



OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, KEONJHAR  
(ZILLA SWASTHYA SAMITI (ZSS), KEONJHAR)



RFP No 4599

Dated 22/12/2020

**REQUEST FOR PROPOSAL (RFP)**

Proposals are invited from eligible parties for 'Operation and Maintenance of ALS and BLS Ambulances for Inter Facility Transfer in the Government Health Facilities of Keonjhar District'

1	Name of Tender	<b>Operation and Maintenance of ALS and BLS Ambulances for Inter Facility Transfer in the Government Health Facilities for Keonjhar District</b>
2	Important Dates and Address for Tender	<ul style="list-style-type: none"><li>Tender Start Date: 23.12.2020</li><li>Tender End Date &amp; Time: 05.01.2021 till 05.00 PM</li><li>Pre-Bid Meeting Date: 28.12.2020 at 11.00 AM at DTU,NHM,Keonjhar.</li><li>Last Date of receiving Pre bid query: 31.12.2020</li><li>Opening of Tender : 06.01.2021 at 11.00AM in DTU,NHM,Keonjhar</li><li>Address: CDM &amp; PHO Keonjhar, At/Po/Dist – Keonjhar, PIN – 758001,Odisha</li><li>Mode of Tender Submission: Through Speed Post / Regd. Post / Courier only.</li></ul>
3	Method of Selection	Quality – cum - Cost Based Selection (QCBS – 70:30 ratio)
4	Tender Bid Cost	Rs 10,000 /- ( <b>Rupees Ten Thousand Only</b> ) in form of Bank Draft drawn in favor of "CDM&PHO, Keonjhar, DMF" payable at Keonjhar towards Price for Bidding Documents.
5	Earnest Money Deposit (EMD)	Rs 5,00,000 /- ( <b>Rupees Five Lakhs Only</b> ) in form of Bank Draft in favor of CDM& PHO, Keonjhar, DMF" payable at Keonjhar. EMD will be refunded to the unsuccessful bidders after finalization of tender Process. The EMD of successful bidder will be refunded after completion of the supply.
6	Contact Details for queries and clarifications	<ul style="list-style-type: none"><li>Address: CDM&amp;PHO Keonjhar</li><li>Contact Number:06766-250770</li><li>Email: <a href="mailto:nrhmkeonjhar@gmail.com">nrhmkeonjhar@gmail.com</a></li></ul>
7	Documents to be submitted	<ol style="list-style-type: none"><li>Copy of GST Certificate</li><li>Copy of PAN Card</li><li>Copy of ADHAR Card</li><li>Three Years' Experience for operating and maintaining the Ambulance Services in Governmental Health Facilities (atleast 3 Order Copies)</li><li>Annual Average turn over should be above ₹ 5 Crores for the last three years (2016-17, 2017-18, 2018-19). The audited financial statements including profit/loss account for the above said years to be submitted.</li><li>Affidavit of Non-black listed firm for execution of Government similar works (From Executive Magistrate / Notary)</li></ol>

8	Signing of Documents	All papers / documents submitted with the Tender must be signed by the bidder.
9		<ul style="list-style-type: none"> <li>The undersigned reserves all the rights to cancel or reject the any or all Tenders without assigning any reason thereof.</li> <li>Any corrigendum issued will be available on <a href="http://www.kendujhar.nic.in">www.kendujhar.nic.in</a></li> <li>The decision of the committee will be treated as final.</li> </ul>

### Acronyms and Definitions

ALS	:	Advanced Life Saving
BLS	:	Basic Life Saving
CDM&PHO	:	Chief District Medical and Public Health Officer
DHH	:	District Headquarter Hospital
DMF	:	District Mineral Foundation
EMD	:	Ernest Money Deposit
EMS	:	Emergency Medical Services
EMT	:	Emergency Medical Technician
GPS	:	Global Positioning System
IT	:	Information Technology
MOIC	:	Medical Officer Incharge
MOU	:	Memorandum of Understanding
PCR	:	Patient Care Record is an important medical-legal document which must be completed and submitted for every clinical patient contact.
RFP	:	Request for Proposal
SLA	:	Service Level Agreement
TIA	:	Tender Inviting Authority

*Handwritten signature*

Chief Medical & Public Health Officer  
Kendujhar

**Operations and Maintenance of ALS and BLS Ambulances for Inter Facility Transfer in the  
Government Health Facilities of Keonjhar District**

**1. Objective of the Project**

- a. Operationalize the 13 Ambulances<sup>1</sup> (01 ALS and 12 BLS) available with CDM & PHO, Keonjhar.
- b. Provide 24x7 Ambulance services for Inter-Facility transfer of patients within Government Health Facilities.
- c. Transfer the patients to the designated health facility with-in the shortest time possible.

**2. Scope of Work**

- a. Assess and inspect the 13 ambulances available with CDM & PHO, Keonjhar.
- b. Enable and install the IT and GPS Technology in all the ambulances for tracking and monitoring.
- c. Recruit, train, deploy certified, qualified and experienced manpower, as per clause 7.i, required for operation and maintenance of all services including call centre operation, fleet management, onboard patient care, transportation and other operations or activities as per recognized norm duly approved by the Government.
- d. The service provider shall ensure that the past performance, conduct and track record of personnel recruited for this project are clean and satisfactory.
- e. Branding of all the Ambulances to be carried out with the logo of DMF Keonjhar, OMBADC and Government of Odisha logo as finalized by CDM&PHO Keonjhar.
- f. Provide adequate insurance (accidental insurance) for the hired staff personnel.
- g. Provide inter and intra district referral services (24x7) for transfer of patients as per the call/instructions received from the office of MOIC/Helpdesk of the concerned government health facilities or as decided by CDM&PHO.
- h. Provide drop back facility within the district or at an agreed designated place for patients discharged from PFC at SCB Cuttack as per the instructions of PFC Manager and or upon instructions and appropriate approvals from competent authority.
- i. Set-up a fully equipped, IT enabled toll-free Centralized Call Centre at DHH Keonjhar.
- j. Integrate the services of DHH help desk for co-ordinating the inter-facility referral of patients.
- k. Coordinate transportation of patients within the shortest possible time in an emergency.
- l. Ensure normal response time as specified in SLA.

- m. Provide maintenance of ambulances as per manufactures maintenance schedule throughout the duration of agreement to prevent any structural and functional deterioration of assets.
- n. Down-time of any ambulance to be maintained/corrected as per SLA.
- o. Develop a technology assisted as well as a manual format for data collection, record keeping and analysis of the incident from the time of incident to the time the patient is admitted in the referred health facility.
- p. To ensure that the Ambulance based referral system is efficient and effective to an extent to ensure quality based professional management with best in class service quality and monitoring systems.
- q. Arrange for setting up of workshop, parking shed, rest room or any other infrastructure as per the requirement at their cost, at locations mutually agreed upon. Wherever possible, the TIA shall provide the parking space at the premises of Government Health Facilities. In case of non- availability of parking space in any government building(s), service provider must make its own arrangements. Service provider shall have its own security arrangement of all vehicles and onboard equipment/tools.

### 3. Eligibility Criteria

- a. Applicant can be either a single entity, partnership firm/ company, society or a trust.
- b. Should have atleast 3 years of experience of providing similar services (of referral transport and emergency health services) as on the date of filling the application.
- c. Minimum Average annual turn-over (audited) of last three years (2016-17,2017-18,2018-19) in similar services (of referral transport and emergency health services) of Rs. 5 Crores. Bidders need to submit audited Statement of Accounts and Turnover Certificate duly certified by Chartered Accountant. While calculating turnover, only audited statement shall be considered.
- d. Bidder should not be insolvent, in receivership, bankrupt or being wound up, not having its affairs administered by a court or a judicial officer, not have its business activities suspended and must not be subject of legal proceedings for any of the foregoing reason.
- e. Bidder and their directors, partners and officers should not have, been convicted of any criminal offence related to their professional conduct or the making of false statements or misrepresentations as to their qualifications to enter in to a procurement contract within a period of three years preceding the commencement of the procurement process.



Chief District Medical & Public Health Officer  
Koraput

- f. Bidders should not have been blacklisted or otherwise disqualified pursuant to any debarment proceedings by any Central or State Government, Local Government or Public Sector Undertaking in India and which is for the time being in force.

**4. Duration of Contract (Period of Agreement):**

- a. The service provider (Agency) selected for the purpose shall enter into a contract with the TIA to carry out the project with agreed terms and conditions.
- b. The service provider (Agency) will be engaged initially for a period of **2 years** from the date of signing of the Contract, which may further be extended by a period of **1 year** for the subsequent years or as decided by the TIA, subject to appraisal of performance and the satisfactory performance. Terms and conditions of the MoU can be amended during renewal of contract after due justification citing changed working conditions if any.
- c. However, detailed provision for modification or termination from the contract and related liabilities and penalties are stated in subsequent paras.

**5. Implementation Schedule**

- a. The service provider must operationalize the ambulance services along with call centre in Keonjhar district within 30 to 45 days of signing of the contract.
- b. The Service Provider shall complete all pre-operational activities including setting up of centralized call centre, manpower recruitment and training, procurement of project assets and operations of call centre within 30 to 45 days of signing of the contract.
- c. If the service provider faces any roadblocks to operationalize the ambulances as per terms mentioned in the RFP, it must be informed in writing to the TIA well in advance (atleast 10 days before the last date for operationalization of services). The extension may be granted by CDM&PHO if satisfied with relevant justifications provided by the service provider.
- d. If the service provider fails to commence the service as specified herein, the TIA may, unless it consents to the extension of time thereof, forfeit the Security Deposit and appropriate the same.

**6. Service Level Agreements/Performance Parameters and Penalties**

Sl. No.	Performance Parameter	Within agreed limits/Requirements	Penalty
a.	Operationalize services (Ambulance and Call Centre)	within 30 to 45 days	Rs 500.00 per day/vehicle for delay in deployment.
b.	Average Response Time (Call to health facility)	20 minutes	0.5% of the total monthly billing amount per each minutes of such delay. (To be calculated as monthly average over the entire fleet of vehicle-ALS and BLS)

c.	Availability of vehicle after completion of one trip/referral	20 minutes	0.5% of the total monthly billing amount per each minutes of such delay. (To be calculated as monthly average over the entire fleet of vehicle-ALS and BLS).
d.	Eligible Call Attended	100% (All the eligible calls from relevant authority to be attended by dispatching ambulance)	Rs 45,000/- per each percentage of shortfalls from 80% level. (Penalty shall be levied if attendance level falls below 80% in a month)
e.	i. Down Time/Off Road days  initial Vehicles (fully equipped) ready for taking calls	i. 1.5 days per vehicle per completed month. (No ambulance can be off road for more than the balance of accumulated off-road days.)  ii. At any given point of time more than 90% of the Ambulances should be on road (ready to attend the emergency call with all major equipment functional including GPS).	Rs 1,000.00 per day/vehicle in excess of allowed days  ii. Rs 100.00 per ambulance hour in excess of 10% limit (ambulances which are off road for more than 1 hour)  Above penalties with respect to off roading are concurrent in nature. (i.e. both penalties shall be levied Simultaneously in case of default).
f.	Minimum cases per day per ambulance with average kms travel per day per ambulance	2 cases/day/ambulance and running of 150 km /day/ ambulance. To be averaged over the entire fleet of ambulances/month.	Penalty shall be imposed @Rs. 200/- per month/ambulance per km shortfall in average daily running of ambulance). And @ Rs 1,100/- per each 0.1 cases shortfall from expected level of 2 cases/day against average trip done per day. (Penalty shall be imposed if any of these performance indicators is not fulfilled. If both the performance parameters are not complied than both penalties will be applied simultaneously.)
g.	Any other shortfall/default found on inspection by Authorized representatives or officials of the TIA.	1. Poor General cleanliness /Ambulance body Hygienic storage of Medical/ non-medical consumables/staff uniform and availability; 2. Non-availability of Medical/ non- medical consumables as per the enclosed list in Annexure. 3. Non-functioning of major Equipment. 4. Improper maintenance/non-updating of logbook, stock register, PCR record, vehicle maintenance record as	Penalty of Rs 800/- per ambulance 1st time for every shortfall/ default and subsequently Rs. 1500/- per Ambulance (Individually for every shortfall/ default)

		prescribed by Authority; 5. Non-functioning of Air-conditioning of Ambulance.	
h.	Call Centre down time limit	Call Centre Down Time beyond permissible limit of 0.5%, calculated over a month. (Mechanical or Operational). This is non-cumulative.	Rs.4000/- per each hour of downtime. Average down time each month beyond allowed limit of 0.5%.
i.	Availability of call takers during working hours in Call Centre. Receiving calls	Absent for more than an hour during the working hours.  Receiving call within 10 seconds of first ring.	150% of the proportionate charges
j.	<p>*Off-road Condition (for the purpose of Penalty calculation):</p> <p>Any ambulance shall be counted as 'Off-road' condition in any one of the following instances:</p> <ol style="list-style-type: none"> <li>i. GPS is not working for more than 12 hours at stretch.</li> <li>ii. Key equipment not functional/available for more than 12 hours at a stretch.</li> <li>iii. Ambulance/vehicle is not working (vehicle breakdown) for more than 12 hrs. at a stretch.</li> <li>iv. "Off-road" does not include 30 days permissible for force majeure cases including accident and mob violence vehicle under repair. However, 18 days are also permissible for other maintenance including routine or preventive.</li> <li>v. No ambulances can operate without insurance coverage and valid fitness certificate and shall be treated as off-road in such situation. However, in case of renewal of fitness certificate where application for renewal is made within stipulated timeline (i.e. 30 days before date of expiry of validity) but fresh certificate has not been issued by the authority then it will not be treated as off-road.</li> <li>vi. An ambulance cannot have an operational status in a sequence like Off road to on road to Off Road unless a minimum of one case is successfully attended in between two off road conditions. That means there can't be an on-road condition between two Off road condition of an ambulance unless a call is attended successfully in between. Such, On-road condition shall be treated as Off-road condition for all practical purpose where not even a single call is attended successfully.</li> <li>vii. In case the ambulance does not attend the call when the vehicle is showing on-road status then it shall be treated as off-road.</li> </ol>		

viii. For the purpose of above benchmarks, the word "emergency" is defined as an occurrence of any sudden event that threatens life and demands immediate attention. Emergencies could vary vastly in scope, magnitude and management. Effective emergency response significantly reduces deaths, disabilities, suffering from length of hospital stay, losses from fire incidents. Emergency Response is medical services and medical care that reduce the levels of risk on life and health.

## 7. Responsibilities of Service Provider

- a. Training and Deployment of adequate qualified personnel as per requirement of the project in Head Office, field staff, Call Centre employees, Emergency Management Technicians, Ambulance Care Assistants, Drivers and other required staff for running the project efficiently.
- b. The staff so engaged/recruited/appointed by the Service Provider shall be exclusively on the pay rolls of the service provider itself. Under no circumstances this staff will ever have any claim, whatsoever for appointment with the District Administration/TIA.
- c. The Service Provider shall be solely responsible for the performance and conduct of the staff notwithstanding the source of hiring such staff. The Service Provider shall be fully responsible for adhering to provisions of various laws applicable on them including Labour laws. In case the Service Provider fails to comply with the provisions of applicable laws and thereby any financial or other liability arises on the TIA by Court orders or otherwise, the Service Provider shall be fully responsible to compensate/indemnify to the TIA for such liabilities. For realization of such damages, District Administration/TIA may even resort to the provisions of any Act, which is in force or other laws as applicable on the occurrence of such situations.
- d. Provide seamless data flow of information about the ambulance, patients being transferred, stabilization provided, bed availability etc.
- e. Submit various reports and information within the stipulated time frame to the District Level management/monitoring Committees formed exclusively, for the overall supervision of the project, and other District level authorities.
- f. Service Provider is responsible for the compliance of the statutory requirement under any law in respect of any asset and operation. The Service Provider shall be held responsible in case of any penalty, loss or other legal consequences arising out of non-compliance and will have to make good at its own cost.
- g. Procurement of the assets under the project shall be undertaken by the Service Provider in the manner specified below:



- i. A Procurement Committee shall be formed by the Service Provider and the TIA (at least 2 members form each party).
  - ii. It would be the responsibility of the committee to ensure that all the procurements are done on a transparent, competitive and fair manner through appropriate methods of procurement.
  - iii. Appropriate permissions to be sought in respect to the procurement terms and conditions including evaluation criteria, eligibility criterion, mode of procurement, Security Deposit, specifications, designed other special conditions included in the bid document.
  - iv. Approved specifications of the Ambulances, healthcare equipment is given in Annexure 13 and 14. The specification of IT equipment and other items of capital in nature required for up gradation and expansion of the existing Control Room/Call Centre facility shall be finalised as per the requirement.
  - v. All non-consumable procurements shall become assets of the project, which will have to be handed over to the TIA on termination/completion of the project. Proper records of such assets will be maintained in the project accounts.
- h. Maintain adequate stock of medicines and consumables in all the ambulances.
  - i. Manpower for various services: Service Provider shall place adequate staff at the centralised call centre and in ambulances. While recruiting existing field staff the Service Provider shall ensure that their performance and conduct in the earlier project is satisfactory.
  - j. Service Provider must keep following categories of manpower having required qualifications as given below:

Sr. No.	Position	Qualification and Experiences
1	Emergency Medical Technician (For ALS and BLS Ambulances)	<p><b>Basic Qualification:</b> B.SC. Nursing / GNM/ B. Pharma / D. Pharma</p> <p><b>Basic Skill &amp; Training:</b></p> <ul style="list-style-type: none"> <li>• Emergency Management Skills like Bleeding Control, Defibrillation, Spinal Immobilization, Oxygen TherapyMedicine Administration.</li> <li>• The EMT should undergo training of at least one month or till proficiency in a tertiary care institution or at anyrecognized institutes to handle the lifesavingand life</li> </ul>

		sustaining equipment & administer use splints. EMTs should be trained and certified in Advance Life Support (ALS)/ Advance Cardiac Life Support (ACLS)/ Integrated Trauma Life Support (ITLS) from a recognized national/international institution.
2	Ambulance Care Assistant (For ALS and BLS Ambulances)	<p><b>Basic Qualification:</b> Matriculation or 8th Standard (Pass)</p> <p><b>Basic Skill &amp; Training</b></p> <ul style="list-style-type: none"> <li>• First aid and lifesaving palliative skill.</li> <li>• Trained in first aid and lifesaving palliative skill.</li> <li>• The training module content and duration must be agreed by the Authority</li> </ul>
3	Driver (For ALS and BLS Ambulances)	<p><b>Basic Qualification:</b> 8th Standard (Pass) with valid driving license for LMV (Commercial) and badge license</p> <p><b>Basic Skill &amp; Training:</b></p> <ul style="list-style-type: none"> <li>• Working knowledge on first aid and patient handling</li> <li>• If required, an in-house training module may be developed by the Agency in consultation with the Authority</li> </ul>
<p><b>Note: Team shall include 1 Driver, 1 EMT, 1 Ambulance Care Assistant per shift in each ambulance</b></p>		
4	Project Manager (For ALS and BLS Ambulances and Call Centre)	<p><b>Basic Qualification:</b> MBA in Operations Management</p> <p><b>Skill &amp; Experience:</b></p> <ul style="list-style-type: none"> <li>• The candidates should have experience of Project Management, Fleet Management etc. of at least two years post qualification in healthcare/hospital industry.</li> </ul>
5	Call Centre Executives (For ALS and BLS Ambulances and Call Centre)	Atleast Graduation with fluency in Odia, English and Hindi with knowledge of computers.

- k. Agency (Service Provider) shall ensure that the working hours of ambulance and call centre staff are within the permissible limit as prescribed under relevant laws in India. The Agency shall also ensure that no staff can work for more than 12 hours in a day. Service provider shall also carry out medical fitness test on yearly basis of all ambulance staff from the designated government health facility to ensure they have the required level of medical fitness to carry out their job responsibility efficiently and effectively.
- l. Service Provider shall ensure that monthly salary of the project staff, directly involved in the operation of different services under this project (including call centre, ambulance staff) are paid directly through their bank account without any delay latest by 5th of the

following month. The service provider is required to submit along with the monthly invoice proof of payment of salary for the previous month as a mandatory requirement in the manner and format as sought by the TIA.

- m. Indemnify District Administration, Keonjhar; CDM & PHO, Keonjhar against all the risks, accidents etc arising out of any negligence during the operations of the said work.

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

- a. The TIA may, by a notice in writing suspend the agreement, for a period as of it will (but for a maximum period of 6 months), if the service provider fails to perform any of his obligations including carrying out the services, provided that such notice of suspension:
- i. Shall specify the nature of failure
  - ii. Shall request remedy of such failure within a period not exceeding 15 days after the receipt of such notice.
- b. During the suspension period, TIA reserves the right to terminate the agreement by giving 30 days' notice period.
- c. The TIA after giving 30 days clear notice in writing, expressing the intension offermination by stating the ground/grounds on the happening of any of the events (i) to (iv), may terminate the agreement after giving reasonable opportunity of being heard to the service provider.
- i. If the service provider does not rectify the failure in the performance of his obligations within 15 days of receipt of notice or within such further period as the TIA may subsequently approve in writing.
  - ii. If the service provider becomes insolvent or bankrupt.
  - iii. If, as a result of force majeure, service provider is unable to perform a material portion of the services for a period of more than 60 days.
  - iv. If, in the judgment of the TIA, the service provider is engaged in corrupt or fraudulent practices in implementation of the project.
- d. In the event of premature termination of the contract by the TIA on the instances other than non-fulfilment/ non-performance of the contractual obligation by the Service Provider, the balance remaining un-paid amount on account of capital expenditure as on the day of termination shall be released within six months from the date of such termination.
- e. TIA reserves the right to partially terminate (one or more services) the contract.
- f. In case of premature termination or sou-moto abandonment of the contract/project by the service provider, the service provider shall be penalized for the default. While applying this penalty, in addition to the forfeiture of the Security Deposit, the TIA may appropriate towards the penalty, the balance remaining unpaid on account of capital



expenditure as on the day of sou-moto abandonment by the service provider to recover the damage sustained due to abandonment.

- g. In case of termination, Service Provider will continue operations on existing terms and conditions till a maximum period of six months from the date of termination or date of handing over of complete operations including assets to a new Service Provider. All assistance should be provided by the existing service provider in handing over of all assets, licenses, etc., to new vendor without any extra cost to the TIA.

#### 9. Means of Finance

- a. **Capital Expenditure:** The Service Provider shall invest from its own fund for the procurement/development of software required to be installed to run the Call Centre, Computer Aided Dispatch system, Vehicle Tracking System and Monitoring System, etc. TIA shall finance for all capital expenditure related to procurement (if any), designing, branding, installation of assets including IT infrastructure (hardware), machineries, equipment, accessories, office furniture and fittings. TIA shall provide for space/physical location for setting up the call centre.
- b. **Operational Expenditure:** TIA shall bear the operational cost for running the ambulance service on actual kilometre run/ fixed costbasis. The rate per Km per ALS/BLS ambulance shall be as per the rate quoted by the winning party in financial bid. The payment shall become due once the Ambulance is ready to operate in all respect and use. TIA shall not pay more than the contracted rates entered with the winning bidder in this regard.
- c. **Call Centre:** TIA shall pay as per the rate quoted for recurring cost/operational expenses at the end of the month on satisfactory completion of services. The call centre for EMS service shall be operational 24x7 (all three shifts) with requisite staff as per mentioned in clause 7.i.
- d. The Service Provider shall submit the GPS reports (as customized by the TIA from time to time) along with monthly claim to validate the same. Service Provider shall go to the destination by following shortest possible route and shall avoid detouring the vehicle to gain kilometres. If found, payment of additional Kilometres run during the trip(s) could be deducted. In case, detouring is done due to reasons beyond the control of the Service Provider, the same shall be reasoned out in the monthly claim. The agency shall submit the job details captured at the call centre properly mapped to trips registered in the GPS.
- e. Any penalties imposed against non-compliance shall be recovered from the bills/Security Deposit raised by the Service Provider. If penalties or any other payment recovered from Security Deposit, then the Service Provider is required to

replenish the Security Deposit to make it to its original amount within 15 days from such deductions.

#### 10. Earnest Money Deposit and Performance Bank Guarantee

- a. ₹ 5,00,000 /- in form of Bank Draft in favour of CDM &PHO, Keonjhar, DMF" payable at Keonjhar towards EMD. EMD will be refunded to the unsuccessful bidders after finalization of tender Process. The EMD of successful bidder will be refunded after completion of the supply.
- b. The preferred bidder to whom the contract shall be awarded have to deposit Security Deposit equivalent to 7% of the annual value of the contract in the form of Bank Guarantee issued from a scheduled commercial bank and should be drawn in favour of "CDM & PHO, Keonjhar, payable at Keonjhar.
- c. Amount of Earnest Money Deposit can be adjusted into the Security Deposit. Security deposit is for due performance of the agreement. Format of Bank Guarantee for Security Deposit is given in Annexure-10.

#### 11. Settlement of Dispute

- a. Ownership of the Ambulances vests with the TIA. If any dispute with regard to the interpretation, difference or objection whatsoever arises in connection with or arises out of the agreement, or the meaning of any part thereof, or on the rights, duties or liabilities of any party, the same shall be referred to the Committee with the TIA for decision.
- b. If the Service Provider is not satisfied with the decision of TIA Committee, they may proceed for arbitration. The arbitration shall be conducted in Keonjhar, Odisha, India. The arbitration shall be conducted in English and all written documents used during the arbitration shall be in English. The Award shall be Speaking Award.

#### 12. Preparation of Proposal

The proposal shall be submitted in three parts -

- (i) Part A – Key Submissions
- (ii) Part B – Technical Proposal
- (iii) Part C- Financial Proposal

The proposal shall be prepared in the manner as detailed in following manner.

- a. The bidder shall ensure that the pages are serially numbered with indexing and duly signed by the bidder or the authorized signatory.
- b. The proposal should be received through courier, speed post or registered post. Proposals received after the due date and time of submission shall be treated as late bid and be liable for rejection.

- c. The Key- Submissions (Part A), Technical Proposal (Part B) and Financial Proposal (Part C) **must be inserted in separate sealed envelopes, along with applicant's name and address** in the left-hand corner of the envelope and super scribed in the following manner:
- i. **Part-A – Key-Submissions for “Operations and Maintenance of ALS and BLS Ambulances for Inter Facility Transfer in the Government Health Facilities of Keonjhar District’**
  - ii. **Part-B- Technical Proposal for ‘Operations and Maintenance of ALS and BLS Ambulances for Inter Facility Transfer in the Government Health Facilities of Keonjhar District’**
  - iii. **Part-C - Financial Proposal for ‘Operations and Maintenance of ALS and BLS Ambulances for Inter Facility Transfer in the Government Health Facilities of Keonjhar District’**
- d. All three envelopes i.e. envelope for Part-A, Part-B and Part-C must be packed in a separate sealed outer cover and clearly super scribed with the following:
- i. **Proposal for “Operations and Maintenance of ALS and BLS Ambulances for Inter Facility Transfer in the Government Health Facilities of Keonjhar District’**
  - ii. The Applicant's Name & address shall be mentioned in the left-hand corner of the outer envelope.
- e. The inner and outer envelopes shall be addressed to ‘CDM & PHO Keonjhar, At/Po/Dist – Keonjhar, PIN – 758001’
- f. If the outer envelope is not sealed and marked as mentioned above, then Authority (TIA) will assume no responsibility for the tender's misplacement or premature opening. Telex, cable or facsimile tenders will be rejected.
- g. Content of the proposal
- h. Part A:
- i. Filled, duly signed Annexures 1, 2, 3 and 4 along with self-attested photocopies of Permanent Account Number (PAN), GST Registration, Certificate and Income Tax Return and Acknowledgement copy for last 3 years.
  - ii. A non-refundable amount of Rs 10,000 in shape of demand draft from any scheduled commercial bank drawn favouring “CDM & PHO Keonjhar, DMF” At/Po/Dist – Keonjhar, PIN – 757001 towards bid processing fee.
  - iii. Earnest Money Deposit (EMD) amount of Rs. 5,00,000 in shape of Demand Draft/ Bankers Cheque/Fixed Deposit Receipt/ Bank Guarantee drawn in favour of CDM & PHO Keonjhar, At/Po/Dist – Keonjhar, PIN – 758001
- i. Part B: Filled, duly signed Annexures 2, 3, 4, 5, 6 along with:

- i. Details of manpower (positions and reporting structure) to be engaged at each level (i.e. field operation, call centre operation and project management) and their role and responsibility.
- j. Approach, Methodology and Manpower Planning for operations and management of referral services and centralized call centre.
- k. Part C: Filled, duly signed Annexures 7 and 8 along with the documents asked therein.

**13. Evaluation of Proposals**

- a. In the first stage, Part A (Key-Submission) shall be opened and the eligibility shall be assessed as per the set criteria given in the above clauses.
- b. Technical Proposal (Part B) of those applicants shall be considered for technical evaluation that qualifies the eligibility criteria as mentioned in above clauses.
- c. Technical Proposal will be evaluated based on applicant's experience and financial capability. Only those applicants whose score on evaluation of technical proposal is on a higher side/more than or equal to seventy (70) out of the total technical score of one hundred (100) shall be considered for Financial Bid Opening.
- d. The key personnel, as given by the Service Provider in the technical proposal should not change during the tenure of the contract, without prior approval of the TIA.
- e. Technical Proposal of all the Applicants will be evaluated based on appropriate marking system. The categories for marking and their respective weightage are as under:

Sr. No.	Criteria	Maximum Marks
1	<p>Experience of the Bidder</p> <p>i) Years of experience in operation and management of Ambulance Service (ALS &amp; BLS). Experience: (a) between 2 to 3 years (<math>\geq 2</math> years &amp; <math>\leq 3</math> years): 15 points (b) between 3 to 5 years: 20 points (c) more than 5 years: 25points</p> <p>ii) Experience in operation and management of Emergency Medical Ambulances (BLS, ALS) for Government (a) From 10 up to 20 ambulances – 20 points (b) From 21 up to 40 ambulances – 25 points (c) More than 40 ambulances -30 points</p> <p>iii) Experience in Computer Telephone Integration with the ability to log calls and track vehicles using Geographical Information System with GPSintegrated Ambulance Monitoring System.</p>	<p>25</p> <p>30</p> <p>15</p>

2	<b>Financial Strength of Bidder</b> <ol style="list-style-type: none"> <li>i. Average Annual Turnover of Rs. 8 Cr to 10 Cr – 10 points</li> <li>ii. Average Annual Turnover of Rs. 10.1 Cr to 12 Cr – 15 points</li> <li>iii. Average Annual Turnover above Rs. 12 Cr - 20 points</li> </ol>	20
3	<b>Technical Presentation before the Evaluation Committee of TIA</b> All applicants shall be required to make presentations up to 30 minutes, before opening of Financial Proposals, to demonstrate their credentials before the Evaluation Committee and to submit hard copies during the presentation. The presentation shall broadly cover the following aspects: <ul style="list-style-type: none"> <li>• Brief Company profile, local presence, associates, major clients &amp; projects etc.</li> <li>• Experience and capabilities of conducting similar assignments</li> <li>• Understanding of assignment along with methodology indicating broad road map</li> <li>• Risks and proposed risks mitigating measures</li> <li>• Proposed Key Personnel along with Team Leader and Manpower commitment.</li> <li>• The time and venue for the presentation shall be intimated to the Applicants.</li> </ul>	10
<b>Total</b>		<b>100 Marks</b>

- f. Financial bid of only those bidders whose technical score (as per the technical evaluation) is 70 (seventy) or above shall be considered for financial bid opening.
- g. The Financial proposals of the technically qualified bidders will be opened.
- h. Bidders shall be ranked as per QCBS System.
- i. TIA reserves the right to ask for detailed cost-sheet for any of these activities, if necessary, for price rationalisation from the L1 Bidder.
- j. The final score of the applicant shall be calculated as follows:
  - i. Weighted Technical Score = Technical Score \*70%
  - ii. Weighted Financial Score = Financial Score \*30%
  - iii. Final Score = Technical Score + Financial Score
- k. The preferred bidder (L1 Bidder) shall be invited for signing the contract. However, the Second Ranked Bidder shall be kept in reserve and may be invited (at the discretion of the authority) to take-up the contract in mutually agreed terms in case the first submission ranked bidder withdraws, blacklisted or otherwise become ineligible for entering into a valid contract with the Government.
- l. TIA reserves the right to cancel the whole tender process in case TIA feels that the price quoted by the preferred bidder is not reasonable and may invite fresh proposals. TIA also, reserves the right to cancel the whole tender process without assigning any reason thereof.

Annexures :

Part A and B

Annexure 1: Format of Covering Letter

**Format for Covering Letter**

*[On the Letterhead of the Applicant (in case of Single Applicant) or Lead Member (in case of a Consortium)]*

Date:

To

CDM & PHO Keonjhar,  
At/Po/Dist – Keonjhar, PIN – 757001  
Odisha

**Re: Operations and Maintenance of ALS and BLS Ambulances for Inter Facility Transfer in the Government Health Facilities of Keonjhar District**

Madam / Sir,

Being duly authorized to represent and act on behalf of..... (Hereinafter referred to as "the Applicant") and having reviewed and fully understood all the requirements and information provided, the undersigned hereby apply for the qualification for Integrated Patient Transport and Health Helpline Services in Odisha. We are enclosing our Application with EMD amount of Rs..... in the form of Bank Guarantee and two copies of Proposal (Part A, Part B and Part C) with the details as per the requirements of the RFP. We confirm that our proposal is valid for a period of minimum 180 days from..... (date of Bid opening).

Yours faithfully,

\_\_\_\_\_

(Signature of Authorised Signatory)

Name: .....

Title: .....

Address: .....

.....

  
Chief District Medical & Public Health Officer  
Keonjhar

**Annexure 2: Organization Profile**

1	Name of the Service Provider:	
2	Address of Registered Office:	
3	Contact Person:	
4	Year of Establishment:	
5	Annual Turnover* in last three years (Rs. In Crores)  <i>*Audited Statement of Accounts &amp; Tax Audit Report to be enclosed for calculation of Turnover</i>	Financial Year 2016-17:
		Financial Year 2017-18:
		Financial Year 2018-19:
		Average Turnover of last three years:
6	Net worth of Service Provider (Positive/Negative)**:  <i>**Attach the relevant documents for the same</i>	
7	Details of current commitments and contracts successfully executed for any Government Agency	To be furnished in the format given below along with the copy of Letter of Award/ Work Order/ Letter of Satisfaction
8	Working Capital:  <i>Working Capital = (Current Assets – Current Liabilities) ***</i>  <i>***Attach the relevant documents for the same</i>	
9	Award & Accreditations, if any:	
10	Any Award or Felicitation received for your services	
11	Any Other Relevant Details:	



The information should be provided in the format given below for each reference assignment for which the applicant, was legally contracted by the client stated below.

Assignment Name:	
Location:	
Name of the Client:	
Address:	
Start date (Month/Year) to Completion Date (Month/ Year):	
Value of the Contract/ Work Order (in INR):	
Name of Associated Firms (s) if any:	
Brief Description of Project:	
Detailsoftheassignment/worksexecuted by the Applicant:	



Chief District Medical & Public Health Officer  
Keonjhar

**Annexure 3: Application Format**

Sr. No	Particulars	Details
	<b>Name of the Project</b>	Proposals are invited from eligible parties for Inter Facility Operations and Maintenance of ALS and BLS Ambulances in the Government Health Facilities for Keonjhar District
	<b>Name and address of the Organization</b> <ul style="list-style-type: none"> <li>• Telephone No. With STD Code</li> <li>• Fax Number</li> <li>• E-mail address, if any</li> <li>• Name and Designation of Contact Person</li> </ul>	
	<b>Proposal Addressed to</b>	CDM & PHO Keonjhar At/Po/Dist – Keonjhar, PIN – 758001
	<b>Reference of Notice inviting for RFP</b>	No. _____ Date _____
	<b>Authority for signing and submitting the document</b> <i>(Power of Attorney, Resolution of the organization etc.)</i>	
	<b>Documents enclosed in support of the Request-</b> <ol style="list-style-type: none"> <li>1).....</li> <li>2).....</li> <li>3).....</li> <li>4).....</li> </ol> <b>(Total Pages..... )</b>	
<b>Name and signature of the authorized signatory</b> <b>Seal of the Organization</b>   <b>Date</b>		

**Annexure 4: Format of Affidavit**

**Format for Affidavit (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:

(i) We or any of our promoter(s) / director(s) / partner(s) are not blacklisted or otherwise disqualified pursuant to any debarment proceedings by any Central or State Government, Local Government or Public Sector Undertaking in India from participating in any bidding process, either individually or as member of a Consortium as on the \_\_\_\_\_ (Date of Signing of Application).

(ii) We are not insolvent, in receivership, bankrupt, being wound up, having our affairs administered by a court or a judicial officer, having our business activities suspended or subject of legal proceedings for any of the foregoing reason.

(iii) We or any of our promoter(s), director(s), partner(s) and officers are not convicted of any criminal offence related to their professional conduct or the making of false statements or misrepresentations as to their qualifications to enter in to a procurement contract within a period of three years preceding the commencement of the procurement process.

(iv) There is no conflict of interest in submitting this Proposal.

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 ....., 20....

Name of the Applicant

.....

Signature of the Authorized Person .....

Name of the Authorized Person

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

  
.....  
.....

**Annexure 5: CV format of Manager**

**Format of Curriculum Vitae (CV) for Proposed Manager**

- 1. Proposed Position/Role: -
- 2. Name of Staff: -
- 3. Qualification: -
- 4. Date of Joining with the current Agency: -
- 5. Total Years of Experience: -
- 6. Detailed Tasks Assigned: -

**Key Qualifications:**

[Give an outline of staff members experience and training most pertinent to tasks on assignment. Describe level of responsibility (Managerial, Supervisory etc.) held during relevant previous assignments and give dates and locations.]

**Education:**

[Summarize college/university and other specialized education of staff member, giving names of schools, dates attended, and degrees obtained.]

**Employment Record:**

[Starting with present position, list in reverse order every employment held. List all positions held by staff member, giving dates, names of employing organizations, titles of positions held, and locations of assignments, size of the fleet managed (in case of fleet manager). Also give types of activities performed and Client references, where appropriate.]

**Certification:**

I, the undersigned, certify that to the best of my knowledge and belief this CV correctly describes my qualifications and past experiences. I will undertake this assignment for the full project duration in terms of roles and responsibilities assigned in the technical proposal or any agreed extension of activities thereof. I understand that any misstatement herein leads to disqualification of CV.

**Date:**

Signature of Key Professional with Date

Authorized Signatory with Date and Seal:

Name, Designation and Address:

NB: CV write-up restricted to 4 pages only with quality information relevant to the key professional requirements.

  
Chief District Officer - Police Administration  
Kuala Lumpur

**Annexure 6: Power of Attorney**

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

**(On a Stamp Paper of relevant value)**

Whereas the CDM & PHO Keonjhar, Odisha has invited applications from interested parties for 'Operations and Maintenance of ALS and BLS Ambulances for Inter Facility Transfer in the Government Health Facilities of Keonjhar District'. and Whereas, the members of the Consortium are interested in bidding for the Project and implementing the Project in accordance with the terms and conditions of the Request for Proposal (RFP) Document and other connected documents in respect of the Project, and Whereas, it is necessary under the RFP 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 submission of application/proposal, participating in conferences, responding to queries, submission 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 Agreement is entered into with Office of CDM& PHNO, Keonjhar.

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 20\_\_\_\_\_

(Executants)

Note: The mode of execution of the Power of Attorney should be in accordance with the procedure, if any, as 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.

  
\_\_\_\_\_  
\_\_\_\_\_

**Part C**

**Annexure 7: Acknowledgement and Financial Proposal**

**To**

**CDM & PHO Keonjhar**

**At/Po/Dist – Keonjhar, PIN – 757001**

**Subject: Request for Proposal for “Inter Facility Operations and Maintenance of ALS and BLS Ambulances in the Government Health Facilities for Keonjhar District”**

Respected Sir,

1- Having carefully examined all the parts of the RFP documents and having obtained all the requisite information affecting this proposal and being aware of all conditions and difficulties likely to affect the execution of the agreement, I/We hereby propose to implement the project as described in the RFP document in conformity with the conditions of agreement, technical aspects and the sums indicated in this financial proposal.

2- I/We declare that we have read and understood and that we accept all clauses, conditions, and descriptions of the RFP document without any change, reservations and conditions.

3- If our proposal is accepted, we undertake to deposit Security Deposit equivalent to 5% of the annual value of the contract, before execution of the formal agreement.

4-I/We agree to abide by this proposal/bid for a period of 180 days from the date of its opening and also undertake not to withdraw and to make any modifications unless asked for by you and that the proposal may be accepted at any time before the expiry of the validity period.

5- Unless and until the formal agreement is signed, this offer together with your written acceptance thereof shall constitute a binding contract between me/us and the Government of Odisha.

6-We submit the Schedule of Rate as appended herewith.

Yours faithfully

Signature of the authorized signatory

Encl: Schedule of Rate in details



Chief District Medical & Public Health Officer  
Keonjhar

**Annexure 8: Schedule of Rates**

**Financial Bid for**

**Inter Facility Operations and Maintenance of ALS and BLS Ambulances in the Government Health Facilities for Keonjhar District**

<b>Sr. No.</b>	<b>Particular</b>	<b>Per-vehicle Per KMS Cost including maintenance cot(inclusive of GST) in Rs.</b>	<b>Total Cost inclusive of GST in Rs.</b>
1	Referral Transport for ALS Ambulance		
2	Referral Transport for BLS Ambulance		
3	Call Centre Management		
<b>Total Cost Per Month</b>			

**Signature of Authorized**

**Signatory Seal with Designation**

**Place:**

**Date:**

  
Chief District Medical Officer  
Keonjhar



**Annexure 10: Format for Performance Bank Guarantee**

**Issuing Bank:** [insert: Bank's Name, and Address of Issuing Branch or Office]

**Beneficiary:** [insert: Name and Address of Authority]

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

**PERFORMANCE GUARANTEE No.:** \_\_\_\_\_

We have been informed that [insert: name of the Awardee] (hereinafter called "the Agency") has entered into Contract No. [insert: reference number of the contract] dated \_\_\_\_\_ with you, for **Operations and Maintenance of ALS and BLS Ambulances for Inter Facility Transfer in the Government Health Facilities of Keonjhar District** (hereinafter called "the Contract"). Furthermore, we understand that, according to the conditions of the Contract, a performance guarantee is required.

At the request of the Agency, we .....[insert: name of Bank] hereby irrevocably undertake to pay you any sum or sums not exceeding in total an amount of .....[insert: amount in figures] (Rs \_\_\_\_\_) ..... [insert: amount in words] upon receipt by us of your first demand in writing accompanied by a written statement stating that the Agency is in breach of its obligation(s) under the Contract, without your needing to prove or to show grounds for your demand or the sum specified therein.

We hereby waive the necessity of your demanding the said debt from the Agency before presenting us with the demand.

This guarantee shall be valid until the ..... day of ....., 20.....

We further agree that no change or addition to or other modification of the terms of the contract to be performed thereunder or of any of the contract documents which may be made between you and the Agency shall in any way release us from any liability under this guarantee and we hereby waive notice of any such change, addition or modification.

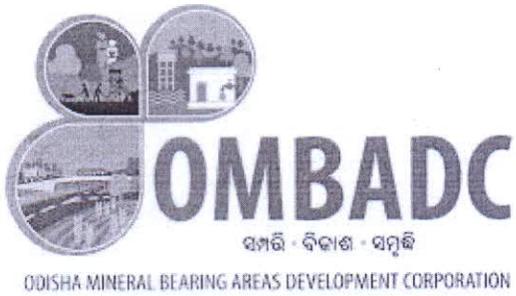
Our..... branch at .....(Name & Address of the ..... branch) is liable to pay the guaranteed amount depending on the filing of claim and any part thereof under this Bank Guarantee only and only if you serve upon us at our .....branch a written claim or demand and received by us at our

.....branch on or before Dt.....otherwise bank shall be discharged of all liabilities under this guarantee thereafter.

  
[Faint text, possibly stamp or name]

\_\_\_\_\_ [signature (s)]  
**Signature of the Authorized Officer of the Bank)**  
**Name and Designation of the Officer**  
**Seal, name & Address of the Bank and the Branch**

Annexure 11: Logo and Branding of Vehicle



ODISHA MINERAL BEARING AREAS DEVELOPMENT CORPORATION



KEONJHAR

Chief District Medical & Public Health Officer  
Keonjhar

**Annexure 12 : List of Medicines & Consumables for ALS Ambulances**

<b>S.No</b>	<b>ALS - List Of Medicines/Consumable</b>
1	Wide bore needles -16 G
2	Wide bore needles -18 G
3	Wide bore needles -20 G
4	Wide bore needles -22 G
5	Intra Cath -18
6	Intra Cath -20
7	Intra Cath -22
8	Intra Cath -24
9	Disposable LP Niddle
10	Syringes ABG ( 2 ml)
11	Syringes ABG ( 5 ml)
12	Micro drip-set
13	Drip set
14	Laryngeal Tube - size 3
15	Laryngeal Tube - size 4
16	Endotrecheal Tubes Size 2 uncuffed
17	Endotrecheal Tubes Size 4 uncuffed
18	Endotrecheal Tubes Size 5 uncuffed
19	Endotrecheal Tubes Size 6 cuffed
20	Endotrecheal Tubes Size 7 cuffed
21	Endotrecheal Tubes Size 8 cuffed
22	Nasogastic Tubes - size 8F
23	Nasogastic Tubes - size 12F
24	Nasogastic Tubes - size 14F
25	Nasogastic Tubes - size 16F
26	Nasogastic Tubes - size 18F
27	Mini Tracheostomy kit
28	Binasal Cannula (oxyset)
29	LMA disposable - size 1
30	LMA disposable - size 2
31	LMA disposable - size 3
32	LMA disposable - size 4
33	LMA disposable - size 5
34	Guedel's airway 00
35	Guedel's airway 0
36	Guedel's airway 1
37	Guedel's airway 2
38	Guedel's airway 3
39	Guedel's airway 4
40	Guedel's airway 5
41	Nasal airways - 7 mm/21F
42	Nasal airways - 6mm/18F
43	Tracheostomy tube Plain - size 4
44	Tracheostomy tube Plain - size 5

45	Tracheostomy tube cuff - size 6
46	Tracheostomy tube cuff - size 7
47	Tracheostomy tube cuff - size 8
48	ECG electrodes
49	Three way stop cork
50	IV Fluid Normal Saline (NS)
51	IV Fluid Ringer (RL)
52	IV Fluid Dextrose - 25%
53	Inj Distilled Water
54	Respulse Beclomethasone
55	Respulse Salbutamol
56	Inj. Hydrocortisone
57	Inj. Adrenaline
58	Inj. Atropine
59	Inj. Amiodarone (50 mg/ml)
60	Inj. Avil
61	Inj. Calcium Carbonate
62	Inj. Dextropropylamine
63	Inj. Dopamine
64	Inj. Dobutamine
65	Inj. Fentanyl
66	Inj. Furosemide
67	Inj KCL
68	Inj. Lignocaine 2%
69	Inj. Magnesium sulphate 25% 2mL
70	Inj. Mannitol 20 %
71	Inj. Metochlorpropamide
72	Inj. Midazolam
73	Inj. Morphine/Inj. Petridine
74	Inj. Naloxone HCl
75	Inj. Noradrenaline
76	Inj. Noradrenaline bitartrate 4mg, 2 ml. Ampule
77	Inj. Ondansetron
78	Inj. Paracetamol
79	Inj. Phenytoin Sodium
80	Inj. Sodium Bicarbonate
81	Inj. Sodium Valproate
82	Inj. Verapamil
83	Tab. Nitroglycerine (Strip)
84	Activated Charcoal (Strip)
85	Adhesive tape - 3 inch
86	Adhesive tape - 2 inch- hypoallergenic
87	G.V. Paint-20ml
88	Surgical Spirit Bottle 500ml
89	Triangular bandages
90	Gauze rolls Sterile - 1 inch
91	Gauze rolls Sterile - 2 inch
92	Gauze rolls Sterile - 3 inch

93	Gauze rolls Sterile - 4 inch
94	Occlusive dressing Sterile. 3'x8" or larger
95	Surgical Blade 22 no.
96	Elastic bandages Non-sterile - 2 inch
97	Cotton 500mg
98	Betadine Solution-500ml
99	Savlon- 100ml
100	Bandage (a) 15cm (Packet)
101	Bandage (b) 10cm (Packet)
102	Bandage (c) 6cm (Packet)
103	Dressings : Sterile multi-trauma dressings ABDs - 2 X 2 inch-
104	Dressings : Sterile multi-trauma dressings ABDs - 3 X 3inch-
105	Dressings : Sterile multi-trauma dressings ABDs - 4 X 4 inch-
106	Elastic bandages Non-sterile - 3 inch -
107	Elastic bandages Non-sterile - 4 inch-
108	Leucoplast 1/5" ("E")
109	Leucoplast 2" ("E")
110	Leucoplast 5.9" ("E")
111	Burn Pack : Standard package, clean burn sheets (or towels for children)
112	Examination Gloves Latex
113	Pressure Infusion Bags
114	Cold Pack
115	Extension IV lines
116	Lighted Stylets - 6 or 7
117	Rightangled Snivel Connector(Cathetermount)
118	Mackintosh ( 1 x 2 mts )
119	Click Clamps (Cord Clamps)
120	Deliver Kits
121	Bed sheets
122	Waste bin for sharp needles
123	Teeth guard
124	Sample collection kits
125	Bed Pan (Plastic)
126	Urine Pan ( Plastic) Cover
127	Mucous Sucker
128	Plastic Aprons
129	Rain Coat
130	Face Mask (Disposable)
131	Nubulizer Kit with Face Mask - Adult
132	Nubulizer Kit with Face Mask - paediatric
133	Kidney Tray
134	Ventimask (Fleximask)
135	Pupillary Torch EVEREADY with Batteries
136	Sponges
137	Plastic Buckets
138	Plastic Mug

139	Allout Liquid Mosquito Repellent
140	All Out Mosquito Repellent Machine
141	Doping Cloth
142	Yellow Cloth
143	Disposable bags for vomiting, etc.
144	Door Mats
145	Glass Cleaner 500ml- Small
146	Cleaning Rubber Wipers
147	Cleaning Powder 500Gms
148	Liquid Hand Wash
149	Clean N Sept Tab Disinfectant- (Tablets)
150	Bacteriocidal Dysinfectant floor & wall cleaning
151	Phenyl
152	Sterillium 500 ml Alcurub
153	Teflon Tap- for Oxygen Leakage
154	Coolex Spray
155	Relly Spray
156	Mistrdress Spray
157	Glucometer
158	BP Dial Machine
159	Digital Theromometer
160	Stethoscope Real
161	Finger tip Pulse Oxymeter
162	Laryngoscope - Laring scope with blade 3 blade
163	Magills Forceps - Magills Forceps; Size 6 "; SS
164	Ambu Bag - Adult - Ambu Bag (Adult
165	Ambu Bag - Child - Ambu Bag (Child)
166	Ambu Bag - Child - Ambu Bag (Infant)
167	Cervical Collar -
168	Head Immobilizer -
169	Artryforceps
170	Gauze Cutter
171	Suction pump Maunal
172	Spilints
173	AED Pad
174	AED Battery

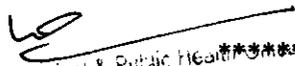
  
 Chief District Medical & Public Health Officer  
 Keonjhar

**Annexure 13: List of Medicines & Consumables for BLS Ambulances**

<b>Sl.No.</b>	<b>BLS - List of Medicines/Consumable</b>
1	Wide bore needles - 14 G
2	Wide bore needles -16 G
3	Wide bore needles -18 G
4	Wide bore needles -20 G
5	Wide bore needles -22 G
6	Intra Cath -18
7	Intra Cath -20
8	Intra Cath -22
9	Intra Cath -24
10	Disposable LP Niddle
11	Syringes ABG ( 2 ml)
12	Syringes ABG ( 5 ml)
13	Micro drip-set
14	Drip set
15	Laryngeal Tube - size 3
16	Laryngeal Tube - size 4
17	Endotrecheal Tubes Size 2 uncuffed
18	Endotrecheal Tubes Size 4 uncuffed
19	Endotrecheal Tubes Size 5 uncuffed
20	Endotrecheal Tubes Size 6 cuffed
21	Endotrecheal Tubes Size 7 cuffed
22	Endotrecheal Tubes Size 8 cuffed
23	Nasogastic Tubes - size 8F
24	Nasogastic Tubes - size 12F
25	Nasogastic Tubes - size 14F
26	Nasogastic Tubes - size 16F
27	Nasogastic Tubes - size 18F
28	Mini Tracheostomy kit
29	Binasal Cannula (oxyset)
30	LMA disposable - size 1
31	LMA disposable - size 2
32	LMA disposable - size 3
33	LMA disposable - size 4
34	LMA disposable - size 5
35	Guedel's airway 00
36	Guedel's airway 0
37	Guedel's airway 1
38	Guedel's airway 2
39	Guedel's airway 3
40	Guedel's airway 4
41	Guedel's airway 5
42	Nasal airways - 7 mm/21F
43	Nasal airways - 6mm/18F
44	Tracheostomy tube Plain - size 4
45	Tracheostomy tube Plain - size 5
46	Tracheostomy tube cuff - size 6
47	Tracheostomy tube cuff - size 7



96	Face Mask (Disposable)
97	Face Mask with nebulizer (Disposable)
98	Kidney Tray
99	Ventimask (Fleximask)
100	Pupillary Torch EVEREADY with Batteries
101	Sponges
102	Plastic Buckets
103	Plastic Mug
104	Allout Liquid Mosquito Repellent
105	All Out Mosquito Repellent Machine
106	Doping Cloth
107	Yellow Cloth
108	Disposable bags for vomiting, etc.
109	Door Mats
110	Odonil Packet 75gms
111	Glass Cleaner 500ml- Small
112	Cleaning Rubber Wipers
113	Cleaning Powder 500Gms
114	Liquid Hand Wash
115	Clean N Sept Tab Disinfectant- (10 Tablets)
116	Bacteriocidal Dysinfectant floor & wall cleaning
117	Phenyl 5ltr
118	Sterillium 500 ml nurub mrk
119	Teflon Tap- for Oxygen Leakage
120	Binder Pin (1 Box ) (10 Pic)
121	Blue -Red Pens ("E")
122	Sketch pen-Pencil ("E")
123	Eraser ("E")
124	Stapler with pins
125	Punching machine
126	Scale-Sharpener
127	Slip Pad/ Note Pad
128	Flat file-Tray Plastic
129	Plastic Box Square type
130	Plastic Jar Small 500ml (5)
131	Plastic Jar Small 250ml (13)
132	Plastic Bag for (Body Pieces)
133	File Cover
134	Carbon Paper Blue
135	Pencil Cell AAA
136	Pencil Cell AA
137	Medium Cell
138	Glucometer
139	Glucostrip
140	Glucostrip Lancet
141	PCR Book
142	Log Book
143	Ambulance maintenance card

  
 Chief District Medical & Public Health Officer \*\*\*\*\*  
 Keonjhar