



OFFICE OF THE
CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER
-CUM-DISTRICT MISSION DIRECTOR, MAYURBHANJ
(District Programme Management Unit, NHM)



Telefax - 06792-254458, E-mail: dpmumay@gmail.com

Letter No. 3593

Date 19.09.2018

NOTICE

In pursuance to the letter no. 10565 dated 02.08.2018 of MD NHM Odisha the eligibility check list of agencies for PHC management under NHM of Mayurbhanj district is prepared. The detail eligibility check list is displayed in the district web portal www.mayurbhanj.nic.in. The bidder agencies are requested to submit objections if any, before CDM&PHO, Mayurbhanj within 27.09.2018 through e-mail/speed post/courier only. No fresh documents will be accepted by the authority.

P. Mohy
19-9-18

CDM & PHO cum-District Mission Director
District Health Mission, Mayurbhanj

Eligibility Check list for evaluation of proposals for PHC Management under NHM

Annexure-A

Name of the PHC applied: GUDUGUDIA

District: MAYURBHANJ

Sl. No	Particulars	Name of the Entity			
		IMTS	Antyodaya Chetana Mandal	Karuna Trust	Society for Participatory Action and Reflection
1	Copy of the Registration Certificate or equivalent certificates submitted	YES	YES	YES	YES
2	Whether the entity is having 5 years existence by 31 st March 2018 (To be ascertained from registration or equivalent certificate)	YES	YES	YES	YES
3	Copy of Memorandum of Association or equivalent document of the Agency submitted	YES	YES	YES	YES
4	Whether the entity is having provision of health care activities mentioned in its registration document.	YES	YES	YES	YES
5	Whether the entity is one person's company (write NA if not applicable)	NA	NA	NA	NA
6	Whether the entity is having evidence of providing clinical outreach and public health services for a period of 3 yrs. (To be ascertained from MoV: MOU/Sanction order.)	YES	YES	YES	YES
7	If registered in Society registration act; Does the entity is having the Unique ID no. Through the portal NGO-DARPAN of NITI Aayog.(write NA if not applicable)	YES	YES	YES	YES
8	Whether submitted annual average turnover Statement along with audit report for the last 3 years: 2014-15, 2015-16, 2016-17	YES	YES	YES	YES
9	Whether the entities having annual turnover of at least Rs 25 lakhs per annum in the last three financial years (2014-15, 2015-16, 2016-17) as per Audited statement	YES	YES	YES	YES
10	Submission of Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18	YES	YES	YES	YES
11	Document relating to fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.	YES	NO	YES	YES
12	Whether the entity is having fixed assets of minimum Rs 10 lakhs in the name of the entity in terms of land, building and others.	YES	YES	YES	YES
13	Meetings & minutes of the Executive Committee/Governing body/ any other body meeting based on bye law/memorandum of the society/registration document submitted for the last three financial years till 2017-18.	YES	NO	NO	NO
14	Names of the Office Bearers along with their addresses submitted.	YES	YES	YES	YES
15	Whether the entity has ever been "blacklisted"/debarred from participating in any tendering process by any State Government/central Government institutions. (To be ascertained from the certificate submitted.)	NO	NO	NO	NO
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	YES	YES	YES	YES
17	Whether the entity or any of its office bearers of the Organization has been convicted by any court of law in India or abroad for any civil/criminal offences?	NO	NO	NO	NO
18	An undertaking that the Organization is willing to sign the service level agreement submitted.	YES	YES	YES	YES
19	Copy of the resolution of the competent authority in the Organization authorizing the signatory to respond to this invitation submitted.	YES	YES	YES	YES

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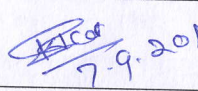
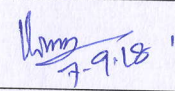
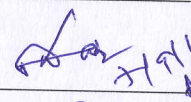
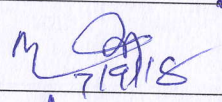
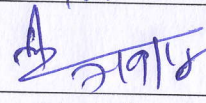
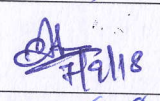
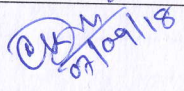
Annexure-A

Name of the PHC applied: GUDUGUDIA

District: MAYURBHANJ

20	Copy of PAN card,	YES	YES	YES	YES
21	Copy of Bank Pass Book	YES	YES	YES	YES
22	Document containing the details of the names, addresses and educational qualifications of key personnel employed by the Organization during the last three years including those employed at the time of submission of this bid submitted.	YES	YES	YES	YES
23	Descriptions of activities of the Organization in the primary health care system in any parts of India emphasizing (a) geographical area (b) outputs (c) manpower dedicated to projects (d) outcome submitted	YES	YES	YES	YES
24	Registration under 12-A of Income tax act 1961.	YES	YES	YES	YES
25	EMD (DD of Rs.40,000/-)	UBI DD No. 428460	BOI DD No. 007535	SBI DD No. 835105	BOI DD No. 007542
26	Based on any adverse report against the entity from the District /NHM /Any Govt. Dept. has the partnership of the entity been discontinued or poor performance implementation of PHC (N) Mgt. Project under NHM in the district is identified by any external evaluating agency.	NO	NO	NO	NO
27	Has the services of the organizations of the organization been discontinued on the basis of the conduct of any financial irregularities	NO	NO	NO	NO
Recommendation of the Assessment Team (Whether the entity is recommended for next level selection process Yes/No)		YES	NO	NO	NO
If No, reasons there of			Not satisfying sl. No. 11 & 13	Not satisfying sl. No. 13	Not satisfying sl. No. 13

Signature of the Assessment Team

Name	Designation	Signature
Dr. Sankar Kumar Kar	CDM&PHO Mayurbhanj	 7-9-2018
Dr. Kantaraj Mishra	ADPHO (FW) Mayurbhanj	 7-9-18
Sadhan Ch Das	DSWO Mayurbhanj	 7-9-18 ADSWO
Alina Katar Alangari	DWO Mayurbhanj ADWO HQ	 7-9-18
Anil Kumar Mohanty	DPM NHM Mayurbhanj	 7-9-18
Ashutosh Jena	DAM NHM Mayurbhanj	 7-9-18
Chinmay Kumar Das	PPM Coordinator Mayurbhanj	 07/09/18

Dr. P. K. Mahapatra
Supt. DHO
7-9-18

Eligibility Check list for evaluation of proposals for PHC Management under NHM

Annexure-B

Name of the PHC applied: CHADHEIPAHADI

District: MAYURBHANJ

Sl. No	Particulars	Name of the Entity			
		IMTS	ARAMVA	Rural Research & Development Council	Karuna Trust
1	Copy of the Registration Certificate or equivalent certificates submitted	YES	YES	YES	YES
2	Whether the entity is having 5 years existence by 31 st March 2018 (To be ascertained from registration or equivalent certificate)	YES	YES	YES	YES
3	Copy of Memorandum of Association or equivalent document of the Agency submitted	YES	YES	YES	YES
4	Whether the entity is having provision of health care activities mentioned in its registration document.	YES	NO	NO	YES
5	Whether the entity is one person's company (write NA if not applicable)	NA	NA	NA	NA
6	Whether the entity is having evidence of providing clinical outreach and public health services for a period of 3 yrs. (To be ascertained from MoV: MOU/Sanction order.)	YES	NO	NO	YES
7	If registered in Society registration act; Does the entity is having the Unique ID no. Through the portal NGO-DARPAN of NITI Aayog.(write NA if not applicable)	YES	YES	YES	YES
8	Whether submitted annual average turnover Statement along with audit report for the last 3 years: 2014-15, 2015-16, 2016-17	YES	YES	YES	YES
9	Whether the entities having annual turnover of at least Rs 25 lakhs per annum in the last three financial years (2014-15, 2015-16, 2016-17) as per Audited statement	YES	YES	YES	YES
10	Submission of Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18	YES	YES	YES	YES
11	Document relating to fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.	YES	NO	NO	YES
12	Whether the entity is having fixed assets of minimum Rs 10 lakhs in the name of the entity in terms of land, building and others.	YES	NO	NO	YES
13	Meetings & minutes of the Executive Committee/Governing body/ any other body meeting based on bye law/memorandum of the society/registration document submitted for the last three financial years till 2017-18.	YES	NO	NO	NO
14	Names of the Office Bearers along with their addresses submitted.	YES	YES	YES	YES
15	Whether the entity has ever been "blacklisted"/debarred from participating in any tendering process by any State Government/central Government institutions. (To be ascertained from the certificate submitted.)	NO	NO	NO	NO
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	YES	YES	YES	YES
17	Whether the entity or any of its office bearers of the Organization has been convicted by any court of law in India or abroad for any civil/criminal offences?	NO	NO	NO	NO
18	An undertaking that the Organization is willing to sign the service level agreement submitted.	YES	YES	YES	YES
19	Copy of the resolution of the competent authority in the Organization authorizing the signatory to respond to this invitation submitted.	YES	YES	YES	YES

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Eligibility Check list for evaluation of proposals for PHC Management under NHM

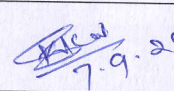
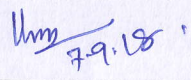
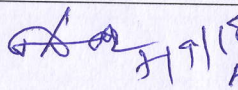
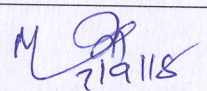
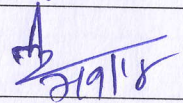
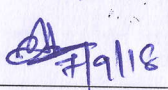
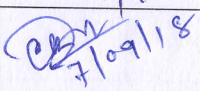
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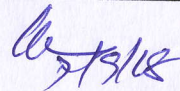
Name of the PHC applied: CHADHEIPAHADI

District: MAYURBHANJ

20	Copy of PAN card,	YES	YES	YES	YES
21	Copy of Bank Pass Book	YES	YES	YES	YES
22	Document containing the details of the names, addresses and educational qualifications of key personnel employed by the Organization during the last three years including those employed at the time of submission of this bid submitted.	YES	YES	YES	YES
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24	Registration under 12-A of Income tax act 1961.	YES	YES	YES	YES
25	EMD (DD of Rs.40,000/-)	UBI DD No. 428459	UBI DD No. 554817	NO	SBI DD No. 835104
26	Based on any adverse report against the entity from the District /NHM /Any Govt. Dept. has the partnership of the entity been discontinued or poor performance implementation of PHC (N) Mgt. Project under NHM in the district is identified by any external evaluating agency.	NO	NO	NO	NO
27	Has the services of the organizations of the organization been discontinued on the basis of the conduct of any financial irregularities	NO	NO	NO	NO
Recommendation of the Assessment Team (Whether the entity is recommended for next level selection process Yes/No)		YES	NO	NO	NO
If No, reasons there of			Not satisfying sl. No. 4,6,11,12 & 13	Not satisfying sl. No. 4,6,11,12, 13 & 25.	Not satisfying sl. No. 13

Signature of the Assessment Team

Name	Designation	Signature
Dr. Sushil Kumar Kar	CDM&PHO Mayurbhanj	 7.9.2018
Dr. Kasturi Mishra	ADPHO (FW) Mayurbhanj	 7.9.18
Sadhan Ch Das	DSWO Mayurbhanj	 7/9/18 ADSP
Mina Keshu Mangarij	DWO Mayurbhanj ADWO H 2	 7/9/18
Anil Kumar Mohanty	DPM NHM Mayurbhanj	 7/9/18
Ashutosh Jena	DAM NHM Mayurbhanj	 7/9/18
Chinmay Kumar Das	PPM Coordinator Mayurbhanj	 7/9/18

Dr. P. K. Mahapatra
Donor MS
cum Supdt
DWH
 7/9/18