

### OFFICE OF THE MISSION DIRECTOR NATIONAL RURAL HEALTH MISSION

Saikia Commercial Complex, Srinagar Path, Christian Basti, GS Road, Guwahati – 5 Ph. No. 0361-2340236: Fax No. 0361-2340238 website-www.nrhmassam.in E-mail:misnrhm.assam@gmail.com

# **Expression of Interest (EOI) for Hiring of Office Space**

Govt of Assam, Health and Family Welfare Department is desirous of hiring office space for State Head Quarter of "Mrityunjoy 108 Service" with call centre. The requirement is for 22000 Sq.ft carpet area approximately with parking facility for 70 vehicles with Ambulances and around 10 two wheelers, preferably located in vicinity of Guwahat city . Monthly rent should be quoted initially on a fixed basis for a period of 3 years.

Requests received against the EOI shall be processed in two parts (Technical & Financial).

Last Date and Time of receipt of EOI: 2.09.2014 (before 2 PM)

Date and Time of opening of EOI: 2.09.2014 (at 3 PM)

**Place of opening Tender.:** Office of the Mission Director,

National Rural Health Mission,

Date: 16-08-2014

Saikia Commercial Complex,

Srinagar Path, Christianbasti,

G.S Road, Guwahati-781005,

Assam.

**Address for Communication:** Mission Director, National

Rural Health Mission, Saikia

Commercial Complex, Srinagar

Path, Christianbasti, G.S Road,

Guwahati-781005, Assam.

#### A. TERMS AND CONDITIONS TO BE SATISFIED:

- 1. The successful party will be declared as 'the lessor' which means and includes not only the party but also his legal heirs, successors, successors in office, legal representatives.
- 2. Any change in the ownership of the premises shall be notified forthwith by the lessor to the lessee in writing and such change shall not relieve the succeeding owner of liabilities under this contract.
- 3. In case a particular party owns more than one premises and he wishes to submit EoI in respect of those premises, he should submit separate EoI containing technical document and price quotation in respect of each premises.
- 4. In case of co-owners/joint owners, the technical document & Price quotation should be signed by all the co-owners/joint owners. In case any one of the owners chooses to sign the EoI documents, he should invariably submit an authorization to do so from the remaining owners.
- 5. Accommodation offered should preferably not be more than 15 years old.
- 6. The building in which office space is offered shall have all basic amenities like proper water connection/facilities, adequate fire protection system as per local authority requirements etc. The building should have separate electricity and water connections. Sufficient wiring and metres should be in place to take up electricity load for air conditioning of the premises.
- 7. In case of damage to the leased property due to any natural calamities, rioting etc, GOA will not undertake to compensate the loss or damage incurred by the owner of the property.
- 8. The EOI will be acceptable from the original owner/lease holder /power of attorney holder of the building/property or their authorized agents. The lease deed would however be executed by the original owner / lease holder. The lease deed would be executed after the verification of documents by Govt of Assam, Health and Family Welfare Department.
- 9. The Govt of Assam, Health and Family Welfare Department will not make any security deposit or any brokerage for the offered property under any circumstances.
- 10. The lease rental shall be subject to TDS as per the provisions of the Income Tax Act in force.
- 11. For the carpet area measurement a certificate from the registered architect or any government authority should be submitted along with the technical document.
- 12. EOI not conforming to these requirements shall be rejected and no correspondence will be entertained in this regard whatsoever.
- 13. After opening of the technical document and before evaluation of the same, the Committee constituted by the lessee (Govt of Assam, Health and Family Welfare

Department) shall inspect the premises and ascertain its suitability for the purpose of setting the office. In case the committee finds the premises not suitable for the purpose of setting up of the office, the technical document submitted by such a owner will not be evaluated and the Price quotation of the owner will not be opened. The decision of the committee in this matter will be final.

- 14. Govt of Assam, Health and Family Welfare Department reserves the right to shortlist any offer or reject any offer or cancel the requirement altogether without assigning any reason.
- 15. Overwriting, alterations, if any, in the document should be signed by the authorized signatory.
- 16. Possession of the accommodation in the ready-to-move-in condition will be handed over to Govt of Assam, Health and Family Welfare Department within 15 days from the date of signing the contract. The rent would be payable from the date of actual possession of the hired property.

#### B. The Following documents should be submitted along with EOI Document:

- i) Documents in support of ownership of building / Land and construction thereon.
- ii) Copy of PAN No. of original owner of premises.
- iii) Proof that the applicant is the original owners or lease holders or power of attorney holders or authorized agents of properties.
- iv) Certificate of authorized signatory from CEO, if the owner is a firm, Society etc.
- v) An affidavit swearing that the space offered is free from any liability and litigation with respect to its ownership, lease/renting and that there is no pending payments against the same.
- vi)No Objection Certificate/clearance certificate from all relevant Central/State Government and Municipal authorities, including Fire Department, for commercial/institutional/office / dual use of the property.
- vii) Copies of approved plan of the accommodation offered.
- viii) Attested/self-certified copy of completion certificate issued by the competent authority.
- ix) Proof / certificate from the authorized registered architect certifying the carpet area of the space offered for hiring.
- x) Updated copies of all Municipal/other applicable tax receipts.

#### C. Instructions to bidders and evaluation criteria:

1) Building offered must be free from all encumbrances, claims and legal disputes etc. Documentary Proof of ownership of Building, payment of all Taxes, Duties, Dues, etc. must be submitted along with this EOI Document.

- 2) Selected party shall be required to sign a Rent Agreement with the designated authority in Govt of Assam, Health and Family Welfare Department, in accordance with the provisions of the law applicable. The Agreement shall be signed initially for a period of Five years and renewed further as per the requirements of the user and with mutual consent.
- 3) Monthly rent should be quoted initially on a fixed basis for a period of three years. Incremental/Decremented rates of rent for the extended period may also be indicated in percentage terms. Quoting parties may note that no increase in Rental Charges per month will be allowed during the initial three years of the Agreement period.
- 4) Intending Parties may furnish complete details in the Questionnaire given in **Annexure –I** and details as per **Annexure-III** of this document.
- 5) All existing and future rates, taxes including property taxes, assessment charges and other outgoings whatsoever of description in respect of the said premises payable by the owner thereof, shall be continued to be paid by the landlord.
- 6) Govt of Assam, Health and Family Welfare Department shall pay charges in respect of electric power, light and water used on the said premises during the lease period.
- 7) Govt of Assam, Health and Family Welfare Department may, at any time during the period of the rent /extended rent Period make such structural alterations to the existing buildings such as partitions, office fixtures and fittings as may be easily removable.

8)

#### i) TECHNO-COMMERCIAL BID -

Interested parties should submit the complete Expression of Interest document, including annexure – I and III duly filled in and ink signed at the bottom of each page, in token of having accepted the terms and conditions. These documents as well as additional information and the documents called for in EOI document should be sealed in an envelope superscripted: TECHNICAL DOCUMENT FOR OFFICE ACCOMMODATION "MRITUNJOYE-108".

#### ii) **PRICE BID**

Price Quotation for monthly rent (both in figures and words), in lump sum strictly as per Annexure-II, may be put in second envelop duly sealed and superscripted:

#### PRICE QUOTATION FOR MONTHLY RENT FOR ACCOMMODATION "MRITUNJOYE-108".

Both this envelops may then be put in another bigger separate cover. This third cover may also be sealed and bear superscription:

"EOI FOR OFFICE ACCOMMODATION FOR "MRITUNJOYE-108".

- 9) The EOI offer should be sent either by speed post or may be submitted in drop box so as to reach Offices of the Mission Director, National Health Mission on or before 2 PM on 2.09.2014.
- 10) Requests received against the EOI shall be processed in two parts. All information and documents furnished in response to this invitation including Annexure I shall be deemed to be a technical offer. In the event prices are indicated by the party in the Technical document, the EOI request shall stand rejected. Details furnished in the Technical Offer shall be assessed/ evaluated. Price quotation of only those bidders/Parties shall be opened on a later date whose Technical Offers are found acceptable and suitable by the committee.
- 11) Rent charges shall be paid at the fixed rate at the end of each month or as per the Lease Agreement entered into with the party on the Terms & conditions mutually agreed.
- 12) In the event of Technical offer being found acceptable, the selected party will be required to furnish the original copy of the Title Deed of the Property along with proof of identity of the owner along with photograph(s) before the price bids are opened. Original Documents shall be returned after decision is taken to open price bids or otherwise.
- 13) Quoting parties may keep their offer valid for a period of 90 days. Offers with a shorter validity or inconsistent with the requirements set out in this EOI shall be ignored summarily and no representation in this regard shall be entertained by this Department
- 14) The "Price quotations for monthly rent for accommodation Mritunjoye-108" of the selected technical offers only will be opened.
- 15) The decision of the GOVT OF ASSAM, HEALTH AND FAMILY WELFARE DEPARTMENT will be final and cannot be challenged.
- 16) If any special offers, additional facilities are there from the owner's side that may be mentioned as separate attachment.

#### **Annexure-I**

1.	Name of Person / Party holding Title to the Property:					
2.	Nationality of the Owner :					
3.	Full Postal Address of Property with PIN code :					
4.	Total Carpet Area in Sqr feet (Floor wise)					
5.	Contact Details Name :					
Mobile N	No:					
Fax:						
E-mail:						
6. Essen	tial Documents Furnished ( please tick mark the correct option)					
(I) Copy	YES / NO					
(II)COPY	/ NO					
PLEASE	INDICATE:					
(I) Whether it is an Independent Building for exclusive use of office of Mritunjoye -108 without						
sharing	/NO					
(II) Gene	ES / NO					
(V) Park	YES / NO					
(VI) Nur	YES /NO					
(if yes, p	lease attach details)					
(VII) An	YES / NO					
(VIII) W	: YES / NO					
(IX) Wh	YES / NO					
(X) Whether all Govt dues, (property) Taxes Electricity, Telephone, Water Bills are Paid up as on date						
of Applie	S / NO					
(DOCUM	IENTARY PROOF should be furnished ).					
(XI) Wat	ES / NO					
If yes , W	Vater storage capacity ( In Litres) –					
(XII) Oth	ner Information which the Indenting Party wishes to furnish :					

## Annexure -II (Price Quotations)

2	Nama
a	Name:

- b) Address( office & residence):
- c) Address of Property offered:

Sl. No	Brief Description	Total Carpet area	Rent quoted per square	Total amount	
			foot	/Month in Rs.	
1	Property offered				
2	Taxes if any				
3	Any other charge				
	Total				

Total Monthly rental (in figures inclusive of every charge): Rs.

Total Monthly rental (in words inclusive of every charge): Rs.

Incremental/Decremented rates of rent for the extended period in percentage:

(After three year period)

Signatures:
-------------

Name:

Designation:

#### Note:

- a. Quote should be covering all taxes and duties.
- b. Total Monthly rental shall be the amount payable by National Health Mission by monthly as rent.
- c. Rates should be quoted in figures and words without any errors, overwriting or corrections and should include all applicable taxes etc. In case of any discrepancy between the amount mentioned in number and words, the amount mentioned in words shall prevail.

#### **Annexure-III**

#### **DECLARATION**

I	s/o		hereby	offer	the	premises	stated	in	the	Annexu	re I
(Question	naire) fo	r rent to tl	he GoA, H&	FW Dep	optt. V	Whatever is	s stated	in th	ie EoI	docume	nt is
true to th	e best o	f my knov	wledge and	ability	. I ha	ive not ch	anged tl	ne co	onten	ts of the	EoI
document	and have	e duly verif	fied and sigr	ned the	same						
Yours fai	thfully,										

Name & signature with stamp (if any) of party or Authorized Signatory