



**CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER : KEONJHAR
[MEDICAL WING]**



RFP No. 112 / DMO (MS)

Date. 10/01/2024

Sealed tenders are invited from the reputed eligible registered diet preparation and catering firm/agency to prepare and distribute diet in the District Head Quarter Hospital, of Keonjhar on annual contract basis. The details, Terms and conditions, guidelines etc. including tender paper format can be downloaded from the district web site www.kendujhar.nic.in. The tenders in the prescribed format along with all relevant documents for DHH, Keonjhar should reach the office of the undersigned on or before Dt.08.02.2024 at 5.00 P.M. through Regd. Post / Speed Post / Courier only. The envelop should be duly superscribed on top of envelope as "Tender for supply of Diet for DHH of Keonjhar District for the year 2023-24". The tender will be opened on Dt. 09.02.2024 at 3.30 P.M. The undersigned reserves the right to reject any or all the bids/Tenders without assigning any reason thereof.

Sd/-

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


10/01/2024
**Chief District Medical & P.H.O
Keonjhar**

NOTICE INVITING PROPOSAL

RFP No.: /Diet, Keonjhar 112 Date. 10 / 01 / 2024

DETAILED PROPOSALS ARE INVITED FROM ELIGIBLE BIDDERS FOR SELECTION OF THE MOST SUITABLE AGENCY FOR SUPPLY OF DIET (DRY, LIQUID, COOKED) TO INDOOR PATIENTS

Schedule of Events:

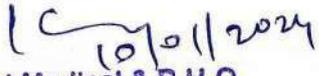
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|---|--|--|
| 1 | Period of Availability of RFP Document | FromDt.10.01.2024 to Dt.08.02.2024 |
| 2 | Last date for submission Of Proposal | Date: 08.02.2024, Time: 5.00 PM <u>Address: Addresses for submission of proposal are mentioned at SECTION 1: SCHEDULE OF PROPOSAL SUBMISSION</u> <i>NB: Proposals must be submitted through Speed post / Registered post / Courier only.</i> |
| 3 | Date, time and place of Opening of Proposal and presentation | a) <u>Details about date, time and place of opening of Technical Proposal are mentioned at SECTION 1: SCHEDULE OF PROPOSAL SUBMISSION)</u> <i>[Bidders or authorized representative (with valid original authorization letter) may remain present at the time of opening of proposal]</i> |


10/01/24
Chief District Medical & P.H.O
Keonjhar

SECTION 1 :

SCHEDULE OF PROPOSAL SUBMISSION

| Sl. | RFP. No. & Date | Name of Institutions | Address for Submission of Proposal & Opening of Proposal | Last date & Time of Submission of Proposal | Date & time of Opening of Technical Proposal |
|---------------------------|-------------------------------|----------------------|--|--|--|
| District: Keonjhar | | | | | |
| 1 | No. , 112 Date. 10-01-2024 | DHH, Keonjhar | The Chief District Medical & Public Health Officer, Keonjhar, At/ P.O./Dist- Keonjhar, Odisha, PIN- 758001. | Date:08.02.2024 Time: 5.00pm | Date – 09.02.2024 Time: 3.30 P.M. |


10/01/2024
Chief District Medical & P.H.O
Keonjhar

SECTION 2 :

INSTRUCTIONS TO BIDDERS

2.1 Scope of Proposal

- (a) Interested bidders fulfilling the eligibility criteria may submit their bid **to DHH, Keonjhar.**

Detailed description of the objectives, scope of services, deliverables and other requirements relating to "Provisioning of therapeutic Diet Services (diet preparation, supply and management) at Govt. Hospitals" are specified in this RFP. The manner in which the proposal is required to be submitted, evaluated and accepted is explained in this RFP.

- (b) The selection of the Agency shall be on the basis of an evaluation by the tender committee of the concerned Institution, through the Selection Process specified in this RFP. Bidders shall be deemed to have understood and agreed that no explanation or justification for any aspect of the Selection Process will be given and that the decision of Chief District Medical & Public Health Officer, Keonjhar will be final and binding without any right of appeal whatsoever.
- (c) The bidder shall submit its proposal in the form and manner specified in the RFP. Upon selection, the agency shall be required to enter into an Agreement with the Chief District Medical & Public Health Officer, Keonjhar as per the RFP/Bid Document.
- (d) The Tender committee is entitled to issue/float any corrigendum found necessary afterwards relating to tender process.

2.2 Eligibility Criteria

The bidder should fulfill the following Eligibility Criteria

- | |
|--|
| <p>I. The bidder must be registered as a Company / Firm / Society / Trust OR SHG / SHG Federation and must have registration Certificate under relevant Act / Rule of the State or Central Government with PAN with Income Tax Return for last 3 years i.e., 2020-21, 2021-22 & 2022-23, valid GST registration, food license, bank account with bank statement for last 3 months from the date of applying tender & valid labour registration certificate in the name of Company / Firm / Society / Trust OR SHG / SHG Federation.</p> <p>II. The bidder must have a registered and operating office in Odisha.</p> <p>III. The bidder must have minimum 3 years' experience in diet preparation, supply & management of therapeutic diet services in Government Hospitals of Odisha only. The bidder shall furnish the details of the past performance in the required format (Form T5) supported with the work order/experience certificate or contract copies.</p> <p>IV. In case of effective SHG / SHG Federation (Home District only), the technical committee is to take decision in view of their past experiences (to be furnished</p> |
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- in the required format (FormT5) supported with the work order/experience certificates or contract copies for at least minimum Two-year experiences for preparation of Diet and supply in any Government Hospitals of Odisha only.
- V. The bidder applying for DHH must have minimum average annual turnover in diet services of Rs. 1 Crore per year during the last three financial years (2020-21, 2021-22 & 2022-23). In case of effective SHG / SHG Federation, the bidder must have minimum average annual turnover in diet services of Rs. 30 Lakhs per year during the last three financial years (2020-21, 2021-22 & 2022-23). The bidder has to furnish the details of their annual turnover in diet supply certified by a chartered accountant in the required format (Form T4) supported by Audit Report / audited Profit & Loss Statement (Tax Audit wherever it is applicable). However, the turnover shall be recalculated based on the statement given in the T4 taking into account of viable institutions while awarding of marks and selection.
- VI. The Bidder must have (1) Registration certificate, (2) PAN, (3) GST registration Certificate, (4) EPF & ESI registration certificate, (5) Income Tax Return for last 3 Assessment years (2020-21, 2021-22 & 2022-23), (6) Audit report (Tax Audit) for last 3years (2020-21, 2021-22 & 2022-23), (7) Food License (8) Experience on diet services & (9) Labour License. All the certificates and reports must be in the legal name of the bidder/agency.

Note: ISO certification / Food License is not mandatory. However, bidders having ISO certification / food license shall be given additional weightage in the evaluation criteria as mentioned in section 5.

In case of a selected bidder, they will have to furnish the up-to-date food registration / license (if not having) from the authority on the concerned region within 10 days of Issue of notification of award and before signing of contract.

2.3 Proposal Submission

Interested bidders fulfilling the eligibility criteria may submit their bid **to Chief District Medical & Public Health Officer, Keonjhar**. The bidders interested to submit their bids with EMD, Tender Document Cost & documents as set forth in this RFP through registered post/speed post/courier, the detail address of which is mentioned in **Section 1: Schedule of Proposal Submission**.

The proposal shall be submitted in two parts:

- (1) Part A (**Cover A**) – Tender/Bid Document Cost, EMD as per format set out in RFP.
- (2) Part B (**Cover – B**) - Technical Proposal as per the format set out in RFP.

The Proposal shall be typed or written legibly in indelible ink and shall be signed in full Signature by the bidder at the bottom of every page. Any interlineations or overwriting shall not be allowed. The bid documents shall be neatly typed and erasure(s)/white erasure(s) and/or initial(s) for correcting the

words or sentences shall not be allowed. If the bid document is not signed with full signature at the bottom of every page, erasure, white erasures and/or initial(s) for correcting word or sentence(s) are used in the bid, the bids shall be outrightly rejected. It is the responsibility of the bidder to take note of these criteria before submitting the bid.

Note: There is no Financial Proposal to be submitted in the bid, as this is a fixed cost-based tender. Details of the fixed cost (Diet Rate) to be paid **per patient / day** for different types of diet with menu is mentioned at Section 3 – Terms of Reference.

2.4 Bid Document Cost

The bidders shall have to furnish a bid document cost of Rs. 5000/- (Five Thousand) (non-refundable) in the shape of a Banker's cheques / Demand Draft from any Nationalized / Schedule Bank payable at Keonjhar in favour of "Rogi Kalyan samiti, DHH, Keonjhar" or Money Receipt in case of bid document purchased from office of the DHH, Keonjhar.

In absence of the bid document cost, the technical proposal of the bidder shall be rejected. There is no exemption in submission of bid document cost.

2.5 Earnest Money Deposit (EMD)

The bidder along with the technical proposal shall have to furnish Earnest Money Deposit (EMD) amounting to **Rs. 100000/-** (One Lakh) (refundable) in the shape of a Banker's cheques / Demand Draft from any Nationalized / Schedule Bank payable at Keonjhar and in favour of "Rogi Kalyan samiti, DHH, Keonjhar."

In absence of the EMD, technical proposal of the bidder shall be rejected. However, as per the Finance Department, Govt. of Odisha office memorandum No. 21926 dated 12.8.2015, the local **MSEs (Micro & Small entrepreneurs)** registered with respective DICs, Khadi, Village, Cottage & Handicraft Industries, OSIC and NSIC are exempted from submission of EMD while participating in tenders of Govt. Departments and Agencies under its control. It is further clarified that the above exemption is applicable to local **MSEs registered in Odisha only**. This exemption to the local MSEs shall be applicable if the kind of service as required under this tender enquiry is clearly specified against the details of the service to be provided in their DIC/NSIC registration certificate (to be furnished in the technical bid). The MSEs certificate issued must include the diet service in their services category as it relates to the diet tender, otherwise the exemption on EMD shall not be allowed.

Copy of Original registration certificate of the agency/bidder is mandatory without which the bid will be rejected outrightly. MSE/MSME certificate or Shop & Commercial establishment certificate is not at all a substitute to the original registration certificate.

The MSE or MSME certificate is an additional certificate just to claim to get from concession/benefit/exemption as per bid document and shop & commercial establishment certificate is to prove the address only.

The EMD shall be returned to unsuccessful bidders within a period of 4 weeks from the date of announcement of the successful bidder.

The EMD shall be forfeited if the bidder withdraws its proposal during the interval between the proposal due date and expiration of the proposal validity period or on in case of successful bidder, if does not execute the agreement.

Packing, Sealing and Marking of Proposal

(a) The Tender document cost & EMD (Cover A) and Technical Proposal (Cover B) must be inserted in separate sealed envelopes, along with applicant's name and address in the left-hand corner of the envelope and super scribed in the following manner: -

- Cover – A – Tender Document Cost & EMD for "Supply of Diet (Dry, Liquid, Cooked) to Indoor Patients of DHH, Keonjhar".
- Cover – B – Technical Proposal for "Supply of Diet (Dry, Liquid, Cooked) to Indoor Patients of DHH, Keonjhar".

(b) The two envelopes, i.e., envelope for Cover –A, Cover –B must be packed in a separate sealed outer envelope and clearly superscribed with the following: -

- "Tender for supply of Diet for DHH, Keonjhar for the year 2024-25".
- RFP no., 112, Dt. 10-01 2024, DHH, Keonjhar must be mentioned on the envelop and inside the bid. The bidder's Name & address shall be mentioned in the left-hand corner of the outer and inner envelope.

(c) The inner and outer envelopes shall be **addressed** to the Chief District Medical & Public Health Officer, Keonjharas per the **detail address** mentioned at the Section -1: Schedule of Proposal Submission.

If the outer envelope is not sealed and marked as mentioned above, then the O/o the CDM & PHO, Keonjhar will assume no responsibility for the tender's misplacement or premature opening. Telex, cable or facsimile tenders will be rejected.

(d) Content of the Proposal

I. Cover A (Tender Document Cost & EMD)

1. EMD of Rs. **1,00,000/-** (One Lakh) in the shape of a Demand Draft in favour of **RKS, Keonjhar, payable at Keonjhar.**
2. Bid document cost of Rs. 5000/- (Five thousand) in the shape of a Demand Draft in favour of **RKS, Keonjhar, payable at Keonjhar** or Money Receipt in case of the bid document purchased from office of the CDM & PHO, Keonjhar.
3. MSEs certificate (If applicable).

II. Cover B (Technical Proposal)

The bidders are requested to submit a detailed technical proposal with respect to outsourcing of Diet Services (Therapeutic & Non-Therapeutic) for Indoor Patients at Govt. Hospitals during the proposed contract period in conformity with the Terms of Reference forming part of this RFP. All the documents, Audit reports, certificates, and affidavit must be in the legal name of the bidding agency otherwise submitted bid will outrightly be rejected.

1. Form T1 (Checklist)
2. Form T2 (Technical Tender Submission Form)
3. Photocopy of the Registration Certificate of the bidder (must be registered as a Company / Firm / Society / Trust OR SHG / SHG Federation) under relevant Act.
4. Photocopy of PAN in the name of the bidding organisation.
5. Photocopy of GST in the name of the bidding organisation.
6. Form T3 (Details of the Bidder)
7. Form T4 (Turnover Certificate from the Chartered Accountant with UDIN)
8. Photocopy of the audited Profit & Loss Statement/Audit report (**Tax Audit**) in the three financial years [2020-21, 2021-22 & 2022-23] (Provisional statement of account shall not be considered)
9. Form T5 – Relevant Experience Details in managing Diet Services in Govt. Hospitals having not less than 30 beds within the state of Odisha during the last three years (2020-21, 2021-22 & 2022-23] The committee is free to verify the authenticity of the experience certificate/work order from the concerned authority before awarding the contract and reserve the right to reject the proposal if found any single wrong information(s) or fabricated documents(s).
10. Photocopies of work orders or experience certificates executed in support of the information furnished in Form T5.
11. Form T6 – Affidavit certifying that the bidder is not blacklisted by any Institution.
12. Bidder must have Food License under FSS Act, 2006 in Form – C. No other license should be taken into consideration.
13. Bidder must have ITR (Income Tax Return) in the name of the bidding organisation for the assessment year 2020-21, 2021-22, 2022-23 & 2023-24..
14. Copy of Labour License in the name of the bidding organisation.
15. Copy of EPF & ESI registration Certificate in the name of the bidding organisation.
16. Copy of Quality Certifications: ISO 9001 if any in the name of the bidding organisation.
17. Any other details, the bidder like to include in the proposal (It is the discretion of the Tender Committee to take into account of the additional document).

17.6 Number of Proposals

Interested bidders fulfilling the eligibility criteria may submit their bid. *However*, a bidder is eligible to submit only one proposal.

17.7 Validity of Proposals

The Proposal shall remain valid for 180 days after the date of bid opening. Any Proposal, which is valid for a shorter period, shall be rejected as non-responsive.

2.9 Cost of Proposal

The Bidder shall be responsible for all of the costs associated with the preparation of their Proposals and their participation in the Selection Process. The concerned district authority /

institution will neither be responsible nor in any way liable for such costs, regardless of the conduct or outcome of the Selection Process.

2.10 Acknowledgement by the bidder

(a) It shall be deemed that by submitting the Proposal, the bidder has: -

- (i) Made a complete and careful examination of the RFP;
- (ii) Received all relevant information requested from the concerned District authority / Institution;
- (iii) Acknowledged and accepted the risk of inadequacy, error or mistake in the information provided in the RFP or furnished by or on behalf of the concerned district authority / Institution relating to any of the matters stated in the RFP Document;
- (iv) Satisfied itself about all matters, things and information, necessary and required for submitting an informed Proposal and performance of all of its obligations there under;
- (v) Acknowledged that it does not have a Conflict of Interest, and
- (vi) Agreed to be bound by the undertaking provided by it under and its terms hereof;

(b) The concerned district authority / Institution shall not be liable for any omission, mistake or error on the part of the bidder in respect of any of the above or on account of any matter or thing arising out of or concerning or relating to RFP or the Selection Process, including any error or mistake therein or in any information or data given by the concerned district authority.

(c) Any person other than the bidder himself attending the pre-bid meeting/any other meeting related to the tender process if called from time to time must carry the original authorization letter with the signature of authorized person duly attested by the bidder in their organization letter head failing which the person will not be allowed to participate in the meeting.

- (d) The committee is free to verify the authenticity of the certificates/documents from the concerned authority before awarding the contract. So, the full address, email id and telephone numbers of the concerned Hospitals/CHC where the bidder has given the diet services shall be mentioned in the column of the T5.
- (e) Any false information submitted in the bid document will be dealt accordingly as per law and if proved the process for blacklisting of the organisation as well as other legal action will be initiated if the committee desire.

2.11. Language

The Proposal with all accompanying documents (the "Documents") and all communications in relation to or concerning the Selection Process shall be in English language and strictly as per the forms provided in this RFP. No supporting document or printed literature shall be submitted with the Proposal unless specifically asked for and in case any of these Documents is in another language, It must be accompanied by an accurate translation of the relevant passages in English, in which case, for all purposes of interpretation of the Proposal, the translation in English shall prevail.

2.12 Proposal Submission Due Date

RFP filled in all respect must reach O/o the Chief District Medical & Public Health Officer, Keonjhar at the address, time and date specified in the Section -1: Schedule of Proposal Submission, through **Speed Post / Regd. Post / Courier**. If the specified date for the submission of RFPs is declared as a holiday, the RFPs will be received up to the stipulated time on the next working day.

2.13 RFP Opening

- (a) The concerned authority of the district / institution in their respective institution will open all Proposals, in the presence of bidders or their authorized representatives who choose to attend, at the location, date and time mentioned in the Section 1: Schedule of Proposal Submission.
- (b) The bidder / their authorized representatives who will be present shall sign a register evidencing their attendance.
- (c) In the event of the specified RFP opening date being declared a holiday, the RFPs shall be opened at the stipulated time and location on the next working day.


Chief District Medical & P.H.O
Keonjhar

SECTION 3 – TERMS OF REFERENCE

1 3.1 Modalities of Diet Service

1. The successful bidder [also referred here as the agency or outsourced agency would establish its kitchen setup with all required infrastructure & kitchen equipment and operate from the campus of the DHH, Keonjhar. The space and water supply required to setup the kitchen shall be provided by the DHH, Keonjhar to facilitate the smooth operation of the agency.
2. The agency would be abided by the cost and quality norms / standards as mentioned in the bid, diet guidelines and communicated to them from time to time by the DHH, Keonjhar.
3. The agency would recruit required number of staff for cooking and serving so that diet can be supplied to the in-door patients in time.
4. The agency would take up free health check-up of the cooking and serving staff from time to time
5. The maintenance of kitchen and equipment's would be the responsibility of the agency and the agency should ensure that proper care is taken in this regard.
6. The agency would prepare and supply diet adhering to the quality norms specified by the DHH, Keonjhar. The agency should also prepare different types of diet as per the indent placed by the DHH, Keonjhar keeping in mind the diet requirement of different category of patients.
7. The agency would be responsible for procurement of different items required for preparing diet and storing it properly. The DHH, Keonjhar would not be responsible for any loss of procured items.
8. Perishable items would be supplied / procured on daily basis and for that supplier / supplier would be identified jointly by the designated person of the DHH, Keonjhar and the outsourced agency.
9. The DHH, Keonjhar would have the right to monitor the quality of items purchased and used in the diet preparation process.
10. The agency would manage kitchen waste in a scientific manner with due consultation with the concerned hospital administration.

At any point of time i.e. during procurement of raw materials, processing, preparation of diet, serving the diet to the patients and cleaning the utensils / instruments, the dietician and / or any person from the DHH, Keonjhar can visit and interact with concerned agency. The agency should

not have any restriction to this rather the agency would facilitate such process to improve the service quality.

11. The agency would prepare and update the accounts details and maintain other related documents that are required for reimbursement of the expenses on monthly basis. In case of incomplete documents, the Hospital Administration would not reimburse the incurred cost. The documents to be prepared should be supplied by the DHH, Keonjhar beforehand and maintained by the agency on daily basis. The financial and non-financial documents would be subject to audit.
12. The behavior of the staff of the agency towards the patients / attendants should be conducive and disciplinary action would be taken by the Hospital Administration against the staffs of the said agency violating the behavioral norm in consultation with the concerned agency.
13. The agency would be responsible to make alternative arrangements in cases of situations such as staff strike, local strike [Bandh/Hartal] etc. ensuring that the patients get diet in the appropriate time.
14. The agency would be abided by different Government notification, circulars, written instructions etc. published from time to time with regard to the subject. In case of requirement, the hospital administration would provide required clarity to the agency on the related notification, circular etc.
15. For any grievance, the agency would approach to the Superintendent in person and appraise him/her in written about the problem. It is the responsibility of the DHH, Keonjhar to comply with the grievance and solve it within a maximum of one-month time and decision should be communicated to the agency in the written form.
16. Any dispute arising in the process of managing the diet preparation and supply, both the party i.e., the outsourced agency and the hospital administration should discuss and take appropriate decision that is mutually agreeable.
17. The outsourced agency would provide uniform embedded with its logo to all the staff recruited by the agency. The agency would ensure that the recruited staff attend their duty with clean uniform and keeping themselves neat and clean while on duty.

3.2 Category of Diet & it's Price

As per Government of Odisha H & FW Dept. Resolution 6125/H Dt.02. 03. 2019 & Notification No.18461/H, Dt.03.08.2023 the following category of Diet shall be provided to the indoor patients of DHH, Keonjhar.

| Sl. | Category of Diet | Diet Rate* per Patient (Breakfast, Lunch & Dinner) per day (In Rs.) |
|-----|---|---|
| 1 | General Diet | Rs. 110.00 |
| 2 | Paediatrics Diet | Rs. 95.00 |
| 3 | Dry Diet | Rs. 95.00 |
| 4 | Liquid Diet | Rs. 110.00 |
| 5 | High protein Diet for TB/ Cancer/ Burn patients | Rs. 120.00 |

Note : The Diet Rate per patient per day (Breakfast, Lunch & Dinner) to be paid to the outsourcing agency shall include all costs relating to food stuffs, raw vegetable, Spices, Edible Oils for cooking, fuel (LPG), Stove burners, cooking, distribution & cleaning, kitchen equipment, utensils, stainless steel diet trays for patients, food trolleys, manpower cost for cooking / distribution/ cleaning and service charges.

3.3. Category of Diet & its Food Stuff

1. General Diet

| Food Stuff | Vegetarian | Calorie | Protein | Non-Vegetarian |
|------------------------|----------------------------------|---------|---------|----------------|
| Cereals | 375gm | 1294 | 26.25 | 375 gm |
| Pulses | 75 gm | 259 | 16.5 | 75 gm |
| Green Leafy vegetables | 100 gm | 45 | 4 | 100 gm |
| Other Vegetables | 200 gm | 64 | 3.8 | 200 gm |
| Roots and Tubers | 200 gm | 146 | 2.6 | 200 gm |
| Fruits | 100 gm | 60 | 0.8 | 100 gm |
| Milk and milk products | 500 ml | 325 | 16 | 500 ml |
| Curd | 100gm | 65 | 32 | |
| Egg | 100gm | 173 | 13.3 | Egg (2 Nos.) |
| Sugar | 20 gm | 80 | | 20 gm |
| Oil | 25 ml | 225 | | 25 ml |
| Condiment and spices | | | | |
| Calories | | 2563 | | 2671 |
| Proteins | | 73.15 | | 83.25 |
| Total Cost | Rs. 110/- per patient/day | | | |

2. Paediatrics Diet

| Food stuff | Vegetarian (in gms) | Calorie kcal | Protein gram | Non-Vegetarian (in gms) |
|------------------------|---------------------|--------------|--------------|-------------------------|
| Cereals | 180 | 621 | 12.6 | 180 |
| Pulses | 60 | 207 | 13.2 | 60 |
| Green leafy vegetables | 100 | 45 | 4 | 2 5 |
| Other vegetables | 100 | 32 | 1.9 | 75 |
| Roots and tubers | 100 | 73 | 1.3 | 75 |
| Fruits | 200 | 120 | 1.6 | 200 |
| Milk | 500ml | 325 | 16 | 250ml |
| Curd | 100 | 65 | 3.2 | 0 |
| Egg | 50 | 87 | 6.65 | 50gms |
| Sugar | 20 | 80 | | 30 |

| | | | | |
|----------------------|----------------------------------|------|--|-------|
| Oil | 30 | 270 | | 25 |
| Condiment and spices | | 0 | | |
| Total Calories | | 1838 | | 1860 |
| Total Protein | | 53.8 | | 57.25 |
| Total cost | | | | |
| Total cost | Rs.95/- per patient / day | | | |

3. Dry food (Milk, Bread, Egg, Fruits):

| Food stuff | Amount |
|-------------------|-------------------------------------|
| Milk | 1000 ml |
| Bread | 400gm |
| Egg | 2Nos. |
| Banana | 2Nos. |
| Protein | 90gms |
| Calories | 2055 Kcal |
| Total cost | Rs. 95/- per patient per day |

4. Full Liquid Diet:

The full liquid diet can be provided to the patients in the pre- or post-operative stage for one or two days or based on the advice of the doctor and dietician. Only clear liquids such as milk, clear soup, fruit juice etc. should be given. This diet is to be used for a very short period of time. Full liquid diet may also be given to all patients with acute conditions including ICU patients as per the advice of the treating physician.

| Food Stuffs | Amount |
|---------------------------|--------------------------------------|
| Milk | 1000 ml |
| Fruit Juice | 500ml |
| Sugar | 50gms |
| Rice, Dal, Vegetable soup | 50gms |
| Dal | 20gms |
| Vegetable | 100gms |
| Total Cost | Rs. 110/- per patient per day |


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 Keonjhar

5. High Protein Diet for TB/Bum/Cancer Patients:

| Food Stuff | Vegetarian | Calorie | Protein | Non-Vegetarian |
|------------------------|----------------------------------|---------|---------|----------------|
| Cereals | 375gm | 1294 | 26.25 | 375 gm |
| Pulses | 75 gm | 259 | 16.5 | 75 gm |
| Green Leafy Vegetable | 100 gm | 45 | 4 | 100 gm |
| Other Vegetables | 200 gm | 64 | 3.8 | 200 gm |
| Roots and Tubers | 200 gm | 146 | 2.6 | 200 gm |
| Fruits | 100 gm | 60 | 0.8 | 100 gm |
| Milk and milk products | 500 ml | 325 | 16 | 500 ml |
| Curd | 100gm | 65 | 3.2 | |
| Egg | 200gm | 246 | 26.6 | Egg (4 No.) |
| Or Paneer / Cheese | 50gm | | | |
| Sugar | 20 gm | 80 | | 20 gm |
| Oil | 25 ml | 225 | | 25 ml |
| Condiment and spices | | | | |
| Calories | | 2563 | | 2671 |
| Proteins | | 73.15 | | 83.25 |
| Total Cost | Rs.120/-per patient / day | | | |


10/01/24
Chief District Medical & P.H.O
Keonjhar

A.1 Daily Menu for General Diet of a Patient:

| Day | Breakfast | Lunch | Dinner |
|--------------------|---|---|---|
| Sunday | Idli -4pc, Sambar- 1/2 Bowl, 1medium size, Fruit,Milk- 1glass(250m1), Idli Mix-100gm., Refined oil-5gm, Fruit-100gms | Rice 1 ½ Bowl,dal - ½ bowl, egg curry/ chole paneer curry - 1/2 bowl & Mix veg curry - ½ bowl, Curd -100gms, Dal (Moong /Aharhar) - 25gms, egg-1/ paneer-20gms, chole-30gms, & Vegetables-50gms, potato-50gms, vegetable/cabbage-50gms, Mustard oil-10gms | Rice 1 ½ Bowl, Roti- 4nos Dalma- ½ bowl, chole Soya bean curry-½ bowl, Milk-1 glass250ml), Rice/atta- 125gms,dal-25gms, Vegetable-50gms, potato-50gms, chole-25gms, Soyabean-25gms, Refined oil-10gms |
| Monday & Thursday | Upama- 1 Bowl, Alumatar - ½ Bowl, 1medium size Fruit, Milk-1 glass 250ml, Suji-100gms, Alo- 20gm,matar-20gms, oil-5gms, Fruit -100 gm | Rice 1 ½ Bowl, Dalma-1 Bowl, leaf veg/cabbage fry - ½ bowl., Curd -100gm, Rice-175gms, da1- 25gms, veg- 50 gms, potato-50gms, leafyveg/cabbagefry- 50gm, Refined oil- 10gms | Rice 1 ½ Bowl, Roti- 4nos, Dalma-1/2 bowl, Alu Soyabean curry- 1/2 bowl, Milk-250m1, Rice/atta- 125gms, da1-25gms, Vegetable-50gms, potato-50gms, Soyabean-25grn, Refined Oil - 10gms |
| Wednesday | Simeil Upma-1 Bowl,Sambar- ½bowl, 1medium size Fruit, Milk-1 glass(250ml), Simeil -100gms, Potato- 20gm,matar-20gms,oil- 5gmsFruit-100gms | Rice 1 ½ Bowl, dal - 1/2 Bowl, egg curry/ chole paneer curry ½ 2bowl& Mix veg curry - ½ bowl, Curd -100gm, Rice- 175gms, dal (Moong/Aharhar)-25gms,egg-1/ paneer-20gms, chole-30gms & Vegetables-50gms, potato-50gms, vegetable/cabbage- 50gms, Mustard oil-10gms | Rice 1½ Bowl, Roti- 4nos, dal - ½ bowl, Mix veg curry- ½ bowl, Milk- 1 glass(250m1), Rice- 125gms/atta-125gms,dal- 2 gms, Vegetables -50gms, potato-50gms,soyabean- 25gms, mustard oil-10gms |
| Tuesday & Saturday | Chuda Santula - 1 Bowl, Matar curry - 1/2 Bowl,Fruit, Milk 250m1, Chuda -100gms, matar- 20gms,oil- 5gms, fruit - 100gms | Rice- 1½Bowl dal - ½Bowl, veg chole curry - 1/2Bowl, Leafy veg fry - 1/2bowl, Curd -100gm, Rice -150gms,dal- 25gms, Vegetable- 50gms, potato- 50gms, Green leafy veg/ Cabbage- 50gms, chole-25gms, mustard oil- 10gms | Rice 1 ½ Bowl, Roti- 4nos dal -½ bowl Mix veg curry- ½ bowl, egg/paneer curry Milk- 1 glass(250m1), Rice- 125gms, dal- 25gms,vegetable-50gms, potato-50gms, Egg- 1/paneer- 30gm, Milk- 250m1, Mustard oil-10gms |
| Friday | Idli - 4pc, Sambar- ½ Bowl, 1 medium size Fruit, Milk- 1glass(250m1), Idli Mix- 100gms, Refined oil- 5gm, milk-250ml & Fruit 100gms | Rice -1 ½ Bowl, Dalma - 1 Bowl, egg paneer curry, leaf veg/cabbage fry - ½ bowl. Curd -100gm, Rice150gms, dal- 25gms, vegetable-50gms, potato- 50gms,egg-1/paneer- 30gms, leaf vegetable/cabbage- 50gms & mustard oil-10gm | Rice 1 ½ Bowl, Roti- 4nos, dal - 1/2bowl Mix veg curry- 1/2 bowl, Milk- 1 glass, (250m1), Rice- 125gms/atta- 125gms, Dal- 25gms, Vegetables-50gms, potato- 50gms, Chole- 25gms,mustard oil-10gms |

Bowl Volume: 250ml water

Roti: 01 no, medium size = 30gm atta (raw unit), Rice: 01 bowl = 300gm cooked weight (100gm raw unit), Dal/ Pulses/ legumes: 01 bowl = 125 gm cooked weight (25 gm raw unit), Mixed vegetable: 01 bowl = 200gm cooked weight, Seasonal fruit: 01 no = 100gm, Upma and Poha: 01 bowl = 300gm.

A2. DIET MENU FOR DIABETIC PATIENTS:

| Day | Breakfast | Lunch | Dinner |
|--------------------|---|--|--|
| Sunday | Idli -4pc, Sambar- 1/2 Bowl, 1 medium size Fruit, Milk- 1 glass (250ml), Idli Mix- 100gms, Dal-20 gm, Refined oil-5gm, Fruit-100gms | Rice 1 Bowl, Roti- 3nos, dal - 1/2 Bowl, egg curry/ chole paneer curry 1/2 bowl & Mix veg curry - 1/2 bowl, Curd -100gm, Rice/Atta- 100gms, dal(Moong/Aharhar) - 25gms, egg-1 /paneer-20gms, chole-30gms & Vegetables- 100gms, Vegetable/cabbage- 50gms, Mustard oil-10gms | Roti- 3nos, Dalma - 1/2 bowl chhole Soyabean curry- 1/2 bowl, Milk- 1 glass (250ml), Atta-100gms, dal- 25gms, Vegetable-100gms, chole- 25gms, Soyabean-25gm, Refined oil-10gms |
| Monday & Thursday | Upama- 1 Bowl, Matarcurry - 1/2 Bowl, 1 medium size Fruit, Milk-1 glass 250ml, Suji-100gms, matar- 25gms, oil-5gms, Fruit-100gms | Rice 1 Bowl / Roti- 3nos, Dalma- 1Bowl, leaf veg/cabbage fry -1/2 bowl., Curd -100gm, Rice/Atta- 100gms, dal-25gms, veg-100gms, leafy veg /cabbagefry-50gm, Refined oil-10gms | Roti- 3nos, Dalma- 1/2bowl, Soyabean curry- 1/2 bowl, Milk-250ml, Atta- 100gms, dal-25gms, vegetable-100gms, Soyabean-25gm, Refined oil-10gms |
| Wednesday | Simeip upma-1 Bowl, Sambar- 1/2 Bowl, 1 medium size Fruit, Milk-1 glass 250ml), Simeip -100gms, Dal- 20gms, oil-5gms Fruit-100gms | Rice 1 Bowl / Roti- 3nos, dal - 1/2 Bowl, egg curry/ chole paneer curry 1/2 bowl & Mix veg curry - 1/2 bowl, Curd -100 gm, Rice/Atta-100gms, dal (Moong/Aharhar)-25gms, egg-1 /paneer-20, chole-30gms & vegetables-100gms, Vegetable/cabbage 50gms, Mustard oil-10gms | Roti- 3nos dal - 1/2 bowl Mix veg curry-1/2 bowl, Milk-1glass(250ml), Atta- 100gms, dal-25gms, vegetables-100gms, soyabean-25gms, mustard oil-10gms |
| Tuesday & Saturday | Chudasantula - 1 Bowl, matar curry - 1/2 Bowl, Fruit, Milk- 250ml, Chuda- 100gms, matar- 25gms, oil-5gms Fruit 100gms | Rice 1 Bowl / Roti- 3nos, dal - 1/2 Bowl, veg chola curry - 1/2 Bowl, Leafyveg fry - 1/2 bowl, Curd - 100gm, Rice -150gms, dal-25gms, Vegetable- 100gms, Green leafy veg/ Cabbage-50gms, chole- 25gms, mustard oil- 10gms | Roti- 3nos dal - 1/2 bowl Mix veg curry- 1/2 bowl, egg/paneer curry Milk- 1 glass - (250ml), Atta- 100gms, dal- 25gms, vegetable- 100gms, Egg-1/paneer- 30gm, Mk-250ml, Mustard oil-10gm |
| Friday | Idli -4pc, Sambar- 1/2, bowl, Fruit-1 medium size, Milk- 1 glass(250ml), Idli Mix- 100gms, Dal-20gms, Refined oil-5gm, milk- 250ml & Fruit-100gms | Rice 1 Bowl/ Roti, - 3nos, Dalma - 1 Bowl, egg/paneer, curry, leaf veg/cabbage fry - 1/2 bowl, Curd - 100gm, Rice/Atta-100gms, dal- 25gms, Vegetable-100gms, egg- 1/paneer-30gms, leafy vegetable/cabbage-50gms, mustard oil-10gm | Roti- 3nos dal - 1/2 bowl Mix veg curry- 1/2 bowl, Milk- 1 glass(250ml), Atta- 100gms, dal-25gms, Vegetables-100gms, Chola-25gms, mustard oil- 10gms |

A3. DIET MENU FOR DIARRHOEA PATIENTS

| Day | Breakfast | Lunch | Dinner |
|-----------------------------|---|--|---|
| Monday & Thursday | SagoKhiri/ milk barley, banana, Sago/ barley-50gms, milk-250 ml, Sugar-30gms, Fruit 100gms i.e. Banana-2nos. | Khichdi, & boiled potato, Curd -100gm, Rice-80gm, Moong dal-25gm, Potato-50gm, Oil-10gm, | Roti/ White bread, Milk, Dalma, Banana, Wheat flour:70gm/ White bread-80gms, Dal: 15gm, Potato-25gms, Vegetables: 100gms, oil-10gms, Milk-250ml. Fruit-100gms i.e. Banana-2nos. |
| Tuesday & Saturday | Mandiakhir/ milk barley, banana, mandia 50gms/ barley-50gms, milk-250ml, Sugar-30gms, Fruit 100 gm i.e. Banana- 2nos. | Khichdi, & boiled potato, Curd -100gm, Rice-80gm, Moong dal-25gm Potato-50gm, Oil-10gm | Roth/ White bread, Milk, Dalma, Banana, Wheat flour, 70gm/ White bread-80gms, Dal: 15gms, Vegetables:100gm, oil-10gm, Milk-250ml, Fruit- 100gms i.e. banana-2nos. |
| Wednesday & Friday & Sunday | Chudakhir/ milk barley, banana, chuda- 50gms/ barley-50gms, milk-250ml, Sugar-30gms, Fruit - 100gms i.e. Banana- 2 | Khichdi, & boiled potato, Curd -100gms, Rice-80gms, Moong dal-25gms, Potato-50gms, Oil-10gms | Roti / White bread, Milk, Dalma, Banana, Wheat flour: 70gm/ White bread-80gms, Dal: 15gms, Vegetables: 125gm, oil-10gms, Milk-250ml, Fruit 100gms i.e. Banana-2nos. |

A4. DIET MENU FOR JAUNDICE PATIENTS

| Day | Breakfast | Lunch | Dinner |
|-------------------|--|--|--|
| Sunday | SemaiUpama withvegetable, Seasonalfruit, Semai-100gms, Vegetable -50gms Fruit-100gms(banana-2/guava-1/Apple-1/Orange-1/Mango-1, oil-5gm | Rice, dal & Mix veg curry, Curd -100gm, Rice-150gms, dal (Moong/Aharhar)-25gms, Vegetables-100gms, potato-50gms, Leafyvegetable/cabbage-50gms, Mustard oil – 10gms | Rice/Roti, Dalma, Rice/atta-100gms, dal-25gms, Vegetable-50gms, potato- 50gms, Refined oil-5gms |
| Monday & Thursday | Upama, alu curry & fruit, Suji-50gms and semai-50gms, potato-50gms, matar-20gms, Oil-5gms & Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1) | Rice, Dalma, leaf veg/cabbage fry, Curd -100gm, Rice-150gms, dal-25gms, veg-100gms, leafy veg /cabbage fry-50gm, Refined oil-10gms | Rice/Roti, Dalma, Alu curry, Rice/atta-100gms, dal-25gms, Vegetable-50 gms, potato-50gms, Refined oil- 5gms |
| Wednesday | SujiUpama withvegetable, Seasonalfruit, Suji-100gms, Vegetable - 50gms, Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1), oil – 5mg | Rice, dal Mix veg curry, Curd -100 gm, Rice-150gms, dal (Moong/ Aharhar)-25gms & Vegetables-100gms, potato-50gms, vegetable / cabbage-50gms, Mustard oil-10gms | Rice/roti, Dal, Mix veg curry, Rice/atta-100gms, dal-25gms, Vegetables-50gms, potato-50gms, mustard oil- 5gm |


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| | | | |
|--------------------|--|---|---|
| Tuesday & Saturday | Chudasantula/bun, alu curry & Fruit, Chuda-100gms/bun-100gms, potato-50gms, oil-5gms Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1) | Rice, dal, veg curry, Leafy veg fry, Curd -100gm, Rice -150gms, dal-25gms, Vegetable-100gms, Greenleafy veg/ Cabbage-50gms, mustard oil – 10 gm | Rice/roti, Dalma, Rice/atta-100gms, dal-25gms, Vegetable-50gms, potato-50gms, Milk-250ml, Mustard oil-5gms |
| Friday | Semai Upama with vegetable, Seasonal fruit. Semai-100gms, Vegetable -50gms, Fruit-100gms i.e. banana-2/guava-1/Apple-1/Orange-1/Mango-1), oil – 5gms | Rice, Dalma, leaf veg/cabbage fry, Curd -100gm, Rice-150gms, dal-25gms, Vegetable-100gms, potato-50gms, leaf vegetable/cabbage-50gms & mustard oil-10gm | Rice/roti, Dal, Mix veg curry, Rice/atta-100gms, dal-25gms, Vegetables-50gms, potato-50gms, mustard oil- 5gms |

A5. DIET MENU FOR LIVER CIRRHOSIS PATIENTS

| Day | Breakfast | Lunch | Dinner |
|--------------------|---|---|--|
| Sunday | Semaikheeri, Seasonal fruit, Semai-50gms, sugar-20gms, milk-250ml & Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1), oil-5gm | Rice, dal, & Mix veg curry, Paneer-50gm, Curd-100gms, Rice-100gms, dal (Moong/Aharhar)-50gms & vegetables -50gms, potato-50gms, Soyabean-25gm, Mustard oil-5gms | Rice/Roti, Dalma, chola Soyabean curry, Milk-250ml, Rice/atta-50gms, dal-50gms, Vegetable-50gms, potato-50gms, chola-25gms, Soyabean-25gm, Refined oil-5gms, Milk- 250ml |
| Monday & Thursday | Upama, matar & fruit. Milk 250ml, Suji-50gms and semai-50gms, Milk 250ml, matar-20gms, Oil -5gms & Fruit-100gms i.e. banana-2/guava-1 /apple-1/Orange-1/Mango 1 | Rice, Dal, Mix Veg Soyabean curry, Paneer-50gm, Curd-100gms, Rice-100gms, dal-40 gms, veg-50gms, potato-50gms, Soyabean-50gm, Refined oil-5gms | Rice/Roti, Dalma, Milk-250ml, Rice/atta-50gms, dal-40gms, Vegetable-50gms, potato-50gms, Refined oil-5gms, Milk-250ml |
| Wednesday | Sujikheeri, Seasonal fruit, Suji-100gms, sugar-20gms, milk-250ml & Fruit-100gms (banana-2/guava-1 /Apple-1/Orange-1 /Mango-1) oil-5gm | Rice, dal, & Mix veg curry, Paneer-50gm, Curd-100gms, Rice-100gms, dal (Moong/Aharhar)-50gms & vegetables -50gms, potato-50gms, soyabean-25gm, Mustard oil-5gms | Rice/Roti, Dalma, chole Soyabean curry, Milk-250ml, Rice/atta-50gms, dal-50gms, Vegetable-50gms, potato-50gms, chole-25gms, Soyabean-25gm, Refined oil-5gms, Milk- 250ml |
| Tuesday & Saturday | Chudasantula/bun, matar curry & Fruit, Milk 250ml, Chuda-50gms/bun-100gms, matar-20gms, oil-5gms, Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1) | Rice, dal, Veg chola curry, Paneer-50gm, Curd-100gms, Rice-100gms, dal-40gms, Vegetable-50gms, potato-50gms, chole-25gms, mustard oil – 5gms | Rice/roti, Dal, Mix veg curry, Milk, Rice/atta-50gms, dal-40gms, vegetable -50gms, potato-50gms, Soyabean-50gm, Milk-250ml, Mustard oil-5gms |
| Friday | Semaikheeri & seasonal fruit, Semai-50gms, Refined oil-5gm, sugar-20gms, milk-250ml & Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1) | Rice, dal, Mix veg Chole curry, Paneer-50gm, Curd-100gms, Rice-100gms, dal (Moong/Aharhar)-50gms & Vegetables-50gms, potato-50gms, Chole-25gm, Mustard oil-5gms | Rice/roti, Dal, Mix veg Soyabean curry, Milk-250ml, Rice/atta-50gms, dal-50gms, Vegetables-50gms, potato-50gms, Soyabean-50gm, mustard oil-5gms |

A6. DIET MENU FOR CARDIAC DISEASE

| Day | Breakfast | Lunch | Dinner |
|--------------------|---|--|---|
| Monday & Thursday | Upama, alumatar&fruit, Milk 250ml, Suji-50gms Milk 250ml, matar-20gms, oil-5gms, & Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/ mango-1 | Rice/Roti, Dalma, green leafy veg & cucumber, Curd-100gms/ Egg white 1, Rice/Atta (whole wheat)-100gms, Dal-30gms, vegetable-100gms, leaf veg, /cabbage-100gms, mustard oil-5ml & cucumber-1 | Roti, Dalma, Soyabean vegetable curry, One tomato/Cucumber, Atta (whole wheat)-50gms, Dal -30 gms, vegetable-Soyabean-25gm, 50gms, refined oil-5ml and veg-100gm |
| Tuesday & Saturday | Chudasantula / bun, matar curry & Fruit, Milk 250ml, Chuda-50gms/bun-100gms, matar-20gms, oil-5gms Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1) | Roti/Rice. Dal, cucumber, leaf veg /cabbage fry, Mix veg Chole curry, Curd-100gms/ Egg white 1, Rice, /Atta (whole wheat) -100gms, Dal-20gms, Chole-25gm, vegetable-100gms, leaf veg/cabbage-50gms, refined oil-5ml & cucumber-1 | Roti, Dalma, Mix vegetable curry, One tomato, Milk- 250ml, Atta (whole wheat)-50gms Dal-20 gms, vegetable-100gms, refined oil-5ml |
| Wednesday | sujikheer, Seasonal fruit, Suji-50gms, sugar-20gms, milk-250ml & Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1), oil - 5gm | Roti/Rice, Dal, cucumber, Mix veg, Soyabean curry, Curd-100gms/ Egg white 1, Rice/Atta (whole wheat)-100gms Dal-30 gms, vegetable-50gms, Soyabean-50g m, leaf veg/cabbage-50gms, refined oil-5ml & cucumber-1 | Roti, Dalma, vegetable curry, One tomato, leafy veg /cabbage fry, Atta (whole wheat)-50gms, Dal-30gms, vegetable-50, leaf veg/cabbage-100gms, refined oil-5ml & veg-100gms |
| Friday | Semaikheer & seasonal fruit, Sema-50gms, Refined oil-5gm, sugar-20gms, milk-250ml & Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1) | Roti/Rice, Dal, cucumber, leaf veg/cabbage fry, Mix veg Chole curry, Curd-100gms/ Egg white 1, Rice/Atta (whole wheat)-100gms, Dal-20gms, Chole-25gm, vegetable-100gms, leaf veg/cabbage-50gms, refined oil-5ml | Roti, Dalma, Mix vegetable curry, One tomato, Milk-250ml, Rice/Atta (whole wheat)-50gms Dal-20gms, vegetable-100gms, refined oil-5ml |
| Sunday | Semeikheer, Seasonal fruit, Semei-50gms, sugar-20gms, milk-250ml & Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1), oil - 5gm | Roti/Rice, Dal, cucumber, Mix veg Soyabean curry, Curd-100gms/ Egg white 1, Rice/Atta (whole wheat)-100gms Dal-30 gms, vegetable-50gms, Soyabean-50gm, leaf veg/cabbage-50gms & refined oil-5ml & cucumber-1 | Roti, Dalma, vegetable curry, One tomato, leafy veg/cabbage fry, Rice /Atta (whole wheat)-50gms Dal-30gms, vegetable-50, Leaf veg /cabbage-100gms, refined oil-5ml & veg-100gms |


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A7. Weekly Diet Menu for Chronic Renal Failure [CRF] / chronic kidney disease [CKD]

| Day | Breakfast | Lunch | Dinner |
|-----------|--|--|--|
| Sunday | Porridge (sagoo) Raw -100gm, Milk-100gm, Sugar-30gm to taste | Rice-150gm, Dal-1 cup(15gm), Sabji (Seasonable vegetable except green Leafy Vegetable, Potato & Tomato, Egg white of one egg | Rice/Rotti, Sabji-150gm, Porridge-(kheer)-50gm-Cereals 100gm-Milk, 30gm-Sugar |
| Monday | Sago Raw-100gm, Milk-100gm Sugar-30gm to taste | Rice-150gm, Dal-1 cup(15gm), Sabji(Seasonable vegetable except Green Leafy Vegetable, Potato & Tomato | Rice/Rotti, Sabji-150gm, Porridge-(kheer)-50gm-Cereals, 100gm-Milk, 30gm-Sugar |
| Tuesday | Semia Raw-100gm, Milk-100gm, Sugar-30gm to taste | Rice-150gm, Dal-1 cup(15gm), Sabji(Seasonable vegetable except Green Leafy Vegetable, Potato & Tomato | Rice/Roti, Sabji-150gm, Porridge-(kheer) -50gm-Cereals, 100gm-Milk, 30gm-Sugar |
| Wednesday | Semia Raw-100gm, Milk-100gm, Sugar-30gm to taste | Rice-150gm, Dal-1 cup(15gm), sabji(Seasonable vegetable except Green Leafy Vegetable, Potato & Tomato, Egg white of one egg | Rice/Roti, Sabji-150gm, Porridge-(kheer)-50gm-Cereals, 100gm-Milk, 30gm-Sugar |
| Thursday | Chuda Raw-100gm, Milk-100gm, Sugar-30gm to taste | Rice-150gm, Dal-1 cup(15gm), Sabji (Seasonable vegetable except Green Leaf Vegetable, Potato & Tomato | Rice/Roti, Sabji-150gm, Porridge-(kheer)-50gm-Cereals, 100gm-Milk, 30gm-sugar |
| Friday | Chuda Raw-100gm, Milk-100gm, Sugar-30gm to taste | Rice-150gm, Dal-1 cup(15gm), Sabji (Seasonable vegetable except Green Leafy Vegetable, Potato & Tomato, Egg white of one egg | Rice/Roti, Sabji-150gm, Porridge-(kheer)-50gm-Cereals, 100gm-Milk, 30gm-Sugar |
| Saturday | Rice Raw-100gm, Milk -100gm, Sugar-30gm to taste | Rice-150gm, Dal-1 cup(15gm), Sabji (Seasonable vegetable except Green Leafy Vegetable, Potato & Tomato | Rice/Roti, Sabji-150gm, Porridge-(kheer)-50gm-Cereals, 100gm-Milk, 30gm-Sugar |


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B) Daily Menu of Diet for Children:

| Day | Breakfast | Lunch | Dinner |
|--------------------|---|--|--|
| Sunday | SemaiKhir, Fruit Semai -50gms,sugar-20gms, milk-250ml & Fruit100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1), oil - 5gm | Rice, Dalma& egg curry / Chole paneer curry, leafy veg/cabbage fry,Curd -100gm,Rice-80gms, dal-30gms, vegetable -50gms, potato- 25grns,egg-1, paneer-20 gm., chola-30gms & leaf vegetable/cabbage-25gms, Mustard oil-12gms | Rice/Roti, Dalma, Rice/atta-50gms, Dal-30gms,Vegetable-25gms,potato-50gms, Refined oil-8gms |
| Monday &Thursday | Upama, Alu matar, Fruit, Milk, Suji-25gms and semai-25gms,matar-20gms, &Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1),oil-5gm, Milk-250ml | Rice, Dalma, Alu soyabean curry &leaf veg/cabbage fry, Curd - 100gm,Rice-80gms, Dal-30gms,veg-50gms,potato-50gms, Soyabean-25gm, leafveg/cabbage-100gms, Refined oil-12gms | Rice/Roti, Dal, Mix veg curry,Milk,Rice-50gms/atta-50gms,dal-30gms,Vegetable-50gms,potato-50gms,mustard oil-8gms,Milk-250ml |
| Wednesday | SujiKhir, Fruit, Suji-50gms,sugar-20gms,milk-250ml& Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1),oil - 5gm | Rice, Dalma& egg curry/Cholepaneer curry, leafy veg/cabbage fry,Curd -100gm, Rice-80gms, dal-30gms,vegetable -50gms, potato-50gms,egg-1, paneer-20 gms, chole-30gms, &leaf vegetable/cabbage-100gms, Mustard oil-12gms | Rice/Roti, Dal, Mix veg curry,Rice-50gms/atta-50gms, Dal-30gms,Vegetable-50gms,potato-50gms,mustard oil-10gms |
| Tuesday & Saturday | Chuda Santula / bun, Matar curry & Fruit,Milk, Chuda-50gms /bun-50gms, matar-20gms & Fruit-100gms(banana-2/guava-1/Apple-1/Orange-1/mango -1), oil-5gm, Milk - 250 ml | Rice, Dalma, Alu soyabean curry &leaf veg/cabbage fry, Rice-100gms,dal-30gms,veg-50gms, potato-50gms, Soyabean-25gm, leafveg /cabbage-100gms, Refinedoil-12gms | Rice/Roti, Dal, Mix veg curry,Milk, Rice-50gms/atta-50gms,dal-30gms,Vegetable-50gmspotato-50gms,mustard oil-8gms, Milk-250ml |
| Friday | SemaiKhir& fruit, Semal-50gms, sugar-20 gms, milk-250ml& banana-2/guava-1 | Rice, Dalma& egg curry, CholePaneer curry, leafy veg / cabbage fry,Curd -100gm, Rice-80gms,dal-30gms,vegetable-50gms, potato-50gms, egg-1, paneer-20gm, chole-30gms & leaf vegetable/cabbage-25gms, Mustard oil-12gms | Rice/Roti, Dalma, Rice/atta-50gms, Dal-30gms,Vegetable-50gms, potato-50gms, Refined oil-8gms |

C) Dry food (Milk, Bread, Egg, Fruits):

| Food stuff | Breakfast | Lunch | Dinner |
|------------|-----------|-------|--------|
| Milk | 500ml | | 500ml |
| Bread | 200gm | | 200gm |
| Banana | | 2nos | |
| Egg | | 2nos | |

D) Full liquid diet

Clear Liquid Diet would be provided to the patients in the pre- or post-operative stage for one or two days or based on the advice of the doctor and dietician. This diet should be completely free of any solids even those found in the milk. Only clear liquids such as tea or coffee without cream or milk, clear soup etc. should be given. This diet is to be used for a very short period of time. Full liquid diet should be given for all acute conditions before diagnosis.

| Food stuffs | Amount |
|----------------------------------|---------|
| Milk | 1000 ml |
| Fruit juice | 500 ml |
| Sugar | 50gms |
| Rice, Dal, Vegetable soup (rice) | 50gms |
| Dal | 20gms |
| Vegetable | 100gms |

E) DIET MENU FOR TB/BURN/CANCER PATINETS

| Day | Breakfast | Lunch | Dinner |
|-------------------|---|--|---|
| Sunday | Idli-4pc, Sambar-1/2 Bowl, 1 medium size Fruit, Milk- 1gIass (250mI), 2 Eggs/ 50gm paneer, Idli Mix- 100gms, Refined oil-5gm, Fruit- 100gms | Rice 1 1/2 Bowl, Dal — 1/2 Bowl, egg curry/ chole paneer curry 1/2bowl & Mix veg curry - 1/2 bowl, Curd -100gm, Rice-175 gm, dal(Moong/Aharhar)– 25 gm, egg-1/ paneer-20gm, chole-30gms, & Vegetables- 50gms, potato-50gms, Vegetable / cabbage-50gms, Mustard oil-10gms | Rice-1 1/2bowl, Roti-4nos, Dalma-1/2 bowl, chole Soyabean curry- 1/2 bowl, Milk-1 glass (250ml),Rice/atta-125gms, daI-25gms,Vegetable-50gms, potato-50gms,chole-25gms, soyabean 25gm, Refined oil-10gms |
| Monday & Thursday | Upama- 1 Bowl, Alumatar 1/2Bowl, 1 medium sizeFruit, MiIk- 1glass(250mI), 2Eggs/ 50gm paneer, Suji- 100gms, Alo-20gm, matar 20gms,oil-5gms Fruit-100gms | Rice 1 1/2Bowl, Dalma 1 Bowl, leaf veg/cabbage fry 1/2 bowl,Curd-100gm,Rice- 175gms,dal- 25gms,veg50gms, potato 50gms, leafy veg / cabbagefry- 50gm,Refinedoil- 10gms | Rice-1 1/2 Bowl, Roti- 4nos,Dalma— 1/2 bowl, Alu Soyabean curry-1/2 bowl, Milk- 250ml, Rice/atta125gms, dal- 25gms, Vegetable- 50gms, potato-50gm, Soya bean- 25gm, Refined oil-10gm |


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| | | | |
|--------------------|---|--|--|
| Wednesday | Simeip upma-1 Bowl, Sambar- ½ Bowl, 1 mediumsizeFruit,Milk- 1glass(250ml),2Eggs/ 50gm paneer, Simeip-100 gms, AIO-20gm, matar- 20gms, oil-5gms, Fruit- 100gms | Rice1½Bowl,dal ½Bowl, eggcurry/cholepaneercurry ½bowl & Mix veg curry - ½bowl,Curd-100gm,Rice- 175gms, dal (Moong/Aharhar)- 25gms, egg-1/ paneer 20, choIe-30gms & Vegetables- 50gms, potato-50gms, vegetable/cabbage 50gms, Mustard oil-10gms | Rice 1 ½Bowl, Roti- 4nos, dal ½ bowl Mix veg curry ½bowl, Milk- 1gIass(250mI), Rice- 125gms/atta-125gms, dal- 25gms, Vegetables-50 gms, potato-50gms, soyabean - 25gms, mustard oil-10gms |
| Tuesday & Saturday | Chudasantula-1 Bowl, matar curry - ½ Bowl, Fruit, Milk 250mI, 2Eggs /50gmpaneer,Chuda- 100gms, matar- 20gms, oiI-5gms Fruit 100gms | Rice- 1½ Bowl dal -½ Bowl, Veg chole curry ½ Bowl, Leafy veg fry - ½ Bowl, Curd-100gm, Rice -150gm, dal 25gm, Vegetable- 50gms, potato-50gms, Green leafy veg/ Cabbage 50gms, chole-25gms, mustard oil-10gms | Rice 1 ½ Bowl, Roti- 4nos dal ½bowl Mix veg curry½ bowl, egg/paneer curry, Milk- 1 glass, (250mI), Rice-125 gm, daI-25gms, vegetable - 50gms, potato 50gms,Egg- 1/paneer-30gm,Milk -250mI, Mustard oil-10gms |
| Friday | Idli -4pc, Sambar-½bowl, 1 medium size fruit, milk- 1glass (250) ml, 2 eggs/ 50gm paneer, Idli Mix- 100gms, refined oil-5gm, milk-250ml & fruit-100gms | Rice 1 ½Bowl, Dalma - ½ bowl, egg/paneer curry, leaf veg /cabbage fry -½bowl., Curd-100gm,Rice-150gms,dal 25gms, Vegetable-50gms, potato-50gms, egg- 1/paneer- 30gms, leaf vegetable/ cabbage 50gms,&mustard oil- 10gm | Rice 1 ½ Bowl, Roti- 4nos, dal -½ bowl, Mix veg curry- ½ bowl, Milk- 1 glass (250ml), Rice-125 gms/atta-125gms, dal-25 gms, Vegetables-50gms, potato — 50gms, Chole- 25gms, mustard oil- 10gms |

01 -Bowl - volume 250ml water, Roti:01no, medium size = 30gm atta (raw unit), Rice: 01 bowl=300gm cooked weight (100gm raw unit), Dal/ Pulses/ legumes: 01 bowl = 125 gm cooked weight (25 gm raw unit). Mixed vegetable: 01 bowl = 200gm cooked weight, Seasonal fruit: 01 no =100gm, Upma and Poha: 01 bowl = 300gm,

Note:

The diet menu is suggestive and may change as per the availability of the proposed items. The concerned dietician / medical officer would be the final authority to take appropriate decision on the menu without compromising the quality.

3.5 Timing of Diet Supply

The timing of diet supply to the patients is mentioned below for adherence. In no case, there should be deviation in time, not exceeding 20 minutes for each category of diet timing. The diet preparing and distributing contractor would be advised accordingly

| | | |
|------------------|----------|-----------------------------------|
| Breakfast | : | Between 7.30 am to 8.00 am |
| Lunch | : | Between 1.00 pm to 2.00 pm |
| Dinner | : | Between 8.00 pm to 9.00 pm |

Note: Timing of diet and times of diet provision may vary based on the diagnosis and as per the recommendation / prescription of the dietician / doctor. The hospital manager / person designated for the management of dietary services would adhere to the timing as prescribed by the doctor / dietician. Timing for patients prescribed for "liquid diet" under therapeutic diet may vary based on the advice of the dietician / doctor.

3.6 Storage of Commodities / Raw Materials

1. Storage of commodities / raw materials would be the responsibility of the outsourced agency. However, it is to be monitored from time to time by the dietician / assistant dietician of the Hospitals/CHC or any other persons assigned for the purpose. The perishable and non-perishable items should be stored as per the storage specification norms.
2. Care should be taken to avoid quality degradation of the food commodities due to humidity, rodents, insects etc.

3.7 Fuel for Cooking

- 1) The kitchen should have LPG connection to be provided by the agency for diet preparation with provision of additional cylinder.
2. Coal and Wood must not be used for cooking excluding emergency cases.

3.8. Diet Certification

Diet prepared [cooked / dry diet] on day-to-day basis should be certified by the dietician before its distribution. The diet certification would be with regard to quality, test and its adherence to the specified menu.

3.9 Constituting Diet Vigilance Committee [DVC]

For monitoring and supervision of diet preparation, distribution, ensuring diet quality and overall management of diet, Diet Vigilance Committees [DVC] will be constituted.

DVC would be constituted taking RKS members and medical staff of the DHH, Keonjhar. Superintendent would head the committee along with Hospital Manager, one Sr. Consultant. RKS would nominate two members on a rotational basis to be the member of DVC. The committee members shall meet once in a month to discuss matters related to present dietary services and propose changes, if necessary. The Hospital Manager and selected / nominated members of Swasthya Vikash Samiti would be the member of the DVC.

3.10 Role of DVC in Monitoring & Supervision:

Diet Vigilance Committee will overall supervise the diet preparation and distribution process. The Diet Vigilance Committee would do regular surprise check to see the aspects like quantity and quality check of the diet, timeliness in supply of diet, hygiene and other related aspects and report to the head of the concerned Public Hospitals/CHC on a periodic basis [time frame is to be decided by the Superintendent. The committee members will interact with the in-door patients on quality and quantity of diet and discuss accordingly with the outsourced agency.

3.11 Role & Function of Dietetics Section in the Hospital:

The dietetics section would be expected to perform important functions in dietary services and management. The basic responsibility of dietetics section would be;

- a) Menu Planning;
- b) Food purchasing [if not outsourced and in case of dry diet supply];
- c) Purchase of requisition of needed equipment and supplies;
- d) Establishment and maintenance of safe food storage practices;
- e) Selection, training, assignment of duties, supervision of personnel;
- f) Supervision of departmental sanitation;
- g) Establishment of adequate records and supervision of record keeping, budget planning, etc.,

3.12 Role of Dietician / Nutritionist:

- a) Periodic check of the quality of food materials
- b) Diet related counseling services to the patients during admission and discharge
- c) Prescribing diet for patients based on the diagnosis
- d) Monitoring the food preparation process and kitchen cleanliness
- e) Pre-distribution quality check of diet following self-testing procedure
- f) Monitoring food handling
- g) Interacting with patients and getting feedback on diet quality, diet menu etc.

Apart from this, the dietician would be responsible for the management of therapeutic diets including modifications of the general menus to meet the needs of the patient and maintaining diet records;

The dietician / in-charge or members of his/her team would prepare the diet distribution chart based on the placed indent by the ward boy/sister. The dietetics

section would maintain records on day basis for the audit purpose. The dietetics section would also be responsible to deal with empanelled contractors and ensure qualitative diet supply to the patients as per the norm.

3.13 Sanitary Measures:

Required sanitary measures would be taken up by the agency in and outside the kitchen to prevent any contamination of food during its preparation or distribution. The Hospital Sanitation Committee should take up the following measures to ensure cleanliness.

- a) Periodic sanitary inspection of cooking & serving equipment's; at least once in a day;
- b) Daily inspection of food conveyors, kitchen equipment and service equipment;
- c) Supervise handling and disposing of garbage and waste;
- d) Supervising cleanliness in the kitchen & taking appropriate measures.

3.14 Storage & Stock

- (a) The agency outsourced for diet preparation would be responsible for maintaining the store and stock. The agency should assign the responsibility of store keeping to person/s recruited by him/her;
- (b) In case of dry diet, the Hospitals/CHC would maintain the store and stock; In such cases, one person would be assigned with the responsibility of the store and stock who would perform the following role.

3.15 Cleanliness:

- (a) Kitchen Staff:** The kitchen staff should wear clean uniform while on duty and keeping themselves clean i.e. keeping hands cleaned properly including finger nails before cooking, limited conversation among them while cooking and serving, keeping utensils clean and maintaining kitchen cleanliness.
- (b) Dishes/Utensils:** Cleaning of the dishes properly, before and after the use, would better responsibility of the outsourced agency. However, it would be monitored by the Hospital Sanitation Committee from time to time. The dishes are to be cleaned and sterilized before and after use so that possible contamination can be avoided. Before service, it should be ensured that the dishes are properly cleaned, sterilized and dried. After the use, all the soiled dishes will be collected and placed in one place for washing. The soiled dishes should be cleaned with hot and soapy water. After wash, the dishes should be cleaned to leave no water stain on the dishes. Again, before serving, the dishes should be inspected and used. To avoid contamination, which is expected between the cleaning and serving, the dishes should be cleaned once again with boiled water before serving.

3.16 Food Handling

The persons of the outsourced agency, who are handling food, should follow the followings:

- a) Keeping their hands clean and use glove for serving. They should not touch food in bare hand.
- b) They should wash their hands properly after visiting the toilet and before handling food.
- c) Cover cuts, burns and other raw surfaces with water-proof dressings while handling food.
- d) Ensure that food is supplied as per the consumption specification of foods [hot/warm/cold] and as per the direction of the dietician.
- e) Cover the main food container and protect from flies and other pests before and after serving.
- f) Persons suffering from a discharging wound, sores on hands or arms, discharging nose or who is suffering from attacks of diarrhea or vomiting should not handle food items, either during preparation or serving. Persons with such problems should be brought in to the notice of the catering manager for taking remedial measures.
- g) However, all the persons associated in diet preparation and its distribution should undergo regular free health check up in the concerned medical Hospitals/CHC periodically, at least once in every month and more particularly during sickness.

3.17 General Service Requirements of the Agency

- a) Operation, Maintenance of Kitchen equipment including cooking & distribution of the cooked food as per menu/diet chart to each hospital bed and collection of dirty dishes from each bed to the Kitchen for cleaning and proper disposal of the hospital kitchen wastes on daily basis at the respective Hospitals/CHC.
- b) Providing of good quality hygienic and qualitative food to patients from a Kitchen where Kitchen should be conducted under conditions which are controlled, thereby contributing to a reduction in the incidence of contamination in the hospital.
- c) Collection of dirty plates from each bed (Patients) from Hospital to Kitchen for washing & cleaning. If required, testing & inspection as quality checking and delivery to each bed and maintaining record with log book / challan on daily basis.
- d) Co-ordination with the hospital authority in arranging food/meal on day-to-day basis for patient and hospital needs.
- e) Setting up a comprehensive Kitchen facility within the space allocated in the concerned Hospitals/CHC to fulfill the requirements of Kitchen suitable for providing hygienic & qualitative meal to patients and to avoid any spread of unforeseen contamination.
- f) Keeping up in-house Kitchen & store for the concerned Hospitals/CHC functional to serve the breakfast, lunch & dinner in stipulated time as per requirement of the Hospitals/CHC.
- g) Ensuring of comprehensive Patient Dietary services with utmost care for all equipment and resultant services during the out sourced period.
- h) Providing of necessary Preventive & Breakdown maintenance of Kitchen Room and all Kitchen equipment. Operation and Maintenance of Kitchen with trained engineers/mechanics.


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SECTION 4 - TERMS & CONDITIONS

4.1 Period of Engagement

- (a) The engagement shall be for a period of two years from the date of actual operation (beginning of service) or signing of contract whichever is later.
- (b) The contract shall be signed initially for a period of one year which shall be extended for another year if performance of the agency is found satisfactory as per due assessment.

4.2 Award of Contract

On evaluation of technical evaluation of the RFP and decision thereon by the tender inviting authority, the selected bidder shall have to execute a contract with the Tender Inviting Authority within 15 days from the date of acceptance of their bid is communicated to them. This Request for Proposal along with documents and information provided by the bidder shall be deemed to be integral part of the agreement.

4.3 Performance Security

The selected agency has to furnish a performance security deposit at the time of signing of contract, amounting to 5% of the total estimated yearly contract value of the concerned district / Institution in the shape of DD / BG from a National /Scheduled Bank in India. The amount of Earnest money deposit of the selected bidder can be adjusted against the performance security deposit. The performance security deposit is for due performance of the contract.

The District Authority / Institution in the following circumstances can forfeit it;

- 1) When any terms or the condition of the contract is infringed.
When the service provider fails in providing the required services satisfactorily.

4.4 Commencement of Services

The selected agency is required to set up the kitchen facility at the DHH, Keonjhar (in the space provided by the authority of the concerned Hospitals) with all infrastructures and the start the service within 15 days of signing of the contract. If the service provider fails to commence the service as specified herein, the tender inviting authority may, unless it consents to the extension of time thereof, forfeit the Performance Security.

4.5 Payment & Price Validity

- (a) The payment shall be made in Indian Rupees
- (b) The payment shall be made by the District HQ Hospital Keonjhar.
- (c) The mode of payment is as specified below:
The agency would be paid once in a month based on the case load and number of meals supplied. The number of diets prepared during "lunch"

would be considered as the benchmark for calculation of number of patients/days. The payment shall be made within 21 days of submission of bills / vouchers in the prescribed format. The hospital administration would verify the bills, vouchers and other supporting and do the needful for payment of the dues within seven working days of submission of bills / vouchers /supporting documents.

4.6 Penalty

- (a) A penalty of Rs.10,000/- shall be deducted for bad quality of food for each occurrence noticed during the inspection of hospital officials.
- (b) For not wearing Uniform/Hand gloves/Cap/Shoes or not possessing identity cards a penalty of Rs.100/- per person/day shall be deducted from the bill as penalty.
- (c) A penalty of Rs.5,000/- in a month shall be deducted for not using the required quantity of meal/food by the agency.
- (d) Rs.50/- per meal per person for shortfall of meal against the target output due to non-availability of man power, raw material etc.
- (e) The amount of penalty shall be deducted from the bill of the agency.

4.7 Termination / Suspension of Contract

- (a) The Tender Inviting Authority may, by a notice in writing suspend the agreement if the selected agency fails to perform any of his obligations including carrying out the services, provided that such notice of suspension
 - i. Shall specify the nature of failure, and
 - ii. Shall request remedy of such failure within a period not exceeding 15 days after the receipt of such notice.
- (b) The Tender Inviting Authority after giving 30 days clear notice in writing expressing the intension of termination by stating the ground/grounds on the happening of any of the events (a) to (b), may terminate the agreement after giving reasonable opportunity of being heard to the service provider.
 - (i) If the service provider does not remedy a failure in the performance of his obligations within 15 days of receipt of notice or within such further period as the tender inviting authority have subsequently approved in writing.
 - (ii) If the service provider becomes insolvent or bankrupt.
 - (iii) If, as a result of force major, service provider is unable to perform a material portion of the services for a period of not less than 60 days: or
 - (iv) If, in the judgment of the Tender Inviting Authority, the service provider is engaged in corrupt or fraudulent practices in competing for or in implementation of the project.


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4.8 Modifications

Modifications in terms of reference including scope of the services can only be made by written consent of both parties. However, basic conditions of the agreement shall not be modified,

4.9 Force Majeure

For the purposes of this contract, "Force Majeure" means an event which is beyond the reasonable control of a Party, is not foreseeable, is unavoidable, and not brought about by or at the instance of the Party claiming to be affected by such events and which has caused the non-performance or delay in performance and which makes a Party's performance of its obligations hereunder impossible or so impractical as reasonably to be considered impossible in the circumstances, and includes, but is not limited to war, riots, civil disorder, earthquake, fire, explosion, storm, flood or other adverse weather conditions, strikes, lockouts or other industrial action (except where such strikes, lockouts or other industrial action are within the power of the Party invoking Force Majeure to prevent), confiscation or any other action by Government agencies.

In such circumstances of emergencies and Force Majeure Event, if the Performance Standards are not complied with because of any damage caused to the services or any of the Project Facilities or non-availability of staff, or inability to Provide services in accordance with the Performance Standards as a direct consequence of such Force Majeure Events or circumstances, then no penalties shall be applicable for the relevant default in Performance Standards and would be applied to such particular defaults. Further, unless the Force Majeure event is of such nature that it completely prevents the operation of services, a suspension or failure to provide Services on the occurrence of a Force Majeure event will be an Event of Default and the District authority may terminate this Agreement without any termination payment being made in respect thereof.

The failure of a party to fulfill any of its obligations under the agreement shall not be considered to be a default in so far as such inability arises from an event of force majeure, provided that the party affected by such an event has taken all reasonable precautions, due care and reasonable alternative measures in order to carry out the terms and conditions of the agreement and has informed the other party as soon as possible about the occurrence of such an event.

4.10 Settlement of Dispute

If dispute or difference of any kind shall arise between the Tender Inviting Authority/User Institution and the service provider in connection with or relating to the contract, the parties shall make every effort to resolve the same amicably by mutual consultations.

If the parties fail to resolve their dispute or difference by such mutual consultation within twenty-one days of its occurrence, then such dispute or difference shall be

referred to the sole arbitration of Secretary to Health, Govt. of Odisha whose decision shall be final.

4.11 Right to Accept and Reject any Proposal

The Tender Inviting Authority reserve the right to accept or reject any proposal at any time without any liability or any obligation for such rejection or annulment and without assigning any reason. The result will be declared after due verification of the submitted document. If found any false or fabricated data/document then the action will be taken against them for necessary blacklisting.

4.12 Jurisdiction of Court

Legal proceedings if any shall be subject to the Keonjhar District jurisdiction only.

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SECTION 5 :

CRITERIA FOR EVALUATION

5.1 Evaluation of Technical Proposals based on eligibility criteria

Evaluation of proposals shall be made **at the DHH, Keonjhar** by the concerned authority.

In the first stage, the Technical Proposal will be evaluated on the basis of bidders' fulfillment of eligibility criteria. Only those bidders whose Technical Proposals becomes responsive based on the eligibility criteria, shall qualify for further detail technical evaluation for awards of marks based on the following Criteria

5.2 Evaluation Technical Proposal for Award of Marks

The technical proposal of the bidders shall be evaluated and awarded marks based on the following criteria:

| SI No. | Criteria | Total marks (100 marks) | Marking as per criteria | Mark Obtained |
|--------|-----------------|-------------------------|---|---------------|
| 1 | Work experience | 20 | 3years of experience (2020-21, 2021-22 & 2022-23) (2 years for SHG i.e. 2021-22 & 2022-23) in preparation and supply of Diet in Govt. Hospitals/CHC having bed strength / patients of 30 to 100 = 7.5 marks | |
| | | | 3years of experience (2020-21, 2021-22 & 2022-23) (2 years for SHG i.e. 2021-22 & 2022-23) in preparation and supply of Diet in Govt. Hospitals/CHC having bed strength / patients of > 100 to 200 = 15 marks | |
| | | | 3 years of (2020-21, 2021-22 & 2022-23) (2 years for SHG i.e. 2021-22 & 2022-23) in preparation and supply of Diet in Govt. Hospitals/CHC having bed strength/ patients of >200 to 300 = 22.5 marks | |
| | | | 3 years of experiences (2020-21, 2021-22 & 2022-23) (2 years for SHG i.e. 2021-22 & 2022-23) in preparation and supply of Diet in Govt. Hospitals/CHC having bed strength /patients of more than 300 = 30 marks | |
| 2 | Average Annual | 20 | For DHH For bidders other than SHG Below Rs. 1.00cr = 0 >Rs. 1.00cr to Rs.2 Crs = 10 marks | |

| | | | | |
|----------|---|----|---|--|
| | Turnover (Rs.) on diet services provided to Govt. Hospitals/CHC. | | > Rs 2 Crs = 20 marks For SHG / SHG Federation For women Self Help Groups (SHG / SHG Federation] Below Rs.30 lakhs = 0 >Rs. 30 Lakhs to Rs.50 lakhs = 10marks More than Rs.50 lakhs = 20marks | |
| | | | For CHC For bidders other than SHG Below Rs.30 Lakhs = 0 >Rs.30 lakhs to Rs.50 lakhs = 10marks More than Rs.50 lakhs = 20marks | |
| | | | For SHG / SHG Federation For women Self Help Groups [SHGs / SHG Federation] Below Rs.10 Lakhs = 0 >Rs.10lakhstoRs.30lakhs= 10 marks More than Rs.30 lakhs = 20marks | |
| 3 | No. of Diet Services (Preparation, Supply&Management) executed in different Govt. Hospitals/CHC (not less than 30 beds) executed during the last three years i.e., 2018-19, 2019-20& 2020-21 Govt. Hospitals/CHC having less than 30 beds shall not be taken for evaluation. | 40 | 2 Hospitals/CHC: 10 Marks 3-4 Hospitals/CHC: 20 Marks 5-6 Hospitals/CHC: 30 Marks > 6 Hospitals/CHC: 40 Marks | |
| 4 | Quality Certification | 10 | ISO 9001 Certification: 5 Marks Food License / Registration: 5 Marks | |
| 5 | Presentation | 10 | Power point presentation on Approach & methodology regarding how the bidder proposes to implement the diet service based on the TOR of the RFP (for max. 15 minutes) | |

N.B.:

1. Average annual turnover in rupees shall be taken into account **only on diet services**. If the turnover includes other services like Security, Manpower, sanitation, BMW management or any other services except diet services then the turnover will not be accepted for evaluation and the bid will be rejected.

2. Annual Turnover in rupees more than Rs.1,00,00,000/- (one crore) shall be accompanied by Tax audit report (wherever it is applicable) for last 3 years i.e., 2020-21. 2021-22 & 2022-23
3. (a) No. of beds calculation will be made as per total nos. of beds in viable institutions for the year 2020-21. 2021-22 & 2022-23. For example, if the total beds of the viable institutions of a bidder comes to 350 and for another bidder comes to 3000 then as 350 and 3000 comes in the range of more than 300 as mentioned in the above table, then both of them will be awarded 30 marks. However, the committee shall give preference to the bidder having diet supply services to highest nos. of viable Govt. Hospitals/CHC (not less than 30 beds) even if the marks become equal.
(b) The work experience of stipulated time period i.e., 2020-21. 2021-22 & 2022-23 only will be taken in to account. Any period beyond these stipulated periods shall not be considered.

5.2.1 Award of Contract

1. The bidder who will secure highest total marks in the technical bid evaluation will be considered for award of contract.
 2. In case the total marks secured by two or more bidders become equal, then the bidder having **more marks in the SI. No.3** of the above Table (No. of Diet Services in different Hospitals/CHC not less than 30 beds) will be considered for award of the contract.
 3. In case the marks secured in the SI. No.3 of the above table also become equal by two or more bidders then the bidder having highest nos. of executed diet services in different Government Hospitals/CHC in last 3 years i.e., 2020-21. 2021-22 & 2022-23 shall be awarded the contract. The Govt. Hospitals/CHC having less than 30(thirty) numbers of beds shall not be considered for evaluation.
 4. In case the number of Hospitals/CHC also becomes equal then the bidder having the highest average annual turnover as per calculation in the T4 format shall be awarded the contract. The average annual turnover shall have to tally with the Tax Audit report wherever applicable.
 5. The diet services in this tender are exclusively meant for patients in Govt. Hospitals/CHC having beds which involve therapeutic and non-therapeutic diet for different type of patients as per their need. So, the agency(s) having experience(s) of rendering diet service(s) to the Govt. Hospitals/CHCs having indoor patients are considered as most suitable and shall be awarded the contract. The Govt. Hospitals/CHCs are considered for awarding the contract as the price, quality, quantity, timings; no. of indent per day in other institutions (Private) varies and creates confusion in selecting and awarding a contract. Also, the veracity of work orders/experience certificates from private institutions/Hospitals and the institutions from the outside the state cannot be verified correctly and that will create hurdles and lingering in selecting an agency.
 6. The committee has its sole discretion for awarding the contract taking into account of all the criteria(s)/point(s) embedded in this bid documents which shall be final and binding to all. The committee may also take its own time for scrutiny, evaluation, query and any other information for finalization of awarding the contract within specified time limit.
- 5.3 In case selected, the bidder will have to furnish the up-to-date food registration license (if not


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having) from the authority of the concerned region within 30 days of issue of award of contract.

Note. There is no Financial Proposal to be submitted in the bid, as this is a fixed cost based tender Details of the fixed cost (Diet Rate) to be paid per patient / day for different types of diet with menu is mentioned at Section 3 - Terms of Reference.


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RFP FORMATS

[REQUEST FOR PROPOSALS]

Diet Services at Govt. Hospitals

TECHNICAL PROPOSAL

FORMAT — T 1

(to be furnished the technical proposal envelope)

Check List (Technical Proposal)

Please check whether following have been enclosed in the respective cover, namely, Technical Proposal: **(please arrange the documents serially in the following order)**

| Sl. No. | Item | Whether included Yes / No | Page No. |
|---------|--|---------------------------|----------|
| 1 | Format - T1 (Check List) | | |
| 2 | Bid Document Cost as DD of Rs. _____/- | | |
| 3 | Earnest Money Deposit of Rs. _____/- as Demand Draft | | |
| 4 | MSE certificate (If applicable) | | |
| 5 | Format - T2 (Technical Proposal Submission Form) Diet | | |
| 6 | Format — T3 (Details of Bidder) | | |
| 7 | Format— T4 (Annual Turnover Statement of diet services by the Chartered Accountant). | | |
| 8 | Copies of the annual audited statement (Tax Audit wherever it is applicable) for 2020-21. 2021-22 & 2022-23 (Provisional statement of account shall not be considered) | | |
| 9 | Format — T 5 (Past experience in executing diet preparation, supply and management in Government Hospitals having sanctioned bed strength) | | |
| 10 | Photocopies of work orders or experience certificates in support of the information furnished in Form T5 | | |
| 11 | Copy of Quality Certifications: ISO 9001 if any. | | |
| 12 | Food License under FSS Act, 2006 in Form - C | | |
| 13 | Format — T6 (Format of Affidavit regarding the firm/agency is not blacklisted) | | |
| 14 | Copy of the Registration certificate of the bidder | | |
| 15 | Copy of the GST registration certificate | | |
| 16 | Copy of PAN (Income Tax) | | |
| 17 | Copy of valid Labour License | | |
| 18 | Copy of EPF & ESI registration certificate | | |
| 19 | Copy of ITR for last 3 assessment years i.e. 2020-21. 2021-22 & 2022-23 | | |
| 20 | Any other appropriate documents/certificates/credentials (If applicable), the bidder like to include in the proposal | | |

N.B.: 1. In S.I. No.2,3 & 4 in the page number column should be mentioned as "submitted inside cover A" instead of page number.

Full signature of Bidder with seal

FORMAT — T 2

(to be furnished in the technical proposal envelope)

TECHNICAL TENDER SUBMISSION FORM

(On the letterhead of the firm)

To _____

Re.: RFP Reference no. _____ dated _____

Dear Sir,

I/We, the undersigned, offer to provide the services for the work: **Selection of the agency for Supply of Diet (Dry, Liquid, Cooked) to Indoor patients.**

I/We are hereby submitting our Proposal, which includes this Technical Proposal sealed under a separate envelope.

I/We hereby declare our Confirmation of acceptance of the Conditions of Contract mentioned in the RFP document under reference cited above.

I/We hereby declare that all the information and statements made in this Proposal are true and accept that any of our misrepresentations contained in it may lead to our disqualification.

I/We undertake that our Proposal shall remain valid for 180 days after the date of bid opening for the purpose of bid evaluation / finalization of contract,

I/We hereby declare that my organisation has not been terminated/debarred / black listed by any Government/ Semi Government organizations. I/we further certify that I am the competent authority in my organisation authorized to make this declaration.

I/We understand you are not bound to accept any Proposal you receive,

Yours sincerely,

Full Signature of the Bidder:

Name and designation of Signatory:

Name of Agency

Address:

Full signature of Bidder with seal

Format T3

(To be furnished in the Technical Bid envelope)
(On the letterhead of the Organization)

DETAILS OF THE BIDDER

| GENERAL INFORMATION ABOUT THE BIDDER | | | | |
|---|--|----------|-----------------------------|-----------------|
| 1 | Name of the Bidder | | | |
| | Registered address of the firm/agency | | | |
| | State | | | |
| | Telephone No. | District | | |
| | Email | Fax | | |
| | | Website | | |
| Contact Person Details | | | | |
| 2 | Name | | Designation | |
| | Telephone No. | | Mobile No. | |
| Communication Address | | | | |
| 3 | Address | | | |
| | State | | District | |
| | Telephone No. | | Fax | |
| | Email | | Website | |
| | | | | |
| Type of the Firm (Please relevant box) | | | | |
| 4 | Private Ltd. | | Public Ltd. | Proprietorship |
| | Partnership | | Society | Others, specify |
| | Registration No. & Date of Registration | | | |
| Nature of Business (Please relevant box) | | | | |
| 5 | Manufacturer | | Authorized service provider | |
| Key Personnel Details (Chairman, CEO, Directors, Managing Partners etc.) | | | | |
| 6 | In case of Directors, DIN Nos. are required | | | |
| | Name | | Designation | |
| | Name | | Designation | |
| 7 | Whether any criminal case was registered against the company or any of its promoters in the past ? | | | Yes/No |
| 8 | Details of the Branch Office | | | |
| 9 | <u>GST Registration:</u> | | | |

| | | | | | |
|-------|--|----------------|--|---------------------------------|--|
| | Furnish the copy of the GST registration certificate | | | | |
| 10 | PAN: Furnish the copy of the PAN | | | | |
| 11 | Registration certificate of the firm/agency (furnish the copy) | | | | |
| 12 | Copy of quality Certification: ISO 9001, Food License / Registration (furnish the copy) | | | | |
| 13 | Bank Details of the Bidder: The bidders have to furnish the Bank Details as mentioned below for return of EMD / Payment for supply if any (if selected) Name of the Bank: Name of the Account & full address of the Branch concerned: Account no. of the Bidder IFS Code of the Bank: | | | | |
| Date: | | Office Seal | | Full signature of the bidder | |

Full signature of Bidder with seal


10/11/24
Chief District Medical & P.H.O
Keonjhar

FORMAT T 6

(to be furnished in the technical proposal envelope)

Format for Affidavit certifying that the firm is not blacklisted (On a Stamp Paper of Rs.20/-)

Affidavit

I/We, M/s _____ (the name of the agency with address of the registered office) hereby certifies and confirm that we are not debarred by Department of Health & FW, Govt. of Odisha/ or any other entity of Govt. of Odisha or blacklisted by any state Government or Central Government / Department / Organization in India from participating in Tenders / Projects.

I/We further confirm that, our bidding proposal shall be liable for **rejection as well as initiation of legal action** by the tender committee in case any material misrepresentation is made or discovered at any stage of the Bidding Process or thereafter during/after the agreement period.

Dated thisDay of, 2022

Full signature of the Bidder

Name:

Designation:

Seal


Chief District Medical & P.H.O
Keonjhar

FORM T5

(To be furnished in the technical proposal envelope)

PAST EXPERIENCE IN EXECUTING DIET PREPARATION, SUPPLY AND MANAGEMENT IN GOVERNMENT HOSPITALS/CHC HAVING BED STRENGTH (Not less than 30 nos.)

(Attach separate sheets if the space provided is not sufficient)

| Name of Hospital/CHC | Name, address, email id, & Telephone No. of Hospitals/CHC to which diet service provided | | | Work orders / Experience certificates, Letter No. and date. | No. of Beds / Patients for which diet service provided as per work order/ experience certificates | Actual no. of diet supplied for beds/ patients/ attendants | Number of days diet services provided for the year | | | | | | Date of completion of assignment | Value of Assignment | Mention whether dietary article supplied or cooked food supplied | Page No. for the document No.5 | | | |
|----------------------|--|-----------|------------------|---|---|--|--|---------|-----------|---------|-----------|---------|----------------------------------|---------------------|--|--------------------------------|------|----|----|
| | Address | E-Mail Id | Tele - Phone No. | | | | 2020-21 | | 2021-22 | | 2022-23 | | | | | | | | |
| | | | | | | | From date | To date | From date | To date | From date | To date | | | | | Days | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

N.B.:-

1. Please furnish the valid work orders or experience certificates copy(es) of last 3 years of diet services i.e., 2020-21, 2021-22 & 2022-23 with letter no., date and dated signature of the competent authority only serially and the page number must be mentioned in the page No. column in the above table failing which the bid will be rejected out rightly.
2. Work order or experience certificates on diet services only will be taken into consideration.
3. Value of assignment is the actual amount received from the Hospital/CHC by the agency for the period (2020-21, 2021-22 & 2022-23) of diet supply based on bills submitted by the agency. If required the committee may ask for verification and scrutiny. The agency will remain liable for any misinformation and action will be taken as per rule.
4. Dietary articles provided are not equivalent to preparation, supply and management of **cooked food**. So, experiences, work orders, period and institutions provided with dietary article shall not be considered for evaluation.

Full signature of the Bidder:

Name:

Designation:

Seal

(Round seal of the institution/agency)