



GOVERNMENT OF TELANGANA
e - TENDER DOCUMENT

For

**Providing Integrated Hospital Facility Management Services in
Government Medical College, Jangaon District in the state of
Telangana.**

Tender No: 01/Planning/IHFMS/GMC/JGN/2024-25,
Dated: 22.11.2024
(A CONTRACT FOR 3 YEARS)
For the Years 2024-25, 2025-26 & 2026-27.

DIRECTOR OF MEDICAL EDUCATION

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SECTION - I

1.1 INTRODUCTION:

Integrated Hospital Facility Management Services (IHFMS): It includes various facilities like Sanitation services, Pest Control services, Security services and Patient Care services in all Hospitals, Medical Colleges and Nursing Colleges in the state of Telangana.

1.1.1 The components of IHFMS are

Component 1: Sanitation & Pest Control services.

Component 2: Security services.

Component 3: Patient Care services.

Description of scope of work and related issues with regard to sanitation and pest control services in accordance with 'Kaya Kalp' National Guidelines for Clean Hospitals, 2015, issued by Ministry of Health and Family Welfare, Government of India.

1.1.2 Bidder site visit at work place: Prospective bidders may visit the sites and shall get themselves thoroughly acquainted with the hospital/location. It is suggested that they conduct a demographic study to identify the local utility areas (markets, locality, communication and transportation conditions, labor and materials availability), which will help the bidders to consider all such factors during the estimation for performing Statement of Work as indicated. Details of work places and areas for execution of IHFMS are available in **appendix - 7**. TIA holds no responsibility of arrangement of transportation / accommodation facilities for the intended bidders during their site visits except for giving permission in writing to access the premises.

1.1.3 Agencies would require to register on the e-Procurement Market place "www.eprocurement.gov.in" and submit their bids online. The TIA will not accept any bid submitted in the paper form. (No hard copies are accepted).

1.1.4 The Bid should be typewritten and every correction and interlineations in the bid should be attested with full signature by the Bidder. Bidders need to scan and upload all required Original documents in the same order as per the check list. Bidders should upload the documents in the **format required on e-procurement platform** with suitable description with page numbers.

1.1.5 All the participating bidders should pay a Transaction fee of **Rs. 2,940/- [(@0.03% of ECS (estimate cost of services) with a cap of Rs.10,000/- for all works with estimated contract value up to Rs.50.00 Crores and Rs. 25,000/- for works with estimated contract value above Rs. 50.00 Crores plus GST on transaction fee shall be payable to M/S Vupadhi Technologies by using Credit cards (Any MASTER / VISA Card) issued by any bank or through net banking accounts with ICICI or HDFC Banks as per G.O.Ms.No.13 of IT&C Dept. Dt.07.05.06 with effect from 02.02.2007.**

1.1.6 Bidder should submit attested copies of documents related to the instruments such as constitution of the company/ firm; Memorandum of Articles of Association, partnership deed, power of attorney, resolution of board etc., The merger/ amalgamation /transfer of business /transfer of assets/share in sister concern /share in joint venture/spin off etc., of a firm which affect the bid condition relating to "Turnover" in preceding years. The eligibility of a bidder in such cases shall be ascertained by the Technical Evaluation Committee on the basis of the above stated agreement /BOD

resolution /CA Certificate or any other supportive document(s) annexed with the tender documents and the Decision of the Technical Evaluation Committee shall be Final.

- 1.1.7 Any Change in the pattern of ownership of the bidder/supplier must be notified to the TIA forthwith along with necessary documents.
- 1.1.8 Authorization Letters nominating responsible persons on behalf of the bidder to transact the business with the TIA should be submitted in the Prescribed Formats. It should be duly signed by the Authorized signatory of the Company /Firm and such Authorized person's Latest Photograph and Specimen signatures are to be provided. Authorized person preferably may be exclusive for the Manufacturer.
- 1.1.9 Bidders must sign all the documents, statements and certificates uploaded, owning responsibility for their correctness and authenticity. The tender document should be signed by the bidder in all pages with office seal and should be "Serially Numbered".
- 1.1.10 The TIA shall not hold any risk and responsibility for loss of data/files/documents/visibility/readability during uploading of the scanned documents or any other problem encountered by bidder while submitting bid online.
- 1.1.11 There is a tendency among some bidders to submit bids deficit of some documents. Bidders are cautioned that bids devoid of proper documents or adequate information are liable to be rejected. Tender may be rejected if it is not submitted by the date/time prescribed for acceptance and any of the documents listed are either not attached or attached but they are not in proper form/properly attested /not signed by authorized /competent person. Tender is also likely to be rejected if instructions for filing up the tender /submission of quotations annexed herewith, are not fully and properly adhered to.
- 1.1.12 Bids of firms who have furnished all the required documents alone will be considered. Utmost care should be taken to see that all the required/proper documents are uploaded as there will be no further chance for rectifying the defects/furnishing the missing documents.
- 1.1.13 **A pre-bid meeting will be held at the office of TIA** on the day described in the schedule of events in the tender document. Any clarifications arising during the pre-bid meeting shall be forwarded in writing to TIA. Those bidders who fail to attend the pre-bid meeting may also seek clarifications in writing to TIA on or before the day of pre-bid meeting. Subsequently, clarifications (if any) would be made available and final tender document will also be uploaded in the e-procurement platform. No clarifications or request for amendments in tender document will be entertained after the pre-bid meeting, unless notified by TIA.
- 1.1.14 The tender document operates within the scope of G.O.Ms.No.9, dt.30.01.2017, G.O.Ms.No.31, dt.12.03.2022 & G.O.Ms.No.32, dt.12.03.2022 of HM&FW dept, Govt., of Telangana approved an amount of Rs.7500/per bed/month.

SECTION- II

2.1 GENERAL DEFINITIONS / EXPLANATIONS :

- 2.1.1 Tender Inviting Authority (TIA)** - who invites bids related to IHFMS and ensures the agreement is done by both parties, agreement authority i.e., [Principal of Government Medical College, Jangaon](#) and the agency.
- 2.1.2 Tender Finalization Committee (TFC)** - TFC Committee Members - [District Collector, Principal](#) (Member – Secretary) and Concerned Executive Engineer, TSMSIDC finalizes the bids.
- 2.1.3 Integrated Hospital Facility Management Services (IHFMS) i.e.** Sanitation & Pest Control, Security and Patient Care.
- 2.1.4 Services** means each component of IHFMS and other obligations of the agency covered under the contract and specified in Section VII read with the relevant Appendices.
- 2.1.5 Tender Document** - means the document published by the Tender Inviting Authority contains the scope of work of each component of IHFMS and general conditions which will govern the contract on acceptance of a bid.
- 2.1.6 e - tender** - The process of notifying/ floating tender and pursuing actions of tender opening online.
- 2.1.7 Blacklisting/ debarring** - in the event black listing as per the conditions under which the bidders will be prevented from participating in the future bids of Tender Inviting Agency for a period up to 3 years, the period being decided on the basis of number /nature of violations in the tender conditions and the loss/ hardship caused/ likely to be caused to the hospitals, on account of such violations, generally relating to inadequate performance or actions in contravention of any of the laws of the land and for indulging in fraudulent practices or having indulged in fraudulent practices at the time of making the bid or at any time during the validity of the tender or the contract thereof. The term will include, among all other things, making false/misleading declarations, statements presenting false/ misleading/ fabricated/ forged document(s), trying to influence/affect/ stall the tender/ procurement/ payment processes in any way, making false/ baseless complaint about other bidders or bids or any person/organization/related to the tender activities etc and such activities as specified in this Tender Document. Blacklisting/debarring etc. by other State /Central Government departments / agencies shall also be ground for blacklisting by the TIA.
- 2.1.8 Infirmities / Deviations** - means non-compliance of any of the requirement specified in the Tender Document.
- 2.1.9 L1 rate** - means the lowest rate declared by the Tender Finalization Committee for the services mentioned in this Tender Document.
- 2.1.10 Matched L1 rate** - means the rate of the bidder or bidders who have consented, in writing, to match with the L1 rate and agreed to abide by the terms and conditions of the Tender Document.
- 2.1.11 Penalty for Non-execution** - is the fine imposed for the default committed by the agency in the form inadequate performance.
- 2.1.12 Letter of Intent** - is an intimation informing the successful bidder regarding award of and requesting the bidder to execute agreement in the prescribed format within a specified time.
- 2.1.13 Work Order** - means the order issued by the agreement authority to the agency informing to execute the work as per the agreement.

- 2.1.14 Institute** means Government Medical College, Jangaon under Director of Medical Education.
- 2.1.15 Implementing authority** - means the [Principal of Govt. Medical College, Jangaon](#).
- 2.1.16 Parties for works contract agreement:** The parties will be implementing authority and agency.
- 2.1.17 Agency** - is a firm/company or other(s) to whom Work Order is placed on fulfilling the qualification criteria and terms and conditions laid down in the Tender Document.
- 2.1.18 Payment Authority** - is the implementing authority in respective hospitals/Medical College/Nursing College
- 2.1.19 Invitation for bids** - means the detailed notification seeking a set of services defined in the tender.
- 2.1.20 Specification** - means the functional and technical specifications or statement of work, as the case may be.
- 2.1.21 Bidder/ Tenderer** - means any firm offering the services sought in the tender. The word vendor when used in the pre - award period shall be synonymous with bidder and when used after award of the contract shall mean the successful bidder with whom implementing authority signs the contract for rendering of services.
- 2.1.22 Technical bid** - means that part of the offer that provides information to facilitate assessment by TFC, professional, technical and financial standing of the bidder and conformity to requirements.
- 2.1.23 Financial Bid** - means that part of the offer that provides price schedule.
- 2.1.24 Two part Bid** - means the Technical bid and Financial bids their evaluation is sequential.
- 2.1.25 Contract** - means the agreement entered into between the implementing authority and the agency, as recorded in the contract form signed by the parties, including all attachments and appendices thereto and all documents incorporated.
- 2.1.26 Contract price** - means the price payable to the agency under the contract for the full and proper performance of its contractual obligations.
- 2.1.27 Attestation:** Self-attested by the bidder with office seal unless otherwise stated.

SECTION- III

TENDER SCHEDULE:

3.1. Schedule of Dates for Tender Events:

Sl.	Particulars	Date and time
1.	Bid Notification	25/11/2024.
2.	Downloading of Bid document	26/11/2024.
3.	Pre-Bid meeting	02/12/2024.
4.	Last Date/Time for seeking clarifications	02/12/2024 by 5:00 PM.
5.	Bid Submission Closing Date/Time	11/12/2024 by 3:00 PM.
6.	Technical Bid Opening Date/Time	11/12/2024 by 3:30 PM.
7.	Price bid opening date/ time	12/12/2024 by 3:00 PM.
8.	EMD	Rs. 98,000 /- only
9.	Any attested documents shall reach O/o TIA on or before Dt: 11/12/2024 @ 4.00pm	

All Times Shown are as per (IST). The dates stipulated above are fixed and under no circumstances they will be relaxed unless otherwise extended by an official notification or the day happens to be a Public Holiday.

3.2 Other details of project -

S.No.	Item	Details
1	Nature of project:	Sanitation & pest control services (incl. equipment, consumables & durables); security services and patient care services.
2	Type of contract	'Works contract'.
3	Whether Reserved for SC category	No
4	Duration of contract:	The tenure of the contract will be for a period of 3 years.
5	Name of the district	Jangaon District
6	Tender Inviting Authority	Principal, Government Medical College, Jangaon.
7	Estimated cost of services per year	Rs.98,00,000/- Lakhs
8	Upper limit for Management Service Charges	5%
9	Lower limit on Management Service Charges	Should be greater than 0%
10	EMD (Bid Security)	Rs. 98,000/- Bank Guarantee or DD from Nationalized bank / scheduled commercial bank in favour of Principal, Government Medical College, Jangaon through or online payment at pool account of procurement.

11	Originals to be submitted to TIA after becoming L1	Original Bank Guarantee or DD or proof of online payment at pool account for EMD to be submitted to the Principal, Government Medical College, Jangaon on request from TIA. If the bidder fails to furnish the original Demand Draft/Bank Guarantee towards EMD, the bidder's bid will entail for rejection.
12	Required turnover	Rs.31.25 Lakhs
13	Required solvency	Rs.26.25 Lakhs
14	Required performance security.	10 % of the contract value of one year.
15	Processing Fee	Processing Fee Non – Refundable amount Rs. 10,000/- the bidder shall remit the Processing fee online to the account No. 41857549744 of State Bank of India, Weavers Colony, JANGAON Branch 506 167, IFSC Code: SBIN0020151 of the PRINCIPAL, GOVERNMENT MEDICAL COLLEGE, JANGAON and upload the Original Transaction slip with UTR Number

3.3 The division of responsibilities for implementing the scheme is specified clearly in the table below:

S.No	Item of work	Responsibility
1	Tender Inviting Authority	Principal, Government Medical College, Jangaon.
2	Technical Evaluation Committee	Constituted by Principal, Government Medical College, Jangaon.
3	Finance Evaluation Committee	Constituted by Principal, Government Medical College, Jangaon.
4	Signing of Agreement	Principal, Government Medical College, Jangaon.
5	Implementing authority	Principal, Government Medical College, Jangaon.
6	Payment to Agency	Payment Authority is Implementing Authority.
7	Monitoring of the performance	Principal, Government Medical College, Jangaon.

SECTION- IV

4. ELIGIBILITY CRITERIA:

4.1. Registration

4.1.1 The bidder must be a Company registered under the Indian Company Act, 1956 or any proprietary, partnership firm or any other entity registered under the respective law.

4.1.2 The bidder shall submit a declaration on NJS paper Rs.100 as per template in **Annexure – 2**

4.2. Past Experience:

Minimum experience of **3 years** in sanitation and security services. If the agency is having experience only in sanitation services, the agency has to submit MoU with another agency having security services experience of 3 years and vice versa.

Note: *Experience calculated from start of operation of services till the date of notification of tender. The date of start of operation should be documented by the form GST/EPF/ESI contribution etc.*

**Note: 1) Priority will be given to Jangaon Empanelled Agencies
2) First agency selection followed by candidate selection**

4.2.1 Required General Past Experience :

The bidder must have successfully executed/completed one work costing not less than the amount equal to **Rs.78.40 Lakhs**(Eighty percent of the estimated cost of services per year) pertaining to sanitation and security services in any one year during last three financial years (2021-22,2022-23, 2023 -24)

Or

The bidder must have successfully executed/completed two works costing not less than the amount equal to **Rs.49.00 Lakhs** (Fifty percent of the estimated cost of services per year) pertaining to sanitation and security services in any one year during last three financial years (2021-22, 2022-23 & 2023-24)

OR

The bidder must have successfully executed/completed Three works costing not less than the amount equal to **Rs. 39.20 Lakhs** (Forty percent of the estimated cost of services per year) pertaining to sanitation and security services in any one year during last three financial years (2021-22, 2022-23 & 2023-24)

With facilities ranging from IT Parks, Hospitals, Institutional buildings (Govt. or private), Shopping Malls and Residential buildings or any other infrastructure or public use such as Railway stations, stadiums etc.

Note: *The bidder should produce the proof of the above experience by submitting the copies of contracts executed by the bidder in the past with authorization of the concerned client.*

4.2.2 Minimum Annual turnover: The Bidder should have a minimum annual turnover of **Rs.31.25 Lakhs** in any one Financial Year of last 3 Financial Years of 2021-22, 2022-23, 2023-24 certified by chartered accountant (CA).

4.2.3 Other valid supportive documents

Eligibility for Technical Qualification – (see checklist)

- a) Processing fee
- b) Earnest Money Deposit (EMD)
- c) Organization's registration certificate, Partnership deed/ Articles of Association if applicable.
- d) Organization's Permanent Account Number (PAN).
- e) Latest Income Tax returns submitted along with proof of receipt.
- f) Annual Turnover certificate issued by Chartered Accountant for the last three Financial Years (2021-22, 2022-23, 2023-24)
- g) Valid Solvency certificate issued by Nationalized bank/Scheduled Commercial bank.
- h) Valid registration or valid license with the Labour Department of Government of Telangana ([In the name of Company](#)).
- i) Commercial pesticide applicator license obtained from the controlling Authority to carry out the business or MOU (as per **Annexure – 5**) with agency having such license.
- j) Valid license obtained from the controlling authority of any state in Accordance with PSARA (Private Security Agency Regulation Act) 2005 is accepted. If the bidder belongs to other state and if his bid is successful then he shall obtain the license within 3 months from the state of Telangana from the date of agreement. (OR) MoU (as per **Annexure – 5**) with agency having such license.
- k) EPF, ESI & GST registration.
- l) List of all employees along with their EPF & ESI account numbers on ECR Copies last three months i.e Date of Notification.
- m) If the work is reserved for SC category, Community certificate from competent authority (TAHASILDHAR) of the proprietor/partners/Directors of the firm shall be submitted as proof of SC category.
- n) During technical evaluation, TIA reserves right to seek and examine these documents of other time periods to verify their bidder's experience in sanitation and security services. Failure to submit the relevant documents in support of their experience will entail rejection of the tender.

SECTION- V

5.1 Non-eligibility of bidders

- 5.1.1 Bidders convicted during bid processing (Finalization) period.
- 5.1.2 Bidders who are on black list of any Government (Central or State) or its agencies as on bid notification date.
- 5.1.3 Bidders who are on black list of any Government or its agencies for any period during the period from bid calling date to signing of contract.
- 5.1.4 Bidders who are declared Non Dependable by any Government or its agencies during last 3 years (from bid calling date) and declaration is in force as on bid calling date or at present (During the period from bid calling date to signing of contract).
- 5.1.5 Bidders who are being prosecuted (on Trial) for offence with regard to any particular services; bidder is Not Eligible To Participate in Tender in respect of that particular services.
- 5.1.6 Bidders, declared ineligible as per the above conditions, do not have any right to question the action of TIA.

SECTION- VI

6. SCOPE OF WORK RELATED TO IHFMS

6.1 Scope of work related to sanitation services

Execution of the sanitation work and hygiene within the hospital buildings and premises at all times up to specified levels of quality standards under the contract. The scope of work is more precisely defined below:

6.1.1 Schedule of Quantity

- i) The responsibility of the Agency extends to the quantities specified in the schedule in **Appendix – 7** in relation to the hospitals / colleges.
- ii) The schedule specifies the carpet area in each of the hospitals / colleges, of the facilities' of various types like wards, Operation Theatres, Intensive Care Units, administrative areas, class rooms, labs, workshops, auditoriums etc., and also the open area.
- iii) It shall be competent for the Head of the Department, based on the recommendation of the Implementing authority, to enhance the area due to construction of new hospitals / buildings / facilities, or to reduce the schedule' area due to closure of any block / facility. Suitable price adjustments shall be made consequent upon such increase or decrease in the schedule of quantities, on a pro-rata basis.
- iv) Estimated cost of services per Hospital/Intuition are inclusive of supply of chemicals specified for cleaning and lifting and disposal of normal waste and biomedical waste as specified in the document.
- v) The agency shall provide all men & machinery for maintenance of sanitation services of hospitals.
- vi) Mutually agreed proportionate reduction of man power is permissible in case the agency provided additional mechanized equipment like scrubbers, driers, jet pumps for toilet cleaning etc.,

6.1.2 Cleaning

The Agency shall be responsible for cleaning of the entire area shown in the **Appendix – 7**. The following specific responsibilities have to be carried out with regard to cleaning activities:

- i) Floor area: The **Appendix-1** specifies the requirements for cleaning of the floor area in different types of facilities and the frequency of cleaning. Disinfectants, cleaning equipment and chemicals specified in **Appendix - 2** should be used every time for cleaning. Wet floor symbols are to be used to prevent injuries from slipping.
- ii) Toilets, Bathrooms & Sinks: Cleaning of the toilets, bathrooms and sinks and maintenance in a sanitized condition is extremely important from the point of overall sanitation of the hospital.
The following specifications are made in this regard:

- a) The toilets bathrooms & sinks in entire internal hospital premises shall be cleaned before 8.00 AM every day on priority basis and subsequent cleaning as per enclosed service standards.
- b) Disinfectants and chemicals specified in appendix - 2 should be used invariably every time for cleaning of the toilets.
- c) The toilets shall be kept dry by mopping up as frequently as needed.
- d) Adequate number of attendants should be posted at the toilets not only to ensure proper maintenance, but also to educate patients and their attendants in the proper use of toilets and to prevent misuse resulting in dysfunctions of the toilets.
- e) Any blockages/leakages in toilets/drainages/sewerages lines connected to the toilets shall be cleared within an hour's time from the time it is noticed. For this purpose, special sanitary plumbers have to be posted in the hospital on a round the clock basis.
- f) It shall be the responsibility of the Agency to ensure that the running water is available in all the toilets and sinks at all times. While the responsibility of availability of the water supply to the hospital is that of the hospital administration, the maintenance of the entire water distribution network within the hospital shall be that of the Agency. Any leakages/ unforeseen minor repairs in the waterlines to be rectified by the bidder.
- g) Patient check out cleaning is to be done as and when a patient is discharged irrespective of the schedule. This includes clearing of soiled linen, cleaning the room / area: wash room and all the furniture.
- h) Method Statement of Basic Housekeeping Process:

Activity	Process
Spot cleaning	Dip a sponge into the appropriate Solution which is mild and give a gentle wipe on the spots of the surface. The wiping should be done horizontally first and then vertically. Keep repeating the process till the spots disappear.
Damp cleaning	Give a complete dry mop to the surface and make sure that there are no solid dust particles. Then the mop has to be dipped in mild R2 solution or clean water and it has to be squeezed to avoid water flooding. It should then be run on the surface to one half of the part first and then the other half of the entire area.
Dry Mopping	The aim of dry mopping is to control the dust, so the mop should be handled in a straight position by the left hand near the handle and it has to be run in one direction, that is, forward, and then backward after covering some distance.
Scrubbing	Initially the entire surface should be given a complete dry moping such that there are no solid dust particles. Then the diluted R2 solution has to be used with a scrubbing machine having a red pad (in case of hard surfaces brushes shall be used). The water has to be sprinkled initially and the scrubbing is done together, at the end of the process the water has to be squeezed out by using vacuum machine. A complete dry mopping has to be given after that.
Buffing	This is the next process for scrubbing and it is preferable to use white pads to make the surface shining and glossy.

Vacuuming	Vacuuming should be done for both hard and soft surfaces. The floor tool has to be adjusted to keep out the brush and the vacuuming should not be done as some big solid particles are there.
Shampooing	Stain Removers shall be used to remove small stains on the carpet, the foam is generated by the machine and it has to be run in a circular motion, in case of deep stains good concentrated stain removers shall be used and a complete vacuuming has to be done after the process. The carpet should be allowed to dry naturally.

i) List of Equipments, Consumables and Durables to be used:

Equipment:

Wet /Dry Vacuum Cleaner	Dust Control System
High Pressure Cleaner	Wet Mop System
Heavy Duty Scrubbing / Buffing Machine	Manual Sweeper
Ladder (24ft and 12ft)	

Consumables:

Floor Duster	Urinal Cubes	Floor cleaning liquid/ Phenyl
White dusters	Naphthalene balls	Brooms (Hard and Soft with long and short handles)
Room Fresheners	Sponges	Liquid toilet cleaner
Air Fresheners	Multipurpose cleaner	Plastic Scrubber
Yellow dusters	Disinfectant liquid / phenyl	Black Brush
Floor Cleaner	White pad	Blue Dry Mop
Floor Polish	Drain openers	Acid
Feather duster	Scrubbing Brush Hard	Nylon scrubber

Durables:

Toilet Brush	Dustpan	Spray bottles
Glass Wiper	Vacuum pump	Kentucky Mop
Floor wiper/Rubber Squeeze	Dust Control mop	Buckets/Wringer Trolley

6.1.3 Drainages & Sewerage

- i) Drainages specified in the **Appendix – 7** shall be cleaned at least twice a day so as to maintain continuous flow and to avoid scope for blockages. All drains including the underground drainage with in the hospital premises has to be maintained by the agency.

- ii) Any maintenance requirement relating to the Drainage facility shall be the responsibility of the Agency and should be immediately attended to within two hours from the time of informing it.
- iii) Periodical maintenance of sewerage system is the responsibility of the agency and silt in sewerage lines, manholes etc., to be cleaned by the agency once in three months.

6.1.4 Open premises.

- i) It is the responsibility of the Agency to keep the entire open premises of the hospital in a clean and tidy. The agency shall deploy sanitation workers for the open premises at the rate of 1 per 27000 Sq.ft per day.
- ii) The garbage and litter caused by patients, attendants or employees shall be cleared instantaneously by deploying required number of sweepers in the premises, especially during the peak OP hours i.e. from 8 am to 2 pm.
- iii) An appropriate number of garbage bins shall be arranged by the Agency, at conspicuous points for use by the patients, attendants and employees. The bins shall be cleared at least three times during a calendar day. Where the bins are observed to be over-flowing frequently, additional bins or larger bin (s) shall be arranged by the Agency. The areas surrounding each bin shall be disinfected and mopped each time the bin is cleared.
- iv) The open area specified in **Appendix – 7** shall be landscaped by the hospital / college authorities. Such landscapes are to be maintained in consultation with the management of the Institutions. The scope of the agency is limited to watering the existing greenery. The capital expenditure for landscaping and establishing the gardens and lawns shall be borne by the management, subject to availability of budget. The responsibility of maintenance shall be that of the Agency.

6.1.5 Waste disposal

A) Normal waste:

- a) The normal waste arising out of routine hospital activities through the cleaning operations shall be disposed off at the designated Collection points within the Institution premises to be specified in this regard. The Implementing Authorities shall coordinate with the Municipalities / Gram Panchayats for timely clearance of the garbage. The agency shall co-ordinate with Municipal authorities
- b) The trash bags for collection of normal waste shall be supplied by the Agency and shall be tied at the top after they are 2/3 full. The trash bags will be transferred to a common collection point as soon as they are ready for removal. Additional normal waste bins, if any required over the available normal bins shall be provided by the Agency as per the request of the implementing authority.

B) Bio-medical waste:

- a) The bio-medical waste shall be collected and strictly followed as per the standards given below. In case of heavy patient load, the bio-medical waste may be collected twice in a calendar day in appropriate colour coded bags. Additional Bio-medical waste bins, if any required over the available Bio-medical bins shall be provided by the Agency as per the request of the implementing authority.
- b) Supply of color coded bags is responsibility of Superintendent of the Hospital and collection of Bio medical waste is the responsibility of the

sanitation agency. The colour coded bags to be used by the agency shall strictly confirm to the specifications approved by the Pollution Control Board, failing which the agency will be held responsible for the penal actions initiated by the concerned Pollution Control Board authorities. The segregation of Bio Medical waste is the responsibility of the Hospital authorities and the segregated Bio Medical wastage to be kept by the agency at the place identified by the Superintendent of the Hospital.

c) The waste categories and color coding of bags is as follows:

Category No. 1	Human Anatomical Waste (human tissues, organs, body parts)
Category No. 2	Animal Waste (animal tissues, organs, body parts carcasses, bleeding parts, fluid, blood and experimental animals used in research, waste generated by veterinary hospitals colleges, discharge from hospitals, animal houses)
Category No. 3	Microbiology and Biotechnology Waste (wastes from laboratory cultures, stocks or specimens of micro-organisms live or attenuated vaccines, human and animal cell culture used in research and infectious agents from research and industrial laboratories, wastes from production of biological, toxins, dishes and devices used for transfer of cultures)
Category No. 4	Waste sharps (needles, syringes, scalpels, blades, glass, etc. that may cause puncture and cuts. This includes both used and unused sharps)
Category No. 5	Discarded Medicines and Cytotoxic drugs (wastes comprising of outdated, contaminated and discarded medicines)
Category No. 6	Solid Waste (items contaminated with blood, and body fluids including cotton, dressings, soiled plaster casts, lines, beddings, other material contaminated with blood)
Category No. 7	Solid Waste (wastes generated from disposable items other than the waste sharps such as tubing, catheters, intravenous sets, etc.).
Category No. 8	Liquid Waste (waste generated from laboratory and washing, cleaning, house-keeping and disinfecting activities)
Category No. 9	Incineration Ash (ash from incineration of any bio-medical waste)
Category No. 10	Chemical Waste (chemicals used in production of biological, chemicals used in disinfection, as insecticides, etc.)

Colour Coding	Category
Yellow	Plastic bag Cat. 1, Cat. 2, and Cat. 3, Cat. 6.
Red	Disinfected container/plastic bag Cat. 3, Cat. 6, Cat.7.
Blue/White translucent	Plastic bag/puncture proof Cat. 4, Cat. 7. Container
Black	Plastic bag Cat. 5 and Cat. 9 and Cat. 10. (solid)

- d) Transfer of the waste from the site of origin to the site of waste disposal should be done in air tight containers to avoid smell in the corridors while transporting. It is the responsibility of the agency to provide air tight containers and trolleys for the purpose. The Disposal of Bio Medical wastage is the responsibility of the implementing authorities.

6.1.6 Education

The Agency shall be responsible to educate employees, patients and their attendants on the need for keeping the hospital facilities and premises neat and clean at all times. This shall be achieved by undertaking a series of activities as may be required including the following:

- a. Frequent announcements may be made in the local language in areas where there is much gathering of people like in the OP areas, attendant facilities, main entrance etc. and appropriate public address system may be arranged by the Agency for this purpose. The volume should be low and soft so as not to cause noise pollution and irritation to the public.
- b. Appropriate posters may be designed and affixed at relevant places to educate the public on hand hygiene and on the proper usage of the toilets, sinks etc., and also advising against spitting and littering at any place in the hospital.
- c. Sanitary Inspectors shall be posted by the Agency at all conspicuous places where the people gather and also near each toilet place to prevent misuse. The Agency may also ensure a system like reprimanding or penalizing the persons found to be misusing the premises despite advice but has to take written permission from Superintendent and all such proceeds if any shall be shared between agency and institute.
- d. It may be noted that though educating the public is one of the responsibilities of the Agency, at the same time, ensuring that the premises is neat and clean and meeting the specified sanitation standards is also squarely that of the Agency.
- e. Training: In addition to the frequencies and specifications for cleanliness, it is suggested that all agencies providing staff are required to train this staff before joining, with refreshers every three months.

6.2 Scope of work of pest control services

6.2.1 Area of operation: Area of operation for Pest Control, Rodent Control & Anti termite Treatment works are as follows:

- a) The building and surrounding area is to be protected.
- b) The treatment for protection to control the following in each of the buildings and surrounding area of such buildings :
 1. Rats and rodents.
 2. Snakes/Scorpions.
 3. White/red/black ants/wood borers.
 4. Anti fungal.
 5. Anti termite.
 6. Mosquito/fly control.
 7. General disinfection.
 8. Bed bugs.
 9. Honey bees
 10. Any other related treatment as and when required as per need to maintain the standards in laboratories/ hospitals and Campus.

6.2.2 SPECIFICATIONS

1. The Agency shall undertake suitable curative and preventive measure, by means of suitable chemical and mechanical operations to free the premises (both inside and outside) of various buildings and facilities from all kinds of pests, including household pests particularly Rodents, cockroaches, mosquitoes, insects etc.,
2. The Agency shall establish permanent bait stations and lay permanent traps if necessary as a rodent control measure, in the premises of the respective institutes. This bait stations and permanent traps may be permitted to be withdrawn by the successful bidder on termination/successful completion of the contract.
3. The Agency shall undertake the following services during the period of the proposed contract.
4. Rat control operation inside office premises, Laboratories, Animal House, Guest House, Hostel, Cafeteria/buildings in premises.
5. Rodent/ snake control operation outside premises of various buildings, vacant; places in premises.
6. Spraying of insecticide inside toilets, closed areas such as stores, office & plant rooms, premises etc., of all buildings.
7. Spraying of Larvicides to control mosquito breeding at open drains, stagnated water etc.,
8. The above services shall be carried out as per the instructions and to the satisfaction of office-in-Charge of the respective Institutions. The chemicals etc., proposed to be used for the various operations shall be approved quality and shall be brought to site in sealed containers.
9. The terms various buildings/ facilities/plants mentioned above covers the entire building premises.
10. It will be the foremost responsibility of the agency or the employees/agents who may be deputed by the agency at the premises (both inside and outside) to take care of health of the employees of institute in any way or do not result in the loss of any human life either direct or indirect administration of any insecticides/chemicals.

Plan for carrying out treatment in the buildings and surrounding areas there of

Daily		Weekly		Fort nightly		Monthly	
1.	Rats and rodent	1.	Snakes &	1.	Fogging	1.	Anti-termite
2.	White/red/black		Scorpions		Operation	2.	Fly Control
3.	ants/wood	2.	Anti fungal.	2.	Rodent		
3.	borers	3.	Honey bees		control		
4.	Mosquito/flies	4.	Indoor Residual				
5.	control		spray as and				
6.	General disinfection		when required				
	Bed bugs						
	Any other related						
	treatment as and						
	when required as per						
	need to maintain the						
	standards in						
	Laboratories/						
	hospital and campus						

6.2.3. Report

- a) The agency shall daily report to the implementing authority or Officer nominated by the implementing authority, to supervise the work under the contract and take instructions every day from him for the work on a book / register maintained by the Contractor exclusively for the purpose. He shall preserve the said book and produce the same when asked.
- b) The agency will prepare a schedule on the works to be carried out in the areas of works allotted before commencement of actual works.
- c) The agency will prepare a list of protocol and daily checks for his works and displaying the same in all areas of work to be carried out.
- d) The agency should approach the officer nominated by the IA if he needs any instructions, help or has any difficulties.
- e) The agency should all the time be available at work site during the course of his work.

6.2.4. PEST CONTROL PLAN:

A. The Pest Control Plan shall consist:

- a) **Proposed Materials and Equipment for Service:** The contractor shall provide current labels and Material Safety Data Sheets (MSDS) of all pesticides to be used, and brand names of pesticide application equipment, rodent bait boxes, insect and rodent trapping devices, pest monitoring devices, pest surveillance and detection equipment, and any other pest control devices or equipment that may be used to provide best service.
- b) **Proposed Methods for Monitoring and Surveillance:** The Contractor shall describe methods and procedure to be used for identifying sites of pest harborage and access, and for making objective assessments of pest population levels throughout the term of the contract.
- c) **Service Schedule for each Building or Site:** The contractor shall provide complete service schedules that include daily, weekly and monthly treatment.

- d) **Structural or operational change:** Description of any structural or operational change that would facilitate pest control effort.

B. Commercial Pesticide Applicator Certificates or Licenses:

1. The agency shall provide duly attested photocopies of State-issued Commercial Pesticide applicator Certificates. Every operator/applicator will be provided with the authority to operate upon the machine/ equipment and ensure that the person engaged to operate upon the tools and equipment to spray the material should be competent and trained person who should have prescribed qualification/ authority if any under the applicable law and rules thereof.
2. The agency shall be responsible for carrying out work according to the approved Pest Control Plan.
3. The safety of the workmen and material will be the responsibility of agency. He is expected to take such safety measures as are normally required to be taken for execution of this type of work. The agency will be responsible for taking such steps as are necessary and obligatory for the employer to secure

C. Methodology:

- a. Pesticides used and EPA certification.
- b. Action plan for the program
 - i Surveillance.
 - ii Preventive maintenance.
 - iii Schedule for various areas, i. e., Laboratory areas, Animal House, Food service area, Hostel rooms, Guest House rooms, Offices, Plants etc., and action planned for their protection.
- c. Maintenance of Reports.
- d. Quality Control.

D. GENERAL MATERIALS TO BE USED:

Sl. No.	Type of Treatment	Name of the chemical or material of the equivalent properties
01	General Pest Control	Non-toxic material
02	Anti Termite Treatment, Cockroaches, Red Ants, flies, bed bugs etc.	Chlorophyripos 20% EC,
03	General Disinfestations	Pyrethrum, Deltamethrin, Malthion 35% EC.
04	Rodent Control (Deratting)	Zinc Phosphide, anti-Coagulants & Glue
05	Snake Control	Carbolic Acid
06	Honey Comb Treatment	By Suitable method
07	Anti-malaria treatment (Fumigation - Fogging) Mosquito control	Spraying Pyrethrum, or DDVP or NUVAN, Malthion/Abate/BHC powder
08	Anti-fungus treatment	Spraying of Bacciloacid special or other antifungs agent.

- a) All the chemicals used for different services shall conform to governing I.S. Codes and EPA certification and also approved under the relevant act. The

chemical emulsion prepared should be got tested from the recognized laboratory to meet our specification and should produce the test result from time to time.

- b) Chemicals should not be harmful to staff in office but should however be effective.
- c) Care should be taken to ensure that the treatment does not damage electronic instruments, fittings etc. in which case the entire responsibility shall lie with the contractor.
- d) Treatment should be carried out during the office hours for certain departments and after office hours, and holidays for departments as may be directed by officials of Institutes from time to time.

6.2.5 Dis-infestation Treatment:

Dis-infestation treatment shall include treatments for cockroaches, silver fish, bugs and for white ants inside various buildings. This treatment will be required on monthly basis.

6.2.6 Beehives Control:

This treatment will be required on demand by Implementing Authority.

6.2.7 Emergency Complain: In case of any emergency complaint, interim visits to be attended immediately after information over telephone or by person, free of cost.

6.2.8 The main objective is to provide a reactive and programmed pest control service across the Hospitals with a technically and fully operational Pest Control Service. The service covers the areas in and around all the blocks including the basement floors.

6.2.9 Ensure that effective and economic pest control measures are implemented and that they are in accordance with the Hospital’s patient care service.

6.2.10 The agency shall provide, manage and operate a comprehensive system of pest control management in accordance with the current industrial standards and the provisions of this service level specification. The type of pests historically experienced by the hospital in the past few years includes the following:

Flies	Mosquitoes	Bed bugs	Cockroaches
Millipedes	Wasps	Mites	Ants
Stored product insects	Fleas	Crickets	Bees
Centipedes	Snakes	Scorpions	

A. Rodents:

- a. Rattus norvegicus (common brown rats)
- b. Rattus rattus (common black rats)
- c. Mus domesticus (common mouse)
- d. Squirrels
- e. Snakes & Scorpions

B. Birds:

- 1.Pigeons
- 2.Crows
- 3.Sparrows

6.2.11 The agency should provide a comprehensive, preventive, reactive (requested) and on-call (out of hours) service arrangements, using personnel who are fully trained, qualified and are able to provide high quality professional and

practical advice. It is the responsibility of the service provider to possess two planned preventive site assessments during the night time, one in winter and the other in summer season once a year with complete documentation of the same and a copy of which must be produced to the hospital authority. In addition the service provider should provide emergency pest control advice to the hospital authority whenever needed. Scope of Pest control activity should include pests/bed bugs removal from patient bed mattresses and hospital furniture.

- 6.2.12** The agency is liable to provide on-call emergency service in and outside normal working hours for dealing with non-routine, urgent and emergency requests. If required the agency should be available at the site to take suitable actions (if needed). And the hospital authority holds no responsibility for the travel / accommodation / food expenses to any of the team members on their visits to the premises.
- 6.2.13** The pest control service should be undertaken in a safe and cost-effective manner which maximizes the availability of the hospital's resources and reduces the risks in terms of safety, food-hygiene, infection control, damage to the buildings, loss of clinical service activity etc. from pest infestation.
- 6.2.14** The agency must ensure a safe and efficient method of catching, destroying and safely disposing the pests (adopting safe and human procedures).
- 6.2.15** The agency must ensure that all insects and rodent control systems should be tamper resistant. The major problem in hospitals is due to rodents especially the rats so the service provider is expected to formulate efficient way of getting rid of this problem at its source and is expected to take up rodent control measures thrice a quarter especially along the shafts (electrical, gas supply), ducts and sewerage, drainage pipelines etc.
- 6.2.16** The agency must ensure the control mosquitoes / bees / wasps / bugs and the animals like cat, dogs etc. shall be controlled on a routine basis.
- 6.2.17** The agency shall use chemical treatments only with the hospital's consent and when other forms of prevention are ineffective in controlling the pests. The agency must ensure that the use of chemicals and pesticides are strictly controlled and monitored and fully comply with Indian Standards. Records of their use must be available for inspection by the hospital authority and other authorized signatories of the hospital. If the service provider wishes to use any other form of chemical product which has not been formally authorized by the hospital authority in writing, he / she must obtain a written authorization from the hospital / college authorities prior to use. In any case the agency should ensure that no chemicals that may come into contact with staff/ patients/ visitors directly or indirectly shall be used.
- 6.2.18** The agency must produce in front of the hospital authority, on an agreed date of each month, a service report giving a complete overview on pest control activity within the hospital premises during the previous month and mentioning future course of action.
- 6.2.19** The agency has to submit the following information to the hospital authority:

- i) A signed dated report detailing the locations and areas inspected and treated with the product name and the chemical composition of the pesticide used with its commercial name.
- ii) Number, type and location of infestations reported.
- iii) Any evidence of any pest and any knowledge of infestation associated with the neighboring premises which may affect the hospital.
- iv) Recommend preventive measures to minimize re-infestation.

6.2.20 The Chemicals/Pesticides used shall be of reputed manufacturer and approved by the Pest Control Association for its effectiveness and safety to human beings in closed and Air-conditioned environment.

6.2.21 Uptime of Equipment related to sanitation should be 100%. The agency should keep adequate spare equipment in stock to maintain the 100% uptime.

6.3 Scope of work related to patient care:

- 6.3.1. Helping patients in transport in wheel chairs, trolleys etc across different patient care areas such as patient arrival areas, outpatient blocks, operation theatres, wards, ICUs, labour rooms, imaging areas etc.
- 6.3.2 Taking laboratory test samples to laboratories and getting reports from the laboratories and imaging areas.
- 6.3.3 Changing of diapers, placing of bed pans, urinary pans, disposal of biomedical waste to the appropriate bins of biomedical waste.
- 6.3.4 Reporting to the Nurse on duty.
- 6.3.5 Preparing the trolley for bed making with fresh laundered clothes and helping the nursing staff for bed making.
- 6.3.6 Collect, count and enter the soiled linen details in the inventory book and taking it to the laundry.
- 6.3.7 Collecting the fresh laundered linen from the laundry and rechecking the same in front of nurse-in-charge.
- 6.3.8 Bedpans and urinals to be provided to bed patients and immobile patients; cleaning of same after use.
- 6.3.9 Helping nursing staff for giving patient care like mouthwash, wet sponging & for changing patient position, etc.
- 6.3.10 Unstable patients to be taken to bathroom for giving bath & helping them to change the clothes
- 6.3.11 Helping nursing staff for giving enema to patients.
- 6.3.12 Assisting for surgical procedures like lumbar puncture, pleural tapping, ascetic tapping, catheterization etc.
- 6.3.13 Taking patients to physiotherapy and other referred departments on wheel chair or trolley according to the condition of the patients.
- 6.3.14 Preparing patients for Operation or other surgical procedures : shaving, enema etc.
- 6.3.15 Preparing and arranging dressing materials like gauze pieces, cotton swabs & eye pads etc during procedure.
- 6.3.16 Shifting cardiac & serious patients on trolley in ICCU according to Doctor's instructions.
- 6.3.17 Transporting material to and from CSSD (sterilization department)

- 6.3.18 Getting pharmacy indent & stationery items, checking with the help of nurse on duty and arranging it in proper place.
- 6.3.19 Cleaning of bed ridden patients after defecations.
- 6.3.20 Unforeseen manual jobs related to patient care from time to time.

6.4 Scope of work related to security services

6.4.1 Responsibility of the Security

- a) The security agency shall prepare security plan and evacuation / emergency action plan and suggest the method to implement the plan and get it approved by the implementing authority.
- b) Ensure 24 hours manned security and *CCTV* coverage in main areas of the Hospital and posting of appropriate security personal at all entries and exits of the Hospitals / Colleges. Ensure through proper vigil and a “Gate Pass system” for physical verification of trucks and vehicles coming into / moving out of the Hospital premises that there is no theft (pilferage) of any materials, consumables, scrap, equipment or any other hospital related items. In case such theft is noticed, bring it immediately to the notice of the Hospital Superintendent or his representative and provide them and the police, as applicable, all information on the same, to help in successfully conducting the investigation. *CCTVs* where ever applicable as per the approved security plans and monitors will be provided by the Implementing Authority.
- c) Regulate crowds at OP / IP wards, pharmacy, surgical wards, Mortuary, etc. and the parking of vehicles within the Hospital / College premises
- d) Have a record of all vehicles entering / leaving with timings the Hospital / College premises maintained.
- e) Regulate flow of visitors to the wards, keeping in mind visitors’ timings especially during the night time.
- f) Be extremely vigilant in areas like Labor Rooms, CEMONC Block, Pediatric, Gynaec and Women’s Wards and ensure only women staffs are deployed at these locations.
- g) Ensure safekeeping of the hospital equipments and materials and the patients/visitors/ attendants belongings.
- h) Ensure that in case any equipment / items of the hospital are taken out for repairs they have suitable authorization from the concerned Hospital Superintendent / College Principal/ Director of Institutions.
- i) Return any articles or properties found on the premises to the Hospital Superintendent / Nursing Superintendent and record the same in Lost and Found Book.
- j) Report any misuse, within the premises of the hospital/ College, as soon as it is noticed.
- k) Prevent abuse of the hospital facilities and acts of vandalism.
- l) Ensure that the hospital / College premise is free from the stray animals and creature menace.
- m) Regularly check all areas of the Hospital/ College, especially unused and vacant places, to ensure no unlawful activities take place within the hospital / College premises.
- n) Should ensure through trained fire safety personnel the expiry date of fire extinguishers are checked periodically and bring them to the notice of the

hospital medical superintendent well in advance so that suitable corrective measures could be put in place.

- o) Detect any evidence of fire and report the same immediately. Be familiar with the Fire Emergency Plan / Fire Exit Plan available with the Medical Officers of the respective hospitals and be able to quickly locate and operate the firefighting equipment and fire alarm system and help in the evacuation of the hospital/ College in case of emergency.
- p) Ensure that the Security should have the capability and physically strong to provide support / rescue services in the Hospital/ College during any problems / attack by public / anti-social individuals or critical / crisis situations and natural disasters.
- q) It shall be the responsibility of the Agency to prevent the entry of stray animals like cats, dogs, pigs and cattle, either within the Institution or in open premises.
- r) Providing RTLS (Real Time Locating system) tagging and software including maintenance as per the following specifications in Maternity units to guard against baby snatchers/ abduction.

Specification :

- Wrist band type
- Range up to 50 meters
- Operational temperature : 0 to 50 degree Celsius
- Input Power for reader : 9 to 18v DC
- Maximum Working : 250 mA

Supplier shall be responsible for all requisite software, hardware training and maintenance of the system

- 6.5** Based on the need & demand, the roles of the man power engaged under Various components of IHFMS should be interchanged.

SECTION- VII

7. PERSONNEL, ESI/EPF CONDITIONS/SUPERVISION/CONDUCT -

7.1 Sanitation/ Pest control Personnel

- 7.1.1 The Agency shall deploy such number of personnel of various categories like sanitary workers, sanitary supervisors and managers, as are required to execute the entire scope of work defined in this Section. The deployment should be designed for 3 shifts i.e., (i) from 6 am to 2 pm; (ii) from 2 pm to 10 pm and (iii) 10 pm to 6 am.
- 7.1.2 It is the responsibility of the Agency to estimate the accurate requirement of staff on a day to day and month to month basis and provide supplementation as needed so as to comply with the service levels, for the upkeep of the sanitation.
- 7.1.3 The Agency shall ensure that the entire staff deployed by it should be highly disciplined, maintain punctuality and refrain from any arguments or disputes with the employees, patients or their attendants. The staff/ workers of the agency are prohibited from using and / or possessing alcohol or un prescribed drugs while on duty. They are also prohibited from smoking.
- 7.1.4 The Agency shall deploy female personnel to work in the labor rooms and obstetric / gynec patient rooms and female wards. Further the agency shall deploy male personnel at places requested by the implementing authority.
- 7.1.5 The personnel employed shall be clean and wear a clean uniform at all times when on duty. Finger nails shall be clean and free of dirt, and hair is neatly combed.
- 7.1.6 It shall be the responsibility of the Agency to comply with the various statutory requirements and labor laws in relation to payment of wages as per G.O.Ms.60, Finance (HRM-VII) Dept, Dt:11.06.2021, effecting statutory recoveries and filing of the statutory returns.
- 7.1.7 Salaries to the workers shall be paid by the agency regularly and on 1st of every month.
- 7.1.8 Uniform shall be provided for different categories of the personnel deployed by the Agency at its own cost. The Agency shall supply the required number of uniforms annually and also pay appropriate uniform allowance to enable the employees to maintain the uniforms. Failure to wear the uniform by any member of staff on duty shall be treated as a violation by the Agency. Lapel card bearing the name of the employee with code number and a photo ID card and uniform shall also be supplied to all of the employees by the Agency at its cost. The uniform should be color-coded as described in the tender.
- 7.1.9 The workers deployed for handling hazardous materials or chemical for cleaning toilets or in the collection of bio-medical waste shall be provided appropriate protective gear like shoes, aprons, gloves etc., at the cost of Agency.
- 7.1.10 The Agency should maintain one house keeper in charge during each shift who can be contacted in case finding deficiency in the areas of service.
- 7.1.11 The agency should provide following minimum number of Sanitary/pest control workers/ Security personnel /Patient care personnel including 10% reserve staff.

For Hospitals

Reckona ble Bed Strength (RBS)	Sanitation/Pest Control Staff (Shifts)				Security Staff (Shifts)				Patient Services (Shifts)				Total
	M	A	N	T	M	A	N	T	M	A	N	T	
100	10	5	4	19	7	3	3	13	7	3	3	13	45

M- Morning shift, A- Afternoon shift, N- Night Shift, T - Total number of persons

For Medical College/ Nursing College

Sanitation & Pest control Staff : 1 person for every 7500 sqft built up area and 1 person for every 27000sqft open area.

Timings: 7.00 am to 3.00 pm.

Security Staff: Twelve security persons per Medical College per day in 3 shifts.

M	A	N	T
5	5	2	12

Six Security persons per Dental College/Nursing College per day in 3 shifts.

M	A	N	T
3	2	1	6

For Hostels(Male & Female):

- i. One security person per hostel in morning shift.
- ii. One security person per hostel in afternoon shift.
- iii. Two security persons per hostel in night shift.

M- Morning shift, A- Afternoon shift, N- Night Shift, T - Total number of persons

Further, the agency shall maintain at least additional 10% reserve of employees at various levels so as to ensure provision of uninterrupted services at the hospital. The Superintendent of the hospital reserves the right to request the service provider to replace any member of the staff in the event of indiscipline or inefficiency.

- 7.1.12 The staff shall be deployed on 24x7 basis in 1st, 2nd and 3rd shifts.
- 7.1.13 It shall be the responsibility of the Agency to ensure that the staff deployed in the hospital is adequately immunized against communicable diseases and occupational diseases and to undertake health check-ups for all the staff at least once in 6 months.
- 7.1.14 Workers are entitled for weekly off, 15 casual leaves / year, 12 earned leaves / year and 12 sick leaves / year.
- 7.1.15 Workers shall be paid overtime wages if engaged for overtime. Overtime wages shall be double the normal wages.
- 7.1.16 Workers engaged on national and festival holidays shall be given compensatory off.
- 7.1.17 The Agency shall be liable to pay any compensation for any illness or injury occurring, to any of the staff member deployed by it in the performance of their duties. The hospital administration shall be indemnified against all or any such claim in this regard.
- 7.1.18 It shall be the responsibility of the Agency to comply with the various statutory requirements and labor laws in relation to payment of wages, effecting statutory recoveries and filing of the statutory returns. The contractor should pay E.S.I. EPF payments regularly and submit the same to the Superintendent every month before due date for payment. On production of such proof only subsequent payments will be paid by the concerned authority.
- 7.1.19 The agency should pay wages at Rs.15,600/- per month(inclusive of all) to each person as per G.O.Ms.60, Finance (HRM-VII) Dept, Dt:11.06.2021.

7.2 Other conditions

- 7.2.1 The agency has to maintain separate sanitation workers for ICU / labour room / OT / building areas / Open areas etc., and they cannot inter change without written permission from the competent authority.
- 7.2.2 **Training:** The agency should provide training to all staff must receive adequate training to be able to safely perform the role asked from them.
- 7.2.3 **Personnel protection and Uniform:** The agency shall provide Personal Protective Equipment (PPE) to all the health care workers appointed by the agency and also should provide adequate colour coded uniforms and personal protective equipments (cap, mask, Industrial gloves, boots, etc).

Key Personnel	Colour of Over Coat Uniform	Protective Gears
Supervisor	"Olive green"	Wear Cap, Mask, Glove and Shoe during visit to wards and risk areas
Cleaning and Sanitation (including pest control) Worker	"Sky Blue"	Wear Cap, Mask, thick Glove and Gumboots whenever at work. Other items for pest control personnel as per requirement
Security	"Navy blue (dark)"	Wear Cap and Shoes during duty time
Patient care personnel	Light Pink	Cap, mask and other items as per requirement

7.3 Supervision

- 7.3.1 The agency should establish one front office at a place suggested by the implementing authority. One responsible person should be always available i.e., round the clock in the front office. The intercom facility will be provided by the Hospital authorities.
- 7.3.2 Deployment of Supervisory staff for monitoring system by the agency: The Superintendent to establish Bio-Metric system at Institute level for proper monitoring of the agency's man power.
- 7.3.3 The Agency shall deploy, at its cost, adequate number of qualified and experienced supervisory staff, in any case, not less than 1 supervisor for every 10 sanitation workers deployed in each shift. A responsible person should be available at the front office round the clock.
- 7.3.4 The quality of sanitation in all the areas and facilities specified in Appendix-1 shall be inspected by the Supervisory staff of the Hospital nominated by the Superintendent of the Hospital, consisting of RMO's, HOD's, Civil Surgeons and Asst. Surgeons. The Supervisory Officers shall make rounds in the areas allocated at the prescribed frequency every day and submit a report to the Superintendent in the prescribed format every day.
- 7.3.5 The performance of the Agency shall be evaluated by the implementing authorities at the end of each day based on the aggregation of all the reports of supervisors. A notice to the agency shall be issued frequently / regularly by the Implementing Authority duly notifying the deficiencies in the performance of the agencies.
- 7.3.6 The performance of the Agency shall be evaluated by the implementing authorities at the end of each week based on the aggregation of all the reports of supervisors in the week, with an e-mail communication to the concerned Head of the Department.
- 7.3.7 Quality of services provided by the agency can also be evaluated by surprise random checks by a task force, constituted by the HOD's.

Security Personnel

- A. The Agency shall deploy the number of Security personnel as are required to execute the entire scope of work defined in Section-VI. The agency is required to provide a statement showing the personnel deployed as part of the technical bid. The deployment should be designed for 3 shifts i.e., (i) from 6 am to 2 pm; (ii) from 2 pm to 10 pm and (iii) 10 pm to 6 am.

7.4 Sanitation and Patient care services

The Agency shall deploy number of sanitation and patient care personnel as are required to execute the entire scope of work defined in Section- VI. The deployment should be designed for 3 shifts i.e., (i) from 6 am to 2 pm; (ii) from 2 pm to 10 pm and (iii) 10 pm to 6 am.

7.5 ESI and EPF conditions

- 7.5.1 It shall be the sole responsibility of the contractor to abide by all statutory rules & regulations (Eg. ESI, EPF, etc.) as applicable from time to time and no separate claims for the same shall be entertained by the organization.
- 7.5.2 The agency shall mandatorily furnish proof of payment of all the legal entitlements to the workers besides wages on a monthly basis in the following formats.

Salary slip		
1	Name	
2	Designation	
3	EPF Code & IP No	
4	Weekly Off	
5	Net Due	
6	Total Days (Duties)	
7	Total No. of Days (Duties)	
8	P.F Employer Share	
9	P.F Employee Share	
10	ESI Employer Share	
11	ESI Employee Share	
12	Total Net Payable/Paid with Bank Account No	

- 7.5.3 The contractor has to submit adequate documentary proof of depositing of ESI and EPF contributions concerned authorities and has to obtain an affidavit on **Non-judicial stamp paper of Rs 100/-** that they have deposited the ESI/EPF contribution of actual number of personnel mentioned in the bill.
- 7.5.4 The payment to the workers shall be paid only through online banking and the same to be furnished as a proof of payment.
- 7.5.5 Payment to the agency shall be made through online only.

7.6 Consequences of the agency's failure to perform required services

- 7.6.1 Performance of the Agency will be evaluated on daily basis. The following aspects will also be considered.
- 1) Discrepancies in work which affect the safety, health or comfort of the patients and cannot wait till the next scheduled performance will be recorded by unscheduled inspections which will be done more frequently in the specialized areas than the general and administrative areas.
 - 2) Validated customer complaints.
 - 3) Maximum allowable discrepancies will be fixed to enable an action to be initiated if the critical level is crossed by the superintendent and his decision will be final and binding.

- 7.7 Service provider should adhere certain guidelines in recruiting the staff to ensure for proper execution in hospitals. The general guidelines are shown in **Appendix - 4**.

SECTION- VIII

8. BID OPENING AND EVALUATION PROCEDURE:

Bids would be evaluated for entire Schedule. If a bidder has any comment to offer about the procedural aspects of this tender, it should be intimated to TIA during the pre-bid meeting. In case the schedule or procedure of tender processing is revised, the same shall be made available online and revised schedule or procedure shall be binding on all.

8.1 Opening of Bids:

Immediately after the closing time, the Technical bids will be opened online. After evaluation of technical bids, the financial bids of only those bidders who qualify in technical evaluation will be opened.

8.2 Technical Bid Evaluation

8.2.1 The bids received will be evaluated by the committee as Constituted by the TIA.

8.2.2 The decision taken by the above committee in evaluation of bids is final and binding on all parties. The Committee can reject any bid without assigning any reasons.

8.2.3 Tender inviting authority has every right to accept any Bid and to reject any or all bids in case any direction/decision of the Government of Telangana or if TIA think it appropriate to do so.

8.2.4 The TIA reserves the right to accept or reject any bid and to annul the bidding process and reject all bids at any time prior to award of contract, without there by incurring any liabilities to the affected Bidder or Bidders or any obligation to inform the affected Bidder or Bidders of the grounds for the Tender Inviting Authority's action. The evaluation committee during the process of evaluation bids shall take in to account the past performance of the bidder under earlier policy of this organization and its performance with other public policy along with other parameters for technical qualification.

8.2.5 No suit, prosecution or any legal proceedings shall lie against any person for anything, which is done in good faith or intended to be done in pursuance of bid. After opening of bids on the scheduled date, time and venue, the committee shall examine the contents of the tenders received online through e-tendering process along with all prescribed mandatory documents. The technical bids shall be evaluated based on the available documents submitted by the bidder. To assist in the examination, evaluation and comparison of the bids and qualification of the bidders the TIA may at its discretion, ask any bidder for a clarification of its bid if the authorities deem necessary. Hence, during the technical evaluation stage, bidder/authorized representative must be available at TIA premises for clarifications, if any, are required.

8.2.6 Any clarification submitted by a bidder that is not in response to a request by the TIA shall not be considered. The TIA's request for clarification and the response shall be in writing.

8.2.7 The decision taken by the above committee in evaluation of bids is final and binding on all parties. The Committee can reject any bid without assigning any reasons.

8.3 Financial Bid Evaluation

8.3.1 Financial bids of those bidders who qualify in technical bid evaluation will only be opened. All other financial bids will be ignored.

8.3.2 However, Bidders may note that there will not be any post tender financial negotiations.

8.3.3 Subject to technical bid qualification and satisfying other conditions stipulated in the tender schedule, **L1 (who quotes lowest management service charges up to 5%)** will be considered as successful bidder if the bidder quoted for less than five IHFMS tenders only. However the bidder has to submit undertaking as per **Annexure-6**.

8.3.4 If the L1 bidder quotes for more than 5 Hospitals/Institutions, and becomes L1 for more than 5, then the agency will be permitted to take 5 Hospitals/Institutions after giving undertaking that he will be blacklisted if found later that he has entered into agreement for more than 5 Hospitals/Institutions. The agency will have choice to select the Hospitals/Institutions within 3 days from the date of opening of price bids. The L1 bidder has to submit Annexure-6 intimating inability to sign the agreement in view of more than 5 IHFMS works quoted and became L1 and requesting return of EMD. On receipt of such request from L1 bidder, TFC will consider L2 bidder as L1 bidder after matching the L1 management service charges. EMD will be returned to the actual L1 bidder. If L2 bidder refuses to match L1 rate then tender shall be recalled.

8.3.5 **If the agency quotes management service charges as Nil (Zero) %** the bid will be considered as Non-Responsive.

8.3.6 In case two or more agencies quote same percentage (L1 **management service charges**) then the agency with higher Turnover will be considered as L1. & **Section-III, Clause 3.1(Note) will be considered if preference give to Jangaon District Empanelled agencies.**

8.3.7 GST will be paid as per the applicable rates.

SECTION IX

9 PREPARATION OF BIDS

9.1 Language of Bid:

The Bid prepared by the bidder and all correspondence and documents relating to the bid exchanged by the Bidder and the Tender Inviting Authority, shall be written in the English language. Supporting documents and printed literature furnished by the Bidder may be written in another language provided they are accompanied by an accurate translation of the relevant passages in the English language in which case, for purposes of interpretation of the Bid, the English translation shall govern.

9.2 Technical Bid

9.2.1 The Bidder shall complete the Technical Bid in the formats furnished in the bidding documents, indicating for all the Services to be provided a brief description of the Service, quantity, methods and techniques proposed to be used and the standards that will be followed.

9.2.2 The Bidder must obtain for himself on his own responsibility and at his own expense all the information which may be necessary for the purpose of making the Bid document and for entering into a contract through visit to site and inspection of the premises.

9.3 Financial Bid.

9.3.1 The Bidder shall quote in the Commercial Bid the percentage for management service charges on estimated cost of services indicated at Cl.3.2 of the bid document.

9.3.2 The Bidder shall submit bids as per instructions on e-procurement platform.

9.3.3 The bidder shall furnish the stipulated bid security as part of its bid.

9.3.4 The bid security shall be in Indian Rupees and shall be in one of the following forms:

- a. A Bank Guarantee issued by a Nationalized /Scheduled Commercial Bank located in India, in the form provided in the bidding document or any other form acceptable to the Tender Inviting Authority and valid for 6 months from the date of opening of Bid.
- b. A demand draft on any Nationalized /Scheduled Commercial Bank in favour of TIA.

9.3.5 Any bid not accompanied by bid security in accordance with the above Clause 9.3.4 will be rejected as non-responsive.

9.3.6 Unsuccessful bidder's bid security will be returned as promptly as possible but not later than 30 days after the expiration of the period of bid validity prescribed by the TIA.

9.3.7 The successful bidder's bid security will be discharged upon the bidder signing the contract along with requisite performance security.

9.3.8 The bid security may be forfeited:

- (1) If a bidder withdraws its bid before the expiry of due date.
(or)
- (2) In case of a successful bidder, if the bidder fails to
 - I. sign the contract within the prescribed time
 - II. furnish the specified performance security.
 - III. submit unconditional acknowledgement of LOA within prescribed time.

9.3.9 The Bid Security of L1 & L2 shall be extended beyond the original validity period in case the signing of Agreement is delayed due to any reason.

9.4 Bid validity

9.4.1 Bids shall remain valid for 180 days after the date of bid opening prescribed by the Tender Inviting Authority. A bid valid for a shorter period may be rejected by the Tender Inviting Authority as non-responsive.

9.4.2 In exceptional circumstances, the TIA may solicit the bidders consent to an extension of the period of validity. The bid shall be suitably extended. A bidder may refuse the request without forfeiting its bid security. A bidder granting the request is not permitted to modify its bid.

SECTION- X

10. GENERAL CONDITIONS OF CONTRACT AND RELATED ISSUES

(Applicable only to the successful bidders entering into the agreement after issue of LOA)

10.1 General Conditions

- 10.1.1 The works contract agreement shall be made between the successful bidder and Implementing Authority.
- 10.1.2 Within 14 days after the Agency's receipt of notification of award of the Contract, the Agency shall furnish performance security to the tender inviting authority to the tune **10 % of the contract value of first year**.
- 10.1.3 Compensation for any loss resulting from the Agency's default in discharge of its obligations under the Contract, specified in terms of the contract, shall be recovered from the performance security.
- 10.1.4 The Performance Security shall be denominated in Indian Rupees and shall be in one of the following forms:
 - (a) A Bank guarantee issued by a Nationalized /Scheduled Commercial Bank and in the form provided in the bidding documents or any other form acceptable to the tender inviting authority.
 - (b) The performance security will be discharged by the tender inviting authority and returned to the Agency not later than 30 days following the date of completion of the Agency's performance obligations under the contract.
- 10.1.5 The Agency's request(s) for payment of bills shall be made to the implementing authorities in writing, accompanied by an invoice describing, as appropriate, the Services delivered or performed and upon fulfillment of other obligations stipulated in the contract.
- 10.1.6 The payment shall be subject to deductions / additions, from / to the claim on account of penalties and incentives linked to performance against the Service Levels prescribed in the contract agreement.
- 10.1.7 If any change in the scope of work causes an increase or decrease in the cost of, or the time required for, the Agency's performance of any provisions under the Contract, an equitable adjustment shall be made in the Contract Price or delivery schedule, or both, and the Contract shall accordingly be amended. Any claims by the Agency for adjustment under this clause must be asserted within thirty (30) days from the date of instructions of receipt of the Head of the Department.
- 10.1.8 Number of man power deployed by the agency to be reconfirmed by the agency within a month according to the physical requirement at the Hospital.
- 10.1.9 Whenever additional blocks/ buildings are constructed, the execution of IHFMS shall be subject to a separate supplementary agreement between the Implementing Authority and Agency.
- 10.1.10 Any change in the scope and contract price shall be effected only on approval from TENDER INVITING AUTHORITY and the Head of the Department will issue amendment orders to the agency.
- 10.1.11 **Contract Amendments:** No variation in or modification of the terms of the Contract shall be made except by written amendment signed by the parties i.e. Implementing Authority and Agency.
- 10.1.12 **Prohibition of Sub-contracting /Assignment of work:** The Agency shall not Sub-Contract or assign, in whole or in part, to any other party, its obligations to perform under the contract.

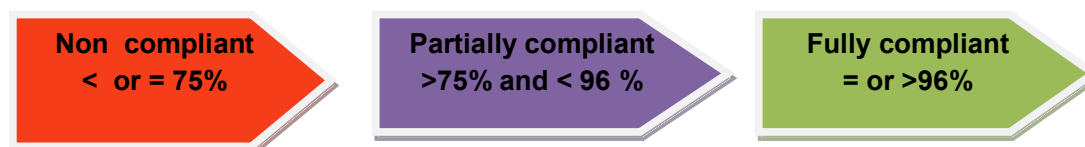
- 10.1.13 The Contract shall be interpreted in accordance with the laws of the Union of India.
- 10.1.14 **Notice:** Any notice given by one party to the other pursuant to this Contract shall be sent to other party in writing or by facsimile and confirmed in writing to the other Party's address. Notice shall be effective when delivered or on the notice's effective date, whichever is later.
- 10.1.15 **Change in Law:** Subsequent to increases in statutory taxes during the tenure of the contract taxes as applicable will be reimbursed. Any revision in wages is the responsibility of the agency as it is a works contract and not a labour contract.
- 10.1.16 **Duration of contract:** The tenure of the contract will be for a period of 3 years. The agency shall continue the services till finalization of new tenders and taking over the work by another agency selected through tenders.
- 10.1.17 **Supply of electricity:** The electricity to be used by the Agency in connection with the sanitary services in the hospital will be provided by the implementing authority free of cost.

10.2 Performance of the agency:

Performance is based on Service Standards fixed and performance score will be given by the concerned implementing authorities as per the table below:

S. No.	Monitoring Item	Max Score for each Category
1	Attendance & Uniform of the sanitation and patient care Staff	05
2	Patient care	10
3	Cleanliness of Toilets / Urinals / Wash basins	10
4	Cleanliness of Wards	10
5	Cleanliness of Labor Room / OT / Emergency / OP/ Lab	10
6	Cleanliness of Drainage and Sewerage	10
7	Usage of equipments/ Consumables /durables/ Chemical/ Pesticides of reputed brands	10
8	Control of Pest & Rodents	10
9	No complaints from Public on Pest Control Services	5
10	Attendance & Uniform of the Security Staff	10
11	No complaints from Public on Security Services	5
12	Control of crowd and systematic parking of Vehicles	5

Performance of the agency will be decided based on the percentage of marks given and is as follows:



- 10.2.1 If the agency is fully compliant (i.e. = or > 96%), 100% payment of agreement amount will be made to the agency.
- 10.2.2 For the remaining (partially / non-compliant agencies) monthly payments will be made based on the actual percentages of performance in proportion to agreement amount.

10.2.3 The above two points (10.2.1, 10.2.2) are subjected to review for modification if any required during the course of implementation.

10.2.4 Performance of the agency for every month has to be intimated to:

- i) Agency,
- ii) Head of the Department

10.3. Termination of contract by the implementing authority:

10.3.1 Termination by default: If the agency is non compliant (75% or less) consecutively for Three months or maximum of Five times in a year (commencing from the agreement date), the contract will be terminated by the Implementing Authority and the performance security will be forfeited. Further such agencies are not eligible to participate in the future tenders invited by the TIA up to next two years.

10.3.2 Entrustment of work to the alternative agency upon termination: In the event of termination, the work will be awarded to any of the other participated bidders in this tender through sealed quotations by the implementing authority. In case where the other bidders are not willing and in cases where there is only a single bidder for that particular package, short tenders will be invited for the specific institute duly making local arrangements by the implementing authority during the interim period.

10.3.3 Risk Purchase: On termination of the contract in respect of any institution, the TIA may obtain sealed quotations from leftover bidders and select any one of them who offered lowest prices. The differential amount between contract price of the terminated agency and the quoted price of newly selected agency shall be recovered from the bills of terminated agency towards the risk purchase cost.

10.3.4 Termination for Insolvency: The implementing authority may at any time terminate the Contract by giving written notice to the Agency, if the Agency becomes bankrupt or otherwise insolvent. In such an event, termination will be without compensation to the Agency, provided that such termination will not prejudice or affect any right of action or remedy which has accrued or will accrue thereafter to the implementing authority.

10.3.5 Termination for Convenience: The implementing authority, may by written notice sent to the Agency, terminate the Contract, in whole or in part, at any time for its convenience without any liability on the Authority. The notice of termination shall specify that termination is for the implementing authority convenience, the extent to which performance of work under the Contract is terminated, and the date upon which such termination becomes effective.

- a. The implementing authority and the Agency shall make every effort to resolve amicably by discussions any disagreement or dispute arising between them under or in connection with the Contract.
- b. If, after thirty (30) days from the commencement of such discussions, the implementing authority and the Agency have been unable to resolve amicably a Contract dispute, either party may require that the dispute be referred for arbitration under the provisions of the Arbitration & Conciliation Act 1996. It shall be by the sole arbitrator. Selection of the sole arbitrator shall be through the process that the

Payment authority will furnish a panel of three names and the contractor may select any one of those three.

10.4 Force Majeure

10.4.1 For purposes of this Clause "Force Majeure" means an event beyond the control of the Agency and not attributable to the Agency's fault or negligence and not foreseeable. Such events may include, but not limited to, acts of the implementing authority either in its sovereign or contractual capacity, wars or revolutions, fires, floods, epidemics, quarantine restrictions and freight embargoes.

10.4.2 If, Force Majeure situation arises, the Agency shall promptly notify the implementing authority in writing of such conditions and the cause thereof. Unless otherwise directed by the implementing authority in writing, the Agency shall continue to perform its obligations under the Contract as far as is reasonably practical, and shall seek all reasonable alternative means for performance not prevented by the force majeure event.

SECTION – XI

11. BID FORMATS

11.1. Technical Bid Format.

PART I – Basic information of Bidder

1.	Name of the Bidder	:	
2.	Legal Entity (Company, Firm, Society, others)	:	
3.	Year of establishment	:	
4.	Address of Registered Office	:	
5.	Name of Contact Person	:	
	Phone	:	
	Mobile	:	
6.	Name of person authorized to sign the bidding documents (along with proof of authorization.)		

Part II - Qualification information.

1. Details of Past Experience :

S. No	Name and address of the Client	Period in which services provided		Description of services	Total value of contract
		From	To		

Attach the certificate issued by the client for each component of IHFMS with work allotted, work completion and the clients feedback.

1. Any other information of technical nature :

11.2 – Commercial Bid Format

We offer to provide the IHFMS specified in the bidding documents conforming to the specified quality standards and service levels at -----% Management service charges on estimated cost of services during the period of contract.

NOTE:

- 1) The percentage quoted by the bidder in the online Commercial form will only be considered for financial evaluation.
- 2) The bidder should not upload the above format in the technical bid in the e-procurement platform and should upload only in the e-procurement price bid.

Appendix - 1.

FREQUENCY OF CLEANING

For HOSPITALS :

S.No	Nature of facility	Frequency of cleaning (minimum)	Primary monitoring	Secondary monitoring
1	Emergency / Casualty	Continuous (minimum 6 times per day)	Nurse	Doctor incharge
2	Delivery rooms / Labour rooms	Continuous (minimum 6 times per day)	Nurse	Doctor incharge
3	Observations rooms	Continuous(minimum 4 times per day)	Nurse	Doctor incharge
4	Operation Theatres	Continuous	Nurse	Doctor incharge
5	ICUs	Continuous(minimum 6 times per day)	Nurse	Doctor incharge
6	Post operative wards	Continuous(minimum 6 times per day)	Nurse	Doctor incharge
7	Wards, corridors & waiting areas inclusive of skirting	4 times / day	Nurse	Doctor incharge
8	OP rooms, corridors & waiting areas inclusive of skirting	2 times / day	Nurse	RMO
9	CSSD	3 times / day	Nurse	RMO
10	Blood Bank	Twice a day	Nurse	BBMO
11	Diagnostic labs	Twice a day	Technician	HOD
11	Pharmacy	Twice a day	Pharmacist	RMO
12	Nursing stations	Twice a day	Nurse	Doctor incharge
13	Patients Cots, Bed side lockers, IV stands and other furniture	Once in three days	Nurse	Doctor incharge
14	Administrative area	Twice a day	RMO	CSA RMO
15	Stairs, lifts & ramps including the banisters	Twice a day	RMO	CSA RMO
16	Chajjas & ducts	Once a day	RMO	CSA RMO
17	Registration areas	Twice a day	Nurse	RMO
18	Parking lots & open premises	Twice a day	RMO	CSA RMO
19	Doors & windows both interior and exterior	Once a week	As defined in respective areas	
20	Fixtures including light switches & fans	Once a week	As defined in respective areas	
21	Walls and ceiling	Fortnightly	As defined in respective	

			areas	
22	Toilets & bathrooms	Continuous(minimum 6 times per day)	As defined in respective areas	
23	Water tanks & sumps	Fortnightly.	RMO	CSA RMO
24	Mortuary	Continuous(minimum 3 times per day)	JA / SA	Forensic Professor
25	Septic tank	As and when required	RMO	CSA RMO
26	Drainage lines and sewerages	As and when required	RMO	CSA RMO
27	Roof slab	Once in a month	RMO	CSA RMO
28	Laundry / dhobi ghat	Once a day	RMO	CSA RMO
29	Lecture hall / Conference hall	Once a day	As defined in respective areas	
30	Department office & faculty rooms	Once a day	As defined in respective areas	

Apart from the frequency given in the annexure, cleaning should be done as and when required as it is mandatory that the overall area has to be kept clean at any point of time.

For MEDICAL /NURSING COLLEGES:

S.No	Nature of facility	Frequency of cleaning(minimum)	Monitored by
1	Class rooms / Lecture hall	Once in a day	Professor / HOD
2	Labs & corridors	Twice a day	Professor / HOD
3	Corridors & skirting areas	Twice a day	Professor / HOD
4	Examination hall	As and when required	Professor / HOD
5	Administrative areas	Twice a day	AD / Vice principal
6	Auditorium	As and when required	AD / Vice principal
7	Anatomy dissection hall	Three times a day	Professor / HOD
8	Library / reading rooms	Twice a day	Librarian
9	Animal house	Once in a day	Professor / HOD
10	Department office, faculty rooms and Museum	Once in a day	Professor / HOD
11	Work shop	Once in a day	Professor / HOD
12	Gym room	Once in a day	PT
13	Toilets & bathrooms	Continuous(minimum 6 times per day)	As defined in respective areas
14	Stairs, lifts & ramps including the banisters	Twice a day	As defined in respective areas
15	Chajjas & ducts	Once a day	AD / Vice principal
16	Parking lots	Twice a day	AD / Vice principal
17	Open premises / play grounds	Once in a day	AD / Vice principal
18	Doors & windows both interior and exterior	Once a week	As defined in respective areas
19	Fixtures including light switches & fans	Once a week	As defined in respective areas
20	Walls and ceiling	Fortnightly	As defined in respective areas
21	Water tanks & sumps	Fortnightly.	AD / Vice principal
22	Septic tank	As and when required	AD / Vice principal
23	Drainage lines and sewerages	As and when required	AD / Vice principal
24	Roof slab	Once in a month	AD / Vice principal
25	Other areas if any	as on when required	AD / Vice principal

Appendix - 2

SPECIFICATIONS OF MATERIALS TO BE USED FOR CLEANING

- a) The actual brand names of popularly used disinfectants and sanitizers Containing the following active ingredients to be quoted in the Technical bid,
- b) Only approved products shall be specified in the final agreement.
- c) Handling of supplies and equipment: supplies and equipment designated for use in specific areas of the treatment facility (to ensure maintenance of the required level of asepsis) shall be stored and used only in the designated area and shall not be used in other areas. All items assigned to a specific area shall be plainly marked with that area's designation with a permanent marker.

Specific areas	Active ingredients	Additional reagents
All critical areas : Floor & Walls Hard surfaces of trolleys & equipment etc., Doors & windows	30 % Carbolic acid	Detergent for grimy areas Hydrogen peroxide in case of blood spills
Blood banks & labs Floor & walls Hard surfaces	30 % Carbolic acid 2% Sodium hypochlorite	Hydrogen peroxide in case of blood spills
Floors & walls of In-patient area and all other area inclusive of corridors, stairs, ramps & lifts	4.8% Chlorxylenol & 9% Terpineol & 13.1% Iso propylalcohol	Detergent for grimy areas Hydrogen peroxide in case of blood spills
Doors, windows & hard surfaces	1.5 % Chlorhexidine gluconate & 3.0% Cetrimide	Detergent necessary
Wash rooms	4% Benzalkonium chloride with surfactants	
Toilets	9.5% Hydrochloric acid	

a)

CLEANING LIQUIDS INGREDIENTS			
BRAND or Equivalent (Example)	CHEMICAL INGREDIENT'S	USAGE AREA	DILUTION RATIO
B1	Surfactant / Iso Prophyl alcohol	Bathroom Cleaner cum Sanitizer.	25 - 50 ml in 1 ltr water for normal cleaning, 50 - 80 ml in 1 ltr water for heavy stain.
B2	Surfactant / ISO Prophyl alcohol / Benzhal Khonium Chloride	Multipurpose Cleaning agent cum disinfectant agent Mopping of Floors and Wiping of all areas.	25 - 50 ml in 1 ltr water for normal cleaning, 50 - 80 ml in 1 ltr water for heavy stain.
B3	ISO Prophyl Alcohol.	Glass & Mirror cleaner.	25 - 50 ml in 1 ltr water for normal cleaning, 50 - 80 ml in 1 ltr water for heavy stain.
B4	Surfactants.	Furnisher polisher.	Ready to use
B5	ISO Prophyl Alcohol / Fragrance	Air freshner.	Ready to use
B6	Ammonium Compound Chloride. /	Toilet Bowl Cleaner.	Ready to use
B7	Surfactant / ISO Prophyl Alcohol.	Floor Cleaner for removal of Oil, using with Machine.	25 - 50 ml in 1 ltr water for normal cleaning, 50 - 80 ml in 1 ltr water for heavy stain.
MAGIC	Phenolic Disinfectant.	Bathroom sanitizer & Phenoylic disinfectant.	50 ml for 1 ltr water, 25 ml in 1 ltr for moping the floor.

Appendix – 3

BIOMEDICAL WASTE MANAGEMENT

a) Biomedical waste management

Health care waste generated within a health facility should always follow a well defined stream from their point of generation until their final disposal







Steps	Location	Health care waste stream
0		Waste minimization
1	Treatment units, kitchen & pharmacies	Generation
2		Segregation at source
3	In the health facility premises	Collection + on site transport
4		On-site storage (not more than 24 hours)
5		On-site treatment / disposal
6	Outside the health facility	Off – site transport / disposal

b) Colour coding system :

The colour coding system aims at ensuring an immediate and non-equivocal identification of the hazards associated with the type of waste that is handled or treated.

Black	Yellow	Brown
Non-risk waste (Cat – A) General Office waste, packaging material, left over food etc.,	Special waste which includes B1 -human anatomical waste, B4 -cyto-toxic pharmaceutical waste, B5 – Blood & body fluids B2 - sharps to be destroyed at source with special devices	B32-Potentially hazardous (when used improperly by an unauthorized person) B-33 Hazardous Pharmaceutical waste including comprising heavy metal containing unidentifiable pharmaceuticals and disinfectants
B-1 Exceptionally, small quantity of human anatomical waste	CI-Infectious waste (Blood, feces or body secretions from patients with infectious diseases) C2 highly infectious waste (microbiological cultures)	D-Other hazardous waste including thermometers, blood pressure gauges, photographic fixing and developing solutions in X-ray departments, halogenated and developing solutions in X-ray departments, halogenated and non-halogenated solvents, organic and in –organic chemicals.
B31- Pharmaceutical waste – which is non hazardous	D-Radioactive waste includes solid, liquid and gaseous waste contaminated with radio nuclides generated form in vitro analysis of body tissue and fluid in vivo body organ imaging and tumour localization, investigation and therapeutic procedures	

- c) Yellow polythene bags are to be of minimum 300 microns gauge marked and indicated with the international biohazard symbol.
- d) All the supervisors in the agency are to be well versed in the health care waste managements guidelines of WHO.
- e) Labeling of Health Care Waste categories

Category	Labeling	International Symbols
B1	<< Danger ! Anatomical waste, to be incinerated or deeply buried >>	
B2	<< Danger ! Contaminated sharps, do not open >>	
B4,B5,C1	<< Danger ! Hazardous infectious waste>>	
C2	<< Danger ! Highly infectious waste, to be pre-treated >>	
B32, B33, D	<< Danger ! To be discarded by authorized staff only >>	
E	<< Danger ! Radioactive waste>>	

Appendix – 4.

Minimum eligibility criteria for personnel executing the actual works.

- 1) **Sanitation**
 - a) Age – 18 to 50 years.
 - b) Qualification – 7th pass.
 - c) Any other qualification.

- 2) **Pest control**
 - a) Age – 18 to 50 years.
 - b) Qualification – 10th pass.
 - c) Any other qualification.

- 3) **Security**
 - a) Age – 18 to 50 years.
 - b) Qualification – 10th pass.
 - a) Any other qualification like medical examination, physical examination etc.,

- 4) **Patient care**
 - b) Age – 18 to 39 years.
 - c) Qualification – 10th pass.
 - d)** Any other qualification

- Note:**
- 1) The agency must employ local persons of the concerned district as a first choice. The employee must be trained in the respective area.
 - 2) Existing man power is exempted from above educational qualifications.
 - 3) New man power engaged shall necessarily possess above qualifications.
 - 4) Subject to meeting other criteria, single woman and physically challenged persons may be considered.
 - 5) The District Collectors/competent authority shall ensure the transparent selection of the personnel by the agency.

Appendix- 5

**List of hospitals with Less than 100 Beds reserved for SC category as per
G.O.Ms.No. 32, HM & FW (C2) Dept., Dt: 12.03.2022.**

Sl. No.	Name of the Hospital	Reservation Status
1	CHC Khagaznagar Asifabad 30 Beds	RESERVED FOR SCs
2	CHC Ashwaraopeta Bhadradi Kothagudem 30 Beds	RESERVED FOR SCs
3	CHC Yellandu Bhadradi Kothagudem 30 Beds	RESERVED FOR SCs
4	UCHC Seethapalmandi Hyderabad 30 Beds	RESERVED FOR SCs
5	CHC Bachannapet Jangaon 30 Beds	RESERVED FOR SCs
6	CHC Domakonda Kamareddy 30 Beds	RESERVED FOR SCs
7	CHC Balanagar Mahabubnagar 30 Beds	RESERVED FOR SCs
8	CHC Bellampally Mancheryal 30 Beds	RESERVED FOR SCs
9	CHC Ramayampet Medak 30 Beds	RESERVED FOR SCs
10	CHC Eturunagaram Mulugu 30 Beds	RESERVED FOR SCs
11	CHC Sulthanabad Peddapally 30 Beds	RESERVED FOR SCs
12	CHC Yacharam Ranga Reddy 30 Beds	RESERVED FOR SCs
13	CHC Manoor Sangareddy 30 Beds	RESERVED FOR SCs
14	CHC Thungathurthy Suryapet 30 Beds	RESERVED FOR SCs
15	CHC Parkal Hanumakonda 30 Beds	RESERVED FOR SCs
16	CHC Kamalapur Hanumakonda 30 Beds	RESERVED FOR SCs
17	CHC Alair Yadadri Bhuvanagiri 30 Beds	RESERVED FOR SCs
18	DH Utnoor Adilabad 50 Beds	RESERVED FOR SCs
19	CHC Chityal Jayashankar Bhupalapally 50 Beds	RESERVED FOR SCs
20	CHC Manthani Peddapally 50 Beds	RESERVED FOR SCs

**Sd/-
Director of Medical
Education,
Government of Telangana
MEMBER**

**Sd/-
Commissioner,
TVVP
MEMBER**

**Sd/-
Managing Director,
TSMCID
MEMBER-CONVENER**

Appendix- 6

List of hospitals with Bed Strength between 100 to 500 Beds reserved for SC category as per G.O.Ms.No. 32, HM & FW (C2) Dept., Dt: 12.03.2022.

Sl. No.	Name of the Hospital	Reservation Status
1	AH Banswada Rajanna Sircilla 200Beds	RESERVED FOR SCs
2	AH Miryalguda Nalgonda 100Beds	RESERVED FOR SCs
3	AH Armour Nizamabad 100Beds	RESERVED FOR SCs
4	AH Vemulawada Rajanna Siricilla 100Beds	RESERVED FOR SCs
5	AH Vanasthalipuram Ranga Reddy 100Beds	RESERVED FOR SCs
6	CHC Dubbak Siddipet 100Beds	RESERVED FOR SCs
7	AH Vikarabad Vikarabad 100Beds	RESERVED FOR SCs
8	D.H. King Koti Hyderabad 350Beds	RESERVED FOR SCs

**Sd/-
Director of Medical
Education,
Government of Telangana
MEMBER**

**Sd/-
Commissioner,
TVVP
MEMBER**

**Sd/-
Managing Director,
TSMSIDC
MEMBER-CONVENER**

Annexure – 1

BID FORM

Date:.....2024

To:

Sir,

Having examined the Bidding Documents including Annexures, the receipt of which is hereby duly acknowledged, we, the undersigned, offer the services and perform in conformity with the said Bidding Documents

We undertake, if our bid is accepted, to deliver the Services in accordance with the scope of work specified in the Section VI of the Bidding Documents.

If our bid is accepted we will obtain the guarantee of a bank in a sum equivalent to 10% of the Contract value per year for the due performance of the Contract, in the form prescribed by the implementing authority.

We agree to abide by this bid for a period of 180 days from the date fixed for bid opening and it shall remain binding upon us and may be accepted at any time before the expiration of that period.

Until a formal contract is prepared and executed, this bid, together with your written acceptance thereof and your notification of award, shall constitute a binding Contract between us.

We understand that you are not bound to accept the lowest or any bid you may receive.

Dated this day of2024
Signature :
(in the Capacity of) :
Duly authorised to sign bid for and on behalf of
.....

Contract No.....

ANNEXURE – 2

DECLARATION FORM:

(On Non-Judicial Stamp paper of Rs. 100)

I, _____ Son/ Daughter/ Wife of Sri _____ resident of _____ Proprietor/Director/ authorized signatory of the agency/Firm (M/s _____), do hereby solemnly affirm and declare as follows:

1. I am authorized signatory of the agency/firm and is competent to sign this affidavit and execute this tender document;
2. I have carefully read and understood whole tender document including all the terms and conditions of the tender and undertake to abide by them;
3. The information / documents furnished along with the above application are true and authentic to the best of my knowledge and belief. I / we, am / are well aware of the fact that furnishing of any false information / fabricated document would lead to rejection of my tender at any stage besides liabilities towards prosecution under appropriate law.
4. I/We further undertake that no case/enquiry/investigation is pending with the police/court/vigilance or any government body against the Proprietor/Partner/Director or the Company (Agency).
5. I/We further undertake that none of the Proprietor/Partners/Directors of the Agency (even on another name) was or is Proprietor or Partner or Director of the Agency (even on another name) with whom the Government have banned /suspended/blacklisted business dealings. I/We further undertake to report to the TIA immediately after we are informed but in any case not later 15 days, if any Agency in which Proprietor/Partners/Directors are Proprietor or Partner or Director of such a Agency which is banned/suspended in future during the currency of the Contract with you.
6. I/We further undertake that our firm/company is fulfilling all the terms and conditions/eligibility criteria obvious/explicit or implied/implicit recorded anywhere in the tender document. If at any time including the currency of the Contract, any discrepancy is found relating to our eligibility or the process of award of the contract criteria, this may lead to termination of contract and/or any other action deemed fit by the Institute.

(Signature of the Bidder)

Date:

Place:

Seal of the Agency

Name:

Designation

Address:

I/We do hereby solemnly declare and affirm that the above declaration is true and correct to the best of my knowledge and belief. No part of it is false and noting has been concealed therein.

Deponent

Annexure - 3

BID SECURITY FORM

Whereas I (hereinafter called "the Bidder") has submitted its bid dated(date of submission of bid) for the (name and/or description of the Services) (herein after called "the Bid").

KNOW ALL PEOPLE by these presents that WE(name of bank), having our registered office at (address of bank) (hereinafter called "the Bank"), are bound unto (name of implementing authority) (hereinafter called "the implementing authority") in the sum of _____ for which payment well and truly to be made to the said implementing authority, the Bank binds itself, its successors, and assigns by these presents. Sealed with the Common Seal of the said Bank this _____ day of 20 _____

THE CONDITIONS of this obligation are:

1. If the Bidder

- a) withdraws its Bid during the period of bid validity specified by the Bidder on the Bid Form; or
- b) does not accept the correction of errors in accordance with the ITB; or

2. If the Bidder, having been notified of the acceptance of its bid by the implementing authority during the period of bid validity:

- a) fails or refuses to execute the Contract Form if required; or
- b) fails or refuses to furnish the performance security, in accordance with the Instruction to Bidders;

We undertake to pay the implementing authority up to the- above amount upon receipt of its first written demand, without the implementing authority having to substantiate its demand, provided that in its demand the implementing authority will note that the amount claimed by it is due to it, owing to the occurrence of one or both of the two conditions, specifying the occurred condition or conditions.

This guarantee will remain in force up to and including forty five (45) days after the period of the bid validity, and any demand in respect thereof should reach the Bank not later than the above date.

.....
(Signature of the Bank)

Name of Bidder.

Annexure – 4

PERFORMANCE SECURITY FORM

To : _____(Name of implementing authority)
WHEREAS..... (Name of the Agency) herein called "the Agency" has undertaken, in pursuance of Contract Nodated....., to supply.....(Description of Services and Services) hereinafter called "the Contract".

AND WHEREAS it has been stipulated by you in the said Contract that the Agency shall furnish you with a Bank Guarantee by a recognized bank for the sum specified therein as security for compliance with the Agency's, performance obligations in accordance with the Contract.

AND WHEREAS we have agreed to give the Agency a Guarantee

THEREFORE WE hereby affirm that we are Guarantors and responsible to you, on behalf of the Agency, upto a total of
(Amount of the Guarantee in Words and Figures) and we undertake to pay you, upon your first written demand declaring the Agency to be in default under the Contract and without cavil or argument, any sum or sums within the limit of(Amount of Guarantee) as aforesaid, without your needing to prove or to show grounds or reasons for your demand or the sum specified therein.

This guarantee is valid until the day of 2024

Signature and Seal of Guarantors

.....
.....
.....
Date2024
Address
.....

ANNEXURE – 5

MEMORANDUM OF UNDERSTANDING (MoU):

(To be executed on a Non-Judicial Stamp paper of Rs. 100/- duly attested by notary public)

This Memorandum of Understanding (MoU) entered into this day of 2022 at _____ among M/s _____ (herein after referred as "_____") and having office at (Insert: Address), India Party of the First Part

And

M/s _____ (herein after referred as "_____") and having office at (Insert: Address), India Party of the Second Part

And

M/s _____ (herein after referred as "_____") and having office at (Insert: Address), India Party of the Third Part

The parties are individually referred to as Party and collectively as Parties. WHEREAS District Head Quarter Medical Superintendent / DCHS / Director/ Principal under the Department of Health, Medical & Family Welfare, Government of Telangana, has invited tender from entities interested in "Providing Integrated Hospital Facility Management Services in ----- Hospital in ----- District in the state of Telangana." called the "Project" for a specified time period.

AND WHEREAS the Parties have had discussions for bidding for the said Project and have reached an understanding on the following points with respect to the Parties' rights and obligations towards each other and their working relationship.

IT IS HEREBY AS MUTUAL UNDERSTANDING OF THE PARTIES AGREED AND DECLARED AS FOLLOWS:

1. That the Parties shall carry out all responsibilities as Bidder in terms of the Agreement.
2. The Parties hereby undertake to perform the roles and responsibilities as described below:
 - a. Party of the First Part shall be the Lead member of the group and shall have the power of attorney from all Parties for conducting all business for and on behalf of the group during the bidding process and until the Effective Date under the Agreement when all the obligations of the co shall become effective;
 - b. Party of the Second Part shall be the _____ .
 - c. Party of the Third Part shall be the _____ .

The Parties affirm that they shall implement the IHFMS in good faith and shall take all necessary steps to carry out the Project expeditiously. They shall not negotiate with any other party for this Project except without the written permission of the Bidder if required.

3. The Parties do hereby undertake to be jointly and severally responsible for all obligations and liabilities relating to the Project and in accordance with the terms of the tender and the Agreement, till the Agreement Period for the Project is achieved under and in accordance with the Agreement.
4. That this MoU shall be governed in accordance with the laws of India and courts in (Insert Name of City) shall have exclusive jurisdiction to adjudicate disputes arising from the terms herein.

In witness whereof the Parties affirm that the information provided is accurate and true and have caused this MoU to be duly executed on the date and year above mentioned.

(Party of the first part)

(Signature) (Name)

(Designation)

(Address)

Witness:

(Party of the second

part) (Party of the

third part) (Party of

the fourth part)

Note:

1. The mode of execution of the MoU should be in accordance with the procedure, if any, laid 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.
2. Also wherever required, the executants(s) should submit for verification the extract of the charter documents and documents such as resolution/ Power of attorney in favour of the person executing this Power of attorney for the designation of power hereunder on behalf of the Bidder.
3. For a Memorandum of Understanding (MoU) executed and issued overseas, the document shall be authenticated by the Indian Embassy and notarized in the jurisdiction where the MoU is being executed. However, the MoU executed in a country that has signed the Hague Legislation Convention, 1961 is not required to be authenticated by the Indian Embassy if it carries a conforming Apostle certificate.

ANNEXURE - 6

**UNDERTAKING FORM
(By L1 Bidder)**

(On Non-Judicial Stamp paper of Rs. 100)

I, _____ Son/ Daughter/ Wife of Sri _____ resident of _____ Proprietor/Director/ authorized signatory of the agency/Firm (M/s _____), do hereby solemnly affirm and declare as follows:

I am authorized signatory of the agency/firm and is competent to sign this affidavit and execute this tender document.

I declare that, I/we became L1 bidder for the work _____ and also declare that I/We have selected not more than four IHFMS works for which I/We became L1 bidder in other tenders for IHFMS services and hence consider my bid for approval. In case it is found later that I/We have entered into agreement for more than five IHFMS works I/We agree that I/We will be blacklisted.

(OR)

I declare that, I/we became L1 bidder for the work _____ and also declare that I/We have selected five other IHFMS tender works for which I/We became L1 bidder and will be entering in to agreement. Hence I/We are unable to enter in to agreement for this work on approval and hence request to return my EMD.

(Signature of the Bidder)

Date:

Place:

Seal of the Agency

Name:

Designation

Address:

I/We do hereby solemnly declare and affirm that the above declaration is true and correct to the best of my knowledge and belief.

Deponent

I / We do hereby solemnly declare and affirm that the above declaration is true and correct to the best of my knowledge and belief.

Deponent.

ANNEXURE – 6A
UNDERTAKING FORM
(By L1 Bidder)

(On Non – Judicial Stamp paper of Rs. 100)

I _____ Son / Daughter / Wife of Sri _____ resident of _____ Proprietor / Director / authorized signatory of the agency / Firm / (M/s _____), do hereby solemnly affirm and declare as follows:

I am authorized signatory of the agency / Firm and is competent to sign this affidavit and execute this tender document.

I declare that, I /we became L1 bidder for the work _____ and also declare that I / We have selected following five other IHFMS tender works for which I / We became L1 in to agreement. Hence I / We are unable to enter in to agreement for this work on approval and hence request to return my EMD.

S.No	Name of the Hospital / Institutions	Tender Notice Number & Date	Reckonable Bed Strength	Name of the Lead bidder to whom MOU given by me if any

(Signature of the Bidder)

Date:

Place:

Seal of the Agency

Name:

Designation:

Address:

I / We do here by solemnly declare and affirm that the above declaration is true and correct to best of my knowledge and belief.

Deponent.

Appendix-7

Details of area particulars of Government Medical College in Jangaon District.

Sl. No	Hospitals	No. of Beds (Sanctioned)	Cleaning			Drainages & Sewerages					Open premises	Waste disposal	
			Critical Areas (Sq ft)	Inpatient Areas (Sq ft)	Other Areas (Sq ft)	Bath Rooms (Sq ft)	Toilets (Nos.)	Open Drains (RM)	Sewers (RM)	Man Holes (Nos.)	Open Premises (Sq yrd)	Normal Bins (Nos.)	Biomedical Bins (Nos.)
	1	2	3	4	5	6	7	8	9	10	11	12	13
1	Government Medical College, Jangaon.	NA	NA	NA	1,11,861	2625	104	1328	784	130	2,23,098	30	3

CHECK LIST OF DOCUMENTS TO BE UPLOADED AS PART OF THE BID.

Please remember to number the documents as per the check list below

S. No.	Documents Description	Reference clause no.	Online (yes/no)	Offline (yes/no)	Page No. Or range of pages
Fee related documents					
1	Processing fee proof	3.2		original	8
2	EMD / Bank Guarantee	3.2			8
3	Transaction fee payment to TSTS.	1.1.5			4
Firm's related certificates					
4	Organization's Permanent Account Number (PAN).	4.2.3(d)			11
5	Annual turnover certificate for 3 years	4.2.3(f), 3.2			8, 11
6	Solvency certificate	4.2.3(g), 3.2			8, 11
7	Valid registration/license with the Labour Department.	4.2.3(h)			11
8	Commercial pesticide applicator license obtained from the controlling authority to carry out the business	4.2.3(i)			11
9	Valid license obtained from the controlling authority in the state in accordance with PSARA (Private Security Agency Regulation Act) 2005 or equivalent certificate already obtained in any state is valid till its expiry for carrying on the business of Private Security Agency	4.2.3(j)			11
10	EPF, ESI & GST registration.	4.2.3(k)			11
11	List of all employees along with their EPF & ESI account numbers and ECR copies.	4.2.3(l)			11
12	Firm's registration certificate.	4.2.3(c)			11
13	Work experience certificate in sanitation and security services for last 3 years being latest 2021-22.	4.2, 4.2.1			10
14	Latest Income tax returns along with proof of receipt	4.2.3(e)			11
15	Community certificate for SC reserved works	4.2.3(m)			11

Annexures					
16	Bid form – Annexure-1				52
17	Declaration form-Annexure-2				53
18	Bid Security form – Annexure – 3				54
19	Performance Security form – Annexure - 4				55
20	Memorandum of Understanding - Annexure - 5				56-57
21	Underatking by L1 bidder - Annexure-6				58

END OF THE DOCUMENT.