



**GOVERNMENT OF MAHARASHTRA  
STATE HEALTH SOCIETY,  
NATIONAL HEALTH MISSION, MAHARASHTRA**

**National Health Mission**

*Arogya Bhavan 3rd Floor,  
St.George's Hospital Compound,  
Near C.S.T.Station,Mumbai-400 001.  
Maharashtra State*

**Email - [http://nhm.procurement@gmail.com](mailto:http://nhm.procurement@gmail.com)**

**Website : <http://mahatenders.gov.in//aarogya.maharashtra.gov.in>**

**Phone : 022-22717609/22717610**

**TENDER DOCUMENT  
TO  
DEVELOP & OPERATE  
MOTOR BIKE AMBULANCE PROJECT**

**Not Transferable**

Tender reference No: Tender No.-E 12 /NHM/EMS/16-17

Last date for submission of tenders: 07.04.16 up to 5.00 pm hours.

Issued to  
M/s.....

## **Disclaimer**

This TENDER DOCUMENT is being issued by State Health Society, Maharashtra/National Health Mission, Maharashtra for inviting tenders MOTOR BIKE AMBULANCE PROJECT IN MAHARASHTRA for selection of Service Provider on such terms and conditions and technical specifications as set out in this TENDER DOCUMENT.

It is hereby clarified that this TENDER document is not an agreement and is not an offer or invitation by the SHS, Maharashtra and National Health Mission, Mumbai, Maharashtra to any – party. The purpose of this TENDER document is to provide interested parties with information to assist the formulation of their Application for Final Bidding. This TENDER document does not purport to contain all the information each Applicant may require. This TENDER document may not be appropriate for all persons, and it is not possible for SHS, Maharashtra and National Health Mission, Mumbai, Maharashtra their employees or advisors to consider the investment objectives, financial situation and particular needs of each party who reads or uses this TENDER document. Certain applicants may have a better knowledge of the proposed Project than others. Each applicant should conduct his own investigations and analysis and should check the accuracy, reliability and completeness of the information in this TENDER document and obtain independent advice from appropriate sources. SHS, Maharashtra and National Health Mission, Mumbai, their employees and advisors make no representation or warranty and shall incur no liability under any law, statute, rules or regulations as to the accuracy, reliability or completeness of this TENDER document.

SHS, Maharashtra and National Health Mission, Mumbai may in their absolute discretion, but without being under any obligation to do so, update, amend or supplement or relax any condition / information in this TENDER document.

**GOVERNMENT OF MAHARASHTRA**  
**STATE HEALTH SOCIETY, MAHARASHTRA**  
NATIONAL HEALTH MISSION, MAHARASHTRA  
NOTICE FOR INVITING TENDER TO DEVELOP & OPERATE  
MOTOR BIKE AMBULANCE PROJECT

Tender no/12//NHM//16-17

Date: 18.03.2016

Government of Maharashtra through NHM - State Health Society, Maharashtra and National Health Mission, Mumbai intends to launch MOTOR BIKE AMBULANCE PROJECT with a fleet of 10 BIKE AMBULANCE on Pilot basis(Through IDBI bank CSR funds) and proposes to Commissioner FW& Mission Director National Health Missions, Procurement Cell, 2ed<sup>st</sup> Floor, Arogya Bhavan, St. George's Hospital Compound, Mumbai-400 001. NHM – State Health Society, Maharashtra invites Tender to develop and operate MOTOR BIKE AMBULANCE PROJECT.

SHS, Maharashtra and National Health Mission, Mumbai will provide through IDBI bank under CSR component the capital cost for procurement of MOTOR BIKE AMBULANCE, Equipment's, and operational expenses to operate the existing 108 Control Room / ERC and the Ambulances.

The Turn Key service provider selected through Two Bid System will have to procure bike Ambulances and operate Bike Ambulance service 24 X 7 hrs free of cost to the individuals in the medical emergencies.

Interested eligible Tenderers may obtain further information of technical specifications, required quantities and other terms and conditions applicable to develop & operate MOTOR BIKE AMBULANCE PROJECT from our website <http://mahatenders.gov.in> & [aarogya.maharashtra.gov.in](http://aarogya.maharashtra.gov.in)

**Eligibility Criteria:**

Operating MOTOR BIKE AMBULANCE Service is a specialised life saving service requiring state of the art, life support bike Ambulances, trained manpower, critical operational processes, specialised software and most importantly organizational experience of having run such a critical service. Based on such specialised Individual companies/registered societies/consortium of companies are eligible to take part in the RFP. In case of a consortium, (max. two members allowed, through a MoU), the consortium members need to fulfil the bid criteria jointly. Consortium members to nominate the lead member, who will be responsible to implement the

project. The members of the consortium specific to this assignment, meeting all the following criteria, may submit the Tender Document.

1. Bidders shall have one year experience in managing a fleet of minimum 50 ambulance services.
2. Should have at least 1 year experience in GIS, GPRS and GPS integrated vehicle Monitoring System and Software components for the same.
3. Necessary training shall be given to paramedics will works on the ambulance. the training shall be given by recognized institute .
4. Annual Turnover shall not be less than 50 Lakhs for the period of last three years
5. In case of consortia, the Lead member shall fulfil criteria No. 4 independently and other members of the consortia to meet the criteria no. 1, 2, and 3 independently.
6. Testimonials of all relevant experience should be enclosed with the Bid Document...
7. Registration : The Bidder should also be registered with the Income Tax if applicable and also registered under the Labour laws, Employees Provident Fund Organization, Employees State Insurance Corporation etc.,
8. Tenderer shall produce Audited Balance Sheet and Profit and Loss Accounts for last three years i.e. 2012-13, 2013-14 & 2014-15 certified by the Auditor

**Note:** Tenders are not allowed from the firm which is found guilty of malpractice, misconduct, or blacklisted/debarred either by Public Health Department, Govt. of Maharashtra or by any local authority, Other State Government/Central Government's organizations.

**If any tenderer wishes to lodge any complaint against the other tenderer regarding submission of false documents, information etc. the tenderer has to deposit ₹. 1,00,000 (Rupees One Lacs only )in the form of Demand Draft drawn in favour of State Health Society, 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**

## TENDER SCHEDULE

Item No.	Description of motor ambulance PROJECT	Items for Tender	Period of Sale of Bid	Bid Submission	Bid Opening
1.	TO DEVELOP & OPERATE Motor bike ambulance project.	1) 10 motor bike ambulance project. 2) Operationalization of Motor bike ambulance project.	18.03.16 at 10.00 am to 07.04.16 2.00 pm	18.03.16 at 10.00 am to 07.04.16 2.00 pm	12.04.16 At 2.01 pm to 05.00 pm
<b>Date of Pre Bid Meeting :</b> 30.03.16 at 11.00 am, 3rd floor, Arogya Bhavan, NHM Mumbai					
Sr. No.	Description			EMD	
1.	TO DEVELOP & OPERATE Motor bike ambulance project. 1) Procurement of 10 bike Ambulances with medical equipment's 2) Operationalization of motor bike ambulance project.			Rs. 1,50,000/-	

Address for communication: Office of the  
**Commissioner (FW) & Mission Director, NHM**  
 (Procurement Cell)  
 2nd Floor, Arogya Bhavan  
 St. Georges Hospital Compound,  
 Mumbai 400 001  
 PhonNO:022-22717609/22717610

A complete set of tender documents may be purchased by interested eligible tenderer upon payment of a non refundable fee of **Rs15000/-** (Rupees fifteen Thousand only) in the form of a Demand Draft issued by Nationalized/Scheduled Bank in favour of "**State Health Society, Mumbai**" payable at Mumbai during office hours from 10.00 hours to 17.00 hours on all working days on or before date & time of closing of sale of tender document.

Tenders which are downloaded from website, the tenderers should specifically super scribe "**Down loaded from the website**" on the top left corner of the envelope. However tender cost of Rs. 15,000/- in the form of Demand draft will have to be submitted along with the tender document. The tenders shall be rejected summarily upon failure to follow procedure prescribed in the Tender document. **The conditional tender is liable to be rejected.**

Commissioner family welfare & mission director National Health Missions (Procurement Cell), Mumbai reserves the right to increase or decrease the quantity to be purchased and also reserves the right to cancel or revise or any of the all the tenders or part of tenders without giving any reasons thereto.

**Commissioner (FW) & Mission Director**  
**National Health Missions**  
**(Procurement Cell) Mumbai**

## KEY DETAILS

Name of Office	Commissioner Family Welfare & Mission Director National Rural Health Mission, State Health Society, Maharashtra Arogya Bhavan, 3 <sup>rd</sup> Floor, St. George Hospital Compound, P. D'mello Road, Mumbai 400 001
Date of Issue of TENDER DOCUMENT	18.03.16 at 10.00 am
Authority & Place for purchase of TENDER DOCUMENT, submission & Opening of Bids	Commissioner Family Welfare & mission Director (Procurement Cell), National Health Mission, 2ed <sup>st</sup> Floor, Arogya Bhavan, St. George Hospital Compound, P.D'mello Road, Mumbai 400 001
Authority and address for seeking clarifications of the TENDER DOCUMENT	Commissioner Family Welfare & Director , (Procurement Cell), National Health Mission, 2ed Floor, Arogya Bhavan, St. George Hospital Compound, P.D'mello Road, Mumbai 400 001
Date and Time of Pre-Bid Meeting	30.03.16 at 11.00 am
Venue of Pre-Bid Conference	Conference Hall 3rd floor, Arogya Bhavan, St. George's Hospital Compound, P. D'mello Road, Mumbai 400 001
Last date for sale of TENDER DOCUMENT	Upto 07.04.16 at 5.00 pm
Earnest Money Deposit Amount	Rs. 1,50,000/
Last date and time for Receipts of TENDER DOCUMENT	Upto 07.04.16 at 5.00 pm
Date & Time of Opening of Technical Bids (Envelope no. 1)	12.04.16 At 2.01 pm to 05.00 pm
Date & Time of Opening of Price Bids (Envelope 2)	To be notified later

Please note carefully the requirements for submitting Bids as set-forth in this TENDER DOCUMENT, and the date and time for submission of TENDER DOCUMENT late tender on any account shall be rejected summarily. Delay due to Post or any (for e.g.: electricity/internet/etc) other reason will not be condoned.

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# Project Profile

## 1. Background

State Health Society, National Health Mission ,Mumbai, Government of Maharashtra envisages that a fleet of motor bike ambulance project be made operational & scaling. The Service Provider selected through Tender process of two bid systems shall procure the bike ambulances, medical equipment's. Capital cost will be provided by SHS, National Health Mission ,Mumbai, Maharashtra through IDBI bank under CSR component . All these bike ambulances shall be operated by the Successful Bidder and operational costs shall be reimbursed by SHS, National Health Mission ,Mumbai, Maharashtra through IDBI bank under CSR component as per the lowest financial bid received in this TENDER. The Selected service provider shall be required to use existing call centre 108, at 2nd Floor, Chest Hospital Aundh, Pune for the bike Ambulance operations and all the existing infrastructure, call centre & call assistant by 108 shall be continue to be use motor bike ambulance also. The necessary training to manage calls from bike ambulance will be given to ERC 108 staff.

### 1.1 Objectives:

Hence, the urgent need for a quick-response emergency medical service, called First Responder Service (FRS), by a small fleet of Bike ambulances.

Two Wheeler first responder ambulance can reach to patient/emergency caller immediately even during traffic conjunction, slum areas and areas with very narrow lanes or roads. This also reduces present average response time from present 30-35 min. to 15-20 min.

Two wheeler bike ambulance with paramedic can reach the incident locations in less time and provide first aid & stabilize the situation to the victims till an big ambulance arrives.

Effectively Accidental life-saving emergencies on time in accidente location and slam areas.

The aim of this project is to demonstrate a 20% reduction in mortality and morbidity rates in an emergency.

In consonance with the above objective Government of Maharashtra through SHS and National Health Mission, Mumbai proposes to select Service Provider on Turn Key Basis by open bidding.

### 1.2 Salient features of the Project

Management of emergencies of serious concern in the Mumbai/Maharashtra specially in the light of increasing road accidents, health related problems, outbreak of diseases and unexpected natural calamities and manmade disasters etc. There is a need to establish emergency response services in the Mumbai/Maharashtra on a large scale basis through Public Private Partnership.

Emergency is the occurrence of any sudden event that threatens life, health, property, public order or daily life, and demands immediate attention, often requiring coordinated response from multiple agencies such as Health authorities, Police, Fire and Medical. Emergencies could vary vastly in scope, magnitude and management at an individual level. It is an established fact that effective emergency response will significantly reduce deaths, disabilities, suffering from length of hospital stay etc.

Emergency response, if planned scientifically, presupposes essential ingredients like one universal access number - preferably a toll free number accessible from landline as well as mobile phones, well equipped Ambulances to enable essential pre-hospital care, trained Para-medicos providing the pre-hospital care, medical direction through call centre physicians for giving pre-ambulance arrival instructions to the affected individual and finally networking of hospitals.

All the above components are to be well integrated in the system making it easy for providing emergency response services. A suitable system has to be developed by integrating several vendor supplied systems to create a single seamless solution including Computer Technology Integration, Voice Logger System, Geographic Information Systems (GIS) Maps, Geographical Positioning Systems (GPS), General Packet Radio Service (GPRS), Automatic Vehicle Location Tracking (AVLT) & Mobile Communication System.

First Responder service should integrate with many critical third party systems for managing medical emergencies. It automates all the activities of the call centre and supported activities of emergency handling such as medical assistance to critical patients, ambulance management, and equipment management. The bike ambulances should not only be state of the art but also well equipped. The Para-medicos to be designated as Emergency Medical Technicians should be skilled and committed. The 108 existing Emergency Response Centre (ERC) shall also be equally competent. Networking with hospitals is another essential prerequisite for continuity of care.

Number of Emergency Services that have been either in existence or worked for some time in the past, have been mainly serving single dimensional interests be it corporate hospital or limited context interests of social organizations which run them. Though the State made some efforts to make available emergency medical services to people across the State

**The present proposal is to start-**

- a. A pilot project of 10 bike ambulances launch in Mumbai/Maharashtra.
- b. trained paramedics/EMT 24x7 x 365days - Trained as per national standards of medical protocols
- c. 24/7 uptime, with either 8 or 12 hour shift operations, for the entire fleet.
- d. To contain a carefully selected list of drugs,
- e. Medical Equipment - To contain a series of carefully selected emergency  
Medical devices that are certified for pre-hospital use  
Are designed to work outdoors,  
Are dust and waterproof  
Besides coping with trauma, burn and multiple injury cases, etc.
- f. 24 x 7 hour existing call centre 108 Emergency Response Centre (ERC) for managing and coordinating the ambulance services (MEMS108)
- g. Bike Ambulance base stations / ambulance parking spaces to be identified at strategic locations across the Mumbai/Maharashtra state for positioning of the bike ambulances as per the deployment plan approved by State Health Society,/NHM , Mumbai ,Maharashtra.

## **2. Duration of the project:**

The tentative duration of the project will be two years from the date of implementation of the project and will be extended later by mutual consent from Supply and operationalization of bike ambulance.

### **2.1 Service Package**

The service package is defined as follows: Free of cost bike Ambulance Service to the capable of providing first aid treatment to the affected individual/s in a medical emergency.

### **2.2 Investment and Ownership:**

- a. The Motor Bike ambulances and the control room will be owned by Government of Maharashtra.
- b. SHS, Maharashtra and National Health Mission, Mumbai will require the Successful Bidder to operate the Motor Bike ambulances and control room through a transparent and open method.
- c. SHS, Maharashtra and National Health Mission, Mumbai will pay to the Successful Bidder the charges (as quoted) for services rendered in accordance with the terms of the TENDER DOCUMENT.
- d. Ownership of database and software and therefore the Intellectual Property rights for the database generated shall remain with SHS, Maharashtra and National Health Mission, Mumbai,
- e. SHS, Maharashtra and National Health Mission, Mumbai also retains the right to require the Successful Bidder to adhere to accreditation by any national / international organization.
- f. 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.

### **2.3 Roles and Responsibilities, Obligations:**

#### **2.3.1 NHM-SHS- -GOVERNMENT:**

- 1) To reimburse capital cost through IDBI bank under CSR component for the procurement of well-equipped motor bike ambulances as required for First Responder service as per specifications in Annexure XI, XII A and XII B
- 2) Provide motor bike ambulance stations/shelters, offices and night halt facilities in suitable health care institutions.
- 3) Take up with the concerned authorities in the Health and family Welfare Department to issue necessary instructions for making available required emergency medical facilities and strengthen the facilities in all the Primary Health Centres, Community Health Centres, General Hospitals, and other hospitals in the district.
- 4) Make all efforts to ensure the availability of medical and paramedical staff, equipment, medical supplies, and drugs for effective handling of emergencies in the

- government hospitals and to coordinate with all departments for making the healthcare services available to the beneficiaries.
- 5) Undertake to coordinate with the concerned authorities in the Police, Fire, Transport, Highway Authorities, Medical Education and other departments to issue appropriate instructions to the field officers of these departments for making available required assistance and resources.
  - 6) Issue suitable administrative instructions to the field officers of all concern departments in the government, so as to prevent diversion of the ambulances for any purposes other than as described in this agreement.
  - 7) Provide statutory framework to enable efficient response to emergencies and establish policies and procedures that enhance better co-ordination among the multiple government departments and agencies.
  - 8) Promote research in academic institutions to improve emergency response mechanisms.
  - 9) Promote public awareness in emergency response through various state agencies and departments.
  - 10) Provide the data pertaining to hospitals, police stations and fire service stations.
  - 11) **Disclaimer of the liability** – Government of Maharashtra/State Health Society, National Health Mission, Maharashtra shall not be liable for in respect of any damages or compensation payable in law on account of injury or death arising out of accident caused to any workman/employee or other person in the employment of the bidder or any sub-bidder as well as any claim made by third party against the bidder.

### **2.3.2. Responsibility of Successful Bidder/service provider**

1. All the terms condition mentioned in the tender document amendment thereof ,other mutually agreed terms and government resolutions issued by Gov. of Maharashtra or decision of SHS/NHM in this regard from time to time shall be binding on the service provider through specific mention is not made in this agreement. Cost implication if any of Gov. resolution or decision of SHS/NHM in this regards from time to time shall be binding on the Service Provider.
2. Procurement & supply of well equipped Ambulances as per Technical Specifications (Annexure XI, XII A and XII B)
3. Provide technological leadership, administrative and managerial support as the Partner in an open and transparent manner to produce mutually agreed outcomes.
4. Develop a suitable integrated solution including Computer Technology Integration, Voice logger system, General Packet Radio Service (GPRS), Geographic Information systems (GIS), Geographical positioning systems (GPS), Automatic Vehicle Location & Tracking (AVLT) Computer Aided Dispatch (CAD) and Mobile Communication Systems (Annex- XI)
5. Provide the Application Software for the project and the hardware components. The Successful Bidder shall update the software periodically to accommodate additional functions/ processes for effective delivery of service. Any hardware which requires replacement/upgradability with respect to the latest technological advancement, which in

turn enables to make the emergency response service faster and more efficient, should be done by the bidder during the contract period at their own cost.

6. Serve as a vital emergency management information and assistance resource and raise societal awareness of, and capability in, Emergency Management and Response mechanisms and thus save lives and reduce the economic impact to the citizens, firms and the government through appropriate awareness, education and capacity building programs.
7. Operate the Motor Bike ambulances and ensure that ambulance services are available on a 24 x 7 hours and 365 days a year basis to the people without any charges levied from the public and make efforts to reach the required spot with average response time of equal to or less than 15-20 minutes in urban/rural areas from the time of call.
8. Service Provider should take approval from ARAI or appropriate authority approved by SHS/NHM for all the Motor Bike ambulances to be deployed in Bike Ambulance project, certifying that ambulances satisfy CMVR rules and guidelines regarding ambulances for this project.
9. All the Bike ambulances should have GPS/GPRS device on it and one active mobile phone connections of with maximum local coverage. The Emergency Response Centre shall communicate with all the Bike ambulances by means of voice data as well. The data includes the destination name, landmark and other relevant information shall flash on the GPS/GPRS device monitor kept on each of the Bike ambulance. The map shall be displayed on this monitor with current position of ambulance, destination and all the nearest hospitals. In the later stage it should be possible to highlight the shortest distance to the destination as well as the hospital on the map displayed on the monitor. The device should also have facilities to log the status of emergency calls attended by the ambulances to the control room.
10. The basic minimum qualification of the EMT (emergency medical technician) to be appointed by the service provider shall be GNM/B.Sc. Nursing from recognized university. the EMT shall be able to operate, physically fit, ride the bike ambulance & should hold a valid licence for motor bike as per RTO rules
11. On receiving call of medical emergency, Emergency Response Centre shall communicate with the nearest ambulance and the caller, **EMT will decide severity of the patients' condition (if required in consultation with ERC 108), stabilise the patient condition** and arrange to take the patient to the nearest health facility/ hospital through (108/102) Maharashtra emergency medical services ambulances . On best effort basis, the concerned hospital should be informed in advance. Any call requiring assistance from police or fire fighting authorities shall be transferred accordingly. Minimum 2 patients served per day is necessary.
12. In the event of multiple causality or major accident more than one Bike ambulance shall be deployed depending upon the condition within a short time span.
13. Collate and store reports of patients served by the service.
14. Recruit, train and position the required man power (Annex-X), Emergency Medical Technicians [EMT] who will be present on the Bike ambulance while shifting an emergency case to a hospital.

15. Ensure that in every Bike ambulance operated under this scheme, one EMT shall be present at any given point of time to provide patient-stabilization, first-aid and other pre-hospital care. An illustrative list of total number of personnel involved in pre hospital emergency management and shall be appointed/hired by the Successful Bidder is attached as per (ANNEX- X). All Bike ambulance should have EMT-advanced at any given time.
16. To ensure comprehensive maintenance of the Ambulance and all equipments therein at his cost. Any warranty claims of the vehicle shall be coordinated and executed by bidder at SHS, Maharashtra and National Health Mission, Mumbai satisfaction.
17. All the Bike Ambulance vehicles must be in working condition 24x7 hours , 365 days and in case of break-down, immediate replacement of Ambulance shall be at the cost of bidder.
18. Bidder shall replace at his cost all the missing tools or equipments from the Bike ambulance with tools and equipments of same specification from the supplier of the ambulance equipments and tools.
19. Bidder shall meet all expenses towards Annual Fitness certification, Maintenance, Minor & Major repairs, replacement of tyres, batteries etc.
20. Bidder shall maintain separate log books for vehicle and patient, stock register and status register in all ambulance with relevant details (Appendix- A,B,C,D & E). Bidder shall also implement any system which SHS, Maharashtra and National Health Mission, Mumbai intends to introduce.
21. Provide daily (operational), monthly (administrative and financial) reports and quarterly (fund utilization) statements to the SHS, Maharashtra and National Health Mission, Mumbai.
22. Attend periodical review meetings held by the Government or SHS, Maharashtra or National Health Mission, Mumbai (physically or virtually) for the assessment of the operationalization of the scheme.
23. Maintain separate financial accounts and records of its operations in the State. These accounts shall be duly audited by a Chartered Accountant firm as approved by SHS, Maharashtra and National Health Mission, Mumbai and furnished to SHS, Maharashtra and National Health Mission, Mumbai by the end of the first quarter of the succeeding year.
24. Make all attempts to attend every emergency call that is received at the Emergency Response Centre. (108)
25. Bring in technology and service excellence and work towards improving delivery of emergency response of global standards over a period of time.
26. Liaise with various departments and agencies of the Government of India and the Government of Maharashtra.
27. Necessary training shall be given to paramedics will works on the bike ambulance. The training shall be given by recognized institute and approved by National Health Mission or State Health Department GoM.
28. Conduct periodic training programs to policy makers, government personnel, others.
29. Strive for continuous improvement in emergency management through strategic partnerships, innovative programs, and collaborative policies.

30. Undertake applied research assignments in implementing Emergency Response Services in the field.
31. IEC to be undertaken by the Service Provider across the Mumbai City/Maharashtra.
32. Prepare the standard operating procedure framework (SOPF) for Emergency Response Centre in consultation with SHS, Maharashtra and National Health Mission, Mumbai.
33. In case of Consortia, lead member shall be solely responsible for any default in execution and operation of the entire project.
34. Bidder shall be required to use existing call centre 108, at 2nd Floor, Chest Hospital Aundh, Pune for the bike Ambulance operations and all the existing infrastructure, call centre & call assistant by 108 shall be continue to be use motor bike ambulance. If the additional manpower is required salary for same shall be given by service provider
35. Service provider shall prepare the standards operation procedure (SOPS)frameworks for operating project
36. Service provider shall follow all existing labour laws regarding deployment of manpower .their salaries, working hours, statutory compliances shall be the sole responsibility of the service provider. The Service Provider should treated as principal employer for providing uninterrupted services.
37. Service provider shall provide system generated proofs of operations of bike ambulances In addition to the system generated proofs of operations the service provider shall furnish with monthly bills bike ambulance wise proofs of attendance of EMT duly attested by concerned officers with the base location of each ambulance.

**3. Time Schedule:**

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

<b>Finalization / Approval of Prototypes</b>	45 days from the date of issue of work order (Ratio)
<b>Body Building / Fabrication of the Motor Bike ambulances and delivery thereof (10 Motor Bike Ambulances</b>	– 30 days from the date of approval of prototype
<b>Training</b>	Completion of training before delivery of first set of Bike Ambulances and the necessary training to manage calls from bike ambulance will be given to 108 ERC call assistant staff.
<b>Launch of operation</b>	Maximum 7 days from delivery of Motor Bike Ambulances.

### 3.1 **BID VALIDITY**

The Bid shall remain valid and open for acceptance for a period of 120 days from the specified date of Price Bid opening.

### 3.2. **Monitoring:**

An appropriate entity/committee has been designated by, State Health Society,NHM, Government of Maharashtra, to monitor the procurement and operations of the project.

- |                                      |   |                  |
|--------------------------------------|---|------------------|
| 1. Commissioner FW & & Director, NHM | - | Chairman         |
| 2. Project Director, EMS, NHM        | - | Member Secretary |
| 3. Joint Director Technical, NHM     | - | Member           |
| 4. Joint Director Finance, NHM       | - | Member           |
| 5. IDBI bank Representative          | - | Invitee Member   |
| 6. Programme Officer, EMS, NHM       | - | Member           |
| 7. Programme Officer, IT EMS, NHM    | - | Member           |

Or any officer nominated by SHS/NHM ,Mumbai/Maharashtra

- b. Verification and approval for Medical equipment and instruments in the bike ambulances, medicines and drugs, Protocol for the Training of EMT will be done by expert committee designated by State Health Society/NHM, Maharashtra.
- c. Verification and approval for assessing IT specifications and all hardware and software for the existing Control Room and ambulances as per specifications will be done by expert committee designated by NHM/State Health Society, Maharashtra...

- Monitoring and evaluation of the activities will be done through the Management Information System and various reporting formats developed for the purpose.
- The monitoring committee will look in to the updation / replacement of the software and hardware applications periodically. The monitoring Committee shall take the review and take decision regarding continuation of the existing Contract accordingly.

### 3.3 **Clarifications**

Organizations requiring any clarification on the TENDER document shall contact the Purchaser by letter or email 10 days prior to last date & time of closing tender. Email ID [procurementcell@gmail.com](mailto:procurementcell@gmail.com), Phone: 022-22717609/22717610 Any queries / clarifications sought after the last date of submission thereof shall be considered void.

### 4. **Language**

All related correspondence and documents should be written in English language. Supporting documents and printed literature furnished by the Applicant with the Application may be in any other language provided that these are accompanied by appropriate translations of the pertinent passages in the English language. Supporting material, which are not translated into English, may not be considered. For the purpose of interpretation and evaluation of the Application, the English language translation shall prevail.



#### **4.1 Currency**

The currency for the purpose of the Application shall be the Indian Rupee (INR). The conversion to Indian Rupees shall be based on the closing exchange rate published by the Reserve Bank of India. In all cases where the original figure is in foreign currency, such original figures in the relevant foreign currency and the INR equivalent thereof must be given. The exchange rate(s) applied shall be clearly stated. NHM, however, reserves the right to use any other suitable exchange rate for the purpose of uniformly evaluating all Applicants.

#### **5. Amendment of tender document**

- 5.1** At any time prior to the deadline for Sale of tender, the Purchaser may amend the tender documents by issuing Addenda/Corrigendum.
- 5.2** Any addendum/corrigendum as well as clarification thus issued shall be a part of the tender documents. And it will be assumed that the information contained in the amendment will have been taken into account by the Tenderer in its tender.
- 5.3** To give prospective Tenderers reasonable time in which to take the amendment into account in preparing their tenders, the Purchaser shall extend, at its discretion, the deadline for submission of tenders, in which case, the Purchaser will notify all Tenderers by placing it on website of the extended deadline and will be binding on them..

#### **6. Submission of tenders**

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

Tender should be submitted in two envelopes i.e. Technical Bid in envelop no.. 1 & Commercial bid in Envelop no. 2. Both bids i.e. Technical Bid & Commercial

Bid should be put in one envelop indicating Bid No. Subject & Date of opening of Bid

Tender should be submitted through website <https://mahatenders.gov.in>, <http://arogya.maharashtra.gov.in> and Online only in two envelopes i.e. Technical Bid in envelop no.1& Commercial bid in Envelop no. 2. The EMD as required in the tender documents should invariably be submitted before the last date and time for sale close of tender on address mentioned below.

Commissioner (FW) & Director,  
National Health Mission  
(NHM Procurement Cell)  
2nd Floor, Arogya Bhavan  
St.Georges Hospital Compund,  
Mumbai 400 001  
Phone NO : 22717609/22717610

To prepare and submit the tender/offer online all bidders are required to have E-token based DIGITAL CERTIFICATE. Digital signature certificate should be obtained from competent authority. However the e- tender website or helpline numbers may guide you for obtaining the same.

## 6.1 Technical Bid - Envelope 1

The Bidder should furnish the following enclosures in a separate cover (herein after called Envelope 1.

### Enclosures

- i. Letter of Application (ANNEX- I)
- ii. Power of Attorney for Signing of the Application (in case of Consortium, this would need to be provided by the Lead Member) (ANNEX- II)
- iii. In case of Consortium, Power of Attorney for signing of Application by the Lead Member (ANNEX- III)
- iv. Details of Applicant (in case of Consortium, this would need to be provided by all the members of the consortium).(ANNEX- IV)
- v. Experience of Applicant (in case of Consortium, Technical experience of Member of consortium) (ANNEX- V) Financial Capability of the Applicant (in case of Consortium, Financial Capability of Lead member) - (ANNEX- VI). In case of Consortium, Registered Memorandum of Understanding (MoU) and Agreement amongst the members. Audited Balance sheets / Profit and Loss A/c Statements
- vi. Bank Draft issued by Nationalised Bank / Scheduled Bank towards the cost of TENDER Document
- vii. EMD shall be Rs. 1,50,000/ in the form of Demand Draft or a Bank Guarantee issued by Nationalised Bank only in favour of State Health Society, Maharashtra payable at Mumbai.
- viii. An affidavit clearly mentioning that the Applicant has not been blacklisted by SHS, Maharashtra or any of other state government or government organization in the past 5 years (in case of consortium, the same needs to be submitted separately for all consortium members) (ANNEX- VII)
- ix. Letter of Exclusivity (in case of application by Consortium) - (ANNEX- VIII)
- x. A letter of declaration (Anti Collusion Certificate) mentioning that the Applicant/ Consortium will not collude with the other Applicants/Consortiums between the Tender phase and the TENDER phase of the project (ANNEX- IX)
- xi. A copy of the TENDER document signed and sealed in all pages by the bidder.
- xii. Details of work unit (Annex- XV)
- xiii. Performance Statement (Annex- XVI)
- xiv. Authorization from Manufacturer for purchase of Vehicles/ambulances
- xv. Authorization from manufacturer for purchase of Medical Equipments
- xvi. Check List (Annex-XVII)
- xvii. **Declaration :**  
A successful bidder shall produce Declaration on stamp paper of Rs. 100 stating that all the terms and conditions in the tender document are binding. Affidavit on non-judicial stamp paper of Rs. 100/- that the rates quoted in the tender are not higher than the rates quoted to other Govt. Departments/Govt. Undertakings or any prevailing rate contracts.

## 6.2 Price Bid - Envelope 2

Bidder must fill in item wise prices as shown in Annex-XVII.

Envelope 2 contains the price bid of the tender. Each page of the price list should be duly signed by the Bidder affixing the office seal. The rate quoted by the bidder shall be inclusive of all taxes (sales tax, excise duty, customs duty as the case may be and freight and insurance charges etc). The price bid shall include all items under clause 2.3.1, 2.3.2.and in general all conditions of TENDER DOCUMENT.

- i. Capital Cost for procurement of well-equipped Motor Bike Ambulances with Technical Specifications and medical equipment for 10 Bike Ambulances as per specifications in ANNEX- XI, XII (a&b)& XIII for the financial year 2016-17.
- ii.
  - i) Operational Cost for 10 Bike Ambulances (for the Financial Year 2016 -17 (Per annum)
  - ii) Operational Cost for 10 Bike Ambulances (for the Financial Year 2017 -18 (Per annum)

**vi. The above list is illustrative and not exhaustive.**

The two separate covers {Technical Bid – (Envelope 1), and Price Bid – (Envelope 2)} shall be placed in a large cover which shall be sealed and super scribed as **Tender for Bike Ambulances**.

The capital cost shall include setting up of emergency response centre in the space provided by SHS, Maharashtra and National Health Mission, Mumbai including IT equipments, interiors and refurbishing, software cost, hardware cost and all non recurring expense. The equipments procured for the bike Ambulances shall be from leading reputed brands (original manufacturer).

Split up of capital cost must be shown separately. Split up shall also be given for additional capital cost related to scaling up the project.

The operational cost shall include operational staff salary, Maintenance cost of bike ambulance and equipments, running cost for bike ambulances, cost of consumables, medicines at a maximum of 10 patients per day per ambulance Split up of Operational cost must be shown separately.

**Other conditions:**

- i. The Agreement shall be valid for 2 (two) years from supply & operationalization of 10 bike ambulance and be extended upto 3 years by Mutual consent.
- ii. The operational cost shall be quoted for the entire contract period.
- iii. Operational cost shall be quoted for per bike ambulance per month
- iv. Mandatory to attend each and every emergency call.
- v. The operational cost shall include all maintenance costs.
- vi. Approved clarification to the points / queries raised in the pre-bid meeting shall constitute as part of tender document.
- vii. All rights are reserved with SHS/NHM .The no of bike vehicles may increase or decrease depending on the circumstances.

### **6.3 Opening of Bids:**

Technical Bids (Envelope 1) of all the Bidders will be opened at the time, date and place indicated in the key details, in the presence of Bidders/ representatives who choose to attend the Bid opening. The Bidders/ representatives, who are present at such opening, shall sign a register evidencing their attendance as a witness to the Bids opening process. If any Bidder, not fulfilling technical criteria will be disqualified at this stage only. The Bidder who are found eligible after technical evaluation will only be invited to be present at the time and date of the opening of Price Bid (Envelope 2) to be intimated later on for participation.

### **6.4 Evaluation of the Bids**

The bid will be evaluated by taking the capital expenses, additional capital expenses to scale up the project, operational expense for the entire period of the contract for evaluating L1 bidder. If any bidder is not technically qualified, such bidder will be disqualified at this stage only. Each item will be evaluated separately. The technical scrutiny shall be on the basis of submitted substantiation documents.

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

EMD shall be Rs. 1,50,000/lakhs in the form of Demand Draft or a Bank Guarantee issued by Nationalised Bank only in favour of State Health Society, Maharashtra payable at Mumbai. The tenders submitted without EMD will be summarily rejected. Tenderer shall not be entitled for any interest on EMD /Security deposit.

The EMD shall be forfeited:

(a) If a Tenderer withdraws its tender during the period of bid validity as specified in the Tender.

(b) In case of a successful Tender, if the tenderer fails:

To sign the Contract in accordance with terms and conditions or.

To furnish security deposit as per tender clause

### **6.6 Acceptance of Bid**

1. Government of Maharashtra/SHS/NHM reserve the right to accept or reject any or all tenders without assigning any reason.
2. The acceptance of the tender will be communicated to the Successful Bidder in writing.

### **6.7 PAYMENT TERMS**

SHS, Maharashtra shall provide compensation to Service Provider in following manner;

**Reimbursement of Capital Expenditure** through IDBI bank under CSR component

The reimbursement of the capital expenditure for Procurement of bike Ambulances to Service Provider after actual operation of ERS from the date of submission of bills / vouchers within 60 days. Consolidated Bill / vouchers to be submitted once in a month.

The payment will be released for lots as per the time schedule in the para 3, only after due verification by State Health Society /NHM/ Govt. Of Maharashtra and as per availability of funds.

### **Reimbursement of Operational Expenses**

The SHS, Maharashtra shall reimburse the operational expenditures through IDBI bank under CSR component on 70% of the monthly bill against submission of invoices with system generated proofs from ERC& service provider .the reaming 30% amount will be released after thorough analysis and verification of the system generated proofs as stated in clause(2.3.2/37) of this tender on quarterly basis. Any deduction /penalties decided as per clause (7.3) of this tender and applicable in the quarter shall be deducted from the quarterly payment of reaming 30% and as per availability of funds.

#### **The operational expense shall include:**

- a) Running cost of per bike ambulances for 50 kms per day( minimum 2 patient served per day) and in case of excess run, charges @ Rs.3 per km will be paid taking into account the average running of the ambulances in the entire State and not for individual ambulance.
- b) Salary of the staff (including Training/periodic updated Training ) – Operation of Control room and bike Ambulance,
- c) Maintenance cost of bike ambulance, bike ambulance equipment's, and Control room
- d) All other operational cost for Medicines, Surgical, Consumables, and Disposables etc.

Production of certificate dully signed by the patient /patient relative /witness will be mandatory. Bidder to quote operational cost per Bike ambulance per month.

In case of any dispute between the parties, Service Provider shall not stop or delay the service to SHS, Maharashtra.

### **7.1 Performance Security**

The Successful Bidder will have to pay equal to 5% of total contract value as Performance Security by way of a Demand Draft or Bank Guarantee issued by Nationalised Bank only valid for 2 years and 3 months from the date of signing the Agreement in favour of SHS, Maharashtra and National Health Mission, Mumbai within 30 days of award of contract. The proceeds of the Performance Security shall be payable to the **State Health Society Maharashtra** as part of compensation for any loss resulting by failure of the Service Provider's to complete his obligations.

### **7.2 EMD Refund**

- a) EMD of the Successful Bidder may at the discretion of SHS, Maharashtra be adjusted toward the security deposit payable by him. The EMD will be refunded to the non Successful Bidder after finalization of the tender as far as possible within 4 weeks.
- b) The EMD of the bidder will be forfeited without further notice, if the bidder files wrong or false information / affidavit to get qualified for TENDER DOCUMENT

### **7.3 PENALTY**

#### **A. Penalty in case of Delay in operationalization of the Bike Ambulance Project:**

Any delay in launching the project after receiving bike ambulances and subsequent deliveries of set of bike ambulances will invite penalty of @ 0.5 % per week to maximum of 10% of the total contract value.

If the bike ambulances / equipment are received in damaged conditions the service provider will have to rectify the defects pointed out at his own cost. Payment for executed work will be released only after successful completion of the work to be certified by the SHS/NHM, Maharashtra.

#### **B. Penalty in case of Delay in performance during the contract period:**

##### **1. Non availability of EMT in on road ambulance-**

- i. Penalty of Rs.500 + opex cost of particular shift will be imposed and respective ambulance will be declared off road immediately.

##### **2. Not providing Bike ambulance services in any case after receiving emergency call-**

- i. In such case penalty will imposed as Rs.5,000 per case and particular case will be cross verified by EMS cell before imposing in the penalty.

##### **3. Off road hours exceeding 72 Hrs at a time-**

- i. If in any case Bike ambulance remains off road for more than 72 hrs, then penalty shall be liable to the service provider as Rs. 3,000 per day.
- ii. This should be exempted in case of natural calamities or riots.
- iii. Also if the breakdown occurs on Saturday then connecting Sunday will not be considered for 72 hrs.

##### **4. Non-functioning of GPS/GPRS device-**

- i. In such case penalty will imposed as Rs.500 per case and particular case will be cross verified by EMS cell before imposing in the penalty.

##### **5. In case of untrained EMT recruited on Bike ambulance and if any EMT could not operate the medical equipment installed in Bike ambulances. -**

- i. Immediate termination of particular EMT and Rs.1,000/- as a penalty for respective case.

##### **6. In case of non-functioning or non-availability of biomedical equipments such as,**

- a. Defibrillator**
- b. Stethoscope**
- c. Compact Oxygen cylinder –**

- i. If these three vital medical equipment's are not available or in a non-functioning condition, then the penalty of Rs. 1,000/- per case per day will be liable to the service provider.

- ii. However the period of 7 days will be allowed to the Service provider for repairing or replacement of the medical equipment.

#### **7.4 Termination of Agreement**

- This Agreement may be terminated by SHS, Maharashtra and National Health Mission, Mumbai by issuing written notice to Service Provider if any breach of the terms of Agreement is caused by Service Provider, unless such breach is cured or the service is improved to the satisfaction of SHS, Maharashtra and National Health Mission, Mumbai in thirty (30) days after the written notice. The performance security shall be forfeited if the agreement is terminated by SHS, Maharashtra and National Health Mission, Mumbai. SHS, Maharashtra and National Health Mission, Mumbai will be free to forfeit Performance security for any loss suffered by SHS, Maharashtra and National Health Mission, Mumbai on account of such breach of contract.
  
- (1) Service Provider cease to work from date of termination of agreement however, will continue to provide services till the new service provider is in position.
  - **Or**
- (2) Three months prior notice will be issued by either side, so that substitute arrangement with new service provider can be made
  
- The period of contract will be two year from the date of work order. Purchaser will review contractor services every one year by NHM/SHS . If the Contractor does not provide services satisfactorily as per the requirements of the Purchaser/operations or / and as per the Schedule of requirements, this Contract may be terminated. After completion of 1yr Continuation of agreement from the date of operation of the bike ambulances, further continuation shall be subject to availability of funds .the contract will be treated as discontinued beyond completion of one year.

#### **7.5 FORCE MAJEURE**

For purposes of this Contract, Force Majeure means an event beyond the control of the parties to the Contract and not involving either party's fault or negligence and not foreseeable events.

- a. If, at any time during the existence of the Contract, either party is unable to perform in whole or in part any obligation under this contract because of an event rendering performance of obligations impossible, which include acts of God, war, revolutions, hostility, civil commotions, strike, floods, earthquake, epidemics, quarantine restrictions, freight embargoes or explosions, then the date of fulfilment of contract shall be postponed during the period when such circumstances are operative.
- b. The party which is unable to perform its obligations under the present contract shall, within seven (07) days from the occurrence of Force Majeure event, inform the other party with suitable documentary evidence. Non-availability of any

component, etc or any price escalation or change in any duty, tax, levy, charge, etc shall not be an excuse for the Service Provider for not performing his obligations under this clause / contract.

- c. Any waiver / extension of time in respect of delivery or commissioning shall not be deemed to be a waiver / extension of time in respect of remaining deliveries / commissioning.
- d. In such inability on account of force majeure to perform continues for a period of more than three months, each party shall have the right to be released from further performance of the contract, in which case, neither party shall have the right to claim damages from the other. However, all prior performance shall be subject to contract terms.

## **7.6 INSURANCE**

Service Provider shall maintain adequate general comprehensive liability insurance and insurance cover/s for his personnel's engaged in performing services under Bike Ambulance 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, Maharashtra and National Health Mission, Mumbai shall provide support to obtain such insurance covers.

Service providers shall extend insurance cover in the name of SHS, Maharashtra / National Health Mission, Mumbai /Govt. of Maharashtra to all bike ambulances in fleet, fixtures, and all medical equipment.

## **7.7 Warrantee & Annual Maintenance Contract**

All equipments and fabrication of bike ambulances are covered under comprehensive warranty for two years. SHS, Maharashtra shall enter into comprehensive annual maintenance contract after the warranty period. Service Provider shall liaise and coordinate with Annual Maintenance Contract (AMC) contractors to receive services under such AMC's. Award of contract:

### **7.8 Award of contract:**

The Purchaser will award the contract to the successful tenderer whose tender has been determined to be substantially responsive and has been determined as lowest evaluated tender, provided further that the tender is determined to be qualified to perform the contract satisfactorily. The Purchaser reserves the right to increase or decrease the no. of bike ambulances to be supplied and also reserves the right to cancel or revise or any of the all the tenders or part of tenders without giving any reasons thereto with no cost to the Purchaser.

### **7.9 Rights of the Government/SHS/ NHM:**

Government reserves the right to increase /decrease /cancel the entire bidding process at any point of time without giving any reason.

## **ANNEXTURE - I**

### **Format for Letter of Application**

Tender no.12/16-17/Motor Bike Ambulance



*[On the Letter head of the Applicant (in case of Single Applicant) or Lead Member (in case of a consortium)]*

To  
Commissioner (F&W) & Mission Director  
(Procurement Cell)  
National Health Mission  
3<sup>st</sup> Floor, Arogya Bhavan,  
Mumbai: - 400 001.

Dear Sir

Having examined the tender document, the receipt of which is hereby acknowledged, we, the undersigned, offer to supply and deliver the goods under the above-named Contract in full conformity with the said tender document and our financial offer in the Price schedule submitted in Envelop No. 2 which is made part of this tender.

We undertake, if our tender is accepted, to deliver the goods in accordance with the delivery schedule specified in the tender document.

If our tender is accepted, we undertake to submit the security deposit in the form, in the amounts, and within the times specified in the tender document.

We agree to abide by this tender, for the Tender Validity Period specified in the tender document and it shall remain binding upon us and may be accepted by you at any time before the expiration of that period.

Until the formal final Contract is prepared and executed between us, this tender together with your written acceptance of the tender and your Acceptance of Tender, shall constitute a binding Contract between us. We understand that you are not bound to accept the lowest or any tender you may receive.

Signed: \_\_\_\_\_

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

In the capacity of \_\_\_\_\_

Duly authorized to sign this bid for and on behalf of \_\_\_\_\_

**ANNEXTURE - II**

**Format for Power of Attorney for Signing of Application**

*(On a Stamp Paper of relevant value)*

**Power of Attorney**

Know all men by these presents,

We..... (name and address of the registered office) do hereby constitute, appoint and authorise Mr/Ms.....(name and residential address) who is presently employed with us and holding the position of ..... As our attorney, to do in our name and on our behalf, all such acts, deeds and things necessary in connection with or incidental to our bid for Motor Bike Ambulance Services Project in Mumbai including signing and submission of all documents and providing information / responses to the NHM, GoM, representing us in all matters before NHM, and generally dealing with NHM in all matters in connection with our bid for the said Project.

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

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

(Name, Designation and Address)

Accepted

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

(Name, Title and Address of the Attorney)

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

**Note:**

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

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

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

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

### ANNEXTURE – III

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

*(On a Stamp Paper of relevant value)*

#### **Power of Attorney**

Whereas the SHS, Maharashtra and National Health Mission, Mumbai, Government of Maharashtra (GoM), has invited applications from interested parties for establishing and running of Motor Bike Ambulance Services Project.

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. \_\_\_\_\_ (Lead Member), 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, NHM, Mumbai and service provider.

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

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

(Executants)

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

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

**ANNEXTURE - IV**

**Details of Applicant**

1.	<b>Name of Project</b>	BIKE AMBULANCE SERVICE PROJECT
2.	<b>Details of the Applicant</b>	
i	Name and Address of the organization with postal code	
ii	Telephone number with STD code	
iii	Fax No	
iv	Email address	
v	Year of establishment	
vi	Chief Executive: Name, Address, Telephone No, email id	
vii	Chief Contact person: Name, Address, Telephone No, email id	

**In case of a Consortium:**

- a. The information above (2) should be provided for all the members of the consortium.
- b. Information regarding role of each member should be provided as per table below:  
\*Specify whether Lead Member or Member.

No	Name of Member	Role
1.		
2.		

\_\_\_\_\_  
**Signature of authorized signatory  
With Seal of the Organization**

**Name of Signatory:**

**Designation:**

## ANNEXTURE – V

### Relevant Experience of the Applicant

[Details to be provided only for the Applicant/Lead Member (in case of Consortium)]

1.1	Details of Organization		
A.	Name of the organization		
B	Legal entity	See instruction 1	
C	Year of in corporation		
D	Registration No.	See instruction 2	
E	Registered Address		
F	Does Memorandum of Association permit the organization to carry out the business of ambulatory services	See instruction 3	
1.2	Relevant Experience (Type 1) #		
A	Years of Experience in ambulance service operations		
B	Current areas of operation – specify key locations		
		<b>FY 2012-13/ FY 2013-14</b>	<b>FY 2014-15</b>
C	Certificate of satisfactory performance (see instruction 7)		

Project experience of the Applicant's parent company or any associate company will not be considered for eligibility under the Experience criteria.

#### **Instruction 1:**

Legal entity can be only one of the following:

- a. Company registered under the Companies Act, 1956 including Company registered under Section 25 of the Companies Act, 1956, or an equivalent law outside India
- b. Society registered under The Societies Registration Act, 1860,
- c. Trust registered under The Indian Trust Act, 1882.

#### **Instruction 2**

Please enclose Registration / Incorporation Certificates.

#### **Instruction 3**

Please enclose Memorandum & Articles of Association, Byelaws or Trust Deed as the case may be.

#### **Instruction 4:**

- a. In case ambulances are owned submit copies of Registration Certificates.

- b. In case of any certification by the Government / Semi Government / Charitable trust for the ambulances owned, provide documentary evidence for the same.

**Instruction 5**

In case ambulances are not owned, please enclose the relevant existing documents such as MOUs / Agreements signed with the ambulance owners

**Instruction 6**

Provide summary of all current staff – name, age, education qualification (Degree/diploma/certificates with specific reference to Project, training, number of Years in employment, total relevant experience as a Paramedic/ Emergency Response Centre (ERC) employee. (Proforma A)

**Instruction 7**

Please submit consolidated yearly performance report of ambulances (No. of calls, number of patients shifted, distance covered (Proforma B)

**Instruction 8**

Details of area of operation be separately provided for covering the distance. (Proforma C)

**Instruction 9**

Provide letter of award / copy of Registered agreement / MOU in support of the eligibility conditions.

**Instruction 10**

Bidder must submit certificates of the original manufacturer authorising purchase of Vehicles/ Ambulances and Medical equipments (Proforma E & F)

**PROFARMA - A**  
**(Annexure V- Instruction 6)**  
**Details of the Staff**

<b>Sr. No.</b>	<b>Name of the Officer /Staff</b>	<b>Age</b>	<b>Educational Qualification</b>	<b>Position Held</b>	<b>No. of years in Employment</b>	<b>Total Relevant Experience</b>

**PROFARMA- B**  
**(Annexure V- Instruction 7)**  
**Consolidated Yearly Performance of Bike Ambulances/Ambulances**  
**(No. of Calls, Patients Attended etc.)**

<b>Sr. No.</b>	<b>No. of Calls Received in Control Room</b>	<b>Period of the calls received (From ----- To -----)</b>	<b>No. of Patients Transported</b>	<b>Total Distance Covered (KM) by each Ambulance</b>



**PROFARMA- C**  
**(Annexure V- Instruction 8)**

**Details of Distance Covered by each Bike Ambulance/ambulances per Month**

<b>Sr. No.</b>	<b>Registration no. of Ambulance</b>	<b>Name of the Month &amp; Year</b>	<b>Distance Covered in (KM)</b>

**PROFORMA - D**

**Certificate from the Client**

**C E R T I F I C A T E**

This is to certify that \_\_\_\_\_ (Name of the Applicant) has been operating a fleet of \_\_\_\_\_ (No of ambulances) bike ambulances with ... .. No of employees since \_\_\_\_\_ (mention period) satisfactorily.

**Signature & Seal of the Authorized Signatory  
of the Client**

**PROFORMA - E**  
**AUTHORISATION FROM MANUFACTURER FOR PURCHASE OF VEHICLES/  
AMBULANCES**

No. \_\_\_\_\_ dated

To,  
Commissioner (F&W) & Mission Director  
National Health Mission  
Procurement Cell, 2<sup>st</sup> Floor, Arogya Bhavan,  
St. George's Hospital Compound, Mumbai - 400 001

**Tender Reference No.:** -----

Dear Sir,

We \_\_\_\_\_ who are established and reputable manufacturers of \_\_\_\_\_ (name and description of Vehicles/Ambulances offered) having factories at \_\_\_\_\_ (address of factory) do hereby authorize M/s. \_\_\_\_\_ (Name and address of Authorized Person) to submit a bid, and sign the contract with you for the goods manufactured by us against the above mentioned tender for the State Health Society/ Public Health Department, Govt. of Maharashtra.

No company of firm or individual other than M/s. \_\_\_\_\_ are authorized by us to compete in the bid, and conclude the contract in this regard to transact against this specific tender for the supply of Vehicles/ Ambulances.

Further we state that we are possessing the valid license to manufacture this product (PLEASE ENCLOSE THE COPY OF LICENCE) and we hereby undertake to supply the Vehicles/ Ambulances required by State Health Society/ Public Health Department, Govt. of Maharashtra as mentioned in this Tender.

We hereby extend our full guarantee and warranty as stipulated in the tender document.

Yours faithfully,

(Name of manufacturer)

**Note: This letter of authority should be on the letterhead of the manufacturer and signed by a person competent having the power of attorney legally to bind the manufacturer. It should be included by the Bidder in Bid Document as mentioned in Annex- V, Instruction No. 12.**

Tender no.12/16-17/Motor Bike Ambulance

**PROFORMA - F**  
**AUTHORISATION FROM MANUFACTURER FOR PURCHASE OF MEDICAL**  
**EQUIPMENTS**

No. \_\_\_\_\_ dated

To,  
Commissioner (F&W) & Mission Director  
National Health Mission  
Procurement Cell, 2<sup>nd</sup> Floor, Arogya Bhavan,  
St. George's Hospital Compound, Mumbai - 400 001.

**Tender Reference No. : -----**

Dear Sir,

We..... who are established and reputable manufacturers of .....(name and description of medical equipments offered) having factories at .....(address of factory) do hereby authorize M/s. ....(Name and address of Authorized Person) to submit a bid, and sign the contract with you for supply of medical equipments manufactured by us against the above mentioned tender for the State Health Society/ Public Health Department, Govt. of Maharashtra.

No company of firm or individual other than M/s. \_\_\_\_\_ are authorized by us to compete in the bid, and conclude the contract in this regard to transact against this specific tender for the supply of medical equipments.

Further we state that we are possessing the valid license to manufacture this product (PLEASE ENCLOSE THE COPY OF LICENCE) and we hereby undertake to supply the medical equipments required by State Health Society/ Public Health Department, Govt. of Maharashtra as mentioned in this Tender.

We hereby extend our full guarantee and warranty as stipulated in the tender document.

Yours faithfully,

**(Name of manufacturer)**

**Note: This letter of authority should be on the letterhead of the manufacturer and signed by a person competent having the power of attorney legally to bind the manufacturer. It should be included by the Bidder in Bid Document as mentioned in Annex- V, Instruction No. 12.**

Tender no.12/16-17/Motor Bike Ambulance

**ANNEXTURE – VI**  
**FINANCIAL STATUS**

<b>Gross turn over (Rs. in crores)</b>			<b>Net Worth (FY Ending 31-03-2015)</b>
<b>Financial year for reporting</b>			
2012-13	2013-14	2014-15	

**Instruction 1:**

“Gross Income” means aggregate value of the realisation made from sale, supply or distribution of goods or on account of services rendered, or both by a Company during the financial year.

**Instruction 2:**

- a. The financial year means year commencing on 1<sup>st</sup> April and ending 31<sup>st</sup> March.
- b. The bidder should provide own financial statements to demonstrate eligibility. Financial Capability of the Applicant’s associate company would not be considered for computation of the Financial Capability of the Applicant.

**Instruction 3:**

- a. The bidder shall provide the audited annual financial statements for **each of the last** three years ( FY 2012-13, FY 2013-14 & FY 2014-15) and Net Worth as on 31.03-2015 certified by Chartered Accountant as required for this TENDER failure, to do so would result in a non-responsive bid.

ANNEXTURE - VII

**Format for Affidavit Certifying that Entity / Promoter(s) /Director(s) of Entity are not Blacklisted (On a Stamp Paper of relevant value)**

**Affidavit**

I, M/s. .... (Sole Applicant / Lead Member / Member), (the names and addresses of the registered office) hereby certify and confirm that we or any of our promoter(s) / director(s) are not barred by NHM/ or any other entity of GoM or blacklisted by any state government or central government / department / organization in India from participating in Project/s, either individually or as member of a Consortium as on the \_\_\_\_\_ (Date of Signing of Application).

We further confirm that we are aware that, our Application for the captioned Project would be liable for rejection in case any material misrepresentation is made or discovered at any stage of the Bidding Process or thereafter during the agreement period.

Dated this .....Day of ....., 2011.

Name of the Applicant

.....  
Signature of the Authorised Person

.....  
Name of the Authorised Person

Note:

*To be executed separately by all the Members in case of Consortium.*

**ANNEXTURE - VIII**

**Letter of Exclusivity**

I, we, \_\_\_\_\_, hereby declare that we are/ will not associate with any other firm/entity/consortium for submitting an application for the project under consideration.

Dated this the \_\_\_\_\_ day of \_\_\_\_\_ 2015

For \_\_\_\_\_

(Name, Designation and Address of the Chief Executive Officer of the applicant (lead organization in case of consortium )

Accepted

\_\_\_\_\_(Signature)  
(Name, Title and Address of the Applicant/s)  
Date : \_\_\_\_\_

**Note:**  
*To be executed separately by all the Members in case of Consortium.*

## ANNEXTURE - IX

### **Anti Collusion Certificate**

We hereby certify and confirm that in the preparation and submission of our proposal for Motor Bike Ambulance service project, Government of Maharashtra”, We have not acted in concert or in collusion with any other Bidder or other person(s) and also not done any act, deed or thing which is or could be regarded as anti-competitive.

We further confirm that we have not offered nor will offer any illegal gratification in cash or kind to any person or organization in connection with the instant proposal.

Dated this \_\_\_\_\_ Day of -----, 2015

For \_\_\_\_\_

(Name)  
Authorized Signatory

Note – To be issued by separately by all members in case of consortium.



## ANNEXTURE – X

### **Training for Emergency Personnel** **Pre-hospital Personnel**

Necessary training shall be given to paramedics will works on the bike ambulance. The training shall be given by recognized institute approved by National Health Mission or State Health Department GoM.

#### **Emergency Medical Technician - Basic**

- Vehicular Safety Checks
- Accident Avoidance and Crash Procedures
- Bike Ambulance Driving Techniques
- In-Depth Anatomy and Physiology
- Primary Care Theory
- Trauma Care Theory
- IV Administration and Theory
- Nasopharyngeal Suctioning
- D50W Administration Theory
- Pharmacology
- Cardiac Monitoring
- Oxygen Delivery Theory and Practical
- Patient Assessments
- Communications
- Transportation
- Trauma
- CPR
- AED
- Clinical Hospital Practice
- Basic Life Support
- Disaster Management Protocols
- Child Birth Delivery Training (to be liaison with Local hospitals)
- Paediatric Life Support
- Medical Management
- Core issues

#### **Ambulance Control Officer**

- Priority Dispatch System
- Telecommunication Essentials
- Protocol Instruction and Practice
- Roles of the Communication Officer
- Operations
- Legal issues
- Dispatch Stress
- Quality Improvement
- Practice drills
- The Science of prioritized dispatch
- Ethical and Medical Legal issues

- Dispatch Life Support
- Dispatch Protocols
- Practice drills
- GIS/GPS Navigation
- Vehicle Tracking
- Telecommunications
- Disaster Management
- Fleet Management
- Emergency Medical Technician issues
- Communication Skills

**Supervisors**

- Administrative issues
- Curriculum of the respective supervisory role

**Annexure – XI**  
**SPECIFICATIONS OF MOTOR BIKE AMBULANCE**

Sr. No.	Specifications	Range
1	Engine Capacity/Displacement	300 to 350.CC Any Motor Bike
2	Stroke	4 stroke
3	Starter System	Electric/Automatic
4	Max Torque	15-30 NM
5	Clutch Type	Wet, Multiple Disc.
6	Fuel System	Fuel Injection
7	Ignition System	Digital
8	Starter System	Electric/Push button
9	Wheel Base	1300-1500mm
10	Fuel Tank	12-15 liter
11	Cylinder	1
12	Reserve Fuel Capacity	2-4 litres

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13	Bike Seat	Comfortable seat with quality upholstery with adequate space for Rider
14	Mirror	Side mirror with ISO part specification on both side
15	Space	Should have proper space for rigid Arm or bracket to mount purple flasher bulb suitable for ambulance usage
16	Siren	Suitable siren with sound capacity as per rules.
19	Manufacturing year	The bike should be brand new and OE made with manufacturing after Feb 2016.  Manufacturer /authorised dealer should have prior experience of sales & customization of motorcycles for other public utility/services purpose apart from community and also to have state of art infrastructure for repair & maintainace.
20	Certifying Authority	Model should have valid Technical approval from ARAI as per CMVR 1989  or such approved testing and certifying institute in India.
21	<b>GPS/GPRS Specification</b>	<b>Attached as follows:</b>

The GPS Device shall be a stand-alone GPS Tracking Device. The GPS Device(s) being submitted for registration must comply with the minimum specifications

Applicant against the minimum technical specification below needs to be submitted together with documentary evidence as listed against each parameter:

Sl	Specifications of GPS Devices	Validation Process	Confirmation (Yes / No)
1	Type 1 GPS device with Internal GPS (Frequency L1 1560 -1590 MHz ) and GPRS antenna: Dual band; Class 10, Device class B, TCP/IP Frequency band: L1 850/1900MHz and 900/1800MHz.	Self-certification by Applicant together with supporting document as under: - Certification from any NABL accredited laboratory or equivalent international certification, or - Component datasheet/ specification sheet from component manufacturer	
2	GPS Positional Accuracy: at least 5m	Self-certification by Applicant together with supporting document as under: - Certification from any NABL accredited laboratory or equivalent international certification, or - Component datasheet/ specification sheet from component manufacturer	
3	Internal battery (with minimum 4 hours backup)	Self-certification by Applicant together with supporting document as under: - Certification from any NABL accredited laboratory or equivalent international certification, or - Component datasheet/ specification sheet from component manufacturer	
4	IP54 or higher protection classification,	Self-certification by Applicant together with supporting document as under: - Certification from any NABL accredited laboratory or equivalent international certification	
5	Temperature range : -10o C to +60o C	Self-certification by Applicant together with supporting document as under: - Certification from any NABL accredited laboratory or equivalent international certification, or - Component datasheet/ specification sheet from component manufacturer	
6	Capacity to store 15000 positional logs on the device's internal memory. These shall be transmitted to the server as soon as the connectivity is restored.	Self-certification by Applicant together with supporting document as under: - Component datasheet/ specification sheet from component manufacturer - Supporting calculation to demonstrate the storage capacity	
7	GPS receiver: Minimum 20 channel, with - Acquisition	Self-certification by Applicant together with supporting document as under: - Certification	

	sensitivity : better than (-)148dBm - Tracking Sensitivity better than (-)155 dBm TTFF Cold Start:	from any NABL accredited laboratory or equivalent international certification, or - Component datasheet/ specification sheet from component manufacturer	
8	Ports : at least two digital I/O ports	Self-certification by Applicant together with Device Data Sheet	

Legend: Yes: Feature is available in the GPS Device model submitted for Registration

No: Feature is not available in the GPS Device model submitted

### **Committee of Specification of Motor Bike Ambulance**

1. Joint Director Technical, NHM
2. Project Director, EMS, NHM
3. Joint Director Finance, NHM
4. Deputy Director Transport, Directorate of Health Service Director
5. Programme Officer, EMS, NHM
6. Programme Officer, IT EMS, NHM
7. Biomedical Engineer IPHS, NHM

### **Committee of Tender Scrutiny**

1. Joint Director Technical, NHM
2. Project Director, EMS, NHM
3. Joint Director Finance, NHM
4. IDBI bank representative

Or any officer nominated by SHS/NHM ,Mumbai/Maharashtra

**Programme Officer, EMS & Programme Officer, IT EMS will assist both Committees.**

## Annexure – XII (A)

### **DRUGS & CONSUMABLES FOR EACH BIKE AMBULANCE:**

All emergency & essential drugs, surgical, consumables and disposables should be made available in the bike ambulances

**Note: The bidder must ensure adequate and appropriate storage space to house at least these drugs and consumables securely during ambulance's day to day run. (THE PROTOTYPE PRESENTED FOR APPROVAL MUST HAVE THE FOLLOWING LISTED ITEMS IN STOCK AS PER THE QUANTITIES DETAILED FOR VERIFICATION OF THE STORAGE SPACE IN TERMS OF ADEQUACY AND APPROPRIATENESS)**

Sr. No.	Item	Quantity
<b>Injection</b>		
1	Inj. Atropine sulphate 0.6 mg	5
2	Inj. Theophyllin 50.6mg + Etophyllin 169.4mg/2 ml	5
3	Inj. Dexamethasone 2 mg/ml	5
4	Inj. Frusemide 40 mg	5
5	Inj. Oxytocin	5
6	Inj. Sodab carbonate 7.5 mg	5
7	Inj. Chlorpheniramine Maleate (2ml)	5
8	Inj. Adrenaline 1 mg	5
9	Inj. Lignocaine 2%	5
10	Inj. Vit.K 10 mg/ml (Menadion bisulphate)	5
11	Inj Anti Snake Venum serum	5
12	Inj Dicyclomine	5
13	Inj. Diclofenac sodium	5
14	Inj. Ondansetron 2mg/ml	5
<b>Tablets</b>		
15	Tab. Amlodipin 5 mg	10
16	Tab. Isosorbide Dinitrate 5mg	10
17	Tab. Paracetamol 500 mg	10
18	Tab. Diclofenac sodium 50 mg	10
19	Tab. Ranitidine 150 mg	10
20	Tab. Omez – D	10
21	Tab. Aspirin 75 mg	10
22	Cap. Omeprazole 20 mg	10
<b>Sprays</b>		
23	Analgesic spray	2
24	Burn spray	2
<b>Other</b>		
25	Sy. Paracetamol 60 ml	10

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26	Syp. Ondem	5
27	O R S Powder 27.5 gm W H O Formula	5
28	Framycetin sulfate BP 15 mg (1.5%)	2
29	Povidone-iodine - Ointment	2
30	Ciprofloxacin eye drop	2
31	Normal Saline 500 ml	2
32	Full Set of Ambulance Dressings (sizes 1,2,3,4)	5
33	Full Set of Conforming Bandages (sizes 4m/10cm, 4m/7.5cm, 4m/5cm)	4
34	Range of Burns Dressings	4
35	Triangular Bandages	2
36	Foil Blankets	2
37	Non-woven Swabs	2
38	Wound Dressings (adhesive and non-adhesive)	2
39	Surgical Tape	2
40	Silk Tape	2
41	Major Hemorrhage Pack	2
42	Pelvic Splint	2
43	Povidine Iodine solution 500 ml	2
44	Denatured spirit	2
45	Surgical Gloves	1 Box
46	Scalp Vein set	4
47	Scalpel Blade	4
48	Cotton roll 500 gm	2 Rolls
49	Rolled Bandages	3
50	Elastic crep bandages Non-sterile -10cm	2
51	Sterile water for injection-	4
52	Disposable Syringes 2cc,5cc	4
53	Paper Adhesive tape	4
54	IV Set	5
55	Disposable Needle- 22G, 24G, 23G	4
56	Tourniquet	2
57	Teeth guard	2
58	Burn Pack	2
59	Cold packs	2
60	Waste bin for sharp needles	1
61	Disposable bags for vomiting	20
62	Inhaler Beclomethasone Dipropionate	2
63	Inhaler Salbutamol	2
64	Glucometer strips	20 strips
65	Suturing Needle & thread	2
66	Distill Water	5



**Annexure – XII (B)**  
**Bike Ambulance Equipment**

**Medical Equipments with suitable Fixtures (Annex- XIII)**  
**"B"**

All equipment's shall be brand new and manufacturer by reputed company.

1	2	3	4	
Sr. No.	Box	Item Description	Quantity	Make & Model
1	Top Box	Automatic External defibrillator (3-lead ECG Capable)		
2		Masks 4-5 types	1	
3		Compact Oxygen Cylinder	1	
4		Full Set of Oropharyngeal Airways	1	
5		Tourniquets	2	
6		Cannulation Dressings	1	
7		Pre-Injection Wipes	1	
8		Small Sharps Bin	1	
9		Cleaning Wipes	1	
10		Hand Gel	1	
11		KY Jelly	1	
12		Nasal Cannulas	1	
13		Full Set of Nasopharyngeal Airways	1	
14		Nebulization Machine	1	
15		Adult/Pediatric Nebulization Masks	1	
16	Right Box	Drugs Bag	1	
17		Stethoscope	1	
18		B.P. Apparatus (Diamond mercury BP apparatus)	1	
19		Pulse oxymeter	1	
20		Glucometer	1	
21		Torch + Pupillary Torch	1	
22		Scissor	1	
23		Artery Forceps	1	
24		Kidney Tray	1	
25		Fire extinguisher – 5kgs ABC Type	1	
26		Rescue Blanket	1	
27		Trauma & First aid kit	1	
28		Disposable Delivery kit (DDK)	1	

## Specifications

Sr no	Name of medical equipment	Specification
1	Automatic External defibrillator (3-lead ECG Capable)	<p>Motion tolerant &amp; suitable for bike ambulance use</p> <p>Readiness indicator on front</p> <p>Built in adult and pediatric mode</p> <ul style="list-style-type: none"> <li>• Should be able to deliver shock from 2 to 200 joules Lightweight , Easy to Use with both Manual &amp; AED Capabilities</li> <li>• Should have charging time up to 200J in less than 6 seconds with a new fully charged battery.AC/DC Modules</li> <li>• Should have built in charger</li> <li>• Ambulance Mounting Bracket</li> <li>• Should be easily Transportable by hand</li> <li>• All required leads, probes, accessories &amp; manuals to be supplied along with</li> <li>• Spare universal Disposable Pads – 10 no's each</li> <li>• Should be FDA/CE/BIS Approved</li> <li>• The machine should have automatic self-calibration to ensure readiness status and capability to deliver shock at the set level of energy</li> </ul> <p>• The energy delivery in pediatric mode should not be more than 50J</p>
2	Compact Oxygen Cylinder	<ul style="list-style-type: none"> <li>• As a part of the portable resuscitation kit bag</li> <li>• Max. Working Pressure at 150 C: 150kgf/cm<sup>2</sup></li> <li>• Test Pressure: 250 kgf/cm<sup>2</sup></li> <li>• Water capacity: 2.5 to 3.0 ltrs</li> <li>• Gas Capacity (Cu.m.): 250 to 350 ltrs</li> <li>• Min. Wall Thickness 't' (mm): 3.2mm</li> <li>• Length 'L' Approx. (mm): 310mm</li> <li>• Tare weight approx. (kg): 2.5 Kg.</li> <li>• Built in / attached with Pressure gauge, regulator and cylinder wrench/key Adequate length tubing, mask (adult, child and infant sizes), transparent, non-rebreathing, venturi, and valve less nasal cannulas (adult, child and infant sizes)</li> <li>• Pocket mask with one-way valve</li> </ul>

		Oxygen Transfer system from Bulk D-type cylinder to Portable cylinder
3	Nebulization Machine	<ul style="list-style-type: none"> <li>• Compressed air nebulizer</li> <li>• Atomiser ( Diaphragm-type / Piston-type) electric aspirator</li> <li>• Motion Tolerant and for continuous use in Pre Hospital setting</li> <li>• Operating voltage: 230 V AC with Battery backup (with minimum 90 minutes backup)</li> <li>• Maximum pressure 3.5 bar</li> <li>• Air power: 14 litres per minute</li> <li>• Aerosol output: 106 µl per minute</li> <li>• Residual volume: 1.24 ml</li> <li>• Droplet size: MMAD 3.3 microns</li> <li>• Filling volume: maximum 7 ml</li> <li>• Noise level: 55 dBA</li> </ul> Provision for fixing/Hanging on the bike Ambulance
4	Pulse oxymeter	<ul style="list-style-type: none"> <li>• Lightweight, convenient handheld, with Plethysmography</li> <li>• Long battery life - up to 48 hours</li> <li>• Around 24 hours of trending memory</li> <li>• Microprocessor based non-fade memory monitor.</li> <li>• For spot check or continuous monitoring</li> <li>• Audible and visual alarms for High/Low Saturation, Pulse Rate, Sensor Off &amp; Low Battery - Alarms</li> <li>• Saturation accuracy</li> <li>• Perfusion: 0.02% - 20%</li> <li>• Resolution - Saturation (%SpO2): 1%</li> <li>• Saturation: 70% to 100% <ul style="list-style-type: none"> <li>○ No Motion: Adults, Pediatrics: ±2 digits, Neonates: ±3 digits</li> <li>○ In Motion: Adults, Pediatrics: ±3 digits, Neonates: ±3 digits</li> </ul> </li> <li>• Low Perfusion <ul style="list-style-type: none"> <li>○ Adults, Pediatrics: ±2 digits, Neonates: ±3 digits</li> </ul> </li> <li>• Range of Display : 0 or 1% to</li> </ul>

		<p>100%</p> <ul style="list-style-type: none"> <li>• Pulse rate accuracy <ul style="list-style-type: none"> <li>○ Pulse Rate Range : 25 - 240 bpm</li> <li>○ Pulse Rate (bpm) Resolution : 1 bpm</li> <li>○ No Motion: Adults, Paediatrics, Neonates: <math>\pm 3</math> digits</li> </ul> </li> </ul> <p>Motion: Adults, Paediatrics, Neonates: <math>\pm 5</math> digits</p>
5	B.P. Apparatus	<ul style="list-style-type: none"> <li>• One Nos. Of a reputed brand</li> <li>• Motion tolerant, self inflating</li> <li>• <math>\pm 2</math> mm of Hg systolic or Diastolic</li> <li>• AC / DC , Rechargeable Ambulance</li> </ul> <p>Supplied with regular/extra large and paediatric size cuffs</p>
6	Stethoscope	<ul style="list-style-type: none"> <li>• Adult</li> <li>• Of a reputed brand</li> <li>• Tuneable diaphragm and a bell</li> <li>• High quality buffed stainless steel snap tight ear tubes</li> </ul> <p>Soft sealing ear tips</p>
7	Glucometer	<p>One unit of a reputed brand with 100 units of disposable lancets/tips and Gluco Sticks</p> <p>The brand provided should have supplies easily available</p>
8	Disposable Delivery kit (DDK)	<p>Disposable delivery kit - •High quality</p> <ul style="list-style-type: none"> <li>•Sterilized</li> </ul> <p>Specifications:</p> <p>For Doctors Use</p> <ul style="list-style-type: none"> <li>Disposable Head Cap. X 1</li> <li>Disposable Face Mask with Filter X 1</li> <li>Disposable P.V.C. Apron full length X 1</li> <li>Disposable Shoe Cover X 2</li> </ul> <p>For Patient Use</p> <ul style="list-style-type: none"> <li>Disposable PVC Drapes for Delivery Table-Length upto bucket (W80cm x L140cm) X 1</li> <li>Disposable Delivery Sheet with Hole (100cm x 100cm) X 1</li> <li>Disposable Cord Clamp X 1</li> <li>Disposable Hole Towel for Episiotomy suturing (1 mtrx) X 1</li> </ul> <p>For Newborn Baby</p> <ul style="list-style-type: none"> <li>Disposable Wrapper for newborn Baby X 1</li> </ul>

9	Torch + Pupillary Torch	One Nos. Of a reputed brand with Spot illumination without peripheral ring of light
10	Artery Forceps	One Nos. 6", high tensile stainless Steel
11	Kidney Tray	<ul style="list-style-type: none"> <li>• 20 cms. x 15 Cm x 4 cm</li> <li>• 18/ 8 Stainless Steel.</li> </ul> 500 ml capacity

**Note: 1) All Equipments and shall be of highest quality with ISI marking and / or manufactured by ISO certified companies.**

**2) Bidder need not quote separate cost for drugs and consumables as it is a part of overall operational cost.**

**3) Medicines/Drugs, consumables, surgical and disposable should be highest standard and approved by the expert committee designated by SHS/NHM, Mumbai, Maharashtra.**

## ANNEXURE – XIII

### PROCEDURE FOR DEBARRING

#### DEBARRING OF BIDDER, WITHDRAWAL OF BIDDER

1. The Successful Bidder who fails to execute the agreement, to perform the obligations under the tender conditions and commits default in the performance of the contract will be debarred for a period of 3 years.
2. The Bidder who has withdrawn after participating in the tender will be ineligible to participate for a period of 3 years.
3. Non performance of any of the contract provisions will disqualify a firm to participate in the tender for a maximum period of 3 years.
4. (a) if the Bidder/s fail/s to execute the work order and informs SHS, Maharashtra and National Health Mission, Mumbai about their inability to execute the order due to act of force *-majeure*, then the Commissioner FW & Director, SHS, Mumbai and National Health Mission, Mumbai may pass appropriate order on merits of case.

(EXPLANATION: Increase in the cost of components, Power failure, Labour strike, Lay off, Closure of the factory etc. Would not be considered as act of *force-majeure*.)

(b) if the Bidder fails to execute 100% of the quantity mentioned in the Work order, then the Bidder will be ineligible to participate in any of the tenders floated by the SHS, Mumbai and Public Health Department, Govt. Of Maharashtra for a period of one year immediately succeeding year in which Bidder was placed with work Order.

**The debarring of the Bidder is without prejudice to the other penalties stipulated in the conditions of Tender Document.**

### PROVISIONS FOR APPEAL

18. **A Bidder who has been debarred by the Tender Inviting Authority may, within 15 days from the date of receipt of such order, appeal to the State Government. The State Government after such enquiry into the matter, as is considered necessary and after giving the said Bidder an opportunity for representing his views , may pass such order in relation thereto as it thinks fit.**

**ANNEXURE- XIV**

**DETAILS OF WORK UNIT**

Name of the & Full Address of the  
Unit :

Name of Proprietor/Partner/Director :  
**PAN Number** :  
Phone Nos. :  
Fax :  
E-Mail :

Date of Inception :  
Licence No. & Date :  
Issued by :  
Valid up to :

Details (Address, Phone No,Fax,  
Email, Contact person) of all the  
service centres in Maharashtra :  
(Attach details separately) :

Signature of the Bidder

Place:  
Date:

## ANNEXURE-XV

### PROFORMA FOR PERFORMANCE STATEMENT (FOR A PERIOD OF LAST 3 YEARS)

Name of firm -----  
-----

<b>Sl.</b>	<b>Name of the work</b>	<b>Year</b>	<b>No. of units equipped/fabricated</b>	<b>Name and full address of the purchaser</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1.				
2.				
3.				

Signature and seal of the Bidder-----



## ANNEXURE – XVI

### CHECK LIST

Sl. No		Page No	Yes	No
1	Letter of Application (Annex - I)			
2	Power of Attorney (Annex- II)			
3	Power of Attorney for Lead Member Consortium (Annex- III)			
4	Details of Applicant/ Bidder (Annex – IV)			
5	Experience of the Applicant/ Bidder (Annex- V)			
6	Details of Staff (Annex- V, Inst. 6, Proforma A)			
7	Consolidated Yearly Performance of Bike Ambulance (, Patients Attended etc.) (Annex-V, Inst. 7, Proforma - B)			
8	Details of covering distance by Ambulance (Annex-V, Inst.-8, Proforma-C)			
9	Authorisation from manufacturer for purchase of Vehicles/ Ambulances (Proforma E, Inst. 12- Annex-V)			
10	Authorisation from manufacturer for purchase of Medical equipments (Proforma F, Inst. 12- Annex-V )			
11	Details of Financial Status – Profit & Loss A/c Statements, Audited Balance Sheet for the Last 3 financial year (2007-08, 2008-09, 2009-10 Annex – VI)			
12	Affidavit – not Black listed (Annex- VII)			
13	Letter of Exclusivity (Annex – VIII)			
14	Anti-Collusion Certificate (Annex- IX)			
15	Details of Work Unit (Annex- XV)			
16	Performance statement (Annexure XVI)			
17	DD for cost of Tender Document			
18	EMD in the form of DD/Bank Guarantee to be kept in an envelope			
19	Documentary evidence incorporation of the company / concern (Annex- V, Inst.-2)			

<b>20</b>	Memorandum & Article of Association, Bye laws/ Trust Deed (Annex- V, Inst.-3)			
<b>21</b>	Registration of Certificate of bike Ambulance (Annex- V, Inst.-4)			
<b>22</b>	Copy of MoU/ Agreement for ownership of Bike Ambulances (Annex- V, Inst.-5)			
<b>23</b>	Copies of Letter of Award/work orders issued to the Bidder & Registered Agreement/MoU in support of experience (Annex- V, Inst. 10)			
<b>24</b>	The instruments such as resolution of board to participate in Bid			
<b>25</b>	Client list			
<b>26</b>	Addresses of maintenance offices in Maharashtra State			
<b>27</b>	Statement on the make and model of the vehicle quoted with printed catalogue			
<b>28</b>	Notary attested copy of license/registration and its renewal certificate if any			
<b>29</b>	Notary attested copy of registration issued by sales tax authority			
<b>30</b>	Notary attested copy of PAN Card			
<b>31</b>	Notary attested copy of income tax return of last 3 financial year			
<b>32</b>	Sale tax clearance certificate			
<b>33</b>	Signed and sealed tender document (signature & sealed on each page)			

Place:  
Date:

Signature :  
Name in Capital Letters :  
Designation :

ANNEXURE- XVII

STATE HEALTH SOCIETY, MAHARASHTRA

&

National Health Mission, Mumbai

TENDER FOR FIXING THE RATE CONTRACT FOR THE SUPPLY MOTOR BIKE  
AMBULANCES

PRICE BID

I. Rates Quoted For Procurement of Fabricated & well equipped MOTOR BIKE  
AMBULANCES

∴ "A"

**Motor Bike Ambulances**

Work specification	Rate quoted for one unit (in Rs. & Np.) & Total for bike Ambulances
	<b>Bike Ambulance- 10</b>
Purchase of fabricated & well equipped as Bike Ambulances as per the specifications given in ANNEXURE XI, XII A and XII B illustrative list mentioned under the clause of the TENDER Document.	<b><u>Cost per unit</u></b>
	In figures-----
	In words-----
	-----
	-----
	<b><u>Cost for 10</u></b>
In figures-----	
In words-----	
-----	

Total cost of Bike Ambulance for – (Rs. In figures and words -----  
-----)  
-----)

**II. Medical Equipments with Fixtures****"B"**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Sr. No.</b>	<b>Item Description</b>	<b>Quantity</b>	<b>Make &amp; Model</b>	<b>Prices</b>
1	Automatic External defibrillator (3-lead ECG Capable	1		
2	Masks 4-5 types	1		
3	Compact Oxygen Cylinder	1		
4	Full Set of Oropharyngeal Airways	1		
5	Tourniquets	2		
6	Cannulation Dressings	1		
7	Pre-Injection Wipes	1		
8	Small Sharps Bin	1		
9	Cleaning Wipes	1		
10	Hand Gel	1		
11	KY Jelly	1		
12	Nasal Cannulas	1		
13	Full Set of Nasopharyngeal Airways	1		
14	Adult Nebulization Masks	1		
15	Pediatric Nebulization Masks	1		
16	Drugs Bag	1		
17	Stethoscope	1		
18	B.P. Apparatus (Diamond mercury BP apparatus )	1		
19	Pulse oxymeter	1		
20	Glucometer	1		
21	Torch + Pupillary Torch	1		
22	Scissor	1		

23	Artery Forceps	<b>1</b>		
24	Kidney Tray	<b>1</b>		
25	Fire extinguisher – 5kgs ABC Type	<b>1</b>		
26	Rescue Blanket	<b>1</b>		
27	Trauma & First aid kit	<b>1</b>		
28	Disposable Delivery kit (DDK) Nebulization Machine	<b>1</b>		

Total cost of all the medical equipments for Rs. In figures and words -----

-----> )

**III. OPERATIONAL COST OF THE MOTOR BIKE AMBULANCES  
with Annual Comprehensive maintenance PER MONTH (Running cost for the ambulance for  
running upto 50 KM per day) "C"**

<b>Rate quoted for one unit (in Rs. &amp; Np.) &amp; Total for bike Ambulances</b>
<b>Bike Ambulance - 10</b>
<u><b>Cost per unit</b></u> In figures----- In words----- ----- -----
<u><b>Cost for 10</b></u> In figures----- In words----- ----- -----

**The operational expense shall include:**

- a) Running cost of per ambulances for 50 kms per day( minimum 2 patients served per day) and in case of excess run, charges @ Rs.3 per km will be paid taking into account the average running of the ambulances in the entire State and not for individual ambulance.
- b) Salary of the staff (including Training,) – Operation of bike Ambulance,
- c) Maintenance cost of bike ambulance, equipments,
- d) All other operational cost for Medicines, Surgicals, Consumables, and Disposables etc.

**Total operational cost of bike ambulances with annual comprehensive maintenance**

**(Rs. In Figures and words -----  
-----  
-----)**

**V. Total of Rates Quoted (A,B &C)**

Sl. No.	Description	In figures	In words
1	Total of 'A'		
2	Total of 'B'		
3	Total of 'C'		
4	Total of 'D' (i & ii only)		
5	Total of 'A', 'B' 'C' & D		

Rates of Eligible Bidder will be compared for L1 (Lowest 1) on **Total of A + B + C** as shown in above table no V in column no. 5 (five)

**Note:**

- *In case of discrepancy between unit price and total price, the unit price shall prevail.*
- ***This price schedule should be placed in separate sealed cover “Envelope 2”***
- *Specifications of designing and fabricating (interior & exterior )of the Ambulances & medical equipments offered should be as per the tender specification or with a higher configurations as prescribed in Annex- XII & XIII of this TENDER.*
- *The price quoted should be in Indian currency.*
- *In case of discrepancy between the prices quoted in words and in figures, lower of the two will be considered.*
- *The total value of fabrication including comprehensive warranty charges, equipments including comprehensive warranty charges, all taxes and other charges and the comprehensive maintenance charges will be taken as a single figure for computing the Bid ranking. Rates of individual items will not be taken into consideration for Bid evaluation.*
- *Bidder should sign each page of the bid document with seal/stamp of the office.*
- *Bidder should sign with seal/ stamp of the office A,B,C components of this Annex-XVIII for prices quoted.*

Place:

Signature of Bidder.....

Date:

Name.....

Business Address .....

## APPENDIX – A

Service Provider shall maintain two log books. First log book (Vehicle log book) shall contain details of starting kilometre and time, closing kilometre and time on every journey, destination place and purpose with details of case. The other log book (patient log book) shall contain the summary of patient case details, the consumables and medicines used for every patient and the details of medication and procedures performed in a day to day basis. These shall be authorized by a responsible person of Service Provider. The formats are given in Appendix B.

Service Provider shall maintain a stock register book and status register book. The stock register contains the quantity of all the medicines, consumables and equipment's available in the Bike Ambulance and used details. The expiry dates of medicines and equipment's working status shall be entered and updated into Status register and shall be authorized by a responsible person of Service Provider every month. In the stock register the quantities of medicines and consumables and in the status register the status of equipment's shall be updated in a daily basis. The medicine expiry dates shall be updated monthly. The formats are given in Appendix B.

Service Provider shall implement patient consent form and patient report form as per Appendix C.

Service Provider shall ensure to include the following duties of Emergency Medical Technician.

Checks the functioning of all the equipment's daily and are updated on the stock register.  
Properly dressed in uniform with clear identity

Provide patient stabilization, first aid services and other pre-hospital care during emergency transportation.

Maintaining patient log book, patient report form and patient consent form.  
Maintaining proper inventory.

Service Provider shall ensure to include the following duties of Drivers

Make sure vehicle is roadworthy and carries all statutory documents including driver's license.

Properly dressed in uniform with clear identity.

Be clear about the location of the incident and nearest safe route to take the journey

Observe the road traffic rules and regulation.

Park the bike ambulance in a safe, suitable position for easy departure.

Prepare the para-medics of the nearest designated hospital to receive the patient, opening rear door.

Gather the equipment and tools and ensure its proper storage.

Assist the Emergency Medical Technician and deal with other casualties as required by the accident.

Tender no.12/16-17/Motor Bike Ambulance



Before leaving the incident spot check to make sure all the equipment has been returned to the bike ambulance.

Close and secure the rear doors.

Ensure a safe, smooth and comfortable journey.

Park the ambulance in suitable entrance to shift the patient to the emergency room.

Reporting the call status feedback to the Emergency Response Centre

Always maintain the vehicle logbook.

Service Provider shall maintain break-down log book for equipment's and vehicle separately for all which contains all the break-down and corrective action details.

Service Provider shall appoint supervisors (Vehicle) in each district to coordinate all problems related to vehicle. The supervisor shall maintain the log of preventive actions corrective actions, spares replaced including replacement of tyres and preventive schedule of maintenance of each bike ambulance. The formats of the logs are given in Appendix D.

Service Provider shall also appoint supervisors (Fabrication and Equipment's) in each district to coordinate all equipment and fabrication related issues. SHS shall provide all the bike ambulances with three years comprehensive warranty. Any problem related to fabrication and equipment's shall be coordinated with the supplier and corrective actions are taken. The supplier shall not exceed break down time of 72 hours from fault reporting shall be ensured. The supervisor shall maintain the log of preventive actions corrective actions, spares replaced and preventive schedule of maintenance of each bike ambulance. The supervisors shall also ensure four preventive maintenance schedules per year by the suppliers. The formats of the logs are given in Appendix D.

The bike ambulance shall be washed and cleaned every day. The Bike ambulance interiors are cleaned after shifting every case and every day.

The bike ambulance is fumigated at least every week to control infection and repeated whenever necessary.

**APPENDIX – B**

**VEHICLE LOG BOOK FORMAT**

Vehicle Registration No. :  
District Name :

Date	From (Place name and institute name)	To (Place name and institute name)	Time Out	Time In	Starting Km Reading	Ending Km Reading	Total Km Run	Particulars of patient (Patient Name & Address)	Signature of competent Authority

**VEHICLE LOG BOOK FORMAT**

Vehicle Registration No. :  
District Name :

Date	Particulars of Patient (Patient Name & Address)	Patient Sex & Age	Patient Case summary	Ventilate or usage time	Treatment done during transit	Consumables/medicines used	Cost of the consumables/medicine used	Type (Emergency, Transfer etc)	Signature of competent authority

**STOCK REGISTER**

Vehicle Registration No. :  
District Name :  
Month :

Date	Name of Medicines																							
	Adrenaline				Atropine				Deriphyllin				Dobutamine 150 mg				Dobutamine 200 mg				Nor adrenaline			
	Qty	Issued	Pt Id.	Bal	Qty	Issued	Pt Id.	Bal	Qty	Issued	Pt Id.	Bal	Qty	Issued	Pt Id.	Bal	Qty	Issued	Pt Id.	Bal	Qty	Issued	Pt Id.	Bal

This table shall be repeated for all other Medicines

Signature of EMT:

Name:

Date	Name of Medicines																							
	Glucometer Strips				ET Tubes				Surgical Gloves				Oxygen mask & tubing				Airways				Disposables delivery kit			
	Qty	Issued	Pt Id.	Bal	Qty	Issued	Pt Id.	Bal	Qty	Issued	Pt Id.	Bal	Qty	Issued	Pt Id.	Bal	Qty	Issued	Pt Id.	Bal	Qty	Issued	Pt Id.	Bal

This table shall be repeated for all other consumables.

Signature of EMT:

Name:

1	2	3	4	
Sr. No.	Box	Item Description	Quantity	Make & Model
1	Top Box	Automatic External defibrillator (3-lead ECG Capable)		
2		Masks 4-5 types	1	
3		Compact Oxygen Cylinder	1	
4		Full Set of Oropharyngeal Airways	1	
5		Tourniquets	2	
6		Cannulation Dressings	1	
7		Pre-Injection Wipes	1	
8		Small Sharps Bin	1	
9		Cleaning Wipes	1	
10		Hand Gel	1	
11		KY Jelly	1	
12		Nasal Cannulas	1	
13		Full Set of Nasopharyngeal Airways	1	
14		Nebulization Machine	1	
15		Adult/Pediatric Nebulization Masks	1	
16	Right Box	Drugs Bag	1	
17		Stethoscope	1	
18		B.P. Apparatus (Diamond mercury BP apparatus)	1	
19		Pulse oxymeter	1	
20		Glucometer	1	
21		Torch + Pupillary Torch	1	
22		Scissor	1	
23		Artery Forceps	1	
24		Kidney Tray	1	
25		Fire extinguisher – 5kgs ABC Type	1	
26		Rescue Blanket	1	
27		Trauma & First aid kit	1	
28		Disposable Delivery kit (DDK)	1	

Signature of EMT:

Name:

**STATUS REGISTER**

MEDICINES STATUS FOR THE MONTH OF -----

Vehicle Registration No. :

District Name :

<b>Sr. No.</b>	<b>Item</b>	<b>Quantity</b>
<b>Injection</b>		
1	Inj. Atropine sulphate 0.6 mg	5
2	Inj. Theophyllin 50.6mg + Etophyllin 169.4mg/2 ml	5
3	Inj. Dexamethasone 2 mg/ml	5
4	Inj. Frusemide 40 mg	5
5	Inj. Oxytocin	5
6	Inj. Sodabicarbonat 7.5 mg	5
7	Inj.Chlopheniramine Maleate (2ml)	5
8	Inj.Adrenaline 1 mg	5
9	Inj.Lignocaine 2%	5
10	Inj. Vit.K 10 mg/ml (Menadion bisulphate)	5
11	Inj Anti Snake Venum serum	5
12	Inj Dicyclomine	5
13	Inj. Diclofenac sodium	5
14	Inj. Ondansterone 2mg/ml	5
<b>Tablets</b>		
15	Tab. Amlodepin 5 mg	10
16	Tab. Isosorbide Dinitrate 5mg	10
17	Tab. Paracetamol 500 mg	10
18	Tab. Diclofenac sodium 50 mg	10
19	Tab. Ranitidine 150 mg	10
20	Tab. Omez – D	10
21	Tab. Aspirin 75 mg	10
22	Cap.Omperazole 20 mg	10
<b>Sprays</b>		
23	Analgesic spray	2
24	Burn spray	2
<b>Other</b>		
25	Sy. Paracetamol 60 ml	10
26	Syp. Ondem	5
27	O R S Powder 27.5 gm W H O Formula	5
28	Framycetin sulfat BP 15 mg (1.5%)	2

29	Povidone-iodine - Ointment	2
30	Ciprofloxacin eye drop	2
31	Normal Saline 500 ml	2
32	Full Set of Ambulance Dressings (sizes 1,2,3,4)	5
33	Full Set of Conforming Bandages (sizes 4m/10cm, 4m/7.5cm, 4m/5cm)	4
34	Range of Burns Dressings	4
35	Triangular Bandages	2
36	Foil Blankets	2
37	Non-woven Swabs	2
38	Wound Dressings (adhesive and non-adhesive)	2
39	Surgical Tape	2
40	Silk Tape	2
41	Major Hemorrhage Pack	2
42	Pelvic Splint	2
43	Povidine Iodine solution 500 ml	2
44	Denatured spirit	2
45	Surgical Gloves	1 Box
46	Scalp Vein set	4
47	Scalpel Blade	4
48	Cotton roll 500 gm	2 Rolls
49	Rolled Bandages	3
50	Elastic crep bandages Non-sterile -10cm	2
51	Sterile water for injection-	4
52	Disposable Syringes 2cc,5cc	4
53	Paper Adhesive tape	4
54	IV Set	5
55	Disposable Needle- 22G, 24G, 23G	4
56	Tourniquet	2
57	Teeth guard	2
58	Burn Pack	2
59	Cold packs	2
60	Waste bin for sharp needles	1
61	Disposable bags for vomiting	20
62	Inhaler Beclomethasone Dipropionate	2
63	Inhaler Salbutamol	2
64	Glucometer strips	20 strips
65	Suturing Needle & thread	2
66	Distill Water	5

Shall include all other medicine on board

Signature of EMT:

Name:

EQUIPMENT STATUS FOR THE MONTH OF -----

Vehicle Registration No : \_\_\_\_\_

District Name : \_\_\_\_\_

Defibrillator	Stethoscope	Pulse oxymeter	Nebulizer	Glucometer	BP apparatus & steth	Ref. Medicine cabinet	Oxygen cylinder	Pupillary torch	Thermometer

Signature of EMT:

Name:

**APPENDIX – C**  
**CONSENT FORM**

**Date** : \_\_\_\_\_ **Veh. No.:** \_\_\_\_\_  
**Patient's Name** : \_\_\_\_\_  
**Address** : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone No. /Mobile** :

**IF THE FORMS IS TO BE FILLED BY PATIENT**

1. Mr./Mrs/Ms. \_\_\_\_\_ Aged \_\_\_\_\_ Male/Female is in  
need of transfer in the ambulance operated under MEMS from \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_

All the likely consequences, which have been explained to me in the language I best, understand, will be solely borne by me at my own risk under all circumstance.

Patient Signature  
Paramedic/Doctor/Attendant  
Name (In Block Letters)

Counter Signature of  
Name: \_\_\_\_\_

**IF THE FORMS IS TO BE FILLED BY PATIENT'S RELATIVE/COMPANION**

2. Mr./Mrs/Ms. \_\_\_\_\_ Aged \_\_\_\_\_ Male/Female have  
understood and granted consent to \_\_\_\_\_ ambulance  
service to transfer my \_\_\_\_\_. The risks and consequences have been fully  
explained to me and my \_\_\_\_\_ to our satisfaction and we agree that the  
transfer will be at our own risk under all circumstances.

Relative/ Companion Signature  
Paramedic/Doctor/Attendant  
Name (In Block Letters)

Counter Signature of  
Name: \_\_\_\_\_

## APPENDIX – D

### EQUIPMENT BREAKDOWN LOG BOOK

District Name :

S/n	Name of the equipment & regn no of ambulance	Nature of complaint	Date of Break Down	Repaired/ Re placed date	Details of Service undertaken	Name of Spares replaced	Equipment Status	Company name & signature and name of Engineer

Signature of Supervisor :

Name:

### EQUIPMENT PREVENTIVE MAINTENANCE REGISTER

S/n	Name of the equipment & regn no of ambulance	Preventive maintenance date	Details of preventive action	Spares replaced (if any)	Equipment Status	Company name and signature & name of Engineer

Signature of Supervisor :

Name:

### MOTOR BIKE AMBULANCE BREAKDOWN LOG

S/n.	Registration number of Vehicle	Nature of complaint	Date of Break Down	Repaired date	Details of Service undertaken	Name of the Spares replaced	Vehicle Status	Company name and signature and name of Engineer

Signature of Supervisor :

Name:

### MOTOR BIKE AMBULANCES MAINTENANCE LOG

S/n.	Registration number of Vehicle	Preventive maintenance date	Details of preventive action	Spares replaced (if any)	Vehicle Status	Company name and signature and name of Engineer

Signature of Supervisor :

Name:



**APPENDIX – E**

**REPORT FORMATS**

**1) Patient transported reports**

Month	No. of ambulances (cumulative)	Total Calls	Total Emergency Calls	Total Emergencies attended	Total Trauma/accident	Total labour Emergencies	Total Cardiac Emergencies
Total							

**2) Distance travelled reports**

Month	No. of ambulances (cumulative)	Total distance traveled by ambulances	Avg. distance traveled per ambulance
Total			

**3) District wise distance covered by ambulance report**

District	No. of ambulances	Total Kms covered	Avg kms/ ambulance	Total trips	Ave km/trip	Avg trip/vehicle
Total						

**4) AMBULANCE Report**

District	Registration No. of vehicle	Month	No. of break down calls	No. of preventive maintenance carried out	No. of accidents	Name of spares replaced	Cost of spares replaced	Back up vehicle available in hrs:min	Total down time hrs:min

**5) Equipments Report**

District	Registration No. of vehicle	Month	Name of the equipment	No. of break down calls	No. of preventive maintenance carried out	Name of spares replaced	Total down time hrs:min

**6) Employee Reports**

S/n	Emp.ID	Emp. Name	Designation	Department	Position	DOJ	Experience	Qualification	Age	Sex

**Issued to M/s. \_\_\_\_\_**

# **RIDER-A**

## **1. RESOLUTION OF DISPUTE**

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

## **2. ARBITRATION**

In the event of failure to settle the dispute amicably between the parties, the same shall be referred to the sole arbitrator (insert name and designation of the officer), Government of Maharashtra. The award passed by the sole Arbitrator shall be final and binding on the parties. The arbitration proceedings shall be carried out as per the Indian Arbitration and Conciliation Act, 1996 and the rules made there under.

## **3. GOVERNING LANGUAGE**

English language version of the contract shall govern its interpretation.

## **4. APPLICABLE LAWS**

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

## **5. INDEMNIFICATION**

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

## **6. ALL ANNEXURES TO THIS AGREEMENT FORM AN INTEGRAL PART OF THE AGREEMENT**

- a. All Annexure and Appendixes will form an integral part of this Agreement