

Request for Proposal

**SELECTION OF TECHNICAL SUPPORT PARTNER (TSP)
FOR TRANSFORMATION OF HEALTHCARE FACILITIES
VIA QUALITY ACCREDITATION IN KEONJHAR, ODISHA
UNDER DISTRICT MINERAL FOUNDATION (DMF),
KEONJHAR**



**Chief District Medical & Public Health Officer (CDM&PHO),
Keonjhar
Government of Odisha**

June-2023

LC 06/07/23



Chief District Medical & Public Health Officer,
Keonjhar, Odisha

RFP No: 3089 /2023

Date: 06.07.2023

REQUESTFORPROPOSAL

Selection of Technical Support Partner (TSP) for Transformation of Healthcare facilities via Quality Accreditation in Keonjhar, Odisha under District Mineral Foundation (DMF) Keonjhar

Chief District Medical & Public Health Officer (CDM&PHO), Keonjhar, Govt. of Odisha, invites sealed proposals from eligible bidders for “**Selection of Technical Support Partner (TSP) for Transformation of Healthcare facilities via Quality Accreditation in Keonjhar, Odisha under District Mineral Foundation (DMF) Keonjhar**”

Bidders fulfilling the prescribed eligibility criteria of the RFP can access and download the complete RFP Document and other details from <https://kendujhar.nic.in>
The major events under the bid process are:

Sr. No.	List of Key Events	Critical Dates
1	Date of Issue of RFP	07.07.2023
2	Deadline for Submission of Pre-Proposal Query via email	17.07.2023 on dmfkeonjharhealth@gmail.com
3	Pre-bid Meeting (Physical Mode)	19.07.2023 at 12.00 PM Venue: NHM Conference Hall, District Headquarter Hospital, Keonjhar – 758001 Odisha
3	Issue of Pre-proposal Clarifications	21.07.2023 via online mode on www.kendujhar.nic.in
4	Last Date for Submission of Bid	31.07.2023 by 05.00 PM
5	Date of Opening of Technical Bid	01.08.2023 at 11.30 AM
6	Date of Technical Presentation	02.08.2023 at 11.30 AM of only those Bidders who qualify in the Stage I of the evaluation {Pre-qualification Criteria}
7	Date of Opening of Financial Bid	Shall be communicated to the qualifying bidders via email

The proposal complete in all respects must reach the undersigned by **Speed Post/Registered Post** only latest by **31.07.2023 before 05.00 PM** in a sealed envelope clearly mentioning on the top of it “**SELECTION OF TECHNICAL SUPPORT PARTNER (TSP) FOR TRANSFORMATION OF HEALTHCARE FACILITIES VIA QUALITY ACCREDITATION IN KEONJHAR, ODISHA UNDER DISTRICT MINERAL FOUNDATION (DMF), KEONJHAR**”. The proposals received beyond the last date and time shall be rejected. The authority reserves the right to reject any/ all proposals without assigning any reason thereof.

Address for Submission of Proposal:
Chief District Medical & Public Health Officer (CDM&PHO), Keonjhar,
District Headquarter Hospital, Keonjhar – 758001

LC 06/07/23

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Disclaimer

This Request for Proposal (RFP) is issued by the Chief District Medical and Public Health Officer, Keonjhar, hereinafter referred to as CDM&PHO Keonjhar, Government of Odisha.

While the information in this RFP has been prepared in good faith, it does not support to be comprehensive or to have been independently verified. Neither CDM&PHO Keonjhar nor any of its officers or employees, nor any of their advisers nor consultants accept any liability or responsibility for the accuracy, reasonableness or completeness of, or for any errors, omissions or misstatements, negligent or otherwise, relating to the proposed assignment, or makes any representation or warranty, express or implied, with respect to the information contained in this RFP or on which this RFP is based or with respect to any written or oral information made or to be made available to any of the recipients or their professional advisers and, so far as permitted by law and except in the case of fraudulent misrepresentation by the party concerned, and liability therefore is hereby expressly disclaimed.

The information contained in this RFP is selective and is subject to updating, expansion, revision, and amendment at the sole discretion of the CDM&PHO Keonjhar who is the Client. It does not claim to contain all the information that a recipient may require for the purposes for deciding for participation in this selection process. Each bidder must conduct its own analysis of the information contained in this RFP, to correct any inaccuracies therein and is advised to carry out its own investigation into the proposed assignment, the regulatory regime which applies thereto and by and all matters pertinent to the project and to seek its own professional advice on the legal, financial, and regulatory consequences of entering into any agreement or arrangement relating to the project.

This RFP includes certain statements, information, projections, and forecasts with respect to the proposed assignment. Such statements, information, projections, and forecasts reflect various assumptions made by the management, officers, and employees of the CDM&PHO Keonjhar / Client, which (the assumptions and the base information on which they are made) may or may not prove to be correct. No representation or warranty is given as to the reasonableness of forecasts or the assumptions on which they may be based and nothing in this RFP is, or should be relied on as, a promise, representation, or warranty.

CDM&PHO Keonjhar, Government of Odisha shall be the sole and final authority with respect to selection of an Agency/ Consultant / Technical Support Partner (TSP) for the purpose through this RFP.

Section I: Letter of Invitation and Factsheet

1. Letter of Invitation

RFP No:3089

Dated: 06.07.2023

Name of the Assignment: Selection of Technical Support Partner (TSP) for Transformation of Healthcare facilities via Quality Accreditation in Keonjhar, Odisha under District Mineral Foundation (DMF) Keonjhar

1. The “Chief District Medical and Public Health Officer, Keonjhar” Government of Odisha (The Client) invites sealed proposal from eligible bidder under the process for “Selection of Technical Support Partner (TSP) for Transformation of Healthcare facilities via Quality Accreditation in Keonjhar, Odisha under District Mineral Foundation (DMF) Keonjhar” More details on the proposed study are provided at Section-3: Terms of Reference (ToR) of this RFP Document.
2. A bidder shall be selected under QCBS Selection procedure as prescribed in the RFP Document in accordance with the procedures prescribed herewith circulated vide Office Memorandum No. 37323/F, Dated: 30.11.2018 of Finance Department, Govt. of Odisha.
3. The proposal, complete in all respect as specified in the RFP Document must be accompanied with a **non-refundable amount of INR. 10,000/- (Rupees Ten Thousand only) towards Bid Processing Fee** and a **Refundable amount towards EMD of INR 10,00,000/- (Rupees Ten Lakhsonly) in form of Demand Draft (DD) infavour of “CDMO, Keonjhar, DMF”** drawn from any Nationalized/Scheduled Bank and payable at Keonjhar, Odisha failing which the bid shall be rejected.
4. The proposal must be delivered at the specified address as per the Bidder Data Sheet by Speed post / Registered Post only. The Client shall not be responsible for postal delay or any consequence. Submission of proposal through any other mode shall be rejected.
5. The last date and time for submission of proposal complete in all respects is Date. 31.07.2023 before 05.00 PM and the date of opening of the technical proposal is 01.08.2023 at 11.30 AM in the presence of the bidder’s representative at the specified address as mentioned in the Bidder Data Sheet. Representatives of the bidders may attend the meeting with due authorization letter on behalf of the bidder.
6. This RFP includes following sections:
 - a. Letter of Invitation [Section – I]
 - b. Instructions to the Bidder [Section – II]
 - c. Terms of Reference [Section – III]
 - d. Technical Proposal Submission Forms [Section – IV]
 - e. Financial Proposal Submission Form [Section – V]
 - f. Annexure [Section – VI]
7. While all information/data given in the RFP are accurate within the consideration of scope of the proposed assignment to the best of the Client’s knowledge, the Client holds no responsibility for accuracy of information, and it is the responsibility of the bidder to check the validity of information/data included in this RFP. The Client reserves the right to accept / reject any / all proposals / cancel the entire selection process at any stage without assigning any reason thereof.

**Chief District Medical and Public Health Officer,
Keonjhar**

2. Bidder Data and Factsheet

Sr. No.	Particular	Details
1	Name of the Client	Chief District Medical & Public Health Officer (CDM&PHO), Keonjhar, District Headquarter Hospital, Keonjhar – 758001 Email: dmfkeonjharhealth@gmail.com
2	Method of Selection	Quality and Cost Based Selection (QCBS) Method (60:40)
3	Availability of RFP Document	https://kendujhar.nic.in
4	Date of Issue of RFP	07.07.2023
5	Deadline for Submission of Pre-Proposal Query via email	17.07.2023 on dmfkeonjharhealth@gmail.com
6	Pre-bid Meeting (Physical Mode)	19.07.2023 at 12.00 PM Venue: NHM Conference Hall, District Headquarter Hospital, Keonjhar – 758001 Odisha
6	Issue of Pre-proposal Clarifications	21.07.2023 via online mode on www.kendujhar.nic.in
7	Last Date for Submission of Bid	31.07.2023 by 05.00 PM
8	Date of Opening of Technical Bid	01.08.2023 at 11.30 AM
9	Date of Technical Presentation	02.08.2023 at 11.30 AM of only those Bidders who qualify in the Stage I of the evaluation {Pre-qualification Criteria}
10	Date of opening of Financial Bid	Shall be communicated to the qualifying bidders via email
11	Contact Person / Address for Submission of Proposal	Chief District Medical & Public Health Officer (CDM&PHO), Keonjhar, District Headquarter Hospital, Keonjhar, At/Post: District Keonjhar, Odisha – 758001 Email: dmfkeonjharhealth@gmail.com
12	Place of Opening of Proposal	NHM Conference Hall, District Headquarter Hospital, Keonjhar – 758001
12	Mode of Submission	Speed Post / Registered Post only to the address as specified above during the office hour only. Submission of bid through any other mode and late bid shall be rejected
13	Bid Processing Fee (Non-Refundable)	INR 10,000/- (Rupees Ten Thousand only) (including GST) in the form of demand draft (DD) drawn in favour of “CDMO, Keonjhar, DMF” drawn in any Nationalized / Scheduled Bank payable at Keonjhar. The bid processing fee shall be submitted along with the 1 st Inner Envelope of the Technical Proposal.

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14	Earnest Money Deposit (EMD) (Refundable)	INR 10,00,000/- (Rupees Ten Lakhs only) in the form of demand draft drawn in favour of “CDMO, Keonjhar, DMF” drawn in any Nationalized / Scheduled Bank payable at Keonjhar. The EMD shall be submitted along with the 1st Inner Envelope of the Technical Proposal.
15	Performance Bank Guarantee	3% of the entire contract value
16	Name of the Project	Selection of Technical Support Partner (TSP) for Transformation of Healthcare facilities via Quality Accreditation in Keonjhar, Odisha under District Mineral Foundation (DMF) Keonjhar
17	Method of Selection	Quality cum Cost Based (QCBS)

NOTE:

- The Client reserves the right to change any schedule. Please visit the website '<https://kendujhar.nic.in>' regularly for the same.
- Proposals must be submitted before the date, time and venue mentioned in the Factsheet through Speed/Registered Post. Proposals that are received after the deadline shall not be considered.

**Chief District Medical and Public Health Officer,
Keonjhar**

Section II: Instructions to the Bidders

1. Pre-Qualification Criteria

Before opening and evaluation of the technical proposals, each bidder shall be assessed based on the following pre-qualification criteria. The bidder is required to produce the copies of the required supportive documents / information as part of their technical proposal failing which the proposals shall be rejected.

Sr. No.	Basic Requirement	Specific Requirement	Documents Required*
1	Registration	The Bidder / Agency should be a Company/ Partnership Firm/ LLP / NGO registered in India with a track record of providing Healthcare Consulting / Advisory Services / Quality Accreditation Services for at least 8 years as on date of submission of bid a. Companies Act 1956/2013 b. Indian Partnership Act c. LLP Registration d. Proprietor Firm	<ul style="list-style-type: none"> • Copy of Registration/ Certificate of Incorporation • PAN Document • GST Certificate
2	Consortium	Consortium / JVs / associations shall be allowed under this project. Maximum members will be limited to 2 numbers of partners.	Joint Application Agreement (TECH 11)
3	Turnover	The Agency should have an average turnover of minimum 50.00 Lakhs (INR. Fifty Lakhs) over the last Five Financial Years (FY 2017-18 2018-19, 2019-20, 2020-21 and 2021-22).	Certificate from statutory auditor / Audited financial statements for the three previous financial years ending March 2022 i.e., FY 2017-18 2018-19, 2019-20, 2020-21 and 2021-22 and TECH 3 in original
4	Blacklisting	Applicant/Bidder should not be blacklisted by any Central/State Government/Public Sector Undertaking / Judicial pronouncement in India.	Notarized declaration as per TECH 12
5	Authorized Representative	A Power of Attorney in the name of the person signing the proposal.	Original Power of Attorney, notarized on Rs.100.00 Bond paper

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6	Healthcare Quality Accreditation Experience	Agency should have previous work experience of projects of similar scope, nature, and complexity in quality improvement, certifications, and accreditation of cumulative of 500 beds in Healthcare facilities for NQAS / LaQshya/ MusQan / NABH (Entry Level or Full) / JCI etc as on the ADD.	Copies of Work Orders/ Sanction Orders / MOUs/ Engagement Letters/ Completion Certificates or equivalent documentary evidence should be provided as proof. Documents in other languages should be supplemented by an English translated copy.
7	Bid Processing Fee (Non-Refundable)	INR10,000/- (Rupees Ten Thousand only) (including GST) in the form of demand draft (DD) drawn in favour of “CDMO, Keonjhar, DMF” drawn in any Nationalized / Scheduled Bank payable at Keonjhar. The bid processing fee shall be submitted along with the 1 st Inner Envelope of the Technical Proposal.	Cost of Tender/ Tender Fee in form of DD
8	Earnest Money Deposit (EMD) (Refundable)	INR 10,00,000/- (Rupees Ten Lakhs only) in the form of demand draft drawn in favour of “CDMO, Keonjhar, DMF” drawn in any Nationalized / Scheduled Bank payable at Keonjhar. The EMD shall be submitted along with the 1 st Inner Envelope of the Technical Proposal.	Earnest Money Deposit Fee in form of DD
<p>9. Note*:</p> <ul style="list-style-type: none"> <i>i. The photocopies of documents submitted towards Pre-qualification criteria are to be substantiated through production of originals, whenever asked for/ whenever required. If any of the above original documents are not produced whenever asked for/ required, the proposals shall be rejected and termed as non-responsive, at any time during evaluation till signing of the MOU.</i> <i>ii. Bidders should submit the required supporting documents as mentioned above. Bids not conforming to the eligibility criteria and non-submission of required documents as listed above shall lead to rejection of the bid.</i> <i>iii. Submission of forged documents shall also result in rejection of the bid. Bidders are advised to study all instructions, forms, terms & conditions, and other important information as mentioned in the RFP Document.</i> <i>iv. The proposal must be complete in all respect, indexed, pages numbered and spiral bound. Each page should be numbered and signed (in full) by the authorized representative (as per</i> 			

TECH 4). A table of content, enumerating the page numbers of each document should be mentioned at the start of each proposal.

- v. It is also clarified that the technical and financial capacity in the case of the consortium can be fulfilled jointly by all the consortium member(s) together.*
- vi. A copy of the Joint Application Agreement should be submitted along with the Application. The Joint Application Agreement entered between the Members of the Consortium should be specific to the Project and should fulfil the above requirements, failing which the Application shall be considered non-responsive and shall be liable for rejection.*

2. Criteria for JV (Consortium) for the Agencies

1. Agencies / Consultancies / Healthcare Quality Service Providers / Healthcare Design Planning Agencies may associate to form a consortium to complement their respective areas of expertise to increase the technical responsiveness of their proposals.
2. Only single bid shall be submitted by agency either as an individual or as a JV. Multiple bids submitted by firms/agencies, either singly or in JV with different agencies with lead to rejection of all such bids.
3. The consortium may take the form of a joint venture or a sub consultancy. In case of a JV, all members of the JV shall sign the contract and shall be jointly and severally liable for the assignment.
4. Under such circumstance one of the shortlisted consultants must become the lead member of the consortium. The procuring entity /Client shall deal only with the lead member of the consortium.
5. The lead partner of the consortium shall be considered for all the purpose of the assignment by the procuring entity/ Client.
6. The qualification of JV partners shall collectively consist of experience of consultancy, financial soundness, and financial turnover etc.
7. The maximum number of JV partners should be limited to two only.
8. In the above case the lead partner shall meet 50% of the qualifying limit in case of experience as well as the Financial turnover set as eligibility for the above partner.
9. The firm in such case shall submit only one proposal either as individually or as a JV partner in proposal.
10. The Applicant shall be a single entity (the "Sole Firm") or as lead member of a consortium ("Consortium") of Agencies (the "Lead Member") in response to this invitation. The maximum members in a consortium will be limited to 2 (two). However, no Applicant or its Associate shall submit more than one Application for the Project. An Applicant applying individually or as an Associate shall not be entitled to submit another application either individually or as a member of any consortium, as the case may be.
11. In case the Applicant is a Consortium of entities, it should comply with the following additional requirements:
 - a. Application should contain the information required for each Member of the Consortium, provided number of Members of the Consortium shall not exceed 2 (two).
 - b. Members of the Consortium shall nominate 1 (one) member as the Lead Member.
 - c. The nomination of the Lead Member shall be supported by a Power of Attorney, as per the

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format set forth in TECH 4 and TECH 4.A, signed by all the other Members of the Consortium.

- d. The Members of a Consortium shall execute the Project through the Lead Member who shall sign the Agreement with Authority, for and on behalf of the Consortium. In this regard, it is clarified that all Members of the Consortium shall be jointly and severally liable to execute the Project during the Concession period.
 - e. Members of the Consortium shall enter into a binding Joint Application Agreement for the purpose of submitting their Application.
 - f. Without prejudice to the joint and several liability of all the Members of the Consortium, the Lead Member shall represent all the Members of the Consortium and shall at all times be liable and responsible for discharging the functions and obligations of the Bidder. The Bidder shall ensure that each Member of the Consortium shall be bound by any decision, communication, notice, action, or inaction of the Lead Member on any matter related to this Project and the Authority shall be entitled to rely upon any such action, decision, or communication of the Lead Member. The Authority shall have the right to release payments solely to the Lead Member and shall not in any manner be responsible or liable for the inter se allocation of payments among Members of the Consortium.
12. While only entities registered/ incorporated in India are permitted to submit Application for the Project. It is clarified that as mandated under the Order (Public Procurement No. 1) dated 23rd July 2020 issued by the Ministry of Finance, Department of Expenditure, Public Procurement Division, the Applicant shall not, unless registered with the Competent Authority under the aforesaid Order, be related to an entity in a country which shares a land border with India, in any of the following ways:
- a. A subsidiary of an entity incorporated, established, or registered in such a country.
 - b. An entity substantially controlled through entities incorporated, established, or registered in such a country.
 - c. An entity whose beneficial owner is situated in such a country.
 - d. An Indian (or other) agent of such an entity; “agent” for the purposes of this RFQ shall mean a person employed to do any act for another, or to represent another in dealings with third person.
 - e. Natural person who is a citizen of such a country.
 - f. The “beneficial owner” for the purpose of (iii) above shall mean:
 - a. In case of a company or Limited Liability Partnership, the beneficial owner is the natural person(s), who, whether acting alone or together, or through one or more juridical persons, has a controlling ownership interest or who exercises control through other means. Where no natural person is identified, the beneficial owner is the relevant natural person who holds the position of senior managing official.
- Explanation –
- a. “Controlling ownership interest” means ownership of or entitlement to more than 25% (twenty-five per cent) of shares or capital or profits of the company,
 - b. “Control” shall include the right to appoint majority of the directors or to

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control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements.

- b. In case of a partnership firm, the beneficial owner is the natural person(s) who, whether acting alone or together, or through one or more juridical person, has ownership of entitlement to more than fifteen percent of capital or profits of the partnership.
 - c. In case of an unincorporated association or body of individuals, the beneficial owner is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than fifteen percent of the property or capital or profits of such association or body of individuals.
 - d. Where no natural person is identified under (a) or (b) or (c) above, the beneficial owner is the relevant natural person who holds the position of senior managing official.
 - e. In case of a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with fifteen percent or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership
 - f. Provided further that the Selected Applicant shall not be allowed to sub-contract to any contractor from a country which shares a land border with India unless such contractor is registered with the Competent Authority as provided in the aforesaid Order. It is however clarified that, as mentioned in Annexure B of the aforesaid Order, the restriction contained in this clause will not apply in respect of those countries (even if sharing a land border with India) to which the Government of India has extended lines of credit or in which the Government of India is engaged in development projects. The updated lists of countries to which lines of credit have been extended or in which development projects are undertaken are given on the website of the Ministry of External Affairs.
13. "Competent Authority" for the purpose of this Clause means the Authority defined in Annex 1 of the Order (Public Procurement No. 1) dated 23rd July 2020 issued by the Ministry of Finance, Department of Expenditure, Public Procurement Division.
14. Applicants must carefully read the minimum conditions of eligibility (the "Conditions of Eligibility") provided herein. Proposals of only those Applicants who satisfy the Conditions of Eligibility Criterion will be considered for evaluation.
15. An Applicant shall not have a Conflict of Interest (the "Conflict of Interest") that affects the Application Process. Any Applicant found to have a Conflict of Interest shall be disqualified. Without limiting the generality of the above, an Applicant shall be considered to have a Conflict of Interest that affects the Application Process, if:
- a. the Applicant, its Member or Associate (or any constituent thereof) and any other Applicant, its Member or Associate (or any constituent thereof) have common controlling shareholders or other ownership interest; provided that this disqualification shall not apply in cases where the

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direct or indirect shareholding of an Applicant, its Member or an Associate thereof (or any shareholder thereof having a shareholding of more than 5% of the paid up and subscribed share capital of such Applicant, Member or Associate, as the case may be) in the other Applicant, its Member or Associate is less than 5% of the subscribed and paid up equity share capital thereof; provided further that this disqualification shall not apply to any ownership by a bank, insurance company, pension fund or a public financial institution referred to in section 2(72) of the Companies Act, 2013. For the purposes of this Clause, indirect shareholding held through one or more intermediate persons shall be computed as follows: (aa) where any intermediary is controlled by a person through management control or otherwise, the entire shareholding held by such controlled intermediary in any other person (the "Subject Person") shall be taken into account for computing the shareholding of such controlling person in the Subject Person; and (bb) subject always to sub-clause (aa) above, where a person does not exercise control over an intermediary, which has shareholding in the Subject Person, the computation of indirect shareholding of such person in the Subject Person shall be undertaken on a proportionate basis; provided, however, that no such shareholding shall be reckoned under this sub-clause (bb) if the shareholding of such person in the intermediary is less than 26% (twenty six per cent) of the subscribed and paid up equity shareholding of such intermediary; or

- b. A constituent of such Applicant is also a constituent of another Applicant; or
- c. Such Applicant, its Member or any Associate thereof receives or has received any direct or indirect subsidy, grant, concessional loan or subordinated debt from any other Applicant, its Member or Associate, or has provided any such subsidy, grant, concessional loan or subordinated debt to any other Applicant, its Member or Associate; or
- d. Such Applicant has the same legal representative for purposes of this Application as any other Applicant; or
- e. Such Applicant or any Associate thereof has a relationship with another Applicant or any Associate thereof, directly or through common third parties, that puts them in a position to have access to each other's information about, or to influence the Application of either or each of the other Applicant; or
- f. Such Applicant has participated as a consultant or sub-consultant to the Authority in the preparation of any documents, design, or technical specifications of the Project. Explanation:
 - a. For the purposes of this RFQ, Associate means, in relation to the Applicant, a person who controls, is controlled by, or is under common control with such Applicant (the "Associate").
 - b. The expression "Control" means, with respect to a person which is a company or corporation, the ownership, directly or indirectly, of more than 50% (fifty per cent) of the voting share capital of such person, and with respect to a person which is not a company or corporation, the power to direct the management and policies of such person, whether by operation of law, contract/agreement or otherwise.

3. Documents / Formats for submission along with Technical Proposal

The bidder must furnish the following documents duly signed in along with their Technical Proposal:

1. Filled in Bid Submission Check List in Original (Annexure-I)
2. Covering letter (TECH – 1) on bidder's letterhead requesting to participate in the selection process.
3. Bid Processing Fee & EMD as applicable.
4. Copy of Certificate of Incorporation/ Registration.
5. Copy of PAN.
6. Copy of Goods and Services Tax Identification Number (GSTIN).
7. General Details of the Bidder (TECH – 2).
8. Financial Details of the bidder (TECH – 3) along with all the supportive documents as applicable duly signed as per the instruction (Copies of IT Return for the last Five Financial Years i.e., 2017-18 2018-19, 2019-20, 2020-21 and 2021-22, Turnover Certificate from Chartered Accountant/ Statutory auditor / Photocopy of Audited financial statements: P/L and Balance Sheet).
9. Power of Attorney (TECH – 4) in favour of the person signing the bid on behalf of the bidder/ Agency.
10. In case of consortium, Format for Power of Attorney for Lead Member of Consortium (TECH 4.A)
11. List of completed assignments of similar nature (Past Experience Details, TECH – 5) along with copies of contracts / work orders / completion certificate from previous Clients.
12. Self-Declaration regarding Conflict of Interest (TECH - 6)
13. Filled TECH – 7, 10, 11,12 and 13
14. Coloured PPT as per TECH – 8 and TECH - 9
15. Note:
 - i. Bidders should submit the required supporting documents as mentioned above. Bids not conforming to the eligibility criteria and non-submission of required documents as listed above shall lead to rejection of the bid.
 - ii. Submission of forged documents shall also result in rejection of the bid. Bidders are advised to study all instructions, forms, terms & conditions, and other important information as mentioned in the RFP document.
 - iii. The photocopies of documents submitted for Technical Proposal are to be substantiated through production of originals, whenever asked for/ whenever required. If any of the above original documents are not produced whenever asked for/ required, the proposals shall be rejected and termed as non-responsive, at any time during evaluation till signing of the MOU.
 - iv. The proposal must be complete in all respect, indexed, pages numbered and spiral bound. Each page should be numbered and signed (in full) by the authorized representative (as per TECH 4). A table of content, enumerating the page numbers of each document should be mentioned at the start of each proposal.
 - v. It is also clarified that the technical and financial capacity in the case of the consortium can be fulfilled jointly by all the consortium member(s) together.

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- vi. A copy of the Joint Application Agreement (TECH – 7) should be submitted along with the Application. The Joint Application Agreement entered between the Members of the Consortium should be specific to the Project and should fulfil the above requirements, failing which the Application shall be considered non-responsive and shall be liable for rejection.

4. Bid Processing Fee

The bidder must furnish as part of technical proposal, the required bid processing fee amounting to INR. 10,000/- (Ten Thousand Rupees Only) in shape of DD from any Nationalized / Scheduled Bank in favour of “CDMO, Keonjhar, DMF”. Proposals received without bid processing fee shall be out rightly rejected.

5. Earnest Money Deposit (EMD)

1. The bidder must furnish as part of the technical proposal, an Earnest Money Deposit (EMD) amounting to INR 10,00,000/- (Rupees Ten Lakhs only) in shape of DD from any scheduled/nationalized bank in favor of “CDMO, Keonjhar, DMF” payable at Keonjhar.
2. If the bidder is registered with Micro and Small Enterprises (MSEs) as defined in MSE Procurement Policy issued by Department of Micro, Small and Medium Enterprises (MSME), then to avail its benefits related to RFP, necessary documents shall be submitted along with technical bid documents.
3. The EMD of unsuccessful bidders shall be refunded after finalization of selection process and award of contract.
4. The EMD of the successful bidder will be released only after furnishing of the required Performance Bank Guarantee (PBG) and signing of the contract.
5. The EMD will be forfeited on account of the following reasons:
 - i. Bidder withdraws its proposal during the bid validity period as specified in RFP.
 - ii. Bidder does not respond to requests for clarification of its proposal.
 - iii. Bidder fails to provide required information during the evaluation process or is found to be non-responsive or has submitted false information in support of its qualification.
 - iv. If the bidder fails to:
 - a. Provide any clarifications to the Client.
 - b. Agree to the decisions of the contract negotiation meeting.
 - c. Sign the contract within the prescribed time period. Furnish required Performance Bank Guarantee in time.
 - v. Any other circumstance which holds the interest of the Client during the overall selection process.

6. Validity of the Proposal

Proposals shall remain valid for a period of **180 (One Hundred Eighty Days)** from the date of opening of the Technical Proposal. The Client reserves the rights to reject a proposal valid for a shorter period as non-responsive and shall make the best efforts to finalize the selection process and award of the contract within the bid validity period. The bid validity period may be extended on mutual consent.

7. Applicant Clarifications and Pre-Proposal Queries

Bidders can submit their queries in respect of the RFP and other details if any, to CDM&PHO Keonjhar through e-mail atdmfkeonjharhealth@gmail.com till the date mentioned in the Bidders Datasheet and Factsheet in Section 1.2 Clarifications to the above shall be uploaded in <https://kendujhar.nic.in> for the purpose of preparation of the proposal. Request for alternation / change in existing terms and conditions of the RFP shall not be considered / entertained. The queries shall necessarily be submitted in the following format:

Page No.	Section No.	Content of RFP requiring clarification	Change/clarification requested	Remarks

8. Submission of Proposal

Bidder must submit their proposals by **Registered Post / Speed Post only** to the specified address on or before the last date and time for submission of proposals as mentioned in Bidder Data Sheet. The Client shall not be responsible for postal delay / any consequence in receiving of the proposal. The proposal must be submitted in two parts. Each part should be separately bound with no loose sheets. Each page of the two parts should be page numbered and in conformation to the eligibility qualifications and clearly indicated using an index page. The Client shall not consider any proposal that arrives after the deadline as prescribed in the Bidder Data Sheet. Any Proposal received after the deadline shall be out rightly rejected by the Client.

The procedure for submission of the proposal is described below:

1. Technical Proposal (Original):

The envelope containing technical proposal shall be sealed and superscripted as **“Technical Proposal – Selection of Technical Support Partner (TSP) for Transformation of Healthcare facilities via Quality Accreditation in Keonjhar, Odisha under District Mineral Foundation (DMF) Keonjhar”** and to be furnished inside one envelope. The duly filled-in technical proposal submission forms, with all the supportive documents and information must be furnished as part of technical proposal.

2. Financial Proposal (Original):

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The envelope containing financial proposal shall be sealed and superscripted as **“Financial Proposal – Selection of Technical Support Partner (TSP) for Transformation of Healthcare facilities via Quality Accreditation in Keonjhar, Odisha under District Mineral Foundation (DMF) Keonjhar”**. The duly filled-in financial proposal submission forms should contain the detail price offer for the proposed assignment and to be furnished as per the prescribed format only.

The **"Technical Proposal"** and **"Financial Proposal"** must be submitted in two separate sealed envelopes (with respective marking in bold letters) along with the prescribed formats/information mentioned in the RFP Document. The first envelope must be marked as **"TECHNICAL PROPOSAL (Selection of Technical Support Partner (TSP) for Transformation of Healthcare facilities via Quality Accreditation in Keonjhar, Odisha under District Mineral Foundation (DMF) Keonjhar)"**.

The second envelope must be marked as **“FINANCIAL PROPOSAL (Selection of Technical Support Partner (TSP) for Transformation of Healthcare facilities via Quality Accreditation in Keonjhar, Odisha under District Mineral Foundation (DMF) Keonjhar)”** and it should contain Financial Proposal only.

Both the above envelopes must be sealed and placed inside a third main envelope with proper labelling of following information in bold:

- NAME OF THE ASSIGNMENT:**
- RFP NUMBER AND DATE:**
- DEADLINE FOR SUBMISSION OF BID:**
- NAME OF THE BIDDER/AGENCY:**
- CONTACT NUMBER OF THE BIDDER:**
- EMAIL ID OF THE BIDDER:**
- ADDRESS OF THE BIDDER:**

Any deviation from the prescribed procedures / information / formats / conditions shall result in outright rejection of the proposal. All the pages of the proposal must be sealed and signed by the authorized representative of the bidder. Bids with any conditional offer shall be outrightly rejected. All pages of the proposal must have to be sealed and signed by the authorized representative of the bidder. Any conditional bids shall be rejected.

9. Opening of the Proposal

The FIRST ENVELOPE containing **TECHNICAL PROPOSAL** shall be opened in the initial stage by the Client in presence of the bidder/bidder’s representatives at the location, date specified in the Bidder Data Sheet. The Client shall constitute a Consultant Evaluation Committee (CEC) to evaluate the


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proposals submitted by bidders. Only one representative with proper authorization letter from the participating bidder shall be allowed to attend the bid opening meeting. The SECOND ENVELOPE containing **FINANCIAL PROPOSAL** only of the technically qualified bidders shall be opened after completion of technical evaluation stage. The date for opening of the financial proposal shall be intimated accordingly to the technically qualified bidders well in advance.

10. Evaluation of Proposal

A three stage evaluation process shall be conducted as explained below for evaluation of the proposals:

1. Preliminary Evaluation (1st Stage) *: Preliminary evaluation of the proposals shall be done to determine whether the proposal complies with the prescribed eligibility condition and the requisite documents/information have been properly furnished by the bidder or not. Submission of following documents/information shall be verified:

1. Filled in Bid Submission Check List in Original (**Annexure-I**)
2. Covering letter (**TECH1**) on bidder's letter head requesting to participate in the selection process
3. Bid Processing Fee and EMD as applicable
4. Copy of Certificate of Incorporation/Registration
5. Copy of PAN
6. Copy of Goods and Services Tax Identification Number (GSTIN)
7. General Details of the Bidder (**TECH2**)
8. Financial Details of the bidder (**TECH – 3**) along with all the supportive documents as applicable duly signed as per the instruction (Copies of IT Return for the last three Financial years i.e., FY 2017-18, 2018-19, 2019-20, 2020-21 and 2021-22, Turnover Certificate from Chartered Accountant / Statutory auditor / Photocopy of Audited financial statements: P/L and Balance Sheet)
9. Power of Attorney (**TECH 4**) in favour of the person signing the bid / authorized representative on behalf of the bidder
10. Format for Power of Attorney for Lead Member of Consortium (**TECH 4.A**), in case of consortium
11. List of completed assignments of similar nature (Past Experience Details, **TECH 5**) along with copies of contracts / work orders / completion certificate from previous Clients
12. Self-Declaration on Conflict of Interest (**TECH6**)
13. Duly filled in Technical Proposal Forms (**TECH7, 10, 11, 12, 13**)
14. Coloured PPT as per **TECH 8 and TECH 9**
15. All the pages of the proposal and enclosures/attachments are to be signed by the authorized person of the bidder (in full)

*Bids not complying to any of the above requirement, shall be outrightly rejected at the discretion of the Client's authority.

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2. Technical

Evaluation

(2nd Stage): Technical proposal shall be opened and evaluated for those bidders who qualify the preliminary evaluation stage. Detailed evaluation process as per the following parameters shall be adopted for proposal evaluation:

Sr. No.	Criteria	Maximum Marks
1	Turnover	20 Marks
1.1	<p>Average annual turnover of the last Five Financial Years, i.e., FY 2017-18 2018-19, 2019-20, 2020-21 and 2021-22</p> <p>Scoring Criteria</p> <ul style="list-style-type: none"> • INR 50.00 Lakhs to INR 3.00 Crore = 7 Marks • INR 3.01 Crores to INR 5.50 Crores = 14 Marks • INR 5.51 Crores and above = 20 Marks 	<p>20 Marks</p> <p>(TECH 3)</p>
2	Experience	40 Marks
2.1	<p>Experience of completed accreditation of cumulative number of beds in Healthcare Facilities for NQAS/ MusQan / LaQshya /NABH (Entry Level or Full NABH) / JCI etc</p> <p>Scoring Criteria</p> <ul style="list-style-type: none"> • 500 beds to 2,500 beds = 10 Marks • 2,501 beds to 4,000 beds = 20 Marks • More than 4,000 beds = 30 Marks 	<p>30 Marks</p> <p>(TECH 5 and Work Orders/MOUs/Experience Certificates)</p>
2.2	<p>Experience in Design, Planning, Consultancy Services for Construction/ Infrastructure development of Healthcare Facility of atleast 100 beds (in one single work order). The same HCF should have achieved NQAS / NABH (Entry Level or Full) / JCI Accreditation till the ADD.</p>	<p>10 Marks</p> <p>(TECH 5 and Work Orders/MOUs/Experience Certificates)</p>
3	Team Experience	5 Marks
3.1	<p>Team Leader (One)*</p> <ul style="list-style-type: none"> • Bachelors / Graduation in MBBS / BAMS / BHMS / BDS / BTh / BPT is essential. • Master's Degree (or equivalent) in Healthcare Management, Hospital Administration and Management is essential. • Experience of availing, ISO / Kayakalp/MusQan/LaQshya / NQAS / NABH / NABL / JCI accreditation and have completed similar projects for a minimum of 7 years. 	<p>5 Marks</p> <ul style="list-style-type: none"> • 2 marks - for educational qualification • 2 marks - for work experience • 1 mark - for relevance of experience to desired work

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	<ul style="list-style-type: none"> Minimum of 5 years of relevant experience in leading / implementation of similar projects in Trust / Government / PSU healthcare facilities is desirable. Shall be deployed full time in Keonjhar. 	experience (TECH 10)
4	Accreditation of Bidder/ Agency	5 Marks
4.1	<p>Accreditation Certification available from (any of the following):</p> <ul style="list-style-type: none"> Accredited by NABET of Quality Council of India for providing NABH /NABL / JCI Consulting services. Empanelled under NHSRC / SHSRC for Consultant for Healthcare Quality Consultant/Healthcare Quality Service Provider / Healthcare Infrastructure Planning, Design, Review etc. 	5 Marks (Tech 5)
5	Technical Presentation	30 Marks
5.1	<p>Presentation on Approach, Methodology and Work Plan</p> <ol style="list-style-type: none"> Understanding of the Assignment and Issues/Challenges (10Marks) Approach, Methodology and Work Plan (10 Marks) Similar Case studies in Government Healthcare facilities (10 Marks) 	30 Marks Technical Presentation (TECH 8 and TECH 9)
	Total (1+2 +3+4+5)	100 Marks
<p>6. Note:</p> <ol style="list-style-type: none"> The minimum qualifying Score is: 60 from 100 Marks i.e., 60% of Technical Weightage will be provided. All the claims shall be mandatorily substantiated via submission of all the supporting photocopies of relevant documents as per TECH 5. *CV mentioned for the post of Team Leader is expected to be deployed full-time for a period duration of the project. If any case replacement is needed, the CV of the replacing Team Leader shall have the same or better qualifications and experiences as mentioned herein. CV as per TECH 10, shall mandatorily be substantiated via attachment of photocopies of educational documents, experience certificates, etc along with the technical proposal. Photocopies of work orders / MOUs / experience certificates from the clients / agreement etc must be mandatorily submitted as a proof for each assignment. No assignment shall be repeated across various categories of evaluation parameters. Ongoing assignments shall be considered for evaluation only if the HCF has applied to the Quality Accreditation. For Technical Presentation: Team Leader and Principal / Senior Quality Consultant shall physically present the technical approach, methodology and work plan. The Architect/Civil Engineer and 		

Training Co-ordinator also shall mandatorily be physically present during the technical presentation.

3. Financial Evaluation(3rd Stage): The Financial Proposals of only those applicant firms, qualifying the technical evaluation i.e., the 2nd stage who are scoring atleast 60 marks from 100 total marks only, shall be considered for opening of financial proposals. The financial proposals shall be opened in the presence of the bidder's representative who wishes to attend the meeting with proper authorization letter. The name of the bidder along with the quoted financial price shall be announced during the meeting.

11. Evaluation of Financial Proposal

1. QCBS method shall be followed during the overall selection process. The financial bids of technically qualified bidders shall be opened on the prescribed date in the presence of bidder's representatives.
2. Financial Proposals of only those applicant Agencies who are technically qualified (i.e., obtain minimum 60 marks in Technical Evaluation) shall be opened.
3. The financial bid shall be opened only of the shortlisted/qualified bidders. Accordingly, the financial score (F) for each of these shortlisted/qualified bidders shall be calculated. The lowest bidder would be awarded a financial score of 100. The Cumulative score (C) shall be evaluated based on the following ratio 60 (T): 40 (F).

Financial score (F)	:	(Lowest price quote/Price quote of the bidder) *100
Cumulative score (C)	:	{60 *(T) + 40* (F)}/100

4. The firm getting highest Cumulative score (C) based on technical and financial evaluation shall be awarded the contract.
5. For the purpose of evaluation, the total evaluated cost shall be inclusive of all taxes & duties for which the Client shall make payment to the Agency including overhead expenses.

12. Contract Negotiation

Contract negotiation, if required shall be held at a date, time, and address as intimated to the selected bidder/s. The bidder shall, as a pre-requisite for attendance at the negotiations, confirm availability of all the proposed staff for the assignment. Representative conducting negotiations on behalf of the bidder must have written authority to negotiate and conclude a contract. Negotiation shall be performed covering technical and financial aspects, scope of work, penalties, if any and availability of proposed professionals etc.

13. Award of Contract

1. After completion of the contract negotiation stage, the Client shall notify the successful bidder in writing by issuing an offer letter / Letter of intent (LOI) for signing the contract and promptly notifying all other bidders about the result of the selection process.
2. The successful bidders shall be asked to sign the contract / MOU after fulfilling all formalities and submission of Performance Bank Guarantee (PBG) within 15 working days of issuance of the Offer Letter / LOI/ Award of Contract.
3. After signing of the contract/MOU, no variation or modification of the terms of the contract shall be made except by written amendment signed by both the parties.
4. The contract shall be valid for **2 (Two) years i.e., twenty-four months** from the date of effectiveness of the contract.
5. The contract can be extended for a suitable period of time only on a need basis dependent to the fulfilment of the aims and objectives of the said bid proposals subject to approval from the Competent Authority.

14. Performance Bank Guarantee (PBG)

Within 15 working days of notifying the acceptance of a proposal for award of contract/LOI, the qualified bidder shall have to furnish a Performance Bank Guarantee (PBG) amounting to **3% of the contract value** from any Nationalized / Scheduled Bank situated in Keonjhar in favour of “CDMO, Keonjhar, DMF”, as per the format at Annexure- II, for a period of 90 days beyond the entire contract period (i.e. PBG must be valid from the date of effectiveness of the contract to a period of 90 days beyond the contract period) as its commitment to perform services under the contract. The PBG shall be submitted within 15 working days of receiving the LOI / Award of Contract/ Offer Letter by the qualified bidder. Failure to comply with the requirements shall constitute sufficient grounds for the forfeiture of the PBG. The PBG shall be released immediately after 90 days of expiry of contract provided there is no breach of contract on the part of the qualified bidder. No interest shall be paid on the PBG.

15. Conflict of Interest

Conflict of interest exists in the event of:

1. Conflicting assignments, typically monitoring and evaluation/environmental assessment of the same project by the eligible bidder.
2. Consultants, agencies, or institutions (individuals or organizations) who have a business or family **relation with the Client directly or indirectly.**
3. Practices prohibited under the anti-corruption policy of the Government of India and Government of Odisha. The bidders are to be careful so as not to give rise to a situation where there shall be any conflict of interest with the Client as this would amount to their disqualification and breach of contract.

16. Disclosure

1. Bidders have an obligation to disclose any actual or potential conflict of interest. Failure to do so may lead to disqualification of the bidder or termination of its contract.
2. Bidders must disclose if they are or have been the subject of any proceedings (such as blacklisting) or other arrangements relating to bankruptcy, insolvency, or the financial standing of the Bidder, including but not limited to appointment of any officer such as a receiver in relation to the Bidder's personal or business matters or an arrangement with creditors, or of any other similar proceedings.
3. Bidders must disclose if they have been convicted of, or are the subject of any proceedings relating to:
 - i. a criminal offence or other serious offence punishable under the law of the land, or where they have been found by any regulator or professional body to have committed professional misconduct.
 - ii. corruption including the offer or receipt of an inducement of any kind in relation to obtaining any contract.
 - iii. failure to fulfil any obligations in any jurisdiction relating to the payment of taxes or social security contributions.

17. Anti-corruption Measure

1. Any effort by Bidder(s) to influence the Client in the evaluation and ranking of financial proposals, and recommendation for award of contract, shall result in the rejection of the proposal.
2. A recommendation for award of Contract shall be rejected if it is determined that the recommended bidder has directly, or through an agent, engaged in corrupt, fraudulent, collusive, or coercive practices in competing for the contract in question. In such cases, the Client shall blacklist the bidder either indefinitely or for a stated period, disqualifying it from participating in any related bidding process for the said period.

18. Language of Proposals

The proposal and all related correspondence exchanged between the bidder and the Client shall be written in the **English** language. Supporting documents and printed literature that are part of the proposal may be in another language provided they are accompanied by an accurate translation of the relevant passages in English with self-certification for accuracy, in which case, for the purposes of interpretation of the Proposal, the translated version shall govern.

19. Cost of Bidding

The Bidder shall bear all costs associated with the preparation and submission of its proposal. The Client shall not be responsible or liable for those costs, regardless of the conduct or outcome of the bidding process. Bidder/s is/are not allowed to submit more than one proposal under the selection process. Alternate bids are also not allowed.

20. Legal Jurisdiction

All legal disputes are subject to the jurisdiction District Civil Court of Keonjhar only.

21. Governing Law and Penalty Clause

The schedule given for delivery is to be strictly adhered to in view of the strict time schedule. Any unjustified and unacceptable delay in delivery shall render the bidder liable for liquidated damages and thereafter the Client holds the option for cancellation of the contract for pending activities and complete the same from any other Agency. The Client may deduct such sum from any money from their hands due or become due to bidder. The payment or deduction of such sums shall not relieve the bidder from his obligations and liabilities under the contract. The rights and obligations of the Client and the bidder under this contract shall be governed by the prevailing laws of Government of Odisha. In addition, the PBG amount shall also be forfeited. The decision of the authority placing the contract, whether the delay in development has taken place on account of reasons attributed to the bidder shall be final.

1. Failure on bidder's part to furnish the deliverables as per the agreed timeline shall enforce a penalty @ **0.05% per week subject to maximum of 5% of the total contract value.**
2. Penalty of **INR25,000/-** per replacement of resources (without appropriate permission from CDM&PHO) of the CV that have been provided in the RFP proposal, and not deployed for the project in Keonjhar, Odisha.
3. The amount shall be deducted from the subsequent payment.

22. Confidentiality

Information relating to evaluation of proposals and recommendations concerning awards shall not be disclosed to the bidders who submitted the proposals or to other persons not officially concerned with the process, until the publication of the award of contract. The undue use by any Bidder/Consultant of confidential information related to the process may result in rejection of its proposal and may be subject to the provisions of the Client's antifraud and corruption policy. During the execution of the assignment except with prior written consent of the Client, the Bidder/Consultant or its personnel shall not at any time communicate to any person or entity any confidential information acquired in the course of the contract.

23. Amendment of the RFP Document

At any time before submission of proposals, the Client may amend the RFP by issuing an addendum through NIC Keonjhar website. Any such addendum shall be binding on all the bidders. To give bidders reasonable time in which to take an addendum into account in preparing their proposals, the Client may, at its discretion, extend the deadline for the submission of the proposals.

24. Client's right to accept any proposal, and to reject any or all proposal/s

The Client reserves the right to accept or reject any proposal, and to annul or amend the bidding / selection / evaluation process and reject all proposals at any time prior to award of contract award, without assigning any reason there of and thereby incurring any liability to the bidders.

25. Copyright, Patents and Other Proprietary Rights

CDM&PHO Keonjhar and DMF Keonjhar, Government of Odisha shall be entitled to all intellectual property and other proprietary rights including but not limited to patents, copyrights, and trademarks, about Documents and other materials which bear a direct relation to or are prepared or collected in consequence or during the execution of this contract. At the Client's request, the Bidder/Consultant shall take all necessary steps to submit them to the Client in compliance with the requirements of the contract.

26. Force Majeure

For purpose of this clause, "Force Majeure" means an event beyond the control of the Agency and not involving the Agency's fault or negligence and not foreseeable. Such events may include, but are not restricted, wars or revolutions, fires, floods, riots, civil commotion, earthquake, epidemics or other natural disasters and restriction imposed by the Government or other bodies, which are beyond the control of the Agency, which prevents or delays the execution of the order by the Agency. If a Force Majeure situation arises, the Agency shall promptly notify Client in writing of such condition, the cause thereof and the change that is necessitated due to the condition. Until and unless otherwise directed by the Client in writing, the Agency shall continue to perform its obligations under the contract as far as is reasonably practical and shall seek all reasonable alternative means for performance not prevented by the Force Majeure event. The Agency shall advise Client in writing, the beginning, and the end of the above causes of delay, within seven days of the occurrence and cessation of the Force Majeure condition. In the event of a delay lasting for more than one month, if arising out of causes of Force Majeure, Client reserves the right to cancel the contract without any obligation to compensate the Agency in any manner for whatsoever reason.

27. Settlement of Disputes

The Client and the selected Agency shall make every effort to resolve amicably, by direct informal negotiation, any disagreement or dispute arising between them under or arising from or in connection with the Contract within Thirty (30) days from the commencement of such informal negotiation. All dispute resolution proceedings shall be held at Keonjhar, Odisha, and the language of such proceedings and that of all documents and communications between the parties shall be in English. District Magistrate and Collector -cum- Chairman and Managing Trustee DMF Keonjhar, Govt of Odisha shall be the final authority to resolve the dispute arising between and the Client and the Selected Agency.

28. Disqualification of Proposal

The proposal is liable to be disqualified in the following cases as listed below:

1. Proposal submitted without Bid Processing Fee & EMD as applicable.
2. Proposal not submitted in accordance with the procedure and formats as prescribed in the RFP.

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3. During validity of the proposal, or its extended period, if any, the bidder increases the quoted prices.
4. Proposal is received in incomplete form.
5. Proposal is received after due date and time for submission of bid.
6. Proposal is not accompanied by all the requisite documents/information.
7. Bid with any conditional technical and financial offer.
8. If the bidder provides any assumptions in the financial proposal or qualifies the commercial proposal with its own conditions, such proposal shall be rejected even if the commercial value of such proposal is the lowest/best value.
9. Proposal is not properly sealed or signed.
10. Proposal is not conforming to the requirement of the scope of the work of the assignment.
11. Bidder tries to influence the proposal evaluation process by unlawful/corrupt/fraudulent means at one or any point of time during the bid process.
12. If, any of the bid documents, excluding the commercial bid, submitted by the bidder is found to contain any information on price, pricing policy, pricing mechanism or any information indicative of the commercial aspects of the bidders or any person acting on its behalf indulges in corrupt and fraudulent practices.
13. Any other condition/situation which holds the paramount interest of the Client during the overall section process.

29. HCF visit during Bid Application

1. In case the applicant Bidders / Agencies, during the bid application / proposal submission wish to visit, assess the existing HCF for better understanding of the scope of work etc, they are permitted to visit the HCFs in Keonjhar, Odisha, at their own cost.
2. The client shall facilitate such visits if needed, with prior information to the client.

Section III: Terms of Reference

1. Introduction

Keonjhar (Kendujhar) District in Odisha, endowed with rich mineral deposits, occupies a prominent place in the mineral resource map of Odisha. The district fulfils the domestic and overseas demand with huge reserves of high-grade iron ore & manganese along with other minerals such as chromite, limestone, dolomite, nickel, granite etc. The entire forest range of Keonjhar is dotted with several iron ore & manganese ore mines of varying production capacities.

Despite the vast natural resources, the district continues to be socio-economically backward. The poverty Head Count Ratio (HCR) of the district is about 47 percent. More than 85 percent of the population of the district live in rural areas. The district has high proportion of Scheduled Caste (SC) and Scheduled Tribe (ST) population of which SCs account for 11.6 percent and STs account for 45.5 percent. Although mining is beneficial to the economic indicators of a country, both in terms of its own economic impact and the value to other industries of its product, it almost always has adverse environmental impacts and eventually health impacts. The health hazards and degeneration of the health conditions of people residing the nearby areas is one of the most serious drawbacks of mining. Displacement from land and loss of access to forests has a direct impact on the health and nutrition of the people in mining affected tribal lands of Keonjhar.

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Access to Healthcare in Keonjhar is scattered across geographical and income differentials. The unique context of each different block could be termed as determinative factor for success of implementation of any healthcare initiative. For informed designing of a healthcare initiative and the implementation thereof, a deeper understanding of the ground challenges of each healthcare facility is essential to ensure efficient, adequate, and quality delivery of healthcare services. Diversified issues persist in terms of infrastructure, functional medical and non – medical equipment’s, availability of specialists, paramedical and ancillary staff, accurate processes, monitoring assessment etc.

The National Health Policy (NHP) launched in 2017 serves as a guiding document for drafting polices, designing plans and implementing innovative initiatives for the achievement of Healthcare National goals and commitments. NHP recognizes some key dimensions of high-quality healthcare – consistency, positive health outcomes, patient-centeredness, equity, and trustable service delivery. Improving the quality of healthcare is also essential to meet the health-related targets and healthcare indicators.

Office of the Chief District Medical & Public Health Officer (CDM&PHO), Keonjhar, Odisha in a bid to enhance the Quality of Healthcare delivery in Keonjhar is looking for interested Healthcare Consultancies for ‘Transformation of Healthcare Facilities via Quality Accreditation’.

The main focus of the project is to strengthen the health institutions through improving the healthcare structure, process and outcomes via well-defined standards, continuous Quality Improvement Initiatives and Quality Assurance activities for provision of holistic healthcare.

A ‘Request for Proposal (RFP)’ is being invited from reputed and experienced Healthcare Consultancies for ‘Selection of Technical Support Partner (TSP) for Transformation of Healthcare Facilities via Quality Accreditation under District Mineral Foundation (DMF), Keonjhar, Odisha.

Table 1 List of Healthcare Facilities (HCF) in Keonjhar, Odisha

Type of Facility	Quantity
District Headquarter Hospital (DHH)	1
Sub- District Hospital (SDH)	2
Community Health Centre (CHC)	17
Urban Primary Health Centre(UPHC)	4
Primary Health Centre (PHC)	66
Sub Centres (SC)	351
Urban Sub Centres	6
Total	447

Keonjhar district comprises of 3 subdivisions namely Keonjhar Sadar, Champua and Anandpur and 13 Blocks with the district headquarter is at Keonjhar.

Table 2 Abstract of HCF

Sr. No.	Name of Block	DHH	SDH	CHC	PHC	UPHC	HWC SC / SC
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Chief District Medical & Public Health Officer
Keonjhar

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1	Anandapur Block		1	1	6		19
2	Bansapal(T) Block			1	6		25
3	Champua(T) Block		1	1	6		34
4	Ghasipura Block			2	7		23
5	Ghatgaon (T) Block			1	3		26
6	Harichandanpur (T) Block			2	5		38
7	Hatadihi Block			1	7		22
8	Jhumpura (T) Block			1	4		28
9	Joda (T) Block			3	2	2	34
10	Keonjhar (T) Block	1		1	5	1	30
11	Patana (T) Block			1	5		25
12	Saharpada (T) Block			1	4		23
13	Telkoi (T) Block			1	6		24
	Total	1	2	17	66	3	351

The details of beds in each HCF are enumerated below.

Table 3 Healthcare Facility-wise Bed Strength

Sr. No.	Name of Block	Name of Institution	No of Hospital Beds Sanctioned
1	Anandapur Block	Fakirpur CHC	16
2	Anandapur SDH	Anandapur SDH	123
3	Bansapal(T) Block	Bansapal CHC	16
4	Champua SDH	Champua SDH	79
5	Champua Block	Bhanda CHC	16
6	Ghasipura Block	Sainkul CHC	16
7	Ghasipura Block	Kesudarapal CHC	16
8	Ghatgaon Block	Ghatgaon CHC	30
9	Harichandanpur Block	Harichandanpur CHC	16
10	Harichandanpur Block	Bhagamunda CHC	16
11	Hatadihi Block	Salania CHC	16
12	Hatadihi Block	Hadagada OH	6
13	Hatadihi Block	Hatadihi OH	6
14	Jhumpura(T) Block	Jhumpura CHC	16
15	Jhumpura(T) Block	Ukhunda OH	6
16	Joda(T) Block	Basudevpur CHC	16
17	Joda(T) Block	Barbil CHC	16
18	Joda(T) Block	Joda CHC	16
19	Keonjhar DHH	Keonjhar DHH	330

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20	Keonjhar(T) Block	Padampur CHC	16
21	Patana(T) Block	Patana CHC	16
22	Patana(T) Block	Dumuria OH	6
23	Saharpada(T) Block	Udaypur CHC	16
24	Telkoi(T) Block	Telkoi CHC	16
25	Telkoi(T) Block	Sirigida OH	6
26	Telkoi(T) Block	Kaliahata OH	6
	Total		854

The status of Quality Accreditation for HCF is provided below.

Table 4 Quality Accreditation Status (2022-2023)

Healthcare Facilities	Quality Accreditation Standards						
	ISO	Kayakalp	NAQS	LaQshya	MusQan	NABL	NABH
DHH	1	1	0	0	0	0	0
SDH	1	2	0	0	0	0	0
CHC	6	13	3	1	0	0	0
PHC	15	32	3 (State Certified)	0	NA	NA	0
SC	20	63	11 (State Certified)	0	NA	NA	NA

2. Objectives of the Proposal

1. To develop a methodology of quality improvement as applicable to public healthcare facilities based on participatory management structures, continual quality assurance drives to reach the desired standards.
2. Offer superior health services to every age group, gender and promoting healthcare orientation.
3. Offering access to better treatment, rehabilitation and prevention whilst lowering expenses related to health care services.
4. Providing universal access to excellent quality health care services.
5. Factoring patient's perception, ensuring equity of healthcare delivery and access to healthcare facilities, incorporating measures for its continuous monitoring.
6. Improvement of the healthcare indicators of the entire spectrum of healthcare delivery of Keonjhar.
7. To facilitate the improvement of systems and processes of service delivery in the healthcare facilities to meet the laid down healthcare quality standards.
8. Handhold the Healthcare Facility on site through continued presence of competent experienced technical support personnel, towards achievement of prevailing healthcare quality standards, sustain the certificated level of quality management system for the provision of high quality of care and safe healthcare delivery system.

3. Scope of Work

Scope of work includes facilitation by TSP for building the healthcare system leading to Quality Management System (QMS) certification and subsequently handholding of the facility for sustaining the accredited status as applicable.

1. Inception Assessment and Report:
 - a. Conduct a brief / initial quick assessment of the status of all the Healthcare Facilities (HCF) which shall be taken up for accreditation.
 - b. Analyze the status and readiness of the HCFs for finalizing the highest achievable Quality Accreditation Standard (NQAS or NABH and NABL).
 - c. Submission of the Inception Report which shall briefly outline the current status of HCFs, classification based on highest achievable Quality standard (NQAS or NABH and NABL), define the targets and timelines for achievement of highest quality standards as applicable within the duration of 2 years. The detailed action plans, workflow, timelines for achieving the targets of all the HCFs shall be reckoned precisely for both the selected agency and the Client.
 - d. Basis the Inception Report, the Selected Agency and the Client shall mutually decide and jointly finalize the targets for each HCFs the highest applicable Quality Standard (NQAS or NABH and NABL) that it shall undergo for accreditation.
 - e. All the laboratories in the HCFs shall be targeted for achieving NABL accreditation and timelines spelt out accordingly.
2. Conduct a Detailed Baseline Survey / As Is Assessment:
 - a. 'Healthcare Facilities Baseline Survey / As-Is Assessment' of the entire healthcare facilities in Keonjhar for the As- Is process including observation, documentation and review of manpower, healthcare staff, equipment, infrastructure, processes including training and capacity building activities, services & facilities provided, legal and regulatory compliances etc.
 - b. Assessment for transformation via Quality Assurance shall incorporate:
 - i. Measurement of various elements of services provisions against set of pre-defined standards.
 - ii. Understanding of the actual areas of short falls/gaps as per three aspects of Quality i.e., Structure, Process, Outcomes.
 - iii. Measurement of various elements of services provisions against set of pre-defined standards.
 - c. The survey shall benchmark, categories and enumerate the Gaps and their Root Cause Analysis as per all the applicable, mutually decided, highest quality accreditation standards (NQAS / NABH and NABL).
 - d. Also, the format for 'Facility Survey' available in IPHS guidelines must be appropriately filled and report captured in 'As Is' report. This includes all:
 - i. The Clinical Process (wrt Outdoor Patient – OPD Management, In-Patient -IPD, Nursing Care Management, Intensive Care Management, Medical Emergency Management, Family Planning Management, Patient OT Management, Hospital Diagnostic Management, Blood Bank Management, Hospital Infection Control & Sterilization Management, Clinical Care Data Management-Pain Management, Hospital Referral

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- Management, Rehabilitation and Therapeutic Services, Hospital Waste Management, Management of Death etc)
- ii. The Hospital Administration Procedures (wrt Patient Registration, Admission & Discharge Management, Medicine Stores & Inventory Management, General Stores & Inventory Management, Procurement & Outsourcing Management, Medical Record Department, Hospital Transportation Management, Hospital Security, Safety & Disaster Management, Hospital Finance & Accounting Management, Hospital Infrastructure Maintenance Management, Hospital Housekeeping & General Upkeep Management, Human Resource Development & Training Management, Nursing Management, Dietary Management, Laundry Management, Hospital Information Management System, National Health Programmes, Administration etc).
 - iii. This is a suggested procedures list, which is subject to modification as their suitability for respective HCF in consultation with QEC.
- e. Along with the “As Is” report, the TSP shall furnish an undertaking that “all the information and data were gathered during the period of “As Is” Survey”. TSP shall also have back up information sheet carrying the sources of each such information furnished in As Is report.
 - f. The As is report incorporating the ‘Process Flow’ as well as ‘Gap Analysis’ as per the highest applicable quality standard shall be reviewed, analysed, and discussed with the DMO MS / Superintendent / MOICs/ Incharge of the HCFs before finalization. [Formats suggested in AnnexureIII].
 - g. All the laboratories in the HCFs shall be assessed, analysed, gaps syndicated for achieving NABL accreditation.
3. Prepare the ‘Action Plan’ for Gap Closer, To-Be Processes, syndication for the non-compliances etc which shall include but not limited to:
- a. Strengthen processes on the basis of gap identified in the “As Is” survey as well as to ensure compliances to the highest quality accreditation standard applicable to the HCF. The TSP shall also facilitate the process of appointment of Management Representative, Process Owners amongst hospital staff in consultation with the QEC. The processes shall be documented in the form of Quality Manual, documented procedure, work instructions, forms, and formats to ensure sustenance and continual improvement. The “To Be” process shall also include development of an effective management information system (MIS) which may provide actionable feedback leading to improvement in the healthcare delivery. The MIS parameter should be constituted by critical success factors (indicators) for the processes.
 - b. Human Resources (HR) Planning based on the gaps identified via availability of human resources in HCF based on credentialed, privileged, qualified, experienced, and skilled human resources and in the right quantity to meet the volumes and needs of the patients care.
 - c. Gap Closure and Action Plans shall be mandatorily prepared for accreditation of NABL of all the laboratories in the HCFs.
4. Submission of following, but not limited to:
- a. Detailed infrastructural requirements, upgradation, repairs, renovations etc that facilitate patient – staff – material flow and movement, placement and delivery of services, patients, and staff safety

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etc. The Detailed Specifications as per applicable Schedule of Rates (SOR) /CPWD (wherever needed) / Cost Estimates / Bill of Quantities (BOQ) for infrastructure up-gradation such as repair-renovation, new construction etc along with GFC Drawings.

- b. Conceptualization of entire Greenfield or Brownfield, projects etc shall be w.r.t Green Architecture and Techniques/Principles, enhancing sustainability for longer years of operations and useability. Detailed Project Report as applicable for specific healthcare facilities with Space Plan, Financial estimates, Equipment Plans, Architectural Layouts (taking in consideration infection control principles, NABH and NABL standards, International Health Facility Guidelines [iHFG] and good healthcare design principles), MEP drawings etc in compliance to NABH and NABL along with IGBC Green Healthcare Facilities (maximum achievable rating), whichever is higher, to be prepared and submitted.
 - c. List of repairable equipment's, equipment's to be purchased as per essential equipment's' mentioned in IPHS and services envisaged for TQM and improvement in healthcare indicators of Keonjhar. This shall be supported by Technical Specifications, Financial BOQs / Three (3) Vendor Rate Quotations for all the Biomedical Equipment's to be newly procured. Also assist for preparation and technical know-how for floating of RPFs/Tenders.
 - d. Plug-in gaps if any for the existing process of AMC, CMC, and calibrations per the requirement of each equipment's and devices.
 - e. Assist in preparation of 'to be condemned items' and provide assistance for initiation and completion of the condemnation process.
5. Training Need Analysis, Capacity Building and Training as per the requirement of all the staff for all the relevant topics under Total Quality Management, Quality Manual, Procedures, Soft Skills, etc.
- a. The TSP shall plan and deliver the capacity building/training to all employees and members of management committee with all requisite resources. TSP shall conduct training need analysis of all the staff as per educational qualifications, job roles and responsibilities, soft skills, and the requirements of the applicable Quality Standards.
 - b. TSP is expected to facilitate development of a training plan for the HCF, syndicate it with the MOIC/MS/Head of the HCF in consultation with the QEC.
 - c. The TSP shall ensure that all the relevant topics related to Total Quality Management, Quality Manual, Procedures, and work Instructions form part of the curriculum. A detailed record of the training i.e., indicating the name of the participants, topics discussed, name of the faculty, duration of the programme, for each programme shall have to be maintained. The tentative list (not exhaustive) of trainings has been mentioned in Annexure IV.
 - d. Trainings shall cover various aspects of Quality Management Systems (QMS), the roles, adherence to institutionalized norms, forms, registers, checklists and controls, data management, inventory management, analysis, reporting and how quality impacts the delivery of healthcare.
 - e. TSP shall conduct pre and post training assessment and collect feedback on the training program. Thereafter, plan for re-training taking into consideration:
 - i. Feedback received on the training in case assessment results are poor.
 - ii. In case some participants were left out in the first round of training.
6. Assistance for Documentation and Total Quality Management (TQM) Implementation Support

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- a. TSP shall assist for complete documentation, manuals, SOPS's, protocols, forms formats, registers, KPIs, preparation of checklists, etc as required for quality certification.
 - b. Assist the DHH Quality Assurance team, CHC Quality Team, PHC Quality Team & HWC SC Quality Team etc for implementation of all the applicable quality standards, SOPs, forms, formats, data collection and analysis etc. Ensure adherence to the quality process as desirable by the accrediting bodies. Provide hand holding support for implementation of the documented process, undertake corrective and preventive actions, etc.
 - c. TSP shall ensure the daily tasks are carried out as per the requisite checklist for each department as per applicable quality standards. Ex: Calibration of equipment's, toilets cleaning, Crash Cart checklist etc.
 - d. TSP shall assist in continuous monitoring of progress and quality indicators, KPIs, Patient and Employee Satisfaction Survey, Feedback Management, Reduced Turn Around Times whilst ensuring quality of services, and preparation and submission of monthly reports thereof.
 - e. TSP shall support the HCF in applying / adopting statutory and regulatory licenses as required.
 - f. Prepare Audit formats for various Audits such as Clinical, Prescriptions, Death, Antibiotic, Bio-Medical Waste [BMW], Hand Washing, Sentinel Event, etc., as per requirements and conduct audits at necessary intervals.
 - g. TSP shall assist in constitution of various committees as required as per NQAS / NABH and NABL (mutually decided for each HCFs), including but not limited to BMWM Committee, Infection Control Committee etc.
7. Support for Quality Accreditation Application and Certification:
- a. TSP shall prepare the pre-assessment plan for all HCF as per NQAS / NABH and NABL (mutually decided for each HCF).
 - b. TSP shall review the assessment report for accuracy and completeness, assist in finalizing the draft report of assessed healthcare facilities as per the award criteria.
 - c. Assistance for application of various quality accreditation standards, conduct various internal audits, preparations for external audits, pre-assessment review, and closure of non-compliances in the shortest possible duration.
 - d. Ensure HCF, hospital system readiness for internal, peer as well as external assessments.
 - e. TSP shall ensure timely and complete accurate information, filled in forms as per the application criteria in the prescribed format.
 - f. Along with the QEC, DQAC, the TSP shall collect and analyze assessment feedback of assessors from the assessed facilities and ensure timely corrective and preventive actions through proper channel.
 - g. The TSP shall share the gap report with the health facility for improving quality through closing gaps and identifying opportunities for improvement via:
 - i. Taking corrective action on the gaps identified
 - ii. Preparing a corrective action report (CAPA) for submitting to the appropriate authorities for review.

4. Team Composition

Sr. No.	Designation, Educational Qualifications and Experience	Key Roles & Responsibilities
1	<p>Team Leader (One)</p> <ul style="list-style-type: none"> • Bachelors / Graduation in MBBS / BAMS / BHMS / BDS / BOTH / BPTH is essential. • Master's Degree (or equivalent) in Healthcare Management, Hospital Administration and Management is essential. • Experience of availing, ISO / Kayakalp / NQAS / NABH / NABL /LaQshya / MusQan/ JCI accreditation and have completed similar projects for a minimum of 7 years. • Minimum of 5 years of relevant experience leading the implementation of similar projects in Trusts / Government / PSU healthcare facilities is desirable. 	<ul style="list-style-type: none"> • Responsible for overall functioning of the project, managing the team members, liaison with all the authorities and stakeholders in appropriately. • Finalization of all the deliverables, reports, plans etc and ensure its timely submission. • Coordinate with all the team members, stakeholders for achievement of the project objectives, carry out activities as per the action plan jointly finalized as per the review of Inception Report. • Monitor, Review and advise for improvement in the all the Key Performance Indicators (KPIs) as per the Total Quality Management (TQM) and Quality Assurance (QA) activities. • Handhold all the team members and HCF for highest applicable quality accreditation standard. • Report to the Senior / Principal Quality Consultant and perform any other duties as may be assigned. • Shall be deployed full time in Keonjhar.
2	<p>Senior / Principal Quality Consultant (One)</p> <ul style="list-style-type: none"> • Bachelors / Graduation in MBBS / BAMS / BHMS / BUMS / BDS / BOTH / BPTH is essential • Master's Degree (or equivalent) in Healthcare Management, Hospital Administration and Management is essential • Experience of availing, ISO / Kayakalp / NQAS / NABH / NABL /LaQshya / MusQan / JCI accreditation and have completed similar projects for a minimum of 10 years • Minimum of 7 years of relevant experience in implementation of similar projects in Trusts / Government / PSU healthcare facilities is 	<ul style="list-style-type: none"> • Steer the project wrt deployment of the team, assessment of HCF, benchmarking of the gaps against the quality standards, supervision, review, finalization of all the deliverables ie. reports, drawings, SOR, BOQ etc. • Present the Inception report and other main reports to the Executive Committee for finalization of action plan for complete transformation of HCF wrt Quality Accreditation. • Finalize the various forms, formats, work sheets, documentation registers for capturing of various data as per the need. • Conduct Training of the Trainers (TOT) for all

	<p>desirable.</p>	<p>the essential topics under TQM, QA etc.</p> <ul style="list-style-type: none"> • Conceptualise, Review, Monitor and advise for improvement in the all the Key Performance Indicators (KPIs) as per TQM, QA activities. • Responsible for overall implementation of the project, achievement of the project objectives and transformation of the HCF as per Quality Accreditation. • Shall physically visit atleast 65% of HCF in Keonjhar, under the project every 3 months and appraise the Client regarding the progress of work and future course of actions etc.
<p>3</p>	<p>Bio-medical Engineer (1)</p> <ul style="list-style-type: none"> • Degree/diploma in Bio medical engineering is essential. • Atleast 5 years' experience in procurement of bio- medical equipment, coordination with medical and administrative teams for preparation of accurate technical specifications, BOQs, RFP/Tenders etc is essential. 	<ul style="list-style-type: none"> • As-Is assessment of the HCF wrt requirement of bio-medical equipment's, medical equipment's, instruments, furniture's, consumables etc for provision of services as per the applicable quality standard. • Coordinate with medical and administrative teams, preparation of accurate technical specifications and Bill of Quantities (BOQs) etc • Preparation of Request for Proposal (RFP) / Request for Quotations (RFQs), Expression of Interests (EOIs), Notice Inviting Tenders (NIT), RFP/Tender documents in a centralized manner for ensuring maximizing participation of vendors from overall India. • Assist in complete procurement life cycle including invitation of bids, organizing pre-bid meetings, issuing clarifications, bid opening, bid evaluation, selection of eligible responsive bids, preparing contract agreements, executing contracts with selected bidders, etc. • Assist in ensuring that all the procurements are carried out as per Odisha General Financial Rules (OGFR) / CVC / other applicable guidelines. • Report to the Team Leader and perform any other duties as may be assigned.

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<p align="center">4</p>	<p>Civil Engineer / Architect (1)</p> <ul style="list-style-type: none"> • B.E. in Civil Engineering/Specialized in Hospital Architecture. • B.E. / B.Tech in Civil Engineering/ B.Arch. from a recognized University/ Institute. • Registration certificate from Council of Architecture / Indian Institute of Engineers (IIEC) is preferred. • Minimum of 5 years of total work experience related to design, estimation, execution, and supervision of civil engineering projects. • Minimum of 3 years of experience in implementation of government infrastructure projects. • Proficient in Auto CAD or similar software packages. 	<ul style="list-style-type: none"> • Study of the infrastructural gaps and changes, repairs, renovations, modifications, construction etc (along with the team)that are required for achieving the highest applicable quality standardsi.e.,NABH and NABL / NQAS along with IGBC Green Healthcare Facilities (maximum achievable rating), whichever is higher for the Brownfield Structures and Greenfield structures. • Preparation of project drawings, detailed Specifications as per Schedule of Rates (SOR) and detailed Cost Estimates / Bill of Quantities (BOQ). • Preparation of Master Plan in case of Greenfield structures etc. • Preparation of Master Plan and upgradation plan in case of Brownfield structures etc. • Report to the Team Leader and perform any other duties as may be assigned.
<p align="center">5</p>	<p>Quality Consultants (atleast 8)</p> <ul style="list-style-type: none"> • Bachelors / Graduation in MBBS / BAMS / BHMS / BDS / BOTh / BPTh / BSC Nursing is essential. • Master's Degree (or equivalent) in Healthcare Management, Hospital Administration and Management is essential. • Experience of availing, ISO / Kayakalp / NQAS / NABH / NABL /LaQshya / MusQan / JCI accreditation and havecompleted similar projects for a minimum of 5 years. • Minimum of 3 years of experience in implementation of similar projects in Government / PSU healthcare facilities is desirable. 	<ul style="list-style-type: none"> • Conduct various assessments for the Inception Report, As-Is Report and as per quality standards checklists etc. • Review, classification of gaps, benchmarking as per the quality standards preparation of various reports, schedules etc. • Assist in formation of various committees, collection of data as per various KPIs,etc. • Handholding of staff for documentation as per forms and formats, manuals, SOPS, Workflows, conduct review meetings of the committees, other relevant documentation etc. • Assist in various trainings, preparation of the staff for mock audits etc. • Undertake all the activities as per scope of TSP and the action plan finalized for complete transformation of HCF wrt Quality Accreditation. • Report to the Team Leader and perform any other duties as may be assigned. • Shall be deployed full time in Keonjhar.

6	<p>Training Coordinator / Quality Nurse Trainer (1)</p> <ul style="list-style-type: none"> Bachelors / Graduation in MBBS / BAMS / BHMS / BUMS / BDS / BTh / BPT / B.Sc. Nursing/ Post B.Sc. Nursing is essential. Master’s Degree (or equivalent) in Healthcare Management, Hospital Administration and Management / Public Health / Nursing Tutor Training is essential. Minimum of 3 years in training / teaching and capacity development of hospital staff for coordinating, ISO / Kayakalp / NQAS / NABH / NABL /LaQshya / MusQan / JCI accreditation process. 	<ul style="list-style-type: none"> Undertake all the activities as per scope of TSP for TNA, training, capacity building, hand-holding support, preparation for external audits via mock drills etc for adherence to TQM, QA activities and the action plan finalized for complete transformation of HCF wrt Quality Accreditation. Report to the Team Leader and perform any other duties as may be assigned.
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5. Steps in Project Implementation

Sr. No.	Steps	Responsibility	Timeline for Completion*
1	Issue of LOI / Award of contract to the selected Agency for project implementation	CDM&PHO	Within 7 working days of finalizing the Agency
2	Submission of PBG and other requisites	Agency	Within 15 working days of receiving the LOI / Award of contract
3	Signing of the MOU	CDM&PHO with the Selected Agency	Within 15 working days of receiving the PBG
4	Release of Mobilization Support Amount	CDM&PHO	Within 20 working days of signing of MOU
5	Resources Mobilization and initiation of the project	Agency	Within 20 working days of signing of MOU
6	Submission of Inception Report	Agency	Within 1.5 months of signing of MOU
7	Jointly finalize the number, type of highest applicable quality accreditation standards, timelines etc for achievement of complete quality accreditation within 2 years for all the Healthcare facilities (HCF)	Agency and CDM&PHO	Within 15 days of submission of Inception Report
8	Submission of Detailed As-Is Report along with Action Plan for all 17 CHCs and 33 PHCs & 50 HWC Sub Centers (Atleast)	Agency	Within 3 months of signing of MOU
9	Submission of Detailed As-Is Report along with Action Plan of the remaining HCFs	Agency	Within 4 months of signing of MOU
10	Delivery of milestones as per agreed upon for target completion	Agency	Work by the selected Agency firm shall be initiated, as soon as submission of each deliverable / milestone, whether the stakeholder meeting for joint discussion or feedback is scheduled
11	Submission of 1 st draft of Infrastructure	Agency	Within 5.5 months of signing of MOU

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	Estimates and GFC drawings of all the HCFs		
12	Submission of Reports and Bills (as per the milestones)	Agency	As per the completion of milestones
13	Approval of reports and verification of bills	CDM&PHO	Within 15 working days of receiving of bills after submission of the deliverable from the Agency
14	Fund release as per applicable approved milestones	CDM&PHO	Within 25 working days of receiving of bills after submission of the deliverable from the Agency
*Work by the selected Agency shall be initiated, as soon as submission of each deliverable, whether the Client / Stakeholder meeting for discussion / presentation and feedback is scheduled.			

6. Project Duration

1. The duration of the assignment / contract / project shall be for Two (2) years from the date of effectiveness of the Contract.
2. The selected Agency and Client shall maximize their efforts for achieving the key milestones set in the project within the duration of assignment / contract / project.
3. Commencement: The selected Agency shall commence the work with immediate effect from the date of signing of the agreement/MOU.
4. Validity: Unless terminated earlier, the agreement shall be valid up to 24 (Twenty-four) months from the date of execution of agreement and automatically expire after completion of the agreement period.

7. Replacement of the Personnel

1. The key professionals, as requested in the technical bid proposal (Tech 10), are to be deployed under this contract and are expected to be dedicated for the entire contract period. However, any the change shall be allowed under following circumstances only after due approval:
 - i. During start of engagement: Due to any unavoidable circumstances, if the CV submitted for evaluation warrants replacement of personnel by the selected Agency during team deployment, the selected Agency shall duly notify to the Client i.e., CDM&PHO, the circumstances necessitating the replacements. Any proposed substitute CV shall have equivalent or better qualifications and experience than the original candidate. The approval of proposed replacement CVs by the CDM&PHO Keonjhar is mandatory prior to the replacement, else penalty as per mentioned in the above clause (of INR 25,000.00 per replacement of resources / CVs) shall be levied.
 - ii. During start of engagement: The Selected Agency shall duly provide the CVs of the all the team members (as per Section III.4) to the Client for approval within 15 days of signing the MOU. If any of the CVs warrant replacement within 2 months of the start of engagement, the selected Agency during team deployment, shall duly notify the circumstances necessitating the replacements and seek approval of proposed replacement CVs by the CDM&PHO Keonjhar. If the resources / CVs are replaced

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within 2 months of engagement without due approvals, then penalty of INR 20,000.00 per replacement of resources / CVs shall be levied.

iii. During the assignment: If any time of project period, any replacement of personnel is necessitated, the selected Agency shall seek approval of the proposed replacement CV from CDM&PHO Keonjhar. If more than 4 CVs (out of 8 Quality Consultants deployed at Keonjhar) are replaced, then the contract with the selected Agency may be rescinded and the PBG amount may also be forfeited.

2. All the Quality Consultants and Team Leader (as per Section III.4) are expected to be deployed full-time for a period of 2 years at Keonjhar, Odisha.
3. Office space with necessary facilities shall be arranged by the selected Agency.
4. None of the team members should engage in any other engagement while being deployed onsite at Keonjhar.
5. In case CDM&PHO Keonjhar needs any additional resources with specific expertise on part-time/full-time basis for the assignment towards successful achievement of the desired outcomes, the same shall be deployed by the selected Agency as per mutually agreed terms and conditions.

8. Deliverables and Payment Schedule

Sr. No.	Instalment Milestone	Percentage of Payment
1	<p>Mobilization Support</p> <p>This shall be payable upon signing of MOU. The selected Agency shall mobilize and deploy its resources as needed in Keonjhar, set up office, initiate the project etc.</p>	6 %
2	<p>Submission of Inception Report</p> <p>The selected Agency shall carry out initial quick assessment of the healthcare facilities for preparation of Inception Report. The Inception Report shall briefly outline the current status wrt transformation via quality accreditations, define the targets and timelines for achievement of highest quality standards as applicable within the duration of 2 years.</p>	4 %
3	<p>Submission of detailed As-Is Reports of each Healthcare Facility*</p> <ul style="list-style-type: none"> • Within 15 days of submission of Inception Report, the Client shall jointly finalize the type of highest applicable quality accreditation standards (NABH and NABL/NQAS) timelines etc for achievement of complete quality accreditation within 2 years for all the Healthcare facilities (for DHH, SDHs, CHCs, PHCs / HWCs only). • The selected Agency shall initiate the process for further completion of milestones as per the plan chalked out in Inception Report. • The payment for this deliverable shall be released only if 'As Is' Report is complete in all respect for each of the healthcare facilities for the mutually decided, highest applicable quality standard (NABH and NABL/NQAS). • The As Is report must be certified by the MOICs /MS / Incharge of the respective 	10 %

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	<p>healthcare facility, stating the approval of the 'As Is' Report and its go ahead for submission of the As Is Report.</p> <ul style="list-style-type: none"> • The As Is Report shall be the approved by the DQAC of Keonjhar. • Both these above approval certificates, shall be submitted alongwith the bills / invoices for the percentage of said fees. 	
4	<p>Infrastructure Estimates and GFC drawings as per NABH and NABL / NQAS along with IGBC Green Healthcare Facilities (maximum achievable rating)for all the HCFs*</p> <p>This instalment shall be paid upon submission of Technical Estimates as per prescribed standards / applicableSOR for:</p> <ul style="list-style-type: none"> • All the new infrastructural changes, repairs, renovations, modifications, construction etc as per gap assessment for achieving the highest applicable quality standardsi.e.,NABH AND NABL /NQAS along with IGBC Green Healthcare Facilities (maximum achievable rating), whichever is higher for the Brownfield Structures. • In case of Greenfield Structures, the DPR / Master Plan of the new healthcare facilities needs to be submitted which shall be compliant to the NABH and NABL as well as IGBCGreen HealthcareFacilities (maximum achievable rating) whichever is higher for the Greenfield Structures. • Bills and invoices shall be submitted along with: <ul style="list-style-type: none"> ○ Calculation sheets of MEP, MGPS etc. ○ GFC drawings/Layouts, DPR/Master Plan, Upgradation Plans etc for the said healthcare facility. ○ A duly signed certificate from the concerned department (i.e.,AE NHM / R&B / RWD/ PR & DW)of the said division stating that all the above drawings, estimates and GFC have been prepared by TSP in consultation with the MOIC/MS of the said healthcare facility as well as R&B/RWD / PR & DW office for Quality Accreditation. 	20 %
5	<p>Technical Specifications and Financial BOQ for the Biomedical Equipment's, Instruments, Furniture (EIF) etc for all the HCFs</p> <ul style="list-style-type: none"> • The said instalment shall be paid upon submission of Technical Specifications, Financial BOQs / Three (3) Vendor Rate quotations, comparative analysis for atleast 3 brands etc for all the Biomedical Equipment's, Medical Equipment's, Instruments, Furniture's, Consumables ectto be newly procured. • A certificate shall be furnished duly signed by the CDMP&PHO, along with the bill / invoice and the list of Biomedical Equipment's to be purchased stating that this comprehensive list has been prepared by TSP in consultation of the Clinical Doctors/Specialists as per essential list of IPHS / highest applicable standard for all the healthcare facility. 	4 %
6	<p>RFP/Tender documents for Biomedical Equipment's, Instruments, Furniture (EIF) etc</p>	2%

	<p>for all the HCFs</p> <ul style="list-style-type: none"> • The said instalment shall be paid upon submission of Request for Proposal (RFP) / Request for Quotations (RFQs) / Notice Inviting Tenders (NIT)/Tender documents of EIF from all the Healthcare Facilities to be purchased in a centralized manner. • A certificate shall be furnished duly signed by the CDM&PHO, along with the bill / invoice and the abstract of RFP documents submitted stating that TSP has submitted all the RFP documents for the entire list of new EIF to be purchased; and that these tender documents are in adherence to the Odisha General Financial Rules (OGFR) / CVC / other applicable guidelines. 	
7	<p>Training*</p> <p>The instalment for training shall be paid upon:</p> <ul style="list-style-type: none"> • Submission of Training Need Assessments (TNA) Matrix of all the Healthcare staff. • Completion of atleast two (2) rounds of Trainings, all Internal Audits before Pre-Certification Audit and Certification Audit etc. • The Bills/Invoice shall be accompanied by: <ul style="list-style-type: none"> ○ A certificate duly signed by the CDM&PHO stating that the TSP has conducted two rounds of trainings of all the healthcare staff posted in all the HCF ○ Letter issued by the CDM&PHO for training sessions/schedule with name of healthcare staff. ○ Successful completion of all the requisite audits as per NQAS/NABH and NABL. ○ Attendance sheet, list of trainings done, photos of trainings etc 	12 %
8	<p>Certification/Documentation Support*</p> <p>This instalment shall be due upon establishment of the Quality Improvement Initiatives such as:</p> <ul style="list-style-type: none"> • Formulation of Quality Teams at the District Level as well as at each Healthcare Facility Level. • Establishment of all the requisite committees for TQM and QA. • Devising all the KPIs and successful tracking (for atleast 6 months) of KPIs as per the requirement of TQM, QII and QA etc. • Complete documentation of all the manuals, SOPs, Work Process etc as per the requirement for accreditation for NQAS/NABH and NABL (as mutually decided). • Completion of atleast two (2) monthly reviews and one (1) round of internal review for each HCF. • Completion of atleast 7 weekly compliance meetings for each HCF. • Completion, establishment, and implementation of documents i.e., Training Manuals on Quality Management System, Administrative processes, Clinical Processes, Quality Procedures/ Processes, Apex Quality System Manual etc. • A certificate is required to be furnished duly signed by the MOICs/MS/ In-charges of the 	9 %

	<p>respective healthcare facilities, with the bill/invoice stating that the TSP personnel were present at the healthcare facility all through-out, facilitating the Quality Improvement initiative; and that the above-mentioned activities have taken place at the said healthcare facility.</p>	
9	<p>Application for NQAS /NABH and NABL(mutually decided Highest Quality Accreditation) *</p> <p>This instalment shall be payable upon:</p> <ul style="list-style-type: none"> • Completion of Peer /External Audit (by the other team). • Filled application forms for certification of the highest applicable quality standard/NABH and NABL /NQAS etc. • Successful completion of Peer/ External Audit. • Bills / Invoices shall be accompanied by: <ul style="list-style-type: none"> ○ Email from the Certifying Authority for receiving the application for NQAS / NABH and NABL. ○ A certificate duly signed by the MOICs/MS/ In-charges of the respective HCF and Executive Committee stating that: <ul style="list-style-type: none"> ▪ The said HCF has applied for the certification for the highest applicable quality standard/NABH and NABL/NQAS etc ▪ TSP personnel were present at their HCF,all through facilitating the Quality Improvement initiatives ▪ The above-mentioned activities have taken place at the said healthcare facility. 	4 %
10	<p>Submission of Compliance Report for the NC raised during External Assessment**</p> <p>This instalment shall be payable upon:</p> <ul style="list-style-type: none"> • Submission of compliance report of the NCs raised by the external assessors. • Undertaking the corrective and preventive actions for non-occurrence of the NCs in future. • A certificate is required to be furnished duly signed by the MOICs/ MS/ In-charges of the respective Healthcare Facilities along with the compliance reports submitted as well as the bill / invoice stating the activities undertaken for the Quality Improvement Initiatives by the TSP. 	14 %
11	<p>Receiving the Highest Quality Certification**</p> <p>This instalment shall be made on the HCF receiving the Quality Accreditation certificate for NAQS/NABH and NABL by the Certifying Body or one year from the date of communication of the name of the healthcare facility to the Certifying Body, whichever is later.</p> <p>Bills / Invoices shall be accompanied by:</p> <ul style="list-style-type: none"> • Photocopy of Quality Accreditation certificate • Certificate duly signed by the Executive Committee, stating that the staff of 	15 %

	Technical Support Provider (TSP) were present all through at the healthcare facility facilitating the Quality Improvement initiatives.	
	Total	100 %

12. Note:

i. * This instalment for payment of milestones and deliverables for sr. no 3,4,7,8 and 9 has been further divided and shall be payable as follows for the submission of above as per following HCFs:

- **DHH (1): 20% of applicable payment instalment**
- **SDHs (2): 26% of applicable payment instalment**
- **CHCs (17): 17% of applicable payment instalment**
- **PHCs (66): 33% of applicable payment instalment**
- **UPHCs (4): 2% of applicable payment instalment**
- **HWC SCs / SCs (351): 2% of applicable payment instalment**

ii. ** Upon completion of the deliverable as per these milestones for sr. no. 10 and 11, the applicable percentage shall be equally divided as per the number of HCFs.

9. Additional Pay-outs

Apart from the consultancy fees quoted by the selected Agency for the entire work as enumerated under this project, following addition pay-outs shall be payable for earlier completion as per the following milestones:

Sr. No.	Targeted HCF	Targeted Quality Accreditation Standard	Target date of achievement	Additional Pay-out (in %) over and above applicable Consultancy Fees
1	Atleast 80% of HCFs (CHCs, PHCs, SDHs only)	Compliant to IPHS	Within 8 months of signing of the MOU	0.10%
2	1 SDH, 17 CHCs, atleast 30 PHCs and atleast 40 HWC SCs	Achieving NQAS accreditation	Within 10 months of signing of the MOU	0.20%
3	Atleast 10 CHCs	NABH entry level accreditation	Within 15 months of signing of the MOU	0.25%
4	Remaining 7 CHCs	NABH entry level accreditation	Within 16 months of signing of the MOU	0.20%
5	2 SDHs	NABH Full accreditation	Within 20 months of signing of the MOU	0.30%
6	Labs in all the HCFs	NABL accreditation	Within 14 months of signing of the MOU	0.25%

#Accreditation certification of the HCF from the QCI/NHSRC/NABH etc is mandatory for disbursal of the additional pay-outs among other documents while raising the invoices for additional pay-out.

10. Latest Versions of the Highest Quality Accreditation Standard

1. The Highest Quality Accreditation Standards i.e., NQAS, NABH, NABL to be targeted for each HCF shall be mutually decided after the submission of Inception Report by the selected Agency.
2. The latest versions/volumes as applicable in India (by the respective accreditation authorities) only shall be referred for accreditation of all the HCFs.
3. Adherence to these is the sole responsibility of the selected Agency.

11. Responsibilities of the Selected Agency

1. Ensure that all the 'Project Objectives, Scope of Work, Team Composition, and Deliverables etc' as mentioned in Section III.2. III. 3, III.4, III.5, III.7, are met within the timelines as per III.6.
2. Undertake annual financial planning of the project, submit necessary documents, deliverables, bills etc for release of funds and submit Utilization Certificates for the funds utilized.
3. Submit monthly, quarterly, and annual performance reports to the office of the CDM&PHO, Keonjhar. Work /Performance Reports on monthly, quarterly, and annually basis shall be submitted. The formats shall be discussed jointly post signing of the MOU/Contract with the selected agency.
4. Attend all meetings as required by the office of the CDM&PHO, Keonjhar and/or DMF related to progress and assessment of the project.
5. Take feedback from the CDM&PHO, Keonjhar, CEO DMF Keonjhar and act on the complaints/feedback received and take corrective measures.
6. Perform any other relevant work as directed by the CDM&PHO, Keonjhar.
7. No subletting / subcontract by the selected agency is permissible.

12. Responsibilities of CDM&PHO Keonjhar

CDM&PHO, Keonjhar shall be the nodal department having overall responsibility for the project with following responsibilities:

8. Selection of Agency for project implementation through this RFP and formulate the necessary committees for the same.
9. Signing of MOU with the selected Agency, communicating to the MS / MOICs / In-charges of the HCF for providing necessary support, access etc, for facilitating the Consultants from selected Agency for initiation of the quality initiatives under the projects.
10. Provide necessary approvals as required for formation of various committees, document verification, access to all the data/HMIS/ departmental approvals etc.
11. Constitute a 'Quality Executive Committee (QEC)' which shall have representatives from CDM&PHO Office, CDOcum EO ZP PR&DW, SE R&B Divisions (Keonjhar and Ghatgaon), NHM Office and Team Leader / Principal Quality Consultant of the selected Agency (invitee) which shall monitor the overall execution of the project.

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12. Review, discuss, suggest changes, and finalize together with all the stakeholders/executive committee the Inception Report formulated by the selected Agency.
13. Assign, supervise and monitor the work of the selected Agency on a regular basis.
14. Inform the Agency, Quality Executive Committee, and Collector cum Managing Trustee DMF for non-compliance or poor performance of the selected Agency with valid documents/proofs of poor performances/negligence from scope of work etc.
15. Verify and forward bills to DMF Office; that are submitted by the selected Agency for release of funds in a timely manner.
16. Attend quarterly and yearly review meetings with Collector cum Managing Trustee DMF for overall assessment of the performance of the Agency.

13. Responsibilities of Works Department (R&B) / WATCO / RD / PR&DW

1. Visit the various Healthcare facilities as per need, along with the team of the selected Agency / TSP during assessment and finalization of the various repairs, renovations, infrastructural gaps/plugging etc for accreditation requirement as per NABH and NABL/NQAS and IGBC.
2. Support, provide access, review, and provide inputs etc while finalization of GFC drawings/Layouts, DPR/Master Plan, Upgradation Plans etc of the healthcare facilities.
3. Completion of all the Infrastructural, Electrical, Plumbing, Drainage, MGPS, STP, ETP, Other works etc as per the mutually decided timelines after the submission of the Inception Report by the selected Agency.
4. Maximize the efforts for strict adherence to the designs, drawings, finalized for each HCFs for achievement of the accreditation status.

14. Responsibilities of DMF Keonjhar

1. Administratively approve the project proposal as received from CDM&PHO Keonjhar.
2. Participate in quarterly and yearly review meetings conducted by the Collector and Managing Trustee DMF Keonjhar for performance assessment of the Agency.
3. Take necessary action upon the information received from CDM&PHO Keonjhar during review of the concerned Agency, as per instructions of Collector and Managing Trustee DMF Keonjhar.
4. Scrutiny and release of funds to the CDM&PHO Keonjhar as per actual bills submitted and stipulated norms.
5. Monitor and Evaluate project progress periodically.

15. Monitoring and Evaluation

1. Regular review meetings shall be conducted by the office of the CDM&PHO to monitor the implementation of the project.
2. The selected Agency shall submit the deliverables as per the milestones and progress report on monthly basis in the desired format as per given schedule to the office of the CDM&PHO, Keonjhar. This monthly progress report shall be verified and submitted by the CDM&PHO to

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the office of DMF Keonjhar on a regular basis.

3. Yearly review (atleast one per year) shall be conducted by a team nominated by the Collector-cum-Chairperson and Managing Trustee, DMF along with CDM&PHO to assess the services provided and the compliance of the selected Agency to the Scope of Work.

16. Reporting Arrangements

1. The selected Agency direct shall work under supervision of the Quality Executive Committee, and Chief District Medical and Public Health Officer, Keonjhar.
2. Regular review meetings shall be conducted by the office of the CDM&PHO to monitor the implementation of the project and achievement of objectives for transformation of HCF by Quality Accreditation.

17. Quality Executive Committee (QEC)

1. CDM&PHO shall constitute a 'Quality Executive Committee (QEC)' which shall have representatives from CDM&PHO Office, CDO cum EO ZP PR&DW, SE R&B Divisions (Keonjhar and Ghatgaon), NHM Office and Team Leader / Principal Quality Consultant of the selected Agency (invitee) which shall look after the overall execution of the project.
2. This QEC shall monitor, evaluate, coordinate the activities of the selected Agency.
3. The QEC shall closely follow up with the selected Agency, provide necessary guidance, documents, information, contact details and coordinates, provide support to facilitate meetings, etc., on a timely basis, during the duration of the project.
4. The QEC shall also coordinate with all the officials to ensure access to relevant stakeholders and information dissemination.

Section IV: Technical Proposal Submission Forms

TECH - 1 Covering Letter

(On Bidder's Letter Head)

[Location, Date]

To,
Chief District Medical & Public Health Officer (CDM&PHO),
District Headquarter Hospital, Keonjhar – 758001, Odisha

Subject: Selection of Agency for Transformation of Healthcare facilities via Quality Accreditation in Keonjhar, Odisha under District Mineral Foundation (DMF) Keonjhar. [TECHNICAL PROPOSAL]

Dear Sir,

I, the undersigned, offer to provide the services for the proposed assignment in respect to your Request for Proposal No.: _____, Dated: _____. I hereby submit the proposal which includes this technical proposal sealed under a separate envelope. Our proposal shall be valid for acceptance up to **180 Days** and I confirm that this proposal shall remain binding upon us and may be accepted by you at any time before this expiry date.

All the information and statements made in this technical proposal are true and correct and I accept that any misinterpretation contained in it may lead to disqualification of our proposal. If negotiations are held during the period of validity of the proposal, I undertake to negotiate on the basis of the proposal submitted by us. Our proposal is binding upon us and subject to the modifications resulting from contract negotiations.

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I have examined all the information as provided in your Request for Proposal (RFP) and offer to undertake the service described in accordance with the conditions and requirements of the selection process. I agree to bear all costs incurred by us in connection with the preparation and submission of this proposal and to bear any further pre-contract costs. In case, any provisions of this RFP/ ToR including of our technical & financial proposal is found to be deviated, then your department shall have rights to reject our proposal. I confirm that, I have the authority to submit the proposal and to clarify any details on its behalf.

I understand you are not bound to accept any proposal you receive. I remain,

Yours faithfully,

**Authorized Signatory with
Date and Seal** :

Name : _____

Designation : _____

Address of Bidder : _____

Contact Number of Bidder : _____

Email id of Bidder : _____

TECH 2: Bidder's Organization (General Details)

S.No.	Description	FullDetails
1	NameoftheBidder	
2	Addressforcommunication: Tel: Emailid:	
3	Name of the authorized personsigning & submitting the bid onbehalfof theBidder: Mobile No.:Emailid:	
4	Registration/IncorporationDetails Registration No:Date&Year. :	
5	LocalofficeinOdisha IfYes,pleasefurnishcontactdetails	Yes /No
6	BidProcessing FeeDetails Amount:DD/ Date: NameoftheBank:	

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7	EMDDetails Amount:DD/ Date: NameoftheBank:	
8	PANNumber	
9	GoodsandServicesTaxIdentificationNumber(GSTIN)	
10	WillingtocarryoutassignmentsasperthescopeofworkoftheRFP	YES
11	WillingtoacceptallthetermsandconditionsasspecifiedintheRFP	YES

Authorized Signatory with Date and Seal

Name : _____
Designation : _____
Address of Bidder : _____
Contact Number of Bidder : _____
Email id of Bidder : _____

Bidders should submit the required supporting documents as mentioned above. Non-submission of required documents as listed above shall lead to rejection of the bid.

TECH 3: Bidders Financial Details

Annual Average Turnover Statement
(To be furnished on the letter head of the Chartered Accountant)

Financial Information (In INR)		
Details	Consulting Turnover (in Crores)	
FY 2017 -18*		<i>Page no in the bid proposal</i>
FY 2018 -19*		<i>Page no in the bid proposal</i>
FY 2019 -20*		<i>Page no in the bid proposal</i>
FY 2020 -21*		<i>Page no in the bid proposal</i>
FY 2021-22*		<i>Page no in the bid proposal</i>
Average		
* Provisional audited statement shall not be considered.		
Supporting Documents:		

Audited certified financial statements for the last three FYs (Submission of copies of Income & Expenditure Statement, P/L and Balance Sheet for the respective financial years is mandatory along with this form)
Filled in information in this format must have to be jointly certified and sealed by the CA and the authorized representative of the bidder and to be furnished along with the technical proposal, failing which the proposal shall be out rightly rejected.

Signature and Seal of the Company Auditor / Chartered Accountant with Date in original

Name of Chartered Accountant / Authorized Signatory of Company Auditor

[In full initials with Date and Seal]: _____

Membership No. Chartered Accountant / Authorized Signatory of Company Auditor

Authorized Signatory with Date and Seal :

Name : _____

Designation : _____

Address of Bidder : _____

Contact Number of Bidder : _____

Email id of Bidder : _____

[NB: No Scanned Signature shall be entertained]

Bidders should submit the required supporting documents as mentioned above. Non-submission of required documents as listed above shall lead to rejection of the bid.

**TECH 4: Format for Power of Attorney
(Notarized on INR 100.00 Stamp Paper)**

I, _____, the _____ (Designation) of (Name of the Organization) in witness where of certify that <Name of person> is authorized to execute the attorney on behalf of <Name of Organization>, <Designation of the person> of the _____ company acting for _____ and on behalf of the company under the authority conferred by the <Notification/Authority order no.> Dated <date of reference> has signed this Power of attorney at <place> on this day of <day> <month>, <year>.

The signatures of <Name of person> in whose favour authority is being made under the attorney given below are hereby certified.

Name of the Authorized Representative:

(Signature of the Authorized Representative with Date)

LC
06/07/23
Chief District Medical & Public Health Officer
Keonjhar

CERTIFIED:

Signature, Name & Designation of person executing attorney:

Address of the Bidder:

**TECH 4.A: Format for Power of Attorney for Lead Member of Consortium
(Notarized on INR 100.00 Stamp Paper)**

Whereas the [***] (“Authority”) has invited Applications from interested parties for the Selection of Agency for Empanelment of Design/Consultancy/Supervision Agencies for Various Works in Keonjhar District (“the “Project”). Whereas, and (collectively the “Consortium”) being Members of the Consortium are interested in Application for the Project in accordance with the terms and conditions of the Request for Qualification and other connected documents in respect of the Project, and

Whereas, it is necessary for the Members of the Consortium to designate one of them as 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 Application for the Project and its execution.

NOW THEREFORE KNOW ALL MEN BY THESE PRESENTS

We, having our registered office at, M/s. , having our


Chief District Medical & Public Health Officer
Keonjhar

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registered office at (hereinafter collectively referred to as the “Principals”) do hereby irrevocably designate, nominate, constitute, appoint and authorise M/s....., having its registered office at , being one of the Members of the Consortium, as the Lead Member

and true and lawful attorney of the Consortium (hereinafter referred to as the “Attorney”) and hereby irrevocably authorise the Attorney (with power to sub-delegate) to conduct all business for and on behalf of the Consortium and any one of us during the selection process and, in the event the Consortium is awarded the Concession/ Agreement during the execution of the Project, and in this regard, to do on our behalf and on behalf of the Consortium, all or any of such acts, deeds or things as are necessary or required or incidental to the submission of its Application for the Project, including but not limited to signing and submission of all applications, Applications and other documents and writings, accept the Letter of Award, participate in Applicants” and other conferences, respond to queries, submit information/ documents, sign and execute contracts and undertakings consequent to acceptance of the Application of the Consortium and generally to represent the Consortium in all its dealings with the Authority, and/ or any other Government Agency or any person, in all matters in connection with or relating to or arising out of the Consortium’s Application for the Project and/ or upon award thereof till the Agreement is entered into with the Authority.

AND hereby agree to ratify and confirm and do hereby ratify and confirm all acts, deeds and things done or caused to be done by our said Attorney pursuant to and in exercise of the powers conferred by this Power of Attorney and that all acts, deeds and things done by our said Attorney in exercise of the powers hereby conferred shall and shall always be deemed to have been done by us/ Consortium.

IN WITNESS WHEREOF WE THE PRINCIPALS ABOVE NAMED HAVE EXECUTED THIS POWER OF ATTORNEY ON THIS DAY OF 20.....

For

(Signature, Name & Title)

For

(Signature, Name & Title)

Witnesses:

- 1.
- 2.

(Executants)


06/07/23
Chief District Medical & Public Health Officer
Keonjhar

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(To be executed by all the Members of the Consortium)

Notes:

- 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.
- Wherever required, the Applicant should submit for verification the extract of the charter documents and documents such as a resolution/ power of attorney in favour of the person executing this Power of Attorney for the delegation of power hereunder on behalf of the Applicant.
- For a Power of Attorney executed and issued overseas, the document will also have to be legalised by the Indian Embassy and notarised in the jurisdiction where the Power of Attorney is being issued.

However, the Power of Attorney provided by Applicants from countries that have signed the Hague Legislation Convention, 1961 are not required to be legalised by the Indian Embassy if it carries a conforming Apostille certificate issued by the designated competent authority and has been notarized by the public notary.

TECH 5: Bidders Past Experience Details

1. Experience of Accreditation of cumulative number of beds in Healthcare Facilities for NQAS / MusQan / LaQshya / NABH (Entry Level or Full NABH) / JCI etc

Sr. No.	Client Name, Contact Number & Address*	Total Number of Beds Accredited*	Name of Accreditation Received	Project Costs / Consultancy Fees INR (In Lakhs)	Start Date (DD/MM/YY)	Completion Date (DD/MM/YY)	Page no of the Attached Work Order / Experience Certificate**

2. Experience in Design, Planning, Consultancy Services for Construction / Infrastructure development of Healthcare Facility of atleast 100 beds (in one single work order). The same HCF should have achieved NQAS / NABH (Full) / JCI Accreditation till the ADD.

Sr. No.	Client Name, Contact Number & Address *	Total Number of Beds Designed, Planned, Provided Consultancy Services and Accredited*	Name of Accreditation Received	Project Costs / Consultancy Fees INR (In Lakhs)	Start Date (DD/MM/YY)	Completion Date (DD/MM/YY)	Page no of the Attached Work Order / Experience Certificate**

* Kindly mention the projects year-wise starting from the most recent projects undertaken.

**Photocopies of Work Orders/ Sanction Orders/ MOUs/ Engagement Letters/ Completion Certificates from Clients for completion of work [s] of equivalent projects to be attached. More lines can be added for enumerating similar experience in Healthcare projects. Mention the Page no (s) in your bid where the copies of the relevant work order / contract is (are) placed.

3. Any Accreditation Certifications:

Sr. No.	Name of the Accreditation Certification	Agency providing the Accreditation Certification	Level of the Award (National / State / Any Other)	Accreditation Certification received for which services	Accreditation Certification received Date	Accreditation Certification on End Date (if applicable)	Page no of the attached Award Copy***

***Photocopies of Accreditation Certifications to be mandatorily attached

Authorized Signatory with Date and Seal : _____

Name : _____

Designation : _____

Address of Bidder : _____

Contact Number of : _____

Bidder

Email id of Bidder : _____

TECH 6: Declaration of Conflict of Interest and Activities

Are there any activities carried out by your Agency which are of conflicting nature as mentioned in Section 2: [Instruction to the Bidder] Clause 14. If yes, please furnish details of any such activities.

If no, please certify,

On Bidders Letter

I hereby declare that our Agency is not indulged in any such activities which can be termed as the conflicting activities as mentioned in **Section 2: [Instruction to the Bidder] Clause 14.**

I also acknowledge that in case of misrepresentation of any of the information, our proposal / contract shall be rejected / terminated by the Client which shall be binding on us.

**Authorized Signatory with
Date and Seal** :

Name : _____

Designation : _____

Address of Bidder : _____


06/07/23
Chief District Medical & Public Health Officer
Keonjhar

Contact Number of Bidder : _____

Email id of Bidder : _____

Bidders should submit the required supporting Documents as mentioned above. Non- submission of required Documents as listed above shall lead to rejection of the bid.

TECH 7: Comments and Suggestions on the Terms of Reference / Scope of Work and Counterpart Staff and Facilities to be provided by the Client

A: On the Terms of Reference / Scope of Work:

[The consultant needs to present and justify in this section, if any modifications to the Terms of Reference they are proposing to improve performance in carrying out the assignment (such as deleting some activity considering unnecessary, or adding another, or proposing a different phasing of the activities / study process modifications). Such suggestions should be concise and to the point and incorporated in the technical proposal. Modification / suggestion shall not be taken into consideration without adequate justification. Any change in manpower resources shall not be taken into consideration]

B: On Input and Facilities to be provide by the Client:

[Comment here on inputs and facilities to be provided by the Client with respect to the Scope of Work and Study Implementation]

Authorized Signatory with :

Date and Seal

Name : _____
Designation : _____
Address of Bidder : _____
Contact Number of Bidder : _____
Email id of Bidder : _____

TECH 8: Description of Approach, Methodology and Workplan to Undertake the Assignment

Technical Approach, Methodology and Work Plan are key components of the Technical Proposal. In this Section, bidder should explain their understanding of the scope and objectives of the assignment, approach to the services, methodology for carrying out the activities and obtaining the expected output, and the degree of detail of such output. Further, they should highlight the problems being addressed and their importance and explain the technical approach to be adopted to address them. It is suggested to present the required information divided into following three sections:

- A. Understanding of Assignment and Issues/ Challenges**
- B. Description of Approach, Methodology and Work Plan**
- C. Similar Case studies in Government Healthcare facilities**

Authorized Signatory with Date and Seal :
Name : _____
Designation : _____
Address of Bidder : _____
Contact Number of Bidder : _____
Email id of Bidder : _____

Bidders are requested to furnish the above information limiting it up to 5-7 pages only with Arial Font Size-10.

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The agencies who are selected for technical presentation shall adhere to the following format while presentation:

Maximum Number of Slides	Slide Heading	Maximum Marks (30)	Maximum Time for Presentation
1 to 3	Understanding of the Assignment and Issues / Challenges	10	5 minutes
4 to 6	Approach, Methodology and Work Plan	10	10 minutes
7 to 10	Similar Case studies in Government Healthcare facilities	10	10 minutes
	Question & Answer Session		5 minutes

Note 1: Information provided in the form shall correspond to the Technical Presentation. Colour print-out of the PPT also shall be submitted.

Note 2: All the claims shall be substantiated through production of supporting documents.

TECH9: Proposed Plan to Carry out the Assignment

Month →	1	2	3	4
Sequence of Activities / Sub Activities				
↓				

Indicate all main activities / sub activities of the proposed assignment and other associate sub-periodic activities.

Authorized Signatory with Date and Seal :

Name :

Designation :

Address of Bidder :

Contact Number of Bidder :

LC 06/07/23

Email id of Bidder : _____

TECH 10: Format of Curriculum Vitae (CV) for Proposed Key Professional

1.	Proposed Position			
2.	Name of Agency			
3.	Name of Staff			
4.	Date of Birth			
5.	Education			
	Name of Institution	Degree(s) or Diploma(s) obtained:	Date/Year of Qualifying	
6.	Membership in Professional Associations/ Trainings attended			
7.	Languages			
	Language	Reading	Speaking	Writing
	English			
	Odia			
	Hindi			
	Any other			
8.	Employment Record			

From		To	
Employer			
Position/s held			
Responsibilities/ Activities performed:			
From		To	
Employer			
Position/s held			
Responsibilities/ Activities performed			
From		To	
Employer			
Position/s held			
9.	Work Undertaken that Best Illustrates Capacity to Handle the Tasks Assigned		
	Name of assignment or project		
	Year		
	Location		
	Client		
	Main project features:		
	•		
	Position/s held		
	Responsibilities/Activities performed		
	•		
	Name of assignment or project		
	Year		
	Location		
	Client		
	Main project features		
	•		
	Position/s held		
	Responsibilities/Activities performed		
	•		
10.	Certification		
	<p>I, the undersigned, certify that to the best of my knowledge and belief that this CV correctly describes my qualifications and past experiences. I shall 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 my disqualification or dismissal, if engaged.</p>		

Signature of Key Professional with Date _____
 Name of Key Professional: _____
 Authorized Signatory : _____
 with Date and Seal
 Name : _____
 Designation : _____
 Address of Bidder : _____
 Contact Number of Bidder : _____
 Email id of Bidder : _____

Note:

1. CV writeup restricted to 3 pages only with quality information relevant to the key professional requirements. The CVs needs to be jointly signed by the proposed professional and the authorized representative of the Bidder.
2. Information provided in the form shall correspond to the Key Personnel Criteria of the Technical Qualification form.
3. All the claims shall be mandatorily substantiated via by attaching photocopies of educational documents and experience certificates along with the technical proposal.
4. CVs submitted as a part of the RFP Bid submission are expected to be work for the whole duration of the contract for the said project.

TECH11: Joint Application Agreement
 (Notarized on INR.100/- Non-Judicial Stamp Paper)

THIS JOINT APPLICATION AGREEMENT is entered into on this the day of 20...

AMONGST

1. {....., a company/society/trust incorporated/registered under the } and having its registered office at (hereinafter referred to as the “**First Part**” which expression shall, unless repugnant to the context include its successors and permitted assigns)

AND

2. {....., a company registered under the} and having its registered office at (hereinafter referred to as the “**Second Part**” which expression shall, unless repugnant to the context include its successors and permitted assigns)

The above-mentioned parties of the **FIRST** and **SECOND PART** are collectively referred to as the “**Parties**” and each is individually referred to as a “**Party**”.


 Chief District Medical & Public Health Officer
 Keonjhar

WHEREAS,

(A)..... (hereinafter referred to as “.....” or “**Authority**” which expression shall, unless repugnant to the context or meaning thereof, include its administrators, successors, and assigns) has invited applications (the “**Applications**”) by its Request for Qualification No. dated(the “**RFQ**”) for selection of Applicants for

.....” (the “**Project**”).

(B)The Parties are interested in jointly Application for the Project as members of a Consortium and in accordance with the terms and conditions of the RFQ and other Application Documents in respect of the Project, and

(C)It is a necessary condition under the RFQ that the members of the Consortium shall enter into a Joint Application Agreement and furnish a copy thereof with the Application.

NOW IT IS HEREBY AGREED as follows:

1.Definitions and Interpretations

In this Agreement, the capitalised terms shall, unless the context otherwise requires, have the meaning ascribed thereto under the RFQ.

2.Consortium

2.1The Parties do hereby irrevocably constitute a consortium (the “Consortium”) for the purposes of jointly participating in the Application Process for the Project.

2.2The Parties hereby undertake to participate in the Application Process only through this Consortium and not individually and/ or through any other consortium constituted for this Project, either directly or indirectly or through any of their Associates.

3.Covenants

The Parties hereby undertake that in the event the Consortium is declared the Selected Applicant and awarded the Project, it shall enter into a Development Agreement with the Authority and perform all its obligations in terms of the Development Agreement for the Project.

4.Role of the Parties

The Parties hereby undertake that Party of the First Part shall be the Lead Member of the Consortium and shall have the power of attorney from all Parties for conducting all business for and on behalf of the Consortium throughout the contract period.

The Lead Member M/s _____ would be responsible for the following obligations in the Development Agreement for the Project

-


06/07/23
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Keonjhar

-
-

The other member M/s _____ would be responsible for the following obligations in the Development Agreement for the Project.

-
-
-

The Parties are together responsible for performing all its obligations in terms of the Development Agreement for the Project.

5. Joint and Several Liability

The Parties do hereby undertake to be jointly and severally responsible for all obligations and liabilities relating to the Project and in accordance with the terms of the RFQ and the Development Agreement, till the execution of the Development Agreement.

6. Representation of the Parties

Each Party represents to the other Parties as of the date of this Agreement that:

- a) Such Party is duly organized, validly existing and in good standing under the laws of its incorporation and has all requisite power and authority to enter into this Agreement;
- b) The execution, delivery and performance by such Party of this Agreement has been authorized by all necessary and appropriate corporate or authority action and a copy of the extract of the charter documents and board resolution/ power of attorney in favour of the person executing this Agreement for the delegation of power and authority to execute this Agreement on behalf of the Consortium Member is annexed to this Agreement, and will not, to the best of its knowledge:
 - i. require any consent or approval not already obtained;
 - ii. violate any Applicable Law presently in effect and having applicability to it;
 - iii. violate the memorandum and articles of association, by-laws or other applicable organisational documents thereof;
 - iv. violate any clearance, permit, concession, grant, license or other Governmental authorization, approval, judgment, order or decree or any mortgage agreement, indenture or any other instrument to which such Party is a party or by which such Party or any of its properties or assets are bound or that is otherwise applicable to such Party; or


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v. create or impose any liens, mortgages, pledges, claims, security interests, charges or encumbrances or obligations to create a lien, charge, pledge, security interest, encumbrances or mortgage in or on the property of such Party, except for encumbrances that would not, individually or in the aggregate, have a material adverse effect on the financial condition or prospects or business of such Party so as to prevent such Party from fulfilling its obligations under this Agreement;

c) this Agreement is the legal and binding obligation of such Party, enforceable in accordance with its terms against it; and

d) there is no litigation pending or threatened, to the best of such Party's knowledge, which it or any of its Associate/affiliates is a party that presently affects or which would have a material adverse effect on the financial condition or prospects or business of such Party in the fulfilment of its obligations under this Agreement.

7.Termination

This Agreement shall be effective from the date hereof and shall continue in full force and effect until the execution of the Development Agreement. However, in case the Consortium is either not declared as a Qualified Applicant by the Authority or does not get selected as the Selected Applicant for the Project, post physical verification, the Agreement will stand terminated upon return of the Application Security by the Authority to the Applicant in terms of the Application Documents.

8.Miscellaneous

8.1 This Joint Application Agreement shall be governed by the laws of India.

8.2 The Parties acknowledge and accept that this Agreement shall not be amended by the Parties without the prior written consent of the Authority.

IN WITNESS WHEREOF THE PARTIES ABOVE NAMED HAVE EXECUTED AND DELIVERED THIS AGREEMENT AS OF THE DATE FIRST ABOVE WRITTEN.

SIGNED, SEALED AND DELIVERED
DELIVERED

SIGNED, SEALED AND

For and on behalf of

For and on behalf of

LEAD MEMBER by:

PARTY OF THE SECOND

PART by:

(Signature)

(Signature)

(Name)

(Name)

(Designation)

(Designation)

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(Address)

(Address)

In the presence of:

1.

2.

Notes:

1.The mode of the execution of the Joint Application Agreement 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.

2.Each Joint Application Agreement should attach a copy of the extract of the charter documents and documents such as resolution / power of attorney in favour of the person executing this Agreement for the delegation of power and authority to execute this Agreement on behalf of the Consortium Member.

TECH 12: Affidavit Format for Not Blacklisting

(Notarized on INR.100/- Non-Judicial Stamp Paper)

Affidavit

I, M/s. _____(the name of the Organization) having our registered office at _____, <HQ address of the Organisation> hereby certify and confirm that we or any of our promoter(s) / Director(s) are not barred by Social Security & Empowerment of Persons With Disabilities Department, Govt. of Odisha / Department of Health & FW, Govt. of Odisha / or any other entity of GoO or blacklisted by any State Government or Central Government / Department / Organization in India from participating in Tenders as on the_____ (Date of Signing of this proposal).

We further confirm that we are aware that, our proposal 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 _____, 2022

Authorized Signatory with
Date and Seal :
Name : _____
Designation : _____
Address of Bidder : _____
Contact Number of Bidder : _____
Email id of Bidder : _____

TECH 13: Information Regarding Current Litigation, Debarring Expelling of Tenderer or Abandonment of Work by the Tenderer

1. a) Is the tenderer currently involved in any litigation relating to the works. Yes / No
b) If yes: give details:
2. Has the tenderer or any of its constituent partners been debarred/expelled by any agency in India during the last 5 years. Yes / No
3. a) Has the tenderer or any of its constituent partners failed to perform on any contract work in India during the last 5 years. Yes / No
b) If yes, give details:

Note:

If any information in this schedule is found to be incorrect or concealed, qualification application will summarily be rejected.

Authorized Signatory

with Date and Seal :

Name : _____

Designation : _____

Address of Bidder : _____

Contact Number of Bidder : _____

Email id of Bidder : _____

Section V: Financial Proposal Submission Forms

FIN 1: Covering Letter (On Bidders Letter Head)

[Location, Date]

To,

**Chief District Medical & Public Health Officer (CDM&PHO), Keonjhar,
District Headquarter Hospital, Keonjhar – 758001,
Odisha**

Subject: Selection of Agency for Transformation of Healthcare facilities via Quality Accreditation in Keonjhar, Odisha under District Mineral Foundation(DMF) Keonjhar [FINANCIAL PROPOSAL]

Sir,

I, the undersigned, offer to provide the consulting services for _____ [Insert title of assignment] in accordance with your Request for Proposal No. _____, Dated: _____. Our attached Financial Proposal is for the sum of **INR** _____ [Insert amount(s) in words and figures*], which includes all the deliverables, travel, and overhead expenses etc for the period of 2 years.

The above quoted amount is inclusive of all the applicable taxes at the time of invoicing. I do hereby undertake that, in the event of acceptance of our bid, the services shall be provided in respect to the terms and conditions as stipulated in the RFP Document.

Our financial proposal shall be binding upon us subject to the modifications resulting from contract negotiations, up to expiration of the validity period of the proposal of **180 days**. I have carefully read and understood the terms and conditions of the RFP and do hereby undertake to provide the service accordingly.

I understand that you are not bound to accept any proposal you receive.

I remain,

Yours faithfully,

Authorized Signatory with :

Date and Seal

Name :

Designation :

Address of Bidder :

Contact Number of Bidder :

Email id of Bidder :

Section VI: Annexures

Annexure I: Bid Submission Checklist

Bidders shall ensure the submission of the required supporting documents in the appropriate envelopes (wrt Technical Proposal and Financial Proposals). Bidders should submit the required supporting documents as mentioned below by arranging the documents serially in the following order, indexing it appropriately, pages of all the bids documents being numbered, mentioning the same page numbers in the column "Page No" against the particulars in the check list as mentioned below for ease of scrutiny. Each page should be numbered and signed (in full) by the authorized representative (as per TECH 4). The proposal must be complete in all respect and spiral bound. Bids not conforming to the eligibility criteria and non-submission of required documents as listed below shall lead to rejection of the bid. Submission of forged documents shall also result in rejection of the bid. Bidders are advised to study all instructions, forms, terms & conditions, and other important information as mentioned in the RFP Document.

Sr. No.	Description	Submitted (Yes/No)	Page No.
	Technical Proposal (Original)		
1	Filled in Bid Submission Check List (ANNEXURE I)		
2	Covering Letter (TECH 1)		
3	Bid Processing Fee of INR. 10,000/- in form of DD		
4	EMD of INR. 10,00,000/- in form of DD		
5	Copy of Certificate of Incorporation/Registration of the Bidder		
6	Copy of PAN		
7	Copy of Goods and Services Tax Identification Number (GSTIN)		
8	Copies of IT Returns for the last 3 FYs (2019-20, 2020-21, & 2021-22)		
9	General Details of the Bidder (TECH 2)		
10	Financial details of the bidder (TECH 3) along with all the supportive documents such as copies of Profit —Loss Statement and Balance Sheet for the concerned period		
11	Power of Attorney (TECH 4) in favour of the person signing the bid on behalf of the bidder		
12	In case of a consortium, Format for Power of Attorney for Lead Member of Consortium (TECH 4.A)		
13	List of completed assignments of similar nature (Past Experience Details) (TECH 5) along with the photocopies of work orders / experience certificates for the respective assignments		
14	Self-Declaration on Potential Conflict of Interest (TECH 6)		

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15	CommentsandSuggestions(TECH7)		
16	Descriptionof Approach, Methodology&WorkPlan (TECH8)		
17	WorkPlan(TECH 9)		
18	Curriculum Vitae (CV) for Proposed Key Professional (TECH 10)		
19	In Case of a consortium, Joint Application Agreement (TECH 11)		
20	Affidavit Format for Not Blacklisting (TECH 12)		
21	Information Regarding Current Litigation, Debarring Expelling of Tenderer or Abandonment of Work by the Tenderer (TECH 13)		
	FinancialProposal(Original)		
22	Covering Letter for Financial Proposal (FIN 1)		

Undertaking:

- All the information has been submitted as per the prescribed format and procedure.
- Each part has been separately bound with no loose sheets and each page of all the two parts are page numbered along with Index Page.
- All pages of the proposal have been sealed and signed (in full) by the authorized representative.

**Authorized Signatory with
Date and Seal** :

Name : _____

Designation : _____

Address of Bidder : _____

Contact Number of Bidder : _____

Email id of Bidder : _____

Annexure II: Performance Bank Guarantee Format

[Location, Date]

To,

Chief District Medical and Public Health Officer (CDM&PHO),
District Headquarter Hospital, Keonjhar – 758001, Odisha

WHEREAS (Name and address of the Consultant) (hereinafter called “the Agency/Consultant”) has undertaken, in pursuance of RFP no..... dated to undertake the service (Description of services) (herein after called “the contract”).

AND WHEREAS it has been stipulated by..... (Name of the Client) in the said contract that the Consultant shall furnish you with a bank guarantee by a scheduled commercial bank recognized by you for the sum specified therein as security for compliance with its obligations in accordance with the contract.

AND WHEREAS we have agreed to give the supplier such a bank guarantee.

NOW THEREFORE we hereby affirm that we are guarantors and responsible to you, on behalf of the Consultant, up to a total of (Amount of the guarantee in words and figures), and we undertake to pay you, upon your first written demand declaring the consultant to be in default under the contract and without cavil or argument, any sum, or sums within the limits of (amount of guarantee) as aforesaid, without your needing to prove or to show grounds or reasons for your demand or the sum specified therein.

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

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

This performance bank guarantee shall be valid until the day of..... (Month and year),

Our branch at Keonjhar (Name & Address of the Bank) 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 Keonjhar branch a written claim or demand and received by us at our Keonjhar branch on or before Dt.....otherwise bank shall be discharged of all liabilities under this guarantee thereafter.

(Signature of the authorized officer of the Bank)

Name and designation of the officer

Seal, name & address of the Bank & Branch

Handwritten signature and date 06/07/23, Chief District Medical & Public Health Officer Keonjhar

Annexure III: Suggested Formats for As – Is Report

A. For Process Flow:

Process Group		Sub-Process	
Process Location		Process Owner	
Input(s)		Output(s)	
Process Flow / Process Description			
Patient Records			

B. For Gap Analysis:

Gap ID No	(Dept/No)
Gap Statement:	
Rationale / Explanation:	
Gap Classification	Gap Severity Rating
Gap Reference	
Supporting Annexure	

C. Other Suggested Headings:

1. Executive summary
2. Approach and Methodology
3. Hospital Fact Sheet
4. Key Strengths, Key weaknesses, Key Opportunities
5. Department wise details
 - a. Key Processes, Sub Processes
 - b. Process Location, Process Owner
 - c. Inputs/ Outputs
 - d. Process Flow and Process Description
 - e. Support services
 - f. Human Resource and Equipment
 - g. Date of Data Collection
6. Annexures such as:
 - a. Areas and Sections analysed for As Is Survey
 - b. List of people interviewed for As Is analysis
 - c. List of documents reviewed during survey
 - d. Hospital Operational Statistics
 - e. Human Resource strength at hospital
 - f. Rogi Kalyan Samiti
 - g. Employee Satisfaction Survey Questionnaire and Attributes
 - h. Patient Satisfaction Survey Questionnaire and Attributes
 - i. Infrastructural and Equipment List Gap Analysis with respect to IPHS / NABH and NABL
 - j. Any other information/ data gathered by TSP
7. Wherever required illustrative photographs shall be appended/printed to reinforce the point. In course of the “As Is” survey, the gaps that are found must be discussed with the Incharge / MS / MOICs or an official authorized by them and syndicated with them. After syndication, the concerned personnel Incharge should be encouraged/ assisted to develop a time bound action plan with the name of the personnel responsible for the same. The name/designation of the person with whom a particular gap is syndicated must be mentioned in the gap report.

D. Number of Reports to be Submitted: Three (3) copies of the ‘As Is’ report complete in all respect shall be submitted.

Annexure IV: List of Topics for Trainings (not Comprehensive)

1. Awareness about Quality Management Systems (TQM)
2. TQM, Improvement initiatives including Small Group Activity (SGA), Quality Improvement Exercise etc.
3. Internal Auditors Training for Quality Management Systems to selected personnel
4. Quality Manual
5. Quality system procedures for clinical, support, administrative and patient related processes
6. Work instructions
7. Forms and formats
8. Record maintenance
9. Innovation, Continual Improvement and Customer Value Management
10. Complete Biomedical Waste Management including processes, resource requirements and maintenance
11. Soft Skills
12. Any other topic deemed necessary

Note:

These trainings/capacity building must be done with distribution of reading materials at the time of training. The cost of Audio-Visual aid, Printing, Stationary and other hand out materials required for training and development as well as for distribution to participants/ employees shall be borne by the Technical Support Partners. It must be ensured without fail that the training curriculum is discussed and shown to the QEC and approved before proceeding with the training.

Annexure V: Definitions and Acronyms

1	ADD	:	Application Due Date
2	AE	:	Assistant Engineer
3	AEE	:	Assistant Executive Engineer
4	Agencies / Organization / Bidders	:	Entities or Company of Private Limited Firms that may provide the Services to the Client under the Contract.
5	AMC	:	Annual Maintenance Contract
6	Assignment / Job	:	The work to be performed by the selected Agency pursuant to the Contract.
7	Audit	:	Audit is defined as a systematic, independent, and documented process for obtaining objective evidence and evaluating it objectively to determine the extent to which the audit criteria are fulfilled or put simply; an audit is a means to establish the extent to which performance meets the objectives for that performance.
8	BDO	:	Block Development Officer
9	BME	:	Bio-Medical Engineer
10	BMW&M	:	Biomedical Waste Management
11	BOQ	:	Bill of Quantities
12	CA	:	Chartered Accountant
13	CAPA	:	Corrective and Preventive Action Plan
14	CDM&PHO	:	Chief District Medical and Public Health Officer
15	CDO cum EO, ZP	:	Chief Development Officer cum Executive Officer, Zilla Parishad
16	CEC	:	Consultant Evaluation Committee
17	CEO	:	Chief Executive Officer
18	CHC	:	Community Health Centres
19	Client	:	Chief District Medical and Public Health Officer, Keonjhar
20	CMC	:	Comprehensive Maintenance Contract
21	Competent Authority	:	The District Collector & Magistrate cum Manging Trustee DMF Keonjhar is the Competent Authority
22	CPWD	:	Central Public Works Department, Government of India
23	CV	:	Curriculum Vitae
24	CVC	:	Central Vigilance Commission, Government of India
25	Day	:	Means calendar day
26	DD	:	Demand Draft
27	DHH	:	District Headquarter Hospital
28	DMF, Keonjhar	:	District Mineral Foundation, Keonjhar
29	DPEP	:	Detailed Project Execution Plan to be submitted by the selected Agency to CDM & PHO, Keonjhar pursuant to the Contract
30	DPR	:	Detailed Project Report
31	DQAC	:	District Quality Assurance Cell
32	ECS	:	Electronic Clearing System
33	EMD	:	Earnest Money Deposit
34	ETP	:	Effluent Treatment Plant
35	FY	:	Financial Year
36	GFC	:	Good For Construction

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37	H&FW	:	Health & Family Welfare Department
38	HCF	:	Healthcare Facility. Meant to be applicable for all the Hospitals, SDHs, PHCs, SC, HWCs, UPHCs, HWCs etc.
39	HMIS	:	Hospital Information Management System
40	HR	:	Human Resources
41	HWCs	:	Health and Wellness Centres
42	ICU	:	Intensive Care Unit
43	IGBC	:	Indian Green Building Council Green Healthcare Facilities
44	iHFG	:	International Health Facility Guidelines
45	INR	:	Indian National Rupees
46	IPD	:	Indoor Patient Department
47	IPHS	:	Indian Public Health Standards
48	ISO	:	International Organization for Standardization
49	ITR	:	Income Tax Returns
50	JCI	:	Joint Commission International. An independent, not-for-profit organization JCI, accredits and certifies health care organizations and programs across the globe. Joint Commission International accreditation and certification is recognized as a global leader for health care quality of care and patient safety. JCI accreditation is considered the gold standard in global health care. It provides the most skilled and experienced consultants in the healthcare industry, as evaluators of the rigorous international standards in healthcare quality and patient safety.
51	JE	:	Junior Engineer
52	JV	:	Joint Ventures
53	KPI	:	Key Performance Indicators
54	LOI	:	Letter of Invitation
55	MGPS	:	Medical Gas Pipeline Systems
56	MOA	:	Memorandum of Association
57	MOIC	:	Medical Officer Incharge
58	MOU	:	Memorandum of Understanding
59	MS	:	Medical Superintendent
60	MSEs	:	Micro and Small Enterprises
61	NABET	:	National Accreditation Board for Education and Training
62	NABH	:	National Accreditation Board for Hospitals and Healthcare Providers
63	NABL	:	National Accreditation Board for Testing and Calibration Laboratories
64	NC	:	Non-Compliances
65	NEFT	:	National Electronic Fund Transfer
66	NGO	:	Non-Governmental Organizations
67	NHM	:	National Health Mission, Department of Health and Family Welfare, Government of Odisha
68	NHSRC	:	National Health Systems Resource Centre
69	NQAS	:	National Quality Assurance Standards
70	OPD	:	Outpatient Department
71	OT	:	Operation Theatre
72	P&L	:	Profit and Loss
73	PBG	:	Performance Bank Guarantee
74	PHC	:	Primary Health Centre
75	PR & DW	:	Panchayati Raj & Drinking Water
76	Proposal	:	Pre-Qualification Documents, Technical Proposal and Financial Proposal
77	PSU	:	Public Sector Unit

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78	PWD	:	Public Works Department
79	QA	:	Quality Assurance
80	QA	:	Quality Assurance defined as “planned and systematic activities, which are implemented in a quality system, so that quality requirements of a product or service would be fulfilled”. It essentially entails doing a set of activities that include defining quality standards and assessing, monitoring, and improving the quality of services against those standards, so that the care provided is as efficient, effective, and safe as possible.
81	QCBS	:	Quality cum Cost Based Selection
82	QCI	:	Quality Council of India
83	QEC	:	Quality Executive Committee
84	QI	:	Quality improvement is an interdisciplinary process, which is designed to raise the standards of delivery of diagnostic, therapeutic, rehabilitative, and preventive measures to maintain, restore or improve health outcomes of individuals and population. It also looks at the care part of facility treatment – courteous behaviour, clean premises, minimal waiting time, patients’ rights, etc.
85	QMS	:	Quality Management System
86	Quality Audit	:	A quality audit is an audit which determines the extent to which quality requirements are fulfilled. A quality audit will therefore independently examine processes, products, and services to determine if they fulfil requirements specified for their inherent characteristics e.g., dimensions, functionality, safety, and responsiveness. Quality audits may therefore be referred to as process audits, product audits, service audits or quality management system audits.
87	R&B	:	Roads & Buildings
88	RFP	:	Request For Proposal, circulated by the Client for the selection of an Agency
89	RTGS	:	Real Time Gross Settlement
90	RWD / RD	:	Rural Works Department
91	SDH	:	Sub-Divisional Hospitals
92	SE	:	Superintendent Engineer
93	SHSRC	:	State Health Systems Resource Centre
94	Soft Skills	:	Soft skills are non-technical skills that describe how a staff works, performs the duties, and interact with others and all stakeholders.
95	SOP	:	Standard Operating Procedures
96	SOR	:	Schedule of Rates
97	STP	:	Sewage treatment Plant
98	TAT	:	Turn Around Time
99	TIA	:	Tender Inviting Authority
100	TNA	:	Training Need Analysis
101	TOR	:	Terms of Reference, means the information included in the RFP which explains the objectives, scope of work, activities, tasks to be performed, respective responsibilities of the Client and the selected Agency
102	TOT	:	Training of the Trainers
103	TQM	:	Total Quality Management
104	TS	:	Technical Sanctioned
105	TSP	:	Technical Support Partner
106	UPHC	:	Urban Primary Health Centre
107	WATCO	:	Water Corporation of Odisha
108	wrt	:	with respect to

Annexure VI: List of PHCs and OHs

Sl. No.	Block	Facility Name
1	Anandapur Block	Anandapur PHC(N)
2	Anandapur Block	Dhakota PHC(N)
3	Anandapur Block	Panasadiha PHC(N)
4	Anandapur Block	Panchupalli-Fakirpur PHC(N)
5	Anandapur Block	Salabani-Fakirpur PHC(N)
6	Anandapur Block	Tartara PHC(N)
7	Bansapal(T) Block	Gonasika PHC(N)
8	Bansapal(T) Block	Kanjipani PHC(N)
9	Bansapal(T) Block	Kolanda PHC(N)
10	Bansapal(T) Block	Phuljhar PHC(N)
11	Bansapal(T) Block	Suakati PHC(N)
12	Bansapal(T) Block	Talajagar PHC(N)
13	Champua(T) Block	Bhuinpur PHC(N)
14	Champua(T) Block	Chimila PHC(N)
15	Champua(T) Block	Jyotipur PHC(N)
16	Champua(T) Block	Kalikaprasad PHC(N)
17	Champua(T) Block	Karanjia PHC(N)
18	Champua(T) Block	Rimuli PHC(N)
19	Ghasipura Block	Batto PHC(N)
20	Ghasipura Block	Bhandaridiha PHC(N)
21	Ghasipura Block	Degaon PHC(N)
22	Ghasipura Block	Khalpal PHC(N)
23	Ghasipura Block	Nipania PHC(N)
24	Ghasipura Block	Odapada PHC(N)
25	Ghasipura Block	Purunabandhagoda PHC(N)
26	Ghatagaon(T) Block	Dhenkikote PHC(N)
27	Ghatagaon(T) Block	Jharbeda-Ghatagaon PHC(N)
28	Ghatagaon(T) Block	Pandapada PHC(N)
29	Harichandapur(T) Block	Baxi-Barigaon PHC(N)
30	Harichandapur(T) Block	Janghira PHC(N)
31	Harichandapur(T) Block	Kalapat PHC(N)
32	Harichandapur(T) Block	Pithagola PHC(N)
33	Harichandapur(T) Block	Rebanapalasal PHC(N)
34	Hatadihi Block	Hadagara OH
35	Hatadihi Block	Hatadihi OH
36	Hatadihi Block	Mugapur PHC(N)
37	Hatadihi Block	Orali PHC(N)
38	Hatadihi Block	Soso PHC(N)
39	Hatadihi Block	Sundarpal PHC(N)
40	Hatadihi Block	Tukuna PHC(N)
41	Jhumpura(T) Block	Asanpat PHC(N)
42	Jhumpura(T) Block	Jamadapal PHC(N)
43	Jhumpura(T) Block	Malada PHC(N)
44	Jhumpura(T) Block	Ukhunda. OH

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45	Joda(T) Block	Guali PHC(N)
46	Joda(T) Block	Kalimati PHC(N)
47	Keonjhar(T) Block	Baradapal PHC(N)
48	Keonjhar(T) Block	Jagannathpur. PHC(N)
49	Keonjhar(T) Block	Jodipada PHC(N)
50	Keonjhar(T) Block	Maidankela PHC(N)
51	Keonjhar(T) Block	RaisuanPadmapur PHC(N)
52	Patana(T) Block	Dumuria OH
53	Patana(T) Block	Kendupasi PHC(N)
54	Patana(T) Block	Khireitangiri PHC(N)
55	Patana(T) Block	Rajanagar PHC(N)
56	Patana(T) Block	Turumunga PHC(N)
57	Saharpada(T) Block	Baikala PHC(N)
58	Saharpada(T) Block	Golakunda PHC(N)
59	Saharpada(T) Block	Raidiha PHC(N)
60	Saharpada(T) Block	Saharpada PHC(N)
61	Telkoi(T) Block	Jagamohanpur PHC(N)
62	Telkoi(T) Block	Kaliahata OH
63	Telkoi(T) Block	Kardangi PHC(N)
64	Telkoi(T) Block	Krushnapur PHC(N)
65	Telkoi(T) Block	Raisuan PHC(N)
66	Telkoi(T) Block	Sirigida OH

Annexure VI: List of SCs/HW SCs

Sl. No.	Block	Facility Name	Numbers
1	Anandapur Block	Bailo SC	19
2		Baladuan SC	
3		Baunsagarh SC	
4		Belbahali SC	
5		Beldal1 SC	
6		Bhogpur SC	
7		Dhakothe SC	
8		Fakirpur_Mc SC	
9		Gayalmunda SC	
10		Janjali SC	
11		Kantipal SC	
12		Kanto SC	
13		Kodapada SC	
14		Kumuda SC	
15		Manoharpur SC	
16		Panchupalli1 SC	
17		Salabani SC	
18		Taratara SC	
19		Tolangapada SC	

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20	Bansapal(T) Block	Bansapal_Mc SC	25
21		Baragoda SC	
22		Bayakumutia SC	
23		Champey SC	
24		Gonasika SC	
25		Govindpur2 SC	
26		Ichinda SC	
27		Jantari SC	
28		Jatra SC	
29		Kadakala SC	
30		Kalanda SC	
31		Kanjipani SC	
32		Karangadihi SC	
33		Kumundi SC	
34		Kundhei SC	
35		Kushakala SC	
36		Nayakote SC	
37		Padakasada SC	
38		Phuljhar SC	
39		Raigoda SC	
40		Saukati SC	
41		Singpur(A) SC	
42		Singpur(B) SC	
43		Talabirikela SC	
44	Taramakanta SC		
45	Champua(T) Block	Badanoi SC	34
46		Bala SC	
47		Banka1 SC	
48		Basira SC	
49		Bhanda_Mc SC	
50		Bhodapasi SC	
51		Bhuinpur1 SC	
52		Chandrasekharpur SC	
53		Chimila SC	
54		Godhuli SC	
55		Ichinda1 SC	
56		Jajapasi SC	
57		Jally SC	
58		Jamadalak SC	
59		Jyotipur SC	
60		Kadagodia SC	
61		Kalikaprasad SC	
62		Kanchanpur SC	
63		Karanjia SC	
64	Kasipal SC		
65	Kutaripasi SC		

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66		Nandapur2 SC	
67		Padua SC	
68		Parsala SC	
69		Rajia SC	
70		Rangamatia SC	
71		Raruangoda SC	
72		Remuli SC	
73		Sadangi1 SC	
74		Sananai(Bhanda) SC	
75		Sarei SC	
76		Sasang1 SC	
77		Taduabahal SC	
78		Uchhabali SC	
79		Alati SC	
80		Angarua SC	
81		Atta SC	
82		Badapadana SC	
83		Balarampur4 SC	
84		Baripal SC	
85		Barpada_Sainkul SC	
86		Batto SC	
87		Bhandaridiha SC	
88		Daradipal SC	
89		Deogaon2 SC	
90	Ghasipura Block	Godabandhagada SC	23
91		Gohira1 SC	
92		Kansa1 SC	
93		Keshudurapal_Mc SC	
94		Khaliamenta SC	
95		Khalpal SC	
96		Machhal SC	
97		Madanpur2 SC	
98		Nandabara SC	
99		Saladei SC	
100		Tarimul SC	
101		Taruan SC	
102		Badajamposi SC	
103		Badamosinabilla SC	
104		Badapichula SC	
105		Balipokhari1 SC	
106	Ghatagaon(T) Block	Basantapur1 SC	26
107		Bholabeda SC	
108		Binida SC	
109		Dhenkikote SC	
110		Gadadharpur1 SC	
111		Ghatgaon_Mc SC	

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112		Jharbeda SC	
113		Kapaspada SC	
114		Kundapitha SC	
115		Monaharpur SC	
116		Muktapur SC	
117		Mukundapurpatna SC	
118		Pandapada SC	
119		Patilo SC	
120		Pipilia SC	
121		Poipani SC	
122		Purumunda SC	
123		Santrapur1 SC	
124		Sarasposi SC	
125		Tara SC	
126		Toranipokhari SC	
127		Uperdiha SC	
128		Badakamrda SC	
129		Badapalaspal SC	
130		Badasialimal SC	
131		Bailobeda SC	
132		Baliparbat SC	
133		Baxibarigaon SC	
134		Bhagamunda(Gajamba) SC	
135		Bhagamunda_Mc SC	
136		Bhanarpur SC	
137		Billa SC	
138		Bolaniposi SC	
139		Boreigoda SC	
140		Brahmanipal1 SC	
141		Budhakhaman SC	
142		Chilikidhara SC	
143	Harichandapur(T) Block	Daitari SC	38
144		Daitari-Ii SC	
145		Dhagotha SC	
146		Dhurudiamba SC	
147		Gandadiha SC	
148		Gaunighasa SC	
149		Harichandanpur SC	
150		Hunda SC	
151		Jamujodi SC	
152		Janghira SC	
153		Jiranga SC	
154		Junga SC	
155		Kaliaduma SC	
156		Nolla SC	
157		Pitapiti SC	

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158		Pithagola SC	
159		Revenapalaspal SC	
160		Sagadapatta SC	
161		Sunapentha SC	
162		Taladihi SC	
163		Tambahara SC	
164		Tangiriapal SC	
165		Tentalaposi SC	
166	Hatadihi BlocK	Amba SC	22
167		Bangore SC	
168		Boniapanka SC	
169		Chenapadi SC	
170		Dadibamanpur SC	
171		Danar SC	
172		Dhenka SC	
173		Gedema SC	
174		Girigaon SC	
175		Hadgarh SC	
176		Hatadihi SC	
177		Jambhira1 SC	
178		Jasabantapur SC	
179		Kalinga1 SC	
180		Orali SC	
181		Raighati SC	
182		Ramps SC	
183		Salania_Mc SC	
184		Samana SC	
185		Soso SC	
186	Sundarapal SC		
187	Tentulinanda SC		
188	Jhumpura(T) Block	Arsala SC	28
189		Asanpat SC	
190		Asuki SC	
191		Bad-Dumuria SC	
192		Badaneuli SC	
193		Balibandha1 SC	
194		Baria SC	
195		Basantapur2 SC	
196		Chauthia SC	
197		Chipinda SC	
198		Gidhibasa SC	
199		Gumura SC	
200		Hariposi SC	
201		Jhumpura_Mc SC	
202		Kasia SC	
203	Kasipal1 SC		

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204		Khendra SC	
205		Khuntapada SC	
206		Malda SC	
207		Nahabeda SC	
208		Naradapur SC	
209		Nayadhanurjayapur SC	
210		Nayagarh SC	
211		Nischintapur SC	
212		Sarasinga SC	
213		Soulgoda SC	
214		Tukudia SC	
215		Ukhunda SC	
216		Aseneikala SC	
217		Bamebari SC	
218		Basudevpur1. SC	
219		Belda2 SC	
220		Benuapani SC	
221		Bhadrasahi SC	
222		Bhunyarohida SC	
223		Birkala SC	
224		Bolagoda SC	
225		Bolani SC	
226		Bolani-Ii SC	
227		Chamakpur SC	
228		Chormalda SC	
229		Dabuna SC	
230		Daduana SC	
231		Dhobakuchada SC	
232	Joda(T) Block	Guali SC	34
233		Guruda SC	
234		Gurutuan SC	
235		Harmath SC	
236		Jajanga SC	
237		Jalahari SC	
238		Jurudi SC	
239		Kalimati SC	
240		Kandra SC	
241		Karakhendra SC	
242		Kiriburu SC	
243		Kolhahundula SC	
244		Kolharaida SC	
245		Palasa2 SC	
246		Rugudi SC	
247		Sayabali SC	
248		Serenda SC	
249		Sialijoda SC	

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250	Keonjhar(T) Block	Badapalasa SC	30
251		Badaposi SC	
252		Baradapal SC	
253		Bauripada SC	
254		Birakishorpur SC	
255		Ghatur SC	
256		Gobardhan SC	
257		Handibhanga SC	
258		Jajapasi. SC	
259		Janardanpur SC	
260		Jhardhelda SC	
261		Kampasada SC	
262		Kandrapasi SC	
263		Kathabari SC	
264		Kaunrikala SC	
265		Mahadeijoda SC	
266		Maidankela SC	
267		Naranpur2 SC	
268		Nuagaon8 SC	
269		Padmapur_Mc SC	
270		Parjanpur SC	
271		Patunga SC	
272		Polaspanga SC	
273		Raghunathpur5 SC	
274		Raikala SC	
275		Raisuan SC	
276		Sankiri SC	
277		Saraskala SC	
278		Sirispal SC	
279	Tentulinanda. SC		
280	Patana(T) Block	Balibandha2 SC	25
281		Banamahuladiha SC	
282		Barudiposi SC	
283		Baunsuli SC	
284		Bhuluda SC	
285		Budhikapudi SC	
286		Chakundapal SC	
287		Chemana SC	
288		Childa SC	
289		Chinamalliposi SC	
290		Denuan SC	
291		Dumuria SC	
292		Erandei SC	
293		Jamunaposi SC	
294		Kendeiposi SC	
295		Ketanga SC	

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296		Khereitangri SC	
297		Malliposi SC	
298		Mirigikhoji SC	
299		Patna_Mc SC	
300		Rajanagar SC	
301		Saradhapur SC	
302		Saraskala1 SC	
303		Tangarpada SC	
304		Turumunga SC	
305	Saharpada(T) Block	Badbil SC	23
306		Baikala SC	
307		Baliposi2 SC	
308		Bartunia SC	
309		Billa1 SC	
310		Danuatangarpada SC	
311		Dhanabeni SC	
312		Digposi SC	
313		Domabuda SC	
314		Gojitangiri SC	
315		Goras SC	
316		Jamda SC	
317		Khadibeda SC	
318		Khadikapada SC	
319		Khajirapat SC	
320		Machhagada SC	
321		Pipilia1 SC	
322		Raidiha SC	
323		Raipur2 SC	
324		Saharpada SC	
325	Silipada SC		
326	Tendra SC		
327	Udaypur_Mc SC		
328	Telkoi(T) Block	Akul SC	24
329		Balabhadrapur2 SC	
330		Benamunda SC	
331		Bhimkanda SC	
332		Binjhabahal SC	
333		Deulidiha SC	
334		Dubulapal SC	
335		Golabandh SC	
336		Halpudi SC	
337		Jharbeda1 SC	
338		Kaliahata SC	
339		Kardangi SC	
340		Khuntapada1 SC	
341		Laxminarayanpur SC	

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342		Oriya SC	
343		Podanga SC	
344		Raisuan1 SC	
345		Saleikena SC	
346		Saruali1 SC	
347		Sibanarayanpurgoda SC	
348		Sinduria SC	
349		Sirigida SC	
350		Talapada3 SC	
351		Telkoi_Mc SC	