

Department of Health & Family Welfare,  
Government of Assam

## REQUEST FOR PROPOSAL

***FOR IMPLEMENTATION OF INTER FACILITY  
MEDICAL AMBULANCE SERVICES IN ASSAM.***

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### **DISCLAIMER**

The information contained in this Request for Proposal (RFP) document or subsequently provided to Applicant(s), whether verbally or in documentary form by or on behalf of the Department of Health & Family Welfare, Govt. of Assam, or any of their employees or advisors, is provided to Applicant(s) on the terms and conditions set out in this RFP document and any other terms and conditions subject to which such information is provided. This RFP document is not an agreement and is not an offer or invitation by the Department or its representatives to any other party. The purpose of this RFP document is to provide interested parties with information to assist the formulation of their Application and detailed Proposal. This RFP document does not purport to contain all the information each Applicant may require. This RFP document may not be appropriate for all persons, and it is not possible for the Department, their employees or advisors to consider the investment objectives, financial situation and particular needs of each party who reads or uses this RFP document. Certain applicants may have a better knowledge of the proposed Project than others. Each applicant should conduct its own investigations and analysis and should check the accuracy, reliability and completeness of the information in this RFP document and obtain independent advice from appropriate sources. Department, its employees and advisors make no representation or warranty and shall incur no liability under any law, statute, rules or regulations as to the accuracy, reliability or completeness of the RFP document. Department may in its absolute discretion, but without being under any obligation to do so, update, amend or supplement the information in this RFP document.

**NOTICE INVITING PROPOSAL**

**MISSION DIRECTOR, NRHM DEPARTMENT OF HEALTH & FAMILY WELFARE, GOVERNMENT OF Assam,**  
Saikia Commercial Complex, Srinagar Path, Christianbasti, G.S. Road, Guwahati-05  
Website: [www.nrhmassam.in](http://www.nrhmassam.in) e-mail- misnrhm.assam@gmail.com

RFP No.NRHM/102/IFT/976

Dated: 03/10/2012

DETAILED PROPOSALS ARE INVITED FROM FIRMS FOR SELECTION OF THE MOST  
**SUITABLE AGENCY TO IMPLEMENT AND OPERATE INTER FACILITY MEDICAL AMBULANCE SERVICES IN  
THE STATE UNDER DEPARTMENT OF HEALTH AND FAMILY WELFARE,  
GOVERNMENT OF ASSAM.**

1	Period of Availability of RFP Document	From 4 <sup>th</sup> Oct 2012 to 29 <sup>th</sup> Oct 2012 ( Download from website: <a href="http://www.nrhmassam.in">www.nrhmassam.in</a> )
2	Date , Time and Venue of pre- proposal Conferences	Date-15 <sup>th</sup> Oct 2012 Time-2.00 PM Place- Office of the <b>Mission Director, National Rural Health Mission, Assam</b> Saikia Commercial Complex, Srinagar Path, Christianbasti, G.S. Road, Guwahati-05, Ph No: 0361-2340236
3	Last Date of Submission of Proposal	Date-29 <sup>th</sup> Oct 2012 Time- 2.00 P M Place- Office of the <b>Mission Director, National Rural Health Mission, Assam</b> Saikia Commercial Complex, Srinagar Path, Christianbasti, G.S. Road, Guwahati-05, Ph No: 0361-2340236

Commissioner & Secretary to the Govt. of Assam  
Health & Family Welfare Department &  
Mission Director, NRHM, Assam

## 1. INSTRUCTIONS TO APPLICANTS

### 1.1 Scope of Proposal

- (a) Detailed description of the objectives, scope of services, deliverables and other requirements relating to "**INTER FACILITY MEDICAL AMBULANCE SERVICES**" 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 Department, through the Selection Process specified in this RFP. Applicants 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 department's decision is without any right of appeal whatsoever;
- (c) The Applicant shall submit its Proposal in the form and manner specified in this RFP. **The Financial Proposal (Part C) shall be submitted in the format specified in Annexure-2 & 3 for acknowledgement RFP terms and schedule of price respectively.** Upon selection, the Applicant shall be required to enter into an Agreement with the Department in the form specified at **Annexure 4.**

### 1.2 Eligibility

The bids will be analysed based on the following eligibility criteria-

- a) Single Entity/ Consortium of Organizations/Institutions registered /incorporated in accordance with the applicable law.
- b) Having 3 years experience in management and operation of such services with a minimum fleet of 100 vehicles supported by control room and Call Centre set up by the bidder. Certificates from the organizations to which services provided are to be submitted.
- c) Having experience in computer telephony integration with the ability to log calls with Geographical Information System with GPRS integrated Ambulance monitoring system and own software components.
- d) Average annual turnover of the last 3 financial years, not less than Rs 20.00 Cr.
- e) An affidavit to the effect that bidder has not been blacklisted in the past by any of the State Governments across the country and that they will not form any coalition with other bidder(s).
- f) Should have ability to train the personnel to be employed for implementation of the project.

Note: In case of consortium, there should be a formal agreement between the partners accepting severe and joint responsibility for implementing of the project, reference of the Lead Partner and percentage of holding of each partner in the consortium. The maximum permissible partners in the consortium are 4 (four). For the purpose of minimum eligibility criteria, experience and turn over etc. of the partners having more than 20 % holdings in the consortium will be added.

### 1.3 Submission and Signing of Proposal

**(a) The proposal shall be submitted in three parts -**

**(1) Part A - Key Submissions,**

- (i) Covering Letter cum Project undertaking as per Annexure-6 stating the proposal validity period.
- (ii) Bid Security.

**(2) Part B - Technical Proposal as per format set out in RFP.**

**(3) Part C- Financial Proposal as per the format set out in RFP.**

- (b) The Proposal shall be typed or written in indelible ink and shall be signed by the authorized representative of the applicant. In case the applicant is a consortium of two or more firms the proposal shall be signed by the duly authorized signatory of the lead member and shall be legally binding on all the members of the Consortium. The proposals shall contain the information required for each of the member of the Consortium.
- (i) Power of Attorney for signing of bid: The bidder should submit a Power of Attorney as per the format at Annexure-7, authorizing the signatory of the bid to commit the bidder.
  - (ii) Power of Attorney for Lead Members of Consortium: In case the bidder is a Consortium, the members thereof should furnish a Power of Attorney in favour of the Lead Member in the format at Annexure-8
- (c) Any interlineations, erasures or overwriting shall be valid only if the person or persons signing the Proposal prior to opening of the same initial them.

### 1.4 Packing, Sealing and Marking of Proposal

- (a) The Key-Submissions (Part A), Technical Proposal (Part B) and Financial Proposal (Part C) must be inserted in separate sealed envelopes, along with applicant's name and address in the left hand corner of the envelope and super scribed in the following manner.**
- > **Part-A- Key-Submissions for "Implementation and Operation of Inter Facility Medical Ambulance Service in Assam".**
  - > **Part-B- Technical Proposal "Implementation and Operation of Inter Facility Medical Ambulance Service in Assam".**

- > **Part-C - Financial Proposal "Implementation and Operation of Inter Facility Medical Ambulance Service in Assam".**

(b) All three envelopes i.e. envelope for Part-A, Part-B and Part-B must be packed in a separate sealed outer cover and clearly super scribed with the following:

> Proposal for "**Implementation and Operation of Inter Facility Medical Ambulance Service in Assam**".

> The Applicant s Name & address shall be mentioned in the left hand corner of the outer envelope.

- (c) The inner and outer envelopes shall be addressed to Mission Director at the following address:

**NATIONAL RURAL HEALTH MISSION (NRHM) DEPARTMENT OF HEALTH & FAMILY WELFARE, GOVT. OF ASSAM**

**Saikia Commercial Complex, Srinagar Path, Christianbasti, G.S. Road, Guwahati-05, Ph No: 0361-2340236**

*If the outer envelope is not sealed and marked as mentioned above, then Department 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.PART A (Key-Submission)**

This part of the proposal i.e. Part A (Key-Submissions) shall contain following documents

1. Covering Letter cum Project Undertakings as per **Annexure-6**
2. Earnest Money Deposit (EMD) amount of Rs.50,00,000/- (Rs. Fifty Lakhs only) in shape of DD/Pay order from any scheduled commercial bank drawn in favor of **State Health Society, Assam**, Payable at Guwahati.

**II.PART B (Technical Proposal)**

The applicants are requested to submit a detailed technical proposal with respect to the implementation and operation of the services during the proposed contract period in conformity with the Terms of Reference forming part of this RFP.

1. Duly filled up Application Form (as per **Annexure 1**)
  2. Proposed organizational structure and Curriculum Vitae (CV) of key personnel's to be involved in the implementation and operation of the project
- > Approach & Methodology and Manpower Planning for implementation and operation of the project "**Implementation and Operation of Inter facility Medical Ambulance Service in Assam**".



3. Detailed cost-sheet/financials of the project with annual break-up in respect of all capital expenditure to be incurred by the department for implementation and operation of the project, which shall mainly include; investment to be made towards procurement, planning, designing, installation/commissioning, quality assurance and implementation of Ambulances, buildings, machineries, equipment and other assets essential and necessary for the project.
4. Detailed implementation plans to cover the entire state.
5. Detailed funds flow requirement with monthly break-up for both capital and operational expenditure separately.
6. Detailed strategy for performance monitoring and evaluation, quality assurance and internal control.
7. **Power of Attorney authorizing the signatory for signing the proposal on behalf of the proposer/Bidder as per Annexure-7.**
8. **In case of consortium Power of attorney for signing of application by the lead member as per Annexure-8.**
9. **Letter of Exclusivity (in case of application by Consortium) as per Annexure-10.**
10. **Letter of Declaration (Anti Collusion Certificate) mentioning that the applicant/consortium will not collude with the other applicants as per Annexure-11.**
12. **Affidavit Certifying that Entity/Promoter(s)/Directors/Partner(s) of Entity are not Blacklisted as per Annexure-9.**
13. **A copy of the RFP document sealed and signed in all pages by the applicant.**
14. Any other details the bidder like to include in the proposal

### **III. PART C (Financial Proposal)**

1. The applicant must submit the Financial Proposal using Form specified in Annexure 2&3 with proper signature and seal of the applicant.
2. The Agency shall be paid on per ambulance basis. The **Financial Proposal** shall clearly indicate cost per **Ambulance**.
3. In case of any discrepancy between figures and words in the financial proposal, the one described in words shall be adopted.
4. The same person signing the RFP shall sign the financial part also.

### **1.5 Number of Proposals**

**A bidder is eligible to submit only one bid for the project. A bidder bidding individually or as a member of a Consortium shall not be entitled to submit another bid either individually or as a member of any Consortium, as the case may be.**

### **1.6 Change in composition of the bidder**

**Any change in composition of the bidder after the qualification stage would be at the sole discretion of the H&FW Department and with prior written permission of the H&FW Department.**

### **1.7 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.

### **1.8 Cost of Proposal**

The Applicants shall be responsible for all of the costs associated with the preparation of their Proposals and their participation in the Selection Process. Department will neither be responsible nor in any way liable for such costs, regardless of the conduct or outcome of the Selection Process.

### **1.9 Acknowledgement by Applicant**

- (a) It shall be deemed that by submitting the Proposal, the Applicant has: -
- (i) Made a complete and careful examination of the RFP;
  - (ii) Received all relevant information requested from Department
  - (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 Department or 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 in terms hereof.
- (b) The Department shall not be liable for any omission, mistake or error on the part of the Applicant 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 Department.

### **1.10 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 on 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.

### **1.11 Proposal Due Date**

RFP filled in all respect must reach the Department at the address, time and date specified in the cover page of the tender document through Speed / Regd. Post or Courier. If the specified date for the submission of RFPs is declared as a holiday for Department, the RFPs will be received up to the appointed time on the next working day.

### **1.12 Pre-Proposal Conference**

- (a) Pre-Proposal Conference of the Applicants shall be convened at

**NRHM Conference Hall, Saikia Commercial Complex, Srinagar Path,  
Christianbasti, G.S. Road, Guwahati-05. 15<sup>th</sup> October at 2 P.M.**

- (b) During the course of Pre-Proposal Conference, the Applicants will be free to seek clarifications and make suggestions for consideration of Department. The Department shall endeavor to provide clarifications and such further information as it may, in its sole discretion, consider appropriate for facilitating a fair, transparent and competitive Selection Process.

### **1.13 RFP Opening**

- (a) Department will open all Proposals, in the presence of Applicants or their authorized representatives who choose to attend, immediately after submission ends on the last day of submission of proposals.

## 2. TERMS OF REFERENCE

### 2.1 Target Group/Coverage

Government of Assam has decided to provide Inter Facility Ambulance Services for the entire population of the state. However for practical reason, the implementation will be done in a phased manner. At present coverage will be through 450 nos of Ambulances. To provide transit health care and transportation to avail further health care facilities particularly in attending to pregnant women, neonates, parents of neonates, infants and children in situations of serious ill health and all other health emergencies in the general population, and thereby assisting the state to achieve the critical Millennium Development Goals in the health sector; i.e. reduction in Infant Mortality Rate, Maternal Mortality Rate, and overall reduce the vulnerability of the people to ailments/diseases by providing access to the comprehensive referral transport system.

#### **The scheme 102 Inter Facility Transportation service.**

- The IFT/Referral services will be offered through a universal access number **102**.
- One centralized 24x7 Control room for receiving the calls, mobilizing and monitoring of ambulances through Geographical Information System (GIS)/Global Positioning System (GPS).
- Judicious mix of BLS (200 numbers new) and 250 numbers existing Ambulances will be provided at both tertiary and secondary intake points. 100% coverage from PHC upwards on a “Dial the service” basis.
- Existing 250 No. of ambulances in the different Health Institutions will be upgraded to and will be included under the scheme of 102 services.

### 2.2 Objectives

- (a) To operate a state-of-the- art Inter facility Medical Ambulance Services in the entire state of Assam. This will facilitate an integrated and comprehensive health care management in the state providing high-end ambulatory transportation for appropriate care in a hospital.
- (b) To provide to quality patient transport care within the shortest possible time. Ensure delivery of quality patient transport care across the chain of services with a proper management system. To ensure that the system is efficient and effective as possible by providing first class management service quality and monitoring systems to run the ambulance service.

### 2.3 Scope of Work

- (a) Design, procure and equip ambulances with facilities, features and in quantity as prescribed for Medical Ambulance Services. For technical specification please reference. **Annexure 5**.
- (b) Design, establish and furnish civil infrastructure<sup>1</sup> essential and necessary for Inter facility Medical Ambulance Services in the state which shall include:
  - (i) Control Office/ Control Room.
  - (ii) Parking shed rest room or any other civil infrastructure to keep the fleet in continuous working condition.
- (c) Install necessary IT and communication infrastructure required for operating including vehicle tracking (GPS System), call management, performance monitoring<sup>2</sup> and reporting. Computer telephony integration with the ability to log calls with GIS and GPRS integrated ambulance-monitoring system.
- (d) Mapping and defining of strategic positioning of the ambulances with route maps, motorable points, nearest catch points in case of non-motorable locations.
- (e) Conduct facility survey to assess the existing health facilities in the state and to identify critical gaps at facility level, if any, for improvement of the services.
- (f) In addition to above, the Agency shall develop and implement appropriate control mechanism to ensure;
  - (i) Optimal use of the infrastructure
  - (ii) Proper selection and training of human resources
  - (iii) Transparent, efficient and cost effective procurement
  - (iv) Continuous performance monitoring and evaluation

### 2.4 Expected Output

- (a) 24x7 Inter Facility Transportation care (Ambulance) services across the state within agreed response time.
- (b) Uninterrupted functioning of the call centre/ control room and overall Inter facility transportation care (Ambulance) services ensuring that no call is left unattended.
- (c) Develop curriculum and training modules as required for state health staff to improve emergency response at health facilities at the request of the government. (Government to bear expenses on such training and workshop).

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<sup>1</sup>Civil infrastructure includes building (temporary or permanent) or any ancillary construction including furniture, fittings, connecting road, electrical supply

<sup>2</sup>Performance monitoring shall include real time recording, analysis and reporting of time, distance and response under each event/incidence/response.

- (d) Submit various reports and information within the stipulated time frame to the State Level Steering Committee formed exclusively, for the overall supervision of the project, and other state and district level authorities.

## 2.5 Agency's Responsibilities

- (a) **Infrastructure<sup>3</sup>**: The agency is required to maintain the building and other infrastructure throughout the life of the agreement to prevent the structural and functional deterioration that can impede the service delivery as years pass by. The agency shall also ensure that the ownership of government of Assam in assets created out of government fund is protected.
- (b) **Statutory Compliance<sup>4</sup>**: the Agency is responsible for the compliance of the statutory requirement under any law in respect of any asset and operation. The agency shall be held responsible in case of any penalty, loss or other legal consequences arising out of non-compliance.
- (c) **Operation of Control Room**: The Agency shall operate the Control Room round the clock on 24X7 mode through a dedicated three digit number to response distress call and monitor the movement and positioning of the ambulances in the shortest possible time. For proper management of the services the agency shall equip the Control Room with Geographical Information System, Global Positioning System, Automatic Vehicle Location Track and other necessary hardware and software for computer integrated telephonic integration.
- (d) **Call Response**: On receiving call of any nature the control room shall communicate with the ambulance to the caller and take the patient to the referral health facility depending on the severity of the patient's condition. The concerned health facility is also to be informed in advance to keep them prepared for immediate emergency care within that critical/golden hour<sup>5</sup>. The agency shall be responsible to maintain the average response time of 20 minutes for urban, 25 minutes for semi-urban and 35 minutes for rural and difficult areas as a key performance parameter.
- (e) **Cost Estimation & Schedule of Implementation**: The Agency shall provide detailed estimation of the capital expenditure including schedule of implementation and projected cash flow. For this purpose Capital Expenditure shall include;
- (i) All expenditure to be incurred towards cost of procurement, commissioning and supervision of ambulances, equipment, hardware, building, furniture, communication equipment, etc. essential and necessary to run ambulance services.
- (ii) Setting up of Control Rooms, recruitment and training of staff, ambulance parking, and staff shelter rooms, etc.
- (iii) Any other expenditure of capital in nature not covered by above.

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<sup>3</sup>Infrastructure includes building, machineries, equipment, ambulances and all other assets procure red, installed and put to use.

<sup>4</sup> Statutory compliances are compliances in respect to any asset or activity and non-compliances of which amounts to breach of law and are subject to legal consequences including penalty. Which may include; payment of tax, obtain pollution clearance, registration, road permit, provident fund, ESI and fitness certificate

<sup>5</sup>Time in between the disease/accidents and that disease/injury becoming fatal

- (f) **Monitoring & Evaluation:** Develop and implement a fool proof monitoring and evaluation system to ensure efficiency in capacity utilization. Key indicators need to be put in place for looking at equity of access, quality of care, volume of utilization and wasteful consumption.
- (g) **Procurement of Assets:** Agency shall take the responsibility of procurement and setting up of all infrastructure and long term assets with the prior approval of the Purchase Committee headed by the Commissioner & Secretary to The Government of Assam, Department of Health and Family welfare & Mission Director on each occasion in the manner stipulated in clause no 2.9 of RFP.
- (h) **Invest in Software:** The Agency (service provider) is expected to provide all necessary software free of cost to manage and operate Inter Facility Medical Ambulance Service. The software so installed in the project by the service provider would become property of Government of Assam at the end of the contract period or termination of the contract, whichever is earlier.
- (i) **Develop Standard Operating procedures and Protocols:** The Agency shall be responsible to develop all necessary Standard Operating Procedures and Protocols to run the Inter Facility Medical Ambulance Service including operation of Ambulances, Control Room, etc.
- (j) **Others:**
- (i) Shall not accept for its own benefit any commission, discount or similar payments in connection with the activities pursuant to discharge of its obligations under the agreement, and shall use its best efforts to ensure that its personnel and agents, shall not receive any such additional remuneration. However the agency will be responsible for collection of user charge if the matter proposed by NRHM Assam or Government of Assam.
- (ii) Recruit, train and position qualified and suitable personnel for implementation of the project at various levels. The staff so engaged/recruited/appointed by the agency shall be exclusively on the pay rolls of the bidder and shall under no circumstances this staff will ever have any claim, whatsoever for appointment with the Government. The agency shall be fully responsible for adhering to provisions of various laws applicable on them including Labor laws. In case the agency fails to comply with the provisions/ applicable laws and thereby any financial or other liability arises on the Government by Court orders or otherwise, the agency shall be fully responsible to compensate/indemnify to the Government for such liabilities.
- (iii) Strict adherence to the stipulated time scheduled for various activities.

## **2.6 Government of Assam's Responsibilities:**

- (a) **Overall Monitoring & Supervision:** Government will constitute appropriate committees both at state and district with appropriate delegation to ensure smooth implementation and operation of services across the state.

- (b) **Accreditation of Facility:** Government shall take the responsibility of accreditation of health facility in the area covered under Inter facility medical ambulances services.
- (c) **Delegation of Power:** Authorize or empower the Agency to carry out necessary task under preview of this assignment and to act as a state level nodal agency to provide services across the state.
- (d) **Call number:** Secure a three-digit number (102) to be used as single call number for the state to reach the call centre under these services.
- (e) **Allocation of Fund:** Allocate the fund toward various tasks or activities under the project as per mutually agreed terms and conditions.
- (f) **Provision for Space and Infrastructure:** Provide necessary space for ambulances parking at health institute as per agreed terms and conditions.
- (g) **Liaison with other department and agencies:** Liaison with other departments or authorities critical to the functioning of services like; police, fire, transport, labour, etc.
- (h) **Collection of User Charges:** The Government may collect user charges for cases as stipulated. The agency has no obligations towards the collection of user fee.
- (i) **Existing 250 no of Ambulance.** Existing 250 no of Ambulances in the different health institutions will be up graded and included in this scheme. These ambulances are Sumo Ambulances, BS-III Type of TATA Motor. Equipments with these ambulances are as follows-
  - Oxygen Cylinder, B-type with foel meter, Mask, Wrench & Pipe
  - Adult & Children (Dual) Resuscitation kit in carrying case
  - Foot operated suction machine and powder coated polycarbonate jar
  - Mercurial B.P Apparatus
  - Clinical Thermometer( Hicks)
  - Ruskin baby seat cover
  - Curtain set

## 2.7 Period of Engagement/Duration of Contract

- (a) The agency selected for the purpose shall enter in to a contract with the Government of Assam with agreed terms and conditions.
- (b) **The agency will be engaged initially for a period of 5 years, which may be extended further by Government, subject to satisfactory performance and mutual agreement. However, detailed provision for modification or termination from the contract and related liabilities and penalties for both the parties for such act should be stated clearly to bring out satisfaction and performance from both the parties.**



## 2.8 Schedule of Implementation

The agency is required to cover the entire state within three years from signing of the contract in a phased manner as mentioned in the **clause no 2.1** above. The implementation shall be completed within 6 months of signing the contract.

## 2.9 Procurement

- (a) **Procurement of all the assets under the project shall be undertaken by the agency in the manner specified below. For the purpose of the procurement a purchase committee shall be formed by the agency and the Steering Committee shall nominate two Government officials with approval of the Govt. of Assam to represent in the purchase committee. It would be the responsibility of the committee to ensure that all the procurements are done on a transparent, competitive and fair manner through open tender.**
- (b) **Prior-approval of the Procurement Committee formed by the Government of Assam to be obtained in each occasion with respect to the procurement terms and conditions including evaluation criteria, eligibility criterion, mode of procurement, performance security, specifications, design & other special conditions included in the bid document.**
- (c) All Non-consumable procurements shall become assets of the project, which will have to be handed over to the Government on termination/completion of the project. Proper records of such assets will be maintained in the project accounts.
- (d) The Department shall undertake IEC activities of the project.

## 2.10 Means of Finance

- (a) **Capital Expenditure:** Government of Assam shall finance for all capital expenditure relating to procurement, designing, refurbishing, and installation of assets including civil infrastructure, IT infrastructure (hardware), ambulances, machineries, equipment, accessories, office furniture & fittings. **However, the Agency shall invest from its own fund for the procurement/development of software required to be installed to run the Inter Facility Medical Ambulances Service (102), including Call Centre, Vehicle Tracking System and Monitoring System, etc.**
- (b) **Operational Expenditure:** Government of Assam shall bear for the operational cost for running the service on per ambulance per month basis. The rate per month per ambulance shall be as per the rate quoted by the winning party in financial bid.

### 2.11 Financing of the Project:

- (a) Financing of the project shall be on reimbursement basis in accordance with the provision of the agreement. Claims or reimbursements for operational expenditure shall be payable on quarterly basis as advance on submission of statement of claim by the service provider for last installment.

- (b) **The payment against all capital expenditure incurred by agency shall be released in a phased manner to ensure the financial stake of the agency in the project. Government shall release 80% of the capital cost upon signing of the agreement. The balance 20 % shall be paid 6 months after declaration of such capital asset as property of GOA.**
- (c) Advance financing if any shall be against 100 % bank guarantee separately (other than performance security) and limited to Rs 3.00 Crores at any point of time. Such advances are necessarily to be adjusted from the next claim of the service provider.

#### **2.12 Investment and Ownership:**

All moveable and immovable assets created in the project will be the property of Department of Health and Family Welfare, Government of Assam. The assets will have to be handed over to the Government at the end of the contract period.

#### **2.13 Earnest Money Deposit (EMD) and Security Deposit**

- (a) The bidder shall submit Earnest Money Deposit (EMD) amounting to **Rs.50 Lakhs** in the form of Banker's cheques/ Demand Draft in favor "State Health Society", Assam payable at Guwahati along with the proposal.
- (b) In the absence of the EMD, technical proposal of the bidder shall be rejected.
- (c) **The EMD shall be returned to unsuccessful bidders within a period of eight (8) weeks from the date of announcement of the successful bidder.**
- (d) **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.**
- (f) The bidder whose proposal is accepted and award issued shall have to submit **Security Deposit of an amount of Rs. 3.00 Crores in the form of a Bank Guarantee from a Nationalized Bank.** Security deposit is for due performance of the agreement. The Government in the following circumstances can forfeit it;
  - (i) When any terms or conditions of the agreement are infringed.
  - (ii) When the service provider fails in providing the services satisfactorily.

Notice will be given to the bidder/service provider with reasonable time before the earnest money / security deposit is forfeited.

#### **2.14 Operational Parameter and Penalty Clauses**

- (a) **The Agency shall complete the first phase of implementation and start providing Ambulance Services the manner specified herein within 6 months of the signing of**

**the contract unless otherwise an extended period is allowed by the Steering Committee in writing.**

- (b) The Agency (Service Provider) shall ensure that an average performance level of 3 Trips/Day/Ambulance is achieved from **6<sup>th</sup> month** onwards of the deployment of ambulances during each phase. In case this level of service is not achieved a proportionate deductions from the claims will be effected.
- (c) In case of other defaults in services necessary action under terms of the agreement will be initiated in addition to imposition of penalty considering seriousness of the default. The fault shall be determined with reference to the outputs as mentioned at **Para 2.4** above and the State Level Steering Committee set-up for overall supervision and monitoring of services will determine penalty.
- (d) The amount of penalty shall be recovered from the claims submitted by the service provider. In the absence of any claim, it can be recovered from security deposit also.

**2.15 Performance Standards and Standard Operating Procedures 2.15.1 Performance Standards for Ambulances**

- (a) **The ambulance has to reach the site of requirement within the response time as specified under Para 2.5 (d) of receiving such call at the Response Center in 80% of the cases. It is clarified that non-response to hoax calls, repeat calls, crank calls or calls that did not provide an address for the Patient will not be taken into account while determining adherence to Response Time standards by the Operator. Response Time standards shall apply to all inter facility ambulance requests requiring a response as determined by the Response Center using call screening and dispatch protocols approved by the Department and only such calls shall be used for the purposes of determining response time compliance calculations.**
- (b) **Any delay in adhering to the Response Time and Patient Transport Times standards shall be recorded and reported by the Operator to Department.**
- (c) **Response Time calculations shall be calculated from the time a call is received as defined in (i) below till the time Operator's ambulance arrives on scene as defined in (ii) below or is cancelled by the Response Centre .**
  - (ii) **Time of Call Received-** shall be defined as the time at which the response call center has received a call through telephone or any other source (Hospital).
  - (iii) **Time of Arrival on Scene -** shall mean the time at which an ambulance crew (the driver) notifies the response center that the ambulance has reached the response center.

- (iv) In case of multiple response i.e. more than one vehicle arriving at the scene, the response time shall be recorded for the first vehicle arriving on scene.
- (v) Exceptions to Response Time Standards: It is the responsibility of the Operator to apply for exceptions on a daily basis to the Department. Exceptions shall be permitted in the following cases only, if the Operator applies in time for exception on account of;
  - Failure of radio transmission
  - Mobile data terminal failure
  - Material change in dispatch location
  - Computer aided dispatch failure
  - Unavoidable telephone communications failure
  - Delays caused by traffic secondary to the incident
  - Unavoidable delays caused by road construction or inclement weather e.g Fog
  - Unavoidable delays caused on account of rail crossings where the train was delayed
  - Delays resulting from off road locations

#### **2.15.2 Performance Standards for the Response Centre**

- (a) The Junior Executives receiving the calls on the toll free line must take the call within three rings.
- (b) From the time of receipt of call at the response call center the ambulance must be dispatched in 90 seconds.

#### **2.15.3 Guidelines for preparation of the Standard Operating Procedures for Ambulances**

- (a) Operator will have to develop Standard Operating Procedures (SOP) for the Ambulance and Response Centre operations by the Effective Date for acceptance and approval of the same by Department. The guiding principles for the Standard Operating Procedures to be developed by the Operator are given below:
  - (i) Purpose and Scope
  - (ii) Dispatch Centre protocols
  - (iii) Operation Systems, Structures and Protocols for Ambulances (both types) including response protocols, ring checks, call codes, vehicle maintenance, vehicle breakdown management, vehicle accident management, vehicle distribution, communication protocols.

- (iv) **Operational protocols for special circumstances (natural calamities, mass casualty events (both manmade and natural), unattended death, transportation of minors, transportation of obstetric cases, pediatric patents, neonate crime scene operations, fire & accidents relating to hazardous material). Department will assist in the development of the operational protocols for such special circumstances.**
  - (v) **Reporting structures and formats - overall documentation**
  - (vi) **Health and safety protocols for personnel**
  - (vii) **Job description, roles and responsibilities of each level of personnel in entire operations.**
  - (viii) **Training, refresher course and orientation protocols for all levels of personnel (including staff replacement protocols).**
  - (ix) **Overall administrative policies**
  - (x) **Inter-facility transfer protocols**
  - (xi) **On-line medical direction / guidance protocols**
  - (xii) **Transportation refusal policies and protocols**
  - (xiii) **Do Not Resuscitate Policy**
- (b) The Standard Operating Procedure shall be developed by the Operator and approved by the Department's representative before the issue of the letter of Commencement. The Department's representative shall review and communicate its approval or need for changes within a period of fifteen days from the date of submission of the draft Standard Operating Procedure by the Operator and in the event no response indicating either the approval or need for specific amendments is received by the operator then Department shall be deemed to have approved the draft Standard Operating Procedure submitted by the Operator. The Standard Operating procedure may be reviewed and revised at periodic intervals. However department reserves the right to amend the Standard Operating Procedure (SOP) unilaterally and the Operator shall be bound to implement such change from the date of its communication by the Department to the Operator.**
- (c) Amended versions of the Standard Operating Procedure (SOP) shall be implemented after submission to Department for necessary approval.**

#### **2.15.4 Standard Ambulance Operating Protocol.**

- (a) Operator will have to develop, by the Effective Date. Standard Ambulance Operating Protocol (SAOP) that will provide the guidelines and framework in accordance with which each Operator Ambulance will have to be operated. The draft SAOP developed by the Operator will have to be submitted to Department.**
- (b) The Operator can collect/pick up patients only within the area of the Assam.**
- (c) The Standard Ambulance Operating Protocol shall be developed by the Operator and approved by the Department's representative before the issue of the Letter of Commencement by the Department. The Department's representative shall review and communicate its approval or need for changes within a period of fifteen days from the date of submission of the draft Standard Ambulance Operating Protocol by the Operator and in the event no response indicating either the approval or need for specific amendments is received by the Operator, then Department shall be deemed to have approved the draft Standard Ambulance Operating Protocol submitted by the Operator. The Standard Ambulance Operating Protocol may be reviewed and revised at periodic intervals as the project is implemented.**
- (d) Department shall have the right to, from time to time, notify specific change(s) to the Standard Ambulance Operating Protocol and the Operator shall be bound to implement such change from the date of its communication by Department to the Operator.**

#### **2.16 Monitoring and Evaluation**

- (a) Commissioner & Secretary Department of Health and FW, Govt of Assam and Mission Director NRHM and quarterly by State Level Steering Committee will review the performance monthly.**
- (b) The Jt Director of Health Services will oversee the activity within their respective districts and review performances in District Health Societies meetings.**
- (c) The services and records of the service shall be subject to inspection by designated officer(s) of the Department.**

#### **2.17 Termination /Suspension of Agreement**

- (a) The Government may, by a notice in writing suspend the agreement if the service provider fails to perform any of his obligations including carrying out the services, provided that such notice of suspension--**

- (i) Shall specify the nature of failure, and
  - (ii) Shall request remedy of such failure within a period not exceeding 15 days after the receipt of such notice.
- (b) The Government 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 (i) to (ii), may terminate the agreement after giving reasonable opportunity of being heard to the service provider.
- (i) If the service provider do not remedy a failure in the performance of his obligations within 15 days of receipt of notice or within such further period as the Government have subsequently approved in writing.
  - (ii) If the service provider becomes insolvent or bankrupt.
  - (iii) If, as a result of force majeure, service provider is unable to perform a material portion of the services for a period of not less than 60 days: or
  - (iv) If, in the judgment of the Government, the service provider is engaged in corrupt or fraudulent practices in competing for or in implementation of the project.
- (c) **In the event of premature termination of the contract by the Government on the Instances other than non-fulfillment/ non-performance of the contractual obligation by the agency, the balance remaining un-paid amount on account of capital expenditure as on the day of termination shall be released within six months from the date of such termination.**

## 2.18 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.

## 2.19 Saving Clauses

In the absence of any specific provision in the agreement on any issue the guidelines issued/to be issued by Government of Assam shall be applicable.

## 2.20 Force Majeure

- (a) **The Operator shall not be allowed to suspend or discontinue Services during occurrences of emergencies or Force Majeure events. Provided, in such circumstances of emergencies and Force Majeure event, if the Performance Standards are not complied with because of any damage caused to Ambulance vehicles 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 applicable for the relevant default in Performance Standards would be applied to such particular defaults. Provided further, unless the Force Majeure event is of such nature that it completely prevents the operation of Ambulances, a suspension of or failure to provide Services on the occurrence of a Force Majeure event will be an Event of Default and Department may terminate this Agreement without any termination payment being made in respect thereof.

- (b) Department agrees to reimburse the cost of repair or replacement of any Ambulance or equipment in that is damaged as a direct consequence of a Force Majeure event, to the extent that such cost was not covered by the relevant insurance policies that were obtained by the Operator.
- (c) On the occurrence of any Force Majeure events or implementation of any disaster management operations or law and order emergencies, Department may give instructions to the Operator including requiring deployment of certain number of Ambulances in specific locations, in such circumstances, the Operator shall comply with such instructions and will be excused from adherence to relevant performance standards.
- (d) 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
  - (i) Has taken all reasonable precautions, due care and reasonable alternative measures in order to carry out the terms and conditions of the agreement, and
  - (ii) Has informed the other party as soon as possible about the occurrence of such an event.

### **2.21 Settlement of Dispute**

If any dispute with regard to the interpretation, difference or objection whatsoever arises in connection with or arises out of the agreement, or the meaning of any part thereof, or on the rights, duties or liabilities of any party, the same shall be referred to the State Level Steering Committee for decision.



## 2.22 Right to Accept and Reject any Proposal

Government reserves 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.

## 2.23 Award of Contract and Agreement

On evaluation of technical and financial parts of RFP and decision thereon, the selected bidder shall have to execute an agreement with the Government within 15 days from the date of acceptance of the bid is communicated to him. This Request for Proposal along with documents and information provided by the bidder shall be deemed to be integral part of the agreement. Before execution of the agreement, the bidder shall have to deposit security deposit as per clause 2.13 above.

## 2.24 Commencement of Service

- (a) The Firm (Operator) shall commence the service only after the issue of the Letter of Commencement by the Department allowing the operator to commence activities envisaged under the RFP. Letter of Commencement shall be issued subject to following conformations:
- (i) Ambulances, Control Room and all other infrastructure are equipped and complete in all respect as per the terms and conditions mentioned in this RFP.
  - (ii) All statutory requirements essential and necessary under different statute to run the service have been complied.
- (b) The Operator ***shall commence the service within 6 months from*** the date of signing of the Agreement. If the firm fails to commence the service as specified herein, the department may, unless it consents to the extension of time thereof, forfeit the Performance Security and appropriate the same

## 2.25 Jurisdiction of Court

Legal proceedings if any shall be subject to Guwahati jurisdiction only.

### 3. CRITERIA FOR EVALUATION

#### 3.1 Evaluation of Technical Proposals

- (a) In the first stage, the Technical Proposal will be evaluated on the basis of Applicant's experience, presentation and financial capability. Only those Applicants whose Technical Proposals score 70 marks or more out of 100 shall qualify for further consideration.
- (b) In case of consortium, the lead and other agency in the consortium shall be evaluated on a 75: 25 basis on all parameters.
- (c) The key personnel, as given by the agency in the technical proposal should not change during the tenure of the contract, without prior approval of the Government of Assam.
- (e) Technical Proposal of all the Applicants will be evaluated based on appropriate marking system. The categories for marking and their respective weightage are as under:

SI No	CRITERIA	MAXIMUM MARKS	MARKS OBTAINED
1	<b>EXPERIENCE OF THE FIRM</b> 1. No. of years in operation of Medical Ambulance Service. 2. Experience in handling similar projects with government. 3. Experience in Computer Telephony Integration with the ability to log calls and track vehicles using Geographical Information System with GPRS integrated Ambulance Monitoring System.	40	
2	<b>EXPERIENCE OF KEY PERSONNEL</b> 1. Qualifications 2. Relevant Experience	30	
3	<b>APPROACH AND METHODOLOGY</b> 1. Project Implementation Plan 2. Innovations and Understanding 3. Indicators, methods and procedure proposed for performance evaluation and Monitoring	20	
4	<b>TECHNICAL PRESENTATION (BEFORE THE DEPARTMENT EVALUATION COMMITTEE)</b>	10	
	<b>TOTAL</b>	<b>100</b>	

(c) All Applicants shall be required to make presentations up to 30 minutes, before opening of Financial Proposals, to demonstrate their credentials before the Evaluation committee and to submit hard copies during the presentation. The presentation shall broadly cover the following aspects:

- (i) Brief Company profile, local presence, associates, major clients & projects etc.
- (ii) Experience and capabilities of conducting similar assignments
- (iii) Understanding of assignment along with methodology indicating broad scope of work and road map
- (iv) Proposed Key Personnel along with Team Leader and Manpower commitment.
- (v) The time and venue for the presentation shall be intimated to the Applicants.

### 3.2 Financial Proposal Opening

Financial bid opening shall be done for only those applicants who score minimum qualifying (as fixed by the committee) score in technical evaluation. The selection of service provider shall be strictly on least cost basis. The Final Score will be determined as follows

$$\left[ \frac{\text{Capex L1}}{\text{Capex Quoted}} \times 25 + \frac{\text{Opex L1}}{\text{Opex Quoted}} \times 75 \right]$$

- Where Capex L1 is the lowest amongst Capex amount proposed by all Bidder, and Capex is the Capital Expenditure amount proposed by the Bidder.
- Where Opex L1 is the lowest amongst Opex amount proposed by all Bidder. And Opex is the Operational Expenditure amount proposed by the Bidder.

**The Bidder Agency scoring the highest Final Score shall be Selected.**

## **ANNEXURES**

**ANNEXURE 1: APPLICATION FORMAT**

**APPLICATION FORMAT**

<b>S.N</b>	<b>Particulars</b>	<b>Details</b>
<b>1</b>	<b>Name of the Project</b>	<b>"Inter Facility Medical Ambulance Service in Assam"</b>
<b>2</b>	<b>Name and address of the Organization responding to RFP.</b> <ul style="list-style-type: none"><li>• Telephone No. with STD Code</li><li>• Fax Number</li><li>• E-mail address, if any</li><li>• Name and Designation of Contact Person</li></ul>	
<b>3</b>	<b>Proposal Addressed to:</b>  <b>Mission Director</b> National Rural Health Mission, Assam, Saikia Commercial Complex, Srinagar Path, Christianbasti, G.S. Road Guwahati-781005	
<b>4</b>	<b>Reference of Notice inviting for RFP</b>	<b>No .....Date .....</b>
<b>5</b>	<b>Authority for signing and submitting the document</b> <i>(Power of Attorney, Resolution of the organization etc.)</i>  <b>Documents enclosed in support of the Request-</b> 1) ..... 2) ..... 3) ..... 4) ..... <b>Total pages.....</b>	

**Name and signature of the authorized signatory**

**Seal of the Organization**  
**Date:.....**

**ANNEXURE 2: ACKNOWLEDGEMENT & FINANCIAL PROPOSAL**

**[FINANCIAL PROPOSAL]**

To

The .....

**Department of Health & Family Welfare**

**Government of Assam**

Sub: - **Request for Proposal for "Inter Facility Medical Ambulance Services"**

Sir,

1. Having carefully examined all the parts of the RFP documents and having obtained all the requisite information affecting this proposal and being aware of all conditions and difficulties likely to affect the execution of the agreement, I/We hereby propose to implement the project as described in the RFP document in conformity with the conditions of agreement, technical aspects and the sums indicated in this financial proposal.
2. I/We declare that we have read and understood and that we accept all clauses, conditions, and descriptions of the RFP document without any change, reservations and conditions.
3. If our proposal is accepted, we undertake to deposit security deposit of Rs 3.00 Crores before execution of the formal agreement
4. I/We agree to abide by this proposal/bid for a period of 90 days from the date of its opening and also undertake not to withdraw and to make any modifications unless asked for by you and that the proposal may be accepted at any time before the expiry of the validity period.
5. Unless and until the formal agreement is signed, this offer together with your written acceptance thereof shall constitute a binding contract between me/us and the Government of Assam.
6. We submit the Schedule of Rate as appended herewith.

Yours faithfully Signature of the authorized

signatory

Encl: Schedule of Rate

**ANNEXURE 3: SCHEDULE OF RATES**

## Schedule of Rates

For

### Implementation, Operation & Maintenance of "Inter Facility Medical Ambulance Service in Assam"

Particulars	Amount
<p><b>1. Capital Expenditure:</b>  <i>The rate is inclusive of all expenses/costs towards;</i>                      Capital expenditure on IT infrastructure (hardware), ambulances, machineries, equipments, accessories, office furniture &amp; fittings, Call Centre, Vehicle Tracking System and Monitoring System including expenditure on procurement, designing, refurbishing, and installation of assets including civil infrastructure.</p>	<p><b>1.CAPEX= (Rs.....)</b></p>
<p><b>2.Operational Expenditure as Cost/Ambulance/Month</b>                      2(a). Operation and maintenance of the services including salary &amp; allowances, recruitment &amp; training, staff insurance &amp; others, fuel, comprehensive maintenance charge of ambulances, Ambulance insurance, uniforms, Ambulance mobile phones, conveyance &amp; traveling, asset insurance, telephone, Mobile, PRI line, internet , rent of buildings, electricity &amp; water, housekeeping, AMC of hardware, software, equipment, postage &amp; courier, printing and stationary and all other miscellaneous expenses inclusive of all taxes, duties, fees etc.</p>	<p><b>2.(a) ( Rs .....</b>)</p>
<p><b>2.(b)</b> Cost of medicine or other health care consumables reasonably procured for use in the Ambulances for treatment and stabilization.</p>	<p><b>2. (b).( Rs.....)</b></p>
<p><b>Operational Expenditure</b></p>	<p><b>OPEX =2(a) +2(b)(Rs.....)</b></p>

In the purpose of evaluation number of ambulances shall be treated as 200 new and 250 existing Ambulances.

Place:

Date:

Signature of Authorized Signatory

Seal with Designation

**ANNEXURE 4: AGREEMENT**

**AGREEMENT**

1. An agreement made this ..... day of 2012  
BETWEEN

.....(hereinafter called "the approved service provider", which expression shall, where the context so admits, be deemed to include his heirs successors executors and administrators) of the one part AND the Governor of the State of Assam (hereinafter called "the Government" which expression shall, where the context so admits be deemed to include his successors in office and assigns) of the other part.

2. Whereas the approved service provider has agreed with the Government to implement the "Inter facility Medical Ambulance Services" in the State of Assam in the manner set forth in the terms of the Request For Proposal (RFP) and Schedule of Rates.

3. And whereas the approved service provider has deposited a sum of Rs .....(Rupees ..... ) only in the form of ..... as security for performance of the project.

4. Now these present witnesses:

(a) The approved service provider shall be paid at the rate as offered by them in the financial proposal (Schedule of Rates) towards monthly operation and maintenance cost of the ambulances as below;

ii) Ambulances: Rs .....

(b) In consideration of the payment to be made by the Government, as above the approved service provider will duly implement the project in the manner set forth in the terms of the RFP.

(c) The terms of the RFP appended to this agreement will be deemed to be taken as integral part of this agreement and are binding on the parties executing this agreement.

(d) Following letters/correspondence undertaken between the parties shall also form part of this agreement-

<b>Govt. of Assam</b>	<b>Approved Service Provider</b>
(a) Request for proposal and any amendment there it, if any.	a) Proposal Submitted in response to RFP
(b) Government Order subsequent to RFP	b) SOPs in respect to Ambulances and Control Room.



## 5. Consideration

- (a) The Government does hereby agree that if the approved service provider shall duly implement the project in the manner aforesaid, observe and keep the said terms and conditions, the Government will pay or cause to be paid to the approved service provider at the time and in the manner set forth in the said terms.
- (b) The mode of payment will be as specified below-
- Financing of the project shall be on reimbursement basis.
  - Claims/reimbursements are envisaged on monthly basis
  - Payments to be released on submission of monthly statements of claims by the service provider.
  - **The payment against all capital expenditure incurred by agency shall be released in a phased manner to ensure the financial stake of the agency in the project. Government shall release 80% of the capital cost upon signing of the agreement. The balance 20 % shall be paid 6 months after declaration of such capital asset as property of GOA.**

## 6. Operational Parameter and Penalty

- (a) The Agency shall complete the first phase of implementation and start providing Inter Facility Medical Ambulance Services in the state within 6 months of the signing of the contract unless otherwise an extended period is allowed by the Steering Committee in writing.
- (b) The Agency (Service Provider) shall ensure that an average performance level of 3 Trips/Day/Ambulance is achieved from 6<sup>th</sup> month onwards of the deployment of ambulances during each phase. In case this level of service is not achieved a proportionate deductions from the claims will be effected.
- (c) In case of other defaults in services necessary action under terms of the agreement will be initiated in addition to imposition of penalty considering seriousness of the default.
- (d) The amount of penalty shall be recovered from the claims submitted by the service provider. In the absence of any claim, it can be recovered from security deposit also.

## 7. Period of Engagement/Duration of Contract

**The agency will be engaged initially for a period of 5 years, which may further be extended by Government, subject to satisfactory performance and mutual agreement.**

**8. Schedule of Implementation**

**The agency is required to complete implementation within 6 months of signing the contract.**

**9. Termination /Suspension of Agreement**

(1) The Government may, by a notice in writing suspend the agreement if the service provider fails to perform any of his obligations including carrying out the services, provided that such notice of suspension --

(a) Shall specify the nature of failure, and

(b) Shall request remedy of such failure within a period not exceeding 15 days after the receipt of such notice.

(2) The Government 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 (d), may terminate the agreement after giving reasonable opportunity of being heard to the service provider.

(a) If the service provider do not remedy a failure in the performance of his obligations within 15 days of receipt of notice or within such further period as the Government have subsequently approve in writing.

(b) If the service provider becomes insolvent or bankrupt.

(c) If, as a result of force majeure, service provider is unable to perform a material portion of the services for a period of not less than 60 days: or

(d) If, in the judgment of the Government, the service provider is engaged in corrupt or fraudulent practices in competing for or in implementation of the project.

**(3) In the event of premature termination of the contract by the Government on the instances other than non-fulfillment/ non-performance of the contractual obligation by the agency, the balance remaining un-paid amount on account of capital expenditure as on the day of termination shall be released within six months from the date of such termination.**

10. All disputes arising out of this agreement and all questions relating to the interpretation of this agreement shall be decided by the Steering Committee as specified in RFP document.

In witness whereof the parties hereto have set their hands on the ..... day of ..... 2011.

For and on behalf of the Government of Assam

Signature of the Approved Service Provider

Signature & Designation,

**Date:**

**Witness No.1.**

**Witness No.2.**

**Date:**

**1. Witness**

**2. Witness**

**1. Equipment for BLS Ambulances**

Sl. No	Name of Medical Equipment	Specifications
1.	Defibrillator & ECG with pulse Oxymetry	Unit should have facility for Automatic External Defibrillation with standard accessories. Should be able to deliver shock upto 200 joules through biphasic technology. Audio alarm It should have facility for transmission of above patient specific data/output of the device from ambulance to a receiving station the unit should have facility for recharging from a 12 volt DC or 220 volt AC line
2	Suction Pump (Electrical)	Equipment shall be with 12V DC Maximum negative pressure from -200 to700 mbar in steps of 100 less with suitable setting marks. Sufficient capacity 500ml secretion bottles with efficient over-low protected with adjustable negative pressure (Min. 5 Nos. Polycarbonate &autoclavable). Ambulance Wall countable. Power Pack rechargeable Nico Battery 12V with battery chargers connecting cable for connection to 230 V AC+ 10%, 50 Hz and with provision or recharging from -the vehicle with vehicle circuit connecting cable. Battery charged life shall be of min. 90 minutes. Suction capacity 10-16 ltr per minutes.
3.	Suction Pump	Manual
4.	Laryngoscope with blades	1. Standard equipment in metal with 3 standard size curved blades and one extra large blade (Adult & Child). 2. Handle should have comfortable grip. 3. Good quality light source (Fiber optic / conventional)
5.	Oxygen cylinders "B" Type	Colour coded light weight Aluminum alloy oxygen cylinder for providing oxygen therapy of total capacity of 1500 Ltr. Mounted with pressure reducer and flow-meter provision of capacity upto 15 Ltr per minutes and outlet for secretion aspiration. Refillable and complete test certificate.

6	Artificial Manual Breathing Unit (Adult)	<p>The equipment shall be with:</p> <ul style="list-style-type: none"> <li>■ Easy Grip manual resuscitator with transparent face mask.</li> <li>■ Adult models (1500 to 2000ml bag capacity)</li> <li>■ Standard 15-22 mm Swivel connector allows</li> <li>■ Connections to all common masks Endotracheal Tubes.</li> <li>■ Provision to give supplemented oxygen by oxygenreservoir providing 100% oxygen.</li> <li>■ Non-rebreathing valve enabling the patient to inspire oxygen from the reservoir bag.</li> </ul>
7	Artificial Manual Breathing Unit (Child & neonatal)	<p>The equipment shall be with:</p> <p>Easy Grip manual resuscitator with transport facemask. Child models (500 o 250ml bag capacity)</p> <p>Standard 15-22 mm Swivel connector allows connections to all common masks Endotracheal Tubes. Provision to give supplemented oxygen by oxygen reservoir providing 100% oxygen.</p> <p>Non-rebreathing valve enabling the patient to inspire oxygen from the reservoir bag.</p>
8	Collapsible Chair cum Trolley Stretcher	<p>Automatic loading stretcher with capability to convert into wheel chair.</p> <p>Built with anodized aluminum lightweight / stainless steel.</p> <p>Adjustable back rest 0 dg -90 dg which allows to fix the back rest safety in any position.</p> <p>Side protections completely overturn able.</p> <p>Safety lever for the legs positioned near the unlocking device allowing thus the release operation for the loading, keeping the hands on the stretcher.</p> <p>Vertical legs protected by nylon wedges.</p> <p>Automatic centering device mounted on rotating wheels. This system automatically blocks the back wheels in the central position during the loading of the stretcher on the ambulance without having turn the wheels manually.</p> <p>Length; 190-200 cm</p> <p>Width: 55-60cm</p> <p>Height: 80-85cm</p> <p>Weight 35-40 kg.</p> <p>Loading Capacity: 160-180 kg. Stand for automatic loading stretcher with locking facility for quick fixing system with handle to mount the stand in very position on the stretcher</p>
9	Canvas Stretcher Folding	Should be lightweight and made up of tubular

Inter Facility Medical Ambulance Services in Assam (Request for Proposal)

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		<p>aluminum alloy. Should be easy o carry. Should be rugged. Should be compact &amp; foldable in 2 Should have automatic locking, which does not fold in automatically. Should have provision to put IV pole on the stretcher. Should come with IV Stand as Standard. Extended Dimensions Length: 200-210 cm Width: 50-60cm Height: 15-20cm Weight: 5 kg. to 6 kg Approx.</p>
10	Stretcher Scoop	<p>The equipment shall be lightweight aluminum stretcher, which folds in two half and separates for application and removal, locking adjustable length with latches with nylon-straps. Narrow food end frame or handling in confined areas. Length: 160 to 200 cms Width: 42 cm (Minimum) Weight: &lt; 10 kg. Load capacity -120 kg (Min.)</p>
11	B.P. Instrument Aneroid	<p>Scale 0-300mmhg. Air release at closed lap max 4mmHg/Minute. Manual setting of deflation possible upto 2/3mmHg/s. From 260mmHg. To 15mm Hg max deflation time 10 seconds. Gauge's background in white colour. Graduated scale for ever/ 2mmhg, with bigger notches ungraduated every 10 units and bigger graduated every 20 units. Floating zero (the 0 printer hasn't stop point but swings freely), nylon rip-off straps cuff matching colours with pouch, latex bulb with completely chromium plated valve. Air taps wholly chromium plated with regulation of vent-hole air by screw valve. Nylon off pouch with zip. Single packaging on printed carton box.</p>
12	Stethoscope	<p>Stethoscope with standard adult size, chromium plated metal binaural, V rubber tube in one piece. Rotating piper fitting for both functions.</p>
13	<p>Pneumatic Splints set of 6 adult sizes with carrying case</p> <ul style="list-style-type: none"> <li>Hand &amp; Wrist</li> <li>Half arm</li> <li>Full arm</li> <li>Foot and ankle</li> <li>Half leg</li> <li>Full leg</li> </ul>	<ol style="list-style-type: none"> <li>1. X-ray through the splints</li> <li>2. Inflation tubes' extension with dosing damp makes dosing easy and quick after inflation.</li> <li>3. Fixing of splint is by zipper or belt</li> <li>4. Distal end left open to expo: e toes</li> <li>5. Should be washable and reusable.</li> </ol>
14	Gauze Cutter	<p>Emergency scissors with thermoplastic handle and steel blade to</p>

Inter Facility Medical Ambulance Services in Assam (Request for Proposal)

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		cut clothes. Length should be 18 cm.
15	Artery Forceps	Standard equipment in stainless steel 14 cm
16	Magill's forceps	Standard equipment in stainless steel
17	Cervical Collar	Should be adjustable to 4'ufferent sizes. Should be pre-molded chin support, locking dips and rear ventilation panel, enlarged trachea opening. Should be high-density polyethylene and foam padding with one piece design enables efficient storage where space is limited. Should be X-ray lucent and easy to dean and disinfect.
18	First Aid Bag	Bag with partitions for vials transport. Indispensable implement to protect and identify any kind of vials. Made with nylon, it should be provided with 2 compartments, of which one divided m 3 partitions and one divided in 2. Inside elastic band to fix the vials and transparent accommodation for identification labels. Dimensions: .30x18 x 15 cm or Pre-packed kits as convenient as long as it contains the specified first aid items
19	Spinal Board	Should be in plastic material at high strength and waterproof. It should be 4 rules for the quick and total fixing of the head Immobilizer and two cavities when the board lays on the floor, when the base is blocked in the traditional way, that allow o avoid damages to rip-off straps during the usage or accommodation in the ambulance. It should be 20 handles far the transport, supplied with 3 belts with rapid unhooking buckle Should have maximum radio transparency to make exams without compromise patient condition.
20	Double head immobilizer for scoop stretcher	Head Immobilizer should be mounted and separated on the scoop stretcher. Should be standard side rigid blocks instead of the adjustable ones. Should be with padded belts for the fixing. It should be covered by a liquid proof and bacterial proof material.
21	Oxygen Cylinder "D" Type	It should be a standard1 'D' type molybdenum steel cylinder to fill medical oxygen. . The capacity should be of 5000 to 6000 Liters (5 to 6 M3) at a pressure of 1800 - 2000lbs/inch <sup>2</sup> , A pressure regulator capable of reducing the pressure to appropriate level to run either a ventilator or provide oxygen therapy with a flow meter should be provided

**2.1 List of Consumables for BLS Ambulances**

S.No	Item
1	Cotton
2	Bandage (a) 15cm (b) 10cm (c) 6cm
3	Savlon
4	Betadine
5	Leucoplast
6	Pain Spray
7	Mistdress Spray
8	Vinodine Spray
9	Coolex Spray
10	Face Mask (Disposable)
11	Surgical Gloves
12	LMA disposable
13	Wide bore needles
14	Disposable L.P. Needles
15	Syringes ABG ( 2& 5 ml)
16	Three way stop cork
17	Extension 1/V lines
18	Disposable suction pur s
19	ECG electrodes
20	Lighted Stylets of different sizes
21	Guedel's airway 00-5,00,0,1,2,3,4,5
22	Nasal airways(all sizes) & catheters
23	Binasal Cannula, Combitube, COPA
24	Tracheostomy tube cuff & Plain (all sizes)
25	Mini Tracheostomy kit
26	Ventimask, facemask with nebulzer
27	Pressure Infusion Bags
28	Rightangled Snivel Connector
29	G.V. Paint
30	I.V. Fluids
31	Micro drip-set & Drip-set
32	Nasogastric Tubes
33	Burn Pack : Standard package, clean burn sheets (or towels for children)
34.	Triangular bandages ( Minimum safety pins each)
35.	Dressings Sterile multi-trauma dressings (various large and small sizes); ABC's, 10"x12" or larger; 4"x4" gauze sponges; Cotton Rolls
36	Gauze rolls Sterile (various sizes)
37	Elastic bandages Non-sterile (various sizes)
38	Occlusive dressing Sterile, 3"x8" or larger
39.	Adhesive tape : Various sizes (including 2" or 3") Adhesive tape ( hypoallergenic) : Various sizes



	(including 2" or 3")
40	Cold packs
41	Waste bin for sharp needles, etc.
42	Disposable bags for vomiting, etc.
43	Teeth guard
44	Sample collection kits

**3. Minimum Ambulance Rescue Equipment for BLS ambulances**

The following additional items will be carried by each ALS and BLS ambulance:

- a. Hammer, one four pound with 15 inch handle.
- b. One axe
- c. Wrecking Bar, minimum 24-inch (bar and 1 w preceding items can either be separate or combined as a forcible entry tool).
- d. Crowbar, minimum 48 inches, with pinch point.

**ANNEXURE 6: FORMAT FOR COVERING LETTER**

**Format for Covering Letter**

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

Date:

To

**Department of Health & Family  
Welfare Government of Assam**

**Re: Inter Facility Medical Ambulance Services for Assam State.**

Madam / Sir,

Being duly authorized to represent and act on behalf of.....  
(hereinafter referred to as "the Applicant"), and having reviewed and fully understood all of the requirements and information provided, the undersigned hereby apply for the qualification for Inter Facility Medical Ambulance Services for Assam. We are enclosing our Application with EMD amount of Rs. \_\_\_\_\_ in the form of Demand Draft and two copies of Proposal (Part A, Part B, and Part C) with the details as per the requirements of the RFP. We confirm that our proposal is valid for a period of three months from \_\_\_\_\_ (*Applicati  
on Due  
Date*).

Yours faithfully,

(Signature of Authorised  
Signatory) (NAME, TITLE  
AND ADDRESS)

**ANNEXURE- 7: POWER OF ATTORNEY**

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

*(On a Stamp Paper of relevant value)*

**Power of Attorney**

Know all men by these presents, We..... (name and address of the registered office) do hereby constitute, appoint and authorize Mr / Ms ..... (name and residential address) who is presently employed with us and holding the position of..... as our attorney, to do in our name and on our behalf, all such acts, deeds and things necessary in connection with or incidental to our bid for Inter Facility Medical Ambulance Services in Assam including signing and submission of all documents and providing information / responses to the Department of Health & Family Welfare, GoA, representing us in all matters before Deptt. of H&FW, GoA, and generally dealing with Deptt. of H&FW, GoA in all matters in connection with our bid for the said Project. We hereby agree to ratify all acts, deeds and things lawfully done by our said attorney pursuant to this Power of Attorney and that all acts, deeds and things done by our aforesaid attorney shall and shall always be deemed to have been done by us. Dated this the

\_\_\_\_\_ day of

\_\_\_\_\_ 200\_

For \_\_\_\_\_

(Name, Designation and Address)

Accepted

\_\_\_\_\_ (S

ignature)

(Name, Title and Address of the Attorney)

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

*Note:*

- i. To be executed by the Lead Member in case of a Consortium.*
- ii. 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.*
- iii. In case an authorized Director of the Applicant signs the Application, a certified copy of the appropriate resolution/ document conveying such authority may be enclosed in lieu of the Power of Attorney.*
- iv. In case the Application is executed outside India, the Applicant has to get necessary authorization from the Consulate of India. The Applicant shall be required to pay the necessary registration fees at the office of Inspector General of Stamps.*

**ANNEXURE- 8: POWER OF ATTORNEY FOR LEAD MEMBER**

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

*(On a Stamp Paper of relevant value)*

**Power of Attorney**

Whereas the Department of Health & FW, Government of Assam (GoA), has invited applications from interested parties for Expansion of Inter Facility Medical Ambulance Services

Whereas, the members of the Consortium are interested in bidding for the Project and implementing the Project in accordance with the terms and conditions of the Request for Proposal (RFP) Document and other connected documents in respect of the Project, and

Whereas, it is necessary under the RFP Document for the members of the Consortium to designate the Lead Member with all necessary power and authority to do for and on behalf of the Consortium, all acts, deeds and things as may be necessary in connection with the Consortium's bid for the Project who, acting jointly, would have all necessary power and authority to do al acts, deeds and things on behalf of the Consortium, as may be necessary in connection with the Consortium's bid for the Project.

NOW THIS POWER OF ATTORNEY WITNESSETH THAT;

We, M/s. \_\_\_\_\_ (Lead Member), M/s  
\_\_\_\_\_ (Member)

(the respective names and addresses of the registered office) do hereby designate M/s.

\_\_\_\_\_ being one of the members of the Consortium,  
as

the Lead Member of the Consortium, to do on behalf of the Consortium, all or any of the acts, deeds or things necessary or incidental to the Consortium's bid for the Project, including submission of application/proposal, participating in conferences, responding to queries, submission of information/ documents and generally to represent the Consortium in all its dealings with the Department, any other Government Organization or any person, in connection with the Project until culmination of the process of bidding and thereafter till the Agreement is entered into with Department of Health & FW, Government of Assam),

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

Dated this the \_\_\_\_\_ day of 20 \_\_  
(Executants)

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

**ANNEXURE- 9: FORMAT FOR AFFIDAVIT**

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

**Affidavit**

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

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

Dated this .....Day of....., 20.....

Name of the Applicant

Signature of the Authorised Person

Name of the Authorised Person

Note:

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

**ANNEXURE-10: LETTER OF EXCLUSIVITY**

**Letter of Exclusivity**

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

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

For \_\_\_\_\_

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

Accepted

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

(Name, Title and Address of the Applicant/s)

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

*Note:*

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

**ANNEXURE- 11: ANTI COLLUSION CERTIFICATE**

**Anti Collusion Certificate**

We hereby certify and confirm that in the preparation and submission of our Proposal for Inter Facility Medical Ambulance Services) in Assam against the RFP issued by Department of Health & Family Welfare, Government of Assam, We have not acted in concert or in collusion with any other Bidder or other person(s) and also not done any act, deed or thing, which is or could be regarded as anti-competitive. We further confirm that we have not offered nor will offer any illegal gratification in cash or kind to any person or organization in connection with the instant proposal.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_ , 20\_\_\_\_

For \_\_\_\_\_

(Name) Authorized  
Signatory