

REQUEST FOR PROPOSAL
Of
HEMODIALYSIS UNIT ON PPP MODEL
(Equip, Operate and Manage)
AT
ESIS HOSPITAL TINSUKIA, ASSAM

OFFICE OF SENIOR STATE MEDICAL COMMISSIONER
NORTH EASTERN REGION, ESI CORPORATION,
REGIONAL OFFICE, GUWAHATI-21

Cost of Form : Rs.1000/-



कर्मचारी राज्य बीमा निगम
EMPLOYEES' STATE INSURANCE CORPORATION
श्रम एवं रोजगार मंत्रालय , भारत सरकार
MINISTRY OF LABOUR & EMPLOYMENT, GOVT. OF INDIA

वरिष्ठ राज्य चिकित्सा आयुक्त का कार्यालय
OFFICE OF SENIOR STATE MEDICAL COMMISSIONER,
क्षेत्रीय कार्यालय REGIONAL OFFICE
पूर्वोत्तर क्षेत्र , बामुनीमैदाम, गुवाहाटी-21
NORTH EAST REGION, BAMUNIMADAM, GUWAHATI - 781021
E-Mail smc-as@esic.in Phone / Fax - No. - 0361-2650705 / 2650522
Website : www.esicner.in / www.esic.nic.in

Sub: Open Tender Enquiry – (Two Bid System): For setting and running of Hemodialysis unit under PPP model.

(NOTE: The envelope containing the tender as well as subsequent communications should be addressed and delivered to The Sr. State Medical Commissioner, "Office of SSMC, North East Region, ESIC Regional Office, Guwahati- 781021". All communications must be addressed to the officer named above by title only and not by name.)

To:

Sir(s),

Sealed tenders are invited (under Two Bid System - "TECHNICAL BID" & "PRICE BID") by post/per bearer from reputed organizations/ companies for setting and running of Hemodialysis unit under PPP Model at ESIS Hospital, Tinsukia, Assam.

The "Tender Documents" comprising of *Terms and Conditions of Contract* (Request for proposal for setting and running of Hemodialysis Unit under Public Private Partnership as provided by Hqrsoffice, ESIC) which will govern any contract made, along with the *Tender Application Form* and other relevant documents are enclosed herewith. If you are in a position to quote for the contract in accordance with the requirements stated in the attached schedule as per the terms and conditions stated, please submit your quotation to this office. The tender document may be obtained from the office of the Sr. State Medical Commissioner, NER in person by the bonafide applicant or his authorized representative by applying in their letter head at a cost of Rs.1000.00 (Rupees One Thousand Only). The "tender documents" can also be downloaded from the the web site (www.esic.nic.in) and Central Public Procurement Portal(eprocure.gov.in) and in such case the same may be signed and submitted as per the procedures mentioned hereinafter along with the fee(s) for the "tender documents" @ Rs 1000.00 (Rupees One Thousand Only) (To be submitted along with the Technical Bid. It should not be enclosed in the envelope containing the Price Bid). All the payment may be made by Demand Draft; drawn in favour of ESI Fund A/c No. 1, payable at Guwahati; Cheques will not be accepted. Tenderers are requested that, before quoting their rates or sending tender, the tender forms may please be read out thoroughly (line by line) so as to have a clear knowledge of the requirement contained therein, otherwise purchaser will not be held responsible for any error / oversight of his own and the penalties shall be levied for not complying with the requirements stated herein or supply of the required item/services.

The form is a Standard Form of Tender. Certain clause / clauses may not be applicable in some cases. So, Tenderers are requested to ignore such clause / clauses, which are not applicable in the instant case. The Tender forms containing the Terms and Conditions, Applicant and contact Information, Annual financial turnover of the hospital during last three financial year, list of the dialysis centers owned by the tenderer with address with date of commissioning, other relevant information, Declaration (on Rs. 100/ non judicial stamp paper) should be returned / submitted in original along with the technical bid and financial bid document, intact, **after filling up the same and duly signing in full with stamp, on each page**, failing which the tender shall be liable for rejection. Tenderers must comply with the Check list for proposal provided with the tender form. **Floor area map of the space** to be provided for dialysis unit to the service provider is also attached. In the event of the space on the Schedule of contract / specifications of items / proforma being insufficient for the required purpose, additional pages may be added. Each such additional page must be numbered consecutively, bearing the Tender Number and be duly signed and stamped by the tenderer. In such cases, reference to the additional pages must be made in the Tender Form. If any modification of the schedule is considered necessary, you should communicate the same by means of separate letter sent along with the Tender.

PARTICULARS	
1. Cost of each Tender Document	Rs. 1000.00 (Rupees One Thousand Only)
2. Period for supply of Blank Tender Forms and related documents at the Hospital on all Working Days (Except Saturdays, Sundays and Holidays)	27-02-2017 from 10.30 am to 3.00 pm
3. Pre Bid Meeting	14-03-2017 at 11.00 am
4. Due Date & Time of submission of completed Tender Document in the Tender Box kept in the Despatch Section of ESIC, Regional Office, Guwahati-21.	04-04-2017 upto 1.00 pm
5. Date & Time of Opening of Technical Bid	04-04-2017 at 3.30 pm
6. Bid Security / Earnest Money to be deposited	Amount of Rupees Three Lacs as EMD to be deposited in form Demand draft drawn on any nationalized bank in favour of E.S.I. Fund Account no. 1 payable at Guwahati
7. Performance guarantee	As mentioned in sl. no.14 page no. 18 of Request for proposal.

The Sr. State Medical Commissioner, North East Region, ESIC Regional Office, Guwahati does not pledge himself to accept the highest discount of any tender and reserves the right of accepting or rejecting the whole or any part of the tender without assigning any reason thereof. Canvassing in any form by the tenderer or his representative with any of the officials of SSMC Office shall render the tender liable to be rejected. Acceptance by the purchaser shall be communicated in due course. You are requested that the instructions contained in the said communication should be acted upon immediately as asked for.

Yours sincerely,

Sd/-

SR. STATE MEDICAL COMMISSIONER ,NER

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REQUEST FOR PROPOSAL FOR SETTING AND RUNNING OF HEMODIALYSIS UNIT

Request for Proposal (RFP) for setting and running of Hemodialysis unit at (ESIS Hospital Tinsukia, Assam) under Public Private Partnership.

1. INTRODUCTION

The Hospital is planning to develop **Hemodialysis unit** under Public Private Partnership (PPP). (Following introductory details of The Hospital and Expected Dialysis unit should be incorporated)

Location of The Hospital	ESIS Hospital Tinsukia, Assam
Total area available For Dialysis centre	450 sq. m(approx)
Details of the constructed area for centre	Ground Floor
Total Dialysis machines expected for the Centre	Minimum 05 machines according to RFP of Hemodialysis unit on PPP model
Availability of area for R.O. Plant	R/O plant to be installed in above mentioned area.
Availability of dedicated water supply for. R.O plant and Dialysis unit.	Water supply available
Availability of dedicated power supply for the unit	Power supply available.
Availability of centralized oxygen supply for the unit	Centralized oxygen supply not available in the for the unit identified site, only oxygen supply available by cylinder

[All above details should be incorporated in the tender document to make it clear to the Service Provider what he has to arrange for.]

(R.O. Plant for Dialysis centre to be procured and maintained by the Service Provider)

EXECUTIVE SUMMARY

1	Name of project	Setting of Hemodialysis unit on PPP Model
2	<i>Location of dialysis unit</i>	Identified place in the Hospital where Dialysis unit is to be established.
3	Type of PPP	3 Equip, Operate and Manage
4	Brief Description	Hemodialysis unit with all Dialysis services to be run from ESIS Hospital premises.
5	Present Status of infrastructure	As is where is basis
6	Capital Project Cost for ESIC.	<i>Cost of the Land and already constructed Building fixtures and fittings have been borne by ESIC. However, if any modification and/or addition in infrastructure is required, it will have to be done by the Service Provider at his own cost, after obtaining prior approval of ESIC</i>
7	Equipment and recurring Cost	Cost of procurement of all Equipment Including accessories, consumables and running cost to be borne by Service Provider
8	Financial Bidding	Based on the percent discount offered on the latest CGHS rates for Hemodialysis for Non - NABH hospitals in the city

3. INTENTION

3.1 To provide Hemodialysis Services to ESI beneficiaries within its own infrastructure through Public Private Partnership on Equip, Operate and Manage model. The Private Partner henceforth would be referred to as **“Service Provider”**

3.2 Responsibility of the Service Provider

3.2.1 The Service Provider shall establish a Haemo-dialysis unit and associated services/ facilities and provide work force and material to operate it at his own cost. This will be in the specified space in The Hospital building, which will be provided by the public partner i.e. The ESIS Hospital.

3.2.2 The Service Provider is expected to provide three shifts of Haemo-dialysis and round the clock emergency Haemo-dialysis Services and other associated services with qualified consultants and all required skilled work force.

3.2.3 The Service Provider will have responsibility to procure, maintain and operate all the equipment and other required medical and non-medical items for these services.

3.2.4 The Service Provider shall procure all consumables including dialyzer used for dialysis.

3.2.5 The Service Provider shall honour the referral letter issued by The ESIS Hospital.

3.2.6 The Service Provider will not charge any money from the patient/attendant referred by ESI System.

3.2.7 It shall be mandatory for the Service Provider to send a report online to the MS/IMO i/c of ESIS hospital on the same day or the very next working day on receipt of referral from other ESI hospitals /dispensaries, giving details of the case, their specific opinion about the treatment. The verification of the entitlement of the patient will be responsibility of the Service Provider.

3.2.8 The Service Provider shall raise bills on monthly basis as per the CGHS package rates deducting the discount offered by him in the prescribed formats of ESIC and Submit the bills with a certification of satisfactory performance from the M.S/IMO i/c to the AMO, ESI Scheme Assam for scrutiny of the bills. After scrutiny, the bills will be submitted to the SSMC Office, NER. The SSMC,NER shall clear the payment within four weeks.

3.3 Any extra expenditure beyond CGHS package if permitted by the competent authorities will be governed by the CGHS guidelines on the subject and the percentage discount quoted by the bidder will be valid for this expenditure.

3.4 Responsibility of ESIC

3.4.1 The SSMC,NER will be the public partner of the project and will make payment to the Service Provider for all services provided to the referred ESI beneficiaries, as per agreed CGHS Package Rates and as per CGHS Guidelines on the subject after deducting the discount offered by the Service Provider to ESIC.

3.4.2 The payment will be as per MOU agreed and signed by both the parties.

4. PRE-QUALIFICATION CONDITIONS

Only bidders who successfully fulfill all conditions listed below are eligible to apply.

4.1 Earnest Money: The Service Provider shall have to deposit **Rs 300000/- (Rs. Three lakh only)** as earnest money with the proposal, failing which the bid will be rejected. The earnest

money is to be paid by **Demand draft drawn in favour of ESI Fund A/c No. 1, payable at Guwahati.** In the event of the withdrawal of proposal after the date and time specified for the tender opening, the earnest money shall stand forfeited. In the event of acceptance of the proposal the earnest money may be adjusted towards the amount of performance security required to be deposited by the Service Provider in terms of clause mentioned below. The earnest money will however, be returned without interest, to the bidder whose proposal is not accepted.

4.2 The tenderer should be either a corporate hospital with super specialty facility of Nephrology and Dialysis unit of its own or a company providing dialysis services with all supportive services and emergency services at the premises of another organization, billing for such services should be in the name of the company. The tenderer should have a **minimum experience of 3 years** for providing Hemo-dialysis services to the patients at his own Dialysis centre having minimum of 10 dialysis machines in at least one such centre.

4.3 The Hospital where dialysis services are being provided should either be **NABH certified or empanelled by ESI/CGHS/ECHS/State Govt** for providing dialysis services.

4.4 The Service Provider company should be a **registered company** and should have achieved a **minimum turnover of Rs. 5 Crore annually** for last three completed financial years and the company should be **running in profit** in each of three years .

4.5 The bidder has to offer 15% discount on MRP or may claim actual invoice rate whichever is lower for the implantable catheters in case permitted to be put (if not included in the CGHS package rates) . Upper Ceiling limits on implants etc. as per latest government of India orders on the subject is mandatory to be followed. This is the mandatory condition of the tender.

4.6 The Service Provider should not be blacklisted by ESI/Central Govt/State Govt.

4.7 If at any stage of the contract it is found that the Service Provider concealed the important facts related to the existing contract then the contract shall be terminated.

5. PERIOD OF THE PARTNERSHIP CONTRACT

5.1 Initial Lock-in period shall be for **Seven years**, thereafter extendable for another 02 years on the same terms and conditions, if agreed upon by both the parties.

5.2 No subletting of part or whole of the process/infrastructure/ services shall be allowed.

5.3 On expiry of the contract, the Service Provider will take away all equipment and consumables that are under his ownership, without disturbing the physical infrastructure provided by owner. After expiry of contract term, a grace period of 4 weeks shall be allowed for removal of all infrastructure/ equipment/ consumables from the premises. If not cleared within

this period, the Medical Superintendent/ IMO i/c of Hospital in consultation with the Sr. State Medical commissioner, NER to dispose off the same as deemed fit.

5.4 If the services of Service Provider are not found satisfactory at any point of notice for improvement of services, which shall be replied within one month from the date of receipt of show cause notice with detail action plan for improving services. If the services are not improved to the satisfaction of the public partner within 90 days from the date of show-cause then the contract of the Service Provider shall be terminated with six months notice.

SCOPE OF THE WORK AND SERVICES FOR BOTH THE PARTIES

6. SCOPE OF WORK AND SERVICES FOR SERVICE PROVIDER

In view to provide the freedom of work, independency, and minimum interference from the public partner, The Hospital authority will only provide the Service Provider a portion of the already constructed area on as is where is basis, a mentioned above along with already installed fixtures, fittings, electricity and water supply. The Hospital will undertake no new civil, electrical or any other work. (Site can be visited and inspected before submitting tender, with prior appointment with MS/ IMO i/c)

6.1 All the things which are not in the scope of The Hospital (as listed in the scope below), but required by the Service Provider for smooth functioning of the Hemo dialysis centre has to be procured by the Service Provider.

Any modification/alteration/addition in the already constructed building has to be done by the Service Provider himself with permission from The Hospital authorities. This all will be at his own cost.

6.2 The repair and maintenance of the portion of building handed over to the Service Provider will be the sole responsibility of the Service Provider.

6.3 The Service Provider has to procure all medical and non medical professional man power and any other material or service required to run the Hemo-dialysis centre, at his own cost.

6.4 The Service Provider has to make his own arrangement for **housekeeping and security** services for the proposed centre.

6.5 The Service Provider has to procure, get installed and maintain the R.O. plant to be used in Dialysis center. All R.O. water pipe lines and fittings if not available, has to be installed by the Service Provider.

6.6. No additional service/facility shall be provided to the service provider except the services/facilities mentioned in the tender document. The Service Provider has to make all such arrangements at his own level.

6.7 The arrangement of electricity, water, medical gases shall be provided by The Hospital. In case there is any failure in the Medical gases, electricity or water supply the emergency arrangement for the proposed Hemo- dialysis Service Provider at no extra cost to The Hospital, for the patients currently undergoing dialysis. Taking up of further cases for dialysis in case of no-availability/persistent shortage of water/electricity/oxygen is at the sole discretion of Service Provider.

6.8 The dietary services of The Hospital can be availed only on payment basis.

6.9 The Service Provider has to procure computers, Telephones, internet connection and all other required facilities for the centre at its own cost.

6.10 All consultants, specialists, nurses, technicians and all other man power have to be procured by the Service Provider at his own cost.

6.11 The Service Provider has to provide uninterrupted services by posting Qualified required manpower on shift basis for the duration till active clinical work is going on.

6.12 The Service Provider has to provide services only to the ESI beneficiaries. No private patient can be treated at this centre. All equipment and materials must be used for treatment of ESI patients.

6.13 New equipments must be procured and installed by the Service Provider, intimating the details of all equipment to the ESIS hospital administration. Obsolete or already used equipment or instruments will not be acceptable for the centre. The successful bidder shall provide the requisite details of the equipment and instruments to the MS/IMO i/c before installation.

6.14 All drugs and dressings during indoor treatment should be provided and in no case the beneficiary will be asked to purchase any item.

6.15 The responsibility of managing complications arising out of and during the dialysis process lies with the Service Provider. They must have prior tie up arrangements to shift such patients to the CGHS recognized hospitals/ESIC empanelled hospitals for management of complications. The cost of management of such complications shall be borne by the Service Provider.

6.16 In case any indoor patient admitted in The Hospital needs Nephrologists" opinion about any management, the Hemo-dialysis centre"s Nephrologist have to visit the patient and give his advice free of cost.

6.17 Running cost of all facilities including staff salaries to be borne by the Service Provider.

6.18 The Service Provider is responsible for the inventory management of drugs and consumables under his charge.

6.19 The Service Provider shall install **Five number of new** dialysis machines in the dialysis unit for providing dialysis services to ESI beneficiaries only.

If the patient load increases, Service Provider shall increase the number of dialysis machines, provided ESIS hospital is able to identify additional space mutually acceptable to both the parties on as is where is basis.

6.20 The Service Provider may have to provide training on the hamodialysis machines to The Hospital staff and undergraduate/post graduate medical students if required by The Hospital administration without any condition or any other obligation.

6.21 They should make alternative arrangements in the event of breakdown of their services at their own cost. In case the Service Provider fails to make such arrangement, the patient shall be referred ESI to empanelled hospitals and damages if any shall be borne by the Service Provider.

6.22 They must update all patient records in computerized form and should be able to provide all statistics and patient record in soft copy to The Hospital administration on demand. They must maintain all records including medico legal records, as prescribed under the provisions of law.

6.23 They must submit the required reports and duty roster to The Hospital administration as will be agreed to in the MOU.

6.24 They must issue identity cards and uniforms to their staff, workers and admitted patients. It must also be seen that staff and workers stick to the dress code.

6.25 They must obtain insurance cover for equipment and other facilities connected with services at their own cost.

6.26 Obtaining any permit including civil, electrical, radiation safety requirements and PNDT etc. shall be the responsibility of Service Provider.

6.27 On an average 2.5 patients/day/machine is optimum utilization (excluding dialysis machines for sero +ve patients). If the utilization is below this then all new referred cases to the center must preferably be provided dialysis on the same day. The old cases will be attended as per dialysis cycle. If any ESI patient is not attended within two days of reporting to the dialysis centre then the patient will be referred to the ESI tie-up hospital at the cost of Service Provider.

6.28 Service of Nephrologists should be available in the dialysis centre. He should be available for consultation and shall have to visit the dialysis centre. The other manpower which should be available in each shift are: one medical officer/senior resident, three technicians, three staff nurses, one nursing orderly and one sweeper.

6.29 The duration of each dialysis should not be less than four hours. The kT/v value should be 1.2 if the patient is undergoing dialysis three times in a week. This will be monitored by hospital authorities.

6.30 The Service Provider will ensure remedial measures with regard to any deficiency in services pointed out by the ESIC/ESIS authorities. Medico legal liability arising out of and during the course of treatment shall also be the responsibility of the Service Provider.

7. WORK AND SERVICES UNDER SCOPE OF THE PUBLIC PARTNER

7.1 The Hospital will provide physical infrastructure on **as is where is basis** for the specified area. (it will be listed at the time of signing of contract/MOU)

7.2 Payment of property tax, and any other property related payments.

7.3 Electricity, water and Gases supply/oxygen cylinders, will be provided to the handed over building as provided for the rest of The Hospital. No fresh fittings or pipelines will be laid down by The Hospital.

7.4 No new medical, non medical or any other service equipment will be procured.

7.5 No civil or electrical job will be taken up by the Hospitals for the area allocated to the Service Provider. Service Provider will make his own arrangement for all requirements at his own cost.

7.6 Services of CSSD and Laundry will be provided free of cost to the Service Provider if already available. In case there is any break down of these services for the whole hospital the Service Provider will have to make his own arrangement. Hospital will not be liable for any loss or compensation in this regard. No payment will be done to the Service Provider for making his own arrangements.

7.7 If needed and recommended by the ESIS hospital doctors, the facilities which are not included in the CGHS package rates of Dialysis and are available in The Hospital can be availed by the ESI beneficiaries. No billing by the Service Provider is to be done for such services provided by The Hospital.

7.8 The Medical Superintendent of The ESIS Hospital shall nominate a Liaison Officer to coordinate with the Service Provider.

8. EXPECTED WORKLOAD

8.1 The ESI Beneficiaries coming to The ESIS Hospital Tinsukia, Assam requiring Haemo-dialysis will be referred to the Service Provider.

8.2 Total 240 dialysis patients were referred by The ESIS Hospital Tinsukia, Assam to tie-up hospitals during 2015-16.

9. PERFORMANCE MONITORING

9.1 The Hospital authorities shall be monitoring the quality of services rendered by the Service Provider on a periodical basis through Medical Superintendent/IMO i/c or officer(s) duly authorized by MS/IMO i/c. Any shortcoming will be communicated to the Service Provider in a written format and Service Provider will be responsible for rectification/action if any. Monthly statistics must be sent to The Hospital administration and MRD.

9.2 Regular patient satisfaction survey/grievances shall be carried out and shared between Service Provide and Medical Superintendent/IMO i/c of The Hospital. Corrective action needs to be intimated in writing by the Service Provider.

9.3 The Medical Superintendent/ IMO i/c or his authorized person shall have the right to inspect the Centre at any time.

9.4 The Service Provider will nominate an official for liaison work and performance monitoring.

10. PREPARATION AND SUBMISSION OF THE PROPOSAL

10.1 Interested bidders/Service Providers are requested to examine the matter in detail and visit The Hospital to see The Hospital space/building to be provided before submitting their proposal. They should be absolutely clear and sure about the feasibility of establishing the Haemo-dialysis centre and other required services in the provided built up space before submitting the proposal.

10.2 The proposal is to be submitted as **two bid system** i.e. (A) **Technical** and (B) **Financial bid**. Both bids should be submitted in two separate sealed envelopes with mentioning type of bid i.e. Technical or Financial bids on the envelopes. Both envelopes are to be put up in an outer big envelope and to be labelled as **PROPOSAL FOR ESTABLISHING HAMODIALYSIS CENTRE "** and should be dropped in the tender box kept in the Despatch Section, ESIC, R.O.Guwahati before the specified date and time. All personal and contact details of the bidders are to be submitted with the technical bid.

10.3 The person authorized by Managing Director (MD) or Company Secretary of the Service Provider to sign the tender document should be intimated in writing and an authority letter in this regard from the Service Provider is to be enclosed with the bid.

10.4 Please attach the **Request for proposal** tender document signed and stamped on each page by the authorised signatory, along with the technical bid.

10.5 All enclosures/papers must be serially numbered and signed by the authorised signatory with stamp on each page before submission.

11. TECHNICAL BID: It should have two portions:

11.1 THE DOCUMENTS REQUIRED FOR THE ESSENTIAL

QUALIFICATION:

a) **EMD** of Rupees **Three Lacs** in the form of Demand Draft drawn on any nationalized bank in favour of **E.S.I Fund Account No.1 payable at Guwahati**, which will be refunded after the finalization of the tender. EMD will be forfeited if the bidder does not deposit the required performance guarantee after the notification of award or not willing to accept the contract after award or withdraws its proposal after tender opening time and date.

b) Copy of **registration certificate as company**.

c) Copies of complete Audited Balance sheets and/or Financial statements with **profit and loss account** for last 3 financial years i.e. (2013-14, 2014-15, 2015-16). duly audited by Chartered accountant, indicating **turnover of Rupees Five Crore or more**. The financial statements should reflect the financial situation of the bidder's hospitals and not the other types of associated sister concerns companies or partners.

d) Certificate of Chartered Accountant certifying the net worth of company as on 31.03.2016.

e) Evidence of **owning and running a Haemo-dialysis unit** in The Hospital or independent Haemo-dialysis centers, by the Service Provider from **last three years** (2013-14, 2014-15, 2015-16).

f) Proof of **NABH certification or empanelment by ESI/CGHS/ ECHS/ State Govt** for providing dialysis facility.

g) **AFFIDAVIT:** The bidder has to submit an undertaking in the form of affidavit as per enclosed form.

11.2 SECOND PORTION OF THE TECHNICAL BID

The bidder is required to submit a proposal, how he will set up the Haemo- dialysis Centre in the provided space of The Hospital including the following details.

a) **Technical Approach and Methodology and work plan:** Summary work plan to set up haemo-dialysis center in the available hospital space giving room wise details of **alteration/modifications** in the building structure if required. Details of the **use of the rooms and space** like provision of rooms for ward, rooms for storing used and unused dialyzers and processing rooms for reusable ones separately for sero-positive and sero-negative cases, linen store, drugs store, reception, nursing area, procedure room, laboratory and toilets etc. should be intimated. Number of machines to be installed should be mentioned. Provision for treatment room for emergencies arising during dialysis with all emergency equipment should be informed.

b) Organization and Staffing: Propose structure and composition of team including detailed task list and number of the consultants, specialists, medical officers, nurses, technicians and other required man power with qualifications and experience is to be intimated.

c) RO Plant: The quality of RO water should be as per AAMI standards. The RO water shall be tested in any NABH accredited laboratory every three month.

d) Equipment details: List of the equipment with the numbers to be procured for this centre by the Service Provider have to be submitted. All the dialysis machines and defibrillator are expected to be of the FDA/CE approved quality.

Separate dialysis machines should be available for sero -positive and sero- negative patients.

e) Dialysis Machines: All the dialysis machines to be installed in the centre should be with volumetric UF control system, facility of NIBP along with remote monitoring hardware and software.

f) The type of dialysis: All the patients are to be provided bicarbonate dialysis only

g) Dialyser specifications: the dialyser used should be 1.3 sqmpolysulfone /polyethersulphone /PAN or equivalent quality.

h) Dialyzer re-processing unit: the Service Provider shall have dialyzer re- processing machine of FDA/CE approved for re-processing the dialyzer before re-use. The dialyzer should not be used for more than ten times or 70% of fibre bundle volume whichever is achieved earlier.

i) Fixed time frame to complete the project: Maximum time expected to complete and start the functioning of Haemodialysis Centre is **3 months from the date of award** of the contract.

After the expiry of three months Rs. 20000/ per week will be recovered as the penalty for delay of the project for next 3 months. After 3 months of penalty period the deposited performance security may be forfeited and contract may be given to the next bidder or re-tender may be done.

12. FINANCIAL PROPOSAL/BID

Financial Proposal should be submitted in a **separate sealed envelope** on the attached Performa It must clearly mention:

Discount offered in percentage on the Latest CGHS rates for Non- NABH/non-super specialty institutions in the city pertaining to all types of Dialysis and associated procedures/services listed in CGHS rate list. As and when there is revision of these rates by CGHS the agreed percentage discount will be applicable on such revised rates

All ESI Hospitals are in the Non-NABH/non-Super specialty Category.

Important: The discount offered under above condition will primarily be considered for selection of a Service Provider.

13. SELECTION PROCESS

13.1 A Pre-Bid conference through video-conference shall be held on a fixed date and time after the request for proposal is being advertised well before the submission date to clarify any doubt on the subject.

13.2 A Technical Evaluation Committee (TEC) duly constituted by Competent Authority shall carry out technical evaluation of the proposals. Along with the scrutiny of the proposals, the committee may visit The Hospital/Dialysis centers of the bidders to assess and confirm their capabilities on the subject

13.3 The Technical Evaluation Committee has full right to reject any proposal whenever it is felt that the bidder is not going to provide the standard quality equipment or well qualified sufficient staff or work plan is not feasible.

13.4 The financial bids of the incomplete, sub-standard, or non feasible proposals will not be considered.

13.5 Among all the bidders, the short listed Proposals eligible as per essential qualification requirement will be considered **technically qualified**. The Financial bids of only these technically qualified bidders will be opened by a committee in presence of the bidders if they wish to attend.

13.6 The bidder who will offer **maximum discount** on the CGHS procedure rates as per financial bid will be given the project. In case of tie the bidder with higher annual financial turnover of his hospital will get the preference.

13.7 Final acceptance of the bidder is at the discretion of the competent authority.

13.8 The competent authority has full right to accept or reject any or all the tenders without assigning any reason thereof.

14. PERFORMANCE GUARANTEE

Bank guarantee of **Rs. ten lac** have to be submitted at the time of entering into contract as performance guarantee. In case the bidder does not fulfill the contractual obligations, the performance guarantee amount may be forfeited. EMD will be forfeited if the bidder does not deposit the required performance guarantee or not willing to accept the contract after the notification of award. Bank guarantee shall have to be deposited within the intimated period from the date of offer made to the company .

The technical and financial bids shall be finalized by a team of officers duly nominated by the Competent Authority.

15. LEGAL

15.1 The ESI beneficiaries will be eligible for services other than dialysis at the ESIS hospital as per extent of services other than package rates of dialysis.

15.2 The Service Provider will be given access to other areas of The Hospital after showing identity card.

15.3 Service Provider will be authorized to make minor changes in fittings, cablings etc as per requirement for operating equipment with permission of hospital administration.

15.4 Structural alteration shall not be permitted.

15.5 In case of change of legal status of Service Provider, fresh mutual agreement will be signed by both the parties before it comes in force.

15.6 Force Majeure clause to be added in the agreement.

15.7 Any medico-legal issues arising in the course of or out of treatment of patients will be the responsibility of Service Provider.

15.8 Any difference or disputes will be submitted for arbitration as per MOU to be entered into

15.9 Provision of Consumer Protection Act and RTI Act shall applicable to the Service rendered by Service Provider.

15.10 All the Laws of land including Minimum Wages Act, ESI Act, EPFO Act etc., shall be followed by Service Provider.

15.11 Courts at city where The Hospital is situated shall have exclusive jurisdiction to deal with legal issues/disputes arising out of functioning of the centre.



कर्मचारी राज्य बीमा निगम
EMPLOYEES' STATE INSURANCE CORPORATION
श्रम एवं रोजगार मंत्रालय , भारत सरकार
MINISTRY OF LABOUR & EMPLOYMENT,
GOVT. OF INDIA

वरिष्ठ राज्य चिकित्सा आयुक्त का कार्यालय
OFFICE OF SENIOR STATE MEDICAL COMMISSIONER,
क्षेत्रीय कार्यालय REGIONAL OFFICE
पूर्वोत्तर क्षेत्र , बामुनी मैदाम, गुवाहाटी-21
NORTH EAST REGION, BAMUNIMAIDAM, GUWAHATI - 781021
E-Mail -smc-as@esic.in Phone / Fax - No. - 0361-2650705 / 2650522
Website : www.esicner.in / www.esic.nic.in

APPLICANT AND CONTACT INFORMATION

1	Name Of Tendering Hospital/Institution	
2	Name Of Owner	
3	A) Office Address B) Contact Telephone Nos. C) Fax No. D) E-Mail	
4	Registration Details: (A) PAN / GIR NO. (B) Service Tax Registration No.	
5	Details Of Earnest Money Deposit A) Amount(Rs.) B) D.D. / P.O. No, date C) Drawn On Bank	

Name Telephone and Mobile No. of the dealing representative

I. Annual Financial Turnover of The Hospital during

Sl.No.	Fin. year	Annual Turn over	Net Profit
1	. 2012-13		
2	2013-14		
3	2014-15		

II. List of the Dialysis centers owned by the tenderer with address with date of commissioning:

III. Any other information.

Signature of authorized signatory

Name:

Place:

Seal

DECLARATION

(On Rs. 100/- non judicial stamp paper)

1. I, Son / Daughter of Shri
..... Proprietor / Partner / Director / Authorised
Signatory of am competent to sign this declaration and
execute this tender document.

2. I have carefully read and understood all the terms and conditions of the tender and
hereby convey my acceptance of the same.

3. The information / documents furnished along with the above tender application are true
and authentic to the best of my knowledge and belief. I / we, am / are well aware of the fact
that furnishing of any false information/fabricated document would lead to rejection of
tender at any stage besides liabilities towards prosecution under appropriate law.

4. I have never been black listed by any organization and no vigilance enquiry is pending
against me or my agency. I have never been convicted by any court. 5. I have never been any
defaulter for any statutory payment to the government.

Signature of Authorised Person

Date:

Full Name:

Place:Company's Seal:

**N.B.: The above declaration, duly signed and sealed by the authorized
signatory of the tenderer, should be enclosed with Technical tender.**

FINANCIAL BID

NAME OF THE TENDERER:

BID PARTICULARS	DISCOUNT OFFER IN %
DISCOUNT OFFERED ON CGHS PACKAGE RATES FOR ALL TYPES OF DIALYSIS AND PROCEDURES PERTAINING TO NON NABH INSTITUTIONS IN THE CITY	

Signature of Authorized Person

Date: Full Name:

Place: Company's Seal:

CHECK LIST FOR PROPOSAL:

No	DOCUMENT	√/×
1	EMD of Rupees Three Lac	
2	Proof of ownership and registration certificate of hospital/company.	
3	Copies audited balance sheets for last 3 financial years indicating turnover, profit and Net worth.	
4	4 Proof showing experience of last 3 years for running Dialysis center.	
5	5 All personal details, contact details, PAN No., etc. of the bidder on enclosed form.	
6	6 Affidavit as desired.	
7	7 Proposal for Dialysis centre	
8	8 Certificate for NABH certification/ ESI/CGHS /ECHS empanelment.	
9	9 Financial bid with discount offered	
10	10 List of Un-coded procedures with the tariff if any.	
11	11 Additional documents as per tender document instructions.	
12	12 Authorization certificate	
13	13 Filled Application form	