

ଜିଲ୍ଲା ମୁଖ୍ୟ ଚିକିତ୍ସା ଓ ଜନ ସ୍ୱାସ୍ଥ୍ୟ ଅଧିକାରୀ, ଡି.ଏଚ.ଏଚ., ସୁନ୍ଦରଗଡ଼

Letter No 3309 /DHH/SNG
To,

Date 04.08.2020

The Deputy Director
Information & Public Relation Department
Odisha, Bhubaneswar.

Sub: - Regarding Publication of Advertisement.
Sir,

With reference to the subject cited above you are hereby requested to publish the advertisement in two nos of leading daily newspaper in single issue towards Bio Medical Waste Management of DHH, Sundargarh. (The draft copy is given below)

OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, SUNDARGARH

REQUEST FOR PROPOSAL

FOR BIO MEDICAL WASTE MANAGEMENT OF DHH, SUNDARGARH

(ଡାକ୍ତରୀକ୍ଷେତ୍ର ବର୍ଜ୍ୟବସ୍ତୁ ପରିଚାଳନା ନିମନ୍ତେ ଆବେଦନ)

No. 3309 /DHH/SNG

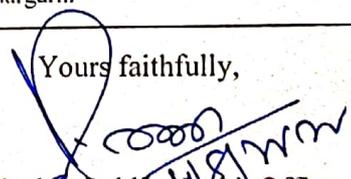
Date: 04/8/2020

Applications are invited from credible Agency/Firms for **Bio Medical Waste Management of DHH, Sundargarh**. The Agency/Firms must be a registered for above work Valid TAN/PAN/GST. For more than five years and proven experience of working in the related field for minimum of at least five years, Must have valid Authorization from SPCB towards BMWM. The proposal send through Speed Post/ Regd. Post/E-Mail (hdtsundargarh@yahoo.in) Post addressed to the CDM&PHO, SUNDERGARH on or before 24/8/2020 ^{at 5 pm}. The authority reserves right for cancellation / modifications of the selection without assigning any reason thereof.

Sd/-

Chief District Medical & Public Health Officer
Sundargarh.

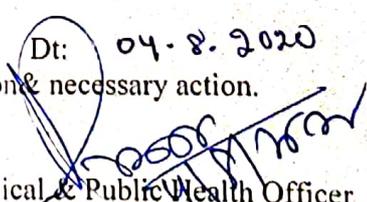
Yours faithfully,


Chief District Medical & Public Health Officer
Sundargarh.

Memo No: 3310

Copy submitted to the DIPRO, Sundargarh for information & necessary action.

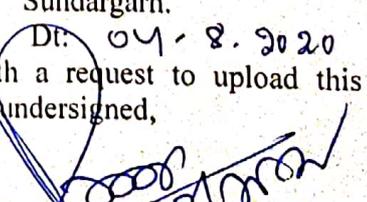
Dt: 04.8.2020


Chief District Medical & Public Health Officer
Sundargarh.

.Memo No: 3311

Copy submitted to the DIO, NIC with enclosure with a request to upload this advertisement in the District website & report compliance to the undersigned,

Dt: 04.8.2020


Chief District Medical & Public Health Officer
Sundargarh.



OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER
SUNDARGARH, ODISHA



Tender No. 3309

Date: 04/8/2020

Notice for Invitation of Tender for BMW Management in District Head Quarter Hospital,
Sundargarh

Date For Availability of Tender
In the website www.Sundergarh.nic.in

: 05/8/2020 to 24/8/2020

Last Date for Submission of Tender

: 24/8/2020 up to 05.00 PM

Place of Opening Tender
Address for submission

: CDM&PHO Office Conference Hall
: C/O-Chief District Medical & Public Health
Officer, Sundargarh District, Odisha.

Earnest Money

: Rs. 50,000.00 (Rs. Fifty thousand only)

Time of Completion

: 30 Days from the date of issue of Work Order

Date & Time of Opening of Tender

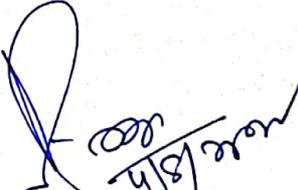
: 25/8/2020 at 11.00 AM

The Hospital also reserves the right to accept or reject summarily any or all the tenders without assigning any reason whatsoever.

The Bidders may download the Tender Documents directly from the Website available www.Sundergarh.nic.in . The Tender cost fee of Rs.2100/- (Non-refundable) by way of separate Demand Draft drawn in favour RKS, DHH, Sundargarh should be enclosed along –with the Technical Bid.

TENDER CALL NOTICE

Sealed Tenders are invited from registered firm /Organization having valid GST registration to date clearance, contact labour license with five year experience in the field of Bio Medical Waste Management in Hospital. The detailed terms and conditions in the form of "Tender Paper" will be available from Dt. 05/8/2020 For 21 days from the date of publication in the district website, newspaper or can be downloaded from the web site www.sundergarh.nic.in with in the same period. The tender includes collection of biomedical waste from the segregation site, transportation and storage at the containment area with further transportation to the plant site for treatment and disposal of waste, bar-coding system with Global Positioning System (GPS) as per the Biomedical Waste Rule 2016. The service provider will be provided with existing plants available within the 75 KM from DHH, Sundergarh. All have to download from the website can be submitted with a Demand Draft of **Rs.2100/- (Rupees two thousand one hundred)** only in favour of RKS, DHH, Sundergarh payable at Sundergarh. The cost of tender paper is not refundable. The last date of receipt of the tender paper will be 24/8/2020 by **5 P.M.** from the date of publication in the news paper. The tender will be opened in the presence of the Bidders or their authorized representatives in the office of the undersigned, DHH, Sundergarh. In the event of failure of any particular bidders or authorized agent to remain present at the time of the opening of the tender paper, the tender paper will be opened in the presence of available bidders present at the time of opening. If the last date falls on govt. holiday the tender paper will be received till 5 PM on the next working days. Tender received after schedule date and time shall not be entertained. The authority reserves the right to reject or cancel any / all tender papers without assigning any reason thereof. It is mandatory that the tender paper will reach the office of the undersigned only through registered post / Speed Post/Courier only. The undersigned has no responsibility for any postal delay/ transit delay on the part of bidder.


CDM&PHO,
Sundergarh

N.B.: The tender paper will be rejected if the bidder changes or omit any clause or annexure of the bid document downloaded from the website.

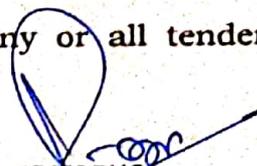
NOTICE INVITING PROPOSAL

DETAILED PROPOSALS ARE INVITED FROM ELIGIBLE AGENCYS FOR SELECTION OF THE MOST SUITABLE AGENCY TO BIOMEDICAL WASTE MANAGEMENT AT DHH, Sundargarh.

Sl. No.	Particulars	Information
1	Start Date of availability of RFP document in the official website of Sundargarh District	<u>05/8/2020</u>
2	Closing Date of availability of RFP document in the official website & Last date and time for receipt of proposal	<u>24/8/2020</u> (till 5 P.M)
3	Cost of RFP Document (Non refundable) demand draft receipt in favor of RKS, DHH, Sundargarh	Rs. 2,100.00
	Opening of Technical Bid	<u>25/8/2020</u> at 11 AM
6	EMD in form of demand draft Receipt in favor of RKS, DHH, Sundargarh	Rs.50,000.00
7	Address for submission of RFP	CDM&PHO, Sundargarh, Pin No:770001
8	Address for opening of RFP	Conference Hall of CDM&PHO, Sundargarh

Note: In case the closing date / last date for receipt of proposal happens to be a holiday for any reason, the activity will be held on the immediate next working day at the same time & place and as a consequence any change/s in the date/s of the subsequent activities will be informed through suitable media to all concerned.

The Authority reserves the right to reject any or all tenders without assigning any reason thereof.


CDM&PHO,
Sundargarh

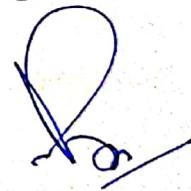
ity:

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

1. The Tenderer should have valid authorisation certificate by state Pollution control Board (OSPCB), Bhubaneswar, Odisha for collection, transportation, treatment and disposal of biomedical waste.
2. The agency should have firm registration certificate.
3. The agency may have MSME certificate from state Govt of Odisha.
4. The agency should have ISO 9001 certificate.
5. The quoting agency must have a minimum five years' experience and continuing operation in Bio medical waste treatment and disposal of biomedical waste.
6. The quoting agency should have operated a Biomedical and disposal facility in a Medical college of the state.
7. Preference may be given to Common Biomedical Waste Treatment Plant within 75KMS from the facility as per guideline.
8. The quoting agency must have the experience to operate the equipments namely incinerator, Shredder, microwave and effluent treatment plant (ETP) in Hospital premises.
9. The agency should have experience in implement bar Coding system in any Govt hospital for BMW management and obtained a certificate from software development agency for providing software for special bar coding for BMW Management rules -2016
10. The agency must a chartered accountant certified average turnover certificate of above Rs 50 lakhs for the last three financial years along with audited balance sheet for the similar period.
11. The agency must have a valid EPF, ESI & GST registration certificate.

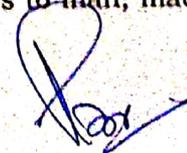


- It must have PAN Card in the name of the Firm/ Agency/ Company/Proprietor.
8. It must have valid Contract labour license.
 14. The agency must submit copy of IT return for last three financial years.(2017-18, 2018-19, 2019-20).
 15. The Bidder must not have been blacklisted either by the tender inviting authority or by any State Govt. or Govt. of India organization for Bio-medical waste work. The agency shall submit undertaking regarding the same on Non Judicial Stamp paper of Rs. 20/- as per Format. (**Form T-6**)
 16. It must not have any previous record of contract termination or left out of the job etc.
 17. An affidavit from NOTARY PUBLIC that the agency must have no criminal proceeding against on him.
 18. The agency must have submit list of existing customer i.e. Name of the health care institution, total bed strength and average daily waste collection of the same by the agency.
 19. For handling, treatment, disposal and transportation of waste generated during Treatments/diagnosis/quarantine of COVID-19 patients according to revised guideline published by CPCB.



and Condition of outsourcing of Bio-Medical Waste Management

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



building etc. on non-performance to this clause. Fine/penalty as decided by the Authority will be imposed.

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



The collection and transportation of bio-medical waste shall be carried out in a manner so as to avoid any possible hazard to human to human health and environment. The timing of collection of the waste to storage room will be preferably with in 6AM-8AM and 3 PM-4PM daily.

15. The bio-medical waste collected in polybags shall be transported to the nearest Bio-Medical Waste Management Storage Room located at DHH, Sundargarh a fully covered vehicle. Such vehicle shall be dedicated for transportation of Bio-Medical Waste. The color coded non chlorinated polybags of appropriate size and colors with bio-hazard markings along with bar code will be provided by the service provider.

16. The collection and transportation of Bio-Medical Waste shall be carried out in a manner so as to avoid any possible hazard to human health and environment. The transportation vehicle should be covered/closed, Biohazard symbol displayed on it along with GPS system. The vehicle should have all the documents necessary for RTO. The vehicle driver should have valid driving license.

17. The service provider shall maintain all the records related to Bio-Medical Waste Management of all the Departments. Daily records shall be maintained for the waste accepted and treated waste removed from the site. The record shall include the following minimum details.

- I. Waste Accepted: waste collection date, name of the health care unit. Waste category as per the rules, quantity of the waste, vehicle number and receiving date (at site).
- II. Treated waste removed: date treated waste type, quantity, vehicle number and location of disposal.
- III. Log Book: A log book shall be maintained for each treatment equipment installed at site and shall include the followings:
 - a) The weight of each batch.
 - b) The categories waste as per the rules.
 - c) The time, date and duration of each treatment cycle and total hours of operation
 - d) The complete details of all operational parameters during each cycle.



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

- V. Transportation-
- a). Transportation should be done on daily basis.
 - b). Transportation from BMW Storage Room of DHH, Sundargarh to CBWTF.
 - c). Logbook should be maintain by the Agency with duly signed by PO, BMWM/HM/DMO(MS).
 - d). Weight of waste carried & KMs to be mentioned clearly in logbook on daily basis.
 - e). Acknowledgement of receipt of the waste by the CBWTF submitted to the Hospital on daily basis.

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

20. The service provider will work for a period of two years from the, date of engagement which may, be extended for yearly basis up to maximum three years, subjected to certification by the competent authority & DHH, Sundargarh committee of the Institution. During this period if at any stage of time, the Hospital Authority finds non-compliance of assigned work, the service provider will be served with a notice for a period of one month and if still noncompliance is there, the contract will be cancelled and new party will be assigned with the said service.

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

22. The service provider shall be under the administrative control of the Medical Superintendent, DHH, Sundargarh.
23. The number of worker to be engaged by the service provider has to be specified. The numbers of worker are subjected to be modified with the revision /further increase with bed strength.
24. An affidavit from the 1st class Magistrate that the agency must have no criminal proceeding against on him.
25. An affidavit the agency must not have any previous record of termination of contract or left out of job in the middle during the period of contract.
26. The agency must have submit list of existing customers i.e. Name of health care institution , total bed strength and average daily waste collection and treatment of the same by the agency.
27. The outsourcing agency has to adhere & comply the rules, laws and guidelines updated and applicable as per time to time by state or central Govt.
28. The outsourcing agency has to submit Monthly Progress Report/Status report duly signed by the I/C sister of the concerned department and counter signed by the Medical Officer I/C of that department as the case may be without fail. Three consecutive Adverse Remarks may be treated as automatic cancellation of the contract and the same work may be allotted to another agency.

PENALTY:

29. In case of deficiencies in providing quality service, the authority will have the right to impose penalty to be deducted from the monthly bill of the agency as per the decision of the Performance Review committee.

The Performance Review Committee consists of:

- I. CDM&PHO, Sundargarh.
- II. DMO(MS), DHH, Sundargarh.
- III. DPHO, Sundargarh.
- IV. Medical Officer I/C of Different Departments, DHH, Sundargarh,
- V. Hospital Manager , DHH, Sundargarh
- VI. Matron, DHH, Sundargarh
- VII. Project Officer, BMWM.



FINANCIAL:

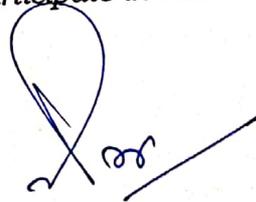
30. The Technical Bid should be accompanied with an Earnest Money deposit (EMD), refundable without interest of Rs.50,000/- (Rupees Fifty Thousand only in the form of DD/Cheque).
31. In absence of the EMD, technical proposal of the bidder shall be rejected. However, as per the Finance Department, Govt. of Odisha office memorandum no. 21926 dated 12.08.2015, the local MSMEs registered with respective DICs, Khadi, Village, Cottage & Handicraft Industries, OSIC and NSIC are exempted from submission of EMD while participating in tenders of Govt. Departments and Agencies under its control. It is further clarified that the above exemption is applicable to local MSMEs registered in Odisha only. This exemption to the local MSMEs shall be applicable if the kind of service as required under this tender enquiry is clearly specified against the details of the service to be provided in their DIC / NSIC registration certificate to be furnished in the technical bid.
32. The Earnest Money Deposit in respect of the service provider which do not qualify the Technical Bid (First Stage)/Financial Bid (Second Competitive Stage) shall be returned to them without any interest in case of successful tenderer. If the service provider fails to deploy the required manpower against the initial requirement within 15 days from the date of placing the order, the EMD shall stand forfeited without giving any further notice.
33. The successful tenderer will have to deposit a Security amount of Rs.1,00,000/- (Rupees one lakh) only in the form of Demand Draft made in favour of RKS, DHH, Sundargarh that will be refunded without interest in case of completion of the contract period/ cancellation by CDM&PHO, Sundargarh.
34. All the legal disputes are subject to the Jurisdiction of Sundargarh Only.
35. Manpower engaged by the Service Provider should not claim any type of compensation / absorption / regularization/benefit (Health related also) of service from this office under Industrial Dispute act, 1947 & Contract Labour Act 1970.
36. Agency will have to provide all protective material (PPE) & immunised for handling of BMW like – Apron, Gum Boot, Mask, Cap, Rubber Utility Gloves, Hepatitis B, and TT Injection as per requirement apart from uniform.

As per the provision of Biomedical Waste Management & Handling Rule-2016. Waste filling in most of the categories can be treated in system based on non-burn technologies. Such waste account for about 90% of the total waste streams in a health care unit. It is mandatory to impart incineration/ deep burial to anatomical & other types of the waste filling under Categories 1 & 2. Therefore an incinerator of adequate capacity to cater only Categories 1 & 2 waste shall be installed etc as per BMW Rule 2016.

39. The CBWTF will give the receipt of treated plastic wastes sent to a registered or authorized recyclers for energy recovery or plastics to diesel or fuel oil or for road making whichever is possible and will deposit the money in RKS Fund of Hospital.

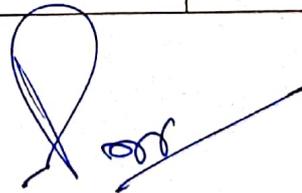
40. In the first stage, the technical proposals will be opened. Only those bidders whose technical proposals full fill the eligibility criteria shall qualify for the financial bid opening. In the financial bid, the bidders with the lowest price shall be awarded the contract.

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



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

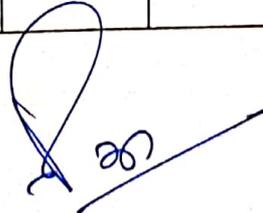
Sl. No.	Information of documents	Particulars
1	The tender documents should be accompanied with Bank Draft of Rs.2100/- (Cost of Tender Document) from any Nationalized Bank in favour of RKS, DHH, Sundargarh payable at Sundargarh.	
2	Valid labour license issued by concerned District Labour Officers /Authority.	
4	Valid Registration number with date of Organization /Society /Firm, if any	
5	Valid State Pollution Control board license / approval with date.	
6	Valid EPF registration number & date (ECR copy last 3 Financial Year i.e.2017-18, 2018-19, 2019-20.	
7	Valid ESI Registration number & date(ESI Copy of last 3 Financial year)	
8	Affidavit as per SL.No.22 & 23 in terms & condition	
9	PAN of the organization and Audited Financial statement of last 3 Financial Year i.e.2017-18, 2018-19, 2019-20.	
10	Bye-law of the organization /Firm , if any	
11	GST registration number & proof of last return filed	
12	Experience certificate on providing service in Bio-Medical Waste Management for last three consecutive years' i.e.2017-18, 2018-19, 2019-20.	
13	EMD(refundable, non-interest bearing) Rs.50,000/- (Rupees Fifty Thousand) only shall be enclosed with the tender paper in shape of Demand Draft in favour of RKS, DHH, Sundargarh payable at Sundargarh.	



CHECK LIST (TECHNICAL PROPOSAL)

Please check whether followings have been enclosed in the respective cover, namely, Technical Proposal: (Please arrange the documents serially in the following order)

Sl. No.	Particulars	Whether Submitted		Page No.
		Yes	No	
1.	EMD (DD of Rs.50,000/-)			
2	Cost of Tender Paper (Rs.2100/-)			
3	Form T1			
4	Form T2			
5	Copy of the company /Agency Registration Certificate			
6	Copy of the service Tax, EPF, ESI registration Certificate			
7	Copy of PAN			
8	Form T3			
9	Photocopies of the audited P/L account of each Year highlighting the turnover in support of that			
10	Copies of work order /contract certificates from the Clients in support of similar works executed in Support of the information provided in form T4			
11	Form T5			
12	Form T6			
13	Copy of existing valid labour license			
14	Copy of Valid State Pollution Control board license / approval with date			
15	Copy of GSTIN certificate			
16	Affidavit as per SL.No.22 & 23 in terms & Conditions			



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

To

The CDM&PHO,
Sundargarh.

Ref. Tender Document Reference no. _____ dated _____.

Dear Sir,

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

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

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

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

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

Yours Sincerely,

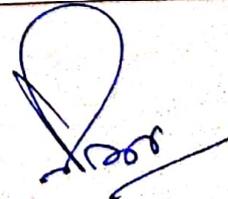
Authorized Signatory (In Full and Initials): _____

Name and Title of Signatory: _____

Name of the Agency: _____

Address: _____

(Organization Seal)



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

PROFILE OF THE AGENCY

1	Name of the Agency	
2	Address with Contact Number	
3	Financial position and Operational results for last 3 financial year (2017-18, 2018-19, 2019-20)	Audited statements of Accounts to be attached (self-attested photo copies)
4	Numbers of field level staffs engaged at the client locations to render Bio-Medical Waste Management	Service & Support Staff Supervisory Staff
5	Year of working experience in the related field along with the list of clients to whom similar service has been provided in last 5 years.	<ul style="list-style-type: none">• Name of client• Date of contract• Duration of Engagement• Contract Value• Contract Status• Completed / Ongoing• OngoingLive Performance
6	Separate list to be furnished for Govt. /Semi Govt. /Public Sector and Private Sector Clients.	
7	Registration / empanelment details with different authorities.	<ul style="list-style-type: none">• Authority• Date of Registration
8	Plan for execution	<ul style="list-style-type: none">• Man power planning• Monitoring• Quality Assurance
9	Any other details the applications would like to furnish (i.e. Awards and Accreditations)	

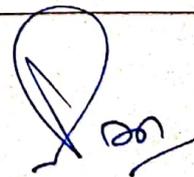
Note (I) Information to be furnished in separate sheet wherever necessary.

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

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

Name and Title of Signatory _____

(Organization Seal)



FORM-T3

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

The Annual Turnover of M/S _____

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

SL.NO.	Financial Year	Turnover in (Rs)
1	2017-18	
2	2018-19	
3	2019-20	
Total		
Average Annual Turnover in (Rs.)		

Date:

Signature of Chartered Accountant

Place:

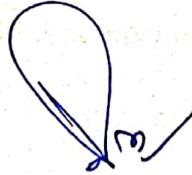
(Name in Capital)

Seal:

Membership No.

Note:

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



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

PAST EXPERIENCE IN OPERATING SIMILAR FIELD DURING THE LAST 5 YEARS IN HOSPITAL

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

Experience in Hospital:
For-2015-2016

Name of Assignment	Name /address of the Hospital	Date of award of Assignment	Date of Completion of assignment	Value of the Assignment	Role of the Agency

For-2016-17

Name of Assignment	Name /address of the Hospital	Date of award of Assignment	Date of Completion of assignment	Value of the Assignment	Role of the Agency

For-2017-18

Name of Assignment	Name /address of the Hospital	Date of award of Assignment	Date of Completion of assignment	Value of the Assignment	Role of the Agency

For-2018-19

Name of Assignment	Name /address of the Hospital	Date of award of Assignment	Date of Completion of assignment	Value of the Assignment	Role of the Agency



Name of Assignment	Name /address of the Hospital	Date award of Assignment	Date of Completion of assignment	Value of the Assignment	Role of the Agency

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

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

Name and Title of Signatory: _____

(Organization Seal)



FORM T-5
(To be furnished in the Technical Proposal)
Format for Power of Attorney for signing of proposal
(On a Stamp Paper of relevant value)

Power of Attorney

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

Dated this _____ day of _____ 2020/21.

For _____

(Name Designation and Address)

Accepted _____ (Signature)

(Name, Title and Address of the Attorney)

Date:- _____

Note:

- i. To be executed by the Chief of the Agency.
- ii. The mode of execution of the power of Attorney should be in accordance with the procedure, if any, lay down by the applicable law and the charter documents of the executants (s) and when it is so required the same should be under common seal affixed in accordance with the required procedure.
- iii. In case an authorized Director of the agency signs the proposal, a certified copy of the appropriate resolution / document conveying such authority may be enclosed in lieu of the power of Attorney.



FORM T-6

(To be furnished in the Technical Proposal)

Format for Affidavit certifying that Entity / Promoter(s) / Director(s)/Partners of Entity are not blacklisted

(On a Stamp Paper of relevant value)

Affidavit

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

We further confirm that we are aware that, our proposal for the captioned Project would be liable for rejection in case any material misrepresentation is made or discovered at any stage of the Bidding Process or thereafter during the agreement period.

Dated this.....Day of....., 2020/21.

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

Name and Title of Signatory _____

(Organization Seal)



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

Anti-Collusion Certificate

I / We hereby certify and confirm that in the preparation and submission of my/our proposal for Out-Sourcing Agency for Bio-Medical Waste Management at DHH, Sundargarh. I/We have not acted in concert or in collusion with any other Bidder or Other person(s) and also not done any act, deed or thing, which is or could be regarded as anti-competitive. I /We further confirm that I/We have not offered nor will offer any illegal gratification in cash or kind to any person or organization in connection with above mentioned proposal.

Dated this _____ Day of _____ 2020/21.

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

Name and Title of Signatory: _____

(Organization Seal)



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

Name and address of the organization /Agency :		
Sl.No.	Criteria	Rate in Rupees
1	Charges per bed per day including poly bags	
2	Charges per head per day including bar coded poly bags	
3	Transportation Charges per KM	

(Taxes Applicable as per Govt. Norms)

Date:

Place:

Authorized Signatory

