

PRE-BID CLARIFICATION / AMENDMENT IN RESPONSE TO QUERIES RAISED BY THE PROSPECTIVE BIDDERS IN THE PRE-BID MEETING HELD ON 02.12.2025 ON THE RFP FOR OPERATION & MANAGEMENT OF MOBILE HEALTH UNIT (MHU) IN PPP MODE (RFP Referene No. NHM/ MHU /2025/01, Advt. No. 16/25)

Queries raised by the prospective bidders on the tender terms & conditions, scope of work, technical specifications etc. were discussed. Based on the queries by the prospective bidders, the clarification / amendments as decided by the committee in response to the pre-bid queries are mentioned below:

Sl.	RFP Clause No.	Existing provision in the RFP Document	Queries raised by the Prospective Bidders	Clarification /Amendment in response to Pre-bid queries
1	Clause No. 2.2 Point No. 5 (Page No.6)	The Bidder / Lead Member in case of a Consortium must have experience in operation / management of minimum average number of 25 Mobile Health Units (MHU)/Mobile Medical Units (MMUs) per year for any State Government/ Central Government / Public Sector Undertakings / under CSR in the financial years 2021-22, 2022-23, 2023-24OR 2022-23, 2023-24, 2024-25	<p>The Bidder / Lead Member in case of a Consortium must have experience in operation / management of minimum average number of 25 Mobile Health Units (MHUs) / Mobile Medical Unit (MMUs) / Mobile Health Teams (MHTs) per year for any State Government / Central Government / Private Sector Undertaking in the last (07) Seven Years.</p> <p>The Bidder /Lead Member in case of a Consortium must have experience in operation /management of minimum average number of 25 Mobile Health Units(MHU)/Mobile Medical Units (MMUs)/ Mobile Health Teams (MHTs) per year for any State Government / Central Government/Public Sector Undertakings in the last (07) Seven Years.</p> <p>The Bidder / Lead Member /Consortium must have experience in operation /</p>	<p>Amended</p> <p>The Bidder / Lead Member or Consortium Partner or both (if both executed projects either individually or in a consortium in MHU / MMU / MHT operation) in case of a Consortium, must have experience in operation / management of minimum average number of 25 Mobile Health Units (MHU)/Mobile Medical Units (MMUs) / Mobile Health Team (MHT) per year for any State Government/ Central Government / Public Sector Undertakings in the financial years 2021-22, 2022-23, 2023-24OR 2022-23, 2023-24, 2024-25.</p> <p>Clarification</p> <p>In case of a consortium,</p>

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			<p>management of minimum average number of 25 Mobile Health Units (MHU)/Mobile Medical Units (MMUs) per year.</p> <p>In addition to MHU /MMU, the Ambulances that are owned and operated by the bidder, as well as Ambulances operated under Government programme, be considered towards meeting the operational experience requirement.</p> <p>Don't include CSR, as this deprives a Service Provider of a Govt owned project, from a level playing field.</p> <p>Enhance the experience of 100 MMUs per year for any bidder to participate.</p>	<p>the experience criteria of no. of MHU/MMU/ MHT vehicles shall be <u>combinely considered only if</u>, both the members of the consortium have experience in operation of MHU / MMU / MHT for any State Government / Central Government / Public Sector Undertakings in the financial years 2021-22, 2022-23, 2023-24OR 2022-23, 2023-24, 2024-25.</p>
2	Clause No. 2.2, Point No. 4 (Page No.5)	The bidder should have at least average annual turnover (audited) of Rs. 25 Crores during financial years, i.e. 2021-22, 2022-23, 2023-24 OR 2022-23, 2023-24, 2024-25 (if audited). In case of consortium, the lead member should fulfill the above turnover criteria	<p>In case of consortium, the Lead Member and Consortium partner should fulfill the above turnover criteria collectively.</p> <p>The bidder should have at least average annual turnover (audited) of Rs. 25 Crores during financial years, i.e. 2021-22, 2022-23, 2023-24OR 2022-23, 2023-24, 2024-25 (if audited).In case of consortium, the lead member & consortium partner should fulfill the above turnover criteria collectively.</p> <p>The bidder should have at</p>	<p>No change</p> <p>Clarification: The bidder should have at least average annual turnover (audited) of Rs. 25 Crores during financial years, i.e. 2021-22, 2022-23, 2023-24 OR 2022-23, 2023-24, 2024-25 (if audited). In case of consortium, the lead member should fulfill the above turnover criteria.</p>

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			least average annual turnover (audited) of Rs. 100 Crores during financial years, i.e. 2021-22, 2022-23, 2023-24 OR 2022-23, 2023-24, 2024-25 (if audited). In case of consortium, the lead member should fulfill the above turnover criteria.	
3	Nil		The project may be aligned closely with the Government of India's Digital Health Mission and ABDM framework. As health records and service delivery data may need to be exchanged with various systems and stakeholders – including hospitals, laboratories, insurance platforms, and government applications- it become essential to integrate digital health components to ensure seamless data flow, interoperability, and continuity of care.	Clarification: The application must be ABDM compliant (M1).
4	Clause No. 2.1 (C), (Page No.5)	The selection of the Agency shall be on the basis of Least Cost Selection (LCS) method.	Consideration of Quality and Cost Based Selection (QCBS) methodology for evaluating bids. The L1 approach may not fully reflect the capability, quality parameters, and relevant experience of service providers. Adopting QCBS will ensure balanced weightage to technical competence, past performance, and service delivery capability, ultimately supporting the successful and	No change Clarification: The selection of the Agency shall be on the basis of Least Cost Selection (LCS) method.

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			sustainable implementation of the MHU Project.	
5	Form T1, Covering Letter of the Agency (Page No. 38)	I/We hereby declare that our organization has not been debarred / blacklisted by any Government / Semi Government organizations. I further certify that I am the competent authority of this organization and authorized to make this declaration.	<p>I/We hereby declared that our organization not debarred /blacklisted by any Government /Semi Government organization as on the date of bid submission. I further certify that I am the competent authority of this organization and authorized to make this declaration.</p> <p>As this clause itself is contrary to clause 2.2, Sl No. 7 and FORM T6, which assess bidders' eligibility as on the date of bid submission. Inclusion of 'as on date of submission of bid' ensures that eligibility is determined objectively at the relevant time, which is essential for fairness and equal treatment of all bidders.</p> <p>Further in Jai Ambey Emergency Services (I) Pvt. Ltd. Vs. State of Chhattisgarh WPC No. 2271/2025 the legal validity of a similar clause of blacklisting /debarment of a bidder in the past in RFP, was challenged in the Hon'ble High Court of Chhattisgarh whereby the</p>	<p>Amended</p> <p>The 5th paragraph in Form T1 is amended as "We hereby declared that our organization is not debarred /blacklisted by any Government /Semi Government organization as on the date of bid submission. I further certify that I am the competent authority of this organization and authorized to make this declaration". The amended Format T1 is enclosed at Annexure - I of this prebid amendment / clarification.</p> <p>This is also mentioned in the FORM T6.</p>

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			Hon'ble High Court of Chhattisgarh has quashed the said clause for being arbitrary and unconstitutional.	
6	Clause No. 2.2, Point No. 3 (Page 5)	The Bidder / Lead Member in case of a Consortium must have minimum 3 years experience in operation / management of MHU/ MMUs.	<p>The Bidder / Lead Member / Consortium Partner, in the case of a Consortium, must have a minimum of three (3) years' experience in the operation and management of MHUs/MMUs.</p> <p>Essential all consortium members meet minimum experience standards, improving capability and accountability.</p> <p>Inclusion of Mobile Health Team (MHT)</p> <p>Consider a minimum 2 years experience slab (in the last 3 or 5 years).</p>	<p>Amended</p> <p>The Bidder / Lead Member or Consortium Partner in case of a Consortium, must have a minimum of three (3) years experience in the operation and management of MHUs/MMUs/MHTs.</p>
7	Clause No. 4.1 (Page 24)	The project period will be initially for a period of 3 years which may be extended for another 2 years based on satisfactory performance of the service provider and fund provision under the State Budget.	<p>The project period will initially be for three (3) years, extendable by an additional two (2) years, based on satisfactory performance and availability of funds under the State budget. In case of inflation, pricing shall be increased at 2% annually, based on applicable CPI /WPI or State Government guidelines.</p> <p>Adds a fair 2% inflation adjustment to maintain</p>	<p>Amended</p> <p>2% Annual increment is allowed.</p>

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			financial viability and align with CPI/WPI norms.	
8	Clause No. 5.2. (B).A (State II – Technical Evaluation (Page 31)	Experience in operation / Management of MHU/MMU: (25 marks): Total years of experience in operation of Mobile Health Units (MHU)/Mobile Medical Units (MMUs) for any State Government/ Central Government / Public Sector Undertakings / CSR.	Experience of Lead Bidder or Consortium Partner in case of a Consortium in operation / management of MHU/MMU : (25 Marks) Allows experience of either Lead Bidder or Consortium Partner, ensuring fair evaluation and broader eligibility.	Amended Experience of Bidder / Lead Member or Consortium Partner in case of a Consortium in operation / management of MHU/MMU/MHT- (25 Marks): Total years of experience in operation of Mobile Health Units (MHU)/Mobile Medical Units (MMUs) / Mobile Health Team (MHT) for any State Government/ Central Government / Public Sector Undertakings.
9	Clause No. 5.2. (B).B (State II – Technical Evaluation (Page 31)	Experience in operation of number of MHU/MMU: (25 marks) : Average number of Mobile Health Units (MHU)/Mobile Medical Units (MMUs) operational per year for any State Government / Central Government / Public Sector Undertakings / CSR during last three Financial years 2021-22, 2022-23 & 2023-24 OR 2022-2023, 2023-2024 & 2024-25 (if audited)	Experience of Lead Bidder or Consortium Partner in case of a Consortium in operation of number of MHU/MMU : (25 Marks) Recognizes combined operational strength of consortium members for accurate capacity assessment.	Amended Experience of Bidder / Lead Member or Consortium Partner or both (if both executed projects either individually or in a consortium in MHU / MMU / MHT operation) in case of a Consortium, in operation of number of MHU/MMU/MHT- (25 Marks) : Average number of Mobile Health Units (MHU)/Mobile Medical Units (MMUs) / Mobile Health Team (MHT) operational per year for any State Government / Central Government / Public Sector Undertakings during last three Financial

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				<p>years 2021-22, 2022-23 & 2023-24 OR 2022-2023, 2023-2024 & 2024-25 (if audited)</p> <p>Clarification In case of a consortium, the experience criteria of no. of MHU/MMU/ MHT vehicles shall be combinely considered only if, both the members of the consortium have experience in operation of MHU / MMU / MHT for any State Government / Central Government / Public Sector Undertakings in the financial years 2021-22, 2022-23, 2023-24OR 2022-23, 2023-24, 2024-25.</p>
10	Annexure-A2, Sl. No-8 (Page-62)	Digital Urine Analyzer (AI Enabled)	<p>Digital Urine Analyzer (AI enabled optional) Making AI optional increase vendor participation and avoids unnecessary cost escalation.</p>	<p>Amended Digital Urine Analyzer (AI enabled : Optional)</p>
11	Annexure-A2, Sl. No-8 (Page-62)	Assay Method: Image analysis using AI-enabled computer vision	<p>The system uses modern optics and electronics, or AI enabled computer vision, to automate urine analysis scanning and analyzing urine test strips.</p> <p>Allows both optical and AI based systems to ensure performance based non-restrictive specifications.</p>	<p>Amended Assay Method: Image analysis using optical/ AI-enabled computer vision.</p>

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12	Clause No. 3.6.7 (Page 18)	Permissible off-road for MHU vehicle and holidays for the Staff: Every Sunday, 2 nd & 4 th Saturday will be the days on which no service would require to be provided by the MHU. Sunday, 2 nd & 4 th Saturday could be used for maintenance of MHU vehicle, refilling and data entry/reporting purposes. In exceptional circumstances, the weekly off days can be cancelled by the competent authority.	Sunday can be considered as working days based on operational needs. Also to avoid service disruption, weekly off days may be staggered across districts rather than all MHUs being off on the same day. If weekday holidays occur, may those days be used as maintenance /off days instead of Sunday.	No change
13	Clause No. 3.6.9 (Page 18)	The drugs & consumables required shall be provisioned by the concerned health facility for the MHU vehicle.	Detailed process for indenting, approval workflow, delivery schedule and buffer stock norms for drugs & consumables. Also request for availability of the Essential Drug List and frequency of supply.	Clarification: The indenting frequency shall be weekly basis / as and when required based on the consumption from the respective block CHC. The MHU team shall be issued the essential medicines / surgical as per availability at the concerned store of block CHC.
14	Clause No. 3.7 (Page 18-19)	HR for MHU: Staffing partner includes AYUSH MO, Pharmacists, ANM and Attendant.	Since vehicle operation requires a driver, request confirmation whether Driver /Pilot will be part of the MHU HR pattern and if so, qualification, salary norms and compliance requirements may be provided.	Clarification: Provision of driver is a part of vehicle to be provisioned for the operation of MHU and not a part of the HR for MHU.

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15	Clause No. 4.3 (page 24)	The Selected Agency shall engage the vehicle for MHU and deployment of required HR for MHU operation to commence the service within 30 days time of signing of Contract. If the bidder fails to commence the service as specified herein, the tender inviting authority may, unless it consents to the extension of time thereof may cancel the MoU and forfeit the Performance Security.	Request extension of timeline to 90 days given procurement of vehicles, fabricating as required, HR on boarding and IT deployment requires substantial operational planning time across 173 blocks. To deploy 174 vehicles more time is required for commencement of the project. A minimum of 90-120 days is required to fulfill the request.	Amended The Selected Agency shall engage the vehicle for MHU and deployment of required HR for MHU operation to commence the service within 90 (ninety) days time of signing of Contract. If the bidder fails to commence the service as specified herein, the tender inviting authority may, unless it consents to the extension of time thereof may cancel the MoU and forfeit the Performance Security.
16	Clause No. 4.5.2 & 4.5.4 (page 24)	Payment shall be made at the respective District level. The Agency shall raise invoice on completion of service duly accompanied by all supporting documents in support of claims against the number of MHU operational in a month and submit the same to the concerned district by 5 th of every month.	Invoices to be raised at State level and payment made centrally , instead of district wise billing and disbursement.	No change
17	Clause No. Annexure A2 (page 57-64)	Technical Specification of IOT based POC Devices.	Please confirm whether bidder must develop one common app for all devices or whether individual OEM apps + Central dashboard is acceptable.	Clarification: As mentioned in Annexure A2, 12 (b), Single Mobile Application is required for integration of Multiple Points of Care Devices + Central Dashboard.
18	Clause No. Annexure	Technical Specification of	Is device-level real-time	Clarification: The

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	A2 (page 57-64)	IOT based POC Devices.	integration Mandatory for each device, or is it acceptable if some devices export PDF/CSV reports that are uploaded into the central system?	requirement is real-time dashboard and hence device-level real-time integration Mandatory for each device.
19	Annexure A2 - Software/App (page 57-64)		Please clarify who will host the central app/dashboard (Department / NIC /bidder cloud) and who owns IP / source code and maintains the solution post-Warranty.	Clarification: The application shall be initially hosted in the bidder's cloud and the database along with source code to be transferred to the Department server within one year of project operation.
20	Clause No. Annexure A2, Urine Analyzer (page 57-64)		Is the Department expecting a perpetual license with one-time cost, or is an Annual subscription model acceptable? Should license cost be quoted separately or bundled in equipment price?	Clarification: Any license cost relating to the application shall have to be bundled in the operation & management cost as per price schedule. No separate cost to be quoted towards license cost if any.
21	Clause No. Annexure A2, Urine Analyzer (page 57-64)		Please confirm whether cloud hosting must be within India (e.g. MeitY- empanelled/ISO 27001 DC/Govt cloud)and any specific data-security standards Required.	Clarification: Please refer to the clarification at Sl.19
22	Annexure A2 – AIUrine Analyzer / Integration (page57-64)		Is full integration with State HMIS/EMR required from Day 1 or is API-readiness sufficient at implementation stage, with Integration to be taken up later?	Clarification: Full integration with State HMIS/EMR may be required on a later stage.
23	Annexure A2 - Data		Please specify required data-retention period (e.g. 3/5/7 years) and any specific	Clarification: Data-retention period shall be for a minimum period of 5

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	Management (page 57-64)		privacy/access-control norms to comply with (e.g. role-based access, Audit trail).	years as the maximum period of the contract shall be 5 years.
24	Annexure A1 & A2- Device Certifications. (page 57-64)		Kindly confirm whether CE certification alone is acceptable for devices not marketed in the US and whether "USFDAOR CE" is sufficient wherever both are mentioned.	Clarification: In the specification it is mentioned as CE / US FDA.
25	Annexure A2 - AI Urine Analyzer & IoT Devices (page 57-64)		For innovative India-made AI urine analyzers or IoT platforms with CE +CDSCO + validation data but not yet USFDA, please confirm if these will be Considered compliant.	Clarification: As per technical specification of Urine Analyser, CDSCO license is required.
26	Annexure A1 & A2- CDSCO Registration (page 57-64)		For products where CDSCO process is ongoing or not mandatory due to risk class, can "application in progress" with supporting documents be accepted at bid stage, subject to final approval before supply?	Clarification: As per specification, CDSCO license for all POCT devices (except weighing scale) is mandatory. "Application in Progress" towards CDSCO is not acceptable.
27	Annexure A2 - Digital Weighing Scale (page 60)	The digital weighing scale should have Model Approval from Legal metrology Department and manufacturer should have valid manufacturing License issued from legal metrology.	Please clarify if it is sufficient that the OEM of the scale holds model approval and manufacturer license, or if the bidder must also hold any Legal Metrology license.	Clarification: The OEM of the scale shall have model approval and manufacturer license from Legal Metrology.
28	Annexure A1 - OPD Load & Tests (page 56)	It is expected that there will be approximately 30 OPD cases per session per site with possible diagnostic test of 70% of the total OPD	Please specify for pricing whether initial supply of consumables (strips, cuvettes, etc.) should cover 3, 6, or 12	Clarification: The supply of consumables (strips, cuvettes etc.) for the POCT devices is the responsibility of the

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		cases	months of operation at the indicated OPD load.	Service Provider. The supply of consumables (strips, cuvettes etc.) shall be factored in the monthly operation & management cost by taking into account the OPD load per session per site as specified in the bid and the duration of the contract period. No patient shall be denied for test, in case of required medical advice. This is to further clarify that, any patient with 30 years & above must have to be screened for Hypertension, Diabetics, Oral Cancers etc.
29	Annexure A1 – Consumables (page 57-64)		Kindly clarify whether future replenishment of consumables will be procured under a separate rate contractor must be included in per-MHU operational cost for a defined period.	Clarification: Please refer the clarification mentioned at Sl. 28.
30	Annexure A2 – (page 63-64)	Android Smartphone	Typically, OEMs provide 1-year standard+ 2-year extended warranty. Please confirm if this arrangement meets the requirement for 3-year comprehensive Warranty.	Clarification: The Android smart phone should carry 3 years comprehensive warranty (Not 1 year standard + 2 year extended warranty)
31	Annexure A2 –App Support &Warranty (page 57-64)		Should bidder quote a separate AMC/ATS line item for app and backend support after 1 year, or should full 3-year software support be included in equipment cost?	Clarification: All related cost towards App / backend software support shall have to be factored in the monthly operation &

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				management cost to be quoted in the price schedule taking into account the entire duration of the contract.
32	Annexure A2 – Offline Functionality (page 57-64)		Please clarify the maximum off line duration allowed (e.g. up to 7 days) and whether local storage on mobile device is sufficient, or a separate edge/gateway device is required.	Clarification: The requirement of the application is real-time . However the offline functionality is required when there are issues in network connectivity / server issues. In that case the data stored in offline mode shall have to be pushed to the cloud after restoration of the internet / server issues if any. The storage of the mobile phone shall be sufficient to store the offline data in the above scenario.
33	Clause No. 2.2.7 (Page No. 25)	The Bidder / Consortium members in case of Consortium, who has been blacklisted / debarred / banned by any State Government / Central Govt. Organization / PSU will not be eligible to participate in the tender during the blacklisting / debarred period. The Bidder / Consortium members in case of	The Bidder/Consortium member in case of Consortium, who has been blacklisted/debarred/banned by any state government/central govt/PSU, in the area of mobile healthcare services/emergency services, will not be eligible to participate in this tender. The Bidder/Consortium member in case of a Consortium bidding, or any	No Change

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		Consortium, must not have been convicted /case pending against them by any court of law in India or Abroad for any civil/criminal offences.	of their directors/promoters/ trustees of the bidding entities, must not have been convicted/case pending against them by any court of law or govt investigating agencies in India or abroad, for any civil/criminal offences. An original affidavit to these effect is to be submitted, as per Format T6 (to be amended suitably).	
34	Clause No. 5.2 (A) (Page No. 30)	Technical evaluation shall be undertaken of those bids which are assessed to be responsive and meet the 'Pre-Qualification Conditions. The Authority shall carry out the evaluation applying the criteria stated in the RFP. Each responsive proposal shall be attributed a Technical Score	In case a single bidder, the technical credentials of the bidder shall be considered on a stand-alone basis. In case of consortium bidder, the technical Credentials of the members of the bidding Consortium shall be considered jointly. A consortium bidder, if it was a part of any previous consortium based operations, can use its technical experience/credentials.	Clarification: Pl. refer to the amendment / clarification in SI no. 8 & 9.
35	Clause No. 5.2. (B).A.1 (page 31)	Experience in operation / Management of MHU/MMU: (25 marks)	Years of Experience: Total years of experience in operation of Mobile Health Units (MHU)/Mobile Medical Units(MMUs)/ Mobile Health Teams (MHTs) for any State Government/Central Government/ Public Sector Undertakings	No Change

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			Criteria for Award of Marks: a) > 3 and ≤ 4 years of experience = 05 marks b) 5 marks for each additional year of experience (> 4 years) up to maximum 10 marks. Total Marks = 15 Marks	
36	Clause No. 5.2. B. (B) 2 (page 31)	Experience in operation of number of MHU/MMU: (25 marks)	Number of MHU / MMU / MHT operational: Average number of Mobile Health Units(MHU)/Mobile Medical Units (MMU)/MHT(Mobile Medical units operational per year, for any state government/PS, during the last(07) Seven Years E. Avg 26- 30 = 15 marks F. Avg 31-35 = 18 marks G. Avg 36-40 = 21 marks H. Avg > 40 = 25 marks.	No Change
37	Clause No. 5.2. B. (C) 3 (page 32)	Financial Turnover: (25 marks)	Average Annual Turnover: Average annual turnover of the Bidder / Lead Partner & Consortium Partner should fulfill the turnover criteria collectively (in case of Consortium) in last three financial years as per audit report 2021-22, 2022-23 & 2023-24 OR 2022-2023, 2023- 2024 & 2024-25 (if audited) Criteria for Award of Marks:	No Change

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			<ul style="list-style-type: none"> • >25 & ≤ 30 Crores= 03 marks • 30 & ≤ 35 Crores= 06 marks • 35 & ≤ 40 Crores= 09 marks • 40 & ≤ 45 Crores= 12 marks • > 45 Crores = 15 Marks Total Marks = 15 Marks	
38	Clause No. 5.2. B. (D) 4 (page 32)	Managing MHU/ MMU Portal : (5 marks)	To be removed this criteria	No Change
39	Clause No. 5.2. B. (E) 5 (page 32)	Experience in use of GPS /VLTD for strengthening MHU/ MMU operation : (5 marks)	MHU / MMU / MHT operational with GPS / VLDT: MMU / MMU / MHT operational with GPS / VLTD for any state government/central government/PSU/CSR = 5 marks	Amended Experience in use of GPS /VLTD for strengthening MHU/ MMU / MHT operation for any State Government / Central Government / Public Sector Undertakings in the financial years 2021-22, 2022-23, 2023-24OR 2022-23, 2023-24, 2024-25.
40	Clause No. 5.2. B. (F) 6 (page 32)	Technical Presentation on Approach & Methodology: (15 marks)	Technical Presentation on Approach & Methodology = 20 mark	No Change
41	Nil		Experience in Digital Healthcare Technology Solutions# The bidder must have experience in providing digital healthcare technology platform development, implementation, rollout, and support for large-scale State level or National-level public health initiatives undertaken by Government bodies or UN Agencies through an	No Change

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			<p>Independent Contract. The minimum contract value should be of Rs. 05 Crore</p> <ul style="list-style-type: none"> • 1 Solution Platform: 5 marks • 2 Solution Platform: 10 marks • 3 Solution Platform: 20 marks <p>Total Marks = 20 Marks</p> <p># Each of Digital Healthcare Solutions and Technology platform shall have any of the five indicative features listed below for being eligible for the award of marks</p> <ul style="list-style-type: none"> • Creation of ABHA ID • Telemedicine Consultation • Gathering Patient Information/Case Registration • Laboratory Management Information System • Surveillance Module • Clinical Decision Support System • Reproductive and Child Health Register • Anti Natal and Post Natal Care Services • Real time monitoring and Dashboard for KPIs • Issuance of Plan of Care/CPOE/E-Prescription 	

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42	Nil		Provision of 10% Mobilisation Advance to support initial project setup and deployment activities, subject to submission of a suitable bank guarantee in the form of Bank Guarantee / Bima Bond issued by a scheduled Commercial Bank in favour of Tender Inviting Authority.	No Change
43	Clause No. 2.4 (C.) (Page No. 8)	The proposals must be sent in the above address by Speed Post/Regd. Post/Courier only.	Can the proposal shall be delivered by hand to the mentioned address.	Amended The proposals must be sent in the address specified in the RFP by Speed Post/Regd. Post/Courier / Tender Drop Box (between 10.30 a.m to 5.30 p.m except Govt. holidays) only.
44	Clause No. 2.5 (Page No. 8)	Earnest Money Deposit (EMD)	MSME exemption is required as EMD is high. The service based projects also provided MSME exemption.	No Change Clarification: The requirement of the tender is Operation & Management of Mobile Health Unit (MHU) in PPP which requires integration of many services like provision of MHU vehicles, POC equipment/ instrument / furniture, Paramedics staffs, software applications & its integration etc. Hence this tender is not for a particular single service or supply of a single equipment in which the MSME exemption (local MSE bidders only) is

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				generally applicable where the bidder is the manufacturer of that particular equipment or provider of that particular service for which the tender is invited. Hence there is no exemption of EMD in this tender.
45	Clause No. 3.5 (3) (Page No. 12)	Organize Adolescent Health Mela – At least once in half year basis at two selected village (among all targeted villages).	Organising Adolescent Health Mela- whether this is a non-financial activity or a financial activity. The implementing Agency will facilitate it with the support of CHC.	Clarification: The Health Mela shall be organized as per the frequency mentioned in the Clause No. 3.5(3) in coordination with the respective Block Health Team. However, the cost towards the activity shall be borne by the respective Block out of the NHM PIP.
46	Clause No. 3.5 (4) (Page No. 12)	Injectables & IUCD: Administer injectables like Antara and perform IUCD insertion, if trained personnel and equipment are available.	Injectables & IUCD:- The injections/injectables will be stored at MHU? The implementing Agency will facilitate it with the support of CHC.	Clarification: The said activity shall be taken up in coordination with the concerned ANM/CHO of the respective AAM Sub Center.
47	Clause No. 3.5 (4) (Page No. 12)	Menstrual Hygiene: Offer education and distribute sanitary pads, especially targeting adolescent girls and women in underserved areas.	Menstrual hygiene: Nos. of pads to be distributed every month in each MHU.	Clarification: The said activity shall be taken up in coordination with the local ASHA under Social Marketing Scheme.

Sl.	RFP Clause No.	Existing provision in the RFP Document	Queries raised by the Prospective Bidders	Clarification /Amendment in response to Pre-bid queries
48	Clause No. 3.5 (12) (Page No. 16)	Basic Life Support (BLS) and First Aid if available at site - includes airway management, breathing support, ensure circulation, provide basic CPR and stabilize the victim	Basic Life Support (BLS):- What is expected from this service.	Clarification: The details are specified in RFP Clause no. 3.5(12)
49	Clause No. 3.6.1 (Page No. 17)	The MHU will be stationed at Block CHC and from there it will proceed to the field and back to the CHC for stationed. The MHU will report to the Block Public Health Officer (BPHO).	Total 174 MHUs will be stationed at each Block level CHCs ?	Clarification: The details of the 173 block CHCs where 174 MHUs will be stationed, is specified in Annexure E of the RFP.
50	Clause No. 3.6.5 (Page No. 17)	All MHU vehicles should have fitted with VLTD confirming to AIS 140 duly approved by the State Transport Authority.	Are necessary approvals required or on the discretion of implementing Agency ?	Clarification: As per RFP clause no. 3.6.5 (para 4), the STA approved VLTD manufacturers list can be obtained from the STA website: https://vltd.odishatransport.gov.in/manufacture
51	Clause No. 3.6.5 (Page No. 17)	MHU operation shall be monitored on a real-time basis through a MHU Monitoring Portal /App to be developed by the Agency. Daily reporting on the MHU services in the MHU monitoring portal/App and its access shall be given to the District and State for monitoring of the MHU activities on daily & real time basis.	App /dashboard to be developed or integration is required ?	Clarification: As per RFP Clause No. 3.6.5 (para 5), the MHU Monitoring Portal /App shall have to be newly developed by the agency for real time monitoring.

Sl.	RFP Clause No.	Existing provision in the RFP Document	Queries raised by the Prospective Bidders	Clarification /Amendment in response to Pre-bid queries
52	Clause No. 3.9 (xx) (Page No. 22)	The Agency shall comply with all the provisions of Minimum Wages Act and other applicable labour laws. The Agency shall also comply with all other statutory provision.	Whether Central / State minimum wages to be followed Govt. of India has passed a notification on 21st November 2025 regarding implementation of 4 Labour codes. However, the rules are yet to be notified. Once implemented, these 4 labour codes will have significant impact on the Minimum wages and other working conditions. It is requested to reimburse the increased amount when ever there is increase in minimum wages. Currently, as there is no clarity it is very difficult to gauge the impact of 4 labour codes.	Clarification: The Agency shall comply with all the provisions of Minimum Wages Act and other applicable labour law of Govt. of Odisha.
53	Clause No. 3.6.4 (Page No. 17)	Type of vehicles to be used for MHU Service: Types of vehicles to be engaged (BS VI Compliant): Diesel / Petrol / EV vehicle having sitting capacity nine to ten persons including Driver with minimum ground clearance of above 170 mm. The vehicles should not be more than two years old from the date of manufacturer on the day of commencement of service. The fitness certificate of the engaged	Share the specifications of the model /MHU/Vehicle. Stipulate new vehicles only. The sitting capacity asked is as per the Vehicle ARAI sitting capacity or physically 10 people to sit in the MMU cabin while travelling including driver - clarity may be given. • A suggestion of the vehicle minimum length of Medical Health cabin unit may be given for clarity of selection of vehicle.	Clarification: BS VI Compliant Diesel / Petrol / EV vehicle with ground clearance of above 170 mm. having sitting capacity nine to ten persons including Driver. The vehicles should not be more than two years old from the date of manufacturer on the day of commencement of service.

Sl.	RFP Clause No.	Existing provision in the RFP Document	Queries raised by the Prospective Bidders	Clarification /Amendment in response to Pre-bid queries
		vehicle need to be furnished annually to the concerned health facility.		
54	Clause No. 3.9 (xix) (Page No. 22)	Setting up of own Programme Management Unit for internal monitoring of the MHU programme and HR management.	Office set up is required. If yes, the office will be set up at Bhubaneswar for DPMU team, Pls clarify.	Clarification: The service provider shall have to set up an office in Odisha preferably at Bhubaneswar for internal monitoring and HR management.
55	Clause No. 4.8 (e) (Page No. 27)	Concurrent monitoring shall be conducted by NHM representatives along with the District Health Administration as and when required and submit the report to appropriate authority besides Mission Director. The District Programme Management Unit (DPMU) and Block Programme Management Unit will monitor the project and provide supportive supervision.	State NHM will provide office space for the project monitoring and daily operation?	Clarification: No office space shall be provided by State NHM. The service provider shall have to set up an office Odisha preferably at Bhubaneswar for internal monitoring and HR management.
56	Clause No. 4.5.2 (Page No. 24)	Payment shall be made at the respective District level.	If the payments can be provided at central level , it will be much more convenient for implementing Agency to get the bills clearance for the centralized place. Also request for advance payment as high CAPEX cost is involved in hiring of the 174 vehicles.	No Change
57	Clause No. 2.2.8 (Page No. 25)	The bidder who has Poor /Unsatisfactory performance of Services rendered in any projects of the tender inviting authority shall not be	Clarification on the "tender inviting authority" .	Clarification: The tender inviting authority is the Mission Director, NHM, Odisha.

Sl.	RFP Clause No.	Existing provision in the RFP Document	Queries raised by the Prospective Bidders	Clarification /Amendment in response to Pre-bid queries
		eligible to participate in the tender. The given Clauses shall be applicable to both the members (Lead member as well as consortium member) of the consortium.		
58	Clause No. 5.2.(B)A.1. (page 31)	Experience in operation / Management of MHU/MMU	Start with the first slab as more than 2 years , and less than 3 years, and so forth.	No Change
59	Clause No. 5.2.(B)2 (page 31)	Experience in operation of number of MHU/MMU	Evaluate on a 2 year slab basis, instead of 3 years slab. Exclude CSR experience , as it is mostly private sector interest based.	Clarification: No change in the 3 years slab. However, CSR experience is deleted. Pl. refer the amendment in Sl. No.9
60	Clause No. 3.6.4 (page 17)	The vehicles should not be more than two years old from the date of manufacturer on the day of commencement of service	Stipulate new vehicles only .	No Change
61	Clause No. 5.2.D.4 (page 32)	Managing MHU/ MMU Portal	Request you to expand and specify the digital capabilities, viz.-own proven capability in providing digital healthcare technology platform development, implementation, support for national level public health initiatives undertaken by govt authorities, with min contract value of Rs. 5 crores. -More such platforms should get more marks. -Features to include ABHA ID. -Telemedicine consultation. - Laboratory Management	No Change

Sl.	RFP Clause No.	Existing provision in the RFP Document	Queries raised by the Prospective Bidders	Clarification /Amendment in response to Pre-bid queries
			Information System. -Real time monitoring of dashboard for KPIs. -Clinical Decision Support System Et.	
62	Clause No. 2.2 (Page5)	Eligibility Criteria	The bidder can claim experience from a JV/Consortium only to the extent of their percentage participation/share in the JV/Consortium, provided that they have submitted adequate supporting documents for the same. In case of consortium/Joint Venture, any one member of the members shall be required to fulfill the Technical Eligibility criteria individually.	Clarification: Please refer to the amendments in Sl. 1, 2 & 6.
63	Clause No. 2.2.7 (page 6)	The Bidder / Consortium members in case of Consortium, who has been blacklisted /debarred / banned by any State Government / Central Govt. Organization / PSU will not be eligible to participate in the tender during the blacklisting / debarred period. The Bidder / Consortium members in case of Consortium, must not have been convicted /case pending against them by any court of law in India or Abroad for any civil/criminal offences. An original affidavit to this effect is	The Bidder / Consortium members in case of Consortium, who has been blacklisted /debarred / banned by any State Government / Central Govt. Organization / PSU will not be eligible to participate in the tender during the blacklisting / debarred period. The Bidder / Consortium members in case of Consortium, must not have been convicted by any court of law in India or Abroad for any civil/criminal offences.	Amended The Bidder / Consortium members in case of Consortium, who has been blacklisted /debarred / banned by any State Government / Central Govt. Organization / PSU will not be eligible to participate in the tender during the blacklisting / debarred period. The Bidder / Consortium members in case of Consortium, must not have been convicted by any court of law in India or Abroad for any civil/criminal offences. An

Sl.	RFP Clause No.	Existing provision in the RFP Document	Queries raised by the Prospective Bidders	Clarification /Amendment in response to Pre-bid queries
		to be submitted as per Form T6.		original affidavit to this effect is to be submitted as per Form T6. Accordingly, the Form T6 is also amended. The amended form T6 is enclosed at Annexure- II to this prebid amendment / clarification.
64	Clause No. 4.5.5 (page 24-25)	After receipt of invoice, the District will release 75% amount against the invoice immediately within a period of 7 days. The remaining 25% shall be released after detailed verification of bills & records and due compliance by the agency, if any, within 10 days of receipt of such compliance. In case District has no observations to comply, then remaining payment shall be made within 20 days of receipt of invoice.	To release 90% amount against the invoice within 7 days and balance 10% may be released post verification of records for steady cash flow and smooth operations.	No change
65	Clause No. 3.9 (xxiv) (page 23)	Any assets created under the project shall be the property of Government and to be handed over to Government by the Agency after exists from the project operation.	The MMU shall be hired by the selected bidder and will need to be handed over back post completion of the contract period hence kindly specify that the MMU should not be treated as an asset to be surrendered.	Amended The Clause No. 3.9 (xxiv) in the RFP - Deleted .

Sl.	RFP Clause No.	Existing provision in the RFP Document	Queries raised by the Prospective Bidders	Clarification /Amendment in response to Pre-bid queries
66	Clause No. 6.3 (page 79)	Penalty Provision: Non Availability of MHU Vehicles and Replacement of Vehicles not provided / Absence of Driver & replacement of Driver not provided.	<p>In clause 4.4 and 6(2) it is mentioned as 4 employees per MHU and in clause 6(3) there is a penalty mentioned for non provision of drivers.</p> <p>Please clarify whether there should be 4 or 5 employee per MHU. Can the Driver be used as Attendant.</p>	<p>Clarification: Driver is not a position in the four categories of HR for operation of each MHU. Driver can't be used as an attendant. Penalty for non availability of HR, shall be applicable on these 4 positions (Ayush MO, Pharmacist, ANM and Attendant). A dedicated Driver is required for the MHU at any point of time.</p>
67	Clause No. 5.4.B (page 33)	Hiring of Vehicle: A four Wheeler Vehicle shall be hired by the Agency (with Ground clearance 170 mm or more to access remote villages with ease, which will be part of their routine tour).	<ul style="list-style-type: none"> • The four-wheeler will accompany the MMU on daily basis where ever the MMU goes or only for selected regions. • How many people would sit in the vehicle while going to Remote areas. • How many vehicles may require for such movement of activity may be given. 	<p>Clarification: As per RFP Clause no. 3.8(a), the MHU will visit minimum 24 days in a month (including 2 days for referral of critical cases from field) to the field areas as per the approved micro-plan.</p> <p>The no. of vehicles (District / Block) wise is specified in Annexure E of the RFP.</p> <p>As per RFP Clause no. 3.6.4, the requirement of the MHU vehicle is specified as: BS VI Compliant Diesel / Petrol / EV vehicle with ground clearance of above 170 mm. having sitting capacity nine to ten persons including Driver.</p>

Sl.	RFP Clause No.	Existing provision in the RFP Document	Queries raised by the Prospective Bidders	Clarification /Amendment in response to Pre-bid queries
68	Annexure-A1, SI-24 (page 56)	Oxygen cylinder and mask/nasal cannula.	As per the specifications it is B type of oxygen cylinder of 10 ltrs- Please confirm.	Amended Annexure-A1, SI-24 Oxygen cylinder (B type, 10 Lts capacity) and mask/nasal cannula.
69	Annexure-A1, SI-30 (page 56)	Folding Chair & Table	<ul style="list-style-type: none"> The length and width of Folding table may be given for clarity. The table may be used while sitting outside the vehicle only - Please confirm. 	Clarification: Standard size folding chair & table shall have to be provisioned so as to conveniently placed inside the MHU vehicle. The said folding chair & table shall be used during the camp / treatment point.

Other Clarifications / Amendment:

RFP Clause No.	Existing provisions in the RFP	Clarifications / Amendment
Clause No. 2.5 (page-8)	Earnest Money Deposit (EMD): An EMD amount of Rs. 40,00,000/- in the shape of a Demand Draft or Banker's Cheque or Bank Guarantee (BG) must be submitted with the technical proposal in favour of Mission Director, National Health Mission, Odisha payable at Bhubaneswar	Clarification : Bank Account details of NHM, Odisha: <ol style="list-style-type: none"> Name of the Account: OSH&FWS A/C SHS GROUP Account Number: 32256475103 Name & Branch of the Bank: STATE BANK OF INDIA, SECRETARIATE BRANCH, ODISHA STATE SECRETARIATE, BHUBANESWAR. IFSC Code: SBIN0010236
Section -1 SI No-3, (Page-4)	Important Timeline: <u>Extension of Bid Submission & Opening Date</u> <u>Date & Time</u> Last date, time & address for Bid submission & Opening	Amended Revised Bid Submission Date: <u>2/1/2026 by 3.00 P.M (2nd January 2026, 3.00 PM)</u> Revised Technical Bid Opening Date: <u>2/1/2026 by 4.00 P.M (2nd January 2026, 4.00 PM)</u>

RFP Clause No.	Existing provisions in the RFP	Clarifications / Amendment
	of proposal – Extension Date & Time	<p>Bid Submission Address:</p> <p>Mission Directorate, National Health Mission- Odisha, SIH&FW Annex Building, Unit-8 Nayapalli, Bhubaneswar-751 012, Odisha</p> <p>NB: Proposals should be submitted through Speed Post / Regd. Post / Courier / Tender Drop Box (between 10.30 a.m to 5.30 p.m except Govt. holidays) only. No other mode of submission will be accepted or entertained.</p>

N.B: The amendments/ clarifications mentioned above are to be treated as amendments/ clarifications to the terms & conditions of the respective tender advertisement numbers. All other terms & conditions as mentioned in the tender document remain unchanged.

Sd/

Mission Director,
NHM-Odisha

FORM – T1 (Amended)

(To be furnished with the Technical Proposal Envelope)

COVERING LETTER OF THE AGENCY

*(To be furnished in the **letter head** of the Agency)*

To
The Mission Director
NHM, Health & FW Deptt., Odisha
Bhubaneswar

Re.: RFP No. _____ dated _____

Madam/Sir,

I/We, the undersigned, offer to provide the services of Operation & Management of Mobile Health Unit in PPP Mode in the assigned Districts as per the terms & conditions mentioned in the scope of work of the RFP document. I/We, hereby submitting the proposal, including Technical Proposal and a Financial Proposal sealed under a separate envelope.

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

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

Our proposal shall be binding upon us for a period of 180 days from the date of bid opening, subject to the modifications resulting from Contract negotiations you may subsequently carry out with us to accept our bid. If we are assigned the work during the period of validity of the proposal, we undertake to carry out the same as per the terms and conditions of this tender document.

I/We hereby declare that our organization has not been debarred / blacklisted by any Government / Semi Government organizations **as on the date of bid submission**. I further certify that I am the competent authority of this organization and authorized to make this declaration.

I/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 Agency: _____

Address: _____

(Organization Seal)

FORM –T6 (Amended)

(To be furnished in the Technical proposal envelope)

**Affidavit Format for Undertaking certifying that Agency is not blacklisted
(On Non Judicial Stamp Paper of Rs. 100/- only)
Affidavit**

This is to certify and confirm that with reference to RFP No. _____ for _____ *(Name of the RFP)*, our organization * M/s _____ (The name of the Agency with address of the registered office)/ we or any of our promoter(s) / director(s) are not barred / blacklisted by Department of Health & FW, Govt. of Odisha / or any other entity of Govt. of Odisha or barred / blacklisted by any State Government or Central Government/ Department / Organization in India from participating in the Project/s, either individually or as member of a Consortium as on _____ (Date of bid submission). This is also to confirm that I or any other office bearer on behalf of the Agency has not been convicted in India or Abroad for any civil/criminal offences.

We further confirm that, our proposal for the captioned Project would be liable for rejection / termination of contract, 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, 2025

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

Name and Title of Signatory: _____

(Organization Seal)

**Notary
Regd. No.
(Seal of the Notary)**

* **In case of Consortium bid, the name of Lead Member as well as consortium member shall have to be mentioned.**