



**Price Rs. 15,000/-**

**Commissioner of Health Service and MD, NHM, Mumbai**  
Government of Maharashtra  
*Arogya Bhavan, 3rd Floor,*  
*St. George's Hospital Compound,*  
*Near C.S.T. Station, Mumbai-400 001.*  
*Maharashtra State*

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*Phone : 022-22717500, 022-2271598,*

**TENDER DOCUMENT**

**For Implementation & maintenance of GPS/GPRS devices and Centralized call center on Referral Transport Ambulances and Mobile Medical Unit vehicles**

**Not Transferable**

**Tender reference No:** E-17/NHM/SHS/Implementations of GPS & GPRS on RT Ambulance & MMU vehicles/16-17

Last date for submission of tenders: 30.01.2017 up to 14:00 Hrs

Issued to

M/s.....

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## **Important Clarifications**

Following terms are used in the document interchangeably to mean:

- SHSM means State Health Society, Maharashtra.
- Two Bid Tender systems mean submitting bids in two envelopes i.e. Technical & Commercial Envelope.
- 'Bid' may be interchangeably referred to as 'Offer'

## **1 Disclaimer**

Commissioner Health Service & MD National Health Mission, Mumbai, Maharashtra, Mumbai, hereinafter referred to as a “Purchaser “invites online tender in two Envelope system for inviting tenders for Operation and maintenance of GPS & GPRS and 102 Centralized Call Center for ambulances & dispensary vehicles of Referral Transport and Mobile Medical Unit projects respectively, conforming terms and conditions and technical specifications as set out in this BID DOCUMENT.

It is hereby clarified that this BID DOCUMENT is not an agreement and is not an offer or invitation by SHSM to any party hereunder. The purpose of this BID DOCUMENT is to provide the Bidder(s) with information to assist in the formulation of their proposal submission. This BID DOCUMENT does not purport to contain all the information Bidders may require. This BID DOCUMENT may not be appropriate for all persons, and it is not possible for SHSM to consider particular needs of each Bidder. Each Bidder should conduct its own investigation and analysis, and should check the accuracy, reliability and completeness of the information in this BID DOCUMENT and obtain independent advice from appropriate sources. SHSM and their advisors make no representation or warranty and shall incur no liability financial or otherwise under any law, statute, rules or regulations or otherwise as to the accuracy, reliability or completeness of the BID DOCUMENT.

SHSM may in their absolute discretion, but without being under any obligation to do so, update, amend or supplement the information in this BID DOCUMENT.

National Health Mission (NHM) invites eligible organizations / companies or consortium of companies that provide GPS and GPRS solutions and Centralized Call Center to submit their proposal implementation and maintenance of GPS and GPRS Technology for tracking ambulances under referral transport across the state of Maharashtra.

NHM already has an existing GPS and GPRS enabled & 15 seater 102 centralized call center. Eligible organizations / companies or consortium of companies should give offer for the running of the existing 102 centralized call center (3rd floor, Aundh chest Hospital, Aundh Pune). It can be visited during the working hours at the address given above. Where ever needed possible upgrade or replacement of equipment will be the part of the scope, therefore it is advisable for the vendor to do the pre-project study to offer justified price.

This BID DOCUMENT is not an agreement / an offer / an invitation by NHM to any party/parties hereunder. The purpose of this BID DOCUMENT is to provide the Bidders with information to assist in the formulation of their proposals. While the BID DOCUMENT has been prepared in good faith with due care and caution, NHM or any of its employees do not accept any liability or responsibility for the accuracy,

reasonableness or completeness of the information, or for any errors, omissions or misstatements, negligent or otherwise, relating to a feasibility/detailed project report or any other reference document mentioned, implied, or referred herein or pertaining to the GPS and GPRS Technology project and Centralized Call Center.

This BID DOCUMENT may not be appropriate for all persons. It is not possible for NHM or their employees to consider the investment objectives, financial situation and particular needs of each Bidder who reads or uses this BID DOCUMENT. Bidders should

carefully examine and analyses the BID DOCUMENT and bring to notice of NHM any error, omission or inaccuracies therein that are apparent and to carry out its own invention with respect to all matters related to the project, seek professional advice on technical, financial, legal, regulatory and taxation matters and satisfy himself of consequences of entering into any agreement and/or agreements relating to the project.

NHM or its employees make no representation or warranty, express or implied and shall incur no liability under any law, statute, rules or regulations as to the accuracy, reliability or completeness of the information contained in the BID DOCUMENT or in any material on which this BID DOCUMENT is based or with respect to any written or verbal information made available to any Bidder or its representative(s). No representation or warranty is given with respect to the reasonableness of forecasts or the assumption on which this BID DOCUMENT may be based. Liability therefore, if any, is hereby expressly disclaimed.

NHM may in their absolute discretion, but without being under any obligation to do so, update, amend or supplement the information in this BID DOCUMENT as per its requirements.

### **1.1. Bid Invitation Notice**

This Bid is to invite proposals from Bidders for running of GPS – GPRS Technology and Centralized Call Center to monitor Ambulances and Dispensary vehicles under two projects viz. Referral Transport & Mobile Medical Unit across the state of Maharashtra.



## Brief Schedule of Requirements:

Item No.	Description of Work	Tendered Quantity	Delivery period	EMD	date & time of Opening
1.	Implementation & maintenance of GPS/GPRS devices on Referral Transport Ambulances and Vehicles of Mobile Medical Units (MMUs) as per Specifications given in Bid Document.	Maintenance of existing 2866 * GPS/GPRS devices <b>&amp;</b> supply and install of 25 new GPS/GPRS Devices	As per delivery schedule	Rs. 1.5 Lakh	31.01.2017 At 14:00 Hrs
2	Run Centralized Call center Pune with 102 toll free numbers from Landline or any mobile number with 15 seats capacity. (10 existing seats in Call center is already furnished with all equipment's & supply and install of new 5 seats in Centralized Call Center Aundh, Pune as per specification.)	One			

- (\* 2786 Govt. Ambulances under Referral Transport, 80 Mobile Medical Units vehicles, Total gives **2866** no. of vehicles.)
- Supply & install of 25 new GPS/GPRS devices for new vehicles.
- Increase or decrease quantity during contract period, it will be binding on the agency to provide it as per approved unit cost only.)

### 1.2 Eligibility Criteria

- 1.2.1 The Bidder should be either a Public Sector Unit / Public Limited / Private Limited / Company/Reg. firms having registered office in India and should be in existence for the past three years.
- 1.2.2 The Bidder should have an annual turnover of Rupees 4 Crore for the last three financial years.
- 1.2.3 The Bidder should have experience in public health care systems and first responder service operations for atleast last 3 years.
- 1.2.4 The Bidder should have Installed/Maintained at least 1500 GPS devices cumulatively during the last three years (2013-14, 2014-15, 2015-16) out of which all should be functional on the date of submission of bid and also

provide experience certificate for the same. The bidder should provide order copies in support of their claim.

- 1.2.5** The Bidder Should have experience of setting up and operating of bilingual / multilingual support at least one Centralized Call Centre with 10 seats on 24 x 7 basis (Round the clock) for at least three years in India. The work – orders and or any other supporting documents / experience certificates issued by the client pertaining to such works done satisfactorily in the past should be provided.
- 1.2.6** A bid may come from either a single bidder or from a consortium. If a consortium makes a bid, a lead member must be identified amongst them with whom the purchaser will sign all contracts. The details about all the members of the consortium and a copy of the consortium agreement must be provided. A lead member of the consortium must be a GPS-GPRS device supplier having an experience in software development and creation and maintenance of IT infrastructure. Experience in Government sector will be preferred.
- 1.2.7** Software integration and development of 102 Dashboard with existing Centralized Call center 102 and GPS-GPRS software should be done within 30 days of award of contract. Declaration Document stating experience of the same should be provided.
- 1.2.8** The Bidder, a single vendor, or from a consortium must fulfill the criteria mentioned purchase orders/ work-orders and/or any other supporting documents pertaining to such works being done in the past should be provided.
- 1.2.9** The Bidder should provide Manufacturer’s Authorization Certificate for the proposed GPS devices from the manufacturer of the product.
- 1.2.10** The Bidder must have relevant Quality certification in process, support and security activity, as follows mandatory certificate (a) ISO 9001:2008 and (b) ISO 20000-1:2011 or ISO 27001:2013 or ISO/TS 16949.

**1.3 Duration of project:** - The tentative duration of the project will be Three years from the date of implementation of the project and will be extended later by mutual consent from operationalization.

#### **1.4 Terms and Conditions**

The Bid Document may be obtained from the Commissioner, Health Service & MD National Health Mission, Maharashtra, Mumbai hereinafter referred to as a” Purchaser ” invites tender in two Envelope systems for Implementation & Maintenance of GPS/GPRS devices and 102 Centralized Call Center on Referral Transport and MMU vehicle.

- 1) For queries and clarification regarding the Tender, contact us on the below mentioned address or telephone number or e-mail id and web-site.
- 2) Please note that all the information required needs to be provided. Incomplete information may lead to non-selection or rejection of the Bids.
- 3) All Bids must be accompanied by Bid Security / EMD as specified in the Bid

document.

- 4) A non-refundable Bid Cost of **Rs.15,000/-** online issued by Nationalized/Scheduled Bank in Favor of " **State Health Society Maharashtra** " payable at Mumbai has to be submitted online on all working days on or before date & time of closing of sale of tender document.
- 5) The Commissioner, Health Service & MD National Health Mission, Mumbai, Maharashtra, reserves the right to change the dates mentioned above or in the Bid Document, which will be communicated.
- 6) In case of tenders, which are downloaded from website, the tenderers should specifically super scribe "**Downloaded from the website**" on the top left corner of the envelope. However, tender cost of Rs.15,000/- submit online in f/o. State Health Society have to be submitted along with the Bid document. The tenders shall be rejected summarily upon failure to follow procedure prescribed in the Bid document. The conditional Bid is liable to be rejected.
- 7) If any bidder wishes to lodge any complaint against other Bidders regarding submission of false documents, information etc. the complaining Bidder has to deposit Rs. 1,50,000 (Rupees One Lac Fifty Thousand Rupees only ) in the form of online in favor of **State Health Society Maharashtra** payable at Mumbai in terms of deposit. The amount so deposited shall be refunded if after scrutiny the complaint is found to be true. However, if the complaint found to be false and malafide the deposit will be forfeited. No interest shall be paid against this deposit.
- 8) Regarding payment of Tender cost, EMD, Security deposit (bank guarantee) and complaint should be online only in favor of "state health society, Maharashtra."
- 9) Commissioner, Health Service & MD National Health Mission, Mumbai, Maharashtra, Mumbai reserves the right to increase or decrease the quantity to be purchased and also reserves the right to cancel or revise or any of the all the tenders or part of tenders without giving any reasons thereto.
- 10) For more details, the Bid Document be referred to.

Commissioner, Health Service & Director,  
National Health Mission  
3rd Floor, Arogya Bhavan  
St.Georges Hospital Compund,  
Mumbai 400 001  
Phone NO : 022-22717598/  
022- 2271601596

<https://mahatenders.gov.in>,  
(Linked to website: <http://maharashtra.etenders.in>)  
Email: [nhm.procurement@gmail.com](mailto:nhm.procurement@gmail.com)

**Date:**  
**Place: Mumbai**

**Commissioner, Health Service & MD NHM,**  
**3rd floor, Arogya Bhavan,**  
**St. George's Hospital Compound, Mumbai.**

### 1.5) Key Details

Name of the Office	Commissioner, Health Service & Mission Director National Health Mission, State Health Society, Maharashtra Arogya Bhavan, 3rd Floor, St. George Hospital Compound, Mumbai-400001
Date and Time of commencement of Sale of Bid Document	05.01.2017
Last date for requesting for any clarification	<b>7 days prior to last date &amp; time of closing sale of tender</b>
Pre - Bid Meeting	18.01.2017 at 15:00 Hrs
Last date for sale of tender document :	30.01.2017 up to 14:00 Hrs
Last Date and Time for Receipt of Bids	30.01.2017 up to 14:00 Hrs
Date and Time of opening of Technical Bids	31.01.2017 up to 14:00 Hrs
Date and time of opening of Price Bids	Date will be intimated to responsive bidder after evaluation of envelope no. 1
Address for Communication and submission of Bid.	Commissioner, Health Service & MD NHM, 3 <sup>rd</sup> floor, Arogya Bhavan, St. George's Hospital Compound, Mumbai.P.D'Mello Road, Mumbai 400 001 Online: <a href="https://mahatenders.gov.in">https://mahatenders.gov.in</a>

Please note carefully the requirements for submitting Bids as set-forth in this BID DOCUMENT, and the date and time for submission of Bids. Late or delayed Bids shall not be considered for evaluation and shall either not be received or returned unopened.

## **2. Brief Background of National Health Mission (NHM)**

NHM has been launched with a view to bring about dramatic improvement in health system and health status of the people, especially those who live in rural areas of the state. NHM, Maharashtra has an office at Arogya Bhavan, 3 rd floor, St George's Hospital, Mumbai 400 001.

National Health Mission, Mumbai invites proposal from eligible firms for implementation and operationalization of GPS/GPRS technology with a 24/7 Call centre which includes maintenance of existing GPS-GPRS Based Tracking Units and run Centralized Call center for 2866 no. of vehicles **for Referral Transport to be used for pregnant women and sick neonates and MMU.**

### **Objective**

The primary objective of the assignment is to create efficient /reliable, speedy and punctual monitoring system to monitor Mobile Medical Units and Referral Transport with an appropriate tracking application.

The system will ensure -

1. Assist NHM in obtaining complete details on the movement of the ambulatory vehicles vis-à-vis their geographical location at different points in time and the speed of the dispensary vehicles at such locations and time.
2. Automatic event logging (start and end of trip(s), emergency halts, accidents, breakdowns) along with time and date stamp, i.e. the exact time of such activities
3. Provide various standard and exceptional reports pertaining to fleet operation as per the NHM's requirements.

### **2.1 ) Referral Transport -**

Janani Shishu Suraksha Karyakram programme is launched in Maharashtra from 7th October 2011. Under this scheme arranging Free Referral Transport service to pregnant women in labour & Sick Infants (0 to 1 Years) is shifted to public health system and after that free drop back facility is given to the patient by Centralized Call Centre is established in Pune Aundh Chest Hospital with 24X7 toll free no. 102.

### **Objectives of the Referral Transport under Janani Shishu Suraksha Karyakram:-**

- To reduce Maternal Mortality Rate (MMR).
- To reduce Infant Mortality Rate (IMR).
- Provide free referral transport service to pregnant women and sick neonates (0 to 1 Years) from Home to Institute if required Institute to Institute and Institute to home (drop back).

It is also important to inform all the drivers and Call Center assistants to inform that the referrals are for providing services in Government Health Facility. Therefore providing ambulances services for transporting the patients from home to Private Health

Facility should be discouraged. Exception to these guidelines will be life threatening conditions which require immediate treatment that is available only in nearby Private Hospital such a exception shall be with permission for proper authorities.

## **2.2) Mobile Medical Unit (MMU)**

Establishment of Medical Mobile Units (MMUs) is one of the innovative schemes of Government which will provide health coverage to people living in the un-served and under-served, deep interior and remote areas of the State.

### **Objectives of MMU are –**

1. To provide and promote, primary, preventive, curative Referral Health services at the door step to the people in the un-served / underserved areas of the states.
2. To engage in providing essential quality Primary Health Care services to the people with diagnostic facilities.
3. To Co-ordinate with the district public health systems to achieve improvement in the Millennium Development Goals such as IMR, MMR, Life Expectancy, etc.

### 3. INSTRUCTIONS TO BIDDER

#### 3.1) Cost of Bid

A non-refundable Bid Cost of Rs.15,000/- should be submitted online in Favor of " State Health Society Maharashtra, " payable at Mumbai has to be during on or before date & time of closing of sale of tender document for getting Bid Document.

The Bidder shall bear all costs associated with the preparation and submission of its Bid, and the State Health Society will in no case be responsible or liable for these costs, regardless of the conduct or outcome of the Bidding process.

#### 3.2) Bid Document- Two Part Offer

##### Submission of Bids:

**Bid should be submitted on or before last date of submission online.**

Tender should be submitted in two envelopes i.e. Technical Bid in envelop no.1 & Commercial bid in Envelop no. 2. Both bids i.e. Technical Bid & Commercial Bid should be submitted online at <https://mahatenders.gov.in>, indicating Bid No. Subject & Date of opening of Bid.

The respective responses should be duly super-scribed "Technical Bid Implementation of GPS/GPRS devices and Centralized call center" and "Commercial Bid for Request for Proposal for Implementation of GPS/GPRS devices and Centralized call center for monitoring the Referral Transport and Mobile Medical Units".

These covers should also indicate the correct name and address of the Bidder submitting the offers.

#### 3.3) Technical Bid Response Structure (Envelop 1)

Bidder shall include as a part of its Technical Bid response, the following documents in the order as given below –

Index

- 3.3.1 Documents / Proof establishing conformity to be submitted as per Eligibility Criteria of this Tender document. All the relevant supporting documents and copy of certifications to be provided as per the Eligibility Criteria.
- 3.3.2 Earnest Money Deposit shall be submitted online.
- 3.3.3 Bid Form as per **Appendix-1**
- 3.3.4 Covering Letter as per **Appendix – 2**
- 3.3.5 Compliance to Eligibility Criteria as per tender document (clause no 1.2).
- 3.3.6 Compliance to Detailed Scope of Work as per tender document (clause no 5.2).
- 3.3.7 **Past Experience** as per Appendix-4 (with appendix Past Experience Certificate from previous client, Govt. dept., company, and copy of work orders.)
- 3.3.8 Check list of Technical Specifications Sheet as per Appendix- 5
- 3.3.9 Annual turnover statement as per Appendix- 6

- 3.3.10 Format for Power of Attorney for Signing of Application Appendix- 7
- 3.3.11 Format for Power of Attorney for Lead Member of Consortium Appendix- 8
- 3.3.12 Brochures / Technical Documentation / Leaflets for hardware, software and solution offered.
- 3.3.13 Bidder is required to submit detailed profile (which includes Name, Qualification, Experience in similar projects, Certifications) of resources proposed for this project  
And also VAT/Service TAX registration, PAN card & IT return for financial year 2014- 15, Copies of Audited financial statement for 2013-2014, 2014- 2015 and 2015 - 2016.
- 3.3.14 Declaration document regarding integration of software and systems with existing architecture within 30 days of award of tender.
- 3.3.15 Any other document relevant towards the solution offered should be submitted.
- 3.3.16 All Technical Bid Document must be submitted online website at [www.mahatenders.gov.in](http://www.mahatenders.gov.in) and Serial number on all the pages duly signed & stamped.**
- 3.3.17** Interested Bidder may visit working 102 Centralized Call center, 3<sup>rd</sup> Floor, Aundh Chest Hospital, Pune and shall inspect the premises and check software and hardware as 102 Call center details, Internet and server details, GIS maps details Peripherals details GPS/AVTS with GPRS/GSM/3G, Work Stations .

#### **3.4) Commercial Bid Response Structure (Envelop 2)**

##### **3.4.1 Commercial Bid as per Appendix-9**

(To be kept in separate envelope & should be enclosed in big envelope.)

**Note1:** - Technical Bid and Commercial Bid should be kept in separate envelop

**Note2:-** Commercial Bid Document must be submitted online website at [www.mahatenders.gov.in](http://www.mahatenders.gov.in) and Serial number on all the pages duly signed & stamped.



### 3.5) Maintenance of GPS-GPRS devices:

- 1) The successful bidder will take over operations and maintain of GPS-GPRS devices in all the following districts within 30 days of obtaining the Work order from the Purchaser.

**The following districts are covered in Phase 1 (to be taken over in 30 days):**

Sr No	District	Sr No	District	Sr No	District
1.	Thane	8.	Kolhapur	15.	Aurangabad
2.	Raigad	9.	Solapur	16.	Jalna
3.	Ratnagiri	10.	Ahmadnagar	17.	Buldhana
4.	Sindhudurga	11.	Nashik	18.	Palghar
5.	Pune	12.	Dhule		
6.	Sangli	13.	Nandurbar		
7.	Satara	14	Jalgaon		

**The following districts should be covered in Phase-II:**

Sr No	District	Sr No	District	Sr No	District
1.	Osmanabad	7.	Washim	13.	Gondia
2.	Latur	8.	Akola	14.	Chandrapur
3.	Nanded	9.	Amravati	15.	Yavatmal
4.	Beed	10.	Wardha	16.	Gadchiroli
5.	Parbhani	11.	Nagpur		
6.	Hingoli	12.	Bhandara		

- 2) Complete maintenance takeover and Operations takeover should be satisfactorily completed within 30 days of commencement of the project.
- 3) Detail schedule of preventive maintenance will be provided by Service provider every month.
- 4) Three years maintenance of all hardware parts is mandatory.  
*(If an instrument gets damage due to some reason, it should be repaired by Bidder within 24 hour at his own cost.)*
- 5) All districts to have service manpower for carrying out maintenance operations.
- 6) The cost of repair/replacement has to be borne by the bidder during the operations tenure of the project.
- 7) The cost of repair has to be borne by the bidder during the operations tenure of the project. In case required, replacements need to be arranged as required to maintain

- the tracking.
- 8) Replacement of GPS devices, if required during the tender tenure, will be offered to selected Bidder at the most recent cost incurred for installation of the devices earlier. The Bidder can replace the devices as per price mention in L1 (Lowest 1) rates. Though the process of GPS devices replacement will involve a separate work order as and when decided.

### **3.6) INSTALLATION & OPERATIONALIZATION of Centralized call Center**

- 3.6.1) Taking over the existing 102 Call Center Setup. The Bidder shall procure the necessary hardware and software including computers, Routers, switches, networking etc. at their own cost for maintaining the centre and upgrading the same to 15 seater center.
- 3.6.2) Set-up a Videowall for Live tracking of GPS vehicle movement in the Centralized Call centre displaying the LIVE dashboard of vehicles. Specification as specified in Apendix -12)
- 3.6.3) In case of increase additional seats in 102 Centralized call center, the Bidder has to be ready to increase additional seats at the same earlier rates approved by NHM, State Health Society Mumbai.
- 3.6.4) The bidder will engage qualified and adequate staff to run the center in full capacity with full efficiency. The State Health Society shall have right to conduct inspection of any employee and call center at any time. Bidder shall recruit train and maintain the necessary staff to run the center in optimum capacity within 30 days of signing of Agreement. All costs related to hiring and the salaries of the call center staff will be borne by the bidder.
- 3.6.5) The bidder will provide all call-logs, voice-logs, voice recordings and other necessary details as and when required by the government. It will also be submitted to State Health Society in weekly/fortnightly/monthly reports or as directed by the Department in the format designed by the State Health Society.
- 3.6.6) The calling software should seamlessly integrate with the existing setup and the centre should run without any breakdown from the date mentioned by SHS, Maharashtra and the successful bidder should submit satisfactory trials report to Commissioner, Health Service and Director, NHM.
- 3.6.7) Centralized Call Centre to provide 24 x 7 uninterrupted services by putting in place robust technical and managerial support system.
- 3.6.8) Separate electricity meter & Power supply shall be availed by Successful bidder/service provider on his own i.e. Electricity charges, shall be paid by Service provider till the contract ends.
- 3.6.9) All expenses pertaining to the manpower deployed in the call center, along with maintenance cost of hardware/software will be borne by the bidder.
- 3.6.10) Upgrade and run Centralized Call center with toll free 102 numbers from Landline or any mobile number with 15 seats capacity.
- 3.6.11) All civil, electrical such other necessary installations with their full attachment shall be erected or fabricated to provide by the bidder at open space provided by SHS, Mumbai.
- 3.6.12) Adequate Power backup facility shall be provided by the bidder.
- 3.6.13) Necessary security arrangement and for attendance biometric machine shall be

provided.

- 3.6.14) Server testing report per month should be submitted with detail times slot of downtime and schedule maintenance.
- 3.6.15) Bidder should have projector with desktop computer in conference room for training and meetings, etc.
- 3.6.16) Bidder should provide CCTV video surveillance system in Centralized call center (Toll free No. 102) and one access should be provided to SHS Mumbai Office.

### **3.7) MMU Data integration setup module**

- To capture real-time Data from Mobile Medical Units (MMUs)
- Integrated Data capture through Digital tool -Data to include camp summary, patient data sheets and treatment/diagnostics information
- Use Tablet as a tool for data capture on field (Point of Care). Provide 40 Tablet for 40 Mobile Medical Unit with application (App) to capture data (details & specification are attached in Appendix -11).
- In tablet with internet connectivity also have app of biometric attendance system and MMU reporting app for MMU staff which should be display on RT Dashboard/Website.
- Utilize GPRS based data communication for Data transfer in real-time to server
- Captured Photos and data from tablet mobile application should be available on web base real-time Referral Transport Portal (website).
- Analytics @ the 102 Referral transport Call center on the Data collected
- Call center to be equipped with manpower for Data validation and coordinating Data capture and Analysis.

### **3.8) Clarification of Bid Document**

- 3.8.1) A pre-Bid meeting is scheduled on 18.01.2017 **at 15.00 Hrs.** Relaxation in any of the terms contained in the Bid, in general, will not be permitted, but if granted, the same will be communicated to all the Bidders.

### **3.9) Amendment of Bid Document**

- 3.9.1) At any time prior to the deadline for submission of Bids, the State Health Society, for any reason, whether, at its own initiative or in response to a clarification requested by a prospective Bidder, may modify the Bid Document, by amendment.
- 3.9.2) Any addendum/corrigendum as well as clarification thus issued shall be a part of the Bid documents or its conditions. And it will be assumed that the information contained in the amendment will have been taken into account by the Bidder in its Bid.
- 3.9.3) All prospective Bidders who have received the Bid Document will be notified of the amendment if any in writing by placing it on website or E-mail & same will be binding on them.
- 3.9.4) In order to allow prospective Bidders reasonable time in which to take the amendment into account in preparing their Bids, State Health Society, at its

discretion, may extend the deadline for a reasonable period as decided by the State Health Society for the submission of Bids.

### **3.10) Language of Bid**

The Bid response as well as all correspondence and documents relating to the Bid exchanged by the Bidder and the State Health Society and supporting documents and printed literature shall be written in English.

### **3.11) Bid Prices**

The detail Bid price indicated in Price Schedule should be separately quoted.

- The prices indicated in the Price Schedule shall be entered in the following manner:-

- 3.11.1 The total price quoted must be inclusive of applicable taxes, duties, levies, charges etc. as also cost of incidental services such as transportation, insurance etc. but Exclusive of Sales Tax/VAT/Service Tax/Octroi or entry-tax payable to Local Government / Municipal Authorities.
- 3.11.2 Price quoted in the Price Schedule shall be valid for a minimum period of 180 days from the date of award of contract.
- 3.11.3 The Bidder has to quote prices in both words and number.
- 3.11.4 Prices quoted by the Bidder will remain fixed during the Bidder's performance of the Contract and will not be subjected to variation on any account, except for any service tax, education cess, secondary and higher education cess, GST or any other applicable taxes as may be levied by the Government from time-to-time A Bid submitted with an adjustable price quotation will be treated as non-responsive and will be rejected.

### **3.12) Bid Currencies**

Bids are to be quoted in **Indian Rupees** only.

### **3.13) Documentary Evidence Establishing Bidder's Eligibility & Qualifications**

- 3.13)1.** The Bidder shall furnish, as part of its Bid, documents establishing the Bidder's eligibility to Bid and its qualifications to perform the Contract, if its Bid is accepted.
- 3.13)2.** The documentary evidence of the Bidder's qualifications to perform the Contract if its Bid is accepted shall be established as per State Health Society's satisfaction.
- 3.13)3.** Specialized expertise should be available to ensure that the support services are responsive and the Bidder will assume total responsibility for the fault-free operation of the solution proposed and provide necessary maintenance services during the warranty period.

### **3.14) Earnest Money Deposit (EMD)**

- 3.14.1) The Bid shall be accompanied by Earnest Money Deposit (EMD) Rs.1,50,000/- INR. in the form of online only on website at [www.mahatenders.gov.in](http://www.mahatenders.gov.in) in favor of “ The State Health Society, Maharashtra.”
- 3.14.2) The EMD is required to protect the State Health Society against the risk of Bidder’s misconduct, which would warranty the securities for feature.
- 3.14.3) Any Bid not secured, as above, will be rejected by the State Health Society as non- responsive. The Bids submitted without EMD will be summarily rejected.
- 3.14.4) No Biding entity is exempted from deposit of EMD. Bids submitted without EMD shall not be considered.
- 3.14.5) Bidder shall not be entitled for any interest on EMD /Security deposit
- 3.14.6) The EMD of unsuccessful Bidder will be returned to them without any interest, after conclusion of the resultant agreement. The EMD of the successful Service provider will be returned without any interest, after receipt of performance security as per the terms of agreement.

### **3.15) Period of Validity of Bids**

Bids shall remain valid for a period six (6) months, from the date of opening of the Bid failing which it may be rejected by the State Health Society as non-responsive.

### **3.16) Format and Signing of Bid**

- 3.16.1) The Bid shall be typed or written in indelible ink and shall be Sealed and signed by the Bidder or a person or persons duly authorized to bind the Bidder to the Contract. The person or persons signing the Bids shall initial all pages of the Bids.
- 3.16.2) Any inter-lineation, erasures or overwriting shall be valid only if they are initialed by the person signing the Bids. The State Health Society reserves the right to reject Bids not confirming to above.

### **3.17) Deadline for Submission of Bids**

- 3.17.1) Bids must be received by the State Health Society at the address specified, no later than the date and time specified in the Invitation to Bid.
- 3.17.2) The State Health Society may, at its discretion, extend this deadline for the submission of Bids by amending the Bid Documents, in which case, all rights and obligations of the State Health Society and Bidders previously subject to the deadline will thereafter be subject to the deadline as extended.

### **3.18) Late Bid**

Any Bid received after the deadline for the submission of Bids prescribed, will be rejected and returned unopened to the Bidder. Delay due to Post or any other reason will not be condoned.

### **3.19) Modification and Withdrawal of Bids**

- 3.19.1) The Bidder may modify or withdraw its Bid after its submission, provided that Written Notice of the modification, including substitution or withdrawal of the Bids, is received by the State Health Society, prior to the deadline prescribed for Submission of Bids.
- 3.19.2) The Bidder's modification or withdrawal notice shall be prepared, sealed, marked and dispatched. A withdrawal notice may also be sent by Fax, but followed by a signed confirmation copy, postmarked, not later than the deadline for submission of Bids.
- 3.19.3) No Bid shall be modified after the deadline for submission of Bids.
- 3.19.4) No Bid may be withdrawn in the interval between the deadline for submission of Bids and the expiration of the period of Bid validity specified by the Bidder on the Bid Form. Withdrawal of a Bid during this interval may result in the Bidder's forfeiture of its EMD.

The EMD shall be forfeited:

- (a) If a Bidder withdraws its tender during the period of bid validity as specified in the Bid
- (b) In case of a successful Bid, if the Bidder fails:
- (c) To sign the Contract in accordance with terms and conditions or. To furnish security deposit as per Bid clause

### **3.20. Liquidated Damages**

If the Bidder fails to deliver any or all of his responsibilities (duties) or fails to complete the commissioning of same within the stipulated period specified in the Bid document, the State Health Society shall, without prejudice to other remedies under the Contract, levy/ deduct pre-estimated liquidated damages as follows:

- 3.20.1) 0.5% (zero point five per cent) of the total value of the project (inclusive of duties & taxes) which the Bidder has failed to deliver/ commission within the period fixed for commissioning for delay of each week or part there of up to 4(four) weeks of delay, and
- 3.20.2) 0.75% (zero point seven-five per cent) of the total value of the project (inclusive of duties & taxes) which the Bidder has failed to deliver/ commission within the period fixed for commissioning for delay of each week or part thereof on entire delay period if delay is between 4 (four) weeks and 8 (eight) weeks, and
- 3.20.3) 1% (one per cent) of the total value of the project (inclusive of duties & taxes) which the Bidder has failed to deliver/ commission within the period fixed for commissioning for delay of each week or part thereof on entire delay period if delay is beyond 8 (eight) weeks. Example: - In case delay period is 32 days,

then pre-estimated liquidated damages shall be worked @ 0.75% for 5 weeks.

3.20.4) For maintenance of the equipment the buffer stock of, at least 5% in each district shall be maintained by the bidder.

3.20.5) The decision of State Health Society shall be final in this regard

3.20.6) Maintain the Server

### **3.21) Legal Jurisdiction**

All the suits arising out of the contract shall be instituted in the court of competent jurisdiction situated in Mumbai only and not elsewhere.

### **3.22) Cost Borne by Respondent**

All costs and expenses (whether in terms of time or material or money) incurred by the Recipient / Respondent in any way associated with the development, preparation and submission of responses, including but not limited to attendance at meetings, discussions, demonstrations, etc. and providing any additional information required by NHM, will be borne entirely and exclusively by the Recipient/ Respondent.

### **3.23) No legal relationship**

No binding legal relationship will exist between any of the Recipients/ Respondents and the State Health Society until execution of a contractual agreement to the full satisfaction of the State Health Society.

### **3.24) Recipient obligation to inform**

The Recipient must apply its own care and conduct its own investigation and analysis regarding any information contained in the BID DOCUMENT and the meaning and impact of that information.

### **3.25) Late tender offers:**

Late tender on any count shall be rejected summarily. Delay due to any reason for e.g.: electricity/internet/server etc. will not be condoned.

## 4. Opening and Evaluation of Bid

### 4.1 Bid Opening

On the date and time specified in the Bid notice following procedure will be adopted for opening of tender for which Bidder is free to attend himself or depute an authorized officer as his representative.

#### **Opening of Envelope No.1 (Technical bid)**

Envelope No.1 (Technical bid) of the Bidder will be opened in the presence of bid opening authority and in the presence of bidder / their representatives.

#### **Opening of Envelope No.2 (Commercial Bid)**

This envelope shall be opened after opening of Envelope No.1 (Technical bid) only if contents of envelope No.1 (Technical bid) are found to be in accordance with the bid conditions stipulated in the bid document. The tentative date and time of opening of Envelope No. 2 will be communicated subsequently to the eligible tenderers of Envelope No.1.

- 4.1.1 The Bidder's names and the presence or absence of requisite EMD and nonrefundable document fee and other details considered appropriate by the State Health Society will be announced at the time of technical Bid opening.
- 4.1.2 No Bid will be rejected at Bid opening, except for late Bids, which shall be returned unopened to the Bidder.
- 4.1.3 Bids that are not opened at Bid Opening shall not be considered further for evaluation, irrespective of the circumstances. Withdrawn Bid will be returned unopened to the Bidders.

### **4.2 Preliminary Examination of Bids**

- 4.2.1 State Health Society Mumbai will examine the Bids to determine whether they are complete, in required formats have been furnished, the documents have been properly signed and are in order and the State Health Society may at its discretion waive off any non-conformity in the Bid.
- 4.2.2 Prior to the detailed evaluation, Commissioner, Health Service & MD NHM, Mumbai will determine the responsiveness of each Bid to the Bidding Document. For purposes of these Clauses, a responsive Bid is one, which conforms to all the terms and conditions of the Bidding Document without material.

Deviations from or objections or reservations to critical provisions, such as those concerning EMD, Applicable Law, Qualification Criteria, Insurance, Warranty and Force Majeure will be deemed to be a material deviation. The State Health Society's determination of a Bid's responsiveness is to be based on the contents of the Bid itself, without recourse to extrinsic evidence. The State Health Society reserves the right to evaluate the Bids on technical and functional parameters including possible visit to inspect live site/s of the Bidder and witness demos of the system and verify functionalities, response times, etc.

- 4.2.3 If a Bid is not responsive, it will be rejected by Commissioner, Health Service & MD NHM, Mumbai and may not subsequently be made responsive by the Bidder by correction of the non-conformity. Responsive Bid means Bidders have to give the response according to the Technical Bid response format and



Commercial Bid response format and should have each and every thing required in that format.

### **4.3 Contacting the State Health Society**

4.3.1 No Bidder shall contact Commissioner, Health Service & MD NHM, Mumbai on any matter relating to its Bid, from the time of opening of Price Bid to the time the Contract is awarded.

4.3.2 Any effort by a Bidder to influence Commissioner, Health Service & MD NHM, Mumbai in its decisions on Bid evaluation, Bid comparison or contract award may result in the rejection of the Bidder's Bid.

### **4.4 Technical Evaluation Criteria**

The evaluation will be based on:

4.4.1 Fulfillment of all the Eligibility criteria as specified in the Tender document.

4.4.2 Documentation of Existing setup of GPS operations and Call Centre operations as per Tender guidelines (size <5MB).

4.4.3 Operational plan for maintaining the GPS/GPRS devices and centralized call center solution offered – Manpower, Schedule and Software Application details to be included.

4.4.4 Relevant expertise in maintenance of both GPS-GPRS system and Call center operations for Emergency services.

### **4.5 Award of Contract**

The Commissioner, Health Service & MD NHM, Mumbai will award the contract to the successful Bidder whose bid has been determined to be substantially responsive and has been determined as lowest evaluated bid, provided further that the bid is determined to be qualified to perform the contract satisfactorily. The Commissioner, Health Service & MD NHM, Mumbai will place supply orders on staggered basis, if necessary, during the contract period to the lowest evaluated responsive bidder and will be governed by all the terms and conditions stipulated in the bid document.

The Commissioner, Health Service & MD NHM, Mumbai reserves the right to increase or decrease the quantity to be purchased and also reserves the right to cancel or revise or any of the all the tenders or part of tenders without giving any reasons thereto with no cost to the Commissioner, Health Service & MD NHM, Mumbai.

### **4.6 Contract negotiations**

The Commissioner, Health Service & MD NHM, Mumbai may enter into negotiations with the preferred Bidder(s) to identify any changes/modifications required to the Technical and Commercial proposal.

The Commissioner, Health Service & MD NHM, Mumbai reserves the right to stipulate, at the time of finalization, any other document(s) to be enclosed as part of the final contract. The State Health Society reserves the right to enter into negotiations with other Bidder(s) incase a contractual agreement cannot be reached with the preferred Bidder for any reasons, whatsoever.

#### **4.7 Right to Accept any Bid and to Reject any or All Bids**

The Commissioner, Health Service & MD, NHM, Mumbai reserves the right to accept or reject any Bid in part or in full, any time prior to the award of contract without thereby incurring any liability to the Bidder or Bidders or any obligation to inform the affected Bidder or Bidders.

#### **4.8 Notification of Award**

4.8.1 The Commissioner, Health Service & MD NHM, Mumbai will notify the successful Bidder in writing or by Fax about the acceptance of its Bid and the same will also include the formation of contract.

4.8.2 Upon the furnishing of Performance Security of the successful Bidder, the EMDs of all the unsuccessful Bidders will be returned.

#### **4.9 Signing of Contract**

4.9.1 The contract form will be sent along with the notification from the Commissioner, Health Service & MD NHM, Mumbai to the successful Bidder, incorporating all the agreements between two parties.

4.9.2 Within 7 days of receipt of the contract form, the successful Bidder shall sign and date the contract and return it to State Health Society Maharashtra. Initially, the contract will be signed for **three years** based on performance.

#### **4.10 Performance Security**

A Performance Security equal to **5%** of Work order has be submitted in the required format (**Appendix 3**) by the successful Bidder within a week of the award of contract. If the lowest evaluated Bidder fails to sign the contract or fails to submit the performance security within stipulated time or fails in any other obligations mentioned herein, the State Health Society may forfeit the Earnest Money Deposit of the lowest Bidder and may award the work to the Bidder with the next lowest Bid or may call for fresh Bids.

***Note:** The Commissioner, Health Service & MD NHM, Mumbai also reserves the right to reject / award the contract to any vendor or cancel the entire Bid process without giving any reasons.*

#### **4.11 Corrupt or Fraudulent Practices**

The State Health Society requires that the Bidders for this tender observe the highest standards of ethics during the processing and execution of such contracts. In pursuance of this policy, the State Health Society defines for the purposes of this provision, the terms set forth as follows:

4.11.1 "Corrupt Practice" means the offering, giving, receiving or soliciting of anything of value to influence the action of the public official in the tender process or in contract execution; and "Collusive practice" means a scheme or arrangement between two or more tenderers, with or without the knowledge of the Commissioner, Health Service & MD NHM, Mumbai designed to establish bid prices at artificial, non-competitive level; and.

"Coercive practice" means harming or threatening to harm, directly or indirectly, persons or their property to influence their participation in the procurement

process or effect the execution of the contract

- 4.11.2 "Fraudulent Practice" means a misrepresentation of facts in order to influence a tender process or a execution of a contract to the detriment of client / State Health Society and includes collusive practice among Bidders (prior to or after Bid submission) designed to establish Bid prices at artificial non-competitive levels and to deprive /State Health Society of the benefits of the free and open competition.
- 4.11.3 The Commissioner, Health Service & MD NHM, Mumbai shall reject a proposal for award if it determines that the Bidder recommended for award has engaged in corrupt or fraudulent practices. The State Health Society may also consider blacklisting and/or debarring the Bidder from further participation in any tender process.
- 4.11.4 The State Health Society shall declare a Bidder ineligible and blacklist it, either indefinitely or for a stated period of time, from being awarded any contract if at any time the State Health Society determines that the Bidder has engaged in corrupt and fraudulent practices in competing for, or in executing, a contract.

## **5. Detailed Scope of Work / Functional Requirements**

### **5.1 Objective of the Assignment**

The primary objective of the assignment is to create a more reliable, systematic and punctual monitoring of Mobile Medical Units and Referral Transport Unit using the existing GPS/GPRS devices and upgrading the same. The system will basically –

- 5.1.1 Assist NHM in obtaining complete details on the movement, geographical location at different points and speed of the Referral transport Ambulances and Mobile Medical Unit vehicles.
- 5.1.2 Automate event logging (start and end of trip(s), emergency halts, accidents, breakdowns of vehicles etc) along with time and date stamp, i.e. the exact time of such activities.
- 5.1.3 Provide various standard and exceptional reports (MIS) pertaining to fleet operation as per the NHM's requirements including Mileage statistics, Distance travelled, trips etc.
- 5.1.4 All software and hardware is the property of NHM and the agency should hand over it to NHM in working condition after contract period.
- 5.1.5 Ensure connectivity of Toll free no102 from all telephone service providers.

### **5.2 Detailed Scope of Work**

- 5.2.1 The GPS-GPRS based vehicle tracking system should track and monitor the movement of 2866 referral and MMU vehicles of Health department.
- 5.2.2 GPS-GPRS units fitted inside the vehicles should capture the GPS based location, speed, distance and various other data, which act as a primary source of information for tracking and monitoring system.
- 5.2.3 The bidder should provide service team at district locations to ensure service of any GPS-GPRS device within 72 hours of complaint.
- 5.2.4 Server should be maintained and operated by bidder, Database and source-code will be property of Government only.
- 5.2.5 Using this application, SHSM must be able to track the movement of vehicles and display the route on maps, locate the current vehicle position on a real time basis, which has to be continuously available on the Videowall at the Centralized Call Center.
- 5.2.6 Enable/Generate different report daily, monthly, weekly basis for NRHM.
- 5.2.7 Bidder should set a server at a place decided by SHS, Mumbai. and should provide a team to monitor and generate reports (Reports as per Technical Specification Sr. No. 18, 22, 23, 25) and given instruction of NHM, Mumbai.
- 5.2.8 Upgrade, integrate and run Centralized Call center with toll free 102 numbers from landline or any mobile number with 15 seats capacity.
- 5.2.9 Daily report of GPS-GPRS Device, Referral Transport report, MMU real time report, monthly Biometric staff report send to State Referral Transport Cell and State Health Society, Mumbai.

### **5.3 Role of Service Provider:**

#### **GPS-GPRS system maintenance**

- 5.3.1) The bidder has to provide work plan with detailed Specifications of Hardware and Software including takeover of existing infrastructure and additional requirements.
- 5.3.2) Repair, maintain and upgrade the existing GPS/GPRS devices.
- 5.3.3) Customize, maintain and upgrade the software application as required for the effective working of the system time to time for Vehicle tracking and reports of GPS-GPRS.
- 5.3.4) Integration with existing devices and software is the responsibility of the Bidder.
- 5.3.5) Setup a maintenance team in all districts to ensure quick repair of GPS-GPRS devices and maintain atleast 95% working devices at all times.
- 5.3.6) If working of GPS devices is below 95% the service provider will be liable for penalty.
- 5.3.7) Maintain the necessary hardware and software to upgrade/manage and run the services
- 5.3.8) Server will be installed and maintained by Bidder at his cost. Time to time data-backup and maintenance should be done by Bidder.

#### **Service Team:**

35 members to cover entire 34 districts and 1 at Centralized Call Center to support any service calls within 24 hours.

#### **CALL CENTRE operations**

- 5.3.9) The bidder will be responsible for rendering the services from the inbound call centre. All costs related to the establishment, operation and maintenance of this call center will be borne by the bidder. The bidder will be solely responsible for obtaining all statutory approvals required for operating such a service.
- 5.3.10) The bidder will procure the necessary hardware and software including computers, Routers, switches, networking and necessary electrical supply etc. at their own cost.
- 5.3.11) Setup a 16 X 8 Ft. Videowall at the centralized Call center for LIVE MONITORING of GPS tracking of Ambulances.
- 5.3.12) The bidder will integrate the software to the existing current software and systems in the center. Integration to be done seamlessly within the stipulated tender period and there should be no loss of data during the period.
- 5.3.13) The bidder will engage adequate staff to run the center in full capacity. The State Health Society reserves the right to conduct inspection of any employee and call center at any time. The bidder has to recruit train and maintain the necessary staff to run the center in optimum capacity within 30 days of signing of Agreement. All costs related to hiring and the salaries of the call center staff will be borne by the bidder. The purchaser reserves the right to conduct an inspection of any employee of the call center at any time.
- 5.3.14) The bidder will be wholly responsible for ensuring compliance of labor laws in the true spirit. It will also ensure speedy redressal of complaints regarding sexual harassment of woman at workplace for the female workforce working in

- shifts in call center.
- 5.3.15) The bidder will provide all call-logs, voice-logs, voice recordings and other necessary details as and when required by the government. It will also be submitted to State Health Society in weekly/fortnightly/monthly reports or as directed by the Department in the format desired by the State Health Society.
  - 5.3.16) Centralized Call center to provide 24 x 7 uninterrupted services by putting in place robust technical and managerial support system. The bidder will provide all call-logs, voice- logs, voice recordings and other necessary details as and when required by the purchaser.
  - 5.3.17) Data Security to be ensured, the bidder will treat as confidential all data and Information about purchaser obtained during execution of his responsibilities, in strict confidence and will not reveal such information to any other party without the prior written approval of purchaser.
  - 5.3.18) Conduct Research and Analysis of data generated and furnish the conclusions to designated Health Dept. Officials as on required basis.
  - 5.3.19) Ensure the connectivity of Toll free 102 no from all over Maharashtra.
  - 5.3.20) Install & Maintain 102 Referral Transport Program Information Boards (IEC) at all District public health institutes (2280 institutes) in Maharashtra.(Minimum Information Board size must be length 6 feet and width 4 feet)
  - 5.3.21) Average 50000 per month SMS blasting for the publicity of 102 Referral Transport (RT) scheme as this scheme free for common public and also give feedback to beneficiary through SMS.
  - 5.3.22) Separate electricity meter & Power supply shall be availed by Successful bidder/service provider on his own i.e. Electricity charges, shall be paid by Service provider till the contract ends.
  - 5.3.23) Will take over 102 dedicated toll free telephone number with all the process and procedures required by the telecom provider within the period mentioned.
  - 5.3.24) The bidder will be responsible for rendering the services. All costs related to the establishment, operation and maintenance of this call center will be borne by the bidder. The bidder will be solely responsible for obtaining all statutory approvals required for operating such a service.
  - 5.3.25) All expenses pertaining to the manpower deployed in the call center, along with maintenance cost of hardware/software will be borne by the bidder.
  - 5.3.26) The bidder will be responsible for program management activities like coordinating with the Govt. departments/offices (for information) and telecom service provider for smooth running of the operations.
  - 5.3.27) Call will be pickup within 3 rings otherwise per missed call penalty charge.
  - 5.3.28) Bidder should develop and maintain Dash Board for RT and MMU within in one month form date of LOI.
  - 5.3.29) Contractor should be treated as principal employer for providing uninterrupted services.
  - 5.3.30) The service provider has to follow all existing center and State Government Act and laws like minimum wages Act, contract labour (R & A) Act, etc.

**Dashboard should display Live call status including:**

No. of JSSK patients served	Total Calls
Progressive Monthly	
Till Yesterday	

- 2) Live status of ambulances, separate identification of MMU & RT with different logo
- 3) District wise patient served data format as specified by RT cell, Driver Data, trip Data
- 4) List of available Base location, Vehicle no with driver's name and contact no on Dashboard.
- 5) Grievance
- 6) NHM Report Monthly & Progressive
- 7) Call Centre staff Attendance

## **5.4 Operationalization of Control Room**

**Operationalization of control room.** Agency would operate 24 hour control room through a dedicated toll free 102 telephone numbers. The agency/Firm shall run 15 seater call center at Chest Hospital Aundh, Pune. Hunting facilities initially and later shall expand depending upon the calls received.

- 1) The control room shall utilize existing GIS (Geographic Information System) maps, GPS (Global Positioning System)/GPRS (AVLT -Automatic Vehicle Location Track) and all the other necessary hardware/software for computer telephonic integration.
- 2) The control room shall keep a record of the contact numbers and location of each of the Ambulances, all hospitals which can provide medical emergency, all the Police Stations, Police Control Room, Police Head-quarters and Fire Services in the city.
- 3) On receiving call of any nature the control room shall communicate with the ambulance driver to the caller and take the patient to the nearest hospital (specialty/super specialty/general) depending upon the severity of the patient's condition. The concerned hospital would also be informed in advance.
- 4) Service Provider shall provide details of the services rendered to the State Health Society Maharashtra in the prescribed format.
- 5) Service Provider in-charge of the Control Room shall bear all expenses relating to Telephone Bill, water, electricity charges, furniture, furnishing etc in running the Control Room.
- 6) The Control Room should also have battery/generator backup facility so that services could be provided un-interrupted.
- 7) The Control Room should have adequate power to receive un-interrupted power supply in case of failure of electric supply.
- 8) The software deployed in the control room should have a in-built MIS module with remote access and it should be possible for the monitoring body to have information at any moment regarding the location and operational status of ambulance, etc.

- 9) "All the data will be property of the Govt. Department and must be exportable to open standard so as to avoid vender lock-in".
- 10) One separate cabin for state level IT technical officer at 102 centralized Call center Pune.
- 11) Well-furnished total area of control room will be 2800sq feet.
- 12) Bidder shall appoint one MIS coordinator in NHM Mumbai office for daily/Weekly and Monthly reports with analysis of reports and monitoring of GPS-GPRS devices.
- 13) Electrification work inclusive of provision for internet connection, electric point's for 15 computers, necessary arrangements for back up UPS inverter of sufficient capacity etc. and complete support infrastructure.
- 14) IEC of this 102 scheme SMS should be done by Bidder and also satisfactory feedback send via SMS to the beneficiary.

## **5.5 Training of Call Taker**

The selected bidder will be solely responsible for the training of the call center staff. The purchaser will assist the selected bidder in case there is any department specific information that is required for the smooth operation of the system.

The selected bidder will train the Call Taker on general aspects of working in a call center, as well as training the Call Taker for using the various IT systems the training will include, but may not be restricted to the following topics:

- Professional Customer Care.
- Correct pronunciation (English, Hindi and Marathi)
- Call handling
- Dispositions
- Reporting
- Quality Assurance/Monitoring
- Proper use of the various IT systems
- Call flow
- Demographic overview

### **Successful Call Taker Profile/Traits**

#### **Skills**

- Self-confident-not easily intimidated.
- Well organized.
- Persistent
- Disciplined
- Highly motivated.
- Professional demeanor and delivery.
- Able and willing to assimilate new material quickly.



- Committed to succeed.
- Able to multi-task.
- Should be well-groomed and in uniform decided by purchaser
- Excellent communication skills in Marathi, Hindi and English.
- Good typing skills.
- Ability to interpret needs and articulate best responses.
- Ability to deliver good rebuttal
- Ability to mirror the caller's style.

## 5.6 Academic and Professional background

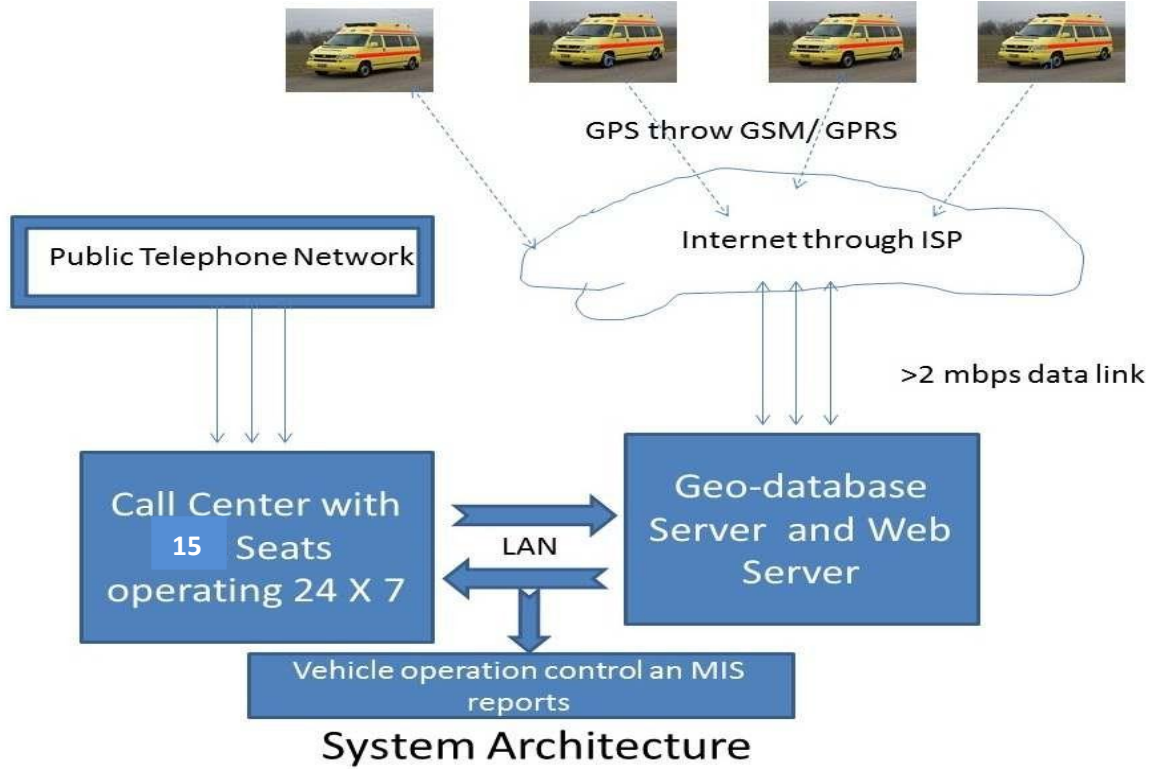
### Administrative staff

Suitable candidates will be holders of any of the following qualifications:

- 1) **Head Technical HOD (Technical) – Post 01**  
MBA/MPH OR M.E Computer Science with 5 year experience in Server maintenance, GIS,GPS-GPRS device maintenance, and software development.
- 2) **System Administrator – Post 02**  
MCA/ B.E Computer Science / B.Tech Computer Science/M.sc Computer Science with 2 year experience in hardware and Networking.
- 3) **H.R Manager – Post 01**  
MBA HR with 3 years' experience in H.R with a company having minimum manpower of 50.
- 4) **I.T expert – Post 02**  
MCA/ B.E Computer Science / B.Tech Computer Science/M.sc Computer Science with 3 year experience in software and hardware.
- 5) **Shift Supervisor– Post 03**  
Science graduate with 2 year experience in Call center as shift supervisor.
- 6) **MIS Manager – Post 04**  
M.Sc/B.Sc Statistician with 2 year experience and managing and analyzing the call center and GPS/GPRS data.
- 7) **Call Taker – Post 50**  
Any graduate with 1 year experience in call center.
- 8) **Floor Assistant– Post 09**  
10<sup>th</sup> pass
- 9) **GPS/GPRS Field Technician -Post 35**  
Electrical/Electronics graduate/Diploma/ITI with 1 year experience

*\*Team to be managed to work all 7 days of the week with rotational shifts/leaves.*

### 5.7 System Architecture



## 6. Existing Technical Specifications

### 6.1) Existing GPS-GPRS system technical Specification

Sr. No	Specification
1	Advance Vehicle Tracking System (AVTS) should be Web based.
2	The web-based application should be accessible through various standard web browsers.
3	All Software and Hardware shall be property of Government of Maharashtra. Licenses shall be genuine, full use & perpetual in nature.
4	Server will be maintained by bidder at his cost. Time to time data-backup and maintenance should be done by Bidder.
5	Vehicle Tracking System should allow NHM to track, trace and monitor their <b>vehicles in real time using GPS/GPRS technology.</b>
6	The device fitted in the vehicle should have a built-in GPS receiver which determines the vehicle location, traveling speed, direction.
7	The device should send the data via GSM/GPRS wireless network to the vehicle Tracking Application server.
8	If there is <b>no network</b> coverage the data should be stored locally and should send the data when the network is established.
9	AVTS should be capable of using either GPRS or SMS communication modes. GPRS is primary communication mode, but in case GPRS connectivity is lost, the automatic fall back on GSM based.
10	One Master User login (who can see all Maharashtra vehicles at time and all access of data) Role based log in must be provide.
11	<p><b>Software should clearly Display the following variable like: (Reporting) Geographical vehicle location of Vehicle, Vehicle No and Type, Driver Name, Date, Speed, Kms, Map, Using different indicator with color codes of vehicle should be indicated.</b></p> <p><b>Software should provide :</b></p> <ul style="list-style-type: none"> <li>- An immediate bird's-eye-view[MAP View] of all vehicle locations and details</li> <li>- The direction and speed the vehicle is travelling</li> <li>- Route Playback</li> <li>- Alerts Thresholds for Speed, idling</li> <li>- Geo-fence Alert, Tamper Alert</li> <li>- Light weight Analytical Dashboard - Mileage, Speed, Driver score, Distance</li> <li>- Report – Map Report, Activity Report, Idle Report</li> <li>- Report – Exportable – Excel, PDF, Automated Mail Report</li> </ul> <p><b>xiii. Admin Control Panel – for Managing configurations of Users, Devices</b></p>
12*	Hand free two way voice communication should be provided.
13	<b>Facility should be provided to add New Maps / update existing maps in the Geo-database. (as per Appendix C)</b>
14	<b>Facility of generating our own personalized maps with customized geo-referencing and landmarks be provided.</b>

15	<b>Software interface should be GUI (Graphical User Interface) based</b>
16	<b>To provide minimum 02Mbps connectivity to the Geodatabase Server</b>
17	<b>The position of the vehicles should be updated at minimum interval of</b> <b>a. 15 seconds or every 150 meter While Vehicle on Move</b> <b>b. 15 minutes when Vehicle on idle</b> <b>c. 15 minutes when SMS mode Tracking Enabled.</b>
18	A separate module to capture the personal details of the patient such as name, village, taluka, and district, the vehicle that was assigned for the call and the institution where the patient was treated. There should be facility to generate corresponding MIS reports for these details.
19	Generate shortest path/least distance between the vehicle and a particular location.
20	Hardware instrument for GPS & GPRS must be fitted in <b>Water proof, tamperproof and moisture controlled enclosure.</b>
21	Panic button to facilitate SOS (signal operating system) communication in case of emergency for driver.
22	Record and display the location, speed, stoppages and total distance travelled of selected vehicle between two selected intervals.
23	The module capturing vehicle number, speed, location and driver detail be provided.
24	Playback feature to view the entire path traversed by a vehicle between two selected intervals
25	This triggers alerts report displays the different types of alerts like Over speeding, Main Battery disconnection,
26	The reports shall be in tabular as well as graphical formats
27	Primary responsibility regarding digital maps rests with the successful bidder. Purchaser will facilitate digital maps only where available as per zone (District/Taluka).
28	Facility to download report in PDF, Microsoft Excel or Word and store it for further analysis be provided.
29	It should be User-friendly interface.
30	The bidder shall provide 15 parallel lines in main office at Pune call Centre.
31	The Control Room should also have UPS (15 KVA) DG set.
32	One big screen
33	All the software licenses used in the Data center and in the workstations computers need to have genuine licenses and of, full-use and perpetual.

34	The application needs to be hosted in either the State Data Centre of Government of Maharashtra or any Third Party Tier 3 Data Centre in Maharashtra.
35	The application should be domain registered preferably under the government domain.
36	The application should have a comprehensive dashboard to depict vital statistics/indicators to be finalized in consultation with the department.
37	The database is the property of the department/government and the same shall be bound by confidentiality clause.
38	The application should be integrated with SMS and Email functionality for sending SMS/Email communication to identified recipients.
39	The application should adhere to e-Government Standard, w3c standards, metadata standards, various master data. The documents regarding the same shall be shared by the department.
40	Security Audit needs to be performed on the application by a STQC or empanelled agencies and bidder needs to ensure compliance to the reported vulnerabilities.
41	If server will be operate 24 X7 if server down to any resonance will be recover within 24 hrs. Otherwise penalty will be applicable as per NHM norms.

## 6.2) Existing Technical Specification Centralize Call Center 102

Sr. No	Specifications
1)	The bidder will provide all call-logs, voice-logs, voice recordings and other necessary details as and when required by the government. It will also be submitted to State Health Society in weekly/fortnightly/monthly reports or as directed by the Department in the format desired by the State Health Society.
2)	The total area of control room will be 2800sq feet
3)	The Control Room should have adequate un-interrupted power supply in case of failure of electric supply for atleast 12 hrs of operations.
4)	The software deployed in the control room should have a in-built MIS module with remote access and it should be possible for the monitoring body to have information at any moment regarding the location and operational status of
5)	The call center shall receive incoming calls from the public telephone operator through state-of-art switch/EPABX.
6)	The call center network must have multi-level security mechanisms to protect it from attackers, hackers, worms, viruses, spamming etc.
7)	There must be adequate provision in the call center for maintain the required data redundancy and backup of the call record database application. There should be no loss of data or discontinuity of service due to hardware/server failure.
8)	The call center shall have sufficient number of the incoming lines with a facility to terminate additional line in future.
9)	The call center shall have spare capacity to house sufficient number of additional seats. However, space will be provided by the department but service provider will have to make sufficient provision for additional seats by setting up entire infrastructure in such a way,
10)	Call taker will be able to take calls, answer in the chosen language Marathi, Hindi, & English. All interactions will be logged and maintained in the call center for later reporting and analysis.

11)	Each workstation shall be latest state-of-the art PC with color TFT monitor, USB bases optical mouse, key board etc.
12)	Each workstation would have good quality headsets and telephone instruments from reputed brand with advanced features like background noise cancellation.

### 6.3) Features to be available in GPS-GPRS device

Sr. No	Specifications of GPS- GPRS device
1	<b>Operating Voltage: System should be driven by 12 V. Vehicle battery for GPS/GPRS devices. Operating Voltage: 9 V to 30 V DC</b>
2	<b>Battery Backup: Minimum 4 Hours for GPS/GPRS</b>
3	<b>GSM Frequency Quad- Band: 850/900/1800/1900MHz. preferably upgradeable to 3G.(as per appendix F)</b>
4	Successful bidder to select appropriate Telecom Service Provider depending upon the availability of network and region

- Three years maintenance of all hardware parts used in this system.
- If an instrument gets damaged because of some reason, it should be repaired or replaced by new within 3 day by the Bidder/Vendor.
- New arrangements for protection of device should be made by the bidder.

## 7. Conditions of Contract

### 7.1) Use of Contract Documents and Information

Any document, other than the contract itself, given to the selected vendor shall remain the property of client / State Health Society and shall be returned (in all copies) to the client

/State Health Society on completion of the vendor's performance under the contract.

### 7.2) Performance Security

**7.2.1** Within 10 days of receipt of the notification of contract award, the selected vendor shall furnish irrevocable performance security equivalent to **5 %** of the Total Value of the contract to the **Commissioner, Health Service & MD NHM, Mumbai** from Nationalized Bank in favor of **State Health Society Maharashtra.**

**7.2.2** The proceeds of the performance security shall be payable to the State Health Society as compensation for any loss arising from the service provider's failure to complete its obligations under the contract.



7.2.3 The performance security shall be denominated in Indian Rupees and shall be in one of the following forms:

7.2.4.1) A bank guarantee, issued by a nationalized bank located in India to the State Health Society in the form provided in the bidding documents.

7.2.4.2) The performance security will be discharged by the State Health Society and returned to the service provider on completion of the service provider's performance obligations under the contract.

### **7.3) Payment Schedule -**

**7.3.1** Payment for Opex on quarterly basis, 70% immediately after receiving the bills and 30% against the verification of bills and system generated records.

**7.3.2** Payment of Opex would be made by the Purchaser quarterly. The payments shall be made on a quarterly basis by the purchaser (State Health Society) and will be based on the number of Seats during the period. The payments will consider the quality of service provided by the Successful bidder/Service Provider. The quality will be judged based on random testing of call samples. This information will be certified by the purchaser or any third party acting on behalf of the purchaser.

**7.3.3** Consolidated Bill / vouchers to be submitted once in a month to Referral Transport (RT) Cell State Health Society, Mumbai.

The payment will be released only after due verification by State Health Society/Govt. Of Maharashtra.

### **7.4 Termination for Default**

7.4.1 The Commissioner, Health Service & MD NHM, Mumbai may, without prejudice to any other remedy for breach of contract, by written notice of default sent to the service provider, terminate the contract in whole or part:

- If the service provider fails to deliver any or all of the services within the period specified in the contract.
- If the service provider, in the judgment of the State Health Society has engaged in corrupt or fraudulent practices in competing for or in executing the contract.

7.4.2 The period of contract will be three year from the date of work order. Purchaser will review contractor services every one year. If the Contractor does not provide services satisfactorily as per the requirements of the Purchaser or / and as per the Schedule of requirements, this Contract may be terminated.

For the purpose of this clause: "Corrupt practice" means the offering, giving, receiving or soliciting of anything of value to influence the action of a public official in the tender process or in contract execution. "Fraudulent practice: a misrepresentation of facts in order to influence a tender process or the execution of a contract to the detriment of the State Health Society, and includes collusive practice among Bidders (prior to or after Bid submission) designed to establish Bid prices at artificial non-competitive levels and to deprive the State Health Society of the benefits of free and open competition;"

## **7.5 Force Majeure**

Notwithstanding the provisions of Termination for Default and Penalty clauses, the service provider shall not be liable for forfeiture of its performance security, penalty or termination for default, if and to the extent that, its delay in performance or other failure to perform its obligations under the Contract is the result of an event of Force Majeure shall mean and be limited to the following:.

- 7.5.1) War / hostilities
- 7.5.2) Restrictions imposed by the Government or other statutory bodies which prevents or delays the execution of the order by the service provider.
- 7.5.3) The service provider shall advise the State Health Society by a registered letter duly certified by the local statutory authorities, the beginning and end of the above causes of delay within seven (7) days of the occurrence and cessation of such force majeure conditions. In the event of the delay lasting for over two months, if arising out of causes of force majeure, the State Health Society reserves the right to cancel the order.
- 7.5.4) The completion period may be extended in circumstances relating to force majeure by the State Health Society. The Bidder shall not claim any further extension for the completion of work. The State Health Society shall not be liable to pay extra costs under any conditions.
- 7.5.5) The Bidder shall categorically specify the extent of force majeure conditions prevalent in their works at the time of submitting their Bid and whether the same have been taken in to consideration or not in their quotations. In the event of any force majeure cause, the Bidder shall not be liable for delays in performing their obligations under this order and the delivery dates can be extended to the Bidder without being subject to price reduction for delayed delivery, as stated elsewhere.
- 7.5.6) It will be prerogative of the State Health Society to take the decision on force majeure conditions and the State Health Society decision will be binding on the Bidder.

### **Confidentiality**

Information relating to the examination, clarification, evaluation, and comparison of bid, and recommendations for the award of a Contract shall not be disclosed to bidders or any other persons not officially concerned with such process until the notification of Contract award is made. Any effort by the bidder to influence the Commissioner, Health Service & MD NHM, Mumbai on behalf of State Health Society in the bidders' evaluation, bid comparison, or contract award decisions may result in the rejection of the bidders bid.

## **7.6 Termination for Insolvency**

The State Health Society may at any time terminate the contract by giving written notice to the service provider, if the service provider becomes bankrupt or otherwise insolvent. In this event, termination will be without compensation to the service provider, provided that such termination will not prejudice or affect any right of action or remedy which has accrued or will accrue thereafter to the State Health Society.

## **7.7 Resolution of Disputes**

If any dispute arises between parties, then there would be two ways for resolution of the dispute under the Contract.

### **7.7.1) Amicable Settlement**

Performance of the contract is governed by the terms the conditions of the contract, however at times dispute may arise about any interpretation of any term or condition of contract including the scope of work, the clauses of payments etc. In such a situation, either party of the contract may send a written notice of dispute to the other party. The party receiving the notice of dispute will consider the notice and respond to it in writing within 30 days after receipt. If that party fails to respond within 30 days, or the dispute cannot be amicably settled within 60 days following the response of that party, then Clause 9 of the General Conditions of Contract shall become applicable.

### **7.7.2) Resolution of Disputes**

In the case dispute arising between the parties in the contract, which has not been settled amicably, any party can refer the dispute for Arbitration under (Indian) Arbitration and Conciliation Act, 1996. Such disputes shall be referred to Arbitral Tribunal as prescribed by Ministry of Law, Government of India. The Indian Arbitration and Conciliation Act, 1996 and any statutory modification or re-enactment thereof, shall apply to these arbitration proceedings.

Arbitration proceedings will be held in India at Mumbai and the language of the arbitration proceeding and that of all documents and communications between the parties shall be in English. The decision of the majority of arbitrators shall be final and binding upon both the parties. All arbitration awards shall be in writing and shall state the reasons for the award. The expenses of the arbitration as determined by the arbitrators shall be shared equally between the two parties. However, the expenses incurred by each party in connection with the preparation, presentation shall be borne by the party itself.

#### **Applicable Laws:**

The contract shall be governed in accordance with the law prevailing in India, Act, Rules, Amendments and orders made thereon from time to time.

#### **Indemnification:**

The contractor shall indemnify the purchaser against all actions, suit, claims and demand or in respect of anything done or omitted to be done by contractor in connection with the contract and against any losses or damages to the purchaser in consequence of any action or suit being brought against the contractor for anything done or omitted to be done by the contractor in the execution of the contract.

### **7.7.3) Saving clause:**

No suits, prosecution or any legal proceedings shall lie against the Commissioner, Health Service & MD NHM, Mumbai or any person for anything that is done in good faith or intended to be done in pursuance of bid

## **7.8 Penalty Clause**

- i. The Hardware and server maintenance (including electrical equipment) of call center maintenance within the 2 hr, after 2 hours penalty for non functioning of system will be Rs. 5000/- per 4 hourly, charge will be applicable to bidder.
- ii. Call will be picked up within 3 rings otherwise per missed call charges will be Rs.3 per call applicable to bidder.
- iii. As per tender norms ERC Staff shall be deployed by bidder otherwise penalty will be applicable as per day employs salaries deducted by bidder payment.
- iv. GPS-GPRS device breakdown should be rectifying in one day otherwise a penalty of Rs 100/- per day.
- v. Vendor should attain all calls and insured that driver should reach within the time.
- vi. MMU record should upload every day on dashboard; otherwise penalty will be 1000/- per day will be applicable.

## 8 Appendices

### Appendix 1 – Bid Form

Date: \_\_\_\_\_ Tender Ref.No.: \_\_\_\_\_  
To,  
Commissioner, Health Service & MD NHM  
3rd Floor, Arogya Bhavan  
St.Georges Hospital Compund,  
Mumbai 400 001

Having examined the bidding documents, the receipt of which is hereby duly acknowledged, we, the undersigned, offer to provide services for implementation of GPS-GPRS technology for monitoring the Referral Transport vehicle, Mobile Medical Units and Centralized Call Center to the State Health Society NHM, in conformity with the said bidding documents for the same as per the technical and financial Bid and such other sums at may be ascertained in accordance with the Financial Bid attached herewith **(Envelop 2)** and made part of this Bid.

We undertake, if our Bid is accepted, to render the service in accordance with the delivery schedule which will be specified in the contract document that we will sign if the work order is given to us. If our Bid is accepted, we will submit the performance guarantee equivalent to **5% of Workorder**.

We agree to abide by this Bid for a period of 180 (one hundred and eighty only) days after the date fixed for Bid opening as mentioned under the instruction to Bidders and it shall remain binding upon us and may be accepted at any time before the expiration of that period. Until a formal contract is prepared and executed, this Bid, together with your written acceptance thereof and your notification of award shall constitute a binding contract between us.

We understand that you are not bound to accept the lowest or any Bid you may receive. Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature

(In the capacity of)

Duly authorized to sign Bid for and on behalf of \_\_\_\_\_

## Appendix 2 -Particulars of the Bidding Organization

(Covering Letter)

In case of bidding, this form needs to be submitted for member.

1. Tender for selection of service provider for running GPS Technology to monitor Referral Transport Ambulances, Mobile Medical Units and Centralized Call Center in Maharashtra for the National Rural Health Mission, State Health Society, and Public	
2. Name and full address of the firm / Company / Organization.	
3.Details of Registered office- Address: Telephone: FAX No(s): E-mail address: Website:	
4.Income Tax Registration number (PAN):	
5.Service Tax Registration No.:	
6.Whether public Limited Company or Private Limited Company or any entity(Give details):	
7. In case of a company, details of director, Managing Director etc. and their share- holding and their respective liabilities in carrying this tender and discharge of subsequent Services:	
8. Does the company have an office in Maharashtra / India If so provide address of the office and details of the activities conducted in the office:	
9. Name and address and designation of the persons who will represent the Bidder (only required for the Lead Bidder). ( Attach letter of authority)	
10.Has the company been blacklisted by any	

state or central government entity, including PSU's:	
11.Details of service / support network and infrastructure available in India ( if any):	
Note: Above details are mandatory, Bidder may use additional sheets for above submissions of necessary proof and documents.	
<p>(Authorized Signatory)</p> <p>Name : _____</p> <p>Designation &amp; Authority:_____</p> <p>Place:_____</p> <p>Date:_____</p> <p>Stamp:_____</p> <p>Organization Name:_____</p> <p>Business Address:_____</p>	

### Appendix 3 -Performance Bank Guarantee

To,

The Commissioner and  
Director, National Health  
Mission, State Health Society,  
Public Health State Health  
Society, Mumbai, Maharashtra.

WHERE AS \_\_\_\_\_(Name of Service Provider) hereinafter called "Service Provider" has undertaken, in pursuance of Contract No. \_\_\_\_\_ dated \_\_\_\_\_ 20\_\_\_\_\_ to render services for implementation & Maintenance of GPS Technology to monitor Referral Transport , Mobile Medical Units and Centralized Call Center in Maharashtra for NHM, State Health Society, herein after called "the Contract" AND WHEREAS it has been stipulated by you in the said Contract that the service provider shall furnish you with a Bank Guarantee from a nationalized bank for the sum specified therein as security for compliance with the supplier / Service Provider's Performance obligations in accordance with the contract.

AND WHEREAS we have agreed to give the service provider a Guarantee:

WE, THEREFORE, hereby affirm that we are Guarantors and responsible to you, behalf of the service provider, up to a total of **Rs. -----** and we undertake to pay you, upon your first written demand declaring the service provider to be in default under the contract and without cavil or arguments, any sum or sums within the limit of **Rs.**

\_\_\_\_\_(Amount of Guarantee) as aforesaid, without your needing to prove or to show grounds or reasons for your demand of the sum specified therein.

This guarantee is valid until the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature and seal of Guarantors

Date

\_\_\_\_\_  
Address



## Appendix 4 - Past Experience

(Submit separate sheet for each Project Experience)

Please provide information for each project being shown as a relevant experience in the following template.

Sr. No	Information Required	Details
<b>Customer Information -</b>		
1	Customer Name:	
	Name of the contact person from the client / State Health Society who can act as a reference with contact coordinates:	
2	Designation:	
	Address:	
	Phone Number:	
	Mobile Number:	
	E-mail ID:	
<b>Project Details -</b>		
3	Project Title:	
4	Start Date /End Date:	
5	Current Status ( In progress / Completed):	
6	Number of devices installed.	
7	Detail locations of installed devices.	
8	Call center	
<b>Value of the project -</b>		
8	Value of the project (in rupees) with proof.	
9	Brief description of project(Highlight the components involved in the project that are of similar nature to the project for which this Tender is floated	

10	Description of actual services provided by the responding firm within the project and their relevance to the envisaged components/ services involved in the project for which this Tender is Floated	
11	Description of the key areas where significant contributions are made for the success of the project	
12	Copies of Work Order or Performance Certificate/ Completion Certificate attached.	

Note: - 1) Also attach client certificate, purchase orders etc. as supporting documents.  
2) Certificates to be procured by company for completion of project or ongoing.

### Appendix 5 - Check List

Sr. No	Features of the following	Compliance as per the given
1	Is Web Base Vehicle Tracking System.	
2	Is Web Base Application accessible through various standard web browsers?	
3	If Software and Hardware the Property of Government of Maharashtra.	
4	Facility of Server installation and server maintaining given by the bidder at his own cost	
5	Facility of Track, Trace and Monitor vehicles in real time using GSM/GPRS technology with LIVE MONITORING on VIDEOWALL (Min. 16 X 5	
6	Is GPS Receiver available	
7	Wireless network for data transferring	
8	Facility of Queuing of data during no network coverage and transferring data after network arrival	
9	Storage of data in secured database	
10	Facility of report generating, analyzing , replaying the route of vehicle	
11	Facility of AVTS capable of using GPRS	
12	One Master User login (who can see all Maharashtra vehicles at time and all access of data) Role based log in must be provide.	
13	Different indicator color codes for Status, Vehicle No, Vehicle type, Driver Name etc	
14	Hand free voice communication	
15	Facility to Create our own personalized maps with custom geo-zones and landmarks.	
16	Software supporting English Language	
17	Availability 2 Mbps connectivity at Call Centre	
18	Updating Position of Vehicle every 1 minute.	
19	Availability of Separate module for patient detail information.	
20	Facility of generation of shortest path between the vehicle and any location	
21	Facility of Panic Button in case of Emergency.	
22	User Friendly Interface	
23	Facility which record & display the location, speed, stoppage & total distance travelled	
24	To view vehicle number, speed, location & driver details	
25	Alerts like over speeding, main battery disconnection	

<b>26</b>	Facility to download report in PDF, Microsoft Excel or Word and store it on your computer for further analysis.	
<b>27</b>	Provide all call-logs, voice-logs, voice recordings and other necessary details	
<b>28</b>	Centralized Call center to provide 24 x 7 uninterrupted services	
<b>29</b>	Will obtain three digit dedicated toll free telephone number	
<b>30</b>	Video wall (Min.16 X 5 FT)	

The Bidder needs to respond to the technical specification sheet by marking Yes / No against the desired features.

**Appendix - 6**

**ANNUAL TURN OVER STATEMENT FOR  
THREE YEARS**

The **Annual** Turnover of M/s \_\_\_\_\_ for the past three years are given below and certified that the statement is true and correct.

Sr. No.	Year	Turnover Rs. in Crores
1	<b>2013-14</b>	
2	<b>2014-15</b>	
3	<b>2015-16</b>	

Date:

Seal

Signature of Auditor/

Chartered

Accountant Name

(in capital letters)

**Signature of Bidder**

## Appendix -7

### Format for Power of Attorney for Signing of Application

(On a Stamp Paper of relevant value)

#### Power of Attorney

Know all men by these presents, We.....  
(name and address of the registered office) do hereby constitute, appoint and authorise 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 Maharashtra establishing and running Centralized Call Center and GPS-GPRS technology for monitoring the Referral Transport vehicle, Mobile Medical Units. in all districts of Maharashtra including signing and submission of all documents and providing information / responses to the NHM, GoM, representing us in all matters before NHM, and generally dealing with NHM in all matters in connection with our bid for the said Project.

We hereby agree to ratify all acts, deeds and things lawfully done by our said attorney pursuant to this Power of Attorney and that all acts, deeds and things done by our aforesaid attorney shall and shall always be deemed to have been done by us.

Dated this the \_\_\_\_ day of \_\_\_\_ 20\_

For \_\_\_\_\_

(Name, Designation and Address)

Accepted

\_\_\_\_\_(Signature)

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

#### **Note:**

*To be executed by the Lead Member in case of a Consortium.*

*The mode of execution of the Power of Attorney should be in accordance with the procedure, if any, laid down by the applicable law and the charter documents of the executants(s) and when it is so required the same should be under common seal affixed in accordance with the required procedure.*

*In case the Application is signed by an authorised Director of the Applicant, a certified copy of the appropriate resolution/ document conveying such authority may be enclosed in lieu of the Power of Attorney.*

*In case the Application is executed outside India, the Applicant has to get necessary authorization from the Consulate of India. The Applicant shall be required to pay the necessary registration fees at the office of Inspector General of Stamps.*

## Appendix -8

### Format for Power of Attorney for Lead Member of Consortium

(On a Stamp Paper of relevant value)

#### Power of Attorney

Whereas the Commissioner, Health Service & MD NHM, Mumbai, Government of Maharashtra (GoM), has invited applications from interested parties for establishing and running Centralized Call Center and GPS-GPRS technology for monitoring the Referral Transport vehicle, Mobile Medical Units.

Whereas, the members of the Consortium are interested in bidding for the Project and implementing the Project in accordance with the terms and conditions as per TENDER DOCUMENT and other connected documents in respect of the Project, and

Whereas, it is necessary under the TENDER Document for the members of the Consortium to designate the Lead Member with all necessary power and authority to do for and on behalf of the Consortium, all acts, deeds and things as may be necessary in connection with the Consortium's bid for the Project who, acting jointly, would have all necessary power and authority to do all acts, deeds and things on behalf of the Consortium, as may be necessary in connection with the Consortium's bid for the Project.

NOW THIS POWER OF ATTORNEY WITNESSETH THAT;

We, M/s. \_\_\_\_\_, M/s \_\_\_\_\_ (Member) (*the respective names and addresses of the registered office*) do hereby designate M/s. \_\_\_\_\_ being one of the members of the Consortium, as the Lead Member of the Consortium, to do on behalf of the Consortium, all or any of the acts, deeds or things necessary or incidental to the Consortium's bid for the Project, including of application/proposal, participating in conferences, responding to queries, of information/ documents and generally to represent the Consortium in all its dealings with the Department, any other Government Organization or any person, in connection with the Project until culmination of the process of bidding and thereafter till the Concession Agreement is entered into with SHS, Maharashtra, DHS, Mumbai and service provider.

We hereby agree to ratify all acts, deeds and things lawfully done by Lead Member, our said attorney pursuant to this Power of Attorney and that all acts deeds and things done by our aforesaid attorney shall and shall always be deemed to have been done by us/Consortium.

Dated this the \_\_\_ day of 200\_

(Executants)

(*To be executed by all the members of the Consortium*)

**Note:** *The mode of execution of the Power of Attorney should be in accordance with the procedure, if any, laid down by the applicable law and the charter documents of the executant(s) and when it is so required the same should be under common seal affixed in accordance with the required procedure.*

(To be kept in Envelope No. 2)

### Appendix 9 – Commercial Bid

1. As a part of financial proposal, the Bidder is required to propose rates that he would charge the Commissioner, Health Service & Director, National Health Mission, Mumbai Maharashtra for providing the services listed as per following Table I, Table II and Table III

**Table - I –GPS-GPRS Capex**

Particulars						Rs
S.No.	*Capex Cost per unit Device per vehicle. (incl. installation)	Cost of 25 no. Devices	Percentage of Applicable Tax per vehicle (%)	Amount of Applicable Tax 25 no of Devices (Rs.)	Total Capex cost	
	A	$B = (A * 25)$	C	$D = (C * 25)$	$E = (B + D)$	
<b>1.</b>						

(Rs. In Words \_\_\_\_\_)

\*Capex Unit Cost includes installation of Device in the Vehicle and Software for the same.

**Table - II –GPS-GPRS Opex**

Recurring cost for GPS – GPRS

Particulars						Rs
*Financial Year	Recurring cost per vehicle. (incl. telecommunication cost)	Recurring cost of 2866 no. vehicle	Percentage of Applicable Tax per vehicle (%)	Amount of Applicable Tax -2866 no of vehicle (Rs.)	Total Recurring cost	
	A	$B = (A * 2866)$	C	$D = (C * 2866)$	$E = (B + D)$	
2016-2017						
2017-2018						
2018-2019						
<b>Total (for 3 years)</b>						



(Rs. In Words \_\_\_\_\_)

\*Financial Year to be considered for a period of 12 months. Bid value should be for 12 months in each Financial year.

**Table - III Centralized Call center -Capex**

Capex for Centralized Call center 5 seat

S.No.	Particular	Amount (Rs.)	Percentage of Applicable Tax (%)	Amount of Applicable Tax (Rs.)	Total Capex Cost
		M		N	O=M+N
1.	Call Center 5 Seat setup including Software and Hardware, Server, Infrastructure etc.				
2.	Videowall Setup for LIVE tracking				
3.	40 Tablets for MMU vehicles with software				
<b>TOTAL</b>					

(Rs. In Words \_\_\_\_\_)

\* For additional 5 seater infrastructure, all hardware (server, pc, etc) should be compatible with existing hardware.

**Table - IV Centralized Call center -Opex**

Recurring cost for Centralized Call center

Financial year	Total Opex per month for 15 seats	Total Opex per annum for 15 seats
	P	Q= (P*12)
2016-2017		
2017-2018		
2018-2019		
<b>Total (for 3 years)</b>		

(Rs. In Words \_\_\_\_\_)

**Table – V –TOTAL COST**

<b>Financial year</b>	<b>Total Capex for GPS-GPRS</b>	<b>Total Capex for Call Center</b>	<b>Total Recurring Cost for GPS-GPRS instruments</b>	<b>Total Recurring Cost for 102 centralized Call center</b>	<b>Total Final</b>
	<b>U=Table I - E</b>	<b>V=Table III - O Total</b>	<b>X = (Table II - E Total)</b>	<b>Y= (Table IV - Q Total)</b>	<b>Z=U+V+X+Y</b>
2016-2017					
2017-2018					
2018-2019					
<b>Total (for 3 years)</b>					

(Rs. In Words \_\_\_\_\_)

*Incase of increase or decrease in quantity during contract period, it will be binding on the agency to provide services as per approved unit cost only.*

The Opex cost should include staff salary, training, all maintenance charges, telephone bill (Incoming and outgoing charges), electric charges, installation & setup, software setup for MMU and any other recurring charges. Above list of Opex is only indicative and not exhaustive.

The successful bidder should produce bills for the payment.

\* Rates of the eligible bidders will be compared for L1 (Lowest 1) on Total Capex for GPS-GPRS + Capex for Call Center + recurring Cost for GPS-GPRS Devices + recurring Cost for centralized Call center (**i.e. Table V Z =U+ V+X+Y**)

\* Financial Year to be considered for a period of 12 months. Bid value should be for 12 months in each Financial year.

## Appendix 10

<b>Existing Infrastructure in Referral Transport Call Centre at Chest Hospital Aundh, Pune.</b>	
<b>Sr.</b>	<b>item</b>
1	Existing and laying vitrified Matt Stone finish decorative type jhm h mm * 590 to 605 of 8 to 10 mm thick and confirming to IS 15622- 2006 (Group-BLA) to approved make shade and pattern for flooring in required position led on bed of 1:4Cement mortar including neat cement float filling joints curing and cleaning etc complete
2	Existing frame work of anodised aluminium sections for suspended false ceiling consisting of aluminium T- 50 mm x 40mm weighing 0.39 kg/m at 60cms c/c & fixed with ( 15 x 15mm ) flanges weighing 0.119 kg/m suspended on 6mm die, mild steel rod weighing 0.22kg/m fixed on wall and beams including rounding of the edges with aluminium T of 50mmx 40mm weighing 0.39 kg/m etc, including all labour etc, complete. Spec. As directed by Engineer in charge.
3	Existing ceiling of 15 to 20 mm thick decorative boards of fibrous plaster of Paris including scaffolding if necessary , all architectural work like mouldings, cornices, coves, domes, cups as per detailed drawings and three coats of spray painting to boards etc., complete. ( excluding frame work , runners and mild steel suspenders ) Spec. As directed by Engineer in charge. Page No. 71 Item No.17
4	Existing full height partitions as shown in the drawing, frame in 75 x35 mm ply section out of 18 mm swastika ply or equivalent, 6 mm swastika ply or equivalent on both side with approved laminate finish 8 mm thick glass as per design, all cut edges of ply wood to be protected with 11/2 thick Tw lipping& French polishing necessary hardware items and fittings (lock etc) to be provided (2.4 ht) etc complete.
6	Existing position anodized (as per I.S. 1868/1982) aluminium sliding window of two tracks with rectangular pipe 63x38.10x1.22mm at weight 0.65kg/Rmt. and window frame bottom track section 61.85x31.75x1.20mm at weight 0.695kg/Rmt top and side section 61.85x31.75x1.0mm at weight 0.417kg/Rmt the shutter should be of bearing bottom 40x18x1.25mm at weight 0.417kg/Rmt Inter locking section 40x18x1.0mm at weight 0.469kg/Rmt and handle section 52x18x1.25mm at weight 0.417kg/Rmt as per detailed drawing and directed by the Engineer In Charge with all necessary aluminium section, fixtures and fastening such as roller bearing in nylon casting and self-locking catch fitted in vertical section of shutter including 5mm thick plain glass with all required screws and nuts etc. complete. with power coating without box.

7	Existing Glass door and self-locking catch fitted in vertical section of shutter including 5mm thick plain glass with all required screws and nuts etc. complete. with power coating without box.
8	Existing solid core flush door shutters in double leaves 32 mm thick, decorative type of exterior grade, as per detailed drawings including approved face veneers on both sides, without glazing and venetians including brass oxidised fixtures and fastening and finishing with French polishing etc. (Excluding door frame).
9	Existing European type white glassed earthen wear coupled closet symphonic trap with symphonic low level white glassed 10 lit cistern with black seat with all necessary pipe connection etc complete Spec: As directed by Engineer in Charge
10	Existing colour glazed earthenware wash hand basin of 55 cm x 40 cm . Size including cold water pillar tap/cold and hot water pillar tap brackets , rubber plugs and brass chain , stop tap and necessary pipe connections including P.V.C.wastee pipe and trap up to the outside face of the wall. Spec.No. Bd.V 30 Page No. 565
11	Existing on walls / ceiling / floors, 15mm dia heavy grade (type) having embossed as ISI Mark galvanised iron pipes weight of 1.48 kg/metre with screwed, sockets, joints & necessary galvanised iron fittings such as sockets, back nuts, elbows, bends, tees, reducers, enlarges, plugs, clamps etc. & remaking good the demolished portion to restore the same in original condition neatly and Existing and applying anti corrosive primer oil paint and 2 coats of oil painting complete.
12	Existing paint from steel and other metal surface and making the surfaces even with hand scrapping, scaffolding etc. complete. Spec. No. As directed by Engineers in Charge Bd-O 8B-2
13	Existing pearl/ulster finish paint of approved colour and shade to the existing plastered surface including scaffolding, preparing the surface, applying primer and the acrylic wall putti etc. complete. Spec. no. Bd-O pg no. 66
14	Provision Existing for Electrical work
15	Additional 5 seats infrastructure set up must be existing 10 seats specification & above specification.

## Appendix 11

### Specifications of Tablet and Mobile app for MMU Vehicles (Tab with internet connectivity should be provided)

#### Mobile app for MMU

- 1) To record biometric attendance
- 2) To record daily information of OPD (Format given below)

Above all app data should be display on RT Dashboard live

### Specifications of Tablet for MMU Vehicles

- Type: Tablet PC
- Screen Size: Min. 9’’ Diagonal
- Processor: 1.2 GHz and Above
- Hard Drive Capacity: 16 Gb
- RAM/Memory: Above 1 GB
- Touch Screen: Capacitive Screen type
- Display Resolution: Above 800 X 400
- Operating System: Android/Linux/Windows compatible with server
- Battery: Min 2500mAH
- Data connectivity: 3G GPRS
- Software: Application with Fingerprint identification. Customized App for Data capture of MMU patients with GPRS Data transfer to Server/Centralized Call center

### Mobile app specification for MMU Vehicles

#### Objective:

To gather information on a daily basis about the status of visits to villages by the assigned MMUs.

#### Coverage:

The 40 assigned MMUs across the state.

#### Frequency:

Once daily at 6 P.M for each village covered in the tour.

Responsibility:

The doctor that is part of each MMU

Format:

**MMU Name**  
OPD 34 ANC 45 PNC 12 IMN 34 REF 10 UT 28 BT 20  
SPT 23 VDRL 23 TI 1230 TO 1430 HLT Y

Description of Parameters:

	Parameter Code	Parameter Description
1	MMU	Name of the Program
2	MMU#	Unique code assigned to each MMU
3	OPD	Total number of Out-Patient on that particular day
4	ANC	Total number of Ante-Natal care (ANC) on that particular day
5	PNC	Total number of Post-Natal care (PNC) on that particular day
6	IMN	Total number of Immunizations carried out on that particular day
7	REF	Total number of patients referred to a hospital on that particular day
8	UT	Total number of Urine Tests carried out on that particular day
9	BT	Total number of Blood Tests carried out on that particular day
10	SPT	Total number of Sputum Tests carried out on that particular day
11	VDRL	Total number of VDRL Tests carried out on that particular day
12	TI	In-time at the particular village in HHMM format
13	TO	Out-time at the particular village in HHMM format
14	HLT	Whether the MMU took an overnight halt at the particular village (Yes or No) (Y/N)

Data Required:

- List of all MMUs in the State with the unique codes .
- Name of the NGO and District to be specified for each MMU.
- List and unique code for each village under the area of operation for each MMU.
- MMU-wise Name, Designation and Mobile number of the doctor

Responsible for sending the report daily

## Appendix 12

### **Specifications of VideoWall**

- ✓ Configuration: 2 X 4 LCD industrial grade Videowall
- ✓ Panel Size: 55’’ Diagonal
- ✓ Panel Type: D-LED DID
- ✓ Resolution: 1920 X 1080 FHD
- ✓ Contrast: Min. 14000:1
- ✓ Brightness: 500 cd/m2
- ✓ 3.5 mm Narrow Bezel
- ✓ Active Display Size: 10 Ft X 5 Ft
- ✓ Viewing Angle: (H/V) 178/178
- ✓ Response Time: 12 ms
- ✓ Working Voltage: 100V-240V AC, 60/50 Hz
- ✓ Signal Interface -Input: HDMI/ VGA/BNC/ RS232/YBPR
- ✓ Signal Interface –Output: BNC/RS232
- ✓ Accessories: Wall mount/Standing Structure with Matrix/Multi-output controller



## RIDER A

### **27. RESOLUTION OF DISPUTE**

In the event of any question, dispute or differences in respect of contract or terms and conditions of the contract or interpretation of the terms and conditions or part of the terms and conditions of the contract arises, the parties may mutually settle the dispute amicably.

### **28. ARBITRATION**

- a) If dispute or difference of any kind shall arise between the purchaser and the firm/ contractor in connection with or relating to the contract, the parties shall make every effort to resolve the same amicably by mutual consultations.
- b) If the parties fail to resolve their dispute or difference by such mutual consultations within thirty days of commencement of consultations, then either the purchaser or the firm/contractor may give notice to the other party of its intention to commence arbitration, as hereinafter provided. The applicable arbitration procedure will be as per the Arbitration and Conciliation Act, 1996 of India. In that event, the dispute or difference shall be referred to the sole arbitration of an officer to be appointed by the Commissioner of Health and Family Welfare as the arbitrator. If the arbitrator to whom the matter is initially referred is transferred or vacates his office or is unable to act for any reason, he / she shall be replaced by another person appointed by Commissioner of Health and Family Welfare to act as Arbitrator. Such person shall be entitled to proceed with the matter from the stage at which it was left by his predecessor. The award of the provision that the Arbitrator shall give reasoned award in case the amount of claim in reference exceeds Rupees One Lac (Rs.1, 00,000/-)
- c) Work under the contract shall, notwithstanding the existence of any such dispute or difference, continue during arbitration proceedings and no payment due or payable by the Purchaser or the firm / contractor shall be withheld on account of such proceedings unless such payments are the direct subject of the arbitration.
- d) Reference to arbitration shall be a condition precedent to any other action at law.

e) Venue of Arbitration: The venue of arbitration shall be the place from where the contract has been issued.

#### GOVERNING LANGUAGE

English language version of the contract shall govern its interpretation.

#### **29. APPLICABLE LAWS**

The contract shall be governed in accordance with the law prevailing in India, Act, Rules, Amendments and orders made thereon from time to time.

#### **30. INDEMNIFICATION**

The contractor shall indemnify the purchaser against all actions, suit, claims and demand or in respect of anything done or omitted to be done by contractor in connection with the contract and against any losses or damages to the purchaser in consequence of any action or suit being brought against the contractor for anything done or omitted to be done by the contractor in the execution of the contract.