

Odisha State Health & Family Welfare Society (OSH&FWS)
Health and Family Welfare Department, Govt. of Odisha
Notice inviting Expression of Interest (EOI)

For
Empanelment of Agencies to execute Evaluation/Assessment of NGO
led Health Projects under OSH&FW Society.

EOI No: 23/OSH&FWS/2023



National Health Mission (NHM), Odisha

Odisha State Health & Family Welfare Society
Health & Family Welfare Department, Govt. of Odisha
SIH&FW Annex Building
Unit-8, Nayapalli, Bhubaneswar-751012, Odisha
Phone-0674-2392479/80
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1. Disclaimer & Disclosures:

- 1.1 On behalf of Odisha State Health & Family Welfare Society (OSH&FWS), the National Health Mission, Health & FW Department, Government of Odisha is herein after called "NHM", issues this "Expression of Interest", herein after called "EOI".
- 1.2 An organisation submitting the organizational details in response to EOI shall here be referred at "Agency" interchangeably.
- 1.3 EOI document is neither an offer letter nor a legal contract, but an invitation for EOI.
- 1.4 The National Health Mission (NHM), Health and Family Welfare Department, Government of Odisha, Unit-8, Nayapalli, Bhubaneswar through this document provides background information on the initiative to the interested parties.
- 1.5 NHM, Odisha reserves the right not to proceed with or to change the configuration of the initiative to alter the time table reflected in this document or to change the process or procedure to be applied.
- 1.6 No reimbursement of cost of any type will be paid to the Agency or entitles expressing interest. The detailed documents in response to the EOI should be signed by a person duly authorized by the Agency and to be submitted as per the procedure mentioned in the EOI.
- 1.7 The signatory should give a declaration and through authenticated documentary evidence establish that he/she is empowered by the competent authority on behalf of the Agency to sign the necessary documents.
- 1.8 No contractual obligation on behalf of the NHM whatsoever shall arise from this EOI process unless and until a formal contract is signed and executed by duly authorized officers of NHM, Odisha and the Agency.
- 1.9 NHM, Odisha may modify any / all of the terms & conditions of this EOI giving due notification through its own office website (www.nhmodisha.gov.in).
- 1.10 Interested Agency shall submit their application with all relevant supporting documents and a **non-refundable amount of Rs. 5000/- in shape of DD/Bankers' Cheque** from any scheduled commercial bank drawn in favor of Mission Director, NHM, Odisha Payable at Bhubaneswar towards cost of EOI document.
- 1.11 All Information included by the Agency in their response documents will be treated in strict confidence.
- 1.12 The EOI must be delivered to the address given below by **17:00 hrs** of **11/12/2023** in sealed envelope clearly labeled with "**Application for Empanelment of Evaluating Agencies for evaluation/assessment of NGO led Health Projects**" by speed post / registered post/ courier only.

**Mission Director, NHM &
Member Secretary, OSH&FWS**
Health & Family Welfare Department, Govt. of Odisha
SIH&FW Annex Building, Unit-8, Nayapalli,
Bhubaneswar-751012, Odisha
Phone-0674-2392479/80

2. Introduction

The Government of Odisha has a mandate of providing integrated Comprehensive Primary Health Care Services to the rural & urban population throughout the State, which has the weak public health indicators and/or public health resources.

The Health & Family Welfare Department, Government of Odisha is implementing many ongoing programmes on Health and Family Welfare including Reproductive Maternal Newborn Child Health, Adolescent Health & Nutrition (RMNCAH+N), various Disease Control Programmes, Non-Communicable Disease Programme, Routine Immunisation, etc. The goal is to improve the availability and access to quality healthcare by people, especially those residing in rural areas, the poor, the elderly, the disabled, the women and children. This is proposed, to be achieved through increased community ownership, decentralization of the programmes to the District level, inter-sectoral convergence and improved primary healthcare services.

Odisha, a State situated in the eastern fringe of India, having high population density, have several difficult terrains, topographical barriers which made it complicated for the healthcare providers of government healthcare delivery system to reach out to the target population of these areas properly and sufficiently. In fact, a considerable number of locations especially KBK and KBK+ Districts as some other such difficult locations in the State.

Odisha is a State with high population density. It has been identified by the policy makers in public health sector that there are some gaps in rural health service delivery network where Government initiatives are found insufficient in some regions of the State to address the basic health needs as well as critical care need of the target populations.

The State has promoted non-profit sector organisations, particularly in unserved and underserved areas of the State. Hence, the contribution of non-profit sector organisations in public health sectors can bridge the gaps in order to provide comprehensive Primary healthcare services for the needy target populations in rural areas of the State.

NHM encourage various academic bodies, institutions and universities registered under University Act or other such legislations governing registration of bodies to come forward for conducting various research/studies and evaluation of programmes both at policy level and also at field intervention level.

National Health Mission, Odisha intends to empanel interested Academic Bodies/ University/ Institutions/ Consulting Firms from across the country to conduct the evaluation/assessment of various NGO led health projects implemented in partnership mode under OSH&FWS from time to time or any other health programmes/schemes, as required.

3. Objective of the Evaluation/Assessment:

The overall objectives of the evaluation/assessment is to assess the impact of the health programmes implemented through partnership mode based on the input and process indicators supplemented by outcome indicators. However, followings are the objectives;

- 3.1 To identify important programme and institutional strengths and weaknesses of the partners in implementation of the health programmes.
- 3.2 To assess the availability and utilization of Health & Family Welfare service by community served under the projects.
- 3.3 To identify innovations carried out by the partners to increase access and service provision for unreached and unserved population.
- 3.4 Identify the possible areas & gaps for making partnership arrangement or policy level decisions in delivery of health services.
- 3.5 To critically review the physical & financial progress/achievements of the partner in carry out of the assigned programmes.

4. Scope of the Evaluation/Assessment:

The OSH&FW Society will empanel experienced and professional Agencies to conduct evaluation/assessment of the health programmes being implemented in partnership mode in the State out of NHM funding support. If required, any other health programmes/schemes may be assigned to the Agency for assessment.

- 4.1 Before conducting the evaluation of a particular project, the evaluating Agency needs to be well versed with the assigned project & its operational guideline as well as expected outcomes/deliverables set forth under the project.
- 4.2 The evaluating Agency will assess the strength & weakness of the partner Agency on operation & management of the said partnership project in the assigned areas.
- 4.3 The evaluating Agency would be responsible for development of evaluation tools and methodology in consultation with NHM before execution of the assessment.
- 4.4 The evaluation methodology should be designed in such a manner that comprise of in-depth interview with the service providers, Govt. Officials, key stakeholders, PRI, Community etc and study of related documents/records. The community will also be interviewed randomly to capture their perceptions on the service delivery and health seeking behavior. Study of KAP, out of pocket expenditure, local disease profile, morbidity & mortality etc must be highlighted in the study.
- 4.5 There must be comparative analysis between baseline & end line health indicators/key service level deliverables specified in the operational guideline of the programme.
- 4.6 The SWOT analysis must be adopted observing the objective of the project and capacity of the partner Agency on management of the project.

- 4.7 Further, the evaluating Agency will compare and analyze with similar non-intervention areas (preferably adjacent area) in terms of service delivery and its access by the community.
- 4.8 The Agency will prepare draft and final evaluation reports covering all details as referred to the objective covering:
- a) Project wise improvements in output/ outcomes with specific reference to concerned project indicators.
 - b) Detailed process documentation along with listing of activities so as to conclude whether these were reasonable for specific impacts observed.
 - c) Innovations / best practices carried out under the project.
 - d) Strength, weakness & lesson learnt.
 - e) Recommendation and suggestions for taking corrective measures in future.

5. Period of Empanelment

Empanelment with the selected Agencies shall be for **three years**. Further period of extension may be considered subject to the requirement and approval of Government.

6. Agency Eligibility Criteria

- 6.1 The Agency should be a single legal entity and not a joint venture or consortium.
- 6.2 The Agency should be an Academic Body/ University/ Institution / Consulting Firm and must be registered under relevant legislations (i.e Society Regd. Act 1860/Indian Trust Act/Affiliated under any University/Professional Associations/Indian Company Act etc.) of the country since last five years.
- 6.3 At least five years experience in conducting independent evaluation/ assessment in social development sector which involve field based work with the community people in last five years, preferably in public health.
- 6.4 The Agency should have completed minimum ten evaluations for any Government /Public Sector Undertakings/ Development Agencies in last five years.
- 6.5 The Agency should have at least three-fulltime experts/ subject specialist with more than five years of work experience in similar field that would conduct the evaluation/assessment. (Personal bio-data along with photos of these key experts to be enclosed).
- 6.6 The Agency should have average annual turnover of Rs. 50 Lakhs or more in last 3 (three) financial years i.e 2020-21, 2021-22 & 2022-23 as per audit report by a CA Firm.
- 6.7 In case the Agency is a NGO/Trust, the Agency must have Unique ID Number through registration in the portal NGO-DARPAN of NITI Aayog.
- 6.8 The Agency should not be blacklisted by any Govt. Departments/ Organisation. Further, there should not be any legal action taken against the Agency for any cause in any legal jurisdiction.

Note:

- (a) The applicant Agency shall furnish relevant documentary supporting on the above**

eligibility/qualification criteria. In case of non-compliance to any of the eligibility criteria mentioned above, the applicant Agency shall be liable to be disqualified without any notice and the appeals of the applicants may not be processed further. The Agency should avoid enclosing of additional irrelevant documents with respect to their eligibility.

(b) The Agencies implementing any partnership programs/schemes under NHM or Health & Family Welfare Department in the State of Odisha shall not be eligible for this assignment.

7. General Term and Conditions

- 7.1 After selection and receipt of empanelment letter from NHM, Odisha, the shortlisted Agencies will have to communicate their confirmation consent letter within ten days of receipt of such communication, failing which it will be assume that the Agency has not accepted the offer.
- 7.2 Before execution of any evaluation/assessment, the empanelled Agency has to sign MoU/Agreement with OSH&FW Society in each occasion.
- 7.3 Assignment to conduct the evaluation of projects shall be given to the Agencies on rotation basis from the empanelment list. One Agency shall be assigned maximum upto any five projects at a time for evaluation during the rotation phase.
- 7.4 The evaluating Agency will submit draft evaluation report to NHM within 45 days of signing of the MoU with OSH&FW Society. After that the Agencies shall be invited for presentation of the draft report before a State level Committee in Bhubaneswar.
- 7.5 The final evaluation report (3 sets of hard copies with soft copy in pdf format) with signature & seal of the authorized person of the Agency in each pages of the report shall be submitted to NHM within 15 days of receipt of the feedback from the NHM, Odisha on the draft report shared by the evaluating Agency.
- 7.6 The unit cost per project evaluation which is a fixed cost and exclusive of all applicable taxes (in case of tax claimed / wants to be exempted, then related document i.e. tax invoice/tax exemption letter from competent authority must be produced) depends on the budget provision made in the NHM PIP approved by MoH&FW, GoI. At present, the evaluation cost is fixed to Rs. 1 lakh per project. The schedule of payment release to the Agency will be as follows;
 - 1st Installment: 50% of the unit cost shall be released to the Agency after receipt of the draft evaluation report and approval of the evaluation report by the Committee.
 - 2nd & final installment: Balance 50% of the unit cost shall be released to the Agency after receipt of the final evaluation report (3 sets of signed hard copies with soft copy in pdf format) along with complete SoE.
- 7.7 The Agency shall not share or publish the report/findings of the evaluation with any Agency/person/print media/electronic media/social media etc. without prior permission of NHM/Govt. of Odisha.
- 7.8 The Agency shall not sublet the assignment partially or fully to any other third party to carry out the evaluation work on behalf of the empanelled Agency. Before initiation of the evaluation of the project, the Agency is required to submit the names of the assessors and probable date of commencement of the evaluation.

- 7.9 The assessor who has conducted the evaluation should share the presentation before the Committee at Bhubaneswar.

8. Penalty Provision

In case the draft/ final evaluation report of a particular project is not be submitted by the Agency as per the scheduled time mentioned below, applicable penalty shall be charged. Reprieve and exemption from penalty on valid ground is under the discretion of Mission Director, NHM, who is the first party in the agreement.

Detailed penalty provisions are given below:

- 8.1 If, draft evaluation report of a particular project is not submitted within 45 days from the date of signing of the MoU with OSH&FWS, then 10% of the evaluation cost towards 1st installment of the said project/s evaluation shall be deducted.
- 8.2 If, final evaluation report of a particular project is not submitted within 15 days of receipt of the feedback from the NHM, Odisha on the draft report, then 10% of the evaluation cost towards 2nd & final installment of the of the said project/s evaluation shall be deducted.
- 8.3 If, the evaluating Agency fails to submit the draft evaluation report maximum within 90 days from the date of signing of the MoU with OSH&FWS, **OR** final evaluation report within 30 days from receipt of feedback from NHM on draft report, **OR** defaulter in both the cases, **OR** in case the draft/final evaluation report submitted by the Agency is without visiting the assigned project/ without conducting any field visit/field study/record review etc. or false & fabricated evaluation report; no evaluation cost shall be paid to the Agency for the assigned project nor any such report shall be accepted by NHM, Odisha.

9. Termination of Empanelment

- 9.1 The empanelment can be terminated by both the parties in writing.
- 9.2 In case the evaluating Agency refused or not responded on minimum two consecutive proposals for conducting evaluation/assessment, the OSH&FW Society reserves the right to terminate the empanelment with the concerned Agency without assigning any reason thereof. Further, the Agency will not be considered to participate in the subsequent empanelment for a period of three years from the date of termination/refusal.
- 9.3 In case it is found that the draft/final evaluation report submitted by the Agency is without visiting the assigned project or without conducting any field visit/field study/record review etc or false & fabricated evaluation report or non-submission of final report within the stipulated time period, then the empanelment of such Agency shall be terminated immediately. Further, the Agency will not be considered to participate in the subsequent empanelment for a period of three years from the date of termination

10. Selection Process

- 10.1 The selection for empanelment of Agency shall be on the basis of a Technical Evaluation by the Evaluation Committee duly nominated by NHM. Government decision on the recommendation of the Evaluation Committee shall be final and binding.
- 10.2 The EOI will be evaluated on the basis of Agency's experience and expertise in a specific field and have a planned approach to developmental activities with a specific focus on health and development, manpower strength and financial capability etc.
- 10.3 The evaluation shall be strictly based on the information along with supporting documents provided by the Agency in the EOI. It is the responsibility of Agency to provide all self certified supporting documents pertaining to fulfill the mandatory eligibility criteria. In case, information required by NHM is not provided by the Agency in the mode of supporting document, NHM shall proceed with evaluation based on information provided vis-a-vis supporting document and shall not request the Agency for further information/document.
- 10.4 Only those Agencies who score **80% or above score** in the technical evaluation shall be **qualified for empanelment** on merit basis. Except qualified Agencies, other Agencies shall not be communicated about the empanelment.
- 10.5 The evaluation and selection criteria are described in **Annexure-1**.
- 10.6 Agencies shall be deemed to have understood and agreed that no explanation or justification for any aspect of the selection process will be given and that the Department's decision is without any right of appeal whatsoever.

11. Application Procedure

- 11.1 Interested Agencies are invited to submit an expression of interest (EOI) for the empanelment process. The EOI should be completed in the prescribed format at **Annexure- 2** along with detailed proposal and relevant supporting documents.
- 11.2 The Agency so interested shall submit a non-refundable amount of Rs. 5000/- in shape of DD/Bankers' Cheque from any scheduled commercial bank drawn in favor of Mission Director, NHM, Odisha Payable at Bhubaneswar towards to cost of Eoi document.
- 11.3 In the proposal, the Agency shall specifically describe detailed approach & methodology, procedures and indicators to assess the qualitative and quantitative performance during the evaluation.
- 11.4 The Agency has to submit an original affidavit certifying that the Agency or any Office Bearers/ Board of Directors are not blacklisted as per the **Annexure-3** with the application.
- 11.5 A **CHECKLIST** mentioning the documents attached & its page number in a separate sheet must be submitted with the application for ease of scrutiny. This must be signed by an authorized signatory.
- 11.6 All pages of the application, supporting documents must be signed by an authorized signatory.
- 11.7 All the relevant documents along with a covering letter must be packed in a separate sealed outer cover and clearly super scribed with "**Proposal for Evaluation/Assessment of NGO led Health Projects under OSH&FWS**". The proposal shall be sent though registered/speed

post/courier only on the address given below;

**Mission Director, NHM-cum-
Member Secretary of OSH&FW Society,
Health & Family Welfare Department,
Government of Odisha,
Annex Building of SIHFW, Unit-8, Nayapalli,
Bhubaneswar-751012.
Phone /Fax: +91-674- 2392479/80,**

- 11.8 If the outer envelope is not sealed and marked by the applicant as mentioned above, then NHM, Odisha will assume no responsibility for any misplacement or premature opening. Any Telex, cable or facsimile applications will be rejected.

ANNEXURE-1		
CRITERIA FOR TECHNICAL EVALUATION		
Sl. No	Criteria	Maximum Score
1	<p><u>General Organization Establishment:</u> Organization legally established and a registered organization under appropriate legislations of the country.</p> <p>(i) Presence as a registered organization under appropriate legislation of the country (from the date of registration) – Max. 3 marks. (5 yrs - 10 yrs= 1 mark; >10 yrs - 15 Yrs= 2 marks, >15 yrs= 3 marks)</p> <p>(ii) Presence of the organization’s Head office/Branch Office/Regional Office in the State of Odisha since last two years – Max. 2 marks. <i>(To be assessed based on information & documents provided in Annexure-2 at point No. A.1 & A.2))</i></p>	5
2	<p><u>Experience of Organization:</u> Technical capacity to conduct independent evaluation/assessment successfully based on experience on similar kind of projects.</p> <p>(i) Years of experience in conducting evaluation/assessment of social sector projects which involve field & community based study - Max. 15 marks. (minimum 5 years - < 8 years =8 mark, 8 years - <10 years =10 marks, 10 years - <12 years =12 marks , 12 years & above =15 marks)</p> <p>(ii) Experience in conducting number of social sector project evaluation/assessment for any Government/PSU/Development Agencies in last five years - Max. 15marks. (for minimum 10 evaluations- 5 marks with additional one mark for each additional evaluation/assessments upto maximum 10 marks) – Max. 15 marks.</p> <p>(iii) Experience in conducting number of evaluation/assessments on any Health Sector Projects in the State of Odisha in last five years– Max. 5 marks. (5–8 evaluations =3 marks; >8 - 12 evaluations =4 marks; >12 evaluations =5 marks)</p> <p><i>(To be assessed based on information provided in Annexure-2 (point no. B.1 & B.2) and the copies of the relevant contracts/work orders/MoUs etc)</i></p>	35
3	<p><u>Key Professionals for Evaluation team:</u> Adequate and experienced professionals are in position for conducting evaluation/assessment.</p> <p>The marks will be awarded keeping in view the experience & expertise of the key professionals and their numbers engaged by the Agency for the purpose. (Source: Bio-data of Key Professionals to be submitted) – Max. 15 marks.</p> <p>(i) Minimum three fulltime Evaluation Team members with Master Degree</p>	15

	<p>Qualification and minimum five years of experience in conducting evaluation/assessment of programmes/projects – 5 marks.</p> <p>(ii) In case of additional fulltime Evaluation Team members with Master Degree Qualification and minimum five years of experience, one mark to each additional member up to maximum five– 5 marks.</p> <p>(iii) Minimum three fulltime evaluation team members with Master Degree Qualification having experience in conducting evaluation of Health & Family Welfare Programmes with the support from any Govt./PSU/Development Agencies – Max. 5 marks. (2 – 4 evaluations =1 mark; >4 -6 evaluations =2 marks; >6 - 8 evaluations =3 marks, >8 - 10 evaluations =4 marks, > 10 evaluations= 5 marks)</p> <p>(To be assessed based on information provided in Annexure-2 (point no. A.3) & the bio-data's)</p>	
4	<p><u>Financial strength</u></p> <p>(i) Average Annual turnover of Rs. 50 Lakhs to < Rs. 80 lakhs in the last three financial years (2020-21, 2021-22 & 2022-23) -5 marks</p> <p>(ii) If, average annual turnover is \geq Rs. 80 Lakhs to < Rs. 1 Crore in the last three financial years (2020-21, 2021-22 & 2022-23) - 10 marks</p> <p>(iii) If, average annual turnover is \geq Rs. 1 Crore to < Rs. 1.2 Crores in the last three financial years (2020-21, 2021-22 & 2022-23) - 15 marks</p> <p>(iv) If, average annual turnover is \geq Rs. 1.2 Crores to Rs. 1.5 Crores in the last three financial years (2020-21, 2021-22 & 2022-23) - 20 marks</p> <p>(v) If, average annual turnover is > Rs. 1.5 Crores in the last three financial years (2020-21, 2021-22 & 2022-23) - 25 marks</p> <p>(To be assessed based on information submitted in Format: Annexure-2 (point no. C) and the copy of audited P/L account of the financial years)</p>	25
5	<p><u>Innovativeness & expertise in approach & methodology for evaluation/assessment:</u> The organization has to describe detailed methodology, procedures to assess the quantitative and qualitative performance indicators for the evaluation. Process for development of evaluation tools. The strategy to compare between project intervention site and non-project intervention site, so as to assess the impact.</p> <p>(To be assessed based on the documentary evidence in the proposal- Annexure 2 (point no. D)</p>	20
Grand Total		100

Annexure-2

APPLICATION FORM FOR EMPANELMENT

Application No: be filled by Department)

Expressions of Interest not submitted in this format may be rejected.

Instructions: Please fill completely and follow all instructions.

A. PROFILE OF THE ORGANISATION

A.1 Organization Details:

Organization Name		Remarks
Year & Date of establishment		
Category of the Organization (E.g.: NGO/ Trust/Foundation/ Company/ University/ any other)		
Registration Details: Under which Act the organization is registered, Regd. Number and year of Regd. (Copy of the relevant registration certificate to be attached)		Pls. mention supporting document page number in the proposal
Name of the Chief of the Organisation with contact number		
Detailed address of the Registered Office of the Organization.	Address:	
	State:	
	Contact No:	
	E-Mail ID:	
	Org. Website:	

A.2 Location of the Branch Office/s in the State:

Name of the City & State	Complete Office address	Name & designation of the Contact person	Mob numbers	Remarks
				Pls mention supporting document page number in the proposal in case of presence in Odisha only.

N.B: In case of Agency having presence in the State of Odisha, relevant document relating to the presence of Agency in the State of Odisha either land/building record issued in the name of Agency/copy of the lease agreement done in affidavit mode should be enclosed.

A.3 *Details of the key Professionals:

SI No	Name of the Key Professionals proposed for the assignment	Detailed Qualifications of the Key Professionals	Nature of engagement (full-time /part-time)	Detailed areas of experience & expertise	Total years of experience in conducting evaluation /assessment	Remarks if any
						Pls. mention supporting document page number in the proposal

*** N.B: Individual CVs of the above mentioned key professionals must be enclosed with the proposal.**

B. ORGANISATION EXPERTISE & EXPERIENCE:

B.1 Areas of expertise & experience

Broad Discipline of practice by the organization (Please mention total year of experience in the box)					
Public Health Planning		Biomedical Engineering		Community Organization	
Public Health Management		Public Private Partnership		Health Research & study	
Nutrition		Human Resource Devp.		Community monitoring	
Water & Sanitation		Urban Health		Health Governance/E-Health	
Disaster Management		Health Information		Health Innovation	
Health Communication & Media		Logistics, Supply & Cold Chain		Procurement	
Environment & Health		Public Health Education		Any other	

B.2 Field level experience in evaluation/assessment of Social Sector Programmes

Name of the projects & location for which evaluation /assessment conducted	*Name of the Project Implementing Agencies	Duration of the evaluation / assessment	Year of evaluation/assessment	Whether it is a Govt. Project or Pvt. Project (Please specify name of the Deptt. /Govt./PSU/ Dev. Agency)	Remarks, if any.
					Pls. mention supporting document page number in the proposal

(*Copy of the contract/work order/ MoU required to be furnished in support of the information mentioned above)

C. FINANCIAL DETIALS OF THE ORGANISATION

Financial Year	* Annual Turnover (Rs)	Remarks
2020-21		Pls. mention supporting document page number in the proposal
2021-22		
2022-23		
Average turnover of last three years		

(*Copy of the Audited P/L Account of each of FY is to be submitted in support of the above information)

D. DETAILS INNOVATIVENESS & APPROACH IN EVALUATION:

Brief write-up about various innovations adopted by the organization in past for evaluation of the social sector projects. To what extent has the organization introduced new approaches for evaluation/assessment for social development sector. What is the approach & methodology to be adopted for this Eol.

Pls attach separate pages for the above write up

E. ANY OTHER RELEVANT INFORMATION:

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F. DECLARATION:

I hereby declared that, I have read the terms & conditions of the EOI document and the above mentioned informations are true and best to my knowledge and belief.

Signature of authorized person with seal

Name of the authorized person_____

NB: Incomplete applications and applications not having any supportive documents against the information provided in the application will be rejected.

Annexure-3

Format for Affidavit Certifying that the Organization or any Office Bearers/Board of Directors are not Blacklisted

(On original Non-Judicial Stamp Paper of relevant value)

Affidavit

I,..... (Sole Chief Functionary of the Organization), (the names and addresses of the registered organization) do hereby solemnly affirm and sincerely state that;

- a) I or any other office bearer/Board of Directors on behalf of the organization has not been convicted by any court of law in India or abroad for any criminal offence.
- b) The organization has not been blacklisted by any Government (State or Central) Department or Agency in India, which is in force on the date of submission of the proposal.

I further affirm that, in case of any such evidence in contradiction to above declaration come to the notice of the contracting authority any time during the currency of the contract, then our partnership with Odisha State Health & Welfare Society under such contract shall be liable for termination in addition to other legal recourse available under the law of the land.

Dated thisDay of, 20.....

Name of the Applicant

.....

Signature of the Authorized Person

.....

(Signature & Seal of Notary)

Name of the Authorized Person