



**EXPRESSION OF INTEREST
FOR SURVEY & LINE LISTING OF BIO-MEDICAL EQUIPMENT**

No: NHM/PROC/LOE/14-15/2357/ 20214

DATE: 07.03.2015

National Health Mission invites “**Expression of Interest**” (EOI) for survey & line listing of Bio-Medical Equipment of different Health Institutions up to the PHC Level located at different districts of the State. Interested agencies may visit the website www.nrhmassam.in for the “Details of EOI” and submit their expressions of interest with requisite credentials so as to reach the address below on or before 17.03.2015 up to 2:00 PM.

Sd/-

Mission Director, NHM, Assam

**Mission Director, National Health Mission
SAIKIA COMMERCIAL COMPLEX, SRINAGAR PATH, CHRISTIANBASTI,
G.S ROAD, GUWHATI 781005**



OFFICE OF THE MISSION DIRECTOR
National Health Mission, Assam
Saikia Commercial Complex, Sreenagar Path, Christian Basti,
G S Road, Guwahati-781005, Assam

Website : www.nrhmassam.in

e-mail : misnrhm.assam@gmail.com

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DETAILS OF EOI FOR SURVEY & LINE LISTING OF BIO-MEDICAL EQUIPMENT

1) BACKGROUND:

The National Health Mission has been launched to carry out necessary architectural correction in the basic health care delivery system. The Mission adopts a synergistic approach by relating health to determinants of good health viz. segments of nutrition, sanitation, hygiene and safe drinking water. It also aims at mainstreaming the Indian systems of medicine to facilitate health care. The Plan of Action includes increasing public expenditure on health, reducing regional imbalance in health infrastructure, pooling resources, integration of organizational structures, optimization of health manpower, decentralization and district management of health programmes, community participation and ownership of assets, induction of management and financial personnel into district health system, and operationalizing community health centers into functional hospitals meeting Indian Public Health Standards in each Block of the Country. The Goal of the Mission is to improve the availability of and access to quality health care by people, especially the poor, women and children.

2) INVITATION FOR “EXPRESSION OF INTEREST”

National Health Mission, Assam intends to engage a professional agency with requisite credentials for survey and line listing of bio medical equipment available at various health institutions up to the level of PHC in 27 districts of Assam. “Expression of Interest” along with prescribed documents must be submitted/ dispatched so as to reach the place of submission (indicated below) on or before 17.03.2015 up to 2.00 P.M

3) ELIGIBILITY CRITERIA

- The agency should have experience of survey and line listing of bio medical equipment or executing similar work for any State Government or Central Government Organization in last three financial years.
- Average Annual Turnover of the bidder in last three financial years i.e 2011-12, 2012-13 and 2013-14 shall not be less than Rs 100.00 lakhs.

4) PARTICULARS/DOCUMENTS TO BE SUBMITTED WITH SEAL / SIGNATURE AND A COVERING LETTER IN THE PARTY'S LETTERHEAD:

1. Details of the establishment:
 - a. Name and address of the agency with e-mail address and contact numbers
 - b. Attested/notarized copy of Certificate of Registration of the Firm.
 - c. Attested/notarized copy of VAT Registration Certificate
 - d. Attested/notarized copy of Permanent Account Number (PAN) card.
2. Curriculum Vitae (CV) of key professionals proposed to be engaged for executing the work.
3. Detail work plan with schedule for the proposed work.
4. Annual Turnover Statement for last three financial years i.e 2011-12, 2012-13 and 2013-14 in the format given at Annexure – A certified by the Auditor/ Chartered Accountant.
5. Details of similar work executed during last three financial years with summary of Purchase Orders and Performance Certificates issued by clients in the specified format given in Annexure – B

4) SCOPE OF WORK

The following are scope of work to be performed.

- a. Should visit all the Health Institutions (approximately 1200 Nos) in 27 districts of the State up to the level of PHC.
- b. Should prepare a Fixed Asset Register including the following points:
 - Total Equipment/Instruments available in each of the Health Institution.
 - Functional and non-functional Equipment/Instruments in each of the Health Institution.
 - Serviceable and non-serviceable Equipment/Instruments in each of the Health Institution.

5) EVALUATION / SELECTION PROCEDURE:

Evaluation / selection shall be carried out in the following stages:-

- (i) A selection committee of NHM, Assam, shall go through the documents of the agencies and prepare the list of parties fulfilling eligibility requirements.
- (ii) The shortlisted parties will be called for further discussions on technical and commercial parameters, if deemed necessary.
- (iii) Based on inputs received against this EOI a tender will be issued amongst the short listed agencies. They will be required to submit their bids in two parts – technical bid & price bid. Price bids of the agencies found to be technically acceptable shall be opened in presence of bidders.

7) LAST DATE AND TIME OF SUBMISSION OF EOI: 17.03.2015 up to 2:00 PM

Interested agencies are requested to send their Expression Of Interest in a sealed envelope, along with supporting credentials, so as to reach NHM Assam on/before 17.03.2015 up to 2:00 PM of at the following address. The envelope should be super-scribed / marked with: **“EOI FOR SURVEY AND LINE LISTING OF EXISTING BIO-MEDICAL EQUIPMENT”**

8) PLACE OF SUBMISSION:

Office of Mission Director,
National Health Mission, Assam,
SAIKIA COMMERCIAL COMPLEX, SRINAGAR PATH,
CHRISTIANBASTI,
G.S ROAD,
GUWHATI 781005

ANNEXURE-A

ANNUAL TURN OVER STATEMENT

The Annual Turnover of M/s _____ for the last financial three years are given below and certified that the statement is true and correct.

| Sl. | Financial Year | Turnover in Lakhs (Rs) |
|-------|----------------|------------------------|
| (i) | 2011-12 | |
| (ii) | 2012-13 | |
| (iii) | 2013-14 | |

Total - Rs. _____ Lakhs

Average turnover per annum - Rs. _____ Lakhs.

Date:

Seal:

Signature of Auditor/
Chartered Accountant
(Name in Capital)

ANNEXURE-B
Performance Statement

EOI No:

| Sl. | Description of work | Year | Value | Name and full address of the purchaser |
|------------|----------------------------|-------------|--------------|---|
| | 1 | 2 | 4 | 5 |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

(Please use additional sheets if required)

SIGNATURE :

NAME & DESIGNATION :

DATE :

NAME & ADDRESS OF THE FIRM :