Expression of Interest (EoI)
For Public-Private Partnership for Modern Radio Diagnosis and Laboratory investigation Facility at Centre of Excellence in Nalanda Medical College and Hospital, Patna, Bihar for 7+3 Years

(EOI Ref No. BMSICL/2018-19/ME-122)

EOI Schedule

EOI Reference No.	BMSICL/2018-19/ME-122
Date and time for downloading of EOI document	25th January 2019 from 10:00 Hrs. to 14 th February 2019 till 17:00 Hrs.
Date and Place of Pre- Bid Meeting	31st January 2019 at 15:00 Hrs in Conference hall of BMSICL, 4th Floor, Bihar State Building Construction Co. Ltd, Hospital Road, Shastri Nagar, Patna (Bihar)
Last date and time of submission / uploading of online EOI Application	16th February 2019 up to 17:00 Hrs.
Last date and time for submission of original documents of Document Fee	18th February 2019 till 14:00 Hrs.
Date, Time and Place of opening of EOI Application	18th February 2019 till (at 15:00 Hrs.) on the website of www.eproc.bihar.gov.in in the office of BMSICL
Presentation by applicants before technical committee (who have cleared pre-qualification stage)	To Be Notified later
Validity of EOI Application	180 Days
Cost of the EOI document	Rs. 10000/- (Ten Thousand Rupees only) Non-refundable.
EOI Processing Fee	Rs 1180/-

Note- Cost of EoI document has to be submitted with the bid in the form of bank draft in favour of Bihar Medical Services and Infrastructure Corporation Ltd., payable at Patna.

Expression of Interest (EoI) For Public-Private Partnership for Modern Radio Diagnosis and Laboratory investigation Facility at Centre of Excellence in Nalanda Medical College and Hospital, Patna, Bihar for 7+3 Years

BIHAR MEDICAL SERVICES & INFRASTRUCTURE CORPORATION LTD.
4th floor State Building Construction Corporation Limited Hospital Road,
Shastri Nagar, Patna 800023,
Phone/Fax: +91612 2283287, + 91612 2283288
e-mail:- md-bmsicl-bih@nic.in or bmsicl.equipment@gmail.com
www.bmsicl.gov.in

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1. Introduction

1.1 Bihar Medical Services & Infrastructure Corporation (BMSICL) has been established by state government with an objective to expedite creation of and streamlining of existing infrastructure and services in the healthcare sector. The Corporation is the sole procurement and distribution agency of drugs and equipment for all establishments under the Department of Health, Govt. of Bihar. The Corporation is also responsible for undertaking construction of healthcare facilities and related infrastructure/buildings in the State. The corporation is also working in areas of healthcare services management, public private partnership for healthcare service delivery and related areas.

1.2 Government of Bihar has taken multiple steps to improve its existing health infrastructure by developing various health centres across the state. However, the state continues to face shortages of facilities for providing good quality and reliable diagnostic services essential to determine appropriate treatment, thus compelling patients to travel long distances. Also requisite qualified medical personnel and resources for maintaining such infrastructure are in shortage.

1.3 Therefore, Government of Bihar through BMSICL plans to operationalize an integrated structure of providing diagnostic services with private participation. In order to provide world class diagnostic services and facilities to the patients, BMSICL plan to engage one or more private partners with required experience in this field. It is also expected that the partner selected through this EoI and subsequent RFP procedure shall benefit from the exposure and experience in Bihar.

2. Expression of Interest

2.1 This Expression of Interest intends to communicate, receive desired information and concretize on types and extent of diagnostic services to be covered, various models of engagement of private partner possible, roles and responsibilities of different stakeholders, standards of service level delivery and benchmarking etc, and thereafter, shortlisting of interested private partners/applicants for aforementioned purposes. Subsequently, a RFP will be issued on the basis of above, and suitable vendors/partners will be selected to operationalize the scheme.

2.2 This EoI is for deciding/finalizing scope and extent of diagnostic services, partnership model and for shortlisting of private agencies/partners which will help BMSICL in organizing and starting diagnostic services at Centre of Excellence in Nalanda Medical college and Hospital, Patna, Bihar in PPP mode.

2.3 BMSICL may shortlist/select partners for the next stage of RFP. Further, the final selection will be the sole discretion of BMSICL to decide on this issue.

Private Agencies of good standing and repute having skills, capacities and experience in the providing similar services are invited to submit their proposals to BMSICL.

3. Diagnostic Services in Centre of Excellence (CoE)

3.1 This program has been conceived to establish a Centre of excellence for diagnostic Services on PPP model. The Centre of Excellence (CoE) at the highest level proposed to be located at Nalanda Medical College and Hospital, Patna.

4. Objective and Scope of Work/Services

4.1 The CoE is proposed to be developed with the participation of private sector partners.

4.2 The exact type and scope of involvement and responsibilities would be decided before issue of detailed RFP. However, a proposed model of involvement is discussed in following paragraphs.

4.3 In brief, the proposed model envisages government involvement in providing space, building and other basic infrastructural facilities, whereas the private partner would be responsible for providing necessary equipment, consumables, technical and other manpower and for running and maintaining the facilities. The supervision and monitoring would be in the hands of government, which will be exercised through designated authority/agency/committee.

4.4 For CoE, government has built a state of the art new three story building in the campus of NMCH, Patna having an area of around 5400 sqmt.

4.5 The private partner will be responsible for the entire operation and management of the centre round the clock, under the government supervision, will undertake all tests/ investigations for all the patients treated in the hospital. The services may also be extended to patients referred from other government/private hospitals under specific terms and condition to be decided.

4.6 The types of facilities, infrastructure, services and tests to be offered at CoE have also been proposed tentatively. The same can be referred to at Annexure-II, at the end of this document.

4.7 Proposed Financing model

- The proposed financing model is to have a rate finalized based on rates for various types of test as prevailing in CGHS hospitals/health facilities/AIIMS rates etc. The private party may also be allowed to collect payment from certain categories of patients.
- It is proposed that all the tests/investigation be divided into four categories, namely:
    i. Tests for which CGHS rates are available
    ii. Test for which CHGS rates are not available, but AIIMS rates are available
    iii. Tests which will be done free of cost to all patients
    iv. Tests which does not come under any of the above three categories
- Annexure-III of this document contains a proposed list of tests under first three categories as above. For the tests coming under category-iv above, it is proposed to have a committee of experts which will decide on the rates to be charged for such tests on periodic basis.
- The evaluation of financial bids is proposed to be done on the basis of highest discount quoted in comparison to CGHS/AIIMS rates. However, BMSICL may also adopt other evaluation criteria for better and competitive bidding.

4.8 Proposed Model in PPP Mode

- The Diagnostic centre is expected to run on a PPP mode.
- The Government of Bihar will provide ready infrastructure like ready to move building etc.
- All equipment and support infrastructure shall be provided by the developer. The equipment installed would have to be brand new and USFDA compliant.
- Medical Superintendent of NMCH will be the designated authority to supervise all activities. Doctors for running the diagnostic facilities should be provided by the private

partner. Rest of the requisite manpower as per norms (Para medicals, Nurses, Technicians,

Administrative and Support Staff etc) shall also be provided by the private partner.

- Day to day operational cost such as medicine cost, consumables/reagents costs etc for the centres shall be borne by the private partner.

4.9 Proposed Roles and Responsibilities of Different Parties

Private Sector

- To provide all brand new equipment and manpower.
- Develop (Functional Modifications) and operate the Diagnostic center as per NABH (MIS) / NABL and international standards.
- Operate & Maintain the Diagnostic centres as defined at various places in this document
- Recruit Staff / Human resource for diagnostic center
- Ensure robust Management Information System (MIS) to provide critical information to Health Department/BMSICL.
- Provide Maintenance and up gradation of the machines
- Maintain quality & inventory of the consumables
- Adhere to its all contractual obligations

Government/BMSICL Sector

- To provide ready to move building for housing of proposed Diagnostic Centers.
- To provide adequate space for diagnostic centres and ensure smooth handover of the designated space to the private operator
- To perform administrative supervision and control of diagnostics reporting's
- Monitor KPI's defined in the concession
- Provide assistance to the private operator in obtaining the requisite approvals/clearances

4.10 Proposed Planning, Implementing & Monitoring Mechanism

Planning Phase

- Develop Master design and up gradation plan as per space availability
- Develop KPIs and project structure
- PPP transaction advisory (Legal due diligence, bid processing)

Implementation Phase

- Undertake civil & infrastructure works
- Equipment commissioning as per NABH (MIS)/NABL/AERB standards and KPIs
- Recruit/Staff all required human resources
- Provide adequate training to requisite staff
- Form a steering committee for overseeing the functioning of all models
- Set up Independent Panel of experts to monitor the PPP performance.
- Monitor KPI to be defined
- Ensure a robust MIS, including:
  - Provide periodic performance reports to Health Department/BMSICL
  - Provide critical outputs as desired by Health Department/BMSICL for performance monitoring

Quality Assurance and Monitoring System

- Each facility will follow the advice of designated authority in whose jurisdiction the facility falls for day-to-day activity. The agency will be free to have its own administrative system for management of its facility but it will have to take into consideration the advice and monitoring of operational activity from the designated authority.
- At the end of each month, within 5th day of the next month, the agency will be required to submit monthly report in a prescribed format on the activities and result areas for the month to the designated authority.
- The CoE will be visited every three monthly basis as part of monitoring activity. The monitoring can be comprehensive in terms of quality control, usage of manpower, cleanliness of the premises among others.

- In the event (supported by necessary evidence) of agency following any malpractices including charging the patients higher than the prescribed rate, the matter would be reported immediately to the concerned authority, which after following due process may impose financial fine on the agency and may also order the termination of the contract. The decision of the Health Department/BMSICL in this regard would be final.

- The agency in consultation with Health Department/BMSICL will develop the quality assurance systems for ensuring quality of services. The agency will have to abide by these guidelines.

- BMSICL/designated authority would monitor overall functioning, quality control, timely operationalization among others of the Imaging centers. Principal Secretary , Health of Govt. of Bihar would act as an arbitrator in case of any dispute or lack of co-ordination.

- The Agency shall provide the following and shall be responsible for the same:
  - The centers should function 24 X7.

  The reports must be of highest quality standard.
  - The agency shall be responsible for hiring qualified technical personnel as per guidelines and Standard Operating Procedures (SOPs) and training them for running the centers.
  - The agency shall maintain the premises and it shall be the responsibility of the agency to carry out disposal of waste of the center as per the Biomedical Waste (Management and Handling) Rules, 2016 (and rules as amended from time to time).
  - The agency shall obtain all necessary provision and business such as laboratory licenses, Trade license and comply with all statutory requirements for running the Centre and produce relevant documents during inspection by statutory authorities. The Agency shall be responsible for getting the Center registered/ authorized from Atomic Energy Regulation Board.
  - Agency shall be responsible for setting up of their own operations in respect of inventory management, customers servicing, financing accounting, record keeping and MIS.
  - Agency shall coordinate with designated authority for operational activities, patient servicing on day to day basis.

- Agency shall make provision for a suggestion box to give feedback based on which remedial action would be taken for patient/ customers satisfaction through a services mechanism.

- Agency shall display the approved price list of essential tests at a prominent place for clients to see. The list would be in Hindi and English both. The Agency has to maintain transparency in all financial transaction.
- Equipment/ system should be USFDA certified/accredited wherever applicable. It must be highlighted here that all the equipments installed in the facilities have to be new with annual maintenance contract, where ever applicable. The agency will have to submit documentary proof about procurement of every instruments and equipment installed in the facility.
- Monitoring mechanism includes 2 levels:
  a) NABH (MIS)/ NABL
     - Annual Review by accreditation officials and periodical renewal till the term of the contract
  b) Department of Health/BMSICL and any Independent Third Party
     - Surprise/ Periodic Review by government officials
     - Sample cases reviewed against pre-defined criteria
     - MIS generated from RSBY system will be used for monitoring purpose
     - KPIs will be assigned a threshold value to determine pass or fail

4.9 Proposed location for Centre of Excellence:

1. NMCH, Patna

5 Eligibility Criteria/Qualifications/Instructions

5.1 The Agency should have been in existence for last 5 years from the last date of submission of bid.

5.2 The Agency should have provided similar kind of services for at least last three consecutive years

5.3 The agency should have annual average turnover of Rs. 10 crores from similar services during the last three financial years (2015-16 to 2017-18) as per the audited financial statements of the agency duly certified by the statutory auditor.

5.4 The agency should not have been blacklisted by any state or central government department or agency. An affidavit to this effect need to be submitted with the bids.

5.5 The agency should preferably not be under conviction with any state or central government department or agency in any court of law. An affidavit for Non-conviction declaring that none of the Proprietor/Partners/Directors of the Agency/agency was or is Proprietor or Partner or Director of any Agency with whom the Government have banned /suspended business dealings. Further undertake to report to the Managing Director, BMSICL, Patna 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.

Note: BMSICL shall their off refine (add, amend, or omit any specification of the subject matter of procurement or criteria for evaluation) the relevant terms and conditions of the proposed procurement of goods and services for setting up of "Center of Excellence" which shall be binding on all the eligible bidders.

5.6 The Bidder, to qualify for shortlisting, shall submit a power of attorney authorizing the signatories of the bid to commit each member of the Partnership/Consortium/Joint venture, if applicable as per form given in Annexure IV.

5.7 Memorandum of Understanding shall have to be provided in case the Bidder comprises of Joint venture/Consortium/Partnership as per form given in Annexure V.

5.8 Nomination of one of the members of the partnership, consortium or joint venture to be in charge and this authorization shall be covered in the power of attorney signed by the legally authorized signatories of all members of consortium/joint venture/partnership firm;

5.9 Details of the intended participation by each member shall be furnished with complete details of the proposed division of responsibilities and corporate relationships among the individual members.

5.10 The bidder shall submit full details of his ownership and control or, if the Bidder is a partnership, joint venture or consortium, full details of ownership and control of each member thereof.

5.11 Bidder or members of a partnership, joint venture or consortium shall submit a copy of PAN card No. under Income Tax Act.

5.12 Bidder must submit copies of all documents required, duly self-attested, along with technical bid of the EoI.

5.13 Each Bidder (each member in the case of partnership firm/joint venture/consortium) or any associate is required to confirm and declare with his bid that no agent, middleman or any intermediary has been, or will be, engaged to provide any services, or any other item or work related to the award and performance of this EoI. They will have to further confirm and declare that no agency commission or any payment which may be construed as an agency commission will be paid and that the EoI price will not include any such amount. If BMSICL subsequently finds to the contrary, then it reserves the right to declare the Bidder as non-compliant and declare any contract if already awarded to the Bidder to be null and void.

5.14 Canvassing or offer of an advantage or any other inducement by any person with a view to influencing acceptance of a bid will be an offence under Laws of India. Such action will result in the rejection of bid, in addition to other punitive measures.

6 One Bid per Bidder

Each bidder shall submit only one EoI either by himself or as a partner in joint venture or as a member of consortium. If a bidder or if any of the partners in a joint venture or any one of the members of the consortium participate in more than one bid, the bids are liable to be rejected.

7 Cost of Bidding and Fees

- The bidder shall bear all costs associated with the preparation and submission of his bid and the Department will in no case shall be responsible or liable for those costs, regardless of the conduct or outcome of the EoI process.
- Cost of EoI document (non-refundable): Rs. 10,000/- (Rs. Ten Thousands only)
- Cost of EoI document has to be submitted along with bids in the form of bank draft in favour of Bihar Medical Services and Infrastructure Corporation Ltd., payable at Patna.

8 EoI Document

8.1 Contents of EOI Document

The Expression of Interest Document has been prepared for the purpose of inviting interest bidders for shortlisting of agencies. This document comprises of following:

A. Notice inviting Expression of Interest.

B. Detailed Document of EoI comprising the terms and conditions

C. Technical Forms to be filled and submitted by the applicants/bidders (Annexure – I)

D. Annexure – II, III , IV and V

8.2 The bidder is expected to examine all instructions, Forms, Terms and Conditions in this EoI document. Failure to furnish all information required by the EoI document or submission of EoI not substantially responsive to the EoI document in every respect will be at the bidder's risk and may result in rejection of his bid.

8.3 The bidder shall not make or cause to be made any alteration, erasure or obliteration to the text of the EoI document.

9 Clarification on EoI Document

9.1 In case the bidder has any doubt about the meaning of anything contained in the EoI document, he shall seek clarification from the Office of BMSICL not later than one week before submitting his bid. Any such clarification, together with all details on which clarification had been sought, will be copied to all bidders. All communications between the bidder and BMSICL shall be carried out in writing/email.

9.2 Except for any such written clarification by the BMSICL, which is expressly stated to be an addendum to the EoI document issued by BMSICL, no written or oral communication, presentation or explanation by any other employee of BMSICL shall be taken to bind or fetter BMSICL under the contract.

10 Preparation of Bids

10.1 Language:

The bids and all accompanying document shall be in English. In case any accompanying documents are in other languages, it shall be accompanied by an English translation. The English version shall prevail in matters of interpretation.

10.2 Documents comprising the Bid:

EoI document issued for the purposes of EoI and any amendments issued shall be deemed as incorporated in the Bid.

10.3 The bidder shall, on or before the date given in the Notice Inviting EOI, submit his bid. The bidder shall submit the technical bid in sealed envelopes clearly marked with the name of the EoI.

10.4 One copy of the EoI document and Addenda, if any, thereto with each page signed and stamped shall be attached to acknowledge the acceptance of the same.

10.5 These shall be addressed to the Managing Director, BIHAR MEDICAL SERVICES & INFRASTRUCTURE CORPORATION LTD. 4th floor State Building Construction Corporation Limited Hospital Road, Shastri Nagar, Patna 800023, Phone/Fax: +91612 2283287, + 91612 2283288 e-mail:- md-bmsicl-bih@nic.in and submitted on this Office address.

10.6 The Bidder shall also be required to submit a written concept plan, working methodology, types and extent of diagnostic services to be covered, proposed model of participation, roles and responsibilities of different stakeholders, standards of service level delivery and benchmarking etc. for managing Centre of Excellence at NMCH, Patna. This plan should also contain an executive summary along with flow chart and diagrams so as to communicate properly the whole concept and plan. BMSICL also requires that the applicants present the same in front of evaluation team constituted for this purpose and it may hold discussions with the applicants and if any such discussion is held, equal opportunities shall be given to all applicants to participate in the discussion (s).

11 Form of Bid

The Form of Bid shall be completed in all respects and duly signed and stamped by an authorized and empowered representatives of the Bidder. If the Bidder comprises a partnership firm, consortium or a joint venture, the Form of Bid shall be signed by a duly authorized representative of each member of participant thereof. Signatures on

the Form of Bid shall be witnessed and dated. Copies of relevant power of attorney shall be attached.

12 Duration of the Partnership

12.1 The contract is proposed to be initially for Seven years, which may further be extended for Three more years on mutual agreement of both parties. However, BMSICL reserves the right to curtail or to extend the validity of contract on the same rates and terms and conditions for such period as may be agreed to.

13 Format and Signing of Bid

13.1 The bidder shall submit one copy of the EoI document and addenda, if any, thereto, with each page of this document signed and stamped to confirm the acceptance of the terms and conditions of the EoI by the bidder.

13.2 The documents comprising the bid shall be typed or written in indelible ink and all pages of the bid shall be signed by a person or persons duly authorized to sign on behalf of the bidder. All pages of the bid, where entries or amendments have been made, shall be signed by the person or persons signing the bid.

13.3 The bid shall contain no alterations, omissions or additions except those to comply with instruction issued by the Corporation, or are necessary to correct errors made by the bidder, in which case such corrections shall be initialled/signed and dated by the person or persons signing the bid.

14 Submission of Bid

14.1 (a) The EOI Application shall be submitted in online on the website www.eproc.bihar.gov.in and in physical form as mentioned in above clause 13.

(b) EOI Application should contain the compliance statement as mentioned in EOI Document.

(c) If an applicant furnishes wrong and/or misguiding data, statement(s) etc. about technical acceptability of the goods and services offered by it, its tender will be liable to be ignored and rejected in addition to other remedies available to the purchaser in this regard.

Unless otherwise specified, the applicant has to submit their application online and deposit the physical form of EOI, EOI document Fee to be submitted in physical form, no other documents are required to be submitted in physical form) in sealed envelope to the BMSICL address.

The envelopes shall be addressed to the purchaser/EOI Issuer at the following address:

Bihar Medical Services and Infrastructure Corporation Limited
4th Floor, Bihar State Building Construction Co. Ltd, Hospital Road, Shastri Nagar, Patna (Bihar)

The envelope shall bear (the name and address of the Purchaser/EOI Issuer), the EOI reference number and the words 'DO NOT OPEN BEFORE' (due date & time) & may be sent by registered post or delivered in person on above mentioned address.
The responsibility for ensuring that the Sealed envelope containing documentary evidence of EOI documents and Fee are delivered in time would vest with the Applicant and The purchaser shall not be responsible for any delay. In the event of the specified date for physical submission of EOI falls on /is subsequently declared a holiday or closed day for the purchaser, the tenders will be received up to the appointed time on the next working day.

(d) The Physical form of EOI shall be delivered upto 18/02/2019 by 14:00 Hrs to Bihar Medical Services & Infrastructure Corporation Ltd., 4th Floor, Bihar State Building Construction Co. Ltd, Hospital Road, Shastri Nagar, Patna, if delivered elsewhere will be rejected.

(e) Venue of bid opening: 18/02/2019 at 15:00 Hrs on the website of www.eproc.bihar.gov.in at BMSICL, Patna, If due to administrative reason, the venue of Bid opening is changed, it will be displayed prominently on the notice board of the Purchaser's office/at the Website address https://www.eproc.bihar.gov.in

14.2 The sealed cover of Pre-qualification Bid and Technical Bid should consist of the following documents, in addition to other documents/forms:-

(b) Details of the firm/agency with name, official's details, Office/Residential address and office Telephone numbers, whether the bidder is a sole proprietor/partnership firm and if partnership firm, names addresses and telephone numbers of Directors/Partners also;

a) Self attested copy of PAN No. card under Income Tax Act;
b) Self attested copy of GST Number;
c) Self attested copy of Valid Registration No. of the Agency/Firm;
d) Self attested copy of valid Provident Fund (EPF) Registration Number;
e) Self attested copy of valid ESI Registration Number;
f) Self attested copy of valid Licence and Number under Contract Labour Act and under any other Acts/Rules;
g) Proof of Average Annual turnover supported by audited Balance Sheet;
h) Duly filled and signed Annexures- I

14.3 The sealed cover shall be addressed to the Managing Director, BMSICL and will be put in the EoI Box which is available in the counter of BMSICL at the following address.

Managing Director,
BIHAR MEDICAL SERVICES & INFRASTRUCTURE CORPORATION LTD.
4th floor State Building Construction Corporation Limited Hospital Road, Shastri Nagar, Patna 800023, Phone/Fax: +91612 2283287, + 91612 2283288

15 Late and Delayed EoI

15.1 EOI must be received in BMSICL at the address specified above not later than the date and time stipulated in the EoI Document. BMSICL may, at its discretion and through a prior notice extend the deadline for submission of bids in which case all rights and obligations of BMSICL and the Bidder will remain the same.

15.2 Any bid received by BMSICL after the timeline for submission of bids, as stipulated above, shall not be considered and will be returned unopened to the bidder.

16 Bid Opening and Evaluation

16.1 The authorized representatives of BMSICL will open the EOI online on the website www.eproc.bihar.gov.in in the presence of the Bidders or of their representatives who choose to attend at the appointed place and time.

16.2 The bid of any bidder who has not complied with one or more of the conditions will be summarily rejected.

16.3 Subsequently, the EOI Application will be evaluated by the evaluation team as per the terms and conditions of this document.

16.4 BMSICL shall have the Right to accept any EOI and to reject any or all EOIs without assigning any reason.

16.5 BMSICL is not bound to accept any or all EOI and may at any time by notice in writing to the bidders terminate the EoI process.

16.6 BMSICL may terminate the contract if it is found that the agency is black listed on previous occasions by the any of the Departments/Institutions/Local Bodies/Municipalities/Public Sector Undertakings, etc.

17 EoI Processes and Program/Scheme Briefing Meetings

17.1 BMSICL will hold at least one Program Briefing Meeting with prospective bidders/private partners before the closing of the EoI, on the date as specified in the timeline at the beginning of this document. Depending on the requirement and for concretizing the scheme, scope of work and terms of engagements, there could be more such Program Briefing Meetings, date and time of which would be notified only on the website of BMSICL in which equal opportunities shall be given to all the applicants to participate in the meetings and discussions.

17.2 After shortlisting of bidders/private partners, BMSICL will again hold at least one Program Briefing Meeting before issuing RFP document. Again, there could be more than one such Program Briefing Meetings, the date and time of which would be intimated to successful shortlisted bidders through email/phone and through website.

18 Shortlisting of Bidders

18.1 BMSICL will shortlist the bidders/applicants as per following criteria;

S. N.	Criteria	Max. Marks	Marking Scheme
1	Existence of Applicant's firm/Agency/Company for more than 5 years	5	60% for minimum eligibility criteria and max marks for 7 years
2	Average Annual Turnover in similar services	20	60% for minimum eligibility criteria and max marks for twice the minimum eligibility criteria
4	Similar Services Experience	25	
5	Evaluation of Working Methodology/ Concept Plan/ Operational Plan/ Operational structure/	50	Based on evaluation/ presentation/ discussion before technical committee
	Total	100	

18.2 The applicants securing at least 60 (sixty) marks will be shortlisted for the Request for Proposal (RFP) Stage. The shortlisting shall be subject to fulfilling of terms and conditions of this document by the Applicant.

18.3 BMSICL will communicate the shortlisted bidder/s by facsimile/email/registered post/ courier.

18.4 The successful bidder will be required to confirm the acceptance of the shortlisting within 15 days of issue of communication to them.

18.5 Failure of the successful bidder to comply with the requirements of above clauses shall constitute sufficient grounds for the annulment of the shortlisting and rejection of Bid.

Managing Director

BMSICL

BMSICL

ANNEXURE - I

Form T – 1 - Letter of Technical Submission

To,

Managing Director,
4th floor State Building Construction Corporation Limited Hospital Road,
Shastri Nagar, Patna 800023,
Phone/Fax: +91612 2283287, + 91612 2283288
e-mail:- md-bmsicl-bih@nic.in or bmsicl.equipment@gmail.com
www.bmsicl.gov.in

Sub: - Submission of Expression of Interest for Public-Private Partnership for Modern Radio Diagnosis and Laboratory investigation Facility at Centre of Excellence in Nalanda Medical College and Hospital, Patna, Bihar for 7+3 Years

Sir,

We, the undersigned, offer to Manage Centre of Excellence of Diagnostic Services at Nalanda Medical College and Hospital, Patna, Bihar in accordance with your Expression of Interest No. BMSIC/_____. We are hereby submitting our Proposal, which includes Technical submissions sealed under covers and properly marked and signed as required.

We hereby declare that all the information and statements made in this Proposal are true and accept that any misinterpretation contained in it may lead to our disqualification.

We confirm that this proposal will remain binding upon us and may be accepted by you at any time before the expiry date.

We agree to bear all costs incurred by us in connection with the preparation and submission of the proposal and to bear any further pre-contract costs.

We understand that the State Government is not bound to accept the bid or any proposal or to give any reason for shortlisting or for the rejection of any proposal.

We confirm that we have the authority of ……*[Insert Name of the Agency/Firm]* to submit the proposal and to negotiate on its behalf.

Yours Faithfully,

[Signature and Details of the Authorized Representative]

BMSICL

Form T – 2 - Organisational Structure of the Agency / Credentials

A. Firm Details:

1. Name of the Firm:

2. Year of Establishment:

3. Legal status of the Firm

   a. Proprietary firm

   b. A firm in partnership

   c. A limited Company or Corporation

4. Narrative description of the Firm: Please specify the field of services i.e. Comprehensive Repair and Maintenance Services etc., in which it is specialized.

5. Office Address /Telephone No / Fax No / email id / website:

6. In case of change of Name of the Firm, former Name / Names and year/ years of establishment:

7. Names of principle person concerned with this work with title and Telephone No / Fax/ Email Id, Etc.

8. Has the applicant or any constituent partner ever abandoned a job.

9. Has the applicant or any constituent partner ever debarred from taking up work in Govt. Departments, Directorates and Undertakings

10. Details of the Teams (enclose curriculum vitae of key resources).

Provide details of Key resources who are on payroll of the Agency and are permanent employees along with their technical expertise, education details.

11. Details of Software and Hardware used by the Agency for delivering service standards, if any:

12. Name and addresses of the hospital/nursing home/diagnostic centres (include all)

13. Services/Facilities provided in-house

14. Accreditation (mention all accreditation like NABL/ISO etc.)

15. Number of specialists with the existing diagnostic units for clinical laboratory

16. Experience of running diagnostic center in PPP mode, if any

Signature of Authorized Representative with Seal:
(Please furnish letter of authorization)

Form T – 3 – Firm's Financial Information

1. Gross Annual Financial Turnover (by way of similar services delivery) for the past three years.

Financial Year	Annual Financial Turnover (Rs. Crores)
2015-16	
2016-17	
2017-18	

2. Details of Income tax

   a. Permanent Account No

   b. Details of last three years' Income tax returns

Signature of Statutory Auditor

Name:

Seal & Registration Number:

Signature of Authorized Representative

Name:

Seal:

Annexure: II

Proposed Structure, Facilities, Staffing and Organization of Centre of Excellence at Nalanda Medical Colleges and Hospitals, Patna, Bihar

CENTER OF EXCELLENCE:

- Radio/Cardio/Neuro/Nuclear Diagnostics
- Pathology
- Centre of Excellence (CoE)

Proposed Location: NMCH, Patna

The Govt. of Bihar has planned to set up a Centre of Excellence (CoE) at the capital city, Patna. The Centre of Excellence will be established within the existing structure of campus of Nalanda Medical College & Hospital, at Patna.

The CoE is proposed to be a high end diagnostic centre. It will be equipped to carryout high end specialized services in the field of pathological investigations, it will be designed to provide services in field of biochemistry, immunology, drug assay study, cancer marking study; hormones assay study, histopathology, cytology etc. In terms of other diagnostics, it will offer all the high end and sophisticated services (MRI, CT, USG colour Doppler, Mammogram, PET scan Gamma camera etc) in radiology, cardio diagnosis, Neuro diagnosis and also nuclear medicine

1) Centre of Excellence – Radiology, Cardiology, Neurology and Nuclear Diagnostics Department

Proposed Services

Comprehensive & High end diagnostics in Radio imaging, Cardio Diagnostics, Neuro Diagnostics & Nuclear Medicine including:

- Radio Imaging: MRI, CT scan, Digital X- ray, Ultrasonography with Doppler Study, Mammogram with Biopsy, BMD test.

- Cardio Diagnostics: Echocardiography Doppler study, ECG, TMT, Holter Monitoring, PFT

- Neuro Diagnostics: EEG, EMG, NCV
- Nuclear Diagnostics:
- Gama Camera- Functional scan of brain, thyroid, lungs, liver, gall bladder , kidneys and skeleton and also assist in detection and treatment of cancer
- PET Scan- Diagnosis, staging or restaging malignant disease and metastases and evaluation of treatment response. It may also be used to differentiate dementia verses Alzheimer's disease and also a variety of cardio vascular diseases.

Nuclear Diagnostics in general, and PET/CT imaging in particular has the potential to provide the best possible diagnostic, disease staging and monitoring solutions in oncology. Too high PET-CT instrumentation costs, too high 18F-FDG radiopharmaceutical costs, large space requirements, lack of trained human resources and poor referrals from general medical fraternity in the country due to lack of awareness of NM specialty etc. are some of the strong reasons that are holding back the potential growth of molecular imaging.

Positron Emission Tomography (PET) scanning is a nuclear medicine molecular imaging technique that provides the clinician with three-dimensional images and information about how organs and tissues inside the body are functioning at the molecular and cellular level. Majority of the studies in PET are performed using 18F-FDG (fluorodeoxy glucose). For a PET scan, a patient is injected with a very small amount of 18F-FDG, which contains both a sugar and a radioactive element. The radiotracer travels through the body and is localised in tumor or cancer cells. Hybrid imaging using PET-CT scanners has brought in an important evolution in technology and this dual imaging modality has helped to bring molecular imaging to the forefront in cancer management. PET-CT imaging has demonstrated an increased level of accuracy and confidence in distinguishing pathology from normal, physiologic tracer uptake and precisely localising abnormal foci, as compared with PET and CT studies acquired separately. The most important application of PET-CT continues to be in oncology and is being routinely used for:

(a) Tumour detection
(b) Differential diagnosis of benign and malignant lesions
(c) Tumour staging and prognostic stratification
(d) Evaluation of treatment response
(e) Restaging and detection of recurrent cancer
(f) Radiation treatment planning

Proposed Equipment

- Radio Imaging- MRI (3 Tesla), CT Scan (128 slices), Digital X-Rays (800 Ma, 500 Ma, 300 Ma), Portable X-Ray, USG Colour Doppler with multi frequency electronic probes like Linear, sector, convex, neonatal and TVS, Mammogram with Biopsy attachments, & BMD.
- Cardio Diagnostics- Echocardiography colour Doppler with multi frequency adult and paediatric transducers, 12 Channel ECG, TMT, Holter Monitor, PFT, Defibrillator/ Monitor/Recorder
- Neuro Diagnostics- EEG, EMG, NCV
- Nuclear Diagnostics- Gamma Camera, PET Scan

Proposed Manpower

Manpower	Number
Radiologist	7
Cardiologist	2
Neurologist	1
Nuclear Medicine Specialist	2
Senior Technician CT & X-Ray	10
Junior technician	20
Receptionist & Back Office	10
House Keeping	4
Admin, Finance, Marketing	4

2) Centre of Excellence – Pathology

Department Proposed Services

Center of Excellence will be equipped to carry out the following pathological investigations:

Routine pathological tests/ investigations: Hematology, Clinical Pathology, Serology, Biochemistry, Microbiology, cytology and Histopathology.

Special Pathological tests/ investigations: Radio Immunoassay Study, Drug Assay, Cancer marker study, Hormone assay Study, Allergy markers, Bone marrow aspiration and cytology, guided biopsy etc.

Proposed Equipments:

Auto Cell Counter (5 part & 3 part), Fully Automated Biochemistry Analyser (Batch Analyser, Random Access Analyser and mostly open system), Semi Automated Biochemistry analyser, Electrolyte Analyzer, Blood gas Analyzer, Plate Elisa Reader, Bacteria Culture Analyzer, Laminar Flow Air Station, Urine Analyzer, Radio Immunoassay Analyzer, Microtome, Tissue Processor, DNA PCR Analyzer, HPLC analyser and Microscopes & Other Standard Laboratory Equipment and Accessories.

Proposed Manpower

Manpower	Number
Pathologist	5
Microbiologist	2
Bio chemist	2
Senior technician	10
Junior technician	15
Lab Assistant & Phlebotomist	10
Receptionist	4
Back office	6
House Keeping	2
Admin, Finance, Marketing	4

BMSICL

Annexure-III

List of Proposed Tests/Investigation to be Carried Out at CoE

Part A: List of tests covered with CGHS Rates

DENTAL

1. Dental IOPA X-ray
2. Occlusal X-ray
3. OPG X-ray

PULMONARY -

1. Lung Ventilation & Perfusion Scan (V/Q Scan)
2. Lung Perfusion Scan

OSTEOLOGY -

1. Whole Body Bone Scan with SPECT.
2. Three phase whole body Bone Scan

NEUROSCIENCES -

1. Brain Perfusion SPECT Scan with Technetium 99m radiopharmaceuticals.
2. Radionuclide Cisternography for CSF leak

GASTRO AND HEPATOBILIARY -

1. Gastro esophageal Reflux Study (G.E.R. Study)
2. Gastro intestinal Bleed (GloB.) Study with Technetium 99m labeled RBCs.
3. Hepatobiliary Scintigraphy.
4. Meckel's Scan
5. Hepatosplenic scintigraphy with Technetium- 99m radiopharmaceuticals
6. Gastric emptying

GENITOURINARY -

1. Renal Cortical Scintigraphy with Technetium 99m D.M.S.A.
2. Dynamic Renography.
3. Dynamic Renography with Diuretic.
4. Dynamic Renography with Captopril
5. Testicular Scan

ENDOCRINOLOGY -

1. Thyroid Uptake measurements with 131 -Iodine.
2. Thyroid Scan with Technetium 99m Pertechnetate.
3. lodine-131 Whole Body Scan.
4. Whole Body Scan with M.I.B.G.
5. Parathyroid Scan

RADIO-ISOTOPE THERAPY -

1. 131 -lodine Therapy Listed under Treatment
2. 131 -lodine Therapy < 15 mCi Listed under Treatment
3. 131 -lodine Therapy 15 -50 mCi Listed under Treatment
4. 131 -lodine Therapy 51- 100 mCi Listed under Treatment
5. 131 -lodine Therapy > 100 mCi Listed under Treatment
6. Phosphorus- 32 therapy for metastatic bone pain palliation Listed under Treatment
7. Samarium- 153 therapy for metastatic bone pain palliation Listed under Treatment
8. Radiosynovectomy with Yttrium Listed under Treatment

CARDIOLOGY -

1. Stress thallium / Myocardial Perfusion Scintigraphy
2. Rest thallium / Myocardial Perfusion Scintigraphy
3. Venography
4. ECG
5. STRESS ECHO- DOBUTAMINE Listed under Treatment
6. STRESS ECHO- EXERCISE
7. TMT
8. TEE
9. Lymph angiography

TUMOUR IMAGING -

1. Scintimammography.
2. Indium lableled octeriotide Scan.

PET SCAN -

1. FDG Whole body PET / CT Scan
2. Brain I Heart FDG PET / CTScan
3. Gallium-68 Peptide PET / CT imaging for Neuroendocrine Tumor
4. Non-FDG PET / CT Scan - -
5. Laboratory Medicine -

Clinical Pathology -

1. Urine routine- pH Specific gravity sugar protein and microscopy
2. 24 hrs urine for Proteins Sodium creatinine
3. Urine-Microalbumin
4. Quantitative Albumin/Sugar
5. Urine Bile Pigment and Salt
6. Urine Urobilinogen
7. Urine Ketones
8. Urine Occult Blood
9. Urine total proteins
10. Bence Jones protein
11. Stool routine
12. Stool occult blood
13. Post coital smear examination
14. semen analysis
15. Body fluid (CSF/Ascitic Fluid etc.)Sugar Protein etc.
16. Albumin.
17. Creatinine clearance.

Haematology -

1. Haemoglobin (Hb)
2. Total Leucocytic Count (TLC)
3. Differential Leucocytic Count (DLC)
4. E.S.R.
5. Total Red Cell count with MCV MCH MCHC DRW
6. Complete Haemogram -Hb RBC count and indices TLC DLC Platelet ESR
7. Platelet count
8. Reticulocyte count
9. Absolute Eosinophil count
10. Packed Cell Volume (PCV)
11. Peripheral Smear Examination
12. Smear for Malaria parasite
13. Bleeding & Clotting Time
14. Clot Retraction Time
15. R.B.C. Fragility Test
16. L.E. Cell
17. Foetal Haemoglobin (Hb-F)
18. Prothrombin Time (P.T.)
19. Bone Marrow Smear Exmination
20. Bone Marrow Smear Exmination with iron stain
21. Bone Marrow Smear Exmination and cytochemistry where required.
22. Partial Thromboplastin
23. Glucose Phosphate Dehydrogenase (G,6 PD)
24. Rapid test for malaria(card test)
25. WBC cytochemistry for leukemia -Conmplete panel
26. Bleeding Disorder panel-BT CT Platetlet count APTT extended & Dic
27. Factro Assays-Factor VIII
28. Factor Assays-Factor IX
29. Factro Assays-other Factors

Anti Cardiolipin Antibodies. -

1. IgG.
2. IgM.
3. IgA.

Anti Phospholipid Antibodies. -

1. IgG.
2. IgM.
3. IgA.
4. Thalessemia studies
5. Hb Electrophoresis
6. Sickling studies

Nutritional Markers -

1. Serum Iron
2. Total Iron Binding Capacity
3. Vitamin B12. .
4. Folic Acid.
5. HDL Cholestrol

Blood Bank

1. Blood Group & RHO Type
2. Cross match
3. Packed cell preparation
4. Coomb's Test Direct
5. Coomb's Test Indirect
6. Australia Antigen
7. RHO Antibody titer
8. Blood Components-PRO
9. Blood Components -Fresh Frozen Plasma
10. Blood Components-Cryoprecipitate

Histopathology

1. Routine-H & E
2. special stain
3. Immunohistochemistry(IHC)
4. Frozen section
5. Paraffin section

Cytology

1. Pap Smear
2. Vaginal Cytology for Hormonal evaluation
3. Body fluid for Malignant cells
4. FNAC
5. special stain on cytology

Flow cytometry -

1. Leukemia panel /Lymphoma panel
2. CD Count: CD3 CD4 CD8
3. PNH Panel-CD55 CD59

Cytogenetics -

1. karyotyping

Tumour markers. -

2. PSA- Total.
3. PSA- Free.
4. AFP.
5. HCG.
6. CA.125 .
7. CA19,9 .
8. CA 5,3 .
9. Carcioembryonic antigen(CEA)

Bio-Chemistry -

1. Blood Glucose Random
2. Blood Urea Nitrogen
3. Serum Creatinine
4. Serum Uric Acid

5. Serum Bilirubin total & direct --
6. Serum Iron
7. Serum Cholesterol
8. Total Iron Binding Capacity
9. Glucose (Fasting & PP)
10. Serum Calcium -Total
11. Serum Calcium -Ionic
12. Serum Phosphorus
13. Total Protein Alb/Glo Ratio
14. S.G.P.T.
15. S.G.O.T.
16. Serum amylase
17. Serum Electrolyte
18. Triglyceride
19. Glucose Tolerance Test (GTT)
20. C.P.K.
21. L.D.H.
22. Alkaline Phosphatase
23. Acid Phosphatase
24. CK MB
25. Lithium.
26. Dilantin (phenytoin).
27. Carbamazepine.
28. Valproic acid.
29. Feritin.
30. Blood gas analysis
31. Blood gas analysis with electrolytes
32. Urine pregnancy test
33. Hb A1 C
34. Kidney Function Test.
35. Liver Function Test.
36. Lipid Profile.(Total cholesterol LDL HDL treigylcerides)
37. Extended Lipid Profile.(Total cholesterol LDL HDL treigylcerides Apo A Apo
38. Apo A1 .
39. Apo B.
40. Lp (a).
41. LDL.
42. Homocysteine.
43. HB Electrophoresis.
44. Serum Electrophoresis.
45. Fibrinogen.
46. Chloride.
47. Magnesium.
48. GGTP.
49. Lipase.
50. Fructosamine.
51. B2 microglobulin
52. Albumin.
53. Catecholamines.
54. Creatinine clearance.

Harmones -

1. T3 T 4 TSH
2. T3
3. T4
4. TSH
5. LH
6. FSH
7. Prolactin
8. Cortisol
9. Enteropoetin
10. PTH(Paratharmone)
11. Calcitonin
12. C-Peptide.
13. Insulin.
14. Progesterone.
15. 17-DH Progesterone.
16. DHEAS.
17. Androstendione.
18. Growth Hormone.
19. TPO.
20. Throglobulin.

Microbiology & Serology

1. Smear gram-strain examination
2. Sputum smear A.F.B. stain
3. Vaginal Smear Examination
4. Direct smear and stain examination for cryptosporidium
5. Direct smear and stain examination for P.Carcinei
6. LCB Count for mycology
7. LCB Count for others
8. V.D.R.L.
9. TPHA test
10. Widal test
11. Rheumatoid Factor test
12. Culture & Sensitivity -bacterial
13. Culture & Sensitivity -Mycobacterial
14. Culture & Sensitivity -mycology
15. C.R.P.
16. C.R.P Quantative
17. ASO Titer
18. Quantitative H.C.G.
19. Blood culture & sensitivity- manual
20. Blood culture & sensitivity-automated
21. Vibro cholera culture
22. Rapid Blood Culture.
23. Rapid AFB Culture.
24. C.3 .
25. C.4
26. IgG.

27. IgM.
28. IgA.
29. ANA.
30. Ds DNA.
31. P ANCA.
32. C ANCA.

Infectuous disease serology -

1. HAV.
2. HbSAg – Elisa.
3. Anti HBS.
4. Anti HBC Total.
5. Anti HBC IgM.
6. HbeAg.
7. Anti Hbe.
8. Anti- HCV.
9. Anti- HEV.
10. Triple Marker.

TORCH. -

1. IgG.
2. IgM.

Toxoplasmosis. -

1. IgG.
2. IgM.

CMV(Cytomegalo virus).
-

1. IgG.
2. IgM.

HSV. -

1. IgG.
2. IgM.
3. IgE.

Tuberculosis -

1. TB IgG.
2. TB IgM.
3. TB IgA.

Rubella -

1. Ig G
2. Ig M
3. Ig A
4. Dengue Serology.
5. Cysticercosis.
6. Hydatic Serology.
7. Anti Sperm Antibodies.

HBV DNA. -

1. Qualitative.
2. Quantitati

ve. HCV RNA. -

1. Qualitative.
2. HPV serology -
3. Rota Virus serology
4. PCR for TB
5. PCR for HIV
6. Chlamydae antigen
7. chlamydae antibody
8. Brucella serology
9. Influenza A serology

USG X-ray CT MRI Bone Densitometry -

1. USG for Obstetrics - Anomalies scan
2. Abdomen USG
3. Pelvic USG (prostate gynae infertility etc)
4. Small parts USG (scrotum thyroid parathyroid etc)
5. Neonatal head (Tranfontanellar)
6. Neonatal spine
7. Contrast enhanced USG
8. USG Breast
9. USG Hystero-Salpaingography (HSG)
10. Colour Doppler Carotid artery
11. Colour Doppler Peripheral Artery/Veins
12. Colour doppler renal arteries/any other organ
13. USG guided intervention-aspiration
14. USG guided intervention- FNAC
15. USG guided intervention - biopsy Listed under Treatment
16. USG guided intervention - nephrostomy

X- Ray -

1. Abdomen AP Supine or Erect (One film)
2. Abdomen Lateral view (one film)
3. Pelvimetry
4. Chest PA view (one film)
5. Chest Lateral (one film)
6. Mastoids: Towne view oblique views (3 films)
7. Extremities bones & Joints AP & Lateral views (Two films)
8. Pelvis A.P (one film)
9. T. M. Joints (one film)
10. Abdomen & Pelvis for K. U. B.
11. Skull A. P. & Lateral (2 films)
12. Spine A. P. & Lateral (2 films)
13. PNS view (1 film)

X ray Contrast studies -

1. Barium Swallow
2. Barium Upper GI study
3. Barium Upper GI study (Double contrast)
4. Barium Meal follow through
5. Barium Enema (Single contrast/double contrast)
6. Small bowel enteroclysis
7. ERCP (Endoscopic Retrograde Cholangio –Pancreatography)
8. General :Fistulography /Sinography/Sialography/Dacrocystography/ T-Tube
9. Percutaneous transhepatic cholangiography (PTC)
10. Intravenous Pyelography (IVP)
11. Micturating Cystourethrography (MCU)
12. Retrograde Urethrography (RGU)
13. Contrast Hystero-Salpingography (HSG)
14. X ray - Arthrography
15. Cephalography
16. Myelography
17. Digital Subtraction Angiography (DSA) – Cerebral arteries
18. Digital Subtraction Angiography (DSA) – Peripheral Artery/arteries
19. Digital Subtraction Angiography (DSA) - abdomen- -
20. Digital Subtraction Angiography (DSA) - chest - -

Mammography -

1. X-ray Mammography

Ultrasound Mammography

3. MRI Mammography

CT -

1. CT Head-Without Contrast
2. CT Head- with Contrast (+/- CT angiography)
3. C. T. Chest - without contrast (for lungs)
4. C. T. Chest - with contrast (+/- CT angiography)
5. C. T. Scan Upper Abdomen Without Contrast
6. C. T. Scan Upper Abdomen With Contrast
7. C. T. Scan Lower Abdomen Without Contrast
8. C. T. Scan lower Abdomen With Contrast
9. C. T. Scan Whole Abdomen Without Contrast
10. C. T. Scan Whole Abdomen With Contrast
11. CT angiography abdomen
12. CT enteroclysis
13. C. T. Scan Neck (Thyroid parathyroid Soft Tissues) – Without Contrast
14. C. T. Scan Neck – With Contrast
15. C. T. Scan Orbits - Without Contrast
16. C. T. Scan Orbits - With Contrast
17. C. T. Scan of Para Nasal Sinuses- Without Contrast
18. C. T. Scan of Para Nasal Sinuses - With Contrast
19. C. T. Spine (Cervical Dorsal Lumbar Sacral)–without contrast
20. CT Temporal bone – without contrast
21. CT - Dental

22. C. T. Scan Limbs -Without Contrast
23. C. T. Scan Limbs -With Contrast including CT angiography
24. C.T. Guided intervention – Biopsy /FNAC
25. C. T. Guided intervention -percutaneous catheter drainage / tube placement

MRI -

1. MRI Head – Without Contrast
2. MRI Head – With Contrast
3. MRI Orbits – Without Contrast
4. MRI Orbits – With Contrast
5. MRI Nasopharynx and PNS – Without Contrast
6. MRI Nasopharynx and PNS – With Contrast
7. MRI Neck - Without Contrast
8. MRI Neck- with contrast
9. MRI Shoulder – With contrast
10. MRI Shoulder – Without contrast
11. MRI shoulder both Joints - Without contrast
12. MRI Shoulder both joints – With contrast
13. MRI Wrist Single joint - Without contrast
14. MRI Wrist Single joint - With contrast
15. MRI Wrist both joints - Without contrast
16. MRI Wrist Both joints - With contrast
17. MRI knee Single joint - Without contrast
18. MRI knee Single joint - With contrast
19. MRI knee both joints - Without contrast
20. MRI knee both joints - With contrast
21. MRI Ankle Single joint - Without contrast
22. MRI Ankle single joint - With contrast
23. MRI Ankle both joints - With contrast
24. MRI Ankle both joints - Without contrast
25. MRI Hip - With contrast
26. MRI Hip – without contrast
27. MRI Pelvis – Without Contrast
28. MRI Pelvis – with contrast
29. MRI Extremities - With contrast
30. MRI Extremities - Without contrast
31. MRI Temporomandibular - Single Joint - With contrast
32. MRI Temporomandibular - Single Joint - Without contrast
33. MRI Temporomandibular Double Joint - With contrast
34. MRI Temporomandibular Double Joint - Without contrast
35. MRI Abdomen – Without Contrast
36. MRI Abdomen – With Contrast
37. MRI Breast - With Contrast
38. MRI Breast - Without Contrast
39. MRI Spine Screening - Without Contrast
40. MRI Chest – Without Contrast
41. MRI Chest – With Contrast
42. MRI Cervical Spine – Without Contrast
43. MRI Cervical Spine – With Contrast
44. MRI Dorsal Spine - Without Contrast

45. MRI Dorsal Spine – With Contrast
46. MRI Lumbar Spine – Without Contrast
47. MRI Lumbar Spine – With Contrast
48. Whole body MRI (For oncological workup)
49. MRI Angiography – Without Contrast
50. MRI Angiography – With Contrast
51. MR cholecysto-pancreatography.
52. MR Enteroclysis

Bone Densitometry -

1. Bone Densitometry - Single Site
2. Bone Densitometry - Two sites
3. Bone Densitometry - Three sites (Spine Hip & extremity)
4. Bone Densitometry Whole body

NEUROLOGICAL INVESTIGATIONS AND PROCEDURES -

1. EEG/Video EEG
2. EMG (Electro myography)
3. Nerve condition velocity (at least 2 limbs)
4. Decremental response (before and after neo stigmine)
5. Incremental response
6. SSEP (Somato sensory evoked potentials)
7. Poly somnography
8. Brachial plexus study
9. Muscle biopsy
10. ACHR anti body titre
11. Anti MUSK body titre
12. Serum COPPER
13. Serum ceruloplasmin
14. Urinary copper
15. Serum homocystine

Serum valproate level

17. Serum phenol barbitone level
18. Coagulation profile
19. Protein C S anti thrombine – III
20. Serum lactate level

CSF -

1. a. Basic studies including cell count protein sugar gram stain India Ink
2. b. Special studies
3. PCR for tuberculosis/ Herpes simplex
4. Bacterial culture and sensitivity
5. Mycobacterial culture and sensitivity
6. Fungal culture
7. Malignant cells
8. Anti measles antibody titre (with serum antibody titre)
9. Viral culture
10. Antibody titre (Herpes simplex cytomegalo virus flavivirus zoster varicella
11. Oligoclonal band
12. Myelin Basic protein

13. Lactate
14. Crypto coccal antigen

TESTS IN GASTRO-ENTEROLOGY -

1 D-xylase test

2 Fecal fat test/ fecal chymotrypsin/ fecal elastase

3 Breath tests

4 H pylori serology for ciliac disease

5 HBV genotyping

6 HCV genotyping

Tests in Endocrinology (in addition to those included under Harmones) -

1. Urinary VMA
2. Urinary metanephrine/Normetanephrine
3. Urinary free catecholamine
4. Serum catecholamine
5. Serum aldosterone
6. 24Hr urinary aldosterone
7. Plasma renin activity
8. Serum aldosterone/renin ratio
9. Osmolality urine
10. Osmolality serum
11. Urinary sodium
12. Urinary Chloride
13. Urinary potassium
14. Urinary calcium
15. Anti TPO ante body
16. Thyroid binding globulin
17. Serum cotisole
18. 24 hr urinary free cotisole
19. Islet cell antebody
20. GAD antibody
21. Insulin associated antibody
22. IGF-1
23. IGF-BP
24. Sex hormone binding globulin
25. USG guided FNAC thyroid gland
26. FT3
27. FT4
28. FT4 /TSH
29. FT3 /FT4 /TSH
30. E2
31. Thyro globulin antibody

Pat B: List of Tests covered by AIIMS rates

	Blood
1	Augmented Histamine Test
2	Barbiturates
3	Blood Sugar (micro method)
4	Creatinine - phosphokinase
5	D-xylose Absorption
6	Intravenous Glucose Tolerance Test
7	Lactose Tolerance Test
8	Muscle enzyme test
9	Non-proteins Nitrogène
10	PCO2 and/or PH
11	Plasma Bicarbonates
12	Plasma Cortisol
13	Plasma Testosterone
14	Protein Bound Iodine (PBI)
15	Proteins and Albumin Globulin
16	SGOT and/or SGPT
17	Serum CRP
18	Serum Catecholamines
19	Serum Digoxin
20	Sodium and/or Potassium
21	T3 AND T4
22	Triglycerides
23	LFT
24	KFT/RFT

	CLINICAL HAEMATOLOGY
25	ABO & RH GROUPING
26	ABO ANTIBODY TITRE
27	BLOOD FILM MORPHOLOGY
28	CROSS MATCHING
29	GENOTYPING
30	GLYCOLATED HAEMOGLOBIN
31	HAMS ACID TEST
32	INCUBATION FRAGILITY
33	L.E. CELLS/LUPUS ANTICOGULANT
34	Platelets Function Test/Platelets Associated Antibody
35	PRESUMPTIVE TEST OF HAEMOLYSIS
36	RH ANTIBODIES TITRE
37	SCHILLING TEST RBC LIFESPAN, PROTEIN LESS ESTIMATION SERUM
38	SCREENING COAGULATION STUDIES
39	SERUM B12 ASSAY
40	SUGAR WALER TEST
41	FIBRINOLYSIS
42	UNSATURATED B12 BINDING PROTEINS
43	Carrier detection of haemophilia - A
44	Prenatal diagnosis of haemophilia - A

	HAEMATOLOGY INVESTIGATIONS

45 APC R
46 AT-III
47 Beta Glycoprotein
48 Carrier detection haemophilia
49 Carrier detection prenatal
50 ELISA for Beta Glycoprotein
51 Heparin assay
52 HPLC
53 Immunoelectrophoresis per antibody
54 Immunophenotype - 1 antibody
55 Immunophenotype - 5 antibody
56 Molecular genetic studies by RQ-RT-PCR
57 MTHFR
58 Mutation Detection - FV Leiden
59 Mutation Detection - MTHFR
60 Mutation Detection - P20210
61 Proglobal C
62 Protein C Clotting assay
63 Protein S Clotting assay
64 vWD- Ristocetin co factor assays
65 vWD- vWF antigen

URINE CLINICAL CHEMISTRY

66 17-Ketosteroids (24 hrs.)
67 5-H.I.A.A. (24 hrs. quantitative)
68 Ammonium Chloride loading test
69 Beta 2 Microglobinuria test
70 Microalbuminuria test
71 Osmolarity Urine
72 Urinary 7 Ketogenic and Hydroxy Steroids
73 Urinary Catecholamines
74 Urinary Chlorides (24 hrs. quantitatives)
75 Urinary Creatinine (24 hrs. quantitative)
76 Urinary Diastase (24 hrs. quantitative)
77 Urinary dilution & concentration studies
78 Urinary Glucose (Quantitative)
79 Urinary Paul Bunnel Test
80 Urinary Phospho-Bilinogen
81 Urinary Phosphorus (24 hrs. quantitative)
82 Urine Barbiturate
83 Urine Estriol Estimation during pregnancy
84 Urine Oxalate
85 Urine for Mucopoly Saccharides Qualitative
86 Urine for sugar Chromatography

FLUID & EXCRETA

87 CSF Chlorides
88 CSF Globulin (quantitative)
89 CSF Glucose
90 CSF Proteins
91 CSF, Cell count and Microscopic Benz Jones Proteins
92 Faeces for Ova and Cysts and Occult Blood
93 Sweat Chloride Estimation

BMSICL

	RADIO DIAGNOSIS
	Plain X-Ray
94	panorax
95	tooth(intraoral)
96	skeletal survey Urinary
97	IVU
98	Nephrostogram Mammography
99	Standard 4 film Miscellaneous
100	Fistulogram/Sinogram
101	OT Procedures
102	Venogram (One Limb) Ultrasound
103	Routine US
104	US Doppler
	C.T. and C.T. guided interventions
105	Body C.T.
106	C.T. Angio
	CLINICAL PATHOLOGY
107	Fat Balance Study
108	Pancrozymine Secretion
109	Pyogen testing
110	Thymol Turbidity
	BACTERIOLOGY
111	Antibiotic Sensitivity Test
112	C.S.F. Culture
113	Culture Pus Cervical, Urethral
114	Pus Culture for pyogenic organism
115	Stool Culture (enteric pathogen)
116	Throat Swab Culture
117	Throat Swab Smear (Diphtheria etc.)
118	Urine ATO (smear concentration method)
119	Urine Culture
	ANAEROBIC BACTERIOLOGY
120	Culture for Gonococci Bodetella, Brucella Listeria
121	Culture for anaerobic bacteria
	MYCOLOGY
122	Any work involving animal inoculation
123	Culture for Mycoplasma
124	Culture for skin scrapping swab and pus fungus
125	Pus swab for Microscopic examination for Fungus
126	Skin scrapping and Hair etc. for microscopic examination

PARASITOLOGY

127 Animal Inoculation for Toxoplasmosis
128 Blood amoebiasis (IHA Test)
129 Blood for Toxoplasmosis (IHA Test)
130 Blood smear for parasites
131 Casoni's skin test
132 Mouse Inoculation for Toxoplasmosis
133 Stool Culture for Amoebae

VIROLOGY

134 CD8 + CD4
135 HIV Plasma load
136 PCR for TB Immunophenotping Lymphocytes
137 RT-PCR for enteroviruses
138 RT-PCR for HCV
139 SEROLOGICAL TEST FOR VIRUS INFECTION
140 SMEAR EXAMINATION FOR NEGRIBODIES
141 TEST FOR VIRUS ISOLATION

SEROLOGY

142 Aldehyde test for Kalazar
143 Anti Nuclear antibody test
144 Antibody Test
145 Antistreptolysin
146 Antithyroid Antibody (Microsomal)
147 Antithyroid Antibody (PTC)
148 Brucella Agglutination
149 ELISA for cyclosporin levels
150 Evaluation kit for antibody testing
151 Fluroscent Antibody Test
152 HCG assays
153 Serum ASLO
154 Serum CK-MB (isoenzyme)
155 Serum Guinidine
156 Serum Hormones by Radio Immuno-assay
157 Serum Insulin by Radio-Immuno-assay
158 Serum Testosterone
159 Serum free thyroxin
160 Sterility test
161 WESTERN BLOT TEST
162 Widal Agglutination

Cytopathology

163 Cytopathological examination

Nuclear Medicine

164 CNS: Spect HMPO
165 CNS: Spect Tc 99 M
166 CVS: PYP Imaging
167 CVS: Planner RNV
168 CVS: Pulmonary Scan
169 CVS: Shein & Other
170 Cardiac spect

171	DTPA Renogram for renal Artery stenosis
172	Lung Scan
173	Neuro spect (HMPAO)
174	PYP
175	Resting RNV
176	Scan Brain
177	Scan CSF
178	Scan Liver
179	Scan Renal
180	Scan Thyroid
181	Sequential Scan
182	Spect Imaging of Brain
183	Spect Imaging of Heart
184	Stress RNV
185	Technitium Study
186	Thallium Study

	Name of the Test
187	HLA B27
188	HLA -ABC
189	HLA-DR.DQ
190	HLA-ABC &DR/DQ
191	Cross Matching(serology)
192	PRA
193	Flowcytometric(crossmatching)
194	II.Paternity/Immigratilon cases
195	HLA-DNA Class-I&DRBI low resolution
196	HLA DQ Alpha
197	III.Molecular Biology Test
198	HLA-Class I
199	HLA- Class II(lowresolution) DRBI DR 52, DR53
200	HLA Class II (high resolution)(DRBI B3, B4,5)
201	HLA-DQ Beta

	MICROBIOLOGY
202	PCR for CMV
203	PCR for HSV (1&2)
204	RT-PCR for enteroviruses
205	RT-PCR for HCV
206	Diagnostic Seriological assays For syphilis
207	Diagnostic Seriological assays 50 For Anti-streptolysine O Antibodies

	Psychiatry
208	Ability Assessment
209	Aptitude Assessment
210	Interest Assessment
211	Memory Function test
212	Organic Brain Damage Battery
213	Personality Assessment (Full)
214	Projective test (single)
215	Questionnaire test (single)
216	Test for Attention and concentration
217	Test for Intelligence

218 Test for thinking function

GENETIC

219 Amniotic fluid AFP assay
220 Amniotic fluid or urine 2 D
221 Blood/Bone marrow for chromosomes
222 Buccal Smear for Sex Chromatin
223 CVS for sexing for X-linked disease
224 Carrier Screening for thalassemia Nestroff and Hb A2
225 Carrier detection of DMD/Hemophillia/DNA diagnosis
226 Chemical test in urine
227 Chromosomal study of blood/bone marrow
228 Chromosomes from CVS by culture, or by amninotic culture
229 DNA based mutation Detection in thalassemia
230 DNA based mutation detection on DMD or other diseases
231 Electronic Cell Count
232 Electrophoresis for MPS Amniotic fluid acetyle
233 Galactosemia quantitative enzyme assay
234 Galactosemia screening
235 Genetic Karyotyping
236 Leucocyte enzyme assay Arylsulfatase A, Hemosamindase
237 MPS 24 Hrs, estimation with creatinine
238 MPS spot test on urine
239 Maternal serum AFP assay
240 Maternal serum HCG assay
241 Plasma/urine Quantitative Aminoscids
242 Prenatal diagnosis of Ataxia Telengiectasia or Fragile X
243 Prenatal diagnosis of thalassemia DMD Hemophilia, or Enzyme
244 Urine/plasma aminoacid screening

PAEDIATRICS [GENETICS]

BIOCHEMICAL TESTS

245 D-xylose & 24 hour Fecal Fat Diagnosis Test
246 Aminoacid chromatography of urine/ plasma
247 Amniotic fluid or urine 2D for MPS
248 Chemical Test in urine
249 Glactosemia screening (Beutler spot fluorescence test)
250 Leucocyte enzyme assay (with control enzymes)
251 MPS spot test on urine
252 Triple marker screen (antenatal)
253 Prenatal diagnosis by enzyme assay
254 Leucocyte enzyme assay for Hurler (MPS)
255 Celaic Serology

DNA DIAGNOSTIC TESTS

256 DNA based mutation detection in Thalassemia
257 Prenatal diagnosis of Thalassemia
258 Xmm Polymorphism study
259 Deletion studies in DMD
260 Prenatal diagnosis of DMD by deletion studies
261 Carrier screening by linkage studies in DMD
262 DNA studies in SMA
263 Prenatal diagnosis of SMA

264	Carrier detection of Hemophilia A/B
265	Prenatal diagnosis of Hemophilia A/B
266	Fragile X PCR study
267	4 connexin 26 mutations
268	Rh genotyping of Blood/AF

CYTOGENETIC TESTS

269	Prenatal diagnosis of cord blood sampling (Karyotyping + Klehaur's tests)
270	Chromosomal study of blood Karyotyping
271	Chromosomes from CVS culture
272	Chromosomes from Abortus tissue

Otorhinolaryngology

273	B.M. Test for Eustachian Tube Function
274	Bekesy Audiometry
275	Caloric Test
276	Electrogenstometry
277	Olfactometry

Rep. Biology

278	Estrogen receptor
279	Progestron receptor

RIA FACILITY

280	Estradiol
281	Alpha FP
282	Testosterone
283	b HCG

Andrological Tests:-

284	Routine Semen Analysis
285	Seminal Fructose (Quantitative)
286	(Qualitative)
287	Seminal Citric Acid
288	Hypoosmatic Swelling Test (HOS)
289	Acrosome intactness
290	Sperm nuclear chromatin decondensation
291	Sperm Mitochondrial Activity index
292	Sperm Glyceryl Phosphoryl choline (GPC)
293	Immunobead test IgG
294	Complete sperm morphology

ENDOCRINOLOGY

295	GH
296	IGF-I
297	ISLET CELL ANTIBODY
298	MICRO ALBUMIN
299	ANDROSTEREDIONE
300	DHT
301	ACTH + CORTISOL
302	17-OHP
303	VIT. D 25, OH

ANATOMY

304 Embalming of ordinary (non-autopsied) bodies
305 Embalming of autopsied bodies
306 Prenatal Diagnostic services for Chromosomal abnormalities using amniotic cultures and conventional Karyotyping
307 Fluoride Test
308 Conventioal Cytogenetics
309 FISH (Molecular Cytogenetics)

Immunology

310 ANTI-LKM-1
311 ANTINUCLEAR ANTIBODY TEST
312 ANTITHYROID ANTIBODY TEST
313 APCR
314 AT III
315 C-3 QUANTIFICATION IN SERUM/ OTHER FLUIDS
316 CARRIER DETECTION HAEMOPHILLIA
317 CARRIER DETECTION PRENATAL
318 CRYOGLOBULINS
319 HEPARIN ASSAY
320 HEPATITIS ANTIGEN TEST
321 HPLC
322 IMMUNNOGLOBULINS A
323 IMMUNNOGLOBULINS G
324 IMMUNNOGLOBULINS M
325 LATEX RHEUMTOID FACTOR TEST
326 MOLECULAR GENETIC STUDIES BY RQ –RT PCR
327 PRO C GLOBAL
328 IGMACL

Part C: List of Free Tests

A BIOCHEMICAL TESTS

1 ALKALINE PHOSPHATASE
2 AMYLASE
3 BILIRUBIN
- TOTAL
- DIRECT
- INDIRECT

4 BLOOD SUGAR
5 CALCIUM
6 CHLORIDES
7 CREATINI NE TOTAL
8 CHOLESTEROL
9 PHOSPHORUS
10 SERUM TOTAL
- PROTEINS
- ALBUMIN
- GLOBULIN

A/G
RATION

11 SERUM ALBUMIN
12 SGOT
13 SGPT
14 SERUM CRP
15 SODIUM
16 POTASSIUM
17 UREA
18 URIC ACID
19 LIPASE
20 TROP T
21 TROP I

B BACTERIOLOGY

1 ANTIBIOTIC SENSITIVITY TEST
2 PUS CULTURE FOR PYOGENIC ORGANISMS
3 THROAT SWAB CULTURE
4 URINE CULTURE
5 PUS FOR AFB EXAMINATION
6 PUS FOR GRAM'S STAINING
7 SPUTUM FOR AFB EXAMINATION
8 PUS EXAMINATION
CYTOLOGY
GRAM'S STAIN
AFB EXAMINATION
C/S TEST

C CYTOLOGICAL EXAMINATIONS

1 CSF
1 TOTAL COUNT & DIFF.COUNT
2 SUGAR ESTIMATION
3 PROTEIN ESTIMATION
2 ASCITIC FLUID
1 TOTAL COUNT & DIFF.COUNT
2 CYTOLOGY
3 PROEIN
4 SUGAR
3 PLEURAL FLUID
1 TOTAL COUNT & DIFF.COUNT
2 CYTOLOGY
3 PROEIN
4 SUGAR
4 PERICARDIAL FLUID
1 TOTAL COUNT & DIFF.COUNT
2 CYTOLOGY
3 PROEIN
4 SUGAR
5 SYNOVIAL FLUID
1 TOTAL COUNT & DIFF.COUNT
2 CYTOLOGY
3 PROEIN
4 SUGAR
6 SEMEN ANALYSIS
1 TOTAL COUNT
2 MOTILITY PERCENTAGE

3 TOTAL WBC COUNT
4 ABNORMALITY

7 STOOL EXAMINATION
1 ROUTINE EXAMINATION OF STOOL
2 OCCULT BLOOD

D HAEMATOLOGICAL INVESTIGATIONS
1 ABO & RH GROUPING
2 ABO ANTIBODY TITRE
3 APTT
4 TOTAL COULT OF WBC
5 DIFFERENTIAL COUNT OF WBC
6 COMMENT:PERIPHERAL BLOOD SMEAR MORPHOLOGY
7 CLOT RETRACTION + BLEEDING TIME
8 CLOTTING TIME
9 CROSS MATCHING
10 COMPLETE HAEMOGRAM (CBC)
11 BONE MARROW ASPIRATION EXAMINATION
12 PROTHOMBIN TIME

E HISTO-CYTO-PATHOLOGY
1 FNAC (PALPABLE SOFT TISSUE SWELLING)
2 SCRAPE CYTOLOGY
3 CERVICAL PAP'S CYTOLOGY
4 BODY CAVITY FLUID CYTOLOGY
5 URINE CYTOLOGY FOR MALIGNANT CELLS
6 HISTOPATHOLOGY
ROUTINE H & E STAIN

F MICROBIOLOGY
1 R/E URINE
2 R/E STOOL
3 REDUCING SUBSTANCES IN STOOL
4 PERIPHERAL BLOOD SMEAR FOR PARASITES
5 MICROSCOPIC EXAMINATION OF PUS FOR FUNGUS
6 RK 39 FOR KALAZAR
7 HIV CARD TEST
8 VDRL
9 WIDAL TEST
10 HbSAg CARD
11 DENGUE CQARD
13 CHIKUNGUNIA
14 VIRA ENCEPHALITIS:JE
15 MEASLES

G URINE CHEMISTRY
1 URINE PREGNANCY TEST
2 URINE ROUTINE AND MICROSCOPY
3 KETONE BODY IN URINE
4 24 HOURS URINARY PROTEINS

H SEROLOGICAL TESTS
1 VDRL
2 WIDAL TEST
3 RPR
4 PREGNANCY

5 ABO &RH
6 HIV I & 2

I RADIO-DIAGNOSIS

1 PLAIN X-RAY IN EMERGENCY(ANY TYPE)
2 Any test of MEDICOLEGAL ASPECT(ANY TYPE)
3 ROUTINE ULTRASOUND IN EMERGENCY AS REQUIRED BY CLINICIAN
4 CT SCAN / MRI SCAN IN EMERGENCY ONLY SELECTED CASES/ Medicolegal cases on permission of unit head/Principal or superintendent.

ANNEXURE IV

AUTHORIZATION LETTER FOR SIGNING OF PROPOSAL

(On Non – judicial stamp paper of Rs. 1000/- duly attested by notary public)
POWER OF ATTORNEY (Sole bidder/Lead partner of the consortium)

Know all men by these present, we_____(name and address of the registered office of the legal entity (sole bidder or for consortium shall mean the lead partner) do hereby constitute, appoint and authorize Mr. / Ms._____R/o (name and address of residence) who is presently employed with us and holding the position of_____as our authorized representative, to do in our name and on our behalf, all such acts, deeds and things necessary in connection with or incidental to the bid of the firm/ organization or consortium of……<Name of the 1st partner>, …… <Name of the 2nd partner> and ……. <Name of the 3rd partner) for "Setting up & operationalizing 24X7 Center of Excellence in NMCH, Patna, Bihar" (the "Project"), including signing and submission of all documents and providing information / responses to BMSICL, representing us in all matters in connection with our bid for the said Project.

We hereby agree to ratify all acts, deeds and things lawfully done by our said attorney pursuant to this Power of Attorney and that all acts, deeds and things done by our aforesaid attorney shall and shall always be deemed to have been done by us. Dated this the …….. day of 2019.

For .....
(Name, Designation and address)

Accepted
……. (Signature)
(Name, title and address of the Attorney)

Date:
Note:

(i) The mode of execution of the Power of Attorney (PoA) should be in accordance with the procedure , if any, laid down, by the applicable law and the charter documents of the executants and when it is so required the same should be under seal affixed in accordance with the required procedure.
(ii) In case, an authorized director of the bidder/agency in case of a sole bidder or lead partner in case of a consortium signs the bid, a certified copy of the appropriate resolution/document conveying such authority may be enclosed in lieu of the Power of Attorney (PoA), as mentioned below:
    a. Power of Attorney (PoA) – For Lead partner of the consortium
    b. Board Resolutions of Bidding Entities in consortium
    c. Memorandum of Understanding (MoU)

BMSICL

AUTHORIZATION LETTER FOR SIGNING OF PROPOSAL

(On Non – judicial stamp paper of Rs. 1000/- duly attested by notary public)
POWER OF ATTORNEY (For lead partner of the consortium)

The BMSICL, Patna, intends to select agency via e-tendering for Setting up & operationalizing 24X7 Center of Excellence in NMCH, Patna, Bihar through Public Private Partnership (PPP) mode for a specified agreement period.

Whereas M/s …… <Mention the registered name and address of the 1st partner>, M/s ……..<Mention the registered name and address of the 2nd partner> and M/s …….. <Mention the registered name and address of the 3rd partner> have formed a consortium and are interested in bidding for the project and implementing the project in accordance with the terms and conditions of the tender document, contract agreement and other connected document(s) in respect of the Project, and

Whereas, it is necessary under the tender document for the partner(s) of the consortium to designate one of them as a lead partner with all the necessary powers and authority to do for and on behalf of the consortium, all acts, deeds and things as may be necessary in connection with the consortium's bid for "Setting up & operationalizing 24X7 Center of Excellence in NMCH, Patna, Bihar" (the "Project")or in the alternative to appoint one of them as the lead member, who, acting jointly, would have all necessary power and authority to do all acts, deeds and things on behalf of the Consortium, as may be necessary in connection with the consortium's bid for the Project.

NOW THIS POWER OF ATTORNEY WITNESSESTH THAT:

We M/s …… <Mention the registered name and address of the 1st partner>, M/s ……..<Mention the registered name and address of the 2nd partner> and M/s …….. <Mention the registered name and address of the 3rd partner> , do hereby designate M/s ……. <Mention the registered name and address of the lead partner>, being one of the partners of the consortium, as the lead partner of the consortium, to do on behalf of the consortium, all acts, deeds and things as may be necessary in connection with the consortium's bid for "Setting up & operationalizing 24X7 Center of Excellence in NMCH, Patna, Bihar" (the "Project"), including submission of proposal, participating in conference, responding to queries , submission of information/documents and generally to represent the consortium in all its dealings with the BMSICL, or any person, in connection with Project until culmination of the process of bidding and thereafter till the contract agreement is entered into with the BMSICL.

We hereby agree to ratify all acts, deeds and things lawfully done by our said attorney pursuant to this Power of Attorney and that all acts, deeds and things done by our aforesaid attorney shall and shall always be deemed to have been done by us. Dated this the …….. day of 2019.

For

(a) M/s……<Mention the registered name and address of the 1st partner>,

(b) M/s ……..<Mention the registered name and address of the 2nd partner> and

(c) M/s …….. <Mention the registered name and address of the 3rd partner>

For…….. (Name, designation and address of the 1st Partner)	For…….. (Name, designation and address of the 2nd Partner)	For…….. (Name, designation and address of the 3rd Partner)

Accepted

……. (Signature)

(Name , title and address of the Attorney)

Date:

Note:

(i) The mode of execution of the Power of Attorney (PoA) should be in accordance with the procedure , if any, laid down, by the applicable law and the charter documents of the executants and when it is so required the same should be under seal affixed in accordance with the required procedure.

(ii) A certified copy of the appropriate resolution/document conveying such authority may be enclosed in lieu of the Power of Attorney(PoA), as mentioned below:

(a) Power of Attorney (PoA) – For Lead partner of the consortium

(b) Board Resolutions of Bidding Entities in consortium

(c) Memorandum of Understanding(MoU)

BMSICL

Annexure V

"Memorandum of Understanding (MoU) - Consortium"
(On Non – judicial stamp paper of Rs. 1000/- duly attested by notary public)

THIS Memorandum of Understanding (MoU) is entered into on this the …… day of ..... 20…

AMONGST

1. {……, a company/society/trust incorporated/registered under the ……} and having its registered office at …… (hereinafter referred to as the "First Part and Lead Partner" which expression shall, unless repugnant to the context include its successors and permitted assigns)

AND

2. {……, a company/society/trust incorporated/registered under the ……} and having its registered office at …… (hereinafter referred to as the "Second Part" which expression shall, unless repugnant to the context include its successors and permitted assigns)

AND

3. {……, a company/society/trust incorporated/registered under the ……} and having its registered office at …… (hereinafter referred to as the "Third Part" which expression shall, unless repugnant to the context include its successors and permitted assigns).

The above mentioned parties of the FIRST, SECOND and THIRD PART are collectively referred to as the "Parties" and each is individually referred to as a "Party".

WHEREAS,

(A) BMSICL, Patna (hereinafter referred to as the "Procurer" which expression shall, unless repugnant to the context or meaning thereof, include its administrators, successors and assigns) has invited bids (the "Bids") by its Request for Proposal No. …… dated ……(the "RFP") for "Setting up & operationalizing 24X7 Center of Excellence in NMCH, Patna, Bihar".

(B) The Parties are interested in jointly bidding for the Project(s) as members of a Consortium and in accordance with the terms and conditions of the RFP and other Bidding Documents in respect of the Project(s), and

(A) It is a necessary condition under the RFP that the members of the Consortium shall enter into a Memorandum of Understanding (MoU) and furnish a copy thereof with the Bid.

NOW IT IS HEREBY AGREED as follows:

1. Definitions and Interpretations
In this Agreement, the capitalised terms shall, unless the context otherwise requires, have the meaning ascribed thereto under the RFP.

2. Consortium

2.1 The Parties do hereby irrevocably constitute a consortium (the "Consortium") for the purposes of jointly participating in the Bidding Process for the Project(s).

1.2 The Parties hereby undertake to participate in the Bidding Process only through this Consortium and not individually and/ or through any other consortium constituted for this Project(s), either directly or indirectly or through any of their Associates.

3. Covenants

The Parties hereby undertake that in the event the Consortium is declared the Selected Bidder and awarded the Project, it shall incorporate a separate entity a Special Purpose Vehicle (SPV) under Companies Act within 90 days of issue of the Letter of Intent(LoI) by BMSICL and for performing all its obligations as the Service Provider for the Project in terms of the contract agreement.

4. Role of the Parties

The Parties hereby undertakes that Party of the First Part shall be the Lead partner of the Consortium and shall have the power of attorney from all Parties for conducting all business for and on behalf of the Consortium during the Bidding Process including submission of Performance Security (PS) and until the obligations of the separate entity, SPV shall become effective under the Agreement.

5. Joint and Several Liability

The Parties do hereby undertake to be jointly and severally responsible for all obligations and liabilities relating to the Project(s) and in accordance with the terms of the RFP and the Agreement, till the obligations of the entity formed by them becomes effective in accordance with the Agreement.

1. Shareholding in the SPV (in case an Special Purpose Vehicle (SPV) is formed by the Consortium Members)

1.1 The Parties agree that the proportion of shareholding among the Parties in the SPV shall be as follows:

(a) First Party:

(b) Second Party:

(c) Third Party:

1.2 The Parties undertake that not less than 100% (one hundred per cent) of the subscribed and paid up equity share capital of the SPV shall, at all times until the end of fifth anniversary from the signing of the MoU, be held by them.

1.3 Without prejudice to the above, it is expressly agreed by the Parties that prior approval of the SHSB shall be obtained in case of any change in the ownership of any member of the Consortium in the SPV. The consortium further agrees that each of the partners in the consortium, whose Technical Capacity and Financial Capacity is evaluated for the purposes of qualification under the RFP, shall hold minimum 26% and the Lead partner shall hold at least 34% of the subscribed and paid up equity of the SPV until the end of the fifth (5^{th}) anniversary from the signing of the MoU;

6.3 The Parties undertake that they shall comply with all equity lock-in requirements set forth in the MoU.

7. Representation of the Parties

Each Party represents to the other Parties as of the date of this MoU that:

(a) Such Party is duly organised, validly existing and in good standing under the laws of its incorporation and has all requisite power and authority to enter into this MoU;

(b) The execution, delivery and performance by such Party of this MoU has been authorised by all necessary and appropriate corporate or Procurer action and a copy of the extract of the charter documents and board resolution/ power of attorney in favour of the person executing this MoU for the delegation of power and authority to execute this MoU on behalf of the consortium is annexed to this MoU,and will not, to the best of its knowledge:
   (i) require any consent or approval not already obtained;
   (ii) violate any Applicable Law presently in effect and having applicability to it;
   (iii) violate the memorandum and articles of association, by-laws or other applicable organisational documents thereof;
   (iv) violate any clearance, permit, grant, concession, license or other Governmental authorisation, approval, judgement, order or decree or any mortgage agreement, indenture or any other instrument to which such Party is a party or by which such Party or any of its properties or assets are bound or that is otherwise applicable to such Party; or
   (v) create or impose any liens, mortgages, pledges, claims, security interests, charges or Encumbrances or obligations to create a lien, charge, pledge, security interest, encumbrances or mortgage in or on the property of such Party, except for encumbrances that would not, individually or in the aggregate, have a material adverse effect on the financial condition or prospects or business of such Party so as to prevent such Party from fulfilling its obligations under this MoU;

(c) this MoU is the legal and binding obligation of such Party, enforceable in accordance with its terms against it; and

(d) there is no litigation pending or threatened against it, to the best of such Party's knowledge, to which it or any of its Affiliates is a party that presently affects or which would have a material adverse effect on the financial condition or prospects or business of such Party in the fulfillment of its obligations under this MoU.

8. Termination

This MoU shall be effective from the date hereof and shall continue in full force and effect until the Termination of the contract agreement with SHSB and any such term/period extensions thereof, in case the Project is awarded to the Consortium. However, in case the Consortium is either not prequalified for the Project or does not get selected for award of the Project, the Memorandum of Understanding (MoU) will stand terminated in case the Bidder is not pre-qualified by the BMSICL to the Bidder, as the case may be.

9. Miscellaneous

9.1 This Memorandum of Understanding (MoU) shall be governed by laws of India.

9.2 The Parties acknowledge and accept that this MoU shall not be amended by the Parties without the prior written consent of the BMSICL.

IN WITNESS WHEREOF THE PARTIES ABOVE NAMED HAVE EXECUTED AND DELIVERED THIS AGREEMENT AS OF THE DATE FIRST ABOVE WRITTEN.

SIGNED, SEALED AND DELIVERED SIGNED, SEALED AND DELIVERED

For and on behalf of
LEAD PARTNER by:
(Signature)

(Name)
(Designation)
(Address)

For and on behalf of
SECOND PART
(Signature)

(Name)
(Designation)
(Address)

SIGNED, SEALED AND DELIVERED
For and on behalf of
THIRD PART
(Signature)

(Name)
(Designation)

(Address)
In the presence of:
1.

Notes:

1. The mode of the execution of the Memorandum of Understanding (MoU) should be in accordance with the procedure, if any, laid down by the Applicable Law and the charter documents of the executant(s) and when it is so required, the same should be under seal affixed in accordance with the required procedure.
2. Each Memorandum of Understanding (MoU) should attach a copy of the extract of the charter documents and documents such as resolution / power of attorney in favour of the person executing this Agreement for the delegation of power and authority to execute this Agreement on behalf of the Consortium Member.

BMSICL

CHECK LIST			
Name of the Bidder			
SL. No.	Item	Whether Included Yes/No	Page No.
A. EIO Fee			
1.	EOI Documents Fee (in the form of Demand Draft) – Rs.10,000/-		
B. Check list & Registration.			
1.	Document claiming the Registration for Trading		
2.	Certificate of Incorporation and Articles of Memorandum of Association/Partnership Deed/consortium (As applicable) as per annexure -IV		
3.	Copy of certificate from Central Excise and Trades Tax/ Sales Tax		
4.	Copy of certificate of Audited Report for any three of last four consecutive Assessment years under the stamp and signature of Chartered Accountant.		
5.	Copy of certificate of Balance Sheet for any three of last four consecutive Assessment years under the stamp and signature of Chartered Accountant.		
6.	Copy of certificate of P&L Statement for any three of last four consecutive Assessment years under the stamp and signature of Chartered Accountant.		
7.	Copy of self-attested IT Returns for any three of last four consecutive Assessment years		
8.	Non Conviction Declaration(Sworn before First Class Magistrate/Notary) as per Clause 5.5		
9.	Manufacturer's Authorization (if quoted by bidder other than manufacturer) as per Annexure 5		
10.	Letter of technical submission (Sworn before First Class Magistrate/Notary) as per Annexure 1		
11.	Supply/Purchase order issued by user institution to comply supply criteria mentioned in clause 5 (Eligibility criteria)		
12.	Certificate from end user(s) indicating the Purchase order(s) as submitted by the Bidder/EOI Applicant, date of date of starting delivery of services and performance of the services rendered.		
13.	Power of Attorney for the Signatory to the Bid as per annexure IV, duly notarized.		
14.	Quality Standard Certification (NABL/ISO etc.) if any		
15.	Approval from Reserve Bank of India in case of Foreign Collaboration		