



**OFFICE OF THE SUPERINTENDENT PRMMCH
BARIPADA, MAYURBHANJ, ODISHA**



RFP Reference No. *2548* /PRM MCH/2020-21 Dated: *25*.08.2020

**NOTICE FOR INVITATION OF TENDER FOR BIO-MEDICAL WASTE MANAGEMENT AT
PANDIT RAGHUNATH MURMU MEDICAL COLLEGE & HOSPITAL
BARIPADA, MAYURBHANJ**



NOTICE INVITING PROPOSAL

Sealed tender are invited from registered firm/Organization for Bio Medical Waste Management at PRM Medical College & Hospital, Baripada

Sl. No.	Particulars	Information
1	Period of Availability of RFP Document in the official website of Mayurbhanj District	From 26.08.2020 to 15.09.2020 (Downloadable from website: www.mayurbhanj.nic.in)
2	Pre bid discussion	03.09.2020 at 11.00 AM At- Committee Hall, PRM MCH, Baripada.
3	Closing Date of availability of RFP document in the official website & Last date and time for receipt of proposal	15.09.2020 (till 5.30 P.M)
4	Cost of RFP Document (Nonrefundable) Demand Draft in favour of SUPERINTENDENT, PRM MCH, Baripada, payable at Baripada	Rs. 2,100.00
5	Opening of Technical Bid	16.09.2020 at 11 AM At- Committee Hall, PRM MCH, Baripada.
6	EMD in form of Demand Draft in favour of SUPERINTENDENT, PRM MCH, Baripada payable at Baripada	Rs.50,000.00
7	Address for submission of RFP	SUPERINTENDENT,PRM MCH, Baripada, Mayurbhanj Pin No:757001
8	Address for opening of RFP	Committee Hall, PRM MCH, Baripada
9	Opening of Financial bid	Will be intimated later

Note: The tender will be opened in the presence of the Bidders or their authorized representatives in the Committee hall, PRM Medical College & Hospital, Baripada, Mayurbhanj. In the event of failure of any particular bidders or authorized agent to remain present at the time of the opening of the tender paper, the tender paper will be opened in the presence of available bidders present at the time of opening. If the last date falls on govt. holiday the tender paper will be received till 5.30 PM on the next working day. Tender received after schedule date and time shall not be entertained. The authority reserves the right to reject or cancel any / all tender papers without assigning any reason thereof. It is mandatory that the tender paper will reach the office of the undersigned only through Registered post / Speed Post/ Courier only. The undersigned has no responsibility for any postal delay/ transit delay on the part of bidder. The tender paper will be rejected if the bidder changes or omit any clause or annexure of the bid document downloaded from the website.


 Medical Superintendent
 PRM MCH, Baripada



1. Submission and Signing of Proposal.

Interested eligible bidders may submit their bid in the prescribed format of the RFP along with the required **EMD & documents** as set forth in this RFP through Register Post/Speed Post/ Courier only.

(a) The proposal shall be submitted in two parts -

(1) Part A - Bid Security & Technical Proposal as per format set out in RFP.

(2) Part B - Financial Proposal as per the format set out in RFP.

2. Packing, Sealing and Marking of Proposal

(a) The Technical Proposal (Cover A) and Financial Proposal (Cover B) 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.

➤ **Cover-A-** Technical Proposal for **“Operation of Bio-Medical waste Management at PRM MCH, Baripada, Mayurbhanj”**.

➤ **Cover-B -** Financial Proposal for **“Operation of Bio-Medical waste Management at PRM MCH, Baripada, Mayurbhanj”**.

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

➤ Proposal for **“Operation of Bio-Medical waste Management at PRM MCH, Baripada, Mayurbhanj”**.

➤ **RFP no.** (The bidder should clearly mention the RFP no. for which the proposal is submitted)

➤ The bidder'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 the SUPERINTENDENT, PRM MCH, Baripada.

If the outer envelope is not sealed and marked as mentioned above, then the O/o the SUPERINTENDENT, Baripada 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. Cover A (Technical Proposal)

The bidders are requested to submit a detailed technical proposal with respect to the setting up a **Bio-Medical waste Management** at PRM MCH, during the proposed contract period in conformity with the Terms of Reference forming part of this RFP. **All these documents should be attached serially and sequentially with page numbering/flagging.**

1. EMD of **Rs.50,000/-** in the shape of a Demand Draft in favour of **SUPERINTENDENT, PRM MCH, Baripada payable at Baripada.**
2. Rs. 2100/- The tender document cost is to be submitted in the shape of the bank draft in favour of **SUPERINTENDENT, PRM MCH, Baripada payable at Baripada.**
3. Photocopy of the Registration Certificate of the Agency.
4. Photocopy of PAN.
5. Photocopy of GST, EPF, ESI Registration.
6. Form T1
7. Form T2
8. Form T3 (Certificate from the Chartered Accountant).
9. Photo copies of the audited P/L Account of each year Highlighting the turnover in its support of that.
10. Form T4 - Past Experience In Operating Similar Field During The Last 3 Years In Hospital.
11. Photocopies of work orders executed in support of the information furnished in Form T4.
12. Form T5 - Power of Attorney authorizing the signatory for signing the proposal on behalf of the proposer/Bidder.
13. Form T6 - Affidavit Certifying that Entity/Promoter(s)/Directors/Partner(s) of Entity is not blacklisted.
14. Form T7 - Letter of Declaration (Anti Collusion Certificate) mentioning that the bidder will not collude with the other bidders.
15. Photo copy of labor license.
16. Copy of valid state pollution control board license.



17. Affidavit as per SL.No.21 & 22 in terms & Conditions of RFP.
18. A copy of the RFP document sealed and signed in all pages by the applicant.
19. Any other related details, the bidder like to include in the proposal.

II. Cover B (Financial Proposal)

1. The bidder must submit the Financial Proposal using Form specified in Form F1 and F2 with proper signature and seal of the bidder.
2. In case of any discrepancy between figures and words in the financial proposal, the one described in words shall be taken into consideration.
3. The same person signing the RFP shall sign the financial part also.
4. Any interlineations, erasures or overwriting shall not be valid.

Eligibility:

Following points should be fulfilled by the tenderer to be eligible for participation in the bidding process:-

1. The Tenderer should have valid authorisation certificate by state Pollution control Board (OSPCB), Bhubaneswar, Odisha for collection, transportation, treatment and disposal of biomedical waste.
2. The agency should have firm registration certificate.
3. The agency should have ISO 9001 certificate.
4. The quoting agency must have minimum three years' of continuing operation experience in Bio medical waste treatment and disposal of Biomedical waste in Govt./Private Hospital.
5. The quoting agency should have operated a Biomedical and disposal facility in a Medical college of the state.
6. The quoting agency must have the experience to operate the equipments namely incinerator, Shredder, microwave and effluent treatment plant (ETP) in Hospital premises.
7. The agency should have experience in implementing bar Coding system in any hospital for BMW management and obtained a certificate from software



- development agency for providing software for special bar coding for BMW Management rules -2016
8. The agency must a chartered accountant certified average turnover certificate of above Rs 50 lakhs for the last three financial years along with audited balance sheet for the similar period.
 9. The agency must have a valid EPF, ESI & GST registration certificate.
 10. It must have PAN Card in the name of the Firm/ Agency/ Company.
 11. It must have valid Contract labour license.
 12. The agency must submit copy of IT return for last three financial years.(2016-17, 2017-18, 2018-19).
 13. The Bidder must not have been blacklisted either by the tender inviting authority or by any State Govt. or Govt. of India organization for Bio-medical waste work. The agency shall submit undertaking regarding the same on Non Judicial Stamp paper of Rs. 20/- as per Format. **(Form T-6)**
 14. It must not have any previous record of contract termination or left out of the job etc.
 15. An affidavit from NOTARY PUBLIC that the agency must have no criminal proceeding against on him.
 16. The agency must have submit list of existing customer i.e. Name of the health care institution, total bed strength and average daily waste collection of the same by the agency.



Terms and Condition of outsourcing of Bio-Medical Waste Management

1. All the workers & supervisors engaged by the outsourcing agency shall have uniform with logo of the agency and photo identity cards during the period of work.
2. The outsourcing agency shall furnish the list of workers & supervisors (above 18 years of age only) with proof of identity and address to the authority after finalization of the outsourcing services.
3. All the personnel to be engaged by the organization /Agency should be covered under the statutory Government regulations framed from time to time.
4. Medical Superintendent of the Hospital may ask the Agency to withdraw any of their workers from the Hospital without assigning any reasons, within 24 hours of prior intimations.
5. The Agency will abide by all the rules and regulation relating to labour laws, accident, workmen compensation act, workmen Insurance, ESI and EPF etc, as applicable. This will be the sole responsibility of the Agency. The authority will not be a party at any stage if any kind of dispute that arises relating to the above.
6. Any damage/pilferage to the Hospital property due to mishandling, carelessness of the contractor/ agency by his workmen will be recoverable from the Agency's bill and all materials issued to the contractor shall be his sole responsibility during the entire period of contract.
7. The service provider should depute qualified and dedicated staff (trained in the field of Bio Medical Waste management or having experience on handling the biomedical wastes) to manage the Bio-Medical Waste Management activity in the Hospital and will coordinate in executing the same with the Bio-Medical Waste management committee of the Hospital and be responsible for supervision of the work. The said person should be provided with mobile number (24 hrs functional) for emergency need at any time.
8. The entire employee will have to be covered under relevant insurance act against any personal accidents/health hazards. The Hospital authority will not be liable in any way, for payment and other issues of any compensation on that account.



9. During execution of work, the service provider must follow all standard norms of safety measures/precautions to avoid accidents/damages to man, machine and building etc. on non-performance to this clause. Fine/penalty as decided by the Authority will be imposed.
10. Generator of the Bio-Medical waste is responsible for providing segregated waste to the service provider. The waste shall be segregated as per the provisions of the Bio-Medical Waste Management Rules-2016. The service provider shall report about the non- segregated waste to the authority. The points of the segregation will be handled by the service provider. The designated Colour bags will be put in respective colour coded bins and lifted from time to time after they become two third full. Bags are to be closed by tying a string and taken to the plant site for disposal. Each bag shall be as per BIS Standards or Bar code system for effective management of Bio-Medical Waste Management.
11. The colour coded containers shall be strong enough to withstand any possible damage that may occur during loading, transportation and unloading of such containers. All the bags/containers/ bins used for collection and storage of Bio-Medical Waste, must be labeled with the Symbol of Bio-Hazard of Cytotoxic Hazard as the case may be as per the type of waste in accordance with the BMWM Rules, 2016 & Amendment thereof for operating a facility for generation, collection, reception, treatment storage and disposal from all points in the Hospital. The person responsible for collection of Bio-Medical Waste shall also carry a register with him to maintain the record such as name of generation point, type and quantity of waste received. Signature of the authorized person (I/C sister of the ward/ OT/LR/CU etc) day and time of collection etc.
12. The service provider is also responsible for liquid waste management as per the Bio Medical Waste Management Rules, 2016.
13. The Service provider will also provide HR (Sweeper-cum-attendant) who is hired on daily wages as per minimum daily waged Act under Govt. of Odisha, labour & ESI Department. They shall be utilized for management the Bio-Medical Waste



(segregation) handling of equipments related to biomedical waste, liquid waste management, disinfection treatment and disposal of bio-medical waste etc.

14. The collection and transportation of bio-medical waste shall be carried out in a manner so as to avoid any possible hazard to human to human health and environment. The timing of collection of the waste will be preferably with in 6AM-8AM and 3 PM-4PM daily.
15. The bio-medical waste collected in polybags shall be transported to thye nearest Bio-Medical Waste management unit located at PRM MCH, Baripada a fully covered trolley. Such trolley shall be dedicated for transportation of Bio-Medical Waste. The coloured coded non chlorinated polybags of appropriate size and colours with bio-hazard markings will be provided by the service provider.
16. The service provider shall maintain all the records related to Bio-Medical Waste Management of all the units. Daily records shall be maintained and certify by Hospital manager for the waste accepted and treated waste removed from the site. The record shall include the following minimum details.
 - I. Waste Accepted: waste collection date, name of the health care unit. Waste category as per the rules, quantity of the wasteand receiving date (at site).
 - II. Log Book: A log book shall be maintained for each treatment equipment installed at site and shall include the followings:
 - a) The weight of each batch.
 - b) The categories waste as per the rules.
 - c) The time date and duration of each treatment cycle and total hours of operation
 - d) The complete details of all operational parameters during each cycle.
 - III. Site Records: site records shall include the following:
 - a) Details of construction or engineering works.



- b) Maintenance schedule, breakdowns/trouble shootings and remedial action, emergencies.
- c) Incidents of unacceptable waste received and the action taken thereof.
- d) Details of site inspections by the officials of the regulatory and necessary action on the observations.
- e) Daily, monthly and annual summery records of all the above shall be maintained and made available at the site for inspection whenever required by an authorized officer of regulatory agency.

17. Award of contract on evaluation of Technical and Financial parts of RFP and there on, the selected bidder shall have to execute an agreement with the Authority within 15 days from the date of acceptance of their bid is communicated to them.

18. The agency will be engaged initially for a period of 1 year which may be extended by the Authority for another two years (one year at a time) subject to satisfactory performance. During this period if at any stage of time, the Hospital Authority finds non-compliance of assigned work, the service provider will be served with a notice for a period of one month and if still noncompliance is there, the contract will be cancelled and new party will be assigned with the said service.

19. The service provider shall commence the service within 15 days from the date of signing the agreement. If the agency fails the commence the service as specified herein, the district Authority may, unless it consents to the extension of time thereof, fortify the performance security.

20. The service provider shall be under the administrative control of the Medical Superintendent, PRM MCH, Baripada.

21. An affidavit from the 1st class Magistrate that the agency must have no criminal proceeding against on him.

22. An affidavit the agency must not have any previous record of termination of contract or left out of job in the middle during the period of contract.

23. The agency must have submit list of existing customers i.e. Name of health care institution , total bed strength and average daily waste collection and treatment of the same by the agency.



24. The outsourcing agency has to adhere & comply the rules, laws and guidelines updated and applicable as per time to time by state or central Govt.
25. The outsourcing agency has to submit Monthly Progress Report/Status report duly signed by the I/C sister of the concerned department and counter signed by the HOD of that department and certified by Hospital Manager as the case may be without fail.
26. Manpower engaged by the Service Provider should not claim any type of compensation / absorption /regularization/benefit (Health related also) of service from this office under Industrial Dispute act, 1947 & Contract Labour Act 1970.
27. Agency will have to provide all protective material & immunised for handling of BMW like – Apron, Gum Boot, Mask, Cap, Rubber Utility Gloves, Hepatitis B, and TT Injection as per requirement apart from uniform.
28. As per the provision of Biomedical Waste Management & Handling Rule-1998. Waste filling in most of the categories can be treated in system based on non-burn technologies. Such waste account for about 90% of the total waste streams in a health care unit. It is mandatory to impart incineration/ deep burial to anatomical & other types of the waste filling under Categories 1 & 2. Therefore an incinerator of adequate capacity to cater only Categories 1 & 2 waste shall be installed (if secured landfill is not available, Category-5 may also be incinerated). The waste filling under Category-5 i.e. discarded medicines, cytotoxic drugs & category-10 i.e. chemical wastes (solid) can be disposed in a secured landfill.
29. In the first stage, the technical proposals will be opened. Only those bidders whose technical proposals fullfill the eligibility criteria shall qualify for the financial bid opening. In the financial bid, the bidders with the lowest price shall be awarded the contract. Incase two agencies quote the same lowest price, then the agency with the higher turnover will be awarded the contract.
30. The Technical Bid should be accompanied with an Earnest Money deposit (EMD), refundable without interest of Rs.50,000/- (Rupees Fifty Thousand only in the form of DD/Cheque).



31. In absence of the EMD, technical proposal of the bidder shall be rejected. However, as per the Finance Department, Govt. of Odisha office memoradam no. 21926 dated 12.08.2015, the local MSMEs registered with respective DICs, Khadi, Village, Cottage & Handicraft Industries, OSIC and NSIC are exempted from submission of EMD while participating in tenders of Govt. Departments and Agencies under its control. It is further clarified that the above exception is applicable to local MSMEs registered in Odisha only. This exemption to the local MSMEs shall be applicable if the kind of service as required under this tender enquiry is clearly specified against the details of the service to be provided in their DIC / NSIC registration certificate to be furnished in the technical bid.
32. The Earnest Money Deposit in respect of the service provider which do not qualify the Technical Bid (First Stage)/Financial Bid (Second Competitive Stage) shall be returned to them without any interest. In case of successful tendrer. If the service provider fails to deploy the required manpower within 15 days from the date of signing the agreement, the EMD shall stand fortified without giving any further notice.
33. The successful tenderer will have to deposit a Security amount of Rs.1,00,000/- (Rupees One lakh) only in the form of Demand Draft made in favour of Superintendent PRM MCH, Baripada, payable at Baripada at the time of signing of the agreement. It will be refunded without interest in case of completion of the contract period/ cancellation of agreement by the Superintendent PRM MCH, Baripada, Mayurbhanj.
34. In case of deficiencies in providing quality service, the authority will have the right to impose penalty to be deducted from the monthly bill of the agency as per the decision of the Performance Review committee.

The Performance Review Committee consists of:

- I. Superintendent, PRM MCH, Baripada.
- II. Administrative Officer, PRM MCH, Baripada.
- III. HOD Microbiology, PRM MCH, Baripada.
- IV. HOD Pathology, PRM MCH, Baripada,
- V. HOD Biochemistry, PRM MCH, Baripada



VI. Hospital Manager , PRM MCH, Baripada

35. All the legal disputes are subject to the Jurisdiction of Baripada, Mayurbhanj Only.

N.B.:- All documents submitted shall be consecutively numbered having signature with official seal of the authorized signatory on each page and total number of pages shall be mentioned on the top sheet duly authenticated by the authorized Signatory. In case the tender document is signed by the authorized signatory, a copy of the power of attorney / authorization may be enclosed along with the tender for consideration.



Interested Service Providers are hereby informed to submit their proposals in the following manner.

Sl. No.	Information of documents	Particulars
1	The tender documents should be accompanied with Bank Draft of Rs.2100/- (Cost of Tender Document) from any Nationalized Bank in favour of Medical Superintendent, PRMMCH, Baripada payable at Baripada.	
2	Valid labour license issued by concerned District Labour Officers / Authority.	
4	Valid Registration number with date of Organization / Society / Firm, if any	
5	Valid State Pollution Control board license / approval with date.	
6	Valid EPF registration number & date (ECR copy last 3 Financial Year i.e. 2016-17 2017-18, 2018-19.	
7	Valid ESI Registration number & date (ESI Copy of last 3 Financial year)	
8	Affidavit as per SL.No.21 & 22 in terms & condition	
9	PAN of the organization and Audited Financial statement of last 3 Financial Year i.e. 2016-17 2017-18, 2018-19.	
10	Bye-law of the organization / Firm , if any	
11	GST registration number & proof of last return filed	
12	Experience certificate on providing service in Bio-Medical Waste Management for last three consecutive years' i.e. 2017-18, 2018-19, 2019-20.	
13	EMD (refundable, non-interest bearing) Rs.50,000/- (Rupees Fifty Thousand) only shall be enclosed with the tender paper in shape of Demand Draft in favour of Medical Superintendent, PRM MCH, Baripada payable at Baripada.	

ଅଧିକାରୀଙ୍କଠାରେ

ପଞ୍ଜିକୃତ ମୁଖ୍ୟ ଚିକିତ୍ସା ଅଧିକାରୀଙ୍କଠାରେ ଉପସ୍ଥାପନ

ବାରିପଦା, ମୟୂରଭଞ୍ଜ, ୭୫୭୦୦୧

OFFICE OF THE SUPERINTENDENT

Pandit Raghunath Murmu Medical College

& Hospital, Baripada, Mayurbhanj, PIN- 757001

superintendentprmmch@gmail.com, 06792-257013



ଓଡ଼ିଶା ସରକାର

ସ୍ୱାସ୍ଥ୍ୟ ଏବଂ ପରିବାର କଲ୍ୟାଣ ବିଭାଗ

Government of Odisha

Department of Health and Family Welfare

CHECK LIST (TECHNICAL PROPOSAL)

Please check whether followings have been enclosed in the respective cover, namely, Technical Proposal: ***(Please arrange the documents serially in the following order & do the page numbering of the entire bid document and mention the page no. in the column "Page No." against the particulars in the check list as mentioned below for ease of scrutiny)***

Sl. No.	Particulars	Whether Submitted		Page No.
		Yes	No	
1.	EMD (DD of Rs.50,000/-)			
2	Cost of Tender Paper (Rs.2100/-)			
3	Form T1			
4	Form T2			
5	Copy of the company / Agency Registration Certificate			
6	Copy of the EPF, ESI registration Certificate			
7	Copy of PAN			
8	Form T3			
9	Photocopies of the audited P/L account of each Year highlighting the turnover in support of that			
10	Copies of work order / contract certificates from the Clients in support of similar works executed in Support of the information provided in form T4			
11	Form T5			
12	Form T6			
13	Form T7			
14	Copy of existing valid labour license			
15	Copy of Valid State Pollution Control board license / approval with date			
16	Copy of GST certificate			
17	Affidavit as per SL.No.21 & 22 in terms & Conditions			



Form-T1
(To be furnished in the Technical Proposal)
TECHNICAL TENDER SUBMISSION FORM
(On the letter head of the Agency)

To
The Superintendent
PRM Medical College & Hospital, Baripada.

Ref. Tender Document Reference no. _____ dated _____.

Dear Sir,

I/We, the undersigned, offer to provide the services for the work: Out Sourcing of Bio-Medical Waste Management at PRM MCH, Baripada. I/We are hereby submitting my/our proposal, which includes this Technical proposal and a Financial Proposal sealed under separate envelope.

I/We hereby declare my/our confirmation of acceptance of the conditions of contract mentioned in the TENDER DOCUMENT under reference cited above.

I/We hereby declare that all the information and statements made in this proposal are true and accept that any of my/ our misrepresentations contained in it may lead to disqualification.

My/our proposal shall be binding upon me/us for a period of 1 year from the date of bid opening. Subject to the modifications resulting from contract negotiations which may be subsequently carry out with me/us to accept the bid. If I/We assigned the work during the period of validity of the proposal, I/We undertake to carry out the same as per the terms and conditions of this tender document.

I/We understand that the authority is not bound to accept any proposal that has been received.

Yours Sincerely,

Authorized Signatory (In Full and Initials): _____

Name and Title of Signatory: _____

Name of the Agency: _____

Address: _____

(Organization Seal)



FORM-T2
(To be furnished in the Technical Proposal)

PROFILE OF THE AGENCY

1	Name of the Agency	
2	Address with Contact Number	
3	Financial position and Operational results for last 3 financial year (2016-17, 2017-18, 2018-19)	Audited statements of Accounts to be attached (self-attested photo copies)
4	Numbers of field level staffs engaged at the client locations to render Bio-Medical Waste Management	Service & Support Staff Supervisory Staff
5	Year of working experience in the related field along with the list of clients to whom similar service has been provided in last 3 years.	<ul style="list-style-type: none"> • Name of client • Date of contract • Duration of Engagement • Contract Value • Contract Status • Completed and • OngoingLive Performance
6	Separate list to be furnished for Govt. /Semi Govt. /Public Sector and Private Sector Clients.	
7	Registration / empanelment details with different authorities.	<ul style="list-style-type: none"> • Authority • Date of Registration
8	Plan for execution	<ul style="list-style-type: none"> • Man power planning • Monitoring • Quality Assurance
9	Any other details the applications would like to furnish (i.e. Awards and Accreditations)	

Note (I) Information to be furnished in separate sheet wherever necessary.

(II) The documents have to be self-attested photocopies.

Authorized Signatory /Signature (in Full and in initials): _____

Name and Title of Signatory _____

(Organization Seal)



FORM-T3

(To be furnished in the Technical Proposal)
ANNUAL TURN OVER STATEMENT
(To be furnished in the letter head of the Chartered Accountant)

The Annual Turnover of M/S _____

For the last 3 financial years are given below and certified that the statement is true and correct.

SL.NO.	Financial Year	Turnover in (Rs)
1	2016-17	
2	2017-18	
3	2018-19	
Total		
Average Annual Turnover in (Rs.)		

Date:

Signature of Chartered Accountant

Place:

(Name in Capital)

Seal:

Membership No.

Note:

1. To be issued in the **letter head** of the Chartered Accountant with membership No.
2. Also attach photocopies of the audited P/L account of each **year highlighting the turnover** in its support of that.



FORM-T4
 (To be furnished in the Technical Proposal)

PAST EXPERIENCE IN OPERATING SIMILAR FIELD DURING THE LAST 3 YEARS IN HOSPITAL

(Attach separate sheets if the space provided is not sufficient)

Experience in Hospital:

For-2017-18

Name of Assignment	Name /address of the Hospital and nos. of Bed	Date of award of Assignment	Date of Completion of assignment	Value of the Assignment	Role of the Agency

For-2018-19

Name of Assignment	Name /address of the Hospital and nos. of Bed	Date of award of Assignment	Date of Completion of assignment	Value of the Assignment	Role of the Agency



For-2019-20

Name of Assignment	Name /address of the Hospital and nos. of Bed	Date of award of Assignment	Date of Completion of assignment	Value of the Assignment	Role of the Agency

***Note: Please furnish the Work order / Contract copies of the works executed in support of the information mentioned above.**

Authorized Signatory /Signature (In full and initials): _____

Name and Title of Signatory: _____

(Organization Seal)



FORM T-5
(To be furnished in the Technical Proposal)

Format for Power of Attorney for signing of proposal
(On a Stamp Paper of relevant value)

Power of Attorney

I knew all persons by these presents, I/ We _____ (Name and address of the registered office) do hereby constitute, appoint and authorize Mr. /Mrs. _____ (Name and residential address) who is presently employed with us and holding the position _____ as my/our attorney, to do in my /our name and on my/our behalf, all such acts, deeds and things necessary in connection with or incidental to our bid for out sourcing of Bio-Medical Waste Management at PRM MCH, Baripada including signing and submission of all documents and providing information / responses to the district authorities , representing me/us in all matters before district authorities and generally dealing with district authorities in all matters in connection with our bid for the said project. I/We hereby agree to ratify all acts, deeds and things lawfully done by my/our said attorney pursuant to this power of Attorney and that all acts, deeds and things done by my/our aforesaid attorney shall and shall always be deemed to have been done by me/us.

Dated this _____ day of _____ 2020/21.

For _____

(Name Designation and Address)

Accepted _____ (Signature)

(Name, Title and Address of the Attorney)

Date:- _____

Note:

- To be executed by the Chief of the Agency.
- The mode of execution of the power of Attorney should be in accordance with the procedure, if any, lay 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.
- In case an authorized Director of the agency sings the proposal, a certified copy of the appropriate resolution / document conveying such authority may be enclosed in lieu of the power of Attorney.



FORM T-6

(To be furnished in the Technical Proposal)

**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.....(the name of the agency with address of the registered office) hereby certify and confirm that we or any of our promoter(s) / director(s) are not debarred by Department of Health & FW, Govt. of Odisha/or any other entity of Govt or blacklisted by any state Government or central Government/ department / organization in India from participating in Project(s), either individually or as member of a Consortium.

We further confirm that we are aware that, our proposal 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....., 2020/21.

Authorized Signatory/Signature (in full and Initials): _____

Name and Title of Signatory _____

(Organization Seal)

ଅଧିକାରୀଙ୍କ କାର୍ଯ୍ୟାଳୟ
ପଣ୍ଡିତ ରାଘୁନାଥ ମୁରମୁ ଭେଷଜ ମହାବିଦ୍ୟାଳୟ ଓ ଚିକିତ୍ସାଳୟ
ବାରିପଦା, ମୟୂରଭଞ୍ଜ, ୭୫୭୦୦୧
OFFICE OF THE SUPERINTENDENT
Pandit Raghunath Murmu Medical College
& Hospital, Baripada, Mayurbhanj, PIN- 757001
superintendentprmmch@gmail.com, 06792-257013



ଓଡ଼ିଶା ସରକାର
ସ୍ୱାସ୍ଥ୍ୟ ଏବଂ ପରିବାର କଲ୍ୟାଣ ବିଭାଗ
Government of Odisha
Department of Health and Family Welfare

FORM T-7
(To be furnished in the technical proposal)

Anti- Collusion Certificate

I / We hereby certify and confirm that in the preparation and submission of my/our proposal for Out-Sourcing Agency for Bio-Medical Waste Management at PRM MCH, Baripada. I/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. I /We further confirm that I/We have not offered nor will offer any illegal gratification in cash or kind to any person or organization in connection with above mentioned proposal.

Dated this _____ Day of _____ 2020/21.

Authorized Signatory /Signature (In full and Initials): _____

Name and Title of Signatory: _____

(Organization Seal)



FORM F1

ACKNOWLEDGEMENT & FINANCIAL PROPOSAL

To

THE SUPERINTENDENT, PRM MCH,
Baripada, Mayurbhanj.

Re. : RFP Reference no. _____ dated _____

Sub: - Request for Proposal for "Operation of Bio Medical Waste Management at PRM MCH, Baripada".

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 the performance security deposit of Rs.1,00,000/- at the time of execution of the formal agreement.
4. I/We agree to abide by this proposal/bid for a period of 180 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 District Authority.
6. We submit the Schedule of Rate as appended herewith.

Encl: Schedule of Rate

Yours sincerely,

Authorized Signatory [In full and initials]: _____

Name and Title of Signatory: _____

Name of Agency: _____

Address: _____

(Company Seal)

ଅଧିକାରୀଙ୍କ କାର୍ଯ୍ୟାଳୟ
ପଣ୍ଡିତ ରାଘୁନାଥ ମୁରମୁ ଭେଷଜମହାବିଦ୍ୟାଳୟ ଓ ଚିକିତ୍ସାଳୟ
ବାରିପଦା, ମୟୂରଭଞ୍ଜ, ୭୫୭୦୦୧
OFFICE OF THE SUPERINTENDENT
Pandit Raghunath Murmu Medical College
& Hospital, Baripada, Mayurbhanj, PIN- 757001
superintendentprmmch@gmail.com, 06792-257013



ଓଡିଶା ସରକାର
ସ୍ୱାସ୍ଥ୍ୟ ଏବଂ ପରିବାର କଲ୍ୟାଣ ବିଭାଗ
Government of Odisha
Department of Health and Family Welfare

FORM F2

FORMAT FOR FINANCIAL BID FOR OUTSOURCING OF BIO-MEDICAL WASTE SERVICES

Name and address of the organization / Agency :		
Sl.No.	Criteria	Rate in Rupees (Exclusive of GST)
1	Charges per bed per day including poly bags	
2	Charges per head per day including bar coded poly bags	
Total		

(Taxes Applicable as per Govt.Norms)

Date:

Place:

Authorized Signatory



ANNEXURE : AGREEMENT*

AGREEMENT

(*On a Stamp Paper of Rs.100/-)

1. An agreement made this.....day of 2020 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 SUPERINTENDENT, PRM MCH, Baripada, Odisha (here in after called "the Authority" 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 Authority to Bio medical waste management in PRM MCH, Baripada 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 towards monthly operation cost of the Bio medical waste as mentioned below:

PRM MCH - Operational Expenses/month: Rs...../month
 - (b) In consideration of the payment to be made by the Authority 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& conditions and terms of reference 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 documents / letters/correspondence undertaken between the parties shall also form part of this agreement:

Authority	Approved Service Provider
(a) Request for proposal and any amendment there it, if any.	a) Proposal Submitted in response to RFP
(b) Office Order subsequent to RFP	b) SOPs in respect to Bio medical waste management.



5. Payment

(a) The Authority 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 Authority 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 is as specified below:

The Operational Expenses shall be paid on monthly basis upon submission of bill along with the **monthly progress report signed by the authorize person as per the RPF and countersigned by the Hospital Manager. The bill should be addressed to the Superintendent, PRM MCH, Baripada.**

6. Operational Parameter and Penalty

The successful bidder has to operate the Bio medical waste with quality service as mentioned in the terms of reference. Penalties shall be imposed on the agency in case of any deviation found in discharging of services. The amount of penalties set as per norms would be the sole discretion of the authority.

7. Period of Engagement/Duration of Contract

The agency will be engaged initially for a period of 1 year which may be extended by the Authority for another two years (one year at a time) subject to satisfactory performance.

8. Schedule of Implementation

The agency is required to set up the Bio medical waste with all personnel within 15 days of signing the contract.

9. Termination /Suspension of Agreement

(1) The Authority 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 Authority 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 Authority have subsequently approved 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 Authority, the service provider is engaged in corrupt or fraudulent practices in competing for or in implementation of the project.
10. All disputes arising out of this agreement and all questions relating to the interpretation of this agreement shall be decided by the Committee as specified in RFP document.

In witness whereof the parties hereto have set their hands on the day of 2020.

Signature of the Approved Service Provider

(With Official Seal)

Date:

1. Witness.....

Address.....

2. Witness.....

Address.....

Signature of SUPERINTENDENT

(With Official Seal)

Date:

1. Witness.....

Address.....

2. Witness.....

Address.....