

EXPRESSION OF INTEREST (EOI)

INVITING PROPOSAL (ONLINE) FOR SHORTLISTING OF ELIGIBLE FIRMS/AGENCIES TO IMPLEMENT VILLAGE HEALTH OUTREACH PROGRAMME IN RURAL AREAS OF ASSAM





OFFICE OF THE MISSION DIRECTOR

NATIONAL HEALTH MISSION, ASSAM

SAIKIA COMMERCIAL COMPLEX, CHRISTAN BASTI, G.S ROAD, GUWAHATI-781005

PH. NO: 0361-2363062; TELE FAX: 0361-2363058

Website: www.nhm.assam.gov.in

email:misnrhm.assam@gmail.com

NOTICE INVITING EOI

EXPRESSION OF INTEREST (EOI) ARE INVITED FROM ELIGIBLE FIRMS/AGENCIES FOR SHORTLISTING TO PARTICIPATE IN THE BID FOR IMPLEMENTING A VILLAGE HEALTH OUTREACH PROGRAMME IN RURAL AREAS OF ASSAM FOR TWO YEAR PERIOD FROM 1ST APRIL 2021 TO 31ST MARCH 2023

Reference No: NHM -33018/1/2018-SPM-NHM-PART-I

Dated: 08/01/2021

S.No	Key Information/ Events	Time/Venue/Address		
1	Date of issue of the EOI Document	Date: 10.01.202 Time: 3.30 pm		
2	Last date of download of EOI Document	Date: 10.01.202 ¹ Time: 3.30 PM		
3	Date of Pre-submission meeting	Date: 20.01.2021 Time: 3:30 PM Venue: Office of the Mission Director, NHM, Assam		
4	Due date and Time of submission (both Online& Hard Copy)	Date: 27.01.2021, 3 PM to 02.02.2021, 2 PM		
5	Place& Time of opening of EOI	Office of the Mission Director, National Health Mission, Saikia Commercial Complex, Shreenagar Path, Christianbasti, G.S Road, Guwahati-781005, Assam.		
6	Address for Communication	The Mission Director, National Health Mission, Saikia Commercial Complex, Shreenagar Path, Christianbasti, G.S Road, Guwahati-781005, Assam.		
7	Eol Processing Fee	Rs 2000/- (Rupees two thousand only). In the form of demand draft in favour of "State Health Society, Assam".		

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1. Instruction to the Applicants:

1.1. Purpose of this Eol

Purpose of this EoI is to shortlist and empanel suitable agencies (service provider) so as to implement "Village Health Outreach Programme" in rural areas of Assam to accelerate the pace of health care delivery specially to the unreached, poor and rural population by leveraging technology and through innovative schemes, to reduce the mortality and morbidity. Under this programme main focus shall be on Lifestyle Diseases, Communicable Diseases and Non- Communicable Diseases. The selection of most suitable agency(s) shall be carried out for successful implementation of the programme, through a limited tendering process inviting proposals/bids from the agencies shortlisted through this EoI process. The period of service will be 2 years w.e.f 1st April'2021 to 31st Mar'2023.

1.2. Eligibility Criteria

1.2.1 The Applicant must be a single entityregistered in India under relevant law to participate in this EoI process provided they fulfill following eligibility criteria:

S.	Eligibility Criteria Documents to be submitted alon		
No		with the Application.	
1	Business Experience:		
	 a) The applicant should have experience of implementing VHOP or similar programme¹inall three proceeding financial years. b) Applicant should have experience in implementation of atleast one VHOP for any Government /UN Agency or PSUs of having a minimum of 50 MHUsunder a 	 a) Details of similar project executed during last three financial years to be furnished along with the documentary proof (e.g. work order or contract copy) for each year separately.As per Annexure-6. b) Self-certified copy of the Work Order(s) to implement VHOP of having not less than 50 MHUs. 	
	single Work Order.		

 $^{^{\}rm 1}$ Similar programme includes Ambulance Service, Mobile Health Unit, Mobile Health Team, etc.

	c) Applicant must have implemented a similar programme forGovernment /UN Agency or PSUs of single work order value not less than 3 (three)Crores as on the date of submission of proposal.	 c) Copy of the Work Order of Value not less than Rs 3.00 Crores along with Certificate of Completion issued by the Client.
2	Financial Standing:	
	The applicant should have minimum average annual turnover of Rs 100.00 Crores (Rupees One hundred Crores) from similar activities of running VHOP, in last three financial year starting from 2016-17 ²	for last three financial year starting from 2016-17.
3	Non-debarment: The Applicant should not have been blacklisted or debarred form participating in the bid issued by any Government Organization/ Department/Agency or a Public Sector Undertaking and where the blacklisting and debarment is in effect as on the date of submission.	judicial stamp paper duly notarized.
4	Registration :The Bidder should also be registered under Income Tax , GST Act.	

- 1.2.2The Applicant must be a single entity, consortium or joint venture applicants are not allowed.
- 1.2.3NHM reserves the right to assess bidder's capability and capacity to execute the work using inhouse information.

²In case the Applicant's Statement of Accounts is not Audited as on the due date of submission of Bid then the Applicant shall submit Audited Statement of Accounts for three financial years starting from 2015-16 instead of 2016-17.

- 1.2.4 The individual signing the Application and other documents relating to this Eol submission on behalf of the bidder must rightly establish his/her authority to do so as given below:
 - a) In case of a propriety concern it has to be signed by the proprietor himself/herself or by an authorised signatory duly authorised by the proprietor by executing a "Power of Attorney" to do so.
 - b) In case of partnership form it should either be signed by all the partners or by any one of the partner/managers duly authorised by the partnership deed/vide a duly executed "Power of Attorney" appointing as the signatory for this tender.
 - c) In case of a company it should be signed by one of the director or principal officers duly authorizes vide a board resolution or properly executed power of attorney.
- 1.2.5. The Applicant shall execute a Power of Attorney as per the format given under **Annexure-4**authoring the signatory for this EoI.
- 1.2.6 Submission of authentic documents is the prime responsibility of the Applicant.Wherever EOI Inviting Authority (EIA) has concern or apprehension regarding the authenticity/ correctness of any document, EIA reserves a right of getting the document cross verified from the document issuing authority.

1.3. Submission of EoI Proposal

- 1.3.1 Interested eligible firms are required to submit their Application in response to this EOI both online (scanned copy) and offline (hardcopy) before due date of submission. Proposal submitted after due sate and time of submission shall not be considered for further processing. Both online and offline submissions are must.
- 1.3.2 The entire set of EOI document should be submitted along with documentary proof with respect to pre-qualification and other documents as mentioned in **Para 1.4** below in form of checklist.
- 1.3.3 The applicant is responsible to submit the EoI proposal complete in all respect. The Authority reserves to right to cancel the proposal in case of incomplete or defective submission.
- 1.3.4 Each page of the EOI submissions should be serially numbered, signedand stamped by the authorized signatory and submitted **on-line in the e-Procurement portali.e.**

<u>http://assamtenders.gov.in</u> and hardcopy in the address as given below, on or before the due date and time for submission.

Address for Submission (Hardcopy):

The Mission Director, National Health Mission, Saikia Commercial Complex, Shreenagar Path, Christianbasti, G S Road, Guwahati-781005, Assam

1.3.5 Non-submission of Hardcopy of the proposal within due date and time along with the Processing fee of Rs 2,000/- shall disqualify the applicant even the proposal is submitted online.

S. No	Documents	Submission Status (Y/N)	Page No
1	Covering Letter (As per Annexure-1)		
2	Applicants Date Sheet. In the format given under Annexure-2.		
3	"Power of Attorney" appointing the signatory. As per para 1.2.5. in the format given under Annexure-4.		
4	Eol doc duly signed by the authorized signatory in each page.		
5	Experience in operation and management of VHOP or similarprogramme in all three proceeding financial years(i.e. 2017-18, 2018-19 & 2019-20). As per para 1.2.1 (1) (a). In the format given in Annexure-6 .		
6	Self-certified copy of the Work Order(s) with respect to implement VHOP/similar programme with minimum 50 Mobile Health Units and value of the single work order (Rs 3.00 Crores). As per para 1.2.1 (1) (b) & (c)		
7	Work completion /satisfaction certificate issued by that client/organisation. As per para 1.2.1 (1) (b) & (c)		

1.4. Checklist for documents to be submitted along with the EOI submissions.

8	Self-attested copy of Audited Statement of Accounts for last three financial year starting from 2016-17 (2015-16 in case the Audit for the FY 2018-19 is not complete as on due date of submission). As per Para 1.2.1 (2)	
9	Turnover Certificate issued by a Chartered Accountant (with UIDN). In the format Given in Annexure-3 .	
10	Declaration with respect to non-blacklisting and debarment in non-judicial stamp paper duly notarized. As per the format given in Annexure-5 .	
11	Self-attested photocopy of GST Registration Certificate, PANnumber.	
12	Eol Processing fee of Rs 2,000/- in Favour of State Health Society, Assam.	
13	Anyother document as the applicant may feel necessary.	

1.5 Other Terms & Conditions

- 1.5.1 The Applicant should have valid Digital Signature Certificate (DSC) and have to register in the portal <u>http://assamtenders.gov.in</u>. The documents should be submitted online in the portal <u>http://assamtenders.gov.in</u>. The Original Demand Drafts for Tender Fee of Rs.2000 along with the hardcopy of technical bid only should be submitted to the Mission Director, National Health Mission, Assam, Saikia Commercial Complex, Shrinagar Path, Christian Basti, G S Road, Guwahati-781005, Assam on or before the last date and time of submission of the tender. The scanned copy of the same should also be uploaded in the portal <u>http://assamtenders.gov.in</u>. In case of nonsubmission of the hardcopy of the proposal the same shall not be considered for further scrutiny. Only those applications complete in all respects will be accepted for further scrutiny.
- 1.5.2The application once submitted will be considered final and any subsequent changes/additional information will not be entertained.
- 1.5.4 Entries received beyond 02/02/2021 upto 2.00 PM not be entertained and all such

entries will be deemed as rejected.

- 1.5.5 NHM Assam will not be responsible for delayed receipt of the documents at its end for any reason, whatsoever.
- 1.5.6 Names of the Agencies/Firms shortlisted for empanelment after the evaluation process will be hosted on our website on completion of all formalities. No correspondence on the above subject will be entertained.
- 1.5.7NHM, Assam reserves the right to reject any or all applications without assigning any reason(s) thereof.
- 1.5.8 EOIs shall be valid for a period of 180 days from the date of opening of tender for all bidders and for a period of two years for the empanelled agencies.
- 1.5.9 Pre-qualified Applicants shall be empaneled for a period of two years from the date of notification of empanelment. NHM shall invite bid through limited tendering only from these empanelled organization for comparative evaluation and selection, as and when the demand arises. The organization having the most competitive financial offer shall be awarded the contract for that requirement.

2. Evaluation and Shortlisting for bidding.

2.1. Preliminary Scrutiny

- 2.1.1. All the applications (online & hardcopy) received within due date and time shall only be considered for evaluation by the Evaluation Committee.
- 2.1.2 The evaluation committee shall first ensure that the applications are complete in all respect. Only those applications which are complete in all respect shall be considered for further scrutiny.
- 2.1.3.Evaluation Committee reserves the right to seek further clarifications, explanation or information on any issue relating to the eligibility till such time the Committee is fully convinced.
- 2.1.4. NHM shall finalize the list of the Applicants to be empanelled based on the evaluation and decision of the authority on the same shall be final and binding.
- 2.1.5. NHM reserves the right to decrease or increase the number of empanelled

organisations at any point in time.

2.2. Selection and Award of Contract

- 2.2.1. Proposals shall be invited by NHM from the empanelled organization through **limited tendering** on each such occasion when there shall be a requirement.
- 2.2.2. The selection of the organization shall be strictly on the basis of most preferable bid received in response to each such invitation for proposal, as per the terms and conditions and specifications mentioned therein.

3. Scope of the Work

3.1 Objective of the Programme (VHOP)

Sanjeevani – Village Health Outreach Program is to create a technology enabled comprehensive once-a-month, fixed date outreach initiative that results in converged health services at the village level and serve as an extended arm of Sub Centers/HWC, beyond 4 - 6 Km from the nearest health institution.

3.2 ProgrammeDetails

The programme aims in nearly identification, screening, referral, follow up and free medicine for effective management of lifestyle and non-communicable diseases (Diabetes, Hypertension, Defective Vision), chronic diseases (TB, Asthma, Epilepsy, Malaria) along with ANC and Minor ailments under National Health Programs in the districts of Assam in the 26 districts serving at least two settlements of 1500 populationeach day according to a pre-determined calendar for 23days in a month.

Each Village Health Outreach Programme- Mobile Medical Unit will be manned by Registration & Measurement Officer, Lab Technician, Pharmacist, Auxiliary Nurse Midwife (ANM) and Pilot.

All the 80 MMUs together currently cover about 62.04 lakh rural population by visiting 3744 villages in 26 districts of Assam.

There will be additional 6 vehicles, 1 each in 6 new Districts of Assam will be made available for providing services of Sanjeevani-VHOP.

Sl no.	District	No of Van
1	Bongaigaon	3
2	Chirang	3
3	Kokrajhar	3
4	Barpeta	2
5	Dhubri	2
6	Goalpara	2
7	Kamrup	5
8	Nalbari	4
9	Baksa	2
10	Morigaon	2
11	Udalguri	4
12	Sonitpur	4
13	Nagaon	4
14	Darrang	4
15	Lakhimpur	2
16	Dhemaji	3
17	Jorhat	4
18	KARBI ANGLONG	2

3.2.1 Location wise details

SI no.	District	No of Van
19	Golaghat	2
20	Tinsukia	3
21	Dibrugarh	3
22	Sivsagar	3
23	Cachar	5
24	NC Hills/Dima Hasao 1	
25	Karimganj	3
26	Hailakandi	3
27	Majuli 1	
28	Charaideu 1	
29	South Salmara	1
30	Hojai	1
31	West Karbi Anglong	1
32	Biswanath	1

Two vehicles will be kept as buffer to be used in case of break down of MMU in any district. 3.2.2. Vehicle Specification

Tata Sumo (Model – TATA 483 DL NA 51)

3.2.3. Manpower & Consumables Required on Board

Each MHU to be manned by one Registration & Measurement officer, one Pharmacist, one Lab Tech, one Pilot and one ANM (from NHM)

Consumables required are:

Surgical Gloves
10% Sodium Hypochloride 10%
Absorbent Cotton 500gms
Distilled water (Litre)
Face masks / Surgeon masks
Glucostrip
Sterile Lancet
Urine Stick
Urine Container
N/10 HCL 500ml
Paper adhesive tape
Pregnancy Test Kit / Strip
Rapid Diagnostic test kits for Malaria
Roll Bandage
Surgical spirit (bottle)
Hand Sanitizer (500ml)

3.2.4. Health Services to be covered

The programme aims in Early identification, Screening, referral, follow-up and free medicines for effective Chronic diseases namely Diabetes, Hypertension, Asthma, Malaria, Tuberculosis, Defective vision and Epilepsy along with ANC and Minor Ailments

3.2.5. Working hour and other Service Parameter

The daily work schedule of each VAN staff are:-

The reporting time at the Parking Place will vary according to the distance from pickup point to the service point, worked out in reference to time and distance chart, hung in the Service Point. Daily working time of the Van staff at the service point:-

8 A.M. to 12 P.M. (Morning shift including travel time)

12 P.M. to 1 P.M. (lunch & travel to evening service point.)

1 P.M. to 4P.M. (Evening Shift including travel time back to parking place)

Daily work schedule: The7th, 14th, 21st & 28th day of every month is off days for field staff. In case of absenteeism, alternate arrangements are made to carry out the services

The whole state of Assam is divided into 5 zones in which the 26 districts of Assam are divided. The 80 vans are shared between the districts in the ration of the size of the districts.

All these vans have a fixed daily schedule which they follow without fail.

3.3. Role & Responsibility of the Service Provider

The primary obligation of the service provider will be to operate the Mobile Medical Units to provide primary and select secondary health care ensuring that MMU:

Name of the Instrument	Quantity for each MMU
BP apparatus	2
Weighing machine (Adult)	1
Weighing machine (Baby)	1
Glucometer	1
Stadio Meter	1
Stethoscope	1
Non-Touch Thermometer	1
Haemoglobin meter (Digital)	1
Torch & spot light	1
Foldable Half Bench	2
Foldable seats for staff	4
Fire Extinguisher	1
Snellen chart	1
PA System in MMU	1

MMU should be fully equipped with equipment listed as detailed below;

- 1. The service provider would recruit, deploy, and maintain a team of a competent personnel for running the MMU.The staff so recruited/ appointed/taken over shall be exclusively on the Payroll of the service provider.
- 2. The Service Provider will ensure deployment of the adequate supervisory personnel/ project management staff required to keep the MMUs operational smoothly and capable

of providing the services as agreed upon.

- 3. Service provider shall ensure the MMUs are provided with necessary fuel and other necessities for carrying on operations on regular basis.
- 4. Each MMU to serve a population of at least two settlements with total population coverage of 2500 to 3000 each day for 3 hours per settlement and according to a predetermined calendar for 23 days in a month. With due notice to District Admin and Local PRI along with information to State Head Quarter.
- 5. The settlements are to be so selected that they are at least 4 to 6 Km from the nearest health institution.
- 6. Value addition to the existing services under the ambit of the core objective of the community outreach program either solely or by tying up with any third party organizations of repute.
- 7. District Health Society should provide suitable parking space for the mobile health units in a nearby facility with a room and electricity for the storage of drugs, office space for district offices.
- 8. The Service provider shall follow the Service Plan/Route plan/Calendar for MMU as approved by the District Health officer/JDHS. It is expected that the 7th,14th,21st, and 28th will be off and on which no service would require to be provided.
- 9. MMUs shall be operational for 23 days in a month and the last three or four days can be used for training, vehicle maintenance, Administrative works, etc.,
- 10. The government will provide all drugs to the service provider within 3 days of the requisition by the service provider.
- 11. The service provider shall submit data to the state government every month as per the services provided in the given format. Further the service provider will link these activities to corresponding HWC and PHC including video conferencing and telemedicine facility.
- 12. The service provider will be responsible for providing dashboard for uploading and viewing of life status of the daily and cumulative reporting for public domain. The detail report should be accessible to District & State level authority and secured login.
- 13. The service provider would procure all necessary road and goods permits for the MMU and maintain the same throughout the period.
- 14. The Service provider will also comply with confidentiality and privacy laws including patient details.
- 15. All records maintained by the service provider regarding operations of MMUs will be made available to any government authority including an audit on demand.

3.4. Payment of Service Charges

The payment is made as quarterly advance as per agreement. The service provider submits the UCs on completion of services during this period duly accompanied by reports of services provided. The payments are subject to TDS as per Income Tax Rules and other statutory deductions as per applicable laws.

ANNEXURES

Annexure 1: Covering Letter

Covering letter

[on the letter head of the Applicant]

Kind Attention:

[location, date]

The Mission Director National Health Mission (Assam) Guwahati, Assam

Sub: EoI (Ref. No./.....) for shortlisting of agencies(Service Provider) for implementing Village Health Outreach Programme under NHM, Assam.

Sir,

Having read, carefully examined and understood the Expression of Interest dated ________ issued by National Health Mission, Assam ("Client") and all **Annexures**and other documents attached thereto and all subsequent addenda and clarifications issued pursuant thereto (collectively the "Eol"), we hereby express our interest to participate in the tendering process, if shortlisted in this Eol stage.

We hereby agree and confirm that our Proposal has been prepared strictly in conformance with the instructions in the EoI (including the forms set forth therein) and that we shall at all times act in good faith and abide by the terms and conditions of the RFP during the bidding process.

We agree that we have inspected and examined the EoI documents and have ascertained that they contain no inconsistencies, errors or discrepancies and have otherwise familiarized ourselves with all conditions of the EoI which may affect our Proposal and all queries on other contractual matters have been addressed.

We represent and warrant to Client that as of the date of submission of this Eol Proposal and till the end of the Proposal Validity Period (as may be extended): The information furnished by us is complete, accurate, unconditional and fairly presented;

We have the necessary capacity and experience to execute the order and participate in the tender if shortlisted;

We follow all the terms and conditions of the EoI; there is no information, data or documents which have not been disclosed which may prejudicially affect Client's evaluation or decision in relation to pre-qualification shortlisting;

We have all the necessary corporate and statutory approvals and authorizations to participate in this EoI.

We acknowledge that we have neither failed to perform any contract, as evidenced by imposition of a penalty by an arbitral or judicial client or a judicial pronouncement or arbitration award against us or any of our director or partners, as the case may be, nor has been expelled from any project or contract by any public entity nor have had any contract terminated by any public entity for any breach of contract by us.

We declare we have not been declared ineligible for corrupt or fraudulent practices in any tendering process.

We undertake that we will intimate Client of any material change in facts, circumstances, status or documentation relating to us during the Proposal Validity Period (as may be extended).

This Proposal shall be construed, interpreted and governed, in all respects, by the laws of India, without reference to its conflict of law principles. The courts at Guwahati will have exclusive jurisdiction in respect of all matters arising out of this Proposal.

We undertake that we have not been debarred or blacklisted by any government (Central/State) agency or PSU and fulfil all eligibility criteria as stipulated under Para 1.2 of EoI document.

We have provided details, in accordance with the instructions and in the form required by the EoI and have attached the same as appendices to this Proposal.

Yours Faithfully,

[Signature and Details of the Applicant/Authorised Representative]

Annexure 2: Applicant Details

- 1. Organisational Details
 - 1.1. Full Name
 - 1.2. Legal Status (firm/company, etc.)
 - 1.3. Year of incorporation / registration
 - 1.4. Registration/Incorporation Number
 - 1.5. Registered Address
- Mention the document authorising the Authorised Signatory (copy of the document of authorisation to be provided)
- 3. Tax Registration Details
 - **3.1.** GST
 - **3.2.** Income Tax
- 4. Contact Person for this Proposal
 - 4.1. Name
 - 4.2. Address for Courier
 - 4.3. Office Phone
 - 4.4. Mobile Phone
 - **4.5.** Fax No.
 - 4.6. E-mail Address
- 5. Certifications, Awards & Accreditations, if any
 - 5.1.
 - 5.2.
 - 5.3.

Date: Place: Signature of the Applicant

Annexure 3: CA Certificate (Financial Information)

On the letter head of Chartered Accountant/Statutory Auditor

We/I have verified the Audited Financial Statement of Accounts and other documents of...... having registered office at pertaining to the financial year 2017-18, 2018-19 and 2019-20 (or 2016-17, 2017-18 and 2018-19, if audit for the Financial Year 2018-19 has not been completed as on the due date of submission of EoI proposal). Based on our verification of the aforesaid statements and records, we certify that the following details are true to the best of our information and according to the explanation given to us.

(Amount in INR Crores)

p inoune in nut ciore.				
Financial Year				Average
Financial Information	2019-20	2018-19	2017-18	
	(or 2018-19)	(or 2017-18)	(or 2016-17)	
	Audited	Audited	Audited	
Total Annual Turnover from				
Similar activity.				

Date:

Place:

Signature and seal of the CA firm

M.No.....

UDIN :.....

Note:

- a) In case audit of 2019-20 financial statements are not complete, the Applicant may furnish audited financial statements for 2016-17, 2017-18&2018-19 and appropriate disclosure shall be made in the certificate.
- *b)* Similar service shall include ambulance service, mobile health team, mobile health unit, etc. The decision of the Authority on the matter shall be final and binding.

Annexure 4: Power of Attorney

Format for Power of Attorney for Signing of Application (On a Stamp Paper of Rs 100/-)

Power of Attorney

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

(Signature) (Name, Title and Address of the Attorney) Date : _____

Note:

- i. The mode of execution of the Power of Attorney should be in accordance with the procedure, if any, as laid down by the applicable law and the charter documents of the executants(s) and when it is so required the same should be under common seal affixed in accordance with the required procedure.
- *ii.* In case an authorized Director or key officials 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.

Annexure 5: Affidavit

Affidavit

(To be submitted on non-judicial stamp paper of minimum Rs 50/- duly certified by Notary)

We, M/s. (the Applicant), (the names and addresses of the registered office) hereby certify and confirm that:

- (i) We or any of our promoter(s) / director(s) / partner(s) are not blacklisted or otherwise disqualified pursuant to any debarment proceedings by any Central or State Government, Local Government or Public Sector Undertaking in India from participating in any bidding process, either individually or as member of a consortium as on the_____ (Date of Signing of Application).
- We are not insolvent, in receivership, bankrupt, being wound up, having our affairs administered by a court or a judicial officer, having our business activities suspended or subject of legal proceedings for any of the foregoing reason;
- (iii) We or any of our promoter(s), director(s), partner(s) and officers are not convicted of any criminal offence related to their professional conduct or the making of false statements or misrepresentations as to their qualifications to enter in to a procurement contract within a period of *three years* preceding the commencement of the procurement process.
- (iv) There is no conflict of interest in submitting this Proposal

We further confirm that we are aware that, our Application for Shortlisting of Organisations to participate in the bidding process for implementing Village Health Outreach programme in rural areas of Assam, would be liable for rejection in case any material misrepresentation is made or discovered at any stage of EoI evaluation or thereafter during the agreement period.

Dated this, 20.....

Name of the Applicant

.....

Signature of the Authorized Person

.....

Name of the Authorized Person

Annexure-6: Details of Work Experience from similar activity in last three Financial years:

S.No	Financial Year	Name of the Client	Commencement of Service	Number of Vehicles	Value of the Contract	Brief description of Service
1	2019-20					
2						
3						
1	2018-19					
2						
3						
1	2017-18					
2						
3						
4						

Note:

- Applicant has to furnish documentary evidence (work order or contract copy) in support of above claims
- Similar service shall include ambulance service, mobile health team, mobile health unit, etc. The decision of the Authority on the matter shall be final and binding.