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| Tender Notice for mapping the inventory of Biomedical Equipments of Public health facilities up to APHC level in 38 districts of Bihar.IFB No. HLFPPT/Inventory Mapping/Bihar/2015-16/ Dated: 10th July, 2015 Hindustan Latex Family Planning Promotion Trust is a trust promoted by HLL Lifecare Ltd; A Government of India Enterprise, invites bids for the following.1. Mapping the inventory of Biomedical Equipments of Public Health Facilities up to APHC level in 38 districts of Bihar.

**For Tender details, please visit our site** [www.hlfppt.org/tender.html](http://www.hlfppt.org/tender.html)The sealed bids for the above will be received in the office of Hindustan Latex Family Planning Promotion Trust, B-14/A, 2nd Floor, Sector 62, Noida, Uttar Pradesh-201307 Telephone Nos.: 0120-4673600, 4231060/1/2**Last Date & Time of accepting of Bid 24.7.2015 till 3.00 pm** **Date & Time of opening of Technical Bid 24.7.2015 at 5.30 pm** **Date & Time of opening of Financial Bid will be intimated later to Technically qualified agencies****Venue of opening of bid** : **Hindustan Latex Family Planning Promotion Trust,**  **B-14/ A, 2nd Floor, Sector 62, Noida-201307,**  **Uttar Pradesh.** **Telephone Nos.: 0120-4673600, 4231060/1/2** |
| **Bid need to be addressed to :****Manager – SCM & Admin.**Hindustan Latex Family Planning Promotion Trust,  B-14/A, 2nd Floor, Sector 62, Noida,  Uttar Pradesh-201307 Telephone Nos.: 0120- 4673600, 4231060/1/2 |
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HINDUSTAN LATEX FAMILY PLANNING PROMOTION TRUST

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HLFPPT/Inventory Mapping/Bihar/2015-16/ Date: 10/07/2015

**Request for Proposal**

**Scope of work: Mapping the inventory of Biomedical Equipments of Public Health Facilities up to APHC level in 38 districts of Bihar.**

HLFPPT is implementing Inventory mapping of Bio-medical equipments in Bihar in which all the medical equipments of 38 districts will be mapped that will include all District Hospital, SDH, CHC, RH, PHC and APHC.

The following work is to be done by Agency:-

* Line listing of biomedical equipment in all District Hospitals, SDH, CHC, RH, PHC and APHC in the districts.
* Assessment of functional status of all biomedical equipments.
* Assessment of any existing warranty/AMC/CMS status for all biomedical equipments.
* Listing of any other information as required.

**Time Frame for Completion of Work: by 31th August, 2015.**

**Location: 38 districts of Bihar**

**Terms and conditions**

(To be enclosed with technical bid)

1. The bidder must have an annual minimum turnover of Rs. 10 Lac per annum as average of immediately preceding last 3 financial years. The audited financial statements along with turnover certificate of last 3 years duly certified by Chartered Accountant should be provided along with the technical bid.
2. The applying firm must have PAN (Permanent Account Number) and registered with the VAT/CST/Service Tax, etc., if applicable and the documents for the same is to be attached.
3. Bidders should provide brief profile of their work experience for the last three years along with the evidences of work done earlier with the client list. Certificate/ documents / Work Order evidencing past work for the last 3 years should be enclosed.
4. Agency has to prepare Implementation plan in consultation with concern health official.
5. HLFPPT reserves the right to accept /reject/ select one or more agency and to annul the bidding process any or all bids at any time prior to award of contract without thereby incurring any liability to the affected bidders.
6. The tender will be appraised by internal committee formed by HLFFPT management.
7. HLFPPT shall without prejudice to its other remedies under the contract, deduct from the Contract Price, as Liquidated Damages a sum equivalent to 2.5% of the price of agreed unperformed Services or for delay of each day until actual delivery or performance, up to a maximum deduction of 20% of the contract Price. Once the maximum is reached, HLFPPT may consider termination of the contract.
8. In case of delay on the part of HLFPPT in providing the approvals the time of service delivery will be extended by equal number of days.

**Name & Signature of Authorized Signatory**

**Name & Seal of the Agency**

**Address:**

**Telephone / Fax**

1. The payment will be done through Local Cheque / NEFT/ RTGS and shall be paid in the following manner:-
	1. 30% payment upon acceptance of work order and signing the contract.
	2. 30% payment upon completion of work in 50% of districts and submission of data sheets & reports for 50% districts.
	3. 40% payment upon completion of work in all the 38 districts and submitting final data sheets & final reports for the entire districts.
2. **Documents required to release the payment:**
	1. Bill / Invoice mentioning Permanent Account Number and Service Tax Registration No.
	2. Documentary proof (Reports & final data sheets) of mapping the inventory of biomedical devices as per work order.
	3. Copy of Work Order / Award of Contract
	4. Any other detail as required by the activity, as mentioned in the work order.
3. Agencies who will obtain 70% marks or more in Technical evaluation would be considered for opening of financial bids.
4. Technical Evaluation of the agencies would be done on the following basis-
	1. Past Experience Govt. Agency / NGO / Development Sector with supporting documents like copy of work order or performance certificate from the client.
	2. Past experience in undertaking the applied tender activities.
	3. List of clientele. Work experience especially in rural areas.
	4. Company Profile & infrastructure suitable for implementing the applied activities. (Resume of Biomedical Engineers to be enclosed).
	5. Turn over Financial Status.
5. The RFP shall be evaluated strictly based on the substantive information/credentials/documentary evidences submitted by the agencies.
6. Final Selection of the agencies would be done on the basis of combined evaluation of Technical Bid (70% marks) & Financial Bid (30% marks).
7. Management Reserves the Right to award the work to more than one Agency as per requirement.
8. HLFPPT reserves the right to cancel partial / full work-order if the awarded agency is not performing as per the requirement.
9. Reporting mechanism will be spelled out in the award of contract/work order.
10. Management reserves the right to issue multiple work order from time to time for mapping exercise of biomedical equipments to the selected agency/ies (as per requirement).
11. HLFPPT management reserves the right to change (*increase or reduce*) the numbers of districts as per its sole discretion and requirement.
12. The agency needs to submit ‘Technical Bid’ & ‘Financial Bid’ separately in sealed envelopes by super scribing as **‘Technical Proposal for Mapping the inventory of Bio-medical equipments – Bihar’ and ‘Financial Proposal for Mapping the inventory of Bio-medical equipments – Bihar’ .**
13. Bids received after the specified date and time for receipt of bids should not be considered.
14. Agencies would not be allowed to further subcontract, partial/full of the work will be assigned to them.

**Name & Signature of Authorized Signatory**

**Name & Seal of the Agency**

**Address:**

**Telephone / Fax**

1. The rate quoted will be inclusive of everything i.e. Taxes/Levies/other incidental charges to complete the work/etc.
2. The rate quoted by the agency needs to valid for a period of six months from the date of financial bids.
3. HLFPPT reserves the right to award the work order to the second highest scoring agency in the event the first highest scoring agency backs out after final discussions. Management reserves the right to award the work to more than one agency (on the basis of quality consideration/experience of the agency) in addition to rates parameters.
4. Any RFP with inadequate information and those which do not meet the eligible criteria or received after the closing date will not be considered.
5. The RFP should be sent with capability statement with company profile & infrastructure suitable for implementing the applied activities.
6. The bidder has to submit along with his technical bid a copy of the terms and Conditions (all pages) and the technical bidding format duly filled, signed by the authority and stamped on all pages indicating their unqualified acceptance.
7. The Agencies should also submit an undertaking (Annexure-3) duly signed & stamped.

## We agree and abide by all terms and conditions as mentioned above including the validity of the offer

**Utmost confidentiality of the data provided shall be maintained.**

**Name & Signature of Authorized Signatory**

**Name & Seal of the Agency**

**Address:**

**Telephone / Fax**

HINDUSTAN LATEX FAMILY PLANNING PROMOTION TRUST

B 14 A, Second Floor, Sector 62, Gautam Budh Nagar, NOIDA- 201307, U.P. Tel: 0120-4231060, Fax: 0120-4231065,

E-mail: info@hlfppt.org

Website [www.hlfppt.org](http://www.hlfppt.org/)

##### Annexure- 1: Technical Bid Format

**Mapping the inventory of Biomedical Equipments of Public Health Facilities up to APHC level**

 **in 38 districts of Bihar.**

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| --- | --- | --- |
|  | **SPECIFICATION (TECHNICAL)** | **AGENCY’S REPONSE**  |
| 1 | Mapping the inventory of biomedical equipments will be done as per the district list provided by us.  |  |
| 2 |  Reporting of mapping inventory of biomedical equipments will be done on daily basis without any fail. |  |
| 3 | Mapping exercise of biomedical equipments will be completed by 31st August, 2015. |  |
| 4 | Complete/ Final report (Soft Copy & Hard Copy) must be delivered latest by 05th September, 2015. |  |
| 5 | The work has to execute within the specified time as agreed upon otherwise penalty clause will be invoked. |  |
| 6 | Please enclose Resume of Biomedical Engineers & supervisor who will take care of mapping exercise. |  |
| 7 | Past experience of the agency in the similar job would be given preference. Please give details. (Enclose a copy of agreement/work-order/appreciation letter) |  |
| 8 | Enclose the details of the major clients. |  |
| 9 | Management reserves the right to award the work to more than one agency (on the basis of quality consideration / experience of the agency) in addition to rates parameters. |  |
| 10 | Constitution of the agency whether Proprietor ship/Partnership/Company. Give details of Proprietor/ Partner/Directors. |  |
| 11 | For how many years the agency is engaged in similar line of activities. |  |
| 12 | Registration certificate with Service Tax Department need to be submitted along with the technical quotation. |  |
| 13 | Penalty clauses will apply as per the company’s policy, as per terms of the work order: the decision of the HLFPPT/Project Management shall be final and binding in this regard. |  |

Please Note:-

**1. Form must be complete in all respects, incomplete forms are liable to be rejected.**

**2. The form must be duly signed and sealed.**

**3. The form must be submitted on or before due date and time.**

**4. If applying for more than one activity then the form for each activity must be submitted separately.**

**Name & Signature of Authorised Signatory**

**Name & Seal of the Agency**

**Address:**

**Telephone / Fax**

HINDUSTAN LATEX FAMILY PLANNING PROMOTION TRUST

B 14 A, Second Floor, Sector 62, Gautam Budh Nagar, NOIDA- 201307, U.P. Tel: 0120-4231060, Fax: 0120-4231065,

E-mail: info@hlfppt.org, Website: www.hlfppt.org

##### Annexure-2: Financial Bid Format

**Mapping the inventory of Biomedical Equipments of Public Health Facilities up to APHC level**

 **in 38 districts of Bihar.**

I am submitting below the lowest quotation for the above after completely understanding the nature of assignment and other terms and conditions relating to time frame, quality as spelled out in the Bid document.

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| --- | --- | --- |
|  | **SPECIFICATIONS (FINANCIAL)** | **AGENCY’S RESPONSE** |
| 1 | The rates quoted will be inclusive of everything i.e. all taxes/ Levies / other incidental charges to complete the work/etc. |  |
| 2 | The payment will be done through Local Cheque / NEFT/ RTGS. |  |
| 3 | Payment shall be made as per the manner indicated in the tender document under para no. 9. |  |
| 4 | TDS as applicable will be deduced as per I.T. Act, 1961. |  |
| 5 | Penalty clauses will apply as per the company’s policy, as per terms of the work order: the decision of the HLFPPT/Project Management shall be final and binding in this regard. |  |

Please Note:-

**1. Form must be completed in all respects, incomplete forms are liable to be rejected.**

**2. The form must be duly signed and sealed.**

**Name & Signature of Authorised Signatory**

**Name & Seal of the Agency**

**Address:**

**Telephone / Fax**

##### Annexure -2 Contd.

##### Financial Bid

**Mapping the inventory of Biomedical Equipments of Public Health Facilities up to APHC level**

 **in 38 districts of Bihar.**

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| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 6 |
| Sl. No. | Description | Unit Rate per districts (inclusive all taxes / levies / other incidental charges to complete the work/ etc.) | Total no. of District | Total cost for 38 districts [FINAL BID PRICE] |
|
| **(3 X 4)** |
| 1 | Mapping the inventory of biomedical Equipment in Public Health Facilities up to APHC level |  | 38 |  |

**Final Bid price   (INR)  :**

**In Figures          :**

**In Words                :**

**Important Note-**

* The rates quoted shall be valid for six months from issue of work order.
* It is requested to quote your lowest rates for the same in prescribed time limit.

**Name & Signature of Authorised Signatory**

**Name & Seal of the Agency**

**Address:**

**Telephone / Fax**

 **Place:**

 **Date  :**

**Annexure -3**

**Undertaking from Vendors**

This has reference to the RFP published in the website of HLFPPT on 10th July, 2015. In response to the RFP, we have submitted our technical & financial bids on…………. .at your office ………………………………………………………………. In connection with the above bids, we hereby declare as under:-

i- That we are neither related to any of your Trustees, Officers and other employees nor do we have any financial, commercial or other interests with any of the above persons in any capacity whatsoever.

ii- That we have submitted the bids in the name of M/S…………………….......................and declare that no other bids have been submitted by us in the name of any other firms/companies/proprietors/individuals which comes under the same management and related parties.

iii- We herby undertakes that in case of any violations to the above declarations at any stage of the contract, HLFPPT reserves the sole right to cancel the contract and recover the full value of the contract from us.

For and on behalf of ……………..

(Authorized Signatory with Company seal /Stamp)