



REQUEST FOR PROPOSAL

Selection of Agency for Setting up a Time Bound System (ECG, Interpretation & Tele-Reporting) for Diagnosis of Patients with ST-Elevation Myocardial Infarction (STEMI)

RFP Reference No: OSH&FWS-2020/SER/STEMI/1

Date: 4.3.2020

**Odisha State Health & FW Society (OSH&FWS)
Mission Directorate
National Health Mission, Odisha**

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SECTION - 1

SCHEDULE OF PROPOSAL SUBMISSION

RFP No. : OSH&FWS-2020/SER/STEMI/1

Date: 4.3.2020

Detailed Proposals are invited from eligible bidders for **Selection of Agency for Setting up a Time Bound System (ECG, Interpretation & Tele-Reporting) for Diagnosis of Patients with ST-Elevation Myocardial Infarction (STEMI).**

1	Period of Availability of Tender Document	<p>From : 5.3.2020 to 27.3.2020 [Downloadable from website: www.nhmodisha.gov.in (in "Tender" link)]</p> <p>In case of any bid amendment and clarification, responsibility lies with the bidders to download the same from the above mentioned website before the last date of submission of tender document as per amendment and the tender inviting authority shall have no responsibility for any delay / omission in part of the bidder.</p>
2	Date, time & place of Pre-bid meeting	<p>Date: 12.3.2020, Time: 11.30 AM</p> <p>Venue : Conference Hall, Mission Directorate, National Health Mission, Annex Building of SIHFW, Nayapalli, Unit-8, Bhubaneswar-751012, Odisha</p> <p><i>(Prospective Bidders / authorized representative may remain present during pre-bid meeting)</i></p>
3	Last date & time for submission of Tender	<p>Date: 27.3.2020, Time: 3 PM</p> <p>Address of Submission of Bid: Mission Director, National Health Mission, Annex Building of SIHFW, Nayapalli, Unit -8, Bhubaneswar-751012, Odisha <i>(Through Speed post / Registered post / Courier /Tender Drop Box)</i></p>
4	Date, time and place of opening of Tender	<p>a) Technical Bid (Cover A) opening: 27.3.2020, 3.30 PM at the address mentioned above.</p> <p>b) Financial Bid (Cover B): <i>The date of opening of financial bid will be intimated to the firms found successful in the technical bid evaluation.</i></p> <p><i>(Venue is mentioned at the address mentioned above)</i></p> <p><i>(Bidders / authorized representative may remain present at the time of opening of bid)</i></p>

SECTION - 2

2. INSTRUCTIONS TO BIDDERS & ELIGIBILITY CRITERIA

2.1 Scope of Proposal

- (a) Interested bidders fulfilling the eligibility criteria may submit their bid.
- (b) Detailed description of the objectives, scope of services, deliverables and other requirements relating to “**Selection of Agency for Setting up a Time Bound System (ECG, Interpretation & Tele-Reporting) for Diagnosis of Patients with ST-Elevation Myocardial Infarction (STEMI)**” are specified in the terms of reference in Section - III. The manner in which the Proposal is required to be submitted, evaluated and accepted is explained in this Section;
- (c) The selection of the successful bidder shall be on the basis of an evaluation by the tender committee, through the Selection Process specified in this RFP. Bidders shall be deemed to have understood and agreed that no explanation or justification for any aspect of the Selection Process will be given to bidders;
- (d) The bidder shall submit its Proposal in the form and manner specified in this section of the RFP. The technical proposal shall be submitted in the formats **T1-T10**. **The Financial Proposal (Part B) shall be submitted in the format specified in F1-F2**. Upon selection, the agency shall be required to enter into an Agreement with the **tender inviting authority** as per the agreed price / test.

2.2 Eligibility Criteria

The bidder should fulfil the following Eligibility Criteria:

- I. The bidder must be a registered unit in India under Company, Firm, Society or a Trust Act.
- II. The bidder must have experience in implementation of at least one project on STEMI / Time bound ECG Interpretation & Tele-Reporting Services in any of the State in India.
- III. Should have an audited Annual average Turnover of **Rs. 25 Lakhs** or more in the financial years 2017-18 & 2018-19
- IV. Should not be blacklisted by any Government entity in India within the last three years.

2.3 Submission and Signing of Proposal

Interested eligible bidders may submit their bid with **tender document cost, EMD & documents** as set forth in this RFP and in a manner as described below:

- (a) The proposal shall be submitted in two parts -
(1) Part A – Tender document Cost, Bid Security & Technical Proposal as per format set out in RFP.

(2) Part B - Financial Proposal as per the format set out in RFP.

- (i) The Proposal shall be typed or written legibly in indelible ink and shall be signed by the authorized representative of the bidder.
- (ii) Power of Attorney for signing of bid: The bidder should submit a Power of Attorney as per the Form T9, authorizing the signatory of the bid to commit the bidder.
- (iii) Any interlineations, erasures or overwriting shall be valid only if the person or persons signing the Proposal have put the initial prior to submission of the same.

2.4 Packing, Sealing and Marking of Proposal

- (a) The Technical Proposal (Cover A) and Financial Proposal (Cover B) must be inserted in separate sealed envelopes, along with applicant's name and address in the left hand corner of the envelope and super scribed in the following manner.
 - **Cover-A-** Technical Proposal for "**Selection of Agency for Setting up a Time Bound System (ECG, Interpretation & Tele-Reporting) for Diagnosis of Patients with ST-Elevation Myocardial Infarction (STEMI)**"
 - **Cover-B -** Financial Proposal for "**Selection of Agency for Setting up a Time Bound System (ECG, Interpretation & Tele-Reporting) for Diagnosis of Patients with ST-Elevation Myocardial Infarction (STEMI)**"
- (b) The two envelopes i.e. envelope for Part-A, Part-B must be packed in a separate sealed outer cover and clearly **super scribed** with the following:
 - Proposal for "**Selection of Agency for Setting up a Time Bound System (ECG, Interpretation & Tele-Reporting) for Diagnosis of Patients with ST-Elevation Myocardial Infarction (STEMI)**".
 - **RFP no.**
 - The bidder's Name & address shall be mentioned in the left hand corner of the outer envelope.
- (c) The inner and outer envelopes shall be **addressed** to the **Mission Director** at the detail address mentioned at the Section - 1: Schedule of Proposal Submission.

If the outer envelope is not sealed and marked as mentioned above, then the O/o the tender inviting authority will assume no responsibility for the tender's misplacement or premature opening. Telex, cable or facsimile tenders will be rejected.

(d) Content of the Proposal**I. Cover A (Technical Proposal)**

The bidders are requested to submit a detailed technical proposal with respect to the **Setting up a System of Care for the treatment of Patients with ST-Elevation Myocardial Infarction (STEMI)** during the proposed contract period in conformity with the Terms of Reference forming part of this RFP.

1. Tender proposal Cost of **Rs. 2,240/-** (Non-Refundable) the shape of a Demand Draft in favour of Mission Director, National Health Mission payable at Bhubaneswar.
2. EMD of **Rs.1,00,000/-** in the shape of a Demand Draft in favour of Mission Director, National Health Mission payable at Bhubaneswar.
3. Format T1 (Filled in Checklist)
4. Format T2 (Technical Submission Form)
5. Photocopy of the Registration Certificate
6. Photocopy of PAN
7. Photocopy of GST Registration
8. Format T3 (Details of the bidder)
9. Format T4 (Certificate from the Chartered Accountant regarding Average Annual Turnover in the last three financial years)
10. Copies of the annual audited statement / Annual Report for 2017-18, 2018-19
11. Format T5 - Relevant Experience Details towards successful implementation of STEMI Projects in any States in India
12. Photocopies of work orders / contracts executed in support of the information furnished in Form T5
13. Format T6 (Manufacturer's Authorization Form)
14. Format T7 (Para wise Compliance to technical specification)
15. Copies of Leaflets / Product catalogue of the quoted model
16. Format T8 (Implementation Plan)

17. Format T9 - Power of Attorney authorizing the signatory for signing the proposal on behalf of the proposer/Bidder
18. Format T10 - Affidavit Certifying that bidder has not been not Blacklisted (on Original Stamp Paper of Rs.20/-)
19. Format T11 - Letter of Declaration (Anti Collusion Certificate) mentioning that the bidder will not collude with the other bidders.

II. Cover B (Financial Proposal)

1. The bidder must submit the Financial Proposal using Form specified in Form F1-F2 with proper signature and seal of the bidder.
2. In case of any discrepancy between figures and words in the financial proposal, the one described in words shall be taken into consideration.
3. The same person signing the RFP shall sign the financial part also.

2.5 Number of Proposals

Interested bidders fulfilling the eligibility criteria may submit **only one proposal** for this tender reference.

2.6 Validity of Proposals

The Proposal shall remain valid for 180 days after the date of bid opening for the purpose of bid evaluation / finalization of contract.

2.7 Cost of Proposal

The bidder shall be responsible for all of the costs associated with the preparation of their Proposals and their participation in the Selection Process. The concerned district authority will neither be responsible nor in any way liable for such costs, regardless of the conduct or outcome of the Selection Process.

2.8 Acknowledgement by the bidder

- (a) It shall be deemed that by submitting the Proposal, the bidder has: -
- (i) made a complete and careful examination of the RFP;
 - (ii) received all relevant information requested from the tender inviting authority;
 - (iii) acknowledged and accepted the risk of inadequacy, error or mistake in the

information provided in the RFP or furnished by or on behalf of the concerned district authority relating to any of the matters stated in the RFP Document;

(iv) satisfied itself about all matters, things and information, necessary and required for submitting an informed Proposal and performance of all of its obligations there under;

(v) acknowledged that it does not have a Conflict of Interest; and

(vi) Agreed to be bound by the undertaking provided by it under and in terms hereof.

(b) The tender inviting authority shall not be liable for any omission, mistake or error on the part of the bidder in respect of any of the above or on account of any matter or thing arising out of or concerning or relating to RFP or the Selection Process, including any error or mistake therein or in any information or data given by the tender inviting authority.

2.9 Language

The Proposal with all accompanying documents (the “**Documents**”) and all communications in relation to or concerning the Selection Process shall be in English language and strictly as per the forms provided in this RFP. In case any of these Documents is in another language, it must be accompanied by an accurate translation of the relevant passages in English, in which case, for all purposes of interpretation of the Proposal, the translation in English shall prevail.

2.10 Proposal Due Date

RFP filled in all respect must reach the O/o Mission Directorate at the address, time and date specified in the Section-1: Schedule of Proposal Submission, through Speed Post/ Regd. Post / Courier or tender drop box. If the specified date for the submission of RFPs is declared as a holiday, the RFPs will be received up to the appointed time on the next working day.

2.11 RFP Opening

(a) The Proposals received shall be opened in the presence of bidders or their authorized representatives who choose to attend, at the location, date and time mentioned in the Section 1: Schedule of Proposal Submission

(b) The bidder/their authorized representatives who will be present shall sign a register evidencing their attendance.

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- (c) In the event of the specified RFP opening date being declared a holiday, the RFPs shall be opened at the appointed time and location on the next working day.

SECTION 3

3. TERMS OF REFERENCE

3.1 Background

ST Elevation Myocardial Infarction, a grave complication of Coronary Artery Disease (CAD) is a significant healthcare problem in India. 3-4% of the Indians in rural areas and 8-10% in urban areas have coronary artery disease. In India, coronary artery disease affects people in the younger age group resulting in an extremely high loss of potentially productive years. Poor patients with coronary artery disease in India at a greater risk of complications and have and have a poorer outcome following ST Segment - Elevation Myocardial Infarction. The Create Registry Study gives the most contemporary statistics regarding ST Segment - Elevation Myocardial Infarction cases in India. This study showed that India has a higher percentage of ST Segment - Elevation Myocardial Infarction patients than other countries like North America & Europe and the patients are younger, belonging to a lower socio-economic group and having limited access to adequate treatment. Odisha is having a high burden of CVD Stroke as per the indicative disease burden. ECG interpretation & evaluation during the Golden hour is supposed to save many lives. Hence there is a requirement for a time bound system (ECG, Interpretation & Tele-Reporting) for Diagnosis of Patients with ST-Elevation Myocardial Infarction (STEMI).

3.2 Objective

To select an agency to set up a time bound system (ECG, Interpretation & Tele-Reporting) in a **hub & spoke model** at the designated health institutions for Diagnosis of Patients with ST-Elevation Myocardial Infarction (STEMI).

3.3 Scope of Work

A) Responsibility of the Service Provider

The selected Service Provider shall have to provide the following activities for implementation of the STEMI Program:

1. Shall Set up and implement a Time Bound System (ECG, Interpretation & Tele-Reporting) for Diagnosis of Patients with ST-Elevation Myocardial Infarction (STEMI) at the **hub & spoke hospitals**.
2. Shall provide the ECG interpretation and Tele-Reporting Service in a **24 x 7 mode**.
3. Shall provide the equipment (ECG, Communication device for interfacing with the ECG & the Cloud Server), accessories (Trolley, interface cables, ECG Probes etc.) required for STEMI diagnosis service, as per the detail technical specification

mentioned in Section-4 and installation of the equipment at **the hub & spoke hospitals**.

4. Shall provide all recurring consumables related to ECG (Thermal Paper rolls, Gel etc.) during the contract period after the said consumables are exhausted which are supplied as a standard supply alongwith the ECG machine.
5. Shall provide the web based application software for recording of parameters and communication of the same through the web enabled ECG machine. The service shall provide the STEMI app to be designed in consultation with the authority of Govt. of Odisha for use in the evaluation & treatment of STEMI patients.
6. Shall provide the real time ECG interpretation and reporting services **within 10 minutes of sending the ECG recording by the Spoke hospitals**. For ECGs with critical findings (such as ST elevation myocardial infarction, severe ST depression, significant brady-arrhythmias like AV block, ventricular & supra-ventricular tachy-arrhythmias), the interpretation with reports shall be provided within **10 minutes of sending the ECG recording by the Spoke hospitals**. The ECG interpretation service shall include communication of the complete report and ECG images to the Spoke hospitals through internet. The complete report and ECG images shall be electronically signed by the panel of Cardiologists of the Service Provider sitting at their web clinic.
7. Shall provide 4G internet service connectivity using any network having best coverage in the areas of the respective hub & spoke hospital, which includes the monthly rental at all the hub & spoke hospitals for communication of the parameters of the ECG and the related report with images.
8. Shall provide **online real-time (web based) software driven dashboard** for monitoring of service delivery with key performance indicators as desired by the tender inviting authority. The details of the ECG interpretation service reported (Patient ID, Date, ECG uploading time, ECG Report Time etc.) and in a day / month (Institution / Dist wise) alongwith the Turn-Around Time / Stipulated Reporting time frame of the reported ECG images must be available in the online software for the purpose of monitoring, reporting and payment.
9. Shall provide the comprehensive on-site maintenance of the deployed Equipment / Peripherals and web based application software during the tenure of the contract. The service provider shall attend to the complaints within 8 hours. If required, the service provider will replace the defective equipment with standby equipment within 24 hours.

10. Shall provide periodical training (thrice in the 1st year and twice in the subsequent years) at one designated Hub Hospital to all the personnel nominated by the concerned hub & spoke hospitals regarding the use of the equipment / web based application, uploading of the ECG / downloading the report & images and the protocol of STEMI Care to be implemented.
11. Shall submit the monthly bill to the concerned authority of the hub & spoke hospital for payment.

B) Responsibility of the Hospital Authority

1. Shall provide the personnel to operate the equipment at the respective hub & spoke hospitals.
2. Shall provide the requisite space for installation of the equipment / peripheral by the service provider (as mentioned in technical specification) for the STEMI diagnosis services.
3. Shall provide Desktop Computer, Laser Printer & all recurring consumables related to Printer (Catridge, Paper etc.).
4. Shall be responsible for the **treatment and medication (Medicine & Treatment Consumables)** of all STEMI patients based on the current standards of care and guideline / protocol.
5. Shall ensure that no payment shall be charged from the patients.
6. Shall ensure monthly payment to the Service Provider at the respective hub & spoke hospitals within 21 days from the submission of the bill along with the details of the patients captured through the application software.
7. Shall take the responsibility for the security of the equipment / peripherals provided by the service provider against theft and damage.
8. Shall constitute a committee at the respective hub / spoke hospitals with appropriate delegation to ensure smooth implementation of the STEI Care Service and overall monitoring & supervision.

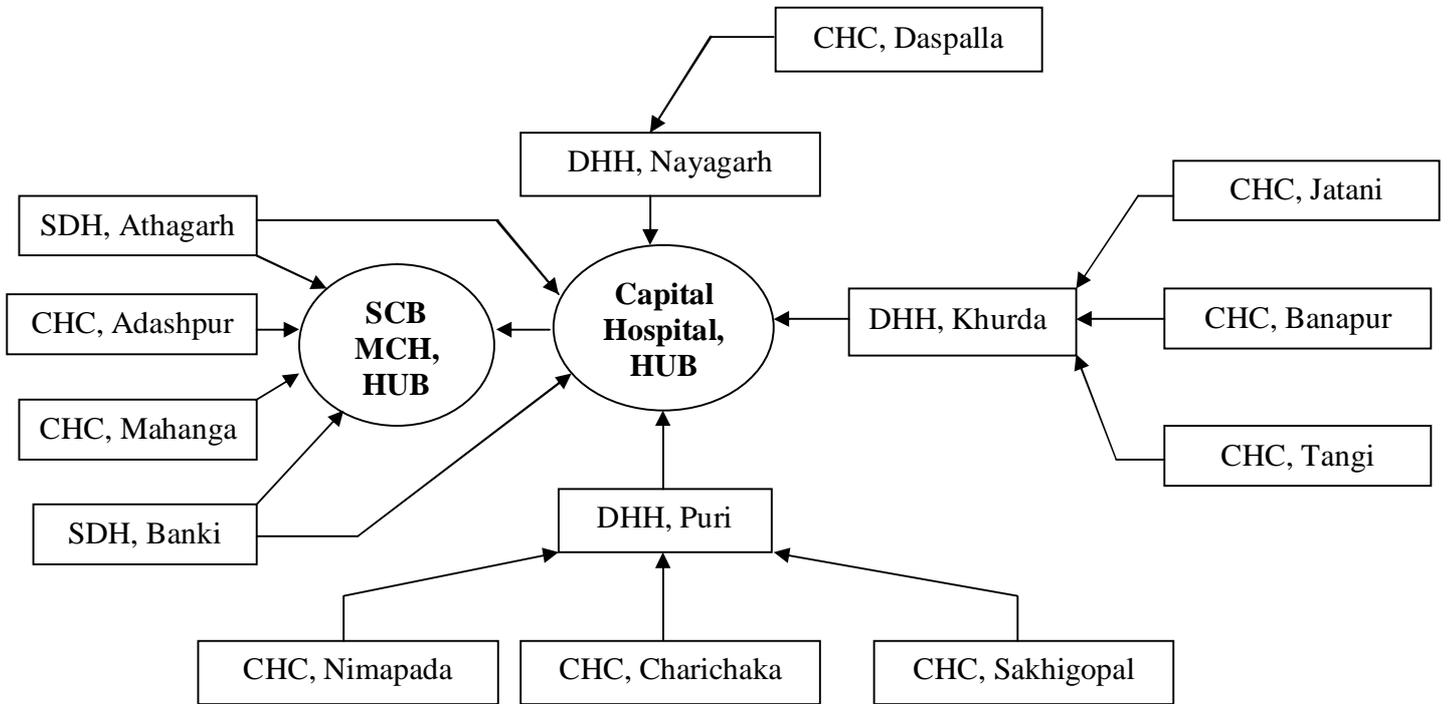
3.4 STEMI Service Implementation

1. Hub & Spoke Model Locations

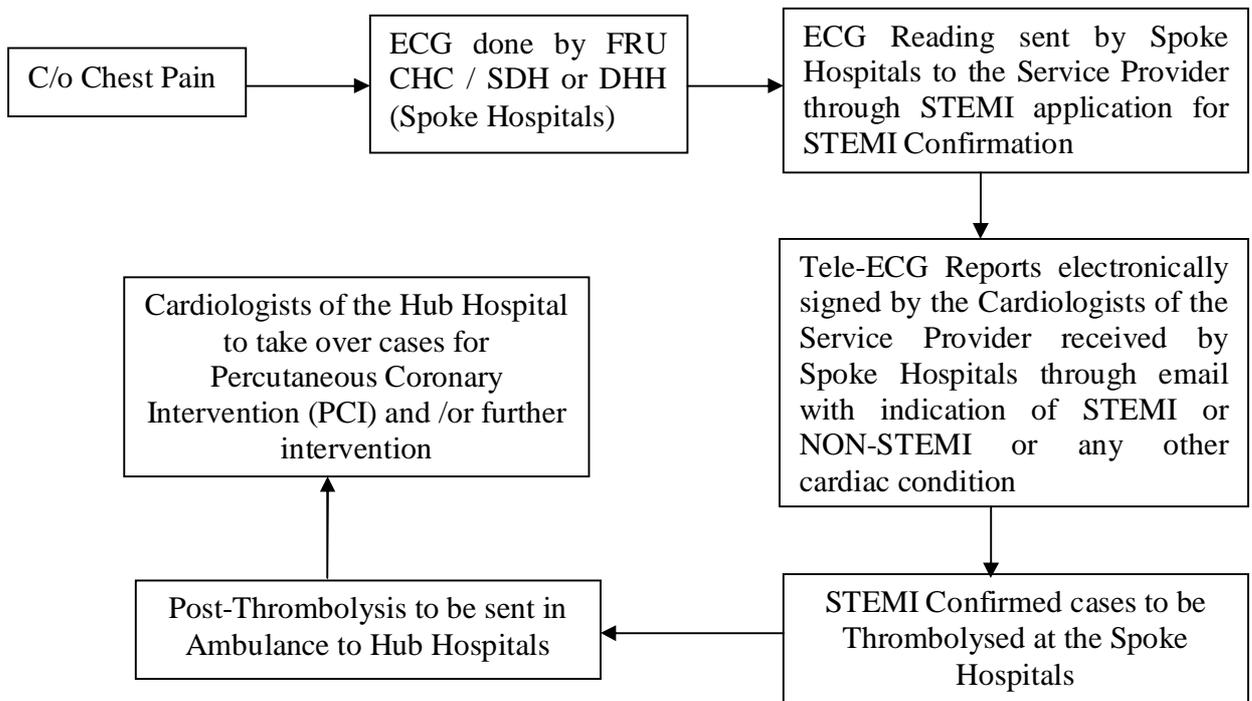
The STEMI Care framework shall be based on a hub & spoke model. There will be 2 Hubs and 14 Spoke hospitals for implementation of the STEMI program as mentioned below:

Hub / Spoke	Name of the Hospital	Name of District	Category of Hospital
Hub	SCB Medical College & Hospital, Cuttack	Cuttack	Medical College
	Capital Hospital, Bhubaneswar	Khurda	DHH
Spoke	DHH, Khurda		DHH
	CHC, Jatni		CHC
	CHC, Banapur	CHC	
Spoke	SDH, Athagarh	Cuttack	SDH
	SDH, Banki		SDH
	CHC, Adaspur		CHC
	CHC, Mahanga		CHC
Spoke	DHH, Nayagarh	Nayagarh	DHH
	CHC, Daspalla		CHC
Spoke	DHH, Puri	Puri	DHH
	CHC, Sakhigopal		CHC
	CHC, Nimapara		CHC
	CHC, Charichaka		CHC

2. STEMI Implementation Framework



3. STEMI Implementation Flow Chart



SECTION - 4**4. TECHNICAL SPECIFICATION**

Sl.	Component	Specifications
1.	ECG Machine	<p>Technical Characteristics</p> <ol style="list-style-type: none"> 1. ECG recording with simultaneous acquisition of 12 leads 2. Sampling frequency of the ECG should be 500 samples / second / channel 3. Should have provision of a communication port to connect a communication device for cloud connectivity 4. Should have in-built printer 5. Should have real-time display for 12 channels of ECG data 6. Should have visual indication of unconnected leads 7. Should have visual indication for noise and stabilization 8. Should have built-in keyboard (mechanical / touch screen) to enter patient id, age and gender etc. 9. Should have an in-built colour display of at least 4" diagonal size. 10. Should display Patient ID, gender, age, battery power indicator, waveforms, lead labels, warning messages. 11. Should support 10 seconds of instantaneous ECG acquisition 12. Should have a heart rate meter of 30 to 250 BPM \pm 5 BPM 13. Frequency Response : 0.05 to 150 Hz 14. Capable of operating continuously in ambient temperature of 10-40 °C
		<p>Power Supply</p> <ol style="list-style-type: none"> 1. Should have AC power supply adapter with input voltage of 100 to 240 VAC \pm 10 V 2. Printer must operate without AC power input and be able to print at least 100 ECGs on a full battery charge
		<p>Quality Certifications</p> <ol style="list-style-type: none"> 1. ECG machine must be CE (notified) or USFDA certified and must have safety standards confirming to IEC 60601-2-25, 2. Manufacturer should be ISO 13485 certified. 3. ECG machine should be defibrillator proof
		<p>Spares and consumables to be supplied with <u>each</u> ECG machine</p> <ol style="list-style-type: none"> 1. Patient cable: 1 no. 2. Chest electrodes (re-usable): 12 nos. 3. Limb electrodes (re-usable): 8 nos. 4. Thermal paper (5 rolls) at the time of supply 5. Gel : 5 bottles at the time of supply
		<p>Warranty : Comprehensive 3 years warranty</p>

2.	Communication Device	<ol style="list-style-type: none"> 1. Should be able to connect to internet using 3G / 4G / Wi-Fi network 2. Should be self powered from a battery 3. Should have storage capability of at least 50 ECGs in absence of network 4. Should auto-retry to send out ECGs in case of network outage 5. Should use secure communication protocols to transfer ECG data 6. Should have visual and audible notification to the user in case of network issues 7. Should have a visual indication of the network quality 8. Should have a visual indication of amount of unsend data 9. Should provide diagnostic information on <ol style="list-style-type: none"> a. Network strength b. Battery charge status
3.	Cloud Server & Management	<p>ECG data should be stored encrypted on secured cloud server</p> <p>Should have ability of 50 million / 2 TB of ECG storage</p> <p>Should maintain secure audit logs for all ECG events</p> <p>Should maintain diagnostic information from Communication Device</p>
4.	ECG Reporting	<p>ECGs must be reported by a dedicated team of medical doctors (Cardiologists) of the Service Provider.</p> <p>Tele-ECGs reports must be certified with a digital signature by the reporting cardiologist with Regd. No.</p> <p>Age and gender specific interpretation to be provided for every ECG</p> <p>Reporting team should be available in a 24x7 basis.</p> <p>ECG Reports should include measurements of Atrial Rate, Ventricular Rate, QRS Duration, QT, QTc and PR intervals and P-R-Tt Axes interpretation.</p> <p>ECG should be reported within agreed SLA of receiving ECG data at cloud server.</p> <p>Priority alert must be provided for STEMI and other critical cases</p> <p>ECG diagnosis must be performed on digital data by the reporting team of the Service Provider.</p> <p>Reporting team must have ability to view 10 sec data for each lead</p> <p>Reporting team should have ability to zoom in and out all leads of ECG</p> <p>Reporting team should have digital callipers for measurement</p> <p>Reporting team must have access to the median wave for each lead, which is automatically extracted and annotated with highlights of problematic segments</p>

		Reporting system should have capability of correction of noise and baseline wander
5.	Analytical Software (Dashboard)	Shall provide access to monthly usage report
		Shall provide an online (web based) dashboard to monitor activity of ECG machines
		Shall have map view to show the installations in different locations
		Shall have details of ECG <ul style="list-style-type: none"> • Date and Time of ECG recording • ECG graph • Interpretation • Status of diagnosis
		Shall have ability to download ECG report in PDF format
		Shall have performance of multiple installations with their monthly statistics
		Shall provide ability to filter ECG data based on <ul style="list-style-type: none"> • Geography • Diagnosis Status • Time stamp
		Shall provide ability to provide real time device health monitoring <ul style="list-style-type: none"> • Unsync. data on device • Device charge status • Internet connectivity status
		Should have ability to download centre wise summary and ECG details between given dates
6.	STEMI Coordination Mobile and Desktop App	Should have a mobile and desktop application which can be available in Windows / Android / IOS platform and easy to download & provide service for unlimited number of devices like mobile, Tab or desktop PC.
		Login & Profile management <ol style="list-style-type: none"> 1. Should have ability to login securely to the platform through email authentication 2. Should have ability to maintain personal profile on the platform <ol style="list-style-type: none"> a. Name b. Contact c. Email d. Designation e. Qualification
		View ECG Report <ol style="list-style-type: none"> 1. Shall provide access to all the ECGs done on the device of attached centres 2. Shall provide ECG reports from multiple centres

		<ol style="list-style-type: none"> 3. Shall provide notification alarm for each incoming ECG on the app 4. Shall provide high intensity alarm for STEMI cases <p>Case Creation</p> <ol style="list-style-type: none"> 1. Shall provide ability to start case coordination 2. Shall have provision to add following details to the case <ol style="list-style-type: none"> a. Patient demographics : ID, Age, Sex, Name, Mobile number b. Patient vitals : Pulse, BP, RR, SpO2, Weight, Blood sugar c. Patient history 3. Shall allow to attach digital ECG to case 4. Shall allow upload of patient prescription and any clinical history through mobile camera or from previous taken photographs on the phone 5. Shall have ability to download ECG report of the case in PDF format for printing.
<p>7.</p>	<p>Trolley (for the ECG machine & it's accessories)</p>	<ul style="list-style-type: none"> • Stainless Steel SS 316 grade • Overall Dimensions(Approx.): 450 mm L x 300 mm W x 900 mm H • Stainless steel frame mounted on four castors, two with brakes and two without brakes • Two stainless steel shelves with protective railing • Rubber padded SS handle.

SECTION-5

5. TERMS & CONDITIONS

5.1 Period of Engagement/Duration of Contract

- (a) The selected Service Provider shall enter in to a contract with the Tender Inviting Authority with the agreed terms and conditions.
- (b) The contract shall initially be for a period of 3 **years**, which may further be extended, subject to satisfactory performance and mutual agreement.

5.2 Schedule of Implementation

The selected service provider is required to set up a System of Care for the treatment of Patients with ST-Elevation Myocardial Infarction (STEMI) at the designated hub & spoke health institutions **within 60 days** of signing of the contract. If the service provider fails to commence the service as specified herein, the tender inviting authority may, unless it consents to the extension of time thereof, forfeit the Performance Security.

5.3 Earnest Money Deposit (EMD)

- (a) The bidder along with the proposal shall deposit Earnest Money Deposit (EMD) amounting to **Rs. 1,00,000/-** in the form of Banker's cheques/ Demand Draft in favour of Mission Director, NHM payable at Bhubaneswar.
- (b) In the absence of the EMD, technical proposal of the bidder shall be rejected.
- (c) The EMD shall be kept valid through the proposal validity period and would be extended if so required by the tender inviting authority.
- (d) The EMD shall be returned to unsuccessful bidders within a period of eight (8) weeks from the date of announcement of the successful bidder.
- (e) The EMD shall be forfeited if the bidder withdraws its proposal during the interval between the proposal due date and expiration of the proposal validity period.

5.4 Performance Security

The selected service provider shall have to furnish a Performance Security amounting to 5% of the yearly estimated amount for due performance of the agreement.

The Tender Inviting Authority in the following circumstances can forfeit it;

- (i) When any terms or conditions of the agreement are infringed.
- (ii) When the service provider fails in providing the services satisfactorily.

Notice will be given to the bidder/service provider with reasonable time before the earnest money / performance security deposit is forfeited.

5.5 Payment

- (a) The payment shall be made in Indian Rupees
- (b) The payment shall be made by the concerned District Authority where the District Authority does hereby agree that if the approved service provider shall duly implement the project in the manner aforesaid, observe and keep the said terms and conditions, the District Authority will pay or cause to be paid to the approved service provider at the time and in the manner set forth in the said terms.
- (c) The **mode of payment** is as specified below:

The per **ECG interpretation cost** (inclusive of all tax) shall be paid on a **monthly basis** upon submission of bill alongwith the supporting documents regarding the details of the ECG interpretation carried out, which can be verified through the dashboard. The bills should be in the name of the concerned authority of the District.

5.6 Operational Parameter and Penalty Clauses

95 % of the ECG reports in a month shall be within the stipulated time frame mentioned at Clause 3.3 A) 5. In the event it is below 95%, then 25% of cost per ECG reporting shall be deducted from the payment for the delayed reports.

5.7 Monitoring and Evaluation

- (a) The district authority will oversee the activity of their district and the state nodal authority shall review the monthly basis & the performance of the agency shall be evaluated.
- (b) The services and records of the project shall be subject to inspection by the designated officer(s) of the District.

5.8 Termination / Suspension of Agreement

- (a) The Tender Inviting Authority may, by a notice in writing suspend the agreement if the selected agency fails to perform any of his obligations including carrying out the services, provided that such notice of suspension
 - (i) Shall specify the nature of failure, and
 - (ii) Shall request remedy of such failure within a period not exceeding 15 days after the receipt of such notice.

- (b) The Tender Inviting Authority after giving 30 days clear notice in writing expressing the intension of termination by stating the ground/grounds on the happening of any of the events (a) to (b), may terminate the agreement after giving reasonable opportunity of being heard to the service provider.
- (i) If the service provider do not remedy a failure in the performance of his obligations within 15 days of receipt of notice or within such further period as the tender inviting authority have subsequently approve in writing.
 - (ii) If the service provider becomes insolvent or bankrupt.
 - (iii) If, as a result of force majeure, service provider is unable to perform a material portion of the services for a period of not less than 60 days: or
 - (iv) If, in the judgment of the Tender Inviting Authority, the service provider is engaged in corrupt or fraudulent practices in competing for or in implementation of the project.

5.9 Modifications

Modifications in terms of reference including scope of the services can only be made by written consent of both parties. However, basic conditions of the agreement shall not be modified.

5.10 Saving Clauses

In the absence of any specific provision in the agreement on any issue, the guidelines issued/to be issued by the Tender Inviting Authority shall be applicable.

5.11 Force Majeure

STEMI Services as being an emergency response services, the Service Provider shall not be allowed to suspend or discontinue the Services during occurrences of emergencies or Force Majeure Events.

For the purposes of this contract, "Force Majeure" means an event which is beyond the reasonable control of a Party, is not foreseeable, is unavoidable, and not brought about by or at the instance of the Party claiming to be affected by such events and which has caused the non-performance or delay in performance and which makes a Party's performance of its obligations hereunder impossible or so impractical as reasonably to be considered impossible in the circumstances, and includes, but is not limited to war, riots, civil disorder, earthquake, fire, explosion, storm, flood or other adverse weather conditions, strikes, lockouts or other industrial action (except where such strikes, lockouts or other industrial action are within the power of the Party invoking Force Majeure to prevent), confiscation or any other action by Government agencies.

In such circumstances of emergencies and Force Majeure Event, if the Performance Standards are not complied with because of any damage caused to the services or any of

the Project Facilities or non availability of staff, or inability to Provide services in accordance with the Performance Standards as a direct consequence of such Force Majeure Events or circumstances, then no penalties shall be applicable for the relevant default in Performance Standards and would be applied to such particular defaults. Further, unless the Force Majeure event is of such nature that it completely prevents the operation of services, a suspension or failure to provide Services on the occurrence of a Force Majeure event will be an Event of Default and the District authority may terminate this Agreement without any termination payment being made in respect thereof.

The failure of a party to fulfill any of its obligations under the agreement shall not be considered to be a default in so far as such inability arises from an event of force majeure, provided that the party affected by such an event has taken all reasonable precautions, due care and reasonable alternative measures in order to carry out the terms and conditions of the agreement and has informed the other party as soon as possible about the occurrence of such an event.

5.12 Settlement of Dispute

If dispute or difference of any kind shall arise between the Tender Inviting Authority/User Institution and the service provider in connection with or relating to the contract, the parties shall make every effort to resolve the same amicably by mutual consultations.

If the parties fail to resolve their dispute or difference by such mutual consultation within twenty-one days of its occurrence, then such dispute or difference shall be referred to the sole arbitration of Secretary to Health, Govt. of Odisha whose decision shall be final.

5.13 Right to Accept and Reject any Proposal

The Tender Inviting Authority reserves the right to accept or reject any proposal at any time without any liability or any obligation for such rejection or annulment and without assigning any reason.

5.14 Award of Contract

On evaluation of technical and financial parts of RFP and decision thereon, the selected bidder shall have to execute a contract with the Tender Inviting Authority within 15 days from the date of acceptance of their bid is communicated to them. This Request for Proposal along with documents and information provided by the bidder shall be deemed to be integral part of the agreement.

5.15 Jurisdiction of Court

Legal proceedings if any shall be subject to the concerned jurisdiction of Bhubaneswar courts or High Court of Odisha.

SECTION-6

6. CRITERIA FOR EVALUATION

6.1 Evaluation of Technical Proposals

In the first stage, the Technical Proposal will be evaluated on the basis of bidder's fulfillment of eligibility criteria, experience, financial capability & technical specification. Only those bidders whose Technical Proposals become responsive after detailed technical evaluation and Presentation / demonstration of the proposed solution (if required by the tender committee), shall qualify for opening of their financial proposal.

6.2 Financial Proposal Opening

Financial proposal for only those bidders shall be opened whose technical proposal is found to be responsive after assessment of their technical evaluation. The selection of the service provider shall be strictly on least cost basis.

The bidder with the **lowest rate (cost per ECG interpretation service) in the Price bid format F2** (amongst all the bidders short-listed after technical evaluation), will be considered successful in the bid process.

SECTION-7

RFP FORMATS

**SELECTION OF AGENCY FOR SETTING UP A
TIME BOUND SYSTEM (ECG, INTERPRETATION
& TELE-REPORTING) FOR DIAGNOSIS OF
PATIENTS WITH ST-ELEVATION MYOCARDIAL
INFARCTION (STEMI)**

TECHNICAL PROPOSAL

FORMAT – T1*(to be furnished in the technical proposal envelope)***Check List (Technical Proposal)**

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

Sl. No	Item	Whether included Yes / No	Page No.
1	Format – T1 (Check List)		
2	Bid Document Cost as DD of Rs.2,240/-		
3	Earnest Money Deposit(s) of Rs.1,00,000/- as Demand Draft		
4	Format - T2 (Technical Proposal Submission Form)		
5	Format – T3 (Details of Bidder)		
6	Format – T4 (Annual Turnover Statement by Chartered Accountant)		
7	Copies of the annual audited statement / Annual Report for 2017-18 & 2018-19 (Provisional statement of account shall not be considered)		
8	Format – T5 (Performance Statement during the last three Years)		
9	Copies of purchase orders & end user certificates in support of the information furnished in Format T-5		
10	Format – T6 (Manufacturer's Offer Form)		
11	Format – T7 (Para-wise compliance to Technical Specification)		
12	Copy of the Leaflets / Technical Brochures / Product Data Sheets of the Models offered highlighting features in support of the information provided in Format – T7		
13	Copy of Quality Certificates (valid CE / US FDA) of the product (for ECG as per Section 4 - Technical Specification).		
14	Copy of the ISO 60601-2-25 certificate for ECG & ISO 13485 certificate for ECG Manufacturer		
13	Format – T8 (Implementation Plan)		
14	Format – T9 (Format of Power of Attorney)		
15	Format – T10 (Format of Affidavit regarding the firm is not blacklisted)		

16	Format –T11 (Anti-Collusion Certificate)		
17	Copy of the Registration certificate of the Firm (Certificate of Incorporation)		
18	Copy of the GST registration certificate		
19	Copy of PAN (Income Tax)		

FORMAT – T2

(to be furnished in the technical proposal envelope)

TECHNICAL TENDER SUBMISSION FORM

(On the letterhead of the firm)

To

Mission Director,
National Health Mission,
Annex Building of SIHFW, Nayapalli,
Unit -8, Bhubaneswar-751012

Re. : RFP Reference no. _____ dated _____

Dear Sir,

We, the undersigned, offer to provide the services for the work: **Selection of Agency for Setting up a Time Bound System (ECG, Interpretation & Tele-Reporting) for Diagnosis of Patients with ST-Elevation Myocardial Infarction (STEMI).**

We are hereby submitting our Proposal, which includes this Technical Proposal and a Commercial Proposal sealed under a separate envelope

We hereby declare our Confirmation of acceptance of the Conditions of Contract mentioned in the RFP document under reference cited above.

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

We undertake that our Proposal shall remain valid for 180 days after the date of bid opening for the purpose of bid evaluation / finalization of contract.

I hereby declare that my company has not been debarred / black listed by any Government/ Semi Government organizations. I further certify that I am the competent authority in my company authorized to make this declaration.

We understand you are not bound to accept any Proposal you receive.

Yours sincerely,

Authorized Signatory [*In full and initials*]: _____

Name and Title of Signatory: _____

Name of Firm: _____

Address: _____

(Company Seal)

Format T3

(To be furnished in the Technical Bid envelope)

(On the letterhead of the Organization)

DETAILS OF THE BIDDER

GENERAL INFORMATION ABOUT THE BIDDER					
1	Name of the Bidder				
	Registered address of the firm				
	State		District		
	Telephone No.		Fax		
	Email		Website		
Contact Person Details					
2	Name		Designation		
	Telephone No.		Mobile No.		
Communication Address					
3	Address				
	State		District		
	Telephone No.		Fax		
	Email		Website		
Type of the Firm (Please <input type="checkbox"/> relevant box)					
4	Private Ltd.		Public Ltd.		Proprietorship
	Partnership		Society		Others, specify
	Registration No. & Date of Registration.				
Nature of Business (Please <input type="checkbox"/> relevant box)					
5	Manufacturer			Authorized Service Provider	
Key personnel Details (Chairman, CEO, Directors, Managing Partners etc.)					
6	in case of Directors, DIN Nos. are required				
	Name		Designation		
	Name		Designation		
7	<i>Whether any criminal case was registered against the company or any of its promoters in the past?</i>				Yes / No

8	<i>Details of the Branch Office / Service Centre in Odisha / Eastern India (if any):</i>			
9	<u><i>GST Registration</i></u> <i>Furnish the copy of the GST registration certificate</i>			
10	<i>PAN :</i> <i>Furnish the copy of the PAN</i>			
11	<i>Registration certificate / Certificate of Incorporation of the firm (furnish the copy)</i>			
12	<i>Bank Details of the Bidder: The bidders have to furnish the Bank Details as mentioned below for return of EMD /Payment for supply if any (if selected)</i>			
	a.	Name of the Bank :		
	b.	Name of the Account & Full address of the Branch concerned :		
	c.	Account no. of the bidder :		
	d.	IFS Code of the Bank :		
<i>Date:</i>		<i>Office Seal</i>		<i>Signature of the bidder / Authorized signatory</i>

FORM T4

(to be furnished in the technical proposal envelope)

ANNUAL AVERAGE TURN OVER STATEMENT

(To be furnished in the **letter head** of the Chartered Accountant)

The Annual Turnover of M/s _____ for the financial years are given below and certified that the statement is true and correct.

Sl.	Financial Year	Turnover in Lakhs (Rs.)
1	2017-18	
2	2018-19	

Membership No.:

Registration No. of Firm

Note:

- a) To be issued in the **letter head** of the Auditor/Chartered Accountant mentioning the **Membership no.**
- b) This turnover statement should also be supported by **copies of audited annual statement** of the last three years and the turnover figure should be **highlighted** there.

FORM T5

(to be furnished in the technical proposal envelope)

PAST EXPERIENCE IN EXECUTING STEMI PROJECTS / ECG INTERPRETATION & TELE-REPORTING SERVICES IN ANY STATES IN INDIA

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

Name/address of the Organization *	Name of the Project	Brief Description of the Hardware / Application used in the Project	Make & Model No. of Equipment	Date of award of Assignment	Date of completion of assignment	Value of the Assignment	Role of your firm

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

Authorized Signatory/Signature [*In full and initials*]: _____

Name and Title of Signatory: _____(Company Seal)

Format – T6

(To be submitted in *Technical Bid Proposal*)

MANUFACTURER’S OFFER FORM

(to be submitted by manufacturer in a **letterhead for the item : ECG Machine**)

No.

Dated:

To

The Mission Director,
National Health Mission,
Annex Building of SIHFW, Nayapalli, Unit -8, Bhubaneswar-751012

Dear Sir / Madam,

Bid Reference No : _____

Name of the Project: **Selection of Agency for Setting up a Time Bound System (ECG, Interpretation & Tele-Reporting) for Diagnosis of Patients with ST-Elevation Myocardial Infarction (STEMI).**

Ref: Tender No. _____ Dated _____ for _____.

Dear Sir/ Madam

We, _____ are the manufacturer of _____
(name of equipment) and have the manufacturing factory at _____

- 1. Messrs _____ (name and address of the bidder) is our **authorized Service Provider** for implementation of the above project using the _____(name of the equipment) manufactured by us with Model No. : _____.
- 2. We also extend our full warranty (3 year comprehensive warranty) as required by the purchaser
- 3. We undertake that we have adequate infrastructure and spare part support to carry out the warranty.

Yours faithfully,

(Signature with date, name and designation)

For and on behalf of Messrs _____
(Name & address of the manufacturer)

Date: _____ Seal _____
Place : _____

Note :

This letter should be on the **letterhead of the manufacturer in Original** and should be signed by a person having the power of attorney to legally bind the manufacturer.

Format – T7

(To be submitted in *Technical Proposal envelope*)

**PARAWISE COMPLIANCE TO TECHNICAL SPECIFICATION OF THE PRODUCT(S)
OFFERED**

[Furnish **parawise compliance** in a tabular form (as per the format mentioned below), where the technical specification (parawise) as per technical specification should be mentioned in **the column (b)** & bidder’s compliance at the **column (c)** with mention of page no. of the product catalogue / product data sheet in **column (d)**].

Name of the Item: _____

Make : _____ **Model No. :** _____

Sl.	Bid Specification (Para wise)	*Bidder’s Compliance –Para wise	**Page No. of the technical brochure where the compliance is mentioned
(a)	(b)	(c)	(d)

(add **separate formats T7** for different Items / Parameters / Software , i.e. ECG Machine, Communication Device, Cloud Management, ECG Reporting / Analytical (Dashboard) Software / Application Software etc. as mentioned in technical specification)

- * **Leaflets / Technical Brochures / Product Data Sheets** of the Model offered **highlighting features** of the product offered **must be attached** in support of the information provided above.
- ** It is **mandatory** to mention the page no(s) in the format as mentioned above.

Signature of the Bidder

Name :

Date :

Place :

Seal

Format – T8

(To be submitted in *Technical Proposal envelope*)

IMPLEMENTATION PLAN FOR THIS PROJECT

- A. Brief write-up about the firm / company with details of their past experience in execution of similar Tele-ECG interpretation & Reporting projects and their **implementation strategy** for **this project**:

Note : Pl. highlight regarding how the system for ECG transmission, interpretation & reporting of ECGs at different locations (as mentioned at Section 3 – Clause 3.4) shall be established, timeline, and the operation modality and achievement of turn- around time etc.)

- B. Proposed Model of **ECG Machine** for this project with reason:
- C. Details regarding **IT based solution for ECG transmission & reporting**. Details of software and it functionalities to be elaborated:
- D. Brief write up about proposed format of Dashboard:
- E. Details of the pool of Experts (Cardiologists) on board with qualification (specialists) who are proposed for this project for ECG interpretation & tele-reporting

(use extra sheets as required to provide the detail information)

Signature of Authorized Signatory

Name & Designation:

Date:

Place:

Seal

Format – T9

(to be furnished in the technical proposal envelope)

Format for Power of Attorney for Signing of Proposal

(On a Stamp Paper of relevant value)

Power of Attorney

Know all persons by these presents, We.....(name and address of the registered office) do hereby constitute, appoint and authorize Mr / Ms.....(name and residential address) who is presently employed with us and holding the position ofas our attorney, to do in our name and on our behalf, all such acts, deeds and things necessary in connection with or incidental to our bid for **Setting up a System of Care for the treatment of Patients with ST-Elevation Myocardial Infarction (STEMI)**, including signing and submission of all documents and providing information / responses to the bid, representing us in all matters before the tender inviting authority and generally dealing with District authority 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 and shall always be deemed to have been done by us.

Dated this the _____ day of _____2020

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 Firm.*
- ii. The mode of execution of the Power of Attorney 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 common seal affixed in accordance with the required procedure.*
- iii. In case an authorized Director of the firm signs the proposal, a certified copy of the appropriate resolution/ document conveying such authority may be enclosed in lieu of the Power of Attorney.*

FORMAT T10

(to be furnished in the technical proposal envelope)

**Format for Affidavit certifying that the firm is not blacklisted
(On a Stamp Paper of relevant value)**

Affidavit

I, M/s. (the name of the firm with address of the registered office) hereby certify and confirm that we are not debarred by Department of Health & FW, Govt. of Odisha/ or any other entity of GoO or blacklisted by any state Government or Central Government / Department / Organization in India from participating in Tenders / Projects.

We further confirm 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 thisDay of, 2020

Authorized Signatory/Signature [*In full and initials*]: _____

Name and Title of Signatory: _____

(Company Seal)

FORMAT T11
(to be furnished in the technical proposal envelope)
Anti Collusion Certificate

We hereby certify and confirm that in the preparation and submission of our Proposal for **Selection of Agency for Setting up a Time Bound System (ECG, Interpretation & Tele-Reporting) for Diagnosis of Patients with ST-Elevation Myocardial Infarction (STEMI)** under this RFP Reference No. _____, 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. We further confirm that we have not offered nor will offer any illegal gratification in cash or kind to any person or organization in connection with the instant proposal.

Dated this _____ Day of _____, 2020

Authorized Signatory/Signature [*In full and initials*]: _____

Name and Title of Signatory: _____

(Company Seal)

FORMATS

SELECTION OF AGENCY FOR SETTING UP A TIME BOUND SYSTEM (ECG, INTERPRETATION & TELE-REPORTING) FOR DIAGNOSIS OF PATIENTS WITH ST-ELEVATION MYOCARDIAL INFARCTION (STEMI)

FINANCIAL PROPOSAL

Check List (Financial Proposal)

Please check whether the following Forms have been enclosed in the respective cover, namely Cover **B: Financial Proposal**

(please arrange the documents serially in the following order)

- | | | | |
|----|-----------|--------|--------------------------|
| 1. | Format F1 | Yes/No | <input type="checkbox"/> |
| 2. | Format F2 | Yes/No | <input type="checkbox"/> |

FORMAT F-1

(To be submitted with Financial Proposal envelop)

ACKNOWLEDGEMENT & FINANCIAL PROPOSAL

To

Mission Director,
National Health Mission,
Annex Building of SIHFW, Nayapalli, Unit -8, Bhubaneswar-751012

Re. : RFP Reference no. _____ dated _____

Sub: Selection of Agency for Setting up a Time Bound System (ECG, Interpretation & Tele-Reporting) for Diagnosis of Patients with ST-Elevation Myocardial Infarction (STEMI)

Dear Sir / Madam,

1. Having carefully examined all the parts of the RFP documents and having obtained all the requisite information affecting this proposal and being aware of all conditions and difficulties likely to affect the execution of the agreement, I/We hereby propose to implement the project as described in the RFP document in conformity with the conditions of agreement, technical aspects and the sums indicated in this financial proposal.
2. I/We declare that we have read and understood and that we accept all clauses, conditions, and descriptions of the RFP document without any change, reservations and conditions.
3. We undertake that our Proposal shall remain valid for 180 days after the date of bid opening for the purpose of bid evaluation / finalization of contract.
4. Unless and until the formal agreement is signed, this offer together with your written acceptance thereof shall constitute a binding contract between me/us and the Tender Inviting Authority.
5. We submit the Schedule of Rate as appended herewith.

Encl: Schedule of Rate

Yours sincerely,

Authorized Signatory [*In full and initials*]: _____

Name and Title of Signatory: _____

Name of Firm: _____

(Company Seal)

FORMAT F-2

(To be submitted with Financial Proposal envelop)

PRICE FORMAT

Name of Activity	<p style="text-align: center;">Rate (Rs.) per each ECG interpretation and Tele-Reporting (with all taxes) (In both figure & words)</p> <p><u>Rate per ECG interpretation and Tele-reporting</u> should include all costs for providing the Equipment (ECG machine, Communication Device etc.) , Analytic Software (Dashboard) / Application Software as mentioned in technical specification at each hub & spoke hospital, maintenance charges of the equipment, recurring internet cost, recurring consumables related to ECG (Thermal Paper rolls, Gel etc.) during the contract period after the said consumables are exhausted which are supplied as a standard supply alongwith the ECG machine, ECG Interpretation and Tele-Reporting by Cardiologists but excludes any manpower deployment and consumables required for treatment at the hub / spoke hospitals.</p>
Time-bound ECG Interpretation and Tele-Reporting	<p>Rs. _____ (in figure)</p> <p>_____ (in Words)</p>

Authorized Signatory [*In full and initials*]: _____

Name and Title of Signatory: _____

(Company Seal)