



REQUEST FOR PROPOSAL(RFP)

Request for Proposal for Selection of an Agency for Printing & Supply of Sickle Cell Status ID Card

RFP Reference No: OSH&FW/SC - BS/1/2023

Date: 27.7.2023

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

(website: www.nhmodisha.gov.in email : proc.nhmodisha@gmail.com)

Contents

Section	Topics	Page No
Section I	Schedule of Proposal Submission	3
Section II	Instruction to Bidder & Eligibility Criteria	4-9
Section III	Scope of Work & Technical Specification	10 - 16
Section IV	Terms and Conditions	17-23
Section V	Evaluation Criteria	24
Section VI	Requirement of Sickle Cell ID Cards	25
Section VII	Formats of Technical & Financial Bid	26 - 41
Section VII	Annexure(s)	42 - 45

SECTION - I

SCHEDULE OF PROPOSAL SUBMISSION

RFP No. : OSH&FW/SC - BS/1/2023

Dated: 27.7.2023

DETAILED PROPOSALS ARE INVITED FROM ELIGIBLE **BIDDERS FOR SELECTION OF AN AGENCY FOR SUPPLY & PRINTING OF SICKLE CELL ID CARD**

1	Period of Availability of Tender Document	From : 27.7.2023 to 24.8.2023 [Downloadable from website: http://www.nhmodisha.gov.in] 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.
2	Date, time & place of Pre-bid meeting	Date : 2.8.2023, Time : 3.30 PM Venue : Conference Hall, Mission Directorate, National Health Mission, Annex Building of SIHFW, Nayapalli, Unit-8, Bhubaneswar-751012 <i>(Prospective Bidders / authorized representative may remain present during pre-bid meeting)</i>
3	Last date & time for submission of Tender	Date: 24.8.2023, Time: 3 PM <u>Address of Submission of Bid:</u> Mission Director, National Health Mission, Annex Building of SIHFW, Nayapalli, Unit -8, Bhubaneswar-751012 <i>(Through Speed post / Registered post / Courier /Tender Drop Box)</i>
4	Date, time and place of opening of Tender	a) Technical Bid (Cover A) opening: 24.8.2023, 4 PM at the address mentioned above. 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> <i>(Venue is mentioned at the address mentioned above)</i> <i>(Bidders / authorized representative may remain present at the time of opening of bid)</i>

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 AN AGENCY FOR PRINTING & SUPPLY OF SICKLE CELL ID CARD"** 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 should be a registered entity under the respective act /applicable laws in India. The bidder should be in existence and engaged in the business of designing & printing of printing materials (Health Cards / Identity Cards / Smart Cards / Booklets etc.) for at least last 03 (three) consecutive Financial Years (i.e., 2019-20, 2020-21 & 2021-22) and must be in existence at the time of Proposal submission i.e., on Proposal Due Date.
- ii) The bidder must have GST registration certificate (with mention of GSTIN) and PAN
- iii) The Bidder should have the following quality certifications:
 - ISO 27001:2013 certification under the Information Technology Act, 2000
 - ISO 9001:2015 certification under the Quality Management System
- iv) The bidder must have executed contracts with Central or a State Govt., PSU, CPSU, SPSU, State Health Societies related to printing of Health Cards / Identity Cards / Smart Cards / Booklets for a minimum cumulative **5,00,000 (Five Lakhs)** quantity in **any** of the last 03 (three) Financial Years.

- v) The Bidder(s) should have an average annual financial turnover of **INR 03 (three) Crores** in the last 03 (three) Financial Years (i.e., 2019-20, 2020-21 & 2021-22)
- vi) The Bidder(s) should not have been debarred / blacklisted by any Central Govt. / State Govt. / Public Sector Undertaking / Medical Corporations / any other local Body or body established under or in the control of the Central or state Government at the time of submission of bid.
- vii) As the supply & printing of the Sickle Cell ID card under this RFP are specialized cards having specific design for punching of holes & content, the bidder must comply with Intellectual Property Rights / Copyrights if any applicable on the design, system, method / process of printing and shall have to furnish the relevant documents in support of that. In case the bidder is not the Intellectual Property Rights / Copyright holder, then the bidder must furnish the authorization in the form of an affidavit (in Non-judicial Stamp Paper) from the Intellectual Property Right / Copyright holder.
- viii) The bidder must furnish the tender document cost of **Rs.2,360/-** in the shape of Demand Draft. (No exemption towards submission of tender document cost)
- ix) The bidder shall have to furnish the EMD of **Rs.6,00,000/-** in the shape of Demand Draft (unless & until exempted as per the provision mentioned at Clause 4.3 of RFP)

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 formats 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 AN AGENCY FOR PRINTING & SUPPLY OF SICKLE CELL ID CARD"**.
 - **Cover-B** - Financial Proposal for **"SELECTION OF AN AGENCY FOR PRINTING & SUPPLY OF SICKLE CELL ID CARD"**.
- (b) The two envelopes i.e. envelope for Part-A, Part-B must be packed in a **separate sealed outer cover** and clearly **superscribed** with the following:
- Proposal for **"SELECTION OF AN AGENCY FOR PRINTING & SUPPLY OF SICKLE CELL ID CARD"**.
 - **RFP Reference 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.

Content of the Proposal

I. Cover A (Technical Proposal)

The bidders are requested to submit a detailed technical proposal with respect to the **Selection of an Agency for Printing & Supply of Sickle Cell ID Card** during the proposed contract period in conformity with the Terms of Reference forming part of this RFP.

1. Tender proposal Cost of **Rs.2,360/-** (Non-Refundable) the shape of a Demand Draft in favour of Mission Director, National Health Mission payable at Bhubaneswar.
2. EMD of **Rs.6,00,000/-** in the shape of a Demand Draft in favour of Mission Director, National Health Mission payable at Bhubaneswar. **In case of only Local micro & small enterprises** registered in **Odisha**, they will be exempted from payment of EMD. The photocopy of *the MSE registration certificate shall have to be furnished.*

3. Format T1 (Filled in Checklist)
4. Format T2 (Details of Bidder)
5. Photocopy of the Registration Certificate of the Firm
6. Photocopy of PAN
7. Photocopy of GST Registration
8. Format T3 (Details of EMD)
9. Format T4 (Certificate from the Chartered Accountant regarding Average Annual Turnover in the last three financial years 2019-20, 2020-21 & 2021-22)
10. Copies of the P/L Statement of the audited Report for 2019-20, 2020-21 & 2021-22
11. Format T5-Relevant Experience Details towards successful implementation of similar printing work.
12. Photocopies of work orders executed in support of the information furnished in Form T5
13. Format T6 (Authorization from Intellectual Property Rights / Copyright holders in a Non-judiciary stamp paper)
14. Format T7 (Statement of deviation to technical specification)
15. Format T8 (Para wise Compliance to technical specification)
16. Copies of Leaflets / Catalogue of the printing process for printing & punching mechanism of the Sickle Cell Status ID card.
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 debarred / blacklisted by any Central Govt. / State Govt. / Public Sector Undertaking / Medical Corporations / any other local Body or body established under or in the control of the Central or state Government.

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. As this contract validity will be initially for a period of 2 years, therefore after finalization of the contract with the successful bidder, the **approved rate shall be valid for a period of two years** from the date of approval of the 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 tender inviting 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 & opening of bid is declared as a holiday, the RFPs will be received and opened as per the scheduled 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.
- (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.

3. SCOPE OF WORK & TECHNICAL SPECIFICATION

3.1 Objectives

As per the vide Letter No H.28015/25/2022-BC/NHM-I dated 9th February 2023 and dated 21st March 2023 from GoI, the Sickle Cell Status ID Cards shall be distributed to each screened individual. This unique card not only depicts status of sickle cell disease/trait conditions but also facilitates in pre marriage counselling for prospective couples. Depending on the test results, the appropriate card with the contact details of the screened individual is to be issued.

3.2 Scope of Work

The overall Scope of Work for the Selected Agency shall consist of **Sourcing of the Sickle Cell ID Card, Printing, Packaging of the Cards** according to Specifications provided in **Clause 3.6** of this RFP and **Delivery of the cards** at the **CDM & PHO's office** in the **concerned District Headquarters** of the State **during the contract period**. The language of the text and information to be printed on the cards shall only be in Odia language. The final sample copy of the high-resolution files (print-ready files) of the Cards in Odia shall be provided to the selected agency. The database downloaded from the portal shall be provided to the selected agency for printing & distribution of the cards on a monthly basis and accordingly the numbers of cards are to be printed in Odia language to the Selected Agency for supplying at each of the districts.

Approx. 15 Lakh Cards in the 1st Year & Approx. 20 Lakh Cards in the 2nd year are required to be printed and shall have to be delivered after printing to CDM&PHO offices in each district of the State. Initially the contract period shall be two years from the date of signing of the contract which may further be extended, subject to satisfactory performance and mutual agreement. The number of Cards to be supplied as mentioned hereinabove is for indicative purposes only, the actual number may increase or decrease as per the requirement during the first and second year of the Contract period. The Selected Agency shall have to provide scalability, i.e., in case more Cards are required during the Contract Period or any extension thereof, the Selected Agency shall provide the same at the rate as quoted in the Financial Proposal submitted at the time of technical proposal submission.

3.3 Agency's Responsibilities

A. Commencement of Contracted Services:

Post signing of Contract and successful verification of the sample Cards by the tender inviting authority, the selected agency shall initiate the services in a **stepwise manner** as detailed below:

(1) **Step 1: Collection of information from Tender Inviting Authority**

Prior to initiation of any printing activity, the Selected Agency shall collect all the required information concerning the Sickle Cell Status ID Card from the concerned division of NHM-Odisha such as detail design and specifications, printing requirements such as

branding, logos and marks if any to be placed, quantity of cards to be printed and supplied on a monthly basis, delivery protocol and any other relevant information in order to meet the laid down requirements of the RFP.

(2) Step 2: Printing of Cards

Based on the information collected from the tender inviting authority, the selected agency shall procure at its own expense all the required raw material, stationery, ink, necessary consumables and supplies including required equipment / machinery of the mandated specifications, manpower etc. for preparation and printing of the Sickle Cell Status ID Card. The cards should be printed as per the mandated size, material of the card, punching process and the parameters of printing as specified in technical specification at Clause 3.6. The cost for procurement of all the raw materials, printing, packaging, transportation to all districts, manpower related expenses shall have to be included in the **rate** quoted by the Selected Agency in their Financial Proposal. Any deviation from the specifications, if discovered at any stage during the Contract Period would result in rejection of the Card(s) and levy of penalty in accordance **with the Key Performance Indicators (KPIs) prescribed in this RFP**. The Selected **Agency should customize its printing software with high data security to pull the data through APIs** from the National Sickle Cell portal. The selected agency shall have to pull the data from the National Sickle Cell portal through API in every month (from 1st - 7th of a month) and through their customized software shall have to print the card at the earliest, so that the cards shall have to be delivered at the districts in the next month (within 1st - 7th of next month) failing which penalty shall be applicable as specified at Clause 4.5. The selected service provider shall maintain the data security of personal information of the target population as it is of utmost importance.

(3) Step 3: Packaging of the Cards

Once the required numbers of cards are ready for dispatch, the Selected Agency's manpower shall package the Cards (Block wise) with appropriate and adequate protective wrapping, according to the numbers of Cards required for each district, separately prior to dispatch to the CDM & PHO's office of the respective districts. The Selected Agency shall ensure that the packaging material used for dispatch is of industry standard, weatherproof and protects the contents inside from being torn or damaged while in transit till delivery is completed at the district office

(4) Step 4: Labelling & Dispatch of the Cards

The responsibility of labelling of the packages containing the Cards shall be on the Selected Agency. Thus, the Selected Agency shall confirm the delivery address from the tender inviting authority prior to applying labels on the delivery box(es). The Selected Agency shall be liable for any additional costs incurred due to wrong labelling of packages resulting in wrong delivery or non-delivery of packages within required timelines at the CDM & PHO office of the respective districts.

(5) Step 5: Dispatch of the Cards to the CDM & PHO office in each district

Once the Cards are printed, packaged and labelled, the Selected Agency shall dispatch the Cards for delivery to the CDM&PHO office (district-wise) as per the Agency's choice of mode of transportation. All **transportation costs** inclusive of charges for delivery by air, rail, road, postal service, courier service, any manpower required etc. shall be borne by the Selected Agency only and shall be **included in the rates** quoted by the Selected Agency in the Financial Proposal.

(6) Step 6: Delivery of the Cards at the CDM&PHO office

The Selected Agency shall deliver the Card(s) across the districts in the State. The Selected Agency is required to deliver the number of the Cards after printing at each district's CDM&PHO office, on a **monthly basis** based on the **beneficiary list of all districts in each month**. The timeline for **delivery** of the Sickle Cell Status ID Cards on a **monthly basis** to the CDM & PHO Office would be **within 1st - 7th day of a month for the cards** the beneficiary list of which is pulled from the National Sickle Cell portal in the **1st - 7th day of the previous month**. The Selected Agency shall be liable for any delay in delivery of the Cards in accordance with the KPIs prescribed Clause No.4.5

In order to confirm the delivery by the Selected Agency at the CDM & PHO office and corresponding receipt of the Cards, the Selected Agency shall provide a '**receipt' format** (as per Annexure-II) either in hard copy or through a digital medium for **taking the receipt** from the **District Store**. The receipt format must mention the quantity delivered, date of delivery, mode of delivery and name of delivery agent. Once the package reaches the CDM&PHO office, the delivery agent shall be required to receive the signatures from designated officer(s) of the District Store with actual date of the delivery on the receipt format. The delivery of the Cards shall be **considered complete** only when the receipt is **signed by the designated nodal officer(s)** from the District after verification. However, the date of delivery at District Store shall be taken as the date of delivery for calculation of KPI prescribed Clause No.4.5

B) Management of Services during Contract Period

- (a) The Selected Agency shall deliver the Cards according to the mandated specifications and always maintain the quality of printing and sanctity of data during the Contract Period. The data shared with the Selected Agency shall be highly confidential in nature and therefore, the Agency and its employees / staff etc. shall maintain confidentiality and exercise utmost discretion. The Selected Agency shall have to sign a Non-disclosure Agreement ("NDA") with the tender inviting authority prior to commencement of the Contract or issue of any print order by tender inviting authority in order to ensure the confidentiality of the data shared.
- (b) If any of the Card(s) is found unusable, then the Selected Agency shall replace the specific Card(s) without any additional costs to the tender inviting authority within 07 (seven) days from the date of intimation.

- (c) The Selected Agency shall deploy a mechanism for quality check of the Card(s) at regular intervals to ensure that the Cards supplied at the districts are as per specification.
- (d) The actual number of Cards that may be required by the tender inviting authority during the Contract Period is subject to increase or decrease and the Selected Agency shall be required to deliver the required Cards as per the rates agreed upon in the Financial Proposal/ Contract without any escalation.
- (e) Reports to be provided to the tender inviting authority to monitor daily/ weekly/ monthly/ annual progress of the Project.
- (f) The Selected Agency shall maintain books of accounts recording all its receipts, income, expenditure, payments, assets and liabilities, in accordance with this Contract, Good Industry Practice, Applicable Laws and Applicable Permits with respect to the Services provided under this Contract
- (g) The Selected Agency should follow Safety Norms as per Industry standards and best practices
- (h) All guidelines and standards issued by Government of India and its agencies should be followed in delivering of service wherever applicable. Bidder(s) should comply with established standards wherever applicable in the solution, approach and methodology towards delivery of services.
- (i) The Selected Agency shall be wholly responsible for ensuring compliance of Labour laws in true spirit.
- (j) The Selected Agency shall be required to follow and comply to all the laws/ policies/ guidelines related to data privacy and security in force.
- (k) The Selected Agency shall have to maintain and adhere to highest level of integrity.

3.4 Tender Inviting Authority's Responsibilities:

- (a) Approval of the design, text, format etc. of the Sickle Cell Status ID Card before the Agency could commence printing of the Cards
- (b) shall provide the logos and marks to be placed on the Card(s) and any other material which is to be printed; and the **beneficiary list** to the Agency from time to time during the Contract Period for printing of the Cards.
- (c) shall provide the approval within 15 (fifteen) days from the date of specifications shared with the Selected Agency post signing of the contract (for approval on the sample cards shared).
- (d) shall ensure timely distribution of the Card(s) amongst the beneficiaries, once the cards are successfully delivered at the CDM & PHO office in each district.
- (e) Quantity and quality checks at each District Office: For purpose of verification, at least 0.50% (zero point five zero percent) of each of the lot delivered at the CDM&PHO office

in each of the district would be thoroughly examined for any shortcomings from the mandated standards such as quality of card, illegible printing, missing text or images, or any other defect that renders a particular card unusable. The Selected Agency would provide appropriate replacement as per specifications for any defective Cards within the timeline provided. The verification report of the sample check at the district level must be generated within 07 (seven) days from the date of delivery of the Card(s) at CDM&PHO's office.

- (f) State Authority shall ensure that the verification report of the CDM&PHOs w.r.t. the number and quality of Card(s) supplied at the districts is duly received for the purpose of invoice validation. The receipt certificate by the district shall be sent to the state authority in the required format for payment processing. State authority may also seek to conduct random quality checks w.r.t. the Card(s) and adherence to specifications etc. at the State level by a designated officer(s) of the State during the Contract Period.
- (g) State / District authorities shall inform the Selected Agency about the replacements required and the timeline for providing replacement of such Cards that are found defective or unusable based on the inspection and verification reports of the district level / State level
- (h) Timely settlement of invoices at the agreed terms in accordance with the provisions of the Contract
- (i) To conduct regular monitoring and evaluation of the Project activities based on quantifiable indicators and reports received from the Selected Agency
- (j) The tender inviting authority reserve the rights for independent verification of the activities and do periodic assessments on various issues including but not limited to the concurrent processes followed by Selected Agency.

3.5 Timeline & Duration

Sl.	Description	Maximum Time
1	Commencement of Work from the date of issue of Contract / work order	15 days from signing of contract
2	Submission of Sample Sickle Cell Status ID card as per Specification, logo & other information to be printed on the card	Within 15 th days from signing of contract
3	Collection of Beneficiary data (on a Monthly basis) for printing of cards	The selected agency shall have to pull the data from the National Sickle Cell portal through API in every month (from 1st - 7th of a month) and through their customized software shall have to print the card at the earliest so as to deliver the printed cards at the districts as per the time line mentioned below.
4	Delivery of Cards (On a monthly basis)	Within 1st - 7th day of a month for the cards the beneficiary list of which is

		pulled from the National Sickle Cell portal in the 1st - 7th day of the previous month .
--	--	--

3.6 Technical Specification

The Selected Agency shall be responsible for only the printing and delivery of the Sickle Cell Status ID Card. The format, design and information to be filled on the card shall have to be approved by NHM-Odisha and finalized as per specifications provided below. The Card to be printed by the Agency should be compliant with the following specifications:

- (a) **Compliant with Guidelines:** Card should comply with NHM guidelines for “Prevention & Management of Hemoglobinopathies”. The card should be helpful in self pre-marital and pre-conception informed decision-making based on the genetic inheritance prediction and counseling information thereof.
- (b) **Easy to use and interpret** - Identification card, which is color-coded and has the ability of instantly predicting the inheritance pattern (by layman persons) of couple deciding to marry or couple who wants to conceive and at the same time is capable of counseling for making decision based on the result of card matching.
- (c) **Type of cards:** 02 (two) design of cards shall be printed by the Selected Agency (one for positive and one for negative patients).
- (d) **Measurements and Make:**
 - (i) Orientation: horizontal
 - (ii) Size: **84 - 86 mm x 54-56 mm (L X B)**
 - (iii) Thickness: 0.3 to 1 mm complying with **ISO CR-79-80 standards**
 - (iv) Material: Flexible Plastic, PVC
 - (v) Side: Double Sided (Front and back)
 - (vi) Shape: Rectangular with rounded corners
 - (vii) Printing Type: Digital printing
 - (viii) Surface finish: Smooth
 - (ix) Fusing: Non-smudging, non-peeling
 - (x) Punching: 03 ‘O’ Punch Holes, 04 ‘D’ Punch Holes (precision tolerance 1 mm) according to blood report/diagnosis
- (e) **Details to be printed on the card:**
 - (i) Logo of Government of Odisha, National Health Mission & Ministry of Health & Family Welfare
 - (ii) ABHA ID No., Issue Date
 - (iii) Name, S/D/o, Age, Gender, Address, Mobile number
 - (iv) Blood Group, Diagnosis: Hemoglobin variants (for positive patients only)
 - (v) Language of Printing: Odia
 - (vi) Color coded, blue strip on top for Male and Pink Strip for female

(f) **Other Requirements:**

- (i) The selected agency shall be required to procure / customize the software / algorithm for accurately punching the 'D' and 'O' shaped holes on the card, as per the specification mentioned in the RFP.

4. TERMS & CONDITIONS

4.1 Period of Engagement/Duration of Contract

- (a) The agency selected for the purpose shall enter in to a contract with the tender inviting Authority with the agreed terms and conditions.
- (b) The agency will be engaged initially for a **period of 2 years**, which may further be extended, subject to satisfactory performance and mutual agreement.

4.2 Modality of Implementation

The selected agency shall be responsible for printing of the sickle cell status ID Cards and delivery of the same at the CDM&PHO office at each district. The list of beneficiary list after screening shall be provided on a monthly basis and the selected agency after printing of the cards shall have to deliver the same also on a monthly basis. This process will be repeated every month during the tenure of the contract. This is a rate contract tender and the rate finalized with the selected agency shall be valid for the contract period and the extension thereof as mentioned at Clause 4.1(b)

4.3 Earnest Money Deposit (EMD) and Security Deposit

- (a) The bidder along with the proposal shall deposit Earnest Money Deposit (EMD) amounting to Rs. 6,00,000/- (Rupees Six Lakhs) in the form of Banker's cheques/ Demand Draft in favour of Mission Director, NHM payable at Bhubaneswar. As per Finance Department, Govt. of Odisha office memorandum no. 21926 dtd. 12.8.2015, **Local micro & small enterprises registered in Odisha** with the respective DIC, Khadi, Village, Cotton & Handicraft Industries, OSIC and NSIC while participating in tenders of Government Departments & Agencies under its control shall be exempted from payment of earnest money. The photocopy of *the MSE registration certificate shall have to be furnished*.
- (b) In the absence of the EMD (unless exempted as cited above), 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.

4.4 Performance Security

The Performance security equivalent to 10% (ten percent) of the total Project Cost ("Performance Security") shall be furnished from a Nationalized/ Scheduled Bank, before execution of the Contract, in form of a Demand Draft / Bank Guarantee in the form specified in this RFP. The Selected Bidder shall furnish the Performance Security, on an annual basis instead of supplying the Performance Security together for 02 (two) years. The Selected Agency shall renew the Performance Security, annually and prior to expiry of the validity period of the earlier Performance Security. In case of any extension beyond 02 (two) years, the Selected Agency shall supply the same as per extended Contract Period. The successful bidder in case of Local MSE will have to deposit 25% of the stipulated Performance Security (i.e. 25% of 10% of the work order value) by way of demand draft drawn on any Nationalized / Scheduled Bank payable at Bhubaneswar in favour of Mission Director, NHM, BBSR, Odisha / Bank Guarantee from any Nationalized / Scheduled Bank at Bhubaneswar. In case of BG, the BG shall have to be valid for a period of 60 days beyond the contract period. No interest shall be payable on the Performance Security.

The Tender Inviting Authority can forfeit the performance security in the following circumstances:

- (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.

4.5 Payment

- (a) The payment shall be made in Indian Rupees
- (b) The payment shall be made **centrally by the State NHM Office** on a **monthly basis** after receipt of invoices for printing of cards of all districts on a particular month alongwith receipt of post-delivery and verification report (as per specified format) from the district CDM&PHO office.
- (c) No advance payment shall be made at the time of signing of Contract with Selected Agencys

- (d) Rates (inclusive of all taxes), to be charged by the Selected Agency for provision of services in terms of the Contract shall not vary from the rates agreed upon in the Financial Proposal/ Contract
- (e) The payment to the Selected Agency for the Sickle Cell Status ID Cards would only be disbursed based on the post-delivery and verification report (as per specified format) of the supply of the Cards at the CDM&PHO office in each District per month
- (f) No separate payments shall be made for any consumables, printing related expenses, transportation & supply costs, manpower deployed for the preparation of the Sickle Cell Status ID Cards to the Selected Agency. The cost for the same shall be borne by the Selected Agency and has to be accounted for in the Financial Proposal
- (e) The Selected Agency shall not be paid any extra charges (or any out-of-pocket expense) against such items which are required for providing proper and efficient working of the Project during Contract Period.
- (f) Invoices for payment for each month to be submitted by 10th (tenth) day of the next month
- (g) The payment will be subject to deduction of taxes at source (TDS) as per Income Tax Rules/ GST [("Goods and Service Tax") if applicable] and other statutory deductions as per Applicable Laws
- (h) GST, (if applicable), should not be included in the Proposal rates and shall be paid by separately on prevailing rates. All other taxes, duties, license fee and levies shall be included in the Proposal price
- (i) All the remittances due to the Selected Agency for all payments relating to monthly invoices shall become due in favour of the Selected Agency shall be remitted to the bank account of the Selected Agency as per the details provided at the time of signing of the Contract.
- (j) Payments shall be subject to deductions of any amount for which the Selected Agency is liable as per the penalty clauses set out in the RFP/ Contract
- (K) The process of monthly invoice submission and verification shall be as follows:
 - (i) The Selected Agency shall submit a consolidated invoice based on:

- a. the number of the total Sickle Cell Status ID Card delivered in a month across the state along with breakup of number of Cards **delivered at each district**
 - b. the report regarding the number of Sickle Cell Status ID Card generated and printed shall be provided to the district Nodal Officer for verification purposes.
- (ii) The Selected Agency shall submit the monthly invoices along with delivery reports of designated Officer along with other supporting documents, as required, to State NHM office for further processing of payment.
- (iii) At state level, after receiving all the required documents the designated officer at NHM State office shall verify the reports and supporting documents against the verification report received from the district level and then only payment shall be released post verification to the Selected Agency.

4.5 Key Performance Indicators and Penalty Clauses

The Key Performance Indicators ("KPIs") below defines the terms of the Selected Agency's responsibility in ensuring the timely delivery, quality of deliverables and other aspects of selection as per the RFP. The KPIs mentioned below are not exhaustive and any addition/deletion to this list of KPIs shall be with the mutual consent of tender inviting authority the Selected Agency.

Operational Parameters/ Implementation Activity /Penalties

Sl.	Key performance Indicators	Compliance Rates	Source of data / Method of verification	Validation Frequency	Penalty (Liquidated Damages)
Delay in delivery of Sickle Cell Status ID cards within defined timelines					
1	Delivery of Sickle Cell Status ID Cards at districts as defined in RFP Clause 3.5 (4)	100%	Delivery report signed by the designated officer at CDM&PHO's Office	Monthly	0.5% of the contract values of the delayed quantity per week or part thereof for delay in delivery beyond the defined permissible time limit.

	Incomplete or defective Card(s) (e.g., illegible printing, missing text etc.)				
2	Sickle Cell Status ID Card are as per specification given in RFP	100%	Verification Report signed by designated officer (s) at CM&PHO's Office and the random inspection report generated at the State level	Monthly	The Selected Agency shall not be paid for all defective cards delivered. Further, the Selected Agency shall replace all defective cards at its own cost within 07 (seven) days from the date of intimation by the tender inviting authority.

4.6 Monitoring and Evaluation

The district nodal authority will oversee the activity of their district and the state nodal authority shall review the activity on a monthly basis & the performance of the agency shall be evaluated.

4.7 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 selected agency 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 selected agency is engaged in corrupt or fraudulent practices in competing for or in implementation of the project.

4.8 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.

4.9 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.

4.10 Force Majeure

- a) Neither party will be liable in respect of failure to fulfill its obligations, if the said failure is entirely due to acts of God, Governmental restrictions or instructions, natural calamities or catastrophe, epidemics or disturbances in the country
- b) Force Majeure shall not include,
 - i) any event which is caused by the negligence or intentional action of a party or by or of such party's agents or employees; nor, National Health Mission, Government of Odisha
 - ii) any event which a diligent party could reasonably have been expected both to take into account at the time of being assigned the work and avoid or overcome with utmost persistent effort in the carrying out of its obligations hereunder
- c) A party affected by an event of Force Majeure shall immediately notify the other party within 07 (seven) working days of such event, providing sufficient and satisfactory evidence of the nature and cause of such event, and shall similarly give written notice of the restoration of normal conditions as soon as possible
- d) The failure of a party to fulfill any of its obligations under the Contract shall not be considered to be a breach of, or default under the Contract insofar as such inability arises from an event of Force Majeure, provided that the party affected by such an event,
 - i) has taken all precautions, due care, and reasonable alternative measures in order to carry out the terms and conditions of the Contract; and

- ii) has informed the other party within 07 (seven) working days from the occurrence of such an event, including the dates of commencement and estimated cessation of such event of Force Majeure; and,
- iii) the manner in which Force Majeure event(s) affects Party's obligation(s) under the Work Order/ Contract

4.11 Settlement of Dispute

If dispute or difference of any kind shall arise between the Tender Inviting Authority/User Institution and the successful bidder 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.

4.12 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.

4.13 Award of Contract and Agreement

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

4.14 Commencement of Service

The Operator shall commence the service within 15 days from the date of signing of the Agreement. If the firm 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.

4.15 Jurisdiction of Court

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

5. CRITERIA FOR EVALUATION OF PROPOSAL

5.1 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 who qualify in the 1st stage technical evaluation shall be eligible for 2nd stage technical evaluation, i.e. demonstration Technical Proposals. Those bidders shall be required to give a demonstration before the Evaluation Committee of the specimen of Sickle Cell Status ID Card in terms of how it functions, their manufacturing procedure, details of the Intellectual Property Rights / Copy Rights involved in the process of manufacturing / printing of the Sickle Cell Status ID Card, user manual for issuance of card etc. The evaluation of the demonstration process shall be based on the parameters mentioned in the technical specification of the RFP. The date intimated to the qualifying bidders only. There will be no relaxation provided with respect to timelines for demonstration of the card. The demonstration would be held at the office of the tender inviting authority.

5.2 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 bidder shall be strictly on least cost basis (L1).

The unit price per card (exclusive of tax) shall be taken into account for evaluation.

Also during evaluation, as per the Govt. of Odisha Finance Dept. Office Memorandum No. 13290 dtd. 2.4.2013 (Clause 2), the **price preference system** shall be applicable to **local micro & small enterprises registered in Odisha** with the respective DIC, Khadi, Village, Cotton & Handicraft Industries, OSIC and NSIC.

6. REQUIREMENT OF SICKLE CELL ID CARD

A. District wise target for printing of Sickle Cell Genetic Status ID card					
Sl.	Name of the District	Tribal Districts	Western Sickle Cell Prone Districts	Vulnerable Districts for Sickle Cell	Target Population (0-25 years) for printing of Sickle Cell card
1	Angul		Yes	Yes	51528
2	Balasore	Yes		Yes	93703
3	Baragarh		Yes	Yes	55951
4	Bolangir		Yes	Yes	67753
5	Boudh		Yes	Yes	19140
6	Deogarh	Yes	Yes	Yes	12383
7	Gajapati	Yes		Yes	25104
8	Jharsuguda		Yes	Yes	21032
9	Kalahandi	Yes	Yes	Yes	65662
10	Kandhamal	Yes	Yes	Yes	33181
11	Keonjhar	Yes		Yes	80100
12	Koraput	Yes		Yes	62246
13	Malkanagiri	Yes		Yes	30765
14	Mayurbhanj	Yes		Yes	106139
15	Nawarangpur	Yes		Yes	58093
16	Nuapada		Yes	Yes	27862
17	Rayagada	Yes		Yes	43469
18	Sambalpur	Yes	Yes	Yes	39487
19	Sonepur		Yes	Yes	25042
20	Sundargarh	Yes	Yes	Yes	81360
Total vulnerable Districts (Tribal & Western Belt districts-prone area for sickle cell)		13	12	20	10,00,000
Legacy Data					5,00,000
Grand Total (1st Year)					15,00,000

B. Similarly the target for printing of Sickle Cell Genetic Status ID card in the 2nd year will be around 23 Lakhs.

RFP FORMATS

Selection of an Agency for Printing & Supply of Sickle Cell Status ID Card

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.2,360/-		
3	Earnest Money Deposit(s) of Rs.6,00,000/- 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 P/L Statement for 2019-20, 2020-21 & 2021-22 (Provisional statement of account shall not be considered)		
8	Format – T5 (Performance Statement during the last three Years)		
9	Copies of work order / contract in support of the information furnished in Format T-5		
10	Format – T6 (authorization form from the intellectual property right / copyright holder) in non-judicial stamp paper		
11	Photocopy of the documents regarding the Intellectual Property Right / copyright in the name of the Intellectual Property Right / copyright issued from the Concerned Authority in India.		
12	Format – T7 (Statement of deviation – Technical Specification)		
13	Format – T8 (Para-wise compliance to Technical Specification)		
14	Copies of Leaflets / Catalogue relating to process of printing & punching mechanism of the Sickle Cell Status ID card.		
15	Photocopy of the ISO 9001:2015 Quality Certificate		
16	Photocopy of the ISO 27001:2013 Quality Certificate		
17	Format – T9 (Format of Power of Attorney)		
18	Format – T10 (Format of Affidavit regarding the firm is not blacklisted)		
19	Copy of the Registration certificate of the Firm (Certificate of Incorporation)		
20	Copy of the GST registration certificate		
21	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 an Agency for Printing & Supply of Sickle Cell Status ID Card.**

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. As this contract on a reagent rental mode will be initially for a period of **2 years**, if selected our quoted rates or any contract negotiations you may subsequently carry out with us to accept our bid, the approved **rates / card** shall be valid for a period of five years from the date of approval of the 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					
Key personnel Details (Chairman, CEO, Directors, Managing Partners etc.)						
6	in case of Directors, DIN Nos. are required					
	Name		Designation			
	Name		Designation			
7	Whether any criminal case was registered against the company or any of its promoters in the past?				Yes / No	

8	<u><i>GST Registration</i></u> <i>Furnish the copy of the GST registration certificate</i>				
9	<i>PAN :</i> <i>Furnish the copy of the PAN</i>				
10	<i>Registration certificate / Certificate of Incorporation of the firm (furnish the copy)</i>				
11	<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 last 3 financial years are given below and certified that the statement is true and correct.

Sl.	Financial Year	Turnover in (Rs.)
1	2019-20	
2	2020-21	
3	2021-22	
Average Annual Turnover in (Rs.)		

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 Printing Materials (Health Cards / Identity Cards / Smart Cards / Booklets etc.) in India****(Attach separate sheets if the space provided is not sufficient)**

Name/address of the Organization *	Description of Work assigned	Financial Year	Date of award of Assignment	Date of Completion of assignment	Quantity	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*)

**AUTHORIZATION FORM FROM THE INTELLECTUAL PROPERTY RIGHT /
COPYRIGHT HOLDER**

(to be submitted in a Non-judicial Stamp Paper)

Note : *Also furnish the copy of the document regarding the Intellectual Property Right / copyright in the name of the Intellectual Property Right / copyright issued from the Concerned Authority in India.*

Format – T7(To be submitted in *Technical Proposal envelope*)**STATEMENT OF DEVIATION – TECHNICAL SPECIFICATION**

Following are the Technical deviations and variations from the Technical Specifications.

Name of the Item: _____

Make : _____

Model No. : _____

Sl. No.	Clause of Technical Specification	Statement of Deviations / Variations if any
1		
2		
..		
..		
..		

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

Note : In case there is no deviation from technical specification, Pl. Mention ***No Deviation.***

Signature of the Bidder

Name :

Date :

Place

Seal

Format – T8(To be submitted in *Technical Proposal envelope*)**PARAWISE COMPLIANCE TO TECHNICAL SPECIFICATION**

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

Name of the Item: _____

Make / Brand (of the Card) : _____

Bid Specification (Para wise)	*Bidder's Compliance – Para wise

(add *separate sheets* depending upon the space requirement)

- * **Leaflets / Technical Brochures / Product Data Sheets** of the Printing Mechanism, Process of Punching etc.

Signature of the Bidder

Name :

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 **Selection of an Agency for Printing & Supply of Sickle Cell Status ID Card**, including signing and submission of all documents and providing information / responses to the bid, representing us in all matters before Tender Inviting authority and generally dealing with Tender Inviting 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 shall and shall always be deemed to have been done by us.

Dated this the _____ day of _____ 2023

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 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 thisDay of, 2023

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

Name and Title of Signatory: _____

(Company Seal)

FORMATS

Selection of an Agency for Printing & Supply of Sickle Cell Status ID Card

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="text"/> |
| 2. | Format F2 | Yes/No | <input type="text"/> |

FORMAT F-1

(To be submitted with Financial Proposal envelop)

ACKNOWLEDGEMENT OF FINANCIAL PROPOSAL

To

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

Re. : RFP Reference no. _____ dated _____

Sub: **Request for Proposal for "Selection of an Agency for Printing & Supply of Sickle Cell Status ID Card"**

Sir,

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. As this contract on a reagent rental mode will be initially for a period of **2 years**, if selected our quoted rates or any contract negotiations you may subsequently carry out with us to accept our bid, the approved **rates / card** shall be valid for a period of five years from the date of approval of the 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)

FINANCIAL PROPOSAL

Sl.	Particulars	Rate (Rs.) for One Sickle Cell Status ID Card
1	Cost of Printing & Delivery of One Sickle Cell Status ID Card which must take into account all costs pertaining to supply of Sickle Cell Status ID Card as per technical specification, printing of cards as per technical specification, delivery of cards at all districts, cost of all consumables, equipment charges, transportation cost, Software Cost, Charges of Manpower required for execution of the contract and any other charges as applicable excluding GST.	(in figure and word excluding of GST)
2	GST (if any) Applicable GST will be paid extra.	(in % and figure)

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

Name and Title of Signatory: _____

(Company Seal)

ANNEXURES

Selection of an Agency for Printing & Supply of Sickle Cell Status ID Card

Annexure -I

Design of Sickle Cell Card -1

Sickle Cell Status ID Card

ABHA Number: _____

Name: _____

Age: _____

Gender: Male

Father's Name: _____

District: _____

Block/Ward: _____

Village/Town/City: _____

Address: _____

Pincode: _____

Test Report: Normal

Test Type: _____

Blood Group: _____

Possibility of Having Disease in Child	Marriage
All Normal	Recommended
50% Normal, 50% Carriers	Recommended
<input checked="" type="checkbox"/> 50% Normal, 50% Carriers	Recommended
All carriers	Recommended
<input checked="" type="checkbox"/> All carriers	Recommended
<input checked="" type="checkbox"/> 25% Diseased, 50% Carriers, 25% Normal	Not Recommended
<input checked="" type="checkbox"/> 50% Diseased, 50% Carriers	Not Recommended
<input checked="" type="checkbox"/> 50% Diseased, 50% Carriers	Not Recommended
<input checked="" type="checkbox"/> All Diseased	Not Recommended

☐ Normal

☐ Carrier

☐ Disease

Sickle Cell Status ID Card

ABHA Number: _____

Name: _____

Age: _____

Gender: Male

Father's Name: _____

District: _____

Block/Ward: _____

Village/Town/City: _____

Address: _____

Pincode: _____

Test Report: Sickle Cell Carrier

Test Type: _____

Blood Group: _____

Possibility of Having Disease in Child	Marriage
<input checked="" type="checkbox"/> All Normal	Recommended
<input checked="" type="checkbox"/> 50% Normal, 50% Carriers	Recommended
50% Normal, 50% Carriers	Recommended
<input checked="" type="checkbox"/> All carriers	Recommended
<input checked="" type="checkbox"/> All carriers	Recommended
25% Diseased, 50% Carriers, 25% Normal	Not Recommended
50% Diseased, 50% Carriers	Not Recommended
<input checked="" type="checkbox"/> 50% Diseased, 50% Carriers	Not Recommended
<input checked="" type="checkbox"/> All Diseased	Not Recommended

☐ Normal

☐ Carrier

☐ Disease

Sickle Cell Status ID Card

ABHA Number: _____

Name: _____

Age: _____

Gender: Male

Father's Name: _____

District: _____

Block/Ward: _____

Village/Town/City: _____

Address: _____

Pincode: _____

Test Report: Sickle Cell Disease

Test Type: _____

Blood Group: _____

Possibility of Having Disease in Child	Marriage
<input checked="" type="checkbox"/> All Normal	Recommended
<input checked="" type="checkbox"/> 50% Normal, 50% Carriers	Recommended
<input checked="" type="checkbox"/> 50% Normal, 50% Carriers	Recommended
<input checked="" type="checkbox"/> All carriers	Recommended
All carriers	Recommended
<input checked="" type="checkbox"/> 25% Diseased, 50% Carriers, 25% Normal	Not Recommended
<input checked="" type="checkbox"/> 50% Diseased, 50% Carriers	Not Recommended
50% Diseased, 50% Carriers	Not Recommended
All Diseased	Not Recommended

☐ Normal

☐ Carrier

☐ Disease

Design of Sickle Cell Card -2

Sickle Cell Status ID Card

ABHA Number: _____

Name: _____

Age: _____

Gender: Female

Father's/Husbands' Name: _____

District: _____

Block/Ward: _____

Village/Town/City: _____

Address: _____

Pincode: _____

Test Report: Normal

Test Type: _____

Blood Group: _____

Possibility of Having Disease in Child	Marriage
<input type="checkbox"/> All Normal	Recommended
<input checked="" type="checkbox"/> 50% Normal, 50% Carriers	Recommended
<input type="checkbox"/> 50% Normal, 50% Carriers	Recommended
<input checked="" type="checkbox"/> All carriers	Recommended
<input type="checkbox"/> All carriers	Recommended
<input checked="" type="checkbox"/> 25% Diseased, 50% Carriers, 25% Normal	Not Recommended
<input checked="" type="checkbox"/> 50% Diseased, 50% Carriers	Not Recommended
<input checked="" type="checkbox"/> 50% Diseased, 50% Carriers	Not Recommended
<input checked="" type="checkbox"/> All Diseased	Not Recommended

☐ Normal
 ☐ Carrier
 ☐ Disease

Sickle Cell Status ID Card

ABHA Number: _____

Name: _____

Age: _____

Gender: Female

Father's/Husbands' Name: _____

District: _____

Block/Ward: _____

Village/Town/City: _____

Address: _____

Pincode: _____

Test Report: Sickle Cell Carrier

Test Type: _____

Blood Group: _____

Possibility of Having Disease in Child	Marriage
<input checked="" type="checkbox"/> All Normal	Recommended
<input type="checkbox"/> 50% Normal, 50% Carriers	Recommended
<input checked="" type="checkbox"/> 50% Normal, 50% Carriers	Recommended
<input checked="" type="checkbox"/> All carriers	Recommended
<input checked="" type="checkbox"/> All carriers	Recommended
<input type="checkbox"/> 25% Diseased, 50% Carriers, 25% Normal	Not Recommended
<input checked="" type="checkbox"/> 50% Diseased, 50% Carriers	Not Recommended
<input type="checkbox"/> 50% Diseased, 50% Carriers	Not Recommended
<input checked="" type="checkbox"/> All Diseased	Not Recommended

☐ Normal
 ☐ Carrier
 ☐ Disease

Sickle Cell Status ID Card

ABHA Number: _____

Name: _____

Age: _____

Gender: Female

Father's/Husbands' Name: _____

District: _____

Block/Ward: _____

Village/Town/City: _____

Address: _____

Pincode: _____

Test Report: Sickle Cell Disease

Test Type: _____

Blood Group: _____

Possibility of Having Disease in Child	Marriage
<input checked="" type="checkbox"/> All Normal	Recommended
<input checked="" type="checkbox"/> 50% Normal, 50% Carriers	Recommended
<input checked="" type="checkbox"/> 50% Normal, 50% Carriers	Recommended
<input type="checkbox"/> All carriers	Recommended
<input checked="" type="checkbox"/> All carriers	Recommended
<input checked="" type="checkbox"/> 25% Diseased, 50% Carriers, 25% Normal	Not Recommended
<input type="checkbox"/> 50% Diseased, 50% Carriers	Not Recommended
<input checked="" type="checkbox"/> 50% Diseased, 50% Carriers	Not Recommended
<input type="checkbox"/> All Diseased	Not Recommended

☐ Normal
 ☐ Carrier
 ☐ Disease

ANNEXURE- II**FORMAT FOR DELIVERY & QUALITY VERIFICATION OF SICKLE CELL STATUS ID CARDS****For the Month of** _____**Name of District:** _____

Quantity of Cards to be delivered (as per data of beneficiaries pulled from the Portal for a month)	
Quantity of Cards delivered:	
Date of Delivery:	
Mode of Delivery	

Quality Check: Number of Cards checked and verified in a billing month:

Sl. No.	Particulars	Satisfactory Quality (Yes/ No)	Replacement required (Yes/ No)	Remarks
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Signature with stamp (Sub-Store)	Signature with stamp (Designated Nodal Officer)
Name : Designation	Name : Designation