



OFFICE OF THE CHIEF DISTRICT MEDICAL & PH OFFICER-CUM-
DISTRICT MISSION DIRECTOR, GAJAPATI

(Department of Health & Family Welfare, Govt. Of Odisha)

E-Mail-nhmgajapati18@gmail.com

Letter No 4888/DPMUGJP

DATE 29/7/19

Selection of Agency for "Operation and Management of PHC under NHM"

Notice inviting objection

Name of the District: Gajapati

The Summary Sheet of the selection process for the "Operation and management of Loba (PHC) under NHM" Gajapati based on the applications received is given below. The bidders may like to respond to the Summary Sheet if they have any points to make on or before **6th August, 2019** through **E-Mail-nhmgajapati18@gmail.com** and hard copy.

Summary Sheet of Selection Process

Sl. No.	Name of the PHC applied	Name of the Entity applied	(Qualified/Not Qualified as per the eligibility screening process)	Marks secured as per the Scoring sheet	Remarks/Reasons
01	Loba PHC (Rayagada)	Caram (Bhubaneswar)	Qualified	63	
02	Loba PHC (Rayagada)	Peace	Qualified	54	
03	Loba PHC (Rayagada)	Citizens Association for Rural Development (CARD)	Not-Qualified		Not submitted 2017-2018 audit reports

Enclosure:

1. Eligibility Check list for evaluation of proposals for PHC Management under NHM for all the entities applied
2. Scoring Sheet of all the entities which has qualified in the Eligibility Criteria

Yours faithfully

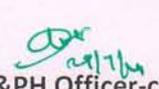
Memo No 4889

Copy to NGO CARD/ PEACE/ CARAM for information.


29/7/19
CDM&PH Officer-cum-DMD

Gajapati.

Dated 29/7/19


29/7/19
CDM&PH Officer-cum-DMD

Gajapati.

NAME OF THE WGO! CARD

Check List for Proposal Submission
(Attach the checklist along with the Proposal)

Sl.No	Particulars	Whether Submitted or not Yes/No	Page No.
1	Covering letter for the project by the Entity in its letter head -As per Form - T1	Yes	1-16
2	Name, Address, Registration details of the Agency - As per form T2 & Attach relevant certificate	Yes	17
3	Copy of the Registration Certificate or equivalent certificate (Document 1)	Yes	18
4	Copy of the Memorandum of Association or equivalent document (Document 2)	Yes	19-34
5	Annual Financial Statements duly audited with audit report attached for the last 3 years: 2015-16 2016-17 2017-18 (Document 3). Submit filled Form-T3	Audit Report not submitted 2015-16, 2016-17 submitted only 2017-18	35-72
6	Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18 / In case run by the PSUs, annual reports of the PSUs (Documents 4). Organizations not preparing annual reports should provide legitimate reasons for not preparing the same. A document containing details of the activities undertaken by the Organization during the last five years. (Submit filled Form - T4)	Yes	73-180
7	Names of the Office Bearers along with their addresses (in case of Trusts and Registered Societies) / Names of the key personnel along with their addresses for Other Organizations (Document- 5)	Yes	181
8	A certificate that the bidder has never been "blacklisted"/ debarred from participating in any tendering process by any State Government/central Government institutions. The bidder may provide details of circumstances of the cases. (Document- 8) Submit filled Form - T5.	Yes	182-183
9	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which	Yes	184-188

PPP coordinator
S.S.

TH
A. K. S. Das, Hojajam

S.S.
S.S.

S.S.

	the organization is applying for along with the application form. (Document-9). Submit filled Form - T6.		
10	An undertaking that the office bearer of the Organization has not been convicted by any court of law in India or abroad for any criminal offence. (Document- 10). Submit filled Form – T7.	Yes	189
11	An undertaking that the Organization is willing to sign the service level agreement. (Document 11). Submit filled Form – T8.	Yes	190
12	Copy of the resolution of the competent authority in the Organization authorizing the signatory to respond to this invitation (Document 12).	Yes	191
13	A document containing the vision, mission and organizational structure of the Organization (Document 1)	Yes	192-193
14	Copy of PAN card, (Document: 13)	Yes	194
15	Copy of Bank Pass Book, (Document: 14)	Yes	195-196
16	A document containing details of the activities undertaken by the Organization during the last five years. (Document 15)	Yes	197-201
17	A document containing the details, which inter alia must include the names, addresses and educational qualifications of key personnel employed by the Organization during the last five years including those employed at the time of submission of this bid (Document 16).	Yes	202-205
18	Descriptions of activities of the Organization in the primary health care system in any parts of India emphasizing (a) geographical area (b) outputs (c) manpower dedicated to projects (d) outcome (Document 17).	Yes	206-212
19	A document containing the Information Technology capacity of the Organization indicating capacities in terms of (a) hardware (b) application software (c) usage (Document 18).	Yes	213
20	Income Tax and Other Tax registration certificates: Registration under 12-A of Income tax act 1961. (Document 19).	Yes	214-217
21	EMD (DD of Rs.40,000/-)	Yes/No	218

PPP coordinator


22	Form T1	✓ Yes/No	Front Page
23	Form T2	✓ Yes/No	15
24	Copy of the company/Agency Registration certificate	Yes/No	
25	Copy of PAN	Yes/No	
26	Form T3	✓ Yes/No	33
27	Photocopies of the audited P/L account of each year highlighting the turnover in support of that)	Yes/No	
28	Form T4	✓ Yes/No	219-414
29	Copies of Work Order/Contract certificates from the clients in support of similar works executed in support of the information provided in Form T4	✓ Yes/No	
30	Form T5	✓ Yes/No	
31	Form T6	✓ Yes/No	
32	Form T7	✓ Yes/No	
33	Form T8	✓ Yes/No	
34	Copy of the meeting minutes of the Executive Committee/ Governing body/ any other body meeting based on by-law/ Memorandum of the Society/ registration document of last three financial years till 2017-18.	✓ Yes/No	415-457
35	Copy of the Unique ID under NITI Ayog Darpan	✓ Yes/No	458

PPP coordinator

[Signature]

[Initials]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

SECTION 8 – Evaluation of the proposals.

8.1 Evaluation of Technical Proposals

In the first stage, the proposal will be evaluated on the basis of agency's fulfillment of **eligibility criteria**. Only those bidders who qualify as per the eligibility criteria, their bid will be considered for the next stage of evaluation i.e Award of Marks. The bidder has to score **at least 50 or above** in order to be considered for the preparation of merit list for the PHC.

SCORING SHEET FOR THE ASSESSMENT OF THE BIDDER FOR PHC MANAGEMENT PROJECT

Name of the Organization : *CARAM*

Name of the PHC applied : *Loba*

District : *Gajapati*

Sl.	Areas of assessment	Maximum marks	Marks obtained	MOV
Registration & establishment (20 marks)				
1	a) Years of existence of entities registered in Society Registration Act/Indian Trust Act/Indian Religious and Charitable Act(5--10 yrs-3marks, >10 yrs-5 marks)	5	5	Registration certificate
	b) Registered under 80G (if yes-2 mark, if No-0 mark)	2	2	80 G regd. certificate
	c) Working experience on health sector in the applied district (completion of minimum one year in project implementation-5 marks, completion of two years-7.5 marks and completion of 3 years & above-10marks)	10	0	MOU/Sanction order/Agreement
	d) Governance System (Meeting & minutes of the Executive Committee/ Governing body meeting based on bye-law & Memorandum of the society in the last financial year): (Less than 50% meeting-0 mark, 50%-75% meeting - 1 mark , >75% meeting - 3 marks)	3	3	Proceeding/ Meeting register of GB & EB
Field level Experience (45 marks)				
2	a. Years of experience in implementing projects in health sector during last 10 years. (1-3 yrs=3 marks, > 3 yrs= 5 marks)	5	5	MoU/Sanction Order/Agreement
	b. Years of experience in implementing projects in health sector with the support of Govt. (1-3 yrs=3	5	5	MoU/Sanction Order/Agreement

	marks, > 3 yrs= 5 marks)			
	c. Years of experience in Managing Hospitals. (1-3 years= 5 marks; > 3 to 5 years=7 marks ;> 5 years=10 marks.)	10	7	MoU/Sanction Order/Agreement
	d. Experience in providing comprehensive primary health care services at institutional level (Maternal Health, Neonatal & Infant Health, Child health, Adolescent Health, Reproductive Health & Contraceptive services, Management of Chronic Communicable Diseases, Basic OPD Care, Management of Non-Communicable diseases, Management of Mental Illness, Dental Care, Eye Care/ENT Care, Geriatric care, Managing emergency Medicine store)(maximum 10 marks) (1-3 yrs-5marks, >3-5 yrs-7 marks, > 10Years-10 marks)	10	7	MOU/Sanction order/Agreement
	e. Multistate experience in managing health Institutions. (Less than 1 yr-0 marks, 1 yr or above- 5 marks)	05	0	MoU/Sanction Order/ Agreement
	f. Currently managing hospital being a part of network of hospitals. 1. Period 1 to 3 years-3 marks 2. Period >3 to 5 years- 4 marks 3. Period >5 years- 5 marks	05	0	MoU/Sanction Order/ Agreement
	g. Currently having own Patient referral transport services (1-3 yrs=3 marks, > 3 yrs – 5 yrs= 4 marks & > 5 years= 5 marks)	05	5	Log book/ other relevant document
Financial strength(20 marks)				
3	a. Financial turn over (minimum 25 lakhs as per last audit report - >25-30 lakhs -4 marks, > 30-40 lakhs-6 marks, > 40-50 lakhs- 8 marks & >50 lakhs-10 marks)	10	10	Audit report of last financial year
	b. Fixed assets in the name of the organization (minimum > 10 lakhs assets-6 marks)	10	6	Balance sheet & fixed asset register
Staffing: Other strength (10 marks)				
4	Agencies having staff of medical officers (Allopathy & AYUSH), Staff nurses/ANM, Pharmacist & LT in position for more than last 3 yrs in the payroll of the organization (documents to be verified. All staff more than 3 –5 yrs= 5 marks, >5 staffs– 10 marks).	10	5	Acquaintance & HR documents
5	Other Strength: (05 marks)			
	If the Organization received any	05		

National/State/District Level award by Govt significant contribution in social development sector (National level-5 marks, State Level- 4 marks, District Level- 3 marks)		3	
Total	100	63	

① NAME OF THE NGO: QARAM

Check List for Proposal Submission
(Attach the checklist along with the Proposal)

Sl.No	Particulars	Whether Submitted or not Yes/No	Page No.
1	Covering letter for the project by the Entity in its letter head -As per Form - T1	Yes	1
2	Name, Address, Registration details of the Agency - As per form T2 & Attach relevant certificate	Yes	4
3	Copy of the Registration Certificate or equivalent certificate (Document 1)	Yes	7-8
4	Copy of the Memorandum of Association or equivalent document (Document 2)	Yes	11-20
5	Annual Financial Statements duly audited with audit report attached for the last 3 years: 2015-16, 2016-17, 2017-18, (Document 3). Submit filled Form-T3	Yes	21
6	Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18 / In case run by the PSUs, annual reports of the PSUs (Documents 4). Organizations not preparing annual reports should provide legitimate reasons for not preparing the same. A document containing details of the activities undertaken by the Organization during the last five years. (Submit filled Form - T4)	Yes	22-33(B) 43-66
7	Names of the Office Bearers along with their addresses (in case of Trusts and Registered Societies) / Names of the key personnel along with their addresses for Other Organizations (Document- 5)	Yes	67
8	A certificate that the bidder has never been "blacklisted"/ debarred from participating in any tendering process by any State Government/central Government institutions. The bidder may provide details of circumstances of the cases. (Document- 8) Submit filled Form - T5.	Yes	68
9	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which	Yes	69

PPPCoordinator
JSS

T2

Handwritten signature

Handwritten signature

Handwritten signature

Handwritten signature

Handwritten mark

	the organization is applying for along with the application form. (Document-9). Submit filled Form - T6.	Yes	69
10	An undertaking that the office bearer of the Organization has not been convicted by any court of law in India or abroad for any criminal offence. (Document- 10). Submit filled Form – T7.	Yes	71
11	An undertaking that the Organization is willing to sign the service level agreement. (Document 11). Submit filled Form – T8.	Yes	72
12	Copy of the resolution of the competent authority in the Organization authorizing the signatory to respond to this invitation (Document 12).	Yes	73 TO 74
13	A document containing the vision, mission and organizational structure of the Organization (Document 1)	Yes	115 TO 119
14	Copy of PAN card, (Document: 13)	Yes	120
15	Copy of Bank Pass Book, (Document: 14)	Yes	121
16	A document containing details of the activities undertaken by the Organization during the last five years. (Document 15)	Yes	125 TO 259
17	A document containing the details, which inter alia must include the names, addresses and educational qualifications of key personnel employed by the Organization during the last five years including those employed at the time of submission of this bid (Document 16).	Yes	260 TO 261
18	Descriptions of activities of the Organization in the primary health care system in any parts of India emphasizing (a) geographical area (b) outputs (c) manpower dedicated to projects (d) outcome (Document 17).	Yes	122
19	A document containing the Information Technology capacity of the Organization indicating capacities in terms of (a) hardware (b) application software (c) usage (Document 18).	Yes	124
20	Income Tax and Other Tax registration certificates: Registration under 12-A of Income tax act 1961. (Document 19).	Yes	370
21	EMD (DD of Rs.40,000/-)	Yes/No	Yes

PPP coordinator
JOS

TR

JAN
12-0

STB

JML

Janda

P

22	Form T1	✓ Yes/No	1
23	Form T2	✓ Yes/No	4
24	Copy of the company/Agency Registration certificate	✓ Yes/No	7-8
25	Copy of PAN	✓ Yes/No	120
26	Form T3	✓ Yes/No	21
27	Photocopies of the audited P/L account of each year highlighting the turnover in support of that)	✓ Yes/No	22 To 33
28	Form T4	✓ Yes/No	43-67
29	Copies of Work Order/Contract certificates from the clients in support of similar works executed in support of the information provided in Form T4	✓ Yes/No	43-47
30	Form T5	✓ Yes/No	68
31	Form T6	✓ Yes/No	69
32	Form T7	✓ Yes/No	71
33	Form T8	✓ Yes/No	72
34	Copy of the meeting minutes of the Executive Committee/ Governing body/ any other body meeting based on by-law/ Memorandum of the Society/ registration document of last three financial years till 2017-18.	✓ Yes/No	73 To 144
35	Copy of the Unique ID under NITI Ayog Darpan	✓ Yes/No	123

PPP coordinator
Jeez

TR
Jeez
P.O.

SPP

Jeez

Jeez

2

SECTION 8 – Evaluation of the proposals.

8.1 Evaluation of Technical Proposals

In the first stage, the proposal will be evaluated on the basis of agency's fulfillment of **eligibility criteria**. Only those bidders who qualify as per the eligibility criteria, their bid will be considered for the next stage of evaluation i.e Award of Marks. The bidder has to score **at least 50 or above** in order to be considered for the preparation of merit list for the PHC.

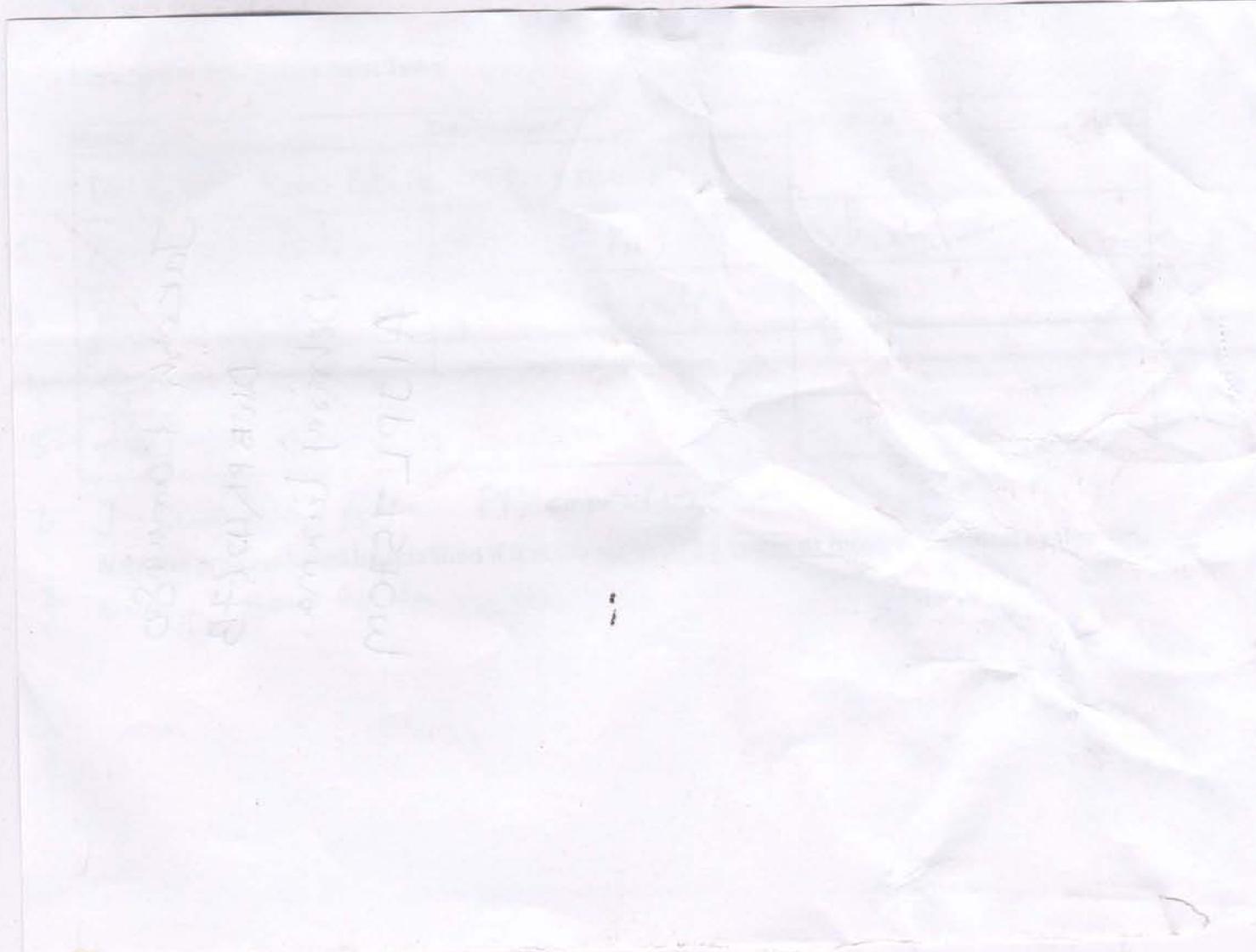
SCORING SHEET FOR THE ASSESSMENT OF THE BIDDER FOR PHC MANAGEMENT PROJECT

Name of the Organization : *PEACE*
 Name of the PHC applied : *Loba*
 District : *Gajapati*

Sl.	Areas of assessment	Maximum marks	Marks obtained	MOV
Registration & establishment (20 marks)				
1	a) Years of existence of entities registered in Society Registration Act/Indian Trust Act/Indian Religious and Charitable Act(5--10 yrs-3marks, >10 yrs-5 marks)	5	5	Registration certificate
	b) Registered under 80G (if yes-2 mark, if No-0 mark)	2	0	80 G regd. certificate
	c) Working experience on health sector in the applied district (completion of minimum one year in project implementation-5 marks, completion of two years-7.5 marks and completion of 3 years & above-10marks)	10	10	MOU/Sanction order/Agreement
	d) Governance System (Meeting & minutes of the Executive Committee/ Governing body meeting based on bye-law & Memorandum of the society in the last financial year): (Less than 50% meeting-0 mark, 50%-75% meeting - 1 mark , >75% meeting - 3 marks)	3	3	Proceeding/ Meeting register of GB & EB
Field level Experience (45 marks)				
2	a. Years of experience in implementing projects in health sector during last 10 years. (1-3 yrs=3 marks, > 3 yrs= 5 marks)	5	5	MoU/Sanction Order/Agreement
	b. Years of experience in implementing projects in health sector with the support of Govt. (1-3 yrs=3	5	5	MoU/Sanction Order/Agreement

	marks, > 3 yrs= 5 marks)			
	c. Years of experience in Managing Hospitals. (1-3 years= 5 marks; > 3 to 5 years=7 marks ;> 5 years=10 marks.)	10	7	MoU/Sanction Order/Agreement
	d. Experience in providing comprehensive primary health care services at institutional level (Maternal Health, Neonatal & Infant Health, Child health, Adolescent Health, Reproductive Health & Contraceptive services, Management of Chronic Communicable Diseases, Basic OPD Care, Management of Non-Communicable diseases, Management of Mental Illness, Dental Care, Eye Care/ENT Care, Geriatric care, Managing emergency Medicine store)(maximum 10 marks) (1-3 yrs-5marks, >3-5 yrs-7 marks, > 10Years-10 marks)	10	7	MOU/Sanction order/Agreement
	e. Multistate experience in managing health Institutions. (Less than 1 yr-0 marks, 1 yr or above- 5 marks)	05	0	MoU/Sanction Order/ Agreement
	f. Currently managing hospital being a part of network of hospitals. 1. Period 1 to 3 years-3 marks 2. Period >3 to 5 years- 4 marks 3. Period >5 years- 5 marks	05	0	MoU/Sanction Order/ Agreement
	g. Currently having own Patient referral transport services (1-3 yrs=3 marks, > 3 yrs – 5 yrs= 4 marks & > 5 years= 5 marks)	05	0	Log book/ other relevant document
Financial strength(20 marks)				
3	a. Financial turn over (minimum 25 lakhs as per last audit report - >25-30 lakhs -4 marks, > 30-40 lakhs-6 marks, > 40-50 lakhs- 8 marks & >50 lakhs-10 marks)	10	6	Audit report of last financial year
	b. Fixed assets in the name of the organization (minimum > 10 lakhs assets-6 marks)	10	6	Balance sheet & fixed asset register
Staffing: Other strength (10 marks)				
4	Agencies having staff of medical officers (Allopathy & AYUSH), Staff nurses/ANM, Pharmacist & LT in position for more than last 3 yrs in the payroll of the organization (documents to be verified. All staff more than 3 –5 yrs= 5 marks, >5 staffs– 10 marks).	10	0	Acquaintance & HR documents
5	Other Strength: (05 marks)		0	
	If the Organization received any	05		

National/State/District Level award by Govt significant contribution in social development sector (National level-5 marks, State Level- 4 marks, District Level- 3 marks)		0	
Total	100	54	



Field level Experience (45 marks)			
1. Year of experience in implementing projects in health sector during last 10 years. (10 marks, > 1 yrs: 5 marks)	5	5	Mar/Sec-100
2. Year of experience in implementing projects in health sector with the support of Govt. (10 marks)	5	5	Order/ment
3. Year of experience in implementing projects in health sector with the support of Govt. (10 marks)	5	5	No./Division

② NAME OF THE NGO: PEACE

Check List for Proposal Submission
(Attach the checklist along with the Proposal)

Sl.No	Particulars	Whether Submitted or not Yes/No	Page No.
1	Covering letter for the project by the Entity in its letter head –As per Form - T1	Yes	7
2	Name, Address, Registration details of the Agency – As per form T2 & Attach relevant certificate	Yes	8
3	Copy of the Registration Certificate or equivalent certificate (Document 1)	Yes	9
4	Copy of the Memorandum of Association or equivalent document (Document 2)	Yes	10 To 21
5	Annual Financial Statements duly audited with audit report attached for the last 3 years: 2015-16 2016-17 2017-18 (Document 3). Submit filled Form-T3	Yes	22
6	Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18 / In case run by the PSUs, annual reports of the PSUs (Documents 4). Organizations not preparing annual reports should provide legitimate reasons for not preparing the same. A document containing details of the activities undertaken by the Organization during the last five years. (Submit filled Form - T4)	Yes	23 To 62
7	Names of the Office Bearers along with their addresses (in case of Trusts and Registered Societies) / Names of the key personnel along with their addresses for Other Organizations (Document- 5)	Yes	106
8	A certificate that the bidder has never been "blacklisted"/ debarred from participating in any tendering process by any State Government/central Government institutions. The bidder may provide details of circumstances of the cases. (Document- 8) Submit filled Form - T5.	Yes	108
9	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which	Yes	109

PPPE coordination
Jee

TH
Jee
19-0, 19-0

SJ
Jee
Jee

	the organization is applying for along with the application form. (Document-9). Submit filled Form - T6.	Yes	109
10	An undertaking that the office bearer of the Organization has not been convicted by any court of law in India or abroad for any criminal offence. (Document- 10). Submit filled Form – T7.	Yes	117
11	An undertaking that the Organization is willing to sign the service level agreement. (Document 11). Submit filled Form – T8.	Yes	118
12	Copy of the resolution of the competent authority in the Organization authorizing the signatory to respond to this invitation (Document 12).	Yes	119 To 125
13	A document containing the vision, mission and organizational structure of the Organization (Document 1)	Yes	126 To 127
14	Copy of PAN card, (Document: 13)	Yes	128
15	Copy of Bank Pass Book, (Document: 14)	Yes	129
16	A document containing details of the activities undertaken by the Organization during the last five years. (Document 15)	Yes	83 To 105
17	A document containing the details, which inter alia must include the names, addresses and educational qualifications of key personnel employed by the Organization during the last five years including those employed at the time of submission of this bid (Document 16).	Yes	130 To 132
18	Descriptions of activities of the Organization in the primary health care system in any parts of India emphasizing (a) geographical area (b) outputs (c) manpower dedicated to projects (d) outcome (Document 17).	Yes	133
19	A document containing the Information Technology capacity of the Organization indicating capacities in terms of (a) hardware (b) application software (c) usage' (Document 18).	Yes	134
20	Income Tax and Other Tax registration certificates: Registration under 12-A of Income tax act 1961. (Document 19).	Yes	135
21	EMD (DD of Rs.40,000/-)	Yes/No	Yes

PPP Coordinator
Jais

Mr. J. K. Singh
SP-0, NHM, Odisha

S.R.

Su

Amala

22	Form T1	✓ Yes/No	7(P)
23	Form T2	✓ Yes/No	8(P)
24	Copy of the company/Agency Registration certificate	✓ Yes/No	9(P)
25	Copy of PAN	✓ Yes/No	128-(P)
26	Form T3	✓ Yes/No	22
27	Photocopies of the audited P/L account of each year highlighting the turnover in support of that)	✓ Yes/No	23 TO 62
28	Form T4	✓ Yes/No	83 TO 85
29	Copies of Work Order/Contract certificates from the clients in support of similar works executed in support of the information provided in Form T4	✓ Yes/No	86 TO 105
30	Form T5	✓ Yes/No	108
31	Form T6	✓ Yes/No	109
32	Form T7	✓ Yes/No	117
33	Form T8	✓ Yes/No	118
34	Copy of the meeting minutes of the Executive Committee/ Governing body/ any other body meeting based on by-law/ Memorandum of the Society/ registration document of last three financial years till 2017-18.	✓ Yes/No	155 TO 185
35	Copy of the Unique ID under NITI Ayog Darpan	✓ Yes/No	137.

PPPCOR/1702/2
Jes

SM
Jes
pro, Kojapant

SA

Jes

Jes P