



सत्यमेव जयते



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

Website: <https://mahatenders.gov.in>,

(Linked to website: www.mahatenders.gov.in

<http://arogyamaharashtra.gov.in>)

Email: nhm.procurement@gmail.com

Phone : 022-22717500, 022-2271598,

TENDER DOCUMENT

To Develop and Operate Mobile Medical Units in Maharashtra

Not Transferable

Tender reference No: E-22/NHM/SHS/Develop and Operate Mobile Medical Units
/17-18

Last date for submission of tenders: 18.07.2017 up to 14:00 Hrs

Issued to

M/s.....

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SECTION I

NOTICE INVITING BIDS (NIT)

NOTICE INVITING BIDS

1. Commissioner Health Service & MD National Health Mission, Mumbai, Maharashtra, (NHM Procurement Cell), Mumbai, hereinafter referred to as a "Purchaser" invites online tender in two Envelope system for invites sealed Bids from eligible bidders willing to Develop and operate Ten Mobile Medical Units infrastructure to provide primary and selective secondary healthcare services in urban population for Mumbai (5), Nagpur (1), Aurangabad (1) Nanded (1), Kolhapur (1), Panvel (1) corporation & any more as per requirement in the future. The scopes of services required are enumerated in Section-IV of this document.

Commissioner Health Service & MD National Health Mission Mumbai invites online TENDER in two envelope systems from the eligible bidder for Supply and Installation of Medical Equipment and Instruments & operational for MMUs.

Item No.	Description of Work	Tendered Quantity number	Delivery period	EMD	Tender Cost
1.	Develop and operate Ten Mobile Medical Units with vehicle fabrication on TATA Winger (stretched winger 3488mm wheelbase HR A/C Ambulance BS4) (as per appendix- K & L) & Supply and Installation of Medical Equipment for MMUs as per Specification given in Detailed Tender Document. (as per appendix- I & J)	10	As per schedule	Rs. 1,50,000/-	Rs. 15,000/-

Time Schedule:

All the components of Contract will be completed and made functional by the Service Provider as per the following schedule.

Finalization	60 days from the date of issue of work order
Fabrication & Installation of Medical Equipment of the vehicles as ambulances	within two months from the date of issue of work order
Launch of operation	After 2 month of date of issue of work order.

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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.

2. This document contains eight sections as follows:

- (i) Section I: Notice Inviting Bids
- (ii) Section II: Instructions to Bidder
- (iii) Section III: Procedures for evaluations of Bids
- (iv) Section IV: Responsibilities of Service Providers
- (v) Section V: Eligibility Criteria
- (vi) Section VI: Terms and Conditions
- (vii) Section VII: Formats of Appendices (A to H)
- (vii) Section VIII: Standard format for Service level Agreement (Appendix-I)

3. Schedule:-

Sr. No.	Description	Date/Place
1	Date of sale of Bid Enquiry Documents	28.06.2017 at 10.00 hrs. to 18.07.2017 14:00 hrs
2	Pre bid Meeting (Date & Time)	05.07.2017 at 15:00 hrs.
3	Pre-Bid Meeting Venue	Arogya Bhavan, 3rd Floor, St. George's Hospital Compound, Near C.S.T. Station, Mumbai-400 001
4	Closing Date and Time of Receipt of Bid	18.07.2017 at 14:00 hrs.
5	Time, Date and Venue of Opening of Technical Bid.	19.07.2017 at 14:00 to 17.30 p.m

4. 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/- submitted online in f/o, The State Health Society has to be submitted along with the Bid document. The tenders shall be

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rejected summarily upon failure to follow procedure prescribed in the Bid document. The conditional Bid is liable to be rejected.

5. If any bidder wishes to lodge any complaint against other Bidders regarding submission of false documents, information etc. within ten days of opening of technical bid tender and opening of the financial bid, the complaining Bidder has to deposit Rs. 1,50,000 (Rupees One Lac Fifty Thousand Rupees only) in the form of Demand Draft in favor of The 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
6. Bidder may also download the Bid enquiry documents (a complete set of document is available on website) from the web site <https://mahatenders.gov.in> and submit its Bid by using the downloaded document, along with the required non-refundable fee as mentioned in Para 4 above. The Bid papers will be summarily rejected if the Bidder changes any clause or Annexure of the bid document downloaded from the website.
7. All prospective Bidders are requested to attend the Pre bid meeting either in person or through their authorized representative. No representative is allowed to represent more than one prospective Bidder. The venue, date and time are indicated in Schedule of Events as in Para 3 above.
8. Bidder shall ensure that bid is complete in all respects. The Bid document must be submitted online & serial number on all pages duly signed & stamped on before the closing date & time indicated in Para 3 above, failing which the Bid will be treated as late bid and will not be considered.
9. In the event of Bid opening day being declared a holiday / closed day, the Bids will be opened on the next working day at the same time.
10. The Bid Enquiry Documents are not transferable.

**Commissioner Health Services & MD NHM,
3rd floor, Arogya Bhavan,
St. George's Hospital Compound,
Mumbai. 400001**

SECTION –II

INSTRUCTIONS TO BIDDER

1. General Instructions

- a) The Bidder should prepare and submit its offer as per instructions given in this section.
- b) The Bids should be complete with all documents dully signed by Authorized personnel. Those submitted by telex, telegram or fax shall not be considered.
- c) The Bids which are for only a portion of the components of the job /service shall not be accepted. (The Bids /bids should be for all components of the job /service.)
- d) The prices quoted shall be **firm** and shall include all taxes and duties. This shall be quoted in the format as per attached **Appendix ‘D’** only.
- e) The Bids (technical and financial) shall be submitted (with a covering letter as per **Appendix ‘C’**) before the last date of submission. Late Bids / bids shall not be considered.
- f) All activities of these tenders are carried out online on website at www.mahtenders.gov.in the tender documents are uploaded or released on government of Maharashtra (GOM) on tendering website www.mahtenders.gov.in and has to be downloaded as well as filled up and submitted online only.

2. Earnest Money Deposit (EMD)

- a) 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 in favor of “ The State Health Society, Maharashtra.”
- b) No Biding entity is exempted from deposit of EMD. Bids submitted without EMD shall not be considered.
- c) 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.
- d) EMD of Bidder may be forfeited without prejudice to other rights of the MMU, if the Bidder withdraws or amends its Bid or impairs or derogates from the Bid in any respect within the period of validity of its Bid or if it comes to notice that the information /documents furnished in its Bid is incorrect, false, misleading or forged. In addition to the aforesaid grounds, the successful Bidder’s EMD will also be forfeited without prejudice to other rights of MMU, if it fails to furnish the required performance security within the specified period.

3. Preparation of Bid

The bids shall be made in TWO SEPARATE ONLINE ENVELOPES as follows:

- I. The **first envelope** shall be marked in bold letter as “**TECHNICAL BID**” which shall be sent with forwarding letter as per **Appendix ‘C’** and shall include the following:
- 1) Online receipt regarding payment of Bid cost in favour of SHSM for the amount of non-refundable fee if the Bid documents have been downloaded from web.
 - 2) Online **E.M.D.** Submitted confirmation sheet.
 - 3) Confirmation regarding furnishing **Performance Security** in case of award of agreement.
 - 4) Original Bid document duly stamped and signed by the authorized personnel on each page along with the Forwarding Letter confirming the performing the assignment as per **Appendix ‘C’**.
 - 5) Particulars of the Bidder as per **Appendix ‘B’**
 - 6) Power of attorney in favour of signatory to Bid documents **Appendix ‘H’**.
 - 7) Copy of the certificate of registration of trust, PAN, TAN, PT, EPF, ESI, ST, VAT (whichever is applicable) with the appropriate authority. Copy of the Income Tax Returns acknowledgement and audited account statement for last three financial years (i.e. 2014-15, 2015-16 & 2016-17).
 - 8) A declaration from the Bidder in the format given in the Appendix ‘F’ to the effect that the firm has neither been declared as defaulter or black-listed by, nor been engaged in any inquiry or pending legal matter with any competent authority of a government department, government undertakings, local bodies, authorities.
 - 9) A declaration from the bidder in the format given in the **Appendix ‘G’** to the effect that, if required in the future, the firm is ready to develop and operate any more new MMU unit/units in the different operational area/district (not mentioned in the agreement) effectively with the same prices quoted in the bid.
 - 10) Bidder shall provide experience certificate as per eligibility criteria.

In addition to the above documents,

- 1) The Bidder shall provide certificate of other healthcare services provided in private/public sector in last three years (i.e. 2014-15, 2015-16 & 2016-17) and user’s certificate regarding satisfactory completion of such jobs as per proforma given in **Appendix ‘A’**.

- II. The second envelope shall contain the financial proposal and shall be marked in bold letters as “**FINANCIAL BID**”. Prices shall be inclusive of all taxes & duties and quoted in the proforma enclosed at **Appendix ‘D’** as per scope of work / service to be rendered.

4. Bid Validity Period

The Bids shall remain valid for 180 days from the date of submission for acceptance and the prices quoted shall remain for the duration of the agreement. . The State Health Society may be requested for further extension as deemed fit and the Bidder will send intimation of acceptance or otherwise of request for extension with three days of issue of such request. The agreement may be extended for another term with mutual consent.

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5. Bid Submission

The two envelopes containing both technical and the financial bid shall be submitted online website at www.mahatenders.gov.in and Serial number on all the pages duly signed & stamped.

The offer shall contain no interlineations or overwriting except as necessary to correct errors, in which cases such correction must be initialed by the person or persons signing the Bid. In case of discrepancy in the quoted prices, the price written in words will be taken as valid.

6. Opening of Bids:

The technical bid will be opened at the time & date specified in the schedule. The Service providers may attend the bid opening if they so desire.

7. The Bidder shall provide a declaration of extension guarantee from the bidder in the format given in the '**Appendix-G**' to the effect that the firm is ready to develop & operate any more new MMU Unit/Units if required in the future in the different operational areas/district effectively with the same prices quoted in the Bid. The bidder shall keep price valid for the period for 3 years from the date of approval.

SECTION—III

EVALUATION OF BIDS

1. Scrutiny of Bids

The Bids will be scrutinized to determine whether they are complete and meet the essential and important requirements, conditions and whether the Bidder is eligible and qualified as per criteria laid down in the Bid Enquiry Documents. The bids, which do not meet the aforesaid requirements, are liable to be treated as non-responsive and may be ignored. The decision of The State Health Society as to whether the Bidder is eligible and qualified or not and whether the bid is responsive or not shall be final and binding on the Bidders. Financial bids will open of only those Service providers, who qualify technical bid, will be considered.

2. Infirmary / Non-Conformity

The State Health Society may waive minor infirmity and/or non-conformity in a Bid, provided it does not constitute any material deviation. The decision of the State Health Society as to whether the deviation is material or not, shall be final and binding on the Service providers.

3. Bid Clarification

Wherever necessary, the State Health Society may, at its discretion, seek clarification from the Bidders seeking response by a specified date. If no response is received by this date, the State Health Society shall evaluate the offer as per available information.

SECTION—IV

Job Description

1. Service Aims

- 1.1 The primary obligation of the service provider will be to develop and operate the Mobile Medical units to provide primary and selected secondary health care services ensuring that MMU.
 - a. Is fully equipped with equipment's listed in "**Appedix I**"
 - b. Is manned by adequate manpower resources as per the requirement enumerated in "**Annexure - II**".
 - c. The MMUs are provided with necessary fuel for carrying on operations on regular basis.
- 1.2 It is the responsibility of service provider to arrange supply free of cost good quality drugs and consumables as per the requisitions received from the service provider and to make all effort to keep the MMUs well stocked with drugs and consumables for 3 months at all the times. Supplies shall be made within 3 days of requisitions.

2. Obligations of the service provider:

1. It will be the responsibility of service provider to develop and operate new Govt. MMU vehicles along with all the listed equipment's, service provider to appoint human resources to maintain the MMU operational. All the maintenance cost of equipment as well as vehicles will be borne by the service provider since MMU base vehicles are to be provided by the Purchaser.
2. The service provider shall follow the standard operating procedures (SOPs) as approved by the competent authority in The State Health Society Mumbai.
3. The service provider would recruit, deploy and maintain a team of competent personnel for running the MMU. A list of minimum key personnel required with their qualifications is given in "**Annexure II**". The staffs so recruited/appointed shall be exclusively on Pay roll of the service provider. The Service Provider will ensure deployment of the minimum personnel at all times as enumerated above to keep the MMUs operational and capable of providing the services as agreed upon.
4. The Service provider shall follow the Service Plan/Route plan/Calendar for MMU as approved by the District Health Society. It is expected that service should be provided 6 days in a week including Saturday and Sunday. However, the competent authority may declare any other one day in the week as "off-day", which could be used for maintenance, refilling and data entry purposes. In exceptional circumstances, the weekly off day can be cancelled by the competent authority.
5. The MMU should be equipped with all the equipment's, once provided as proposed in "**Appendix-I**".

6. All drugs should be provided free to the beneficiaries. The board that offered shall be displayed inside the Mobile Medical Unit.
7. The service provider shall submit data to the NHM every month as per “**Annexure I**”.
8. The service provider would procure all necessary road and goods permits for the MMU and maintain the same throughout the period.
9. The logbook of movement of the MMU shall be maintained by the MMU driver and supervised by the Medical Officer in charge of the MMU. Logbook shall be made available for verification by the any authority nominated by the State Health Society.
10. Service provider shall communicate the names and addresses of the Team manning a particular MMU during the currency of the agreement and any change in the composition of the team must be intimated to the authority nominated by the State Health Society, Mumbai. The names of men at work at the MMU at any point of time must also be displayed prominently on the MMU.
11. The Service provider will also comply with confidentiality and privacy laws including patient details.
12. All records maintained by the Service provider regarding operations of MMUs will be made available to any government authority including audit on demand.
13. It should be clearly understood that under no circumstances, the MMUs will be used to advertise the operations of the service provider. It should be clearly mentioned on the outer body of the MMU that the service is provided by an agreement between State Health Society, Mumbai and the service provider.
14. Requirements of any Act promulgated by the Central State Law will have to meet by the service provider. Details as required under RTI should be notified in the MMU.
15. If required in the future, service provider shall develop & operate any more new MMU Unit/Units in the different operational area/district (not mentioned in the agreement) effectively with the same prices quoted in the bid.
16. Uniform is in the scope of bidder. It will be bidder’s responsibility to ensure that the all staff on duty is in proper uniform. Dress code will be decided State Health Society.
17. The MMU must be rolled out within 60 days of execution of the Agreement.
18. To maintain the referral card as suggested by National Health Mission.
19. To daily reporting of medicine/consumable as below....

Sr. No.	Medicine/Consumable	Initial State	Consumption On the day	Balance at the end of the day

20. Any relevant existing & future Government Acts should be followed by the agency.

21. During the camp, the following minimum services will be delivered:

Curative services

- Treatment of minor ailments, including skin diseases, minor surgical Procedures / dressing and suturing
- First aid and referral for animal / snake bite cases,
- Identification and referral of complicated cases requiring facility based management
- Early detection of TB, Malaria, Leprosy, etc. and other locally endemic communicable diseases and non-communicable diseases such as hypertension, diabetes, cataract cases, mental illness, tobacco related illnesses and injuries etc.

Reproductive & Child Health Services

- Ante-natal services e.g. injection tetanus toxoid, iron and folic acid tablets, basic laboratory tests such as hemoglobin, urine for sugar and albumin and referral for other tests as may be required;
- Identification and referral of complicated pregnancies (including conducting deliveries in exceptional cases);
- Post natal checkup of women and children;
- Identification of unimmunized children and their vaccination for left / missed doses and /or administration of Vitamin-A dose;
- Screening of children for identification of malnutrition and their counseling and referral (where needed); and
- Treatment of common childhood illness such as diarrhea, 'ARI/Pneumonia, complication of Measles etc.
HIV Screening for ANC

Family Planning Services

- Counseling for spacing and permanent method
- Distribution of condoms, oral contraceptives and emergency Contraceptives.

Diagnostic services

- All tests which can be done such as Hemoglobin, total and differential blood count (TLC /DLC), liver Function test, blood sugar, VDRL etc.
- Urine examination for sugar/albumin
- Smear for malaria and vaginal smear for trichomonas
- Sickle-cell test (at least solubility test)
- Promotion of menstrual hygiene among adolescent girls
- Promotion of use of bed nets
- Distribution of IEC Material on health including personal hygiene, proper nutrition, hazards of tobacco, diseases, PNDDT Act, RT/STI,

HIV/AIDS etc

- Any other service/diagnostic test under National Health Programme as suggested by NHM time to time.

3. Scope of Work

1. The successful bidder will provide 1 fully equipped Mobile Medical Unit as per MMU specification specified along with qualified driver and will be engaged in its operations and maintenance.
2. The successful bidder will endeavor to ensure 100% operational service ability of the MMU vehicle 6 days in a week.

A. MMU Vehicle to be procured by State Health Society, Mumbai

- 1) Type of vehicle: TATA Winger
- 2) Model and Make: Tata Winger AC 4DL DICOR BS IV.

B. MMU vehicle Fabrication & Branding

- 1) Vehicle should be equipped (fabricated) with all basic requirements like lights, ventilation, etc. For detailed list of requirements, please see as per specification given by NHM, Mumbai in Appendix I, J & K.
- 2) The MMU vehicle will be branded.
- 3) Vehicle fabrication and branding will be approved by DD Transport Health Service Pune.

C. Upkeep Repair and Maintenances

- 1) The successful bidder will carry out all types of minor and major repair arising out of periodical service needs or due to damage /wearing out of parts and accessories
- 2) Ensure AC in the MMU is functional when the vehicle is in running condition
- 3) Ensure that AC in the MMU is functional for atleast 1 hour per day, when the vehicle is in standing position, as per the instruction and requirement of state health society.
- 4) Ensure the availability and serviceability of all equipment and accessories inside the MMU within reasonable time.
- 5) The successful bidder will do periodic maintenance services arising as per the manufacturer's service manual with respect to the MMU vehicle and technical equipment placed inside the vehicle will be undertaken
- 6) Check list for onsite technical inspection by the MMU vehicle driver and state health society Mumbai team for a monthly check as part of preventive maintenance, will be prepared and compliance of the same must be ensured.
- 7) All equipment placed inside the MMU vehicle will be properly secured to avoid any accidental injury and damage to staff or patients in stationary condition or during any movement.
- 8) All such repair, maintenance and periodic servicing will be carried out with prior intimation and approval of concerned authorities. Suitable approval register will be maintained.
- 9) Service Schedule must be prepared to ensure minimum down time. The bidder shall provide appropriate replacement for MMU vehicle for any such downtime event.
- 10) Bidder shall be responsible for general housekeeping & maintaining all systems including cleanliness of the vehicle and equipment's.

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- 11) If there are any accidental damages to the vehicle and equipment due to negligence of the driver / bidder's staff, the cost of such repairs will be borne by the bidder
- 12) MMU vehicle will be cleaned on a daily basis at the mutually agreed time. Deep cleaning of the vehicle will be carried once a week
- 13) Ensure secured parking and garaging of the vehicle.

D. Operation of MMU vehicle

- 1) The bidder will deploy a proficient driver with knowledge and experience of MMU/ ambulance operation for undertaking driving and running maintenance of the vehicle.
- 2) Driver who is engaged must not be less than 20 years of age and must not be more than 60 years in age
- 3) Driver should be medically fit and should have valid license for ambulance driving and should not have any pending case in court against him, certification to this effect must be provided by the bidder
- 4) The driver so provided must be on the pay roll of the successful bidder.
- 5) Uniform is in the scope of bidder. It will be bidder's responsibility to ensure that the driver on duty is in proper uniform.
- 6) Bidder will maintain appropriate logbook for breakdown hours and Kms running and get it duly signed.
- 7) Maintaining other required documentation
- 8) Maintain Bio Medical waste management as per Protocol
- 9) Driver to provide assistance to the project in mobilizing the crowd, and organizing community events etc.
- 10) MMU Staff should understand & speak local Marathi language.

E. Compliance

- 1) Bidder will ensure all legal compliance with respect to the following:-
 - i. Vehicle: Monthly compliance as per as per prevailing Motor Vehicle Act
 - 2) All drivers tools for the vehicle will be the responsibility of the bidder.
 - 3) All safety compliances as per government norms will be complied.

F. Investment and Ownership:

- a. The Mobile Medical Unit will be owned by Government of Maharashtra.
- b. SHS, Maharashtra & NHM, Mumbai will pay to the Successful Bidder the charges (as quoted) for services rendered in accordance with the terms of the TENDER DOCUMENT.
- c. Ownership of database and software and therefore the Intellectual Property rights for the database generated shall remain with SHS, Maharashtra & NHM, and Mumbai
- d. SHS, Maharashtra & NHM, Mumbai also retains the right to require the Successful Bidder to adhere to accreditation by any national / international organization.
- e. Any claim on account of accident or otherwise will be governed under section 149 (2) of Motor Vehicle Act, 1988 & the provisions thereof will be binding on service provider to follow/observe the conditions laid therein and in any circumstances there will no breach of condition on the part of service provider so that claims will not be defeated by the Insurance company on the ground of breach of condition or for non-compliance of conditions.

SECTION-V

ELIGIBILITY CRITERIA

1. The bidder shall be a sole provider or a group of service providers (Company/NGO/Trust) (Maximum Three) coming together as Consortium to implement the Project, represented by a lead member. The bidder cannot be an individual or group of individuals. A bidder cannot bid as a sole provider as well as a partner in a consortium. No bidder can place more than one bid in any form in the state. The bidder should be registered as a legal entity.
2. The bidder and in case of a consortium any member shall have at least three years' experience in providing medical care at community level. In support of this, a statement regarding assignments of similar nature successfully completed community projects during the last three years should be submitted as per Proforma in Appendix 'A'. Users' certificate regarding satisfactory performance of assignments should also be submitted. The assignment of Govt. Depts. / Semi Govt. Depts. / private sector should be specifically brought out. (The decision of the state government as to whether the assignment is similar or not and whether the bidder possesses adequate experience or not, shall be final and binding on the bidders). The bidders may in addition provide any other documentation in support of their claims of experience in providing community healthcare.
3. The bidder should neither presently blacklisted by, nor should be engaged in any enquiry or pending legal issue with the State Health Society, Mumbai or any Govt. agencies/local bodies.
4. In case of Consortium, the lead member shall be legally responsible and shall represent all consortium members if any, in all legal matters.
5. The bidders shall provide the balance sheet (income & Expenditure account) of last three years.
6. The bidder(s) must have turnover not less than Rs. 1.20 Crore **for each of the last three financial** years 2014-15, 2015-16 & 2016-17. In case of consortium, lead/consortium member can meet this criteria.
7. Bidder should have Affiliation with any Govt./Municipal/Trust/Private hospital empanelled under Rajiv Gandhi/ Mahatma Phule Jeevan Dayee Arogya Yojana (at least 30 bed capacity) for last 3 years in Maharashtra.
8. The Experience of bidder should have any type of health services or specialist services for women & child at community level will be also considered for the ongoing work or the completed assignment duly certified by competent authority for Hospital services, health camp for health check-up or surgeries or clinical treatment camp, any other project funded by Govt. Of Maharashtra and Govt. Of India.

OR

The bidder should have experience in operating two Mobile Medical Units in last 3 years. Users' certificate regarding satisfactory performance of MMUs should also be submitted to ensure the operations to provide primary and selective secondary healthcare.

9. The affiliated hospital should have valid registration under Bombay Nursing Home Registration Act. 1949. Valid MOU with affiliated hospital needs to be furnished.

SECTION-VI

TERMS AND CONDITIONS

1. Signing of Agreement

The State Health Society, Mumbai shall issue the Notice for Award of Agreement to the successful bidder within the bid validity period. And the successful bidder will be required to sign the Service level agreement with the State Health Society, Mumbai or its nominee within 15 days of receipt of such communication.

2. A model copy of service agreement is at the “**Annexure-III**”

3. Modification to agreement:

The agreement when executed by the parties shall constitute the entire agreement between the parties in connection with the jobs / services and shall be binding upon the parties. Modification, if any, to the agreement shall be in writing and with the consent of the parties.

The agreement shall be valid for a period of **3 years** from the date of signing of the same. In case the service provider fails to adhere to the rules, regulations or any of the terms and condition of the agreement or in case the service provided is considered to be unsatisfactory by the SHS Mumbai, the service provider will be asked to provide his response in writing within 15 working days to specific case of violations and unsatisfactory services. The State Health Society, Mumbai would be free to cancel the agreement after considering the response of the service provider and recording the reasons for its decision.

4. National Health Mission reserves the right to allot Mobile Medical Unit Services to more than one bidder.
5. During the operational of MMU if the bidder fails to deliver or provide MMU services properly then State Health Society has the rights to appoint any other agencies on condition to be stipulated by State Health Society.
6. With mutual understanding service provider should give three month prior notice for stoppage of the MMU services if desires so.

7. Performance Security

- a) The successful bidder shall furnish a performance security in the shape of a Bank Guarantee issued by a Nationalized Bank in favour of Tender Inviting Authority for an amount equal to 5% of the total agreement value. The Bank guarantee shall be as per proforma at **Appendix ‘E’** and remain valid for a period, which is three months beyond the date of expiry of the agreement. This shall be submitted within 15 days (minimum) of receiving of Notice for Award of Agreement and before signing of the agreement failing which the EMD may be forfeited.

- b) If the agreement is cancelled at any time during the validity period of the agreement without permission then the Performance Security shall be forfeited. In addition any due payment will be forfeited.
- c) The State Health Society, Mumbai will release the Performance Security without any interest to the firm / contractor on successful completion of contractual obligations.
- d) The total cost of tender would be the basis to calculate non operative cost per MMU per day. For all days when a certain number of MMU has not been functional, cost deducted would be:

(Cost per MMU per day)*(Total Number of MMU non operative)*(Number of days Non operative)

8. Compliance of Minimum Wages Act and other statutory requirements

The Service provider shall comply with all the provisions of Minimum Wages Act and other applicable labor laws. The Service provider shall also comply with all other statutory provision including but not limited to provisions regarding medical education and eligibility criteria of human resources used by the Service provider for providing the services, biomedical waste management, and biosafety, occupational and environmental safety.

The overall legal responsibility of provision of medical care lies with the Authority/public health facility.

The Service provider shall maintain confidentiality of medical records and shall make adequate arrangement for cyber security.

9. Income Tax Deduction at Source

Income tax deduction at source shall be made at the prescribed rates from the Service provider's bills. The deducted amount will be reflected in the requisite Form, which will be issued at the end of the financial year.

10. Periodicity of Payment

The service provider will raise its invoice on completion of service duly accompanied by evidences of service provided on monthly basis. National Health Mission will do the payment during total 60 days period from the date of submission of bill subject to availability of funds. It is obligatory on service provider to do the payment of staff and continue all activities during this two months period. The payment will be subject to TDS as per Income Tax Rules and other statutory deductions as per applicable laws.

11. Damages for Mishap/Injury

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

12. Termination of Agreement:

The State Health Society, Mumbai may terminate the agreement, if the successful Bidder withdraws its Bid after its acceptance or fails to submit the required Performance Securities for the initial agreement and or fails to fulfill any other contractual obligations. The earnest money and the performance security deposited by the defaulter shall also be recovered to pay the balance amount of extra expenditure incurred by the State Health Society, Mumbai.

After completion of the tenure of Bid, the Service provider will be allowed to vacate the space within a period of 15 days, in all the facilities where provider was providing the services.

The Commissioner Health Service & MD NHM, (NHM Procurement Cell), 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.
The period of contract will be three year from the date of work order. Purchaser will review service provider services every one year. If the service provider 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.

13. Arbitration

- a) If dispute or difference of any kind shall arise between the State Health Society, Mumbai and the firm/contractor in connection with or relating to the agreement, 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 State Health Society, Mumbai 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 < The Commissioner, Health Service & MD NHM, (NHM Procurement Cell), Mumbai > 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 < The Commissioner, Health Service & MD NHM, (NHM Procurement Cell), Mumbai > to act as Arbitrator.
- c) Work under the agreement shall, not with-standing the existence of any such dispute or difference, continue during arbitration proceedings and no payment due or payable by the State Health Society, Mumbai 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 agreement has been issued.

14. General Terms and Conditions:

- a. The Service provider shall commence the proposed services within the 60 days of signing the agreement.
- b. The Authority shall finalize the Standard Operating Procedures (SOPs) for each of the services to be followed by the Service provider.
- c. All payments should be made within 60 days of submission of necessary bills/invoices.
- d. Patient Feedback/Suggestions/Grievance Redressal- Periodic feedback from patients are to be taken on structured questionnaire. Result would be analyzed by the state government for further improvement of services and feedback to the service provider. Telephone numbers where patients can lodge their complaints will be displayed on MMU.

15. Applicable Law and Jurisdiction of Court:

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

16. Penalty Clause

- a) The total cost of tender would be the basis to calculate non operative cost per MMU per day. For all days when a certain number of MMU has not been functional, cost deducted would be:**(Cost per MMU per day)*(Total Number of MMU non operative)*(Number of days Non operative) with 10% additional extra penalty.**
- b) As per tender MMU Staff should be mentioned by bidder otherwise penalty will be applicable per day employ's salaries deducted with 10% additional extra penalty.
- c) GPS-GPRS device breakdown should be informed to state on same day otherwise a penalty of Rs 100/- per day per MMU will be applicable.
- d) MMU report should be send dated 5th of every calendar month; otherwise penalty will be 1000/- per day per MMU will be applicable.
- e) If the Bidder fails to deliver any or all of his responsibilities (duties) or fails to complete vehicle fabrication and fit the equipment within the stipulated period specified in the Bid document, the State Health Society shall penalize Rs.5,000/- per day.
- f) Non repair of minor repair problem within 3 days otherwise a penalty of Rs. 500 per day.
- g) Non repair of equipment within 3 days otherwise a penalty of Rs. 1,000/- per day.
- h) Non availability of any medicine/consumable otherwise a penalty of Rs. 500/- per day.

17. INSURANCE

Service Provider shall maintain adequate general comprehensive liability insurance and insurance cover/s for his personnel's engaged in performing services under Mobile Medical Unit Service. Service Provider shall extend insurance cover on back to back basis i.e. as provided by the concerned insurance agency, and shall not be liable for any claim not covered by such an insurance policy. Upon Service Provider's request, SHS/NMH, Maharashtra shall provide support to obtain such insurance covers.

Service providers shall extend insurance cover in the name of SHS/NHM, Maharashtra /Govt. of Maharashtra to all Mobile Medical Unit in fixtures and all medical equipment.

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

SECTION VII

Appendix-A

Community based Health services provided in last 3 years
(i.e., F.Y. 2014-15, 2015-16 & 2016-17).

1. Attach users' certificates (in original) regarding satisfactory completion or on-going work, of assignments/medical services.

Note: Attach extra sheet for above Proforma if required.

Name

Signature.....

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

Appendix-B

PARTICULARS OF THE BIDDER

(To be submitted by all BIDDERS including participant in Consortium)

1. Name
2. Type of Organization : Company/Consortium/Trust/NGO/Not for Profit Organization
3. Address of Service Centre/Hospital' s in the region:
 - (a) Total No. of locations where organization currently has centers:

No.	Center/Project	Location	Running Since
			(use extra sheet if necessary)

-
-
- (b) Total No. of committee members in NGO/Trust/Company

Name	Designation	Qualification
		(use extra sheet if necessary)

-
-
-
- (c) Total No. of affiliated hospitals in the any state:-

District	No.	Hospital Name	Address	MOU since
	1			
	2			
	3			
	1			
	2			
	3			
	1			
	2			
	3			

Tender No: NHM-E-00/Mobile Medical Unit /2017-18

District	No.	Hospital Name	Address	MOU since
	1			
	2			
	3			
	1			
	2			
	3			
	1			
	2			
	3			

4. Registration No.

1. Trust/ /NGO/ Registration (Act 1950)*
2. Limited / Private Limited Company, registered under the Companies act, 1956*
3. Trust/ NGO/Registration (Act 1860)
4. PAN *
5. TAN*
6. Service Tax
7. VAT
8. PT*
9. Sales Tax
10. Audited Accounts statement for past three financial years. *
11. Copy of income tax return acknowledgement for past three financial year.*
12. Experience certificate of service provider *

(* Mandatory)

5. Brief write-up about the firm / company. (use extra sheet if necessary)

Date:
Place:

Signature of Service providers
Name:-
Office Stamp:-

Appendix- C

Forwarding Letter for Technical Bid

(To be submitted by all Service providers in their letterhead)

Date :

To,
Commissioner, Health Services & MD NHM,
3rd floor, Arogya Bhavan,
St. George's Hospital Compound,
Mumbai - 400001

Sub: Bid for provision of Mobile Medical Unit under Bid No....

Sir,

We are submitting, herewith our Bid for developing and operational services of mobile medical units in Maharashtra.

We are enclosing online Receipt No..... Dated.....
(amount.....) towards Bid cost/fee (if documents have been downloaded from website) and online Receipt No..... Dated.....
(Amount.....) towards Earnest Money Deposit (EMD), in favour of the State Health Society, Mumbai.

We agree to accept all the terms and conditions stipulated in your Bid enquiry. We also agree to submit Performance Security as per Clause No. 4 of Section VI of Bid Enquiry document.

3. We agree to keep our office valid for the period stipulated in your Bid enquiry.

Enclosures:

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

Signature of the Bidder.....

Seal of the Bidder.....

Appendix-D

FINANCIAL BID

1. Name of the Bidder:
2. Prices Quoted :-

Table (A)

Sr. No.	Capex	Cost Per MMU Vehicle (INR) (a)	Total Cost for 10 MMU Units (INR) (b= a*10)	Taxes if any (c)	Total Cost in INR (d=b+c)
01	Equipment supply and installation cost				
02	MMU Vehicle fabrications				
Total Capex Cost					

Table (B)

Table (B-1) (2017-18)

S.No	Cost Head per MMU	Operational Cost Per annum (INR)	No. of Units quoted for	Total Cost
01	Human Resources (Per MMU)			
02	Maintenance and Repair of vehicle, POL			
03	Equipment Maintenance			
04	Consumables & Regents (excluding drugs)			
05	Medicine			
06	Contingency			
07	Total Cost per MMU			
Total Cost of the proposed project per annum				
) Taxes if anylike Service Tax etc.				
Grand Total				

(In words Rs.....)

Table (B-2) (2018-19)

S.No	Cost Head per MMU	Operational Cost Per annum (INR)	No. of Units quoted for	Total Cost
01	Human Resources (Per MMU)			
02	Maintenance and Repair of vehicle, POL			
03	Equipment Maintenance			
04	Consumables & Regents (excluding drugs)			
05	Medicine			
06	Contingency			
07	Total Cost per MMU			
Total Cost of the proposed project per annum				
) Taxes if anylike Service Tax etc(.				
Grand Total				

(In words.....)

Table (B-3) (2019-20)

S.No	Cost Head per MMU	Operational Cost Per annum (INR)	No. of Units quoted for	Total Cost
01	Human Resources (Per MMU)			
02	Maintenance and Repair of vehicle, POL			
03	Equipment Maintenance			
04	Consumables & Regents (excluding drugs)			
05	Medicine			
06	Contingency			
07	Total Cost per MMU			
Total Cost of the proposed project per annum				
) Taxes if anylike Service Tax etc(.				
Grand Total				

(In words.....)

(Table C) Total Recurring cost for operationalization of Mobile Medical Units

Financial Year (a)	Per MMU Per Annum (b)	Total Cost of the proposed project per annum (Excluding Service Tax) (c)	Taxes if any (like Service Tax etc.) (d)	Total (e = c + d)
2017-2018 Table (B-1)				
2018-2019 Table (B-2)				
2019-2020 Table (B-3)				
Total (Total Cost of the proposed				

(Total project cost for 3 years Rs. In Words _____)

Table (D)

Total Capital & Recurring cost for operationalization of Mobile Medical Units

Financial Year	Total (A)	Total (C)	Total Cost of the proposed project per Annum (Total =A+C)
2017-2018			
2018-2019			
2019-2020			
Total (Total Cost of the proposed project for 3 yrs.)			

(Rs. In Words _____)

In case of Increase or decrease in quantity during contract period, the payment will be binding on the agency as per approved unit cost only.

The Opex cost should include Human Resources (Per MMU) Maintenance and Repair of vehicle, POL, Equipment Maintenance, Consumables & Medicine, Contingency. Above lists of Opex is only indicative and not exhaustive.

The successful bidder should produce invoices for the payment.

Rates of the eligible bidders will be compared with L) Lowest one (on Total Capital & recurring Cost for operationalization of Mobile Medical Unit given in Table (D) as total project cost. Bidders quoting Rates without applicable taxes will not be considered.

Signature.....

Name.....

Tender No: NHM-E-00/Mobile Medical Unit /2017-18

Appendix-E

PROFORMA FOR BANK GUARANTEE

To

**Commissioner Health Services & MD NHM,
3rd floor, Arogya Bhavan,
St. George's Hospital Compound,
Mumbai - 400001**

WHEREAS.....(Name and address of the Service Provider) (Hereinafter called “ the service provider”) has undertaken, in pursuance of agreement No..... Dated (Herein after “the agreement”) to maintain & operate specific Mobile Medical Units.

AND WHEREAS it has been stipulated by you in the said agreement that the service provider shall furnish you with a bank guarantee by a scheduled commercial bank recognized by you for the sum specified therein as security for compliance with its obligations in accordance with the agreement;

AND WHEREAS we have agreed to give such a bank guarantee on behalf of the service provider;

NOW THEREFORE we hereby affirm that we are guarantors and responsible to you, on behalf of the service provider, up to a total of..... (Amount of the guarantee in words and figures), and we undertake to pay you, upon your first written demand declaring the service provider to be in default under the agreement and without cavil or argument, any sum or sums within the limits of (amount of guarantee) as a foreshide, without your needing to prove or to show grounds or reasons for your demand or the sum specified therein. We hereby waive the necessity of your demanding the said debt from the service provider before presenting us with the demand. We further agree that no change or addition to or other modification of the terms of the agreement to be performed there under or of any of the agreement documents which may be made between you and the service provider shall in any way release us from any liability under this guarantee and we hereby waive notice of any such change, addition or modification.

This guarantee shall be valid up to 15 (fifteen) months from the date of signing of agreement i.e. up to..... (Indicate date)

.....
(Signature with date of the authorized officer of the Bank)

.....
Name and designation of the officer

.....
Seal, name & address of the Bank and address of the Branch

Tender No: NHM-E-00/Mobile Medical Unit /2017-18

Appendix-F

DECLARATION BY SERVICE PROVIDER

I / We do hereby declare I / we have neither been de-recognized / black listed by, nor been engaged in any enquiry or pending legal matter with State Govt. / Union Territory / Govt. of India / Govt. Organization / Govt. Health Institutions / Trust or private companies.

Signature of the Service provider:

Date:

Name & Address of the Firm:

Affidavit before Executive Magistrate / Notary Public in INR 500.00 stamp paper.

Appendix-G

DECLARATION BY SERVICE PROVIDER

I / We agree that we shall keep our price valid for a period of three year from the date of approval. I / We will abide by all the terms & conditions set forth in the Bid documents No. /

I / We agree that if required in the future we are ready to develop & operate any more new MMU Unit/Units in the different operational area/district not mentioned in the Bid. I/We agree that we shall keep our price per unit (quoted in the Bid) valid for any of such new unit, till the completion of the period mentioned in the agreement for operating MMU.

Signature of the Service provider:

Date:

Name & Address of the Firm:

Affidavit before Executive Magistrate / Notary Public in INR 500.00 stamp paper.

Appendix-H

(If Bid Submitted with consortium partner)

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 Maintain and Operate Mobile Medical Units in Maharashtra.

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, 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.*

Appendix-I

List of Equipment in the MMU

LIST OF Equipment's & Accessories	
1	Examination Table With Steps
2	Torch- Luminous search light / Pupillary
3	Stethoscope Actual Cuff
4	B P apparatus Apparatus(Dial, Mercury)(Adult Cuff & Pediatric cuff)
5	Clinical thermometer
6	Weighing Machine with digital display
7	Knee Hammer
8	Measuring Tape
9	Cold Storage(Vaccine carrier)
10	ENT & Eye examination Kit
11	Vision chart
12	Portable Oxygen Cylinders 2
13	First Aid Kit
14	Resuscitation Kit (Adult & Neonatal)
15	Haemoglobinometer
16	Microscope
17	Furniture - -foldable 4 chairs/ 1 table
18	Needle Cutter
19	Water Storage Tank-BMW Drinking -Water Jug.
20	Linen & Rubber sheets
21	Laptop and printer
22	Dust Bin S.S. - separate for infective and non-infective waste
23	Public Address system (LCD, Video, Audio & Mike)
24	Storage bins for drugs
25	Portable ECG Machine and accessories
26	Portable Doppler for Fetal Heart Sound
27	Display board for service offered by MMU
28	Awning Tent material
29	Glucometer
30	Centrifuge
31	Foot suction machine

Appendix-J

List of Medical Equipment's to be supplied with the EACH Fabricated Vehicle

1) LUMINOUS SEARCH LIGHT (RECHARGEABLE):

- Shall be able to withstand the rugged condition of the emergency usages
- Shall be durable , even after repeated use



- **Pupillary Torch with batteries**

1. Body made of Stainless steel or aluminum or ABS plastic
2. Run on AAA or AA batteries (2 batteries)
3. Push button start
4. Lens end Lamp

3) Stethoscope Adult

1. Stain less steel Chest piece
2. Dual head rotatable with diaphragm on one side and bell on the other
3. Non-chill diaphragm and retaining ring
4. Non-chill lining for the bell
5. Soft sealing ear tips.
6. Head set anodized aluminum or stainless steel
7. Tube length 20 to 30 inches
8. Epoxy fiber glass diaphragm is desirable
9. Diaphragm diameter is an inch to 1 ½ inch
10. An extra set of ear piece/ diaphragm and retainers should be provided.

4) BP Apparatus (Manual -Aneroid) with one adult and one pediatric cuff

- Corrosion resistant shock proof body
- Dial with contrast colors for easy reading
- Range up to 300 mm of Hg
- Should be supplied with Adult and pediatric cuffs

- BP cuff:
- Small adult
- Adult
- Pediatric cuff
- Thigh
- Velcro bag for the bladder
- Chrome plated metal/ stainless steel pressure control valve
- Bulb, tubing's and bladder made of rubber

5) **Clinical Thermometer (Digital)**

1. Sleek design
2. Flexible tip
3. Washable
4. Centigrade and Fahrenheit Measurement option
5. Memory of the last event
6. Temperature range must include 32 to 42°C
7. Auto power off
8. Fever alarm (100°F)
9. Should include a storage case

6) **Weighing Machine (Adult & Pediatric)**

For Adult: Stand on, bathroom, mechanical, range 0-100kg in 500g divisions, portable *OR* Stand on, bathroom solar, range 0-150kg in 100g divisions, powered by long life lithium battery, portable

For Infants : Portable, spring, Salter, hanging type, capacity 25kg, markings 500g with 100g graduations supplied with trousers and slings
Spare: slings and trousers

7) **Knee Hammer (For examination purpose)**

Knee hammer with standard configuration for clinical assessment of CNS and reflexes/jerk examination.

8) **Measuring Tape (normal- used by tailors)**

1.5 meter (60 inch) sewing tailor measuring ruler tape.

9) **Vaccine Carrier.**

Durable plastic box, preferably insulated with polyurethane foam (approx. 40mm thick), removable lid, with carrying handles and/or straps, and appropriate number of icepacks, storage capacity approx. 0.1-6l, cold life 24-72 hours, supplied with soft foam pad, approx. 3- 3.5cm thick with slits to hold vials

10) **ENT & Eye Examination Kit**

2.7v Otoscope Head with 3 reusable Aural Specula, 2.7v Ophthalmoscope Head, Duplay Nasal speculum, Bent Arm Throat Illuminator Light, Chrome Plated Tongue Depressor with Holder, Laryngeal Mirror 22mm Dia.,

Post Nasal Mirror 18mm, 2pc Spare Lamp.
C size battery Handle

11) Vision charts for long and short vision and color blindness.

Snellen chart with letters of alphabet (English as well as Gujarati) for the literate and E chart for the illiterate.

Near Vision Chart

Ishihara Chart (For testing color blindness.

All in washable vinyl plastic card, marked both in feet and meters, approx. 28 x 54 cm. in size with eyelet on top for hanging up.

12) Portable Oxygen Cylinder with dial type flow meter (2 nos. in each vehicle)

1. Made of Aluminum
2. Dial type flow meter with regulator
3. Minimum 350 liters of oxygen
4. Water capacity of 2-3 L
5. Height around 1 ½ foot
6. Diameter not more than 4 ½ inches
7. Sufficiently small to be carried in back pack (not more than 3 Kg)
8. Should be able to withstand 139 bar

13) First Aid Kit

- Alcohol or non alcohol antiseptic wipes
- Band aids
- Cotton Balls
- Cotton Swabs
- Iodine
- Bandages
 - Sterile gauze pads
 - Sterile non-adherent pads, containing a non-stick Teflon layer
 - soap - used with water to clean superficial wounds once bleeding is stopped
 - Povidone iodine is an antiseptic in the form of liquid, swab stick, or towelette. Can be used in a weak dilution of clean water to prepare an irrigation solution for cleaning a wound.
 - Hydrogen peroxide is often included in home first aid kits, but is a poor choice for disinfecting wounds- it kills cells and delays healing
 - Burn gel - a water-based gel that acts as a cooling agent and often includes a mild anesthetic such as lidocaine and, sometimes, an antiseptic such as tea tree oil
 - Tincture of benzoin - often in the form of an individually sealed swabstick or ampule, protects the skin and aids the adhesion of adhesive bandages, such as moleskin, bandaids, or wound closure ('butterfly') strips. Benzoin swabsticks are very prone to leaking and making a mess when kept in portable first aid kits, ampules are a more

durable option. If swabsticks are used, it is advisable to keep them in a sealed zip lock bag.

- Dressings

14) Resuscitation Kit (Adult & Neonatal)

Ambubags – 1 Adult, 1 Pediatric

Laryngoscopes – 1 Adult, 1 Pediatric (with 3 blades each)

Pocket mask

Oxygen mask

Face shield

Oropharyngeal airway

Endotracheal tubes

15) Haemoglobinometer

Sahli's graduated hemoglobin tube (marked in grams percent g% (2-24) and percentage % (10 -140)

Comparator with a brown glass standard. opaque white glass is present at the back to provide uniform illumination.

Sahli's pipette or hemoglobin pipette (marked at 20µl or 0.02 ml). No bulb

Stirrer: Thin glass rod .

16) Microscope

- Binocular, with built-in (6V 10W halogen lamp or 6V 20W) light source, powered by mains electricity (220- 240V), complete with – pair of 10X widefield eyepieces – pair of 7X or 8X eyepieces (for use with 100X oil immersion objective) – objectives 10X, 40X and 100X (oil) – precentred Abbe condenser, with iris Diaphragm and filter holder, adjustable for height – mechanical stage with slide holder, spring arm, and movement controls – condenser focus control – course and fine focusing and focus tension control – lamp brightness control – on and off switch – mirror (if required can screw into base for use with daylight) – dust covers cotton and polyethylene plastic
 - Spare
 - Bulbs
 - Fuses
 - Accessories
 - Rubber bulb blower

17) Needle cutter & Destroyer

Electric

Power source 220-240 V AC (12 V DC is desirable)

Burn/damage the needle & cut syringe tip

Should not cause injuries

The damaged needles should automatically collect in a container which can be transferred to sharps container without handling of the needles.

Should be shock proof & made of ABS plastic or steel



18) Laptop

Specification

Intel Core i5
4GB RAM 500
GB HDD
17.3" diagonal display Windows 7
Professional Business Series rugged
laptops

Brand/Model Suggestion

HP Elite Book
Acer E machines Laptop

19) Printer - HP Office Jet Model No. 2515 (Print, Fax, Xerox, Scanner)

20) Public Address System

Routine public address announcements (voice paging) system
Broadcasting pre-recorded STORED voice messages / Alarm Tones during
emergency situations. These messages could be Safety / Security / Fire alarm
messages or Evacuation instructions or public utility general messages
Interface with External Visual Beacons (signaling devices) in high noisy
areas

The system broadly comprises of:

- System rack cabinet
- Desk top Microphone access station (Access Units) with zone selection facility
- Mixer amplifier, Power amplifier modules
- Control panel – Page controller unit
- Prerecorded–Stored Voice message (or audio Alarm tone) generator unit
- Loudspeakers
- External flashing beacons / Signaling devices interface

21) LCD (SCREEN)

24 inch (60 cm) 1 LCD Screen/TV Unit, 1 Remote Controller, Battery (Size / Quantity):
AAA / 2, 1 Power Cord (Built-in)

22) Portable ECG Machine

- Convenient one touch Single Channel electrocardiogram that has crisp, easy to read traces.
- Clearly labeled ECG recording including gain and speed information printed automatically on the paper.
- Thermal Printer Based Automatic ECG.
Single Channel with Automatic & Manual Mode. (Manual Mode for taking long lead.)

- Durable, with no moving parts inside. Automatic Centering and Temperature Control. Automatic Centering and Temperature Control. Gain, Sensitivity & Lead Marking On the report.
- Facility to Pause in-between and resume after re fixing the Electrode to maintain the continuity of report.
- Easy Paper Loading, Uses Normal Chemical Coated paper.
- Inbuilt Battery & Charger .Feather Touch Switches.

23) Fetal Doppler

- Probe Type: waterproof or not. Waterproof probes are used for water births.
- Probe Frequency: 2-MHz or 3-MHz probes. Most practitioners can find the heart rate with either probe. A 3-MHz probe is recommended to detect a heart rate in early pregnancy (8–10 weeks gestation). A 2-MHz probe is recommended for pregnant women who are overweight. Newer 5-MHz transvaginal probes aids in the detection of fetal heart tones (FHT) early in pregnancy (6–8 weeks) and for patients who have a retroverted uterus or throughout pregnancy for FHT detection for women who are obese.
- Heart Rate Display: some Dopplers automatically display the heart rate on a built-in LCD; for others the fetal heart rate must be counted and timed by the practitioner

24) Awning tent material

5 meter Waterproof High tensile strength coated PVC Tarpaulin fabric For Awning

25) Glucometer

- **Size:** The average size is now approximately the size of the palm of the hand, although hospital meters can be the size of a remote control. They are battery-powered.
- **Display:** The glucose value in mg/dl or mmol/l is displayed on a digital display.

26) Centrifuge

Capacity : 8 x 15 ml
 Type of Head : Swing Out
 Max.
 Speed(RPM): 3500 rpm

27) Foot suction Machine

- 304 Gr. Heavy SS Base.
- 2 X 1.0 Ltrs. Glass Jars
- Powder Coated Aluminum Components
- High Polish Aluminum Piston Pump
- Chrome Plated Carrying Handle
- Non-Collapsible PVC Tube

Appendix-K

Specifications for Fabrication of MMU on TATA Winger (stretched winger 3488mm wheelbase HR A/C Ambulance BS4)

Any damage observed in base vehicle during fabrication work needs to be get repaired by vendor through authorized dealer of vehicle manufacturers at his own risk and cost otherwise this repair amount will be deducted from their bills / outstanding and actual date of delivery of vehicle will be considered after this satisfactory repairs.

CONVERSION OF BASE VEHICLE INTO Mobile Medical Unit

Part A: Scope of Fabrication work:

- 1) Laminated ply wood cabinet for storage (Medicines, medical equipments, diagnostic equipment etc.). All wooden cabinets to be reinforced with aluminum/Mild Steel L shaped structure of around 3 inchesX 3 inches at inner side at a gap of 300 mm between reinforcements.

Storage 1: (Paramedics/compounders table cum storage)

- a. Material: Laminated, FR & Marine grade around 19mm plywood Of Greenlam plywood, Action TESA or Kit ply make.
- b. Dimensions (Illustrative): around L-1200 mm x W-550 mm x H-800 mm.
- c. RHS side of the Storage 1 to be developed as wooden cabinet of around L-600mm x D-550mm x H-1800 mm. The total wooden cabinet at RHS to be divided into 06 drawers and one cupboard with door.
- d. All the drawers are to be subdivided into 04 partitions at inner side with square boxes for storage of medicines.
- e. Location and placement :Adjacent to inner LH side of rear door, facing towards drivers cabin
- f. As per the Drawings provided.

Storage 2: Patient examination bed cum storage

- a. Material : Laminated at both sides , FR marine grade 19mm plywood
- b. Dimensions: around L-1800mm x W-550 mm x H-800 mm.
- c. The storage in available space under the examination bed should be done with maximum possible drawers and cabinet in laminated plywood.
- d. Location and placement: To be placed at inner right sidewall adjacent to rear right door with a gap of around 1800 mm from the rear right door.
- e. As per the Drawings provided

Storage 3: Lab testing equipment table cum storage

- a. Material : Laminated at both sides , FR marine grade 19 mm plywood
- b. Dimensions :around L-1050 mm x W-550 mm x H-800mm

- c. Location and placement: Adjacent to Pilot seat at its backside. To be placed with Laminated ply wood partisan between pilot and rear compartment.

Storage equipments basic parameters

- f All the Sizes of the drawers should be in accordance to basic storage requirement and as specified in dimension.
- f All the hardware like rails, channels, sliders, locks, catchers, hinges,handles should be of “Ebco” or “HETTICH” or South-co equivalent brand.
- f The horizontal sides of plywood cabinets to be covered with appropriate size PVC strips of matching colour.
- f All the drawers should be provided with locks of recommended brand to secure them against unintended opening during motion of the ambulance.

2. Wash Basin: Wall mounted Stainless Steel (SS) wash basin with SS water tap of Jaguar, Italia, make, or equivalent brand supplying water through Motorized Pump (12 V DC power operated, heavy duty) with foot operated control, to pump the water from the fresh water tank @ 2 Lt / minute. The wash basin to be mounted adjacent to the Storage-4 at the RHS sidewall front end. The gap between Storage -3 and wash basin should be minimum 900 mm.

3. Fresh Water Tank and Drain Water Tank: Both made of 3mm thick, food grade plastic, one for inlet water supply to the wash basin tap and the second to be mounted underneath the chassis for collection of waste water from wash basin. Each water tank should be of 20 ltrs capacity.

The waste water tank should be fitted with controlled drainage facility to drain the waste water as and when required.

The fresh water tank should be connected with DC water supply pump having capacity to deliver @ 02 liters per minute through the wash basin tap. This tank to be wall mounted underneath the wash basin.

Both the Tanks should be easily removable for any sort of Maintenance and Cleaning purpose.

4. Seating space for MHU staff during movements-(with Seat belts) .

- i. The provision will be for two persons.
- ii. Made of powder coated MS foldable frame, wall mounted, should have capacity to bear 200 kg weight,
- iii. The seat to be placed on right side wall with MS support of 08 mm inside the FRP. The FRP Sidewall to be designed with dip for accommodating the foldable seat during movement and proper metal locking arrangements to be provisioned to hold the folded seat firmly without vibration, during movement.
- iv. **Dimensions** of the bench: around length = 1200mm, width =350mm, height =450mm from the floor when in opened condition.
- v. It should have two suitably placed waist locking belts.
- vi. Back rest and seat will be a combination of MS Plate and cushion foam. The foam will be of KURLON or sleep well make of 40 densities upholstered with non absorbent 06 MM, class A grade Rexene of grey color.

5. Paramedics Foldable Seat in front of storage-1:

- i) Dimensions: Square size, length and width will be around 400 mm, with same size back rest.
- ii) Powder coated MS pipes of 3/4 inch diameter & 1.5 mm wall thickness to be used.
- iii) It should have one waist locking belt.

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- iv) A minimum 70mm thick 40 or higher density foam cushion of KURL ON make, supported with 06 mm powder coated MS Plate on seat and back rest to be used.
- i) And the same should be upholstered with non absorbent 06 MM, class A grade Rexene of black color.
- ii) Suitable size dip in the FRP side wall in-front-of storage -1 with metal fixing bracket to be provisioned for accommodating the folded paramedic's seat during movement.

6. Flooring

- iii) The flooring should be of in 12mm marine / water proof ply with 1.3 mm anti skid vinyl carpet covering the complete rear compartment area.
- iv) The joints are to be places under the storages near the side walls and the center corridor should be free of any visible joints.

7. (a) Interior Wall paneling work:

- i. Complete interior paneling of the 02 sidewalls, both sides of the partition wall between patient cabin and driver cabin, roof (of both patient and driver cabin) & back door panels should made from Fire Retardant grade FRP sheets of minimum 03 mm thickness.
- ii. Adequate provisioning to be made in the FRP Panels for open able glass sliding windows.
- iii. The complete interior should be edgeless and suitable for easy cleaning / scientific fumigation / treatment of disinfectants. The panels must be suitably formed using the appropriate FRP processing technology so as to match to the contour of the vehicle and looks aesthetically pleasing.
- iv. The panels for each of the surfaces should be produced as modular with minimum joints either along the length or the width of the panels to accommodate future repairs and maintenance works. The approval of client is required before execution of work regarding the paneling layouts. The quality of joint should be homogeneous to suit the hygiene requirements of MMU compartment; all the joints should be tool based for aesthetics.
- v. The minimum thickness at any point of the panels should not be less than 3 mm. The ceiling, both the sidewalls, both sides of the partition wall should be produced in one single piece matching to the dimension of the patient compartment dimension of the ambulance.
- vi. Between the interior conversion panels and the internal surface of the base vehicle body there should be adequate insulation of appropriate grade to have a good climatic control environment inside the vehicles.
- vii. The joint of one panel to the other must be suitably engineered so that all the joints are functionally hygienic and protected from any ingress of liquids and any other medical secretions of any kind. The joints should be finished in such a way so that these appear aesthetically appealing.

- viii. The panels should be molded keeping in view the aesthetic aspect for electrification and other fitments as per utility and layout of the patient compartment.
- ix. There may be minor variations in the mentioned dimensions of various storage, seating and other fitments depending upon the actual space available in the rear compartment of base vehicle. In such cases, any deviations need to be processed under approval of NHM technical team.
- x. The material specified for interior paneling is Fire Retardant grade FRP of white color.

b) All the Panels, Equipment's & storages Mounted and Provision for Medical Equipment's to be mounted shall have 6 mm thick Mild Steel (MS Fe 410) sheet reinforced behind the specified area as per the lay-out plan provided.

- i) The MS sheet should be MIG welded to the body of the Vehicle structure as per Automobile standards and **be coated with Primer to avoid any rusting.**

c) A seamless appearance and finish is desirable to keep the ambulance bacteria free in services.

d) General Criteria:

- i) Gap between the FRP internal Panels and the external vehicle body shell should be stuffed with (50mm thick) sand with PU foam and Thermocol sheets to provide perfect insulation and prevention of heat absorption.
- ii) Provision for placement of electrical switches / sockets/ fans/foldable seats to be made available with the FRP panels as per placement details and dimensions provided.
- iii) Provision for I.V hooks & holders 2 no. should be made on the ceiling just above the storage -3(Patient examination bed).
- iv) All the electrical cables are to be off minimum 04mm dia ISI marked cables only. The switches and sockets are to be off Havells Crabtree make or equivalent brand. All the female sockets are to be of 05 pin 06 amps. All the electrical cabling are to be done outside the FRP side wall with appropriate PVC routing boxes for easy repair facility.

8. Head- racks and grab rails in the ceiling and near Rear Door:

a. Head Racks:

Dimension; approx.: length =Appx 1220 – 1500 mm, Depth =300 mm at bottom end 240 mm at ceiling, height = 250 – 300 mm.

Location of mounting and material: To be mounted at LHS topcorner of sidewall and roof. Made in FRP (min 3mm thick) and required Powder coated MS reinforcement to be provided. **Inner** surface is to be pasted with soft heatlon sheet of 4mm thickness.

The Head rack should have suitable closures to cover the opening which are easy/comfortable to operate and do not have any sharp edge at the openings.

b. Grab Rails:

- i. A 2600 mm long pipe of 30mm dia. made of stainless steel (SS) be placed as grab rail on the Ceiling with proper supports at four places;
- ii. A 600 mm long pipe of 30 mm dia, made of stainless steel to be placed through appropriate support of 06 mm thick MS plate and brackets at rear right end of rear cabin just near RHS entrance. The grab rail should have capacity to withstand pulling force of 200 kgs.

9. Fire extinguisher mounting:

- i. Mounting Provision for placement of 02 kg DCP extinguisher under the patient examination bed.

10. Glass lamination:

- i. The window glass near the patient examination bed is to be laminated with smoke colour film of Garware or equivalent brand make to prevent visibility from outside.

11. Water Dispenser:

- i. A water Dispenser of 10 Liters capacity is to be provided with appropriate fixing bracket at suitable area. The dispenser would be of single candle filter type of Pure-it, TATA Swatch, eureka Forbes or equivalent brand non electric type.

Part B: Scope of Fabrication (Electrical) Work:

1. Inverter:

- ii. True sine wave inverter,
- iii. The battery and inverter to be mounted/ placed inside the driver's cabin with provision to be charged from external AC power.
- iv. The Inverter should be of M/s Luminous/reputed make.
- v. Inverter Capacity - 2000 VA,
- vi. Input Range - AC 130 v-260V / 24V,
- vii. Output Voltage – 220(+/-)10% (regulated output from full charge battery voltage to low charged battery voltage).
- viii. It should bear an onsite warranty of Three Years.
- ix. All the electrical Wiring should be done in consultation with the Inverter Manufacturer's recommendation, and should provide certification to prove this.
- x. Extra Battery for inverter of 150 Amp Hr should be fitted at below the examination bed.

2. Internal lights, sockets, switches and other electrical equipments:

- x. All internal lights will be LED configuration .Total 06 no. of LED lights AC/DC are to be fitted.
- xi. 04 LED lights are to be placed on rear cabin roof and two lights are to be placed on storage-4(Testing equipment table cum storage).

- xii. Out of 04 roof lights, two must work with direct DC input from vehicle battery and rest two must work with AC supply of inverter.
- xiii. Two LED lights on test equipment table must work with AC supply from inverter.
- xiv. Separate switches to be provisioned for individual lights, fans, LED TV and individual sockets.
- xv. AC input switch and socket combo to be provisioned near the LED TV fitment.
- xvi. Three(03) AC switch & socket combos are to be provided on the test equipment table cum storage.(Storage-4)
- xvii. One AC switch & socket combo to be provisioned on the side wall near the patient examination bed(Storage 3)
- xviii. External inverter battery charging port with spring loaded lid is to be provisioned near the inverter placement area and it is to be ensured that the charging input can be connected when all the vehicle doors and windows are closed.
- xix. One AC Mobile Charging Switch Socket combo assembly is to be provided in Pilot compartment near the dash board.
- xx. All four AC 08 inch fans are to be placed/mounted at the following locations each one at each location;
 - a) Just above the Storage-3(Patient examination bed)
 - b) Just above the storage-2 (Doctors table cum storage)
 - c) Just above the storage-1 (Paramedics table).
 - d) Just above the storage-4(Test equipment table)

3. Electrical Wiring:

xxi. All The main Components like,

- a) Each of Internal Lightings (LED Lights),
- b) Each of Equipments power Sockets.
- c) All four AC fans
- d) Inverter & its charging port

- Should have separate circuits, (Power drawn directly from source with proper cut off switch after Battery/Inverter) and a MCB of 05 amps (Havells or equivalent brand) on it.
- A laminated copy of standard wiring diagram should be provided with each ambulance for reference.

4. Electrical Safety Measures:

- xxii. A separate MCB to each of the (as mentioned above) circuits be given.
- xxiii. There should be an Indicator mark on each MCB to identify the circuit configuration.
- xxiv. There should not be any joints be given within the Circuit Wiring,
- xxv. At any unavoidable wiring junction(s) the wires should be joined through Bakelite Connectors only,

- xxvi. There should not be any loose wiring and loose joints;
- xxvii. Other than vehicle wiring harnesses, all wires/harness used for should be of ISI marked cables and minimum 04 mm thickness.
- xxviii. All the electrical accessories should carry ISI Mark and be approved by technical committee and should be of (ARAI/ISI) automobile standards.
- xxix. All other unspecified Parts necessary for the Wiring should be of Automobile grade and/or ISI Certified.

12. Collapsible canopy: A collapsible canopy, manually operated, to be installed on the LHS external sidewall. The installation area should be just below the roof and under the roof water channel. The material specification for the collapsible canopy is as mention below;

- a) The frame of canopy will be of anodized aluminum bars.
- b) The canopy material will be of ferrai or equivalent brand fabric.
- c) The canopy and the material used to be presented to NHM technical team for pre-approval before installation. Decision of NHM will be considered final.
- d) The dimensions of the collapsible canopy 2100 mm x 1500 mm

13. External graphics: The external graphics will be a combination of 3M vinyl and radium material. Actual design and specifications will be shared later. The tenderer should quote the price for Radium Branding including Labor and all taxes. None of the radium stickers are to be pasted directly on vehicle body. All are to be pasted on vinyl base. Detailed drawing/samples will be furnished.

14. Digital Clock :

- i. A digital clock is to be provided in the patient compartment. It should have a minimum Letter (font) Size of 50 to have better visibility and mounted on partisan wall at appropriate place.

The clock must be of Ajanta or Orpat or equivalent brand make.

15. Electrical equipment's:

- i. All switches and sockets must be of Havells or equivalent brand make.
- ii. All cables must be of minimum 04mm diameter-**of ISI marked**
- iii. All fans must be of Remi or equivalent brand make
- iv. The inverter required is of Luminous make
- v. All MCBs must be of Havells or equivalent brand make
- vi. The LED lights must be from reputed brand and must carry 03 years onsite repair/replacement warranty.

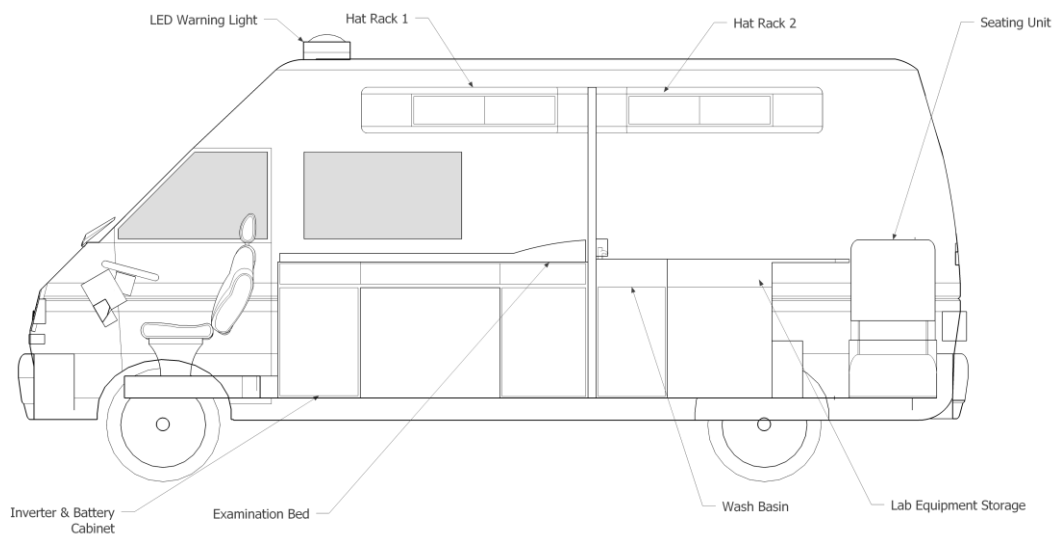
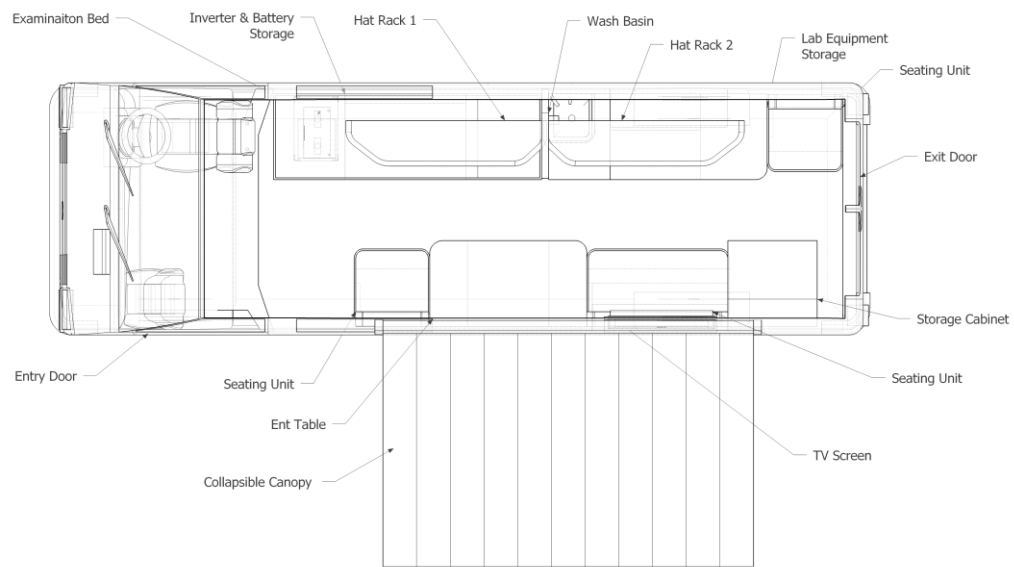
16. Body Graphics:

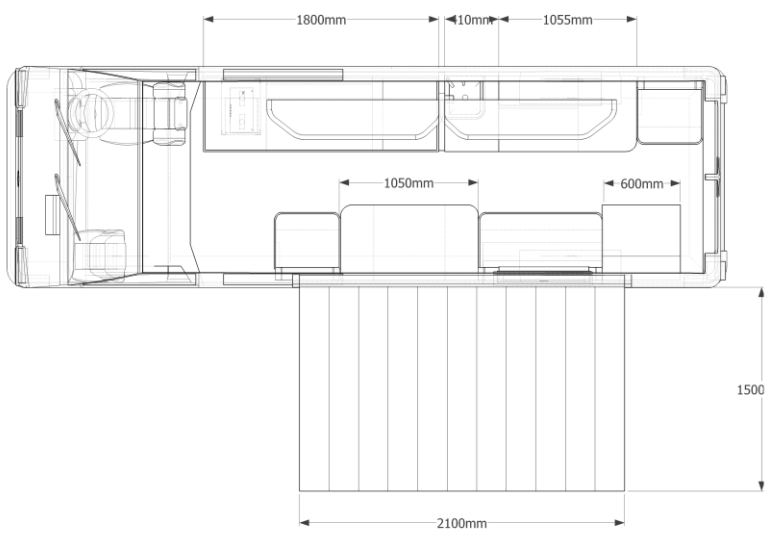
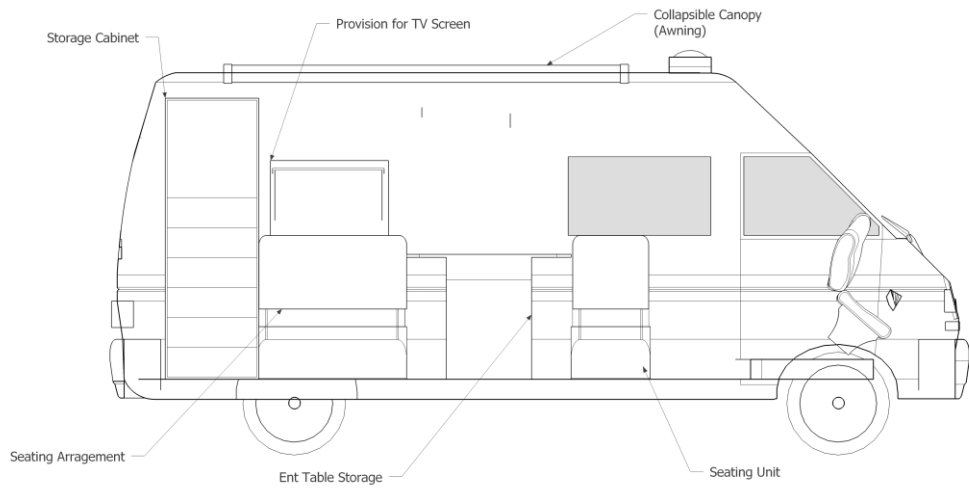
- i. Ambulance to be supplied with exterior design / painting as per NHM design. All vinyl / reflective stickers/ films of LG, 3M or equivalent to be used.

17. Bar light and siren :

High intensity 120cm DC12V 64W Led warning light bar, Emergency lights with 100W speaker + 100W siren, waterproof

Vehicle Design





Appendix-M

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	2014-15	
2	2015-16	
3	2016-17	

Date:

Seal

Signature of Auditor/

Chartered

Accountant Name

(in capital letters)

Signature of Bidder

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Appendix-N

Drugs and Consumable List

Type of Medicine	Name of medicine (Description)	Estimated Quantity
EMERGENCY MEDICINE	Inj. Atropine sulphate 0.6 mg	
	Inj. Calcium Gluconate 10%	
	Inj. Theophyllin 50.6mg + Etophyllin 169.4mg/2 ml	
	Inj. Dexamethasone 2 mg/ml	
	Inj. Oxytocin	
	Inj. Sodabarbonate 7.5 mg	
	Inj.ChlopheniramineMaleate (30ml)	
	Inj.Adrenaline 1 mg	
	Inj.Lignocaine 2%	
	Inj.Dopamine 200 mg	
	Inj. Diazepam	
	Inj. Vit.K 10 mg/ml (Menadion bisulphate)	
	Inj Anti Snake Venum serum	
	Inj. Frusemide	
	Inj. Anti-Rabies	
	Inj.Diclofenac sodium	
	Inj. Ondansterone 2mg/ml	
	Inj.Tonaboline	
Asthalin Respiratory solution		
ANTIBIOTICS	Tab. Roxithromycin 150 mg	
	Tab Erythromycin 250 mg	
	Tab. Ciprofloxacin 250 mg	
	Tab. Norfloxacin 400 mg	
	Cap. Amoxicillin 250mg	
	Syp. Amoxicillin 250mg	
	Sepran SS Tab	
	Sofracort Eye + Ear drops	
	Soframycine Ointment	
	Syp. Ampicilin	
	Ampicillin Caps (250 mg)	
	Ciplox – TZ tab	
	Sy. Cotrimazole (sepran)	
ANTIAMOEBIC	Sy. Furazolidine 60 ml	
	Tab. Furazolidine 100 mg	

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	Tab. Metronidazole 400 mg		
	Tab. Metronidazole 200 mg		
	Tab. Loperamide		
ANTIFUNGAL	Whitfield's ointment 10 gm		
	Fluconazole Tab		
	Miconazole cream		
	Tab. Griseofulvin 250 mg.		
NUTRITIENS	Tab. Multivitamin softgel		
	Tab/Cap Iron Folic Acid (S R)		
	Vitamin A/E Capsule		
	Vit. A Solution		
	Vit. D Sachet		
	Tab. Vitamin B.Complex		
	Tab. Calcium Carbonate		
ANTIMALARIALS	Chloroquine Tab.		
	Primaquine Tab. 7.5 mg		
	Pyrimethamine + Sulphadoxine Tab.		
	Chloroquine syrup bottles		
WORMICIDALS	Albendazole syp. 10 ml		
	Albendazole tab. 40 mg		
GENERAL MEDICINE AND NON COMMUNICABLE DISEASES	Amitriptyline tab.		
	Omeprazole Cap.		
	Metoclopramide		
	Hydrochlorothiazide 12.5 mg		
	Lasix Tab.40 mg		
	Amlodipine Tab 5 mg		
	Paracetamol Tab		
	Sy. Paracetamol 250mg 60 ml		
	Phenobarbitone Tab. 60 mg		
	Prednisolone Tab.5 mg		
	Ranitidine Tab.150mg		
	Salbutamol Tab.		
	Sorbitrate		
	Cough syrup. Bottles 60 ml		
	CPM Tab.		
	Codeine Tab.		
	Diclofenac + Dicyclomine Tab.		
	Diclofenac SR Tab. 50 mg		
	Dicyclomine +Paracetamol Tab		
	Digoxin Tab 0.25 g		
Brufen Tab. 200mg			
Aspirin Tab			

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	Atenolol Tab		
	BC tab		
	Carbamazepine Tab 200mg		
	Tab. Cetrizine 10mg		
	Tab. Etophylline & Theophyulline SR 150		
OTHERS	Condoms Box		
	Oral Pills		
	Inj. TT		
	ORS Powder 27.5 gm W H O Formula		
LOCAL APPLICATION	Gama Benzene hexachloride 1% w/w Lotion		
	Framycetin sulphate BP 15 mg (1.5%)		
	Povidone-iodine-Ointment 10 gm		
	Betamethasone Ointment (Betnovate) 5 gm		
	Calamine lotion 60 ml		
	Sukhade Oint-(Ayurvedic) 10 gm		
	Ciprofloxacin eye drop		
	Gentamycin eye/ear drop		
	White Petroleum Jelly 10 gm		
	Lignocaine 2% Jelly		
IV FLUIDS	Normal Saline 500 ml		
	Dextrose 5 % 500 ml		
	I.V.Dextrose in Normal Saline 500 ml		
	Ringer lactate 500 ml		
DISINFECTANTS	Povidone Iodine Solution 500 ml		
	Denatured sprit 400 ml		
SURGICAL AND DISPOSABLES	Surgical Gloves Box 100 no		
	Scalp Vein set		
	Kidney tray (Plastic) 12"		
	Scapel Blade		
	Cotton roll 500 gm		
	Rolled bandages		
	Paper Adhesive Tape 0.5 cotton 9 mtr		
	Elastic Crepe Bandages Non-sterile-10 cm		
	IV Set		
	ECG Roll		
	ECG Gelly		
	Tongue Depressor with container		
	Bio Hazard Bags		
	Spirit Swab Containers		
	Disposable Syringes – 2cc, 5cc		
Disposable Needle – 22G, 24G, 23G			

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LABORATORY CONSUMABLES	Tourniquet		
	Collection bulbs-EDTA		
	Collection bulbs-PLAIN		
	Needles		
	Stains Field A		
	Stains Field B		
	Pregnancy Test Kit		
	RPR Test Card		
	Multi Uri sticks		
	Widal test kit		
	Slides-Standard		
	Urine routine-Albumin/Sugar strips		
	HIV TRIDOT Kit		
	VDRL Kit		
	PH Paper		
	Methanol LR		
	Cover Slip		
	HCL/N10		
	Distilled water		
	Malaria card		
	Hepacard		
	Anti A B D		
	Fouchet's Reagent		
	Ba chloride		
	Capillary		
	TT Stand		
Glass tube			
Plastic tube			
Glucostrip			
SUTURING & DRESSING TRAY	Stainless steel trays with lid		
	Dissecting Forceps with 1x2 teeth		
	Plain Forceps		
	Artery Forceps Plain		
	Artery Forceps Curved		
	Mosquito Forceps		
	Dressing Scissors Straight		
	Dressing Scissors Curved		
	Needle Holders Straight / Serrated		
	Cheatle Forceps		

Annexure- 1

Reporting Pro-forma for each functional MMU – Monthly Report No. 1

Table:- A

**Reporting format may be changed as per necessity of National Health Mission
*Monthly Reporting Format**

Note. To be filled and uploaded every month for all MMU in the NHM State Website under MMU Mandatory Disclosure. Each line should represent one MMU. Please add rows as required.

Year **Month**

NATIONAL MOBILE MEDICAL UNIT (Month)

Sr. No of District	District	MMU Type (Single/ 2/3 vehicle unit)	Name of operating agency (State DHS/NGO /Private Provider) Please provide name if NGO or private	Registra tion Number	Number of Trips	Number of Villages visited		Number of AWCs covered	No. of OPD	No. of ANC/PNC (RCH)	No. of children immunized (if applicable)	No. of FP cases		No. of Lab tests	No. of blood smears collected / RDT tests done for Malaria	No. of sputum collected for TB detection	No. of patients referred to higher facilities
				Dispensary Vehicle		Planned	Actual					OCP/ ECP	Condom				
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	

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Reporting Pro-forma for each functional MMU – Daily Report No. 2

S. No.	Location of MMU	Number of OPD Patient	Number of ANC/PNC	Number of Lab Test Conducted	Number of Patients Referred	Nearest Facility to the MMU (Name & type) (Parking of vehicle)
1						
2						
3						
4						
5						
6						
7						
8						

Table: - B

Sr. No.	Activity	Breakdown/ Shortage	Corrective Date	Rectification Date
1	Breakdown of I) Vehicle II) Equipment			
2	Non-Availability of 1) Medicine 2) Manpower 3) Consumable			

**Reporting format may be changed as per necessity of National Health Mission*

Annexure II

A. Staff Composition

Name of staff	Qualification	No. Of persons
Medical Officer	M.B.B.S Only (preferably women)	1
Nursing	GNM preferable- if not ANM	1
Pharmacist	D Pharm/ B Pharm	1
Lab Tech +Male worker	B.Sc DMLT/HSC DMLT	1
Driver cum Support Staff	SSC Heavy Vehicle License & Indemnity bond of Accident free driving in last three years.	1

SECTION VIII

Annexure-III

Service Level Agreement

No. _____

SERVICE LEVEL AGREEMENT

Between

.....
(State Health Society, Mumbai)

And

.....
(Service Provider)

To maintain and operate Mobile Medical Units (MMU) to provide primary and selective secondary healthcare in identified regions.

❖ **Tender document is the part of service agreement.**

Service Level Agreement

1. BACKGROUND

- 1.1 <THE State Health Society, Mumbai> hereinafter referred to as State Health Society, Mumbai desirous of outsourcing the services relating to operation of Mobile Medical Units in <name of the identified region> had invited tenders from eligible bidders vide TE No _____ dated _____. <Name of the Service Provider> having submitted his bid in response to the tender enquiry and having been found technically qualified as per the conditions in the same TE, has been awarded the agreement by the competent authority in the <The State Health Society, Mumbai>. <Name of the Service Provider> has also performed required obligations after the award of agreement was communicated to him.
- 1.2 Both <The State Health Society, Mumbai> and <Name of the Service Provider> hereinafter referred to as Service Provider hereby willingly enter into this agreement and agree to abide by all obligations enjoined on them by this agreement.

2. SERVICE AIMS

- 2.1 The primary obligation of the Service provider will be to Develop & operate the Mobile Medical Unit(s) to provide primary and selected secondary health care ensuring that such MMU:
- a. Is fully equipped with equipments listed in “**Annexure I**” of **Service Agreement list** ;
 - b. Is manned by adequate manpower resources as per the requirement enumerated in “**Annexure III**” of the **Service agreement list**.
 - c. The MMUs are provided with necessary fuel for carrying on operations on regular basis
- 2.2 < The Service Provider> would make all efforts to keep the MMUs well stocked with drugs and consumables at all times. Supplies shall be made within 3 days of requisitions.
- 2.3 The Service Provider categorically states that if he avails of any loan for this project from any Banks, financial institutions, other agencies or individuals, he will not make the State Health Society a party in any manner in such transaction nor will use this agreement as a guarantee of any manner nor will use future revenue expected to him from this agreement to hypothecate.

3. SERVICE OBJECTIVES

- 3.1 The service provider will also provide the operational set such as power generator, fuel for the vehicles and all other requirements to keep the MMU vehicle in operational condition at all times.
- 3.2 It is explicitly stated that both the parties are committed to enhance the health and well-being of residents of the area covered by the Service Level Agreement by providing high quality service, innovation and development and to meet identified needs within the resources available to both the parties.
- 3.3 State Health Society, Mumbai have the right to add or change the any clause in agreement.

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4. SERVICE DESCRIPTION AND RESPONSIBILITIES

Out-patient services:

- 4.1** The Mobile Medical Units will provide only out-patient services. These units will function as mobile clinics and are not meant to transport patients.
- 4.2** The Service provider shall follow the Service Plan/Route plan/Calendar for MMU as approved by the District Health Society and accordingly make the services of the MMU available at the desired spot on the appointed days.
- 4.3** The Service Provider shall provide primary and secondary health care as per the standard operating procedures approved by the Service procuring agency.
- 4.4** The Service provider hereby agrees that Mobile Medical Unit must always operate under the supervision of a qualified Medical Officer. The Service provider further agrees that at any time and under any circumstances, patient care would not be carried out by unauthorized personnel.
- 4.5** Service provider agrees that failure to adhere to the Service Plan/Route Plan/Calendar referred to Paragraph 4.2 above would constitute a variation in terms of Paragraph 12.1 of this Agreement and a default of an obligation in terms of Paragraph 15.2 of this Agreement.

4.6 During the camp, the following minimum services will be delivered:

Curative services

- Treatment of minor ailments, including skin diseases, minor surgical procedures/ dressing and suturing
- First aid and referral for animal / snake bite cases,
- Identification and referral of complicated cases requiring facility based management
- Early detection of TB, Malaria, Leprosy, etc. and other locally endemic communicable diseases and non-communicable diseases such as hypertension, diabetes, cataract cases, mental illness, tobacco related illnesses and injuries etc.

Reproductive & Child Health Services

- Ante-natal services e.g. injection tetanus toxoid, iron and folic acid tablets, basic laboratory tests such as hemoglobin, urine for sugar and albumin and referral for other tests as may be required;
- Identification and referral of complicated pregnancies (including conducting deliveries in exceptional cases);
- Post natal check up of women and children;
- Identification of unimmunized children and their vaccination for left/ missed doses and / or administration of Vitamin-A dose;
- Screening of children for identification of malnutrition and their counseling and referral (where needed); and
- Treatment of common childhood illness such as diarrhea, ' ARI/Pneumonia, complication of Measles etc.

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Family Planning Services

- Counseling for spacing and permanent method
- Distribution of condoms, oral contraceptives and emergency contraceptives
- IUD insertion

Diagnostic services

- All tests which can be done such as hemoglobin, total and differential blood count (TLC /DLC), liver function test, blood sugar, VDRL etc.
- Urine examination for sugar albumin
- Smear for malaria and vaginal smear for trichomonas
- Sickle-cell test (at least solubility test)
- Promotion of menstrual hygiene among adolescent girls
- Promotion of use of bed nets
- Distribution of IEC Material on health including personal hygiene, proper nutrition, hazards of tobacco, diseases, PNDT Act, RT/STI, HIV/AIDS etc

Service Component:

- 4.7** The service at the MMU will be clinically led by a qualified M.B.B.S Female Medical Officer. Patients will have access to primary and selective clinical management by a qualified Medical Officer.
- 4.8** Ailments which shall not normally require further referral/ specialist care will be treated at the MMU only. Patients will be treated and provided drugs free of cost. No charges of any kind will be recovered from the patients.

4.9 . Scope of Work :

1. The successful bidder will provide 1 fully equipped Mobile Medical Unit as per MMU specification specified along with qualified driver and will be engaged in its operations and maintenance.
2. The successful bidder will endeavour to ensure 100% operational service ability of the MMU vehicle 6 days in a week.
 - A. MMU Vehicle provided bt NHM Mumbai
 - 1) Type of vehicle: TATA Winger
 - 2) Model and Make: Tata Winger AC 4DL DICOR BS IV.
 - B. MMU vehicle Fabrication & Branding
 - 1) Vehicle should be equipped (fabricated) with all basic requirements like lights, ventilation, etc. For detailed list of requirements, please see Appendix I & J.
 - 2) The MMU vehicle will be branded.
 - 3) Vehicle fabrication and branding will be approved by DD Transport Health Service Pune

C. Upkeep Repair and Maintenances

- 1) The successful bidder will carry out all types of minor and major repair arising out of periodical service needs or due to damage /wearing out of parts and accessories
- 2) Ensure AC in the MMU is functional when the vehicle is in running condition
- 3) Ensure that AC in the MMU is functional for atleast 1 hour per day, when the vehicle is in standing position, as per the instruction and requirement of state health society.
- 4) Ensure the availability and serviceability of all equipment and accessories inside the MMU within reasonable time.
- 5) The successful bidder will do periodic maintenance services arising as per the manufacturer's service manual with respect to the MMU vehicle and technical equipment placed inside the vehicle will be undertaken
- 6) Check list for onsite technical inspection by the MMU vehicle driver and state health society Mumbai team for a monthly check as part of preventive maintenance, will be prepared and compliance of the same must be ensured.
- 7) All equipment placed inside the MMU vehicle will be properly secured to avoid any accidental injury and damage to staff or patients in stationary condition or during any movement
- 8) All such repair, maintenance and periodic servicing will be carried out with prior intimation and approval of concerned authorities. Suitable approval register will be maintained.
- 9) Service Schedule must be prepared to ensure minimum down time. The bidder shall provide appropriate replacement for MMU vehicle for any such downtime event.
- 10) Bidder shall be responsible for general housekeeping & maintaining all systems including cleanliness of the vehicle and equipment's.
- 11) If there are any accidental damages to the vehicle and equipment due to negligence of the driver / bidder's staff, the cost of such repairs will be borne by the bidder
- 12) MMU vehicle will be cleaned on a daily basis at the mutually agreed time. Deep cleaning of the vehicle will be carried once a week
- 13) Ensure secured parking and garaging of the vehicle.

D. Operation of MMU vehicle

- 1) The bidder will deploy a proficient driver with knowledge and experience of MMU/ ambulance operation for undertaking driving and running maintenance of the vehicle.
- 2) Driver who is engaged must not be less than 20 years of age and must not be more than 60 years in age
- 3) Driver should be medically fit and should have valid license for ambulance driving and should not have any pending case in court against him, certification to this effect must be provided by the bidder
- 4) The driver so provided must be on the pay roll of the successful bidder.
- 5) Uniform is in the scope of bidder. It will be bidder's responsibility to ensure that the driver on duty is in proper uniform.
- 6) Bidder will maintain appropriate logbook for breakdown hours and Kms running and get it duly signed.
- 7) Maintaining other required documentation
- 8) Maintain Bio Medical waste management as per Protocol
- 9) Driver to provide assistance to the project in mobilizing the crowd, and organizing community events etc.

- E. Compliance
- 1) Bidder will ensure all legal compliance with respect to the following:-
 - i. Vehicle: Monthly compliance as per as per prevailing Motor Vehicle Act
 - 2) All drivers tools for the vehicle will be the responsibility of the bidder.
 - 3) All safety compliances as per government norms will be complied.

5. REFERRAL PROCESS & ELIGIBILITY

- 5.1** It will be the responsibility of <The District Health Society> to provide the Service provider an “information matrix” for nearest facilities including their capacity in terms of existing Laboratory services, diagnostic services, and human resources available.
- 5.2** It will be the responsibility of the Service Provider to keep the Medical Officer(s) in charge of the MMU informed of the information matrix. For services not available at the MMU, patients can be referred to nearest facility in accordance with the “information matrix“.
- 5.3** Both the parties hereby agree that no patient will be referred to any private medical establishment either formally or informally without specific prior approval of the <The District Health Society>.

6. INFORMATION AND REPORTING REQUIREMENTS

- 6.1** The Service provider shall ensure that information, records and documentation necessary to monitor the agreement are maintained and are available at all times to the <The State Health Society, Mumbai > or its authorised representative. The Service Provider hereby agrees that he and all his staff shall at all times co-operate with the reasonable processes of the Service procuring agency for the monitoring, evaluation and carrying out quality audit and financial audit by any third party authorised by <The State Health Society, Mumbai >.
- 6.2** The Service provider hereby agrees to maintain all relevant data and records of all patients treated at the MMU.
- 6.3** The Service provider further agrees to maintain confidentiality of these data and records and commits that such data and records will not be shared with any third party for any purpose.
- 6.4** The Service provider agrees to provide data to <State Health Society, Mumbai> as per attached Annexure II every month. Failure to do so may entail cancellation of the agreement.
- 6.5** The Service provider hereby agrees to maintain log book showing all movements of the MMU vehicle and keep record of consumption of POL. The log book should be maintained as per the format in vogue in any government office. Logbook shall be made available for verification by the any authority nominated by Service procuring agency.

- 6.6 The Service provider agrees that the MMU vehicles will not be used to advertise any product or organization including the Service provider's own. The following text must appear on both sides of the MMU vehicle in reasonably big font-size to enable a normal sighted person to read it from a reasonable distance:

**“Mobile Medical Unit
Run by
Agreement No <No of the Agreement>
Between <The State Health Society> and <Name of the Service Provider>”**

- 6.7 The Service provider agrees to display copies of this agreement, list of medical equipment available with the MMU, stocks of drugs and consumables at prominent place in the MMU. The names of the Medical Officer and other personnel on duty must also be displayed during duty hours.

7. PERFORMANCE

- 7.1 An half yearly review meeting will be held on the State Health Society, Mumbai and attended by appropriate levels of officials of Service providers to consider the performance, the anticipated outcome of the agreement and future service developments and changes. Further meetings may be arranged at any time to consider significant variation in the terms or conduct of the agreement and where corrective action on either part is indicated.

- 7.2 Service Provider agree to consider introduction of any further service in line with any new initiative of the government or in response to local demand which could not be anticipated earlier.

- 7.3 Service Provider agree that such services should be provided without extra cost. However, if it is felt by both the parties that the additional services would require additional resources/manpower.

8. HEALTH AND SAFETY

- 8.1 The Service Provider agrees to adequately train, instruct and supervise staff to ensure as is reasonably practicable, the health and safety of all persons who may be affected by the services provided under the agreement.

- 8.3 The Service provider agrees that he would collect periodic feedback from the patients through structured questionnaire at his cost. The periodicity will not be less than once in six months. Responses to the questionnaire will be submitted in original to the Service procuring Agency Telephone numbers where patients can lodge their complaints to be displayed on MMU.

9. DATA PROTECTION, CONFIDENTIALITY AND RECORD KEEPING

- 9.1 All Service Users have a right to privacy and therefore all information and knowledge relating to them and their circumstances must be treated as confidential. The Service

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Provider must advise all staff on the importance of maintaining confidentiality and implement procedures which ensure that Service User's affairs are only discussed with relevant people and agencies.

- 9.2** The Service Provider shall comply with all legislations, which otherwise would have been applicable had the services been run directly by the Government agencies.

10. STAFFING

- 10.1** The Service provider will ensure that, at all times, it has sufficient suitably trained staff to ensure that services comply with all the statutory requirements and meet patient needs.
- 10.2** The Service provider agrees that he would ensure that a minimum complement of staff mentioned at "Annexure II" of this Agreement would be in position in each MMU.
- 10.3** The Service provider agrees that a record of qualifications shall be maintained by the provider and available for inspection.
- 10.4** The Service provider hereby expresses his commitment to training and staff development and the maintenance of professional knowledge and competence.

11. FINANCE ARRANGEMENTS

- 11.1** Both parties agree that the payment arrangements as quoted by the Service provider in his bid against the above mentioned tender enquiry and/or subsequent bid submitted by him as a result of negotiations shall be adhered to.
- 11.2** It is agreed that payments would be made monthly basis. To facilitate this, the Service provider will submit invoices with all documents in support of his claims on every of the month. On the basis of such invoices, the State Health Society transfers the amount electronically to the Service provider's bank account after verification of documents.
- 11.3** The State Health Society as per existing rules of the government will have the right to examine the invoices as required under relevant rules. If such examination reveals any extra payment already provisionally made, the extra amount will be adjusted from the next payment due to the Service provider under intimation to him.
- 11.4** In case the last day of the month is holiday as a result of which invoices cannot be submitted The State Health Society agrees to make payment of an equivalent amount of the last invoice submitted. Additional amount paid if any on the basis of actual invoices submitted later and examination thereof will be adjusted from subsequent payments under intimation to the Service provider.
- 11.5** The Service provider hereby agrees to maintain all required books of accounts and agrees to provide them to such audit as may be required to be carried out.

11.6 The Service provider hereby agrees that The State Health Society will deduct from all payments such amount of statutory taxes and duties as he is required to deduct under provisions of law.

The amount would be deducted if the MMU becomes non operative as mentioned and calculated.

11.7 It is compulsory that Mobile Medical Unit staff salary should transfer through online banking from Service Provider. Service Provider should provide details financial documents regarding staff salary on monthly basis.

12. VARIATION

12.1 This Service Level Agreement may not be varied unless a variation is agreed in writing and signed by all parties.

13. DISPUTES

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

13.2 Both parties agree to make their best efforts to resolve any dispute between them by mutual consultations.

14. ARBITRATION

14.1 If dispute or difference of any kind shall arise between the State Health Society, Mumbai and the firm/contractor in connection with or relating to the agreement, the parties shall make every effort to resolve the same amicably by mutual consultations.

19. If the parties fail to resolve their dispute or difference by such mutual consultations within thirty days of commencement of consultations, then either the State Health Society, Mumbai 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 < The Commissioner, Health Service & MD NHM, (NHM Procurement Cell), Mumbai > 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 < The Commissioner, Health Service & MD NHM, (NHM Procurement Cell), Mumbai > to act as Arbitrator.

20. Work under the agreement shall, not with-standing the existence of any such dispute or difference, continue during arbitration proceedings and no payment due or payable

by the State Health Society, Mumbai or the firm / contractor shall be withheld on account of such proceedings unless such payments are the direct subject of the arbitration.

21. Reference to arbitration shall be a condition precedent to any other action at law.

22. Venue of Arbitration: The venue of arbitration shall be the place from where the agreement has been issued.

15. TERMINATION

15.1 If the Service procuring agency terminates the agreement and then makes other arrangements for the provision of the Services, it shall be entitled to recover from the Service provider any loss that had to be incurred due to such sudden termination of agreement.

15.2 Both the parties agree that no further payment would be made to the Service provider, even if due till settlement of anticipated loss as a result of premature termination of the agreement.

15.3 The State Health Society, Mumbai reserves the right to terminate the agreement without assigning any reason if services of the MMU create serious adverse publicity in media and prima facie evidence emerges showing negligence of the Service provider.

The State Health Society, Mumbai may terminate the agreement, if the successful Bidder withdraws its Bid after its acceptance or fails to submit the required Performance Securities for the initial agreement and or fails to fulfill any other contractual obligations. The earnest money and the performance security deposited by the defaulter shall also be recovered to pay the balance amount of extra expenditure incurred by the State Health Society, Mumbai.

After completion of the tenure of Bid, the Service provider will be allowed to vacate the space within a period of 15 days, in all the facilities where provider was providing the services.

The Commissioner, Health Service & MD NHM, (NHM Procurement Cell), 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.

The period of contract will be three year from the date of work order. Purchaser will review service provider services every one year. If the service provider 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.

16. Indemnity

16.1 By this agreement, the Service provider indemnifies the Service procuring agency against damages of any kind or for any mishap/injury/accident caused to any personnel/property of the Service provider while performing duty.

16.2 The Service provider agrees that all liabilities, legal or monetary, arising in any eventuality shall be borne by the Service provider.

17. PERIOD OF AGREEMENT

17.1 This Service Level Agreement shall take effect onuntil The period may be extended for another period of one year with the agreement of both parties after mutual negotiations.

1. Signed for and on behalf of the MMU Service Procuring Agency (The State Health Society, Mumbai)

Signed:

Name:

Designation:.....

Date:.....

2. Signed for and on behalf of the Service Provider:

Signed:.....

Name:.....

Designation:.....

Date:

Witnesses:

1) _____

2) _____

3) _____

Reporting Pro-forma for each functional MMU – Daily Report No. 2

S. No.	Location of MMU	Number of OPD	Number of ANC/PNC	Number of Lab Test Conducted	Number of Patients Referred	Nearest Facility to the MMU (Name & type)
1						
2						
3						
4						
5						
6						
7						
8						

A. Staff Composition

Name of staff	Qualification	No. Of persons
Medical Officer	M.B.B.S Only (preferably women)	1
Nursing	GNM preferable- if not ANM	1
Pharmacist	D Pharm/ B Pharm	1
Lab Tech +Male worker	B.Sc DMLT/HSC DMLT	1
Driver cum Support Staff	SSC Heavy Vehicle License & Indemnity bond of Accident free driving in last three years.	1