

*(pl. mention the name of the district in case of Districts / Institution)*

Re. : RFP Reference no. \_\_\_\_\_ dated \_\_\_\_\_

**Sub: Request for Proposal for Paramedics, Nursing & Techno Managerial Services at Govt. Health Institutions**

Sir,

1. Having carefully examined all the parts of the RFP documents and having obtained all the requisite information affecting this proposal and being aware of all conditions and difficulties likely to affect the execution of the contract, I/We hereby propose to offer the services as described in the RFP document in conformity with the conditions of contract, technical aspects and the sums indicated in this financial proposal.
2. I/We declare that we have read and understood and that we accept all clauses, conditions, and descriptions of the RFP document without any change, reservations and conditions.
3. If our proposal is accepted, we undertake to deposit the performance security deposit at the time of execution of the formal agreement
4. I/We agree to abide by this proposal/bid for a period of 180 days from the date of its opening and also undertake not to withdraw and to make any modifications unless asked for by you and that the proposal may be accepted at any time before the expiry of the validity period.
5. Unless and until the formal agreement is signed, this offer together with your written acceptance thereof shall constitute a binding contract between me/us and the District Authority.
6. We submit the Schedule of Prices as appended herewith.

Encl: Schedule of Prices (Form F2)

Yours sincerely,

Authorized Signatory [*In full and initials*]: \_\_\_\_\_

Name and Title of Signatory: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

(Organization Seal)



**FORM F-2**

(To be submitted with Financial Proposal)

**Price Schedule for the Providing Paramedics, Nursing & other Techno Managerial Services**

Name of the District /Other Institution: DEOGARH

A. Monthly Service Charge: \_\_\_\_\_ (in % figure up to two decimal only &amp; not in amount in Rs.)

[to be quoted by the bidder in % (for example 3.85%, 4%, 4.5% etc. and not in amount Rs.) only by taking into account the total monthly operational fixed cost of all the required services as mentioned at Clause 3.7.12]

**Note:**

The minimum service charge shall be 3.85% of the total Monthly Operational fixed Cost of all Services (excluding GST) mentioned in Clause 3.7.12. The service charge should not exceed 7%. If a bidder quote service charge less than 3.85% or more than 7%, it will be treated as non responsive and shall be disqualified.

B. GST @ \_\_\_\_\_ (in %) shall be paid extra on the total cost (Total Monthly Operational Cost for all Services as mentioned at Clause 3.7.12 + Monthly Service Charge % as mentioned at Sl. A above)

Authorized Signatory [In full and initials]: \_\_\_\_\_

Name and Title of Signatory: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

(Organization Seal)



**Annexure - I****AGREEMENT**

(\*On a Stamp Paper of Rs.100/-)

Reference:

- (i) RFP Reference No \_\_\_\_\_ dated \_\_\_\_\_ and subsequent Amendment / clarification issued by the Tender Inviting Authority
- (ii) Service provider's bid submitted dated \_\_\_\_\_

1. An agreement made on the \_\_\_\_\_ day of \_\_\_\_\_ 2026 BETWEEN.....(hereinafter called "the approved service provider", which expression shall, where the context so admits, be deemed to include his heirs successors executors and administrators) of the **one part** AND the CDM& PHO, ..... District, Odisha / Director,...../ Superintendent, .....(name of Institution) (hereinafter called "the District Authority" which expression shall, where the context so admits be deemed to include his/her successors in office and assigns) of the **other part**.

2. Whereas the approved service provider has agreed with the District Authority / Institution to manage the Paramedics, Nursing & other Techno-Managerial Services in the Health Institutions in the manner set forth in the terms of the **Request for Proposal (RFP) reference no.** \_\_\_\_\_ and whereas the approved service provider has deposited a sum of Rs.....(Rupees.....) only in the form of ..... as Performance Security of the project.

**3. NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:**

(a) The following documents shall be deemed to form part of and be read and constructed as Integral part of this Agreement, viz.:

- i) Terms & Conditions of the RFP reference no. cited above
- ii) Terms of Reference of the RFP reference no. cited above.
- iii) Amendment / Clarification to pre-bid queries of the RFP reference no. cited above

(b) The approved service provider shall be paid at the rate as offered by them in the financial proposal towards monthly cost of the Paramedics, Nursing & other Techno-Managerial Services as mentioned below:

## I) Monthly Operational Cost

| <i>Sl.</i> | <i>Type of Service</i>  | <b>Total Monthly Operational Cost (Rs.)<br/>(exclusive of Service Charge &amp; GST)</b> |
|------------|---|---|
| 1          | Physiotherapy Services at Integrated Physiotherapy Centers (as per Clause 3.7.1 of RFP)   |   |
| 2          | Counseling Services at Integrated Counseling Centers (as per Clause 3.7.2 of RFP)   |   |
| 3          | Laboratory Services at Integrated Laboratories (as per Clause 3.7.3.1 + 3.7.3.2 + 3.7.3.3 of RFP)   |   |
| 4          | Management of Services at Drug Distribution Centers (as per Clause 3.7.4.1 + 3.7.4.2 + 3.7.4.3 of RFP)  |   |
| 5          | Radiotherapy Services at X-Ray Units (as per Clause 3.7.5 of RFP)   |   |
| 6          | Nursing Services at Wards of General IPD, OPD/other clinical services and Step down units of Specialized Service wings (as per Clause 3.7.6.1 + 3.7.6.2 + 3.7.6.3 + 3.7.6.4 + 3.7.6.5 + 3.7.6.6 + 3.7.6.7 + 3.7.6.8 + 3.7.6.9 + 3.7.6.10 + 3.7.6.11 of RFP) |   |
| 7          | Outreach Services at Sub-Health Centers / AAM (as per Clause 3.7.7 of RFP)  |   |
| 8          | SAM Children Management at NRCs (as per Clause 3.7.8.1 + 3.7.8.2 of RFP)  |   |
| 9          | Management of Lactation Management Unit (as per Clause 3.7.9 of RFP)  |   |
| 10         | Medical Record Keeping / MIS Wing (as per Clause 3.7.10 of RFP)   |   |
| 11         | Paramedics Services at MHTs (as per Clause 3.7.11 of RFP)   |   |
|            | <b>Grand TOTAL of Monthly Operational Cost (Rs.)<br/>(exclusive of Service Charge &amp; GST)</b>  |   |

II) Monthly Service Charge @ \_\_\_\_% of Total Monthly Operational Cost is Rs.  
\_\_\_\_\_

III) GST:@\_\_\_\_% on Total Monthly Operational Cost + Monthly Service Charge is  
Rs.\_\_\_\_\_

(c) In consideration of the payment to be made by the District Authority / Institution as above, the approved service provider will duly implement the project in the manner set forth in the terms of the RFP.

(d) The terms & conditions and terms of reference of the RFP appended to this agreement will be deemed to be taken as integral part of this agreement and are binding on the parties executing this agreement.

(e) Following documents / letters /correspondence undertaken between the parties shall also form part of this agreement:

| District Authority  | Approved Service Provider   |
|---|---|
| (a) Request for proposal and any amendment thereof.<br>(b) Office Order subsequent to RFP | a) Proposal Submitted in response to RFP<br>b) SOPs in respect to <b>Paramedics, Nursing &amp; other Techno Managerial Services</b> Operation |

#### 4. Payment

(a) The District / Institution Authority does 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 District / Institution Authority will 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 is as specified below:

The payment shall be paid on a monthly basis upon submission of bill **monthly basis** upon submission of bill for the related services with attendance chat of the deployed personnel. The bills should be in the name of the concerned authority of the District / Institution.

#### 5. Operational Parameter and Penalty

The successful bidder has to provide the Paramedics, Nursing & other Technical Services as mentioned in the terms of reference. Penalties shall be imposed on the agency in case of any deviation found in discharging of services. The penalties shall be imposed as specified clause 3.5 and 4.6 of the RFP as the case may be.

#### 6. Period of Engagement/Duration of Agreement

The engagement of the agency shall be for a period of **three years** from the date of signing of agreement. However, the agreement with the agency shall be signed **initially for a period of one year** from the date of signing of the agreement, which shall be **renewed on a yearly basis** based on satisfactory service of the Service Provider as per due assessment.

#### **7. Schedule of Implementation**

The agency is required to start the services within 30 days of signing the contract.

#### **8. Termination /Suspension of Agreement**

The District Authority / Institution may by a notice in writing, suspend the contract if the selected agency fails to perform any of his obligations including carrying out the services, provided that such notice of suspension shall specify the nature of failure, and shall request remedy of such failure within a period not exceeding 15 days after the receipt of such notice.

The District Authority / Institution after giving 30 days clear notice in writing expressing the intension of termination by stating the ground/grounds on the happening of any of the events (as mentioned below), may terminate the agreement after giving reasonable opportunity of being heard to the service provider :

- a) If the service provider do not remedy a failure in the performance of his obligations within 15 days of receipt of notice or within such further period as the District Authority / Institution have subsequently approve 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 60 days: or
- d) If, in the judgment of the District Authority / Institution, the service provider is engaged in corrupt or fraudulent practices in competing for or in implementation of the project.

#### **9. Settlement of Dispute**

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 to Committee constituted at the District level for decision.



**10. Jurisdiction of Court**

Legal proceedings if any shall be subject to the \_\_\_\_\_ District (*name of the District / place of the Institution*) jurisdiction only.

In witness whereof the parties hereto have set their hands on the .....day of.....2026.

Signature of the Approved Service Provider

Signature of CDM& PHO cum DMD  
/Director/ Superintendent

**Date:**

**Date:**

**1.Witness**

**1. Witness**

**2.Witness**

**2. Witness**

