

# **Tender**

for

Providing Sanitation Services for the Hospitals in APVVP institutions in West Godavari, Krishna, Guntur, Prakasam, Nellore Districts in the State of Andhra Pradesh (Package -II)

Tender No: XX/APMSIDC/ EE(QC&S) /2020-21

Dated: XX XXX 2020

Andhra Pradesh Medical Services & Infrastructure Development Corporation (APMSIDC)

Department of Health, Medical & Family Welfare

Government of Andhra Pradesh

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# 1. Introduction

The Andhra Pradesh Vaidya Vidhana Parishad (APVVP) ensures the smooth functioning of all secondary health care institutions such as CHC, AH and DHs

The sanitation tender is divided into three zonal packages which is provided below:

Sr. No.	Package	Zone	
1	Package - I	Zone - I (Srikakulam, Vizianagaram, Visakhapatnam & East Godavari Districts)	
2	Package - II	Zone - II (West Godavari, Krishna, Guntur, Prakasam & Nellore District)	
3	Package - III	Zone - III (Chittoor, Kadapa, Kurnool & Anantapur districts)	

In this tender, the scope is restricted to Package – II, West Godavari, Krishna, Guntur, Prakasam, Nellore Districts in the State of Andhra Pradesh.

# 2. Bid Data Sheet (BDS)

S. No	Information	Details
1.	Tender Inviting Authority (TIA)	Managing Director, Andhra Pradesh Medical Services & Infrastructure Development Corporation (APMSIDC), Government of Andhra Pradesh
2.	Purchaser/Client	Commissioner, APVVP
3.	Name of Tender	Providing Sanitation Services for the Hospitals in APVVP institutions in (West Godavari, Krishna, Guntur, Prakasam and Nellore Districts in the State of Andhra Pradesh (Package -II)
4.	Contact details of Tender Inviting Authority	Designation: Chief Engineer - APMSIDC  Address: 2 <sup>nd</sup> Floor, PHYCARE Building, Plot No. 9, APIIC IT Park, Survey No. 49, Near Visalandra Printing Press, Autonagar, Mangalagiri, Andhra Pradesh - 522503  E-mail id: ce.aphmhidc@gmail.com  Contact No: +91-8978680707
5.	TENDER reference number	01/APMSIDC/EE (QC&S)/2020-21, Dated. XX.XX.2020
6.	Date and time of publishing of TENDER on e-Procurement portal	XX XXXX 2020
7.	Non-Refundable Tender Processing Fee	a. The tenderer shall remit Processing fee of Rs.50,000/- (Fifty Thousand) online to the account of the Managing Director, APMSIDC, Mangalagiri (Account No. 142410011000314 of Andhra Bank, Mangalagiri 522503, IFSC Code: ANDB0000366) and upload the original Transaction slip with UTR number. Failure to pay the Processing fee in the aforesaid manner will entitle for rejection of the bid.
8.	EMD	a) The bidders can pay Rs. 50,00,000 by way of unconditional and irrevocable Bank Guarantee issued by any Nationalized Bank /scheduled bank

S. No	Information	Details	
		in the standard format as shown in the Tender Schedule drawn in favour of Managing Director, APMSIDC, Mangalagiri. BG towards EMD has to be scanned and uploaded. The Bank Guarantee shall be valid for 6 Months from the date of Notice Inviting Tender.	
		b) As per G.O.Ms.No.12 of Information Technology, Electronics & Communications Department dated 01.06.2016:	
		i) The bidders can pay the EMD using Net banking/RTGS/NEFT, the bidders should pay EMDs from their registered bank accounts and the unsuccessful bidders EMDs will be refunded to their registered bank accounts in the new e Procurement system.	
		ii) The bidders can also pay the EMDs using Credit Card / Debit Card, as per the VISA/Master Card Guidelines, return of EMD will be only to the Originating Card from which payment was made, as per the standard practice of Credit Card / Debit Card refunds.	
		Note: Proof of paying EMD through Net banking / RTGS / NEFT / Credit Card / Debit Card shall be scanned and uploaded along with other documents / certificates.	
9.	Method of evaluation of bids	Lowest cost bidder (L1) with reverse tendering /auction	
10.	Last date, time (deadline) and venue for receipt of proposals in response to this tender notice through e-procurement portal, GoAP including scanned copies of tender fee and EMD	03:00 PM XX XXXX 2020	
11.	Date and time of opening of Technical Bids on e-Procurement portal	03.30 PM XX XXXX 2020	

S. No	Information	Details
12.	Date and Time of submission of original copies of EMD (Physical Copy), tender document fee (Physical Copy) and self declaration	05:00 PM XX XXXX 2020
13.	Date and time of Opening of Financial Bid on e-Procurement portal	To be announced later
14.	Date and time of Reverse Tendering / Auction process	To be announced later
15.	Duration for Reverse Tendering / Auction	Reverse tendering / auction shall be conducted for 6 hours and extended further based on rules mentioned in Section 6.4
16.	Bid validity period	180 days
17.	Contract period	3 years

# **Checklist for the Bidder**

# **QUALIFICATION INFORMATION**

# 2.1 Checklist to accompany the tender:

Documents to be submitted by tenderer on thee-procurement platform on line

SI. No.	Document to be uploaded to profile	Description to be given	Scanned document s to be uploaded	Gist of Document	Page No.
	Registration documents of bidders and Agreement of Joint Venture (In case of JV)	Registration			
1.	Partnership deed in case of firms & Article of Association in case of companies	Agreement of JV	Yes / No		
2.	Copy of Permanent Account Number (PAN) card and copy of latest Income Tax returns submitted along with proof of receipt.	PAN & ITCC	Yes / No		
		Annual	Yes / No		
3.	Experience certificates in support of annual turnover	turnover  CA Certificate	Yes / No		
4.	Experience certificates of general experience	Similar work	Yes / No		
5.	Experience certificates of hospital experience	Similar work	Yes / No		
6.	Information on blacklisting/Debarring	Undertaking	Yes / No		
7.	Processing fee in favour of MD, APMSIDC	Processing fee	Yes / No		
8.	E.M.D	EMD	Yes / No		
9.	GST Registration	GST	Yes / No		
10.	Undertaking of Tender	Undertaking	Yes / No		
11.	Self Declaration along with original EMD (hard copies) shall be submitted on or before mentioned in BDS	Self declaration	Yes / No		

### Note:

- 1. Please upload documents in ZIP format with suitable description as defined above.
- 2. The scanned documents shall be legible failing which they will not be considered.
- 3. The format of B.G. towards E.M.D. should be adhered to as per prescribed format. Any deviation will result in making the bid non-responsive. Further all other B.Gs to be submitted at the time of agreement and for advance payment should also be in the formats prescribed in the bid document
- 4. All the statements copies of the certificates, documents etc., enclosed to the Technical bid shall be given page numbers on the right corner of each certificate, which shall be indicated in above column against each item.
- 5. The tenderer shall furnish mail id in undertaking of tender

# 3. E-Procurement process

# **Inviting Bids through e-Procurement Portal**

- A. APMSIDC invites online bids through e-Procurement portal from eligible bidders for Selection of Service Provider for sanitation services for hospitals
- B. The Bidders shall submit their response through e-Procurement portal at https://tender.apeprocurement.gov.in or http://www.apeprocurement.gov.in/ by following the procedure given below. Also https://tender.apeprocurement.gov. for participating in the reverse auction
- C. A complete set of bidding documents can be downloaded from https://tender.apeprocurement.gov.in as per the date and time provided in the bid data sheet. However, the tenderer shall remit Processing fee of Rs.50,000/- (Fifty Thousand) on line to the account of the Managing Director, APMSIDC, Mangalagiri (Account No. 142410011000314 of Andhra Bank, Mangalagiri 522503, IFSC Code: ANDB0000366) and
- D. All the participating bidders should pay a Transaction fee [(@0.03% of ECV (estimate contract value) with a cap of Rs.10,000/- for all works with estimated contract value up to Rs.50.00 Crores and Rs. 25,000/- for works with estimated contract value above Rs. 50.00 Crores + GST on transaction fee shall be payable to M/s. Vupadhi Techno Services Pvt. Ltd by using Credit cards (Any MASTER / VISA Card) issued by any bank or through net banking accounts with ICICI or HDFC Banks as per G.O.Ms.No.13 of IT&C Dept. Dt.07.05.06 with effect from 02.02.2007.
- E. A transaction fee at 0.10% of the estimate contract value of the work towards service charges has to be paid by successful bidder at the time of concluding agreement in the form of Demand draft as follows in favour of:
  - Managing Director, APTS, Vijayawada (Towards 'e' procurement services at 0.04% of estimated contract value with a cap of Rs.10,000/- for all works with estimated contract value up to Rs.50.00 Crores and Rs. 25,000/- for works with estimated contract value above Rs. 50.00 Crores)
- F. Eligible Bidders must submit their bids for the complete scope of work. Any bid submitted for incomplete scope shall be rejected.
- G. Issuance of Bidding Documents will not be construed to mean that such bidders are automatically considered qualified
- H. All bids must be accompanied by EMD, failing which the bid will be rejected
- I. All bids must be submitted on or before last date and time as mentioned in the bid data sheet, through e-Procurement portal only (online).

- J. APMSIDC reserves the right to reject bids without assigning any reason whatsoever.
- K. In the event of date being declared as a holiday, the date for submissions of bids and opening of bids will be the following working day at the appointed time.

#### Procedure for offer submission:

- A. The Bidders shall submit their response through e-Procurement portal at https://tender.apeprocurement.gov.in or http://www.apeprocurement.gov.in/ by following the procedure given below.
- B. The Bidders shall register on the following websites to submit the bids online:
- C. https://tender.apeprocurement.gov.in (for submission of technical qualification and price bid formats)
- D. Offline bids will not be entertained by the Tender Inviting Authority for the tenders published in e-Procurement portal.
- E. The Bidders shall submit their eligibility and qualification details, Technical bid, Financial bid etc., in the online formats displayed in e-Procurement website. The Bidders shall upload the scanned copies of all the relevant certificates, documents, etc., in support of their eligibility criteria/technical bids and other certificates/documents in the e-Procurement website. The Bidders shall sign on the statements, documents, certificates, uploaded by them, owning responsibility for their correctness/authenticity. The Bidders shall attach all the required documents for the specific tender after uploading the same during the bid submission as per the Tender Notice and Bid Document. The uploaded documents should be clearly legible.
- F. Digital Certificate Authentication: The Bidders shall authenticate the bid with their Digital Certificates for submitting the bid electronically on e-Procurement portal and the bids not authenticated by digital certificate of the Bidders will not be accepted on the e-Procurement portal.
- G. Submission of Hard Copies: The scanned copies of DD and BG towards tender processing fee and EMD shall be uploaded along with the bid through e-Procurement portal online. After submission of bid online, the Bidders are requested to submit the originals of DD and BG towards tender processing fee and EMD to the Tender Inviting Authority as mentioned in the BDS. The Tender Inviting Authority will consider only the bids submitted through on-line over the copies of the paper-based bids.
- H. APMSIDC shall not take any responsibility for any delay or non-receipt. If any of the documents furnished by the Bidders are found to be false/fabricated/bogus, such Bidders are liable for blacklisting, forfeiture of the EMD, cancellation of work and criminal prosecution.

- I. Payment of Transaction Fee: All the participating bidders have to electronically pay a non-refundable transaction fee to M/s. Vupadhi Techno Services Pvt. Ltd., the service provider through "Payment Gateway Service on E-Procurement portal", as per the Government Orders placed on the e-procurement website.
- J. Tender Document: The Bidders are requested to download the Tender Document and read all the terms and conditions mentioned in the Tender Document. The Bidders have to keep track of any changes by viewing the Addenda / Corrigenda issued by the Tender Inviting Authority from time-to-time, in the e-Procurement portal. The Department calling for Tenders shall not be responsible for any claims / problems arising out of this.
- K. Bid Submission Acknowledgement: The Bidders shall complete all the processes and steps required for Bid submission. The system will generate an acknowledgement with a unique bid submission number after completing all the prescribed steps and processes by the Bidders. Users may also note that the bids for which an acknowledgement is not generated by the e-Procurement system are treated as invalid or not saved in the system. Such invalid bids are not made available to the Tender Inviting Authority for processing the bids. The APMSIDC and M/s. Vupadhi Techno Services Pvt. Ltd. are not responsible for incomplete bid submission by users.
- L. How to Apply
- a) Click at http://www.apeprocurement.gov.in or <a href="https://tender.apeprocurement.gov.in">https://tender.apeprocurement.gov.in</a> to download e-Procurement notification.
- b) Read the complete document carefully.
- c) Technical bids shall be submitted online and only hard copies of BG & DD of EMD & tender processing fees, along with declaration form to be submitted within the timeline mentioned in the bid data sheet.
- d) Financial Bid shall be submitted online only
- e) The system will generate an acknowledgement with a unique offer submission number on successful completion of the above process.

#### 4. General References

- a) The Procurement process shall be done by Andhra Pradesh Medical Services & Infrastructure Development Corporation (APMSIDC) on behalf of "Commissioner, APVVP"
- b) Andhra Pradesh Medical Services & Infrastructure Development Corporation is hereafter referred to as "Tender Inviting Authority" in this document.
- c) Commissioner, APVVP, AP shall sign and implement the contract with the successful bidder.
- d) Commissioner, APVVP, AP hereafter shall be referred as "Client" in this document.
- e) The Applicant who is providing response to this bid is hereafter referred as "Bidder" in this document.
- f) The Bidder who is successful in post evaluation of proposals according to terms and conditions of this tender is hereafter referred to as "Selected Bidder"
- g) The Selected Bidder to whom the client issues the LOA shall be referred in this tender as "Service Provider".

### **4.1 Note**

# 4.1.1 Bidders /Firms /Joint Ventures /Contracting firms ineligible to Tender:

- A retired officer of the Govt. of AP or Govt. of India executing services is disqualified from tendering for a period of two years from the date of retirement without the prior permission of the Government.
- ii) The bidder who has employed any retired officer as mentioned above shall be considered as an ineligible tenderer.
- iii) The bidder himself or any of his employees is found to be Gazetted Officer who retired from Government Service and had not obtained permission from the Government for accepting the contractor's employment within a period of 2 years from the date of his retirement.
- iv) The bidder or any of his employees is found at any time after award of contract, to be such a person who had not obtained the permission of the Government as aforesaid before submission of the tender or engagement in the bidder's service.
- v) Bidder shall not be eligible to tender for services in the division / circle where any of his near relatives are employed in the rank of Assistant Engineer or Assistant Executive Engineers and above on the Engineering side and Divisional Accounts Officer and above on the administrative side. The bidder shall intimate the names of persons who are working with him in any capacity or are subsequently employed. He shall also furnish a list of Gazetted /Non-Gazetted, State Government Employees related to him.

#### Note: Near relatives include

- 1. Sons, step sons, daughters, and stepdaughters.
- 2. Son-in-law, and daughter-in-law.
- 3. Brother-in-law, and sister-in-law.
- 4. Brothers and Sisters.
- 5. Father and Mother.
- 6. Wife / Husband.
- 7. Father-in-law and Mother-in-law
- 8. Nephews, nieces, uncle and aunts
- 9. Cousins and
- 10. Any person residing with or dependent on the bidder.
- 4.1.2 All the participant bidders shall hand over original hard copies of "SELF DECLARATION FOR SELECTED PRE-QUALIFICATION CRITERA TECHNICAL)" and Bank Guarantee for EMD / proof of paying EMD online through Net banking/RTGS/NEFT or Credit Card / Debit Card as per G.O.Ms.No.12 of Information Technology, Electronics & Communications Department dated 01.06.2016 as mentioned in BDS.

# 5. Detailed Scope of Work of Service Provider

Providing services to sanitation and hygiene within the buildings and premises at all times up to specified levels of quality standards under the contract. The scope of work defined below:

### 5.1) Schedule of Quantity

- i. The responsibility of the Agency extends to the quantities specified in the schedule in Form1 in relation to the hospitals
- ii. The schedule specifies the carpet area in each of the hospitals, of the facilities of various types like wards, operation theatres, intensive care units, administrative areas, classrooms, labs, workshops, auditoriums etc., and also the open area.
- iii. Head of the Department, based on the recommendation of the implementing authority, may enhance the area due to upgradation/construction of new hospitals / buildings / facilities, or to reduce the schedule' area due to closure of any block / facility. Suitable price adjustments shall be made consequent upon such increase or decrease in the schedule of quantities, on a "Pro Rata" basis.
- iv. Prices quoted are inclusive of supply of chemicals specified for cleaning and lifting and disposal of normal waste and biomedical waste as specified in the document.

- v. The agency shall provide all men & machinery for maintenance of sanitation services of hospitals.
- vi. Mutually agreed proportionate reduction of manpower is permissible in case the agency provided additional mechanized equipment like scrubbers, driers, jet pumps for toilet cleaning etc.,

# 5.2) Cleaning

The Agency shall be responsible for cleaning of the entire area shown in the Form 1. The following specific responsibilities have to be carried out with regard to cleaning activities:

- i. Floor area: The Form 1 specifies the floor area of facilities. Disinfectants, cleaning equipment and chemicals specified in Form 2 should be used every time for cleaning. Wet floor signs are to be used to prevent injuries from slipping.
- ii. Toilets, Bathrooms & Sinks: Cleaning of the toilets, bathrooms and sinks and maintenance in a sanitized condition is extremely important from the point of overall sanitation of the hospital. The following specifications are made in this regard:
- a. The internal hospital premises shall be cleaned before 8.00 AM every day on priority basis and subsequent cleaning as per enclosed service standards.
- b. Disinfectants and chemicals specified in Form- 2 should be used invariably every time for cleaning of the toilets.
- c. The toilets shall be kept dry by mopping up as frequently as needed.
- d. Adequate number of attendants should be posted at the toilets not only to ensure proper maintenance, but also to educate patients and their attendants in the proper use of toilets and to prevent misuse resulting in dis-function of the toilets.
- e. Any blockages in toilets or drainages connected to the toilets shall be cleared within an hour's time from the time it is noticed. For this purpose, special sanitary plumbers have to be posted in the hospital on round the clock basis.
- f. It shall be the responsibility of the Agency to ensure that the running water is available in all the toilets and sinks at all times. While the responsibility of availability of the water supply to the hospital is that of the hospital administration, the maintenance of the entire water distribution network within the hospital shall be that of the Agency.
- g. Patient check out cleaning is to be done as and when a patient is discharged irrespective of the schedule. This includes shifting of soiled linen, cleaning the room / area: washroom and all the furniture.

# 5.3) Drainages & Sewerage

- i. Drainages specified in the Form 1 shall be cleaned at least twice a day so as to maintain continuous flow and to avoid scope for blockages. All drains including the underground drainage within the hospital premises has to be maintained by the agency.
- ii. Any maintenance requirement relating to the drainage facility shall be the responsibility of the Agency and should be immediately attended to within two hours from the time of informing it.
- iii. Periodical maintenance of sewerage system is the responsibility of the agency and silt in sewerage lines, manholes etc., to be cleaned by the agency once in three months.

# 5.4) Open premises.

- i. It is the responsibility of the Agency to keep the entire open premises of the hospital in a clean and tidy. The agency shall deploy sanitation workers for the open premises at the rate of 1 per 6000 Sq. Yards per day.
- ii. The garbage and litter caused by patients, attendants or employees shall be cleared instantaneously by deploying required number of sweepers in the premises, especially during the peak OP (Out Patient) hours i.e. from 8 am to 2 pm.
- iii. An appropriate number of garbage bins shall be arranged by the Agency, at conspicuous points for use by the patients, attendants and employees. The bins shall be cleared at least three times during a calendar day. Where the bins are observed to be over-flowing frequently, additional bins or larger bin (s) shall be arranged by the Agency. The areas surrounding each bin shall be disinfected and mopped each time the bin is cleared.
- iv. The open area specified in Form- 1 shall be landscaped by the hospital authorities. Such landscapes are to be maintained in consultation with the management of the Institutions. The scope of the agency is limited to watering the existing greenery. The capital expenditure for landscaping and establishing the gardens and lawns shall be borne by the management, subject to availability of budget. The responsibility of maintenance shall be that of the Agency.

### 5.5) Waste disposal

i. Normal waste: The normal waste arising out of routine hospital activities through the cleaning operations shall be disposed off at the designated collection points within the Institution premises to be specified in this regard. The Agency shall coordinate with the Municipalities / Gram Panchayats for timely clearance of the garbage. The trash bags for collection of normal waste shall be supplied by the Agency and shall be tied at the top after they are 2/3 full. The trash bags will be transferred to a common collection point as soon as they are ready for removal. Additional normal waste bins, if any required over the available normal bins shall be provided by the Agency as per the request of the implementing authority. Agency shall strive to recycle the waste generated at the extent possible by coordinating with waste recycling companies.

#### ii. Bio-medical waste:

- a) The bio-medical waste shall be collected, strictly following the standards and norms laid down in Form 1 on a daily basis. In case of heavy patient load, the bio-medical waste may be collected twice in a calendar day in appropriate colour coded bags. Additional Biomedical waste bins, if any required over the available Bio-medical bins shall be provided by the Agency as per the request of the implementing authority.
- b) Supply of color-coded bags and collection of Bio medical waste is the responsibility of the agency. The colour coded bags to be used by the agency shall strictly confirm to the specifications approved by the Pollution Control Board, failing which the agency will be held responsible for the penal actions initiated by the concerned Pollution Control Board authorities. The segregation of Bio Medical waste is the responsibility of the Hospital authorities and the segregated Bio Medical wastage to be kept by the agency at the place identified by the Superintendent of the Hospital.
- c) Transfer of the waste from the site of origin to the site of waste disposal should be done in airtight containers to avoid smell in the corridors while transporting. It is the responsibility of the agency to provide airtight containers and trolleys for the purpose. The Disposal of Bio Medical waste is the responsibility of the Superintendent of the Hospital.
- d) Additionally agency should make sure to maintain following biomedical waste bins, 1 set in each
  - i. Wards
  - ii. Operation Theatres
  - iii. Out Patient Department

#### 5.6) Education

The Agency shall be responsible to educate employees, patients and their attendants on the need for keeping the hospital facilities and premises neat and clean at all times. This shall be achieved by undertaking a series of activities as may be required including the following:

- a) Frequent announcements may be made in the local language in areas where there is much gathering of people like in the OP areas, attendant facilities, main entrance etc. and appropriate public address system may be arranged by the Agency for this purpose. The volume should be low and soft so as not to cause noise pollution and irritation to the public.
- b) Appropriate posters may be designed and affixed at relevant places to educate the public on hand hygiene and on the proper usage of the toilets, sinks etc., and also advising against spitting and littering at any place in the hospital.

- c) Sanitary inspectors shall be posted by the Agency at all conspicuous places where the people gather and also near each toilet place to prevent misuse. The Agency may also ensure a system like reprimanding or penalizing the persons found to be misusing the premises despite advice but has to take written permission from Superintendent and all such proceeds if any shall be shared between agency and institute.
- d) It may be noted that though educating the public is one of the responsibilities of the Agency, at the same time, ensuring that the premises is neat and clean and meeting the specified sanitation standards is also squarely that of the Agency.

Training: In addition to the frequencies and specifications for cleanliness, it is suggested that all agencies providing staff are required to train this staff before joining, with refreshers every three months.

#### 5.7) Personnel

- i. The Agency shall deploy such number of personnel of various categories like sanitary workers, sanitary supervisors and managers, as are required to execute the entire scope of work defined in this Section. The deployment should be designed for 3 shifts i.e., (i) from 6 am to 2 pm; (ii) from 2 pm to 10 pm and (iii) 10 pm to 6 am.).
- ii. It is the responsibility of the Agency to estimate the accurate requirement of staff on a day to day and month to month basis and provide supplementation as needed so as to comply with the service levels, for the upkeep of the sanitation.
- iii. The Agency shall ensure that the entire staff deployed by it should be highly disciplined, maintain punctuality and refrain from any arguments or disputes with the employees, patients or their attendants. The staff/ workers of the agency are prohibited from using and / or possessing alcohol or un prescribed drugs while on duty.
- iv. The Agency shall deploy female personnel to work in the labor rooms and obstetric/gynaec patient rooms and female wards. Further the agency shall deploy male personnel at places requested by the implementing authority.
- v. The personnel employed shall be clean and wear a clean uniform at all times when on duty. Fingernails shall be clean and free of dirt, and hair is neatly combed.
- vi. It shall be the responsibility of the Agency to comply with the various statutory requirements and labor laws in relation to payment of minimum wages, effecting statutory recoveries and filing of the statutory returns. G.O. Rt. No 549 HM & FW (H2) Department, Government of AP dated 26.10.2019 should be strictly followed. The salary of Rs. 16,000 mentioned in the GO shall also include employer's (Agency's) contribution of ESI and EPF.

- vii. All staff salaries by the agency shall be done to staff bank accounts and no cash to be given as salaries to the staff under this contract.
- viii. The age limit of sanitary workers should not exceed 60.
- ix. Uniform shall be provided for different categories of the personnel deployed by the Agency at its own cost. The Agency shall supply the required number of uniforms annually and also pay appropriate uniform allowance to enable the employees to maintain the uniforms. Failure to wear the uniform by any member of staff on duty shall be treated as a violation by the Agency. Lapel card bearing the name of the employee with code number and a photo ID card shall also be supplied to all of the employees by the Agency at its cost (uniform should be approved by the Client).
- x. The workers deployed for handling hazardous materials or chemical for cleaning toilets or in the collection of bio-medical waste shall be provided appropriate protective gear like shoes, aprons, gloves etc., at the cost of Agency.
- xi. The Agency should maintain one housekeeper in charge during each shift who can be contacted in case finding deficiency in the areas of service.
- xii. The staff should register attendance through bio metric system in the hospital for proper monitoring of the agencies manpower by the implementing authority.
- xiii. The agency should provide minimum number of Sanitary Workers including supervisory staff at the rate of -

# For Hospitals:

- a. 1 person for 10 beds in first shift (i.e., From 6 AM to 2 PM)
- b. 1 person for 20 beds in the second shift and (i.e., From 2 PM to 10 PM)
- c. 1 person for 30 beds in the third shift (i.e., 10 PM to 6 AM)

#### Note:

Ex. If there are 15 beds in hospital, as per first shift, 1.5 person shall be present as per norms provided above. Therefore, in case, there is decimal no. in number of person due to norms, then the rounding off to be done for next highest number. Hence, the no. of person required in first shift shall be 2.

i. In addition, sanitation workers shall be deployed for the open premises in Hospitals at the rate of 1 per 6000 Sq. Yards per day. In case, if the open premises is less than 6000 sq. yard in hospital then 1 no. shall be considered for deployment. Further, the agency shall maintain at least additional 5% reserve of employees at various levels so as to ensure provision of uninterrupted services at the hospital. The Superintendent of the hospital reserves the right to request the service provider to replace any member of the staff in the event of indiscipline or inefficiency.

- ii. The staff shall be deployed on 24x7 basis with proportionate deployment in each shift keeping in view the variation of workload in the 1st, 2nd and 3rd shifts.
- iii. It shall be the responsibility of the Agency to ensure that the staff deployed in the hospital is adequately immunized against communicable diseases and occupational diseases and to undertake health check-ups for all the staff at least once in 6 months.
- iv. The Agency shall be liable to pay any compensation for any illness or injury occurring., to any of the staff member deployed by it in the performance of their duties. The hospital administration shall be indemnified against all or any such claim in this regard.
- v. It shall be the responsibility of the Agency to comply with the various statutory requirements and labor laws in relation to payment of minimum wages, effecting statutory recoveries and filing of the statutory returns. The agency should pay E.S.I, EPF payments regularly and submit the previous month of those payment receipt to the Superintendent every month along with monthly invoice. On production of such proof only subsequent payments will be paid by the concerned authority.
- vi. The agency has to maintain separate sanitation workers for ICU / Labour room / OT / building areas / Open areas etc., and they cannot inter change without written permission from the competent authority.
- vii. No Diversion of Staff: No diversion of staff for other duties should take place.
- viii. The agency should provide the following:
  - Uniform: At least 3 pairs of uniform per annum. For ladies, the agency may provide the Punjabi dress with matching colors and pattern. The uniform for supervisors deployed by the agency should be "Safari Suit".
  - Training: All staff must receive adequate training to be able to safely perform the role asked from them.
  - Supply of Personal Protective Equipment (PPE): All the health care workers appointed by the agency need to be provided adequate colour coded uniforms and personal protective equipment (cap, mask, Industrial gloves, boots, etc.). A separate register should be maintained for protective equipment.
  - The colour and the pattern of the uniform will be decided by the Head of Implementing Agency.
  - The agency should maintain register mentioning the no. of staff with protective gear as mentioned in table below

Key Personnel	Protective Gears	
Sanitation Supervisor	Wear Cap, Mask, Glove and Shoe during visit	
Carmation Capervisor	to wards and risk areas	
Cleaning and	Wear Cap, Mask, thick Glove and Gumboots	
Sanitation Worker	whenever at work	

# 5.9) Supervision:

- 5.9.1. The agency should establish one front office at a place suggested by the implementing authority. One responsible person should be always available i.e., round the clock in the front office. The intercom facility will be provided by the Hospital authorities.
- 5.9.2. Deployment of Supervisory staff for monitoring system by the agency:
  - a. The Agency shall deploy, at its cost, adequate number of qualified and experienced supervisory staff, in any case, not less than 1 supervisor for every 10 sanitation workers deployed in each shift. A responsible person should be available at the front office round the clock.
  - b. The minimum qualification requirement for the supervisory staff should be Bachelor degree holder, in any discipline.
  - c. Further, One Graduate with office equipment and furniture shall be deployed by the agency in each district for overall supervision and redressal of complaints.
- 5.9.3. The Agency shall create different levels of monitoring system with necessary supporting systems such as office equipment and furniture etc., to coordinate as detailed below:
  - a) At Institution Level: To Co-ordinate with Implementing Agency.
  - b) At District Level: To Co-ordinate with District Level Monitoring Committee.
  - c) At Regional Level: To Co-ordinate with Regional Level Monitoring Committee (As per Package).
- 5.9.4. The quality of sanitation in all the areas and facilities specified in Form 1 and 2 shall be inspected by the Supervisory staff of the Hospital nominated by the Superintendent of the Hospital, consisting of RMO's, HOD's, Civil Surgeons and Asst. Surgeons. The Supervisory Officers shall make rounds in the areas allocated at the prescribed frequency every day and submit a report to the Superintendent in the prescribed format every day. The performance of the Agency shall be evaluated by the implementing authorities at the end of each day based on the aggregation of all the reports of supervisors. A notice to the agency shall be issued frequently / regularly by the Implementing Authority duly notifying the deficiencies in the performance of the agencies, The performance of the Agency shall be evaluated by the implementing authorities at the end of each week based on the aggregation of all the reports of supervisors in the week, with an e-mail communication to the concerned Head of the

Department. Further weighted average monthly performance will be calculated through the web site specifically developed by the client for the purpose and payments to the Agency regulated accordingly.

# 5.10. Consequences of the Agency's failure to perform required services

Performance of the Agency will be evaluated on daily basis. The following aspects will also be considered.

- i. Discrepancies in work which affect the safety, health or comfort of the patients and cannot wait till the next scheduled performance will be recorded by unscheduled inspections which will be done more frequently in the specialized areas than the general and administrative areas.
- ii. Validated customer complaints.
- iii. Maximum allowable discrepancies will be fixed to enable an action to be initiated if the critical level is crossed by the superintendent and his decision will be final and binding.

# 6. Conditions of Eligibility of bidders

# 6.1 Eligibility criteria

S. No.	Eligibility	Documents Required
1.	The bidder shall be a Company/Trust/Society. The bidder can participate as Joint Venture with maximum of 2.	License/registration/incorporation as per the applicable laws
2.	The bidder must be a service provider in the field of Sanitation Services and should have continuous of experience of such service during the last five financial years i.e., 2015-16, 2016-17, 2017-18, 2018-19 & 2019-20.	Proof of the same needs to be enclosed.  In case of joint venture, both the parties of JV should have the eligibility as per Point 2
3.	Required general past experience - The bidder should have experience of providing sanitation services for one institution of at least 25,000 sq.ft in any one year during the last financial five years.  During the last five financial years, the bidder	The bidder should provide the experience certificate/completion certificate including areas from the client along with the work orders.

S. No.	Eligibility	Documents Required
	should have provided sanitation services for total square feet area of 5,00,000 cumulatively with institutions/facilities ranging from IT Parks, Hospitals, Institutional buildings (Govt. or private), Shopping Malls and Residential buildings or any other infrastructure or public use such as Railway stations, stadiums etc.	
4.	Required specific past experience in Hospitals –  The bidder should have experience of providing sanitation services for total bed strength of at least 1500 beds with each hospital should not be less than 100 beds in any one year during the last five financial years	The bidder should provide the experience certificate/completion certificate including areas from the client along with the work orders.
5.	The bidder should have annual turnover of Rs. 5.00 Crores during any one of the last five financial years (i.e., 2015-16, 2016-17, 2017-18, 2018-19 and 2019-20)	CA certificate and Audited annual reports
6.	The bidder should submit the EPF, ESI registration	Copy of Registration Certificate
7.	The bidder should have valid registration with the Labour Department.	Copy of Registration Certificate
8.	The bidder should not have been disqualified/terminated or debarred or blacklisted or involved in criminal cases or not covered by any pending bankruptcy proceedings by any Central/ State Governments/ PSUs in India	Affidavit (Annexure 2)
9.	Bidder should have GST registration with commercial tax department of Andhra Pradesh	Proof of GST registration certificate  In case of not having GST registration with Andhra Pradesh while bidding, an undertaking to provide to comply and submit the GST registration certificate from Andhra Pradesh before entering into contract agreement shall be submitted.

S. No.	Eligibility	Documents Required
10.	Bidder should furnish copy of Permanent Account Number (PAN) card and copy of latest Income Tax returns submitted along with proof of receipt etc.	PAN card copy and Income tax returns along with proof of receipt

# 6.1.1 In case of Joint Venture (JV):

- i. The total members in the joint venture should not be more than two. The Joint venture must be duly registered as a partnership firm with joint liability unlimited.
- ii. The JV partners should be responsible for liability individually proportionate to the extent of their share in the JV and jointly for 100% share.
- iii. Shall submit JV agreement (as per format enclosed) on Rs.100/- non-judicial stamp paper with condition that lead partner share shall not be less than 51% in Joint Venture. The lead partner only should upload all relevant documents at the time of bidding.
- iv. The JV partner of one bidder/firm shall not enter into JV partnership with another bidder/firm for the bid.
- v. Copy of Registration: Both members of JV of the should have a valid registration and shall upload the same as proof.
- vi. The change of MOU/ Joint Venture partner shall not be accepted under normal conditions after submitting the Bid documents. However, the change in joint venture/MOU partner may be considered in the event of insolvency, death, stoppage of business, abstaining from country for longer period and participation in terms of people's representation Act of India etc, only with the prior approval of the employer.
- vii. The employer reserves the right to reject such requests/proposals from any joint venture / MOU partner if it adversely affects the Joint venture/ MOU strength.
- viii. The Bidder shall be nominated, as being in charge and his authorization shall be evidenced by submitting a power of attorney signed by legal authorities of both the MOU/Joint venture partners.
- ix. The Bidder nominated as in charge shall be authorized to incur liabilities and receive instructions for and on behalf of any and both partners of the MOU/Joint venture and the entire execution of the contract including payments shall be made in favor of joint venture only.
- x. Both members/partners of MOU/Joint Venture shall be liable jointly and severally responsible for the execution of contract in accordance with contract terms and a relevant statement to this effect shall be included in the MOU/Joint Venture partnership deed.

- xi. The Joint Venture must be registered. In case if Joint venture registration is not available at the time of bidding, an MOU on Rs 100/- non-judicial stamp paper to be provided and Joint Venture registration must be provided before entering into the agreement.
- xii. The Joint Venture should have turnover (Mentioned in Clause 6.1 Point (5)) to the extent of individuals share shall be considered.
- xiii. Both the JV partners shall have valid GST Registration with Commercial Tax department of A.P. If not, shall furnish the same before concluding the agreement.
- xiv. Both the JV partners should furnish copy of Permanent Account Number (PAN) card and copy of latest Income Tax returns submitted along with proof of receipt etc.
- xv. The Joint Venture should have executed the quantities (Mentioned in Clause 6.1 Point (3) and (4)) to the extent of individuals share shall be considered.
- xvi. The Lead Member shall be authorized by the other member of the JV to act for and on behalf of the JV including interacting with the Authority, receive instructions and furnishing EMD etc.
- xvii. Bidders/Firms entering for the work in association with their MOU/ Joint venture partners shall obtain and submit along with Bid, an undertaking from the MOU/Joint Venture partnership jointly or separately if participating with MOU/Joint Venture partner to the effect that they have read the Bid documents and they undertake to effectively associate with the Bidder/Firms/Joint Venture in discharging the contracting obligations under the contract.

The bidder should open office at each hospital and regional office where the location will be finalized by Implementation Authority. The space for opening office within hospital premises shall be provided by implantation authority.

#### 6.12. Note:

- A. If any variation is noticed between the up loaded documents and the self-declaration submitted by the bidder, the bidder will be suspended from participating in the tenders on e-procurement platform for a period of 3 years. If any of the documents furnished by the bidder are found to be false / fabricated / Bogus, at any time the bidder will be black listed and the EMD will be forfeited.
- B. The bidder is subjected to be black listed and the EMD forfeited if he is found to have misled or furnished false information in the forms / statements / certificates submitted in proof of qualification requirements or record of performance such as abandoning of work , not properly completed in earlier contracts, inordinate delays in completion of the works, litigation history and / or financial failures and /or participated in the previous tendering for the same work and had quoted unreasonable high bid prices

- C. Even though the bidder / firm / JV meet the above qualifying criteria, they are liable to be disqualified / debarred / suspended / blacklisted if they have:
  - i. Furnished false / fabricated particulars in the forms, statements and / annexures submitted in proof of the qualification requirements and/or
  - ii. Not turned up for entering into agreement, when called upon.
  - iii. Record of poor progress such as abandoning the work, not properly completing the contract, inordinate delays in completion, litigation history or financial failures etc. and/or
  - iv. Even while during the execution of contract, if found that the work was awarded to the bidder / firm / JV based on false / fake certificates of experience, the bidder / firm / JV will be blacklisted forfeiting the EMD

### 6.1.3 BIDDER SITE VISIT AT WORKPLACE

Prospective bidders may visit the sites and shall get themselves thoroughly acquainted with the local site condition. It is suggested that they conduct a demographic study to identify the local utility areas (markets, locality, communication and transportation conditions, Labour and materials availability), which will help the bidders to consider all such factors during the estimation for performing Statement of Work as, indicated. APMSIDC / APVVP / holds no responsibility of arrangement of transportation / accommodation facilities for the bidders during their site visits except for giving permission in writing to access the premises.

### **6.2 Evaluation of proposals**

- a. Two stage evaluation will be taken up for identification of successful bidder
  - i. Technical Evaluation
  - ii. Financial Evaluation
- b. Technical evaluation of bids will be done as per the criteria mentioned in Section 6.1. Based on the technical evaluation, a list of short-listed applicants shall be prepared.
- c. The bidders, who are technically qualified, will be eligible for financial evaluation.
- d. Financial bid shall consist of monthly price that will be charged by the Service Provider for providing services under this engagement.
- e. The Bidder shall be selected on the basis of Lowest Cost Bidder (L1), having the lowest financial proposal. The Reverse tendering/auction process will be conducted to finalize the L1 bidder. Detailed process of Reverse tendering / auction is defined in Section 6.4.
- f. The next ranked Bidder shall be kept in reserve and maybe invited for negotiations in case the selected Bidder withdraws or fails to comply with the requirements specified in this document.

- g. Tender inviting authority has every right to accept any Bid and to reject any or all Bids.
- h. The bids received will be evaluated with the following committee consist of

1. The Director of Medical Education - Member

2. The Commissioner of APVVP - Member

3. The Chief Engineer, APMSIDC - Member convener

The decision taken by the above committee in evaluation of bids is final and binding on all parties. The Committee can reject any bid without assigning any reasons

- i. The TIA reserves the right to accept or reject any bid and to annul the bidding process and reject all bids at any time prior to award of contract, without there by incurring any liabilities to the affected Bidder or Bidders or any obligation to inform the affected Bidder or Bidders of the grounds for the Tender Inviting Authority's action. The evaluation committee during the process of evaluation bids shall take in to account the past performance of the bidder under earlier policy of this organization and its performance with other public policy along with other parameters before selecting the successful bidder"
- j. Savings Clause: No suit, prosecution or any legal proceedings shall lie against the Tender Inviting Authority or any person for anything that is done in good faith or intended to be done in pursuance of the tender.
- k. TIA reserves the right to make modification, alteration or relaxation in any of the clauses or conditions given in this tender document.

# 6.3 Evaluation criteria for financial proposal

Bidders shall upload the financial proposal in the format at Annexure- 4 (the "Financial Proposal"), clearly indicating the total cost of the service in both figures and words, in Indian Rupees, and signed by the Bidder's authorized signatory. In the event of any difference between figures and words, the amount indicated in words shall be taken into account.

While submitting Financial Proposal, the Bidder shall ensure the following:

- a) All the costs associated with the assignment shall be included in the Financial Proposal. The total amount indicated in the Financial Proposal shall be without any condition and shall be final and binding. In case any assumption or condition is indicated in the Financial Proposal, it shall be considered non-responsive and liable to be rejected.
- b) The Financial Proposal shall take into account all expenses and tax liabilities including GST. Further, all payments shall be subject to deduction of taxes at source as per applicable laws. The service provider shall be liable to pay GST

which can be deducted at source on every respective bill payment made by client. Any input tax claim deduction benefit shall go to the Client/Government.

c) Costs shall be expressed in INR.

# 6.4 Reverse tendering / auction process on e-Procurement portal

- a) APMSIDC will schedule reverse tendering / auction process on the e-Procurement portal, as per date and time published in the Bid Data Sheet. In case of any change in date and time, the same will be published on the website of APMSIDC/ E-Procurement portal. Qualified technical bidders will also be communicated through email the date and time for the conduct of reverse tendering / auction process.
- b) Online reverse tendering / auction process
  - i) The online Reverse tendering / auction process will be run on the total monthly amount to be paid to the Bidders.
  - ii) Only the technically qualified bidders will be permitted to participate in the reverse auction/tendering.
  - iii) The 'opening price' i.e. start price for Reverse Auction/tendering will be the lowest (L1) price quoted by the Bidders amongst all technically qualified bidders.
  - iv) Bidders can modify the total monthly service charge, based on the minimum bid decrement or the multiples thereof, to displace a standing lowest bid and become "L1", and this will continue as an iterative process. The 'monthly total price', will be used to determine the total cost of the bid.
  - v) For the purpose of Reverse Auction, the minimum bid decrement will be INR 1,00,000 for the price per month.
  - vi) Reverse Auction duration: The duration of the reverse auction is as mentioned in the BDS. All bidders are required to submit their online bids during this period.
  - vii) In case, if any bidder decides to lower the price in the last fifteen (15) minutes of the reverse auction duration, then the duration of the reverse auction will be extended for additional 15 minutes (Bid Received time + 15 minutes) to enable other bidders to participate further. Such extensions will continue as long as there is no bid received in the last 15 minutes.
  - viii) After the completion of reverse tendering, the system will calculate the total price of the bid based on the monthly charge per month. The unit rate per

month shall be proportionately reduced based on the total amount reduced in the reverse tendering.

#### 6.5 Finalization of successful bidder

After completion of online reverse auction, bidder who quotes the lowest monthly price shall be considered as L1. Post reverse auction, negotiations may be undertaken towards finalization of bidder(s).

# 6.6 Bid validity period

- A. The Bids shall remain valid for 180 days from the date of submission for acceptance and the prices quoted shall remain for the duration of the agreement. The Client may request for further extension as deemed fit and the Bidder will send intimation of acceptance. A bidder may refuse the request without forfeiting its EMD. A bidder granting the request is not permitted to modify its bid.
- B. In exceptional circumstances, the TIA may solicit the bidders' consent to an extension of the period of validity. The EMD provided shall be suitably extended. A bidder may refuse the request without forfeiting its EMD. A bidder granting the request is not permitted to modify its bid.

#### 6.7 Minimum number of Bids

In case only a single bid is received against this tender, APMSIDC reserves the right to cancel the tender process and float a fresh tender.

### 6.8 Cost of proposal

The Bidders shall be responsible for all the costs associated with preparation of their Proposals and their participation in the selection process. The Client will not be responsible, nor in any way liable for such costs, regardless of the conduct or outcome of the Selection Process.

### 6.9 Acknowledgement by Bidder

It shall be deemed that by submitting the Proposal, the Bidder has:

- a) Made a complete and careful examination of the tender;
- b) Acknowledged that it does not have a Conflict of Interest; and
- c) Agreed to be bound by the undertaking provided by it under and in terms hereof.

#### 6.10 Conflict of interest

a) A Bidder shall not have a conflict of interest. Any Bidder found to have a conflict of interest shall be disqualified.

- b) A Bidder may be considered to have a conflict of interest for the purpose of this bidding process, if the Bidder:
- i. directly or indirectly controls, is controlled by or is under common control with another Bidder; or
- ii. receives or has received any direct or indirect subsidy from another Bidder; or
- iii. has the same legal representative as another Bidder; or
- iv. has a relationship with another Bidder, directly or through common third parties, that puts it in a position to influence the bid of another Bidder, or influence the decisions of the TIA regarding this bidding process; or
- v. any of its affiliates participated as a consultant in the preparation of the design or technical specifications of the works that are the subject of the bid; or
- vi. Or any of its affiliates has been hired (or is proposed to be hired) by the TIA in implementing Service Provider Agreement.
- vii. has a close business or family relationship with a professional staff of the Client who:
  - are directly or indirectly involved in the preparation of the bidding documents or specifications of the contract, and/or the bid evaluation process of such contract; or
  - would be involved in the implementation or supervision of such contract unless the conflict stemming from such relationship has been resolved in a manner acceptable to the TIA throughout the procurement process and execution of the contract

#### 6.11 Contents of the tender

This RFP comprises the Disclaimer set forth hereinabove and will additionally include any Modification / Addendum / Amendment / Corrigendum issued in accordance with Clause 6.13.

# 6.12 Clarifications on tender by TIA

There will be no prebid meeting for the tender...

#### 6.13 Amendments/Modifications

At any time prior to the deadline for submission of Proposal, the TIA may, for any reason, at its own initiative may extend the Proposal Submission Date. Any such extension to the Proposal Submission Date will be posted only on the website and shall not be published in any newspaper and will be binding on all Bidders.

# 6.14 Preparation and submission of proposal

# 6.14.1 Language of bid

The Bid prepared by the bidder and all correspondence and documents relating to the bid exchanged by the Bidder and the Tender Inviting Authority, shall be written in the English language. Supporting documents and printed literature furnished by the Bidder may be written in another language provided they are accompanied by an accurate translation of the relevant passages in the English language in which case, for purposes of interpretation of the Bid, the English translation shall govern.

# 6.14.2 Format and signing of proposal

The Bidder shall provide all information sought under this tender. The TIA would evaluate only those proposals that are received in the specified forms and complete in all respects.

The proposal shall be typed and signed by the authorized signatory of the Bidder / Lead Bidder, who shall initial each page. All the alterations, omissions, additions, or any other amendments made to the Proposal shall be initialed by the person(s) signing the Proposal. The Proposals must be properly signed by a duly authorized person holding the Power of Attorney (the "Authorized Representative"). The Power of Attorney should be registered as per the applicable laws, Also the format for applicable lead bidder declaration can be seen at annexure 5A or 5B.

### 6.14.3 Technical proposal

- i. Bidders shall upload the technical proposal in the proposed formats given at Annexures.
- ii. Failure to comply with the requirements shall make the Proposal liable to be rejected.
- iii. The Technical Proposal shall not include any financial information relating to the Financial Proposal.
- iv. The Client reserves right to verify all statements, information and documents, submitted by the Bidder in response to the tender. Failure of Client to undertake such verification shall not relieve the Bidder of its obligations or liabilities hereunder nor will it affect any rights of the Client there under.
- v. The Bidder shall complete the Technical Bid in the formats furnished in the bidding documents, indicating for all the Services to be provided a brief description of the Service, quantity, methods and techniques proposed to be used and the standards that will be followed.

vi. The Bidder must obtain for himself on his own responsibility and at his own expense all the information which may be necessary for the purpose of making the Bid document and for entering into a contract through visit to site and inspection of the premises.

# 6.14.4 Financial proposal

- i. Bidders shall upload financial proposal in the format at Annexure- 4 (the "Financial Proposal") clearly indicating the total cost of the services in both figures and words, in Indian Rupees, and signed by the Bidder's authorized signatory. In the event of any difference between figures and words, the amount indicated in words shall be taken into account.
- ii. Any bid not accompanied by EMD (Earnest Money Deposit), Processing fees, Tender fees will be rejected as non-responsive.

# 6.14.5 Submission of proposal

The proposal submission shall as per the e-procurement process

# 6.14.6 Proposal Submission Date

The Proposal Submission Date is listed in the Bid Data Sheet. The TIA may, in its sole discretion, extend the Proposal Submission Date by issuing a Corrigendum.

# 6.14.7 Bid fees and Earnest Money Deposit

- (a) The Bid shall be accompanied by non-refundable Tender Processing Fee and Earnest Money Deposit (EMD) as mentioned in BDS in favour of Managing Director, Andhra Pradesh Medical Services & Infrastructure Development Corporation (APMSIDC), payable at Mangalagiri
- (b) No Bidding entity is exempted from deposit of EMD. Bids submitted without EMD shall be not considered.
- (c) EMD of unsuccessful Bidder will be returned to them without any interest, after conclusion of resultant agreement. EMD of successful Service Provider will be returned without any interest, after receipt of performance security as per terms of agreement.
- (d) EMD of Bidder may be forfeited without prejudice to other rights of the TIA
  - if the Bidder withdraws or amends its Bid or impairs or derogates from the Bid in any respect within the period of validity of its Bid, or if it comes to notice that information / documents furnished in its Bid is incorrect, false, misleading or forged. In addition to aforesaid grounds, successful Bidder's EMD will also be forfeited without prejudice to other rights of the bidder, if he fails to furnish the required performance security within specified period.

- In case of a successful bidder, if fails: to sign the contract within the prescribed time or; to furnish the specified performance security or to submit unconditional acknowledgement of LOA within prescribed time.
- (e) The EMD shall be extended beyond the original validity period in case the signing of Agreement is delayed due to any reason

# 6.14.8 Fraud and Corrupt Practices

Bidders and their respective officers, employees, agents and advisers shall observe highest standard of ethics during the selection process. Notwithstanding anything to the contrary contained in this tender, TIA shall reject a Proposal without being liable in any manner whatsoever to the Applicant, if it determines that the Applicant has, directly or indirectly or through an agent, engaged in corrupt practice, fraudulent practice, collusive practice, undesirable practice or restrictive practice (collectively the "Prohibited Practices") in the Selection Process.

Without prejudice to the rights of TIA hereinabove and the rights and remedies which TIA may have under the Letter of Award (LOA), if an Applicant, as the case may be, is found by TIA to have directly or indirectly or through an agent, engaged or indulged in any corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice during the Selection Process, or after the issue of the LOA, such Applicant or Consultant shall not be eligible to participate in any tender or tender issued by TIA during a period of 3 (three) years from the date such Applicant, as the case may be, is found by TIA to have directly or through an agent, engaged or indulged in any corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice, as the case may be.

For the purposes of this Clause, the following terms shall have the meaning hereinafter respectively assigned to them:

- "corrupt practice" means the offering, giving, receiving, or soliciting, directly or indirectly, of anything of value to influence the action of any person connected with the Selection Process.
- ii. "fraudulent practice" means a misrepresentation or omission of facts or disclosure of incomplete facts, in order to influence the Selection Process;
- iii. "coercive practice" means impairing or harming or threatening to impair or harm, directly or indirectly, any persons or property to influence any person's participation or action in the Selection Process;
- iv. "undesirable practice" means
  - establishing contact with any person connected with or employed or engaged by TIA with the objective of canvassing, lobbying or in any manner influencing or attempting to influence the Selection Process; or
  - having a Conflict of Interest; and

v. "restrictive practice" means forming a cartel or arriving at any understanding or arrangement among Applicants with the objective of restricting or manipulating a full and fair competition in the Selection Process.

# 6.15 Confidentiality

Information relating to examination, clarification, evaluation, and recommendation for selection of Bidders shall not be disclosed to any person who is not officially concerned with the process or is not a retained professional adviser advising the TIA in relation to or matters arising out of/or concerning the Selection Process. The TIA will treat all information, submitted as part of the Proposal, in confidence and will require all those who have access to such material to treat the same in confidence. The TIA may not divulge any such information unless it is directed to do so by any statutory entity that has the power under law to require its disclosure or is to enforce or assert any right or privilege of the statutory entity and/or the TIA

#### 6.16 Clarifications from Bidder

To facilitate evaluation of Proposals, the TIA may, at its sole discretion, seek clarifications from any Bidder regarding its Proposal. Such clarification(s) shall be provided within the time specified by the TIA for this purpose. Any request for clarification(s) and all clarification(s) in response thereto shall be in writing.

If a Bidder does not provide clarifications sought under Sub-Clause mentioned above within the specified time, its Proposal shall be liable to be rejected. In case the Proposal is not rejected, the TIA may proceed to evaluate the Proposal by construing the particulars requiring clarification to the best of its understanding, and the Bidder shall be barred from subsequently questioning such interpretation of the TIA.

# 6.17 TIA's Right to accept/reject any proposal or all proposals

The TIA reserves the right to accept or reject any bid and to annul the Bidding process and reject all Bids at any time prior to award of Contract, without thereby incurring any liability to the affected bidder or bidders or any obligation to inform the affected bidders or bidders of the grounds for the TIA's action.

#### 6.18 Award of Contract

# 6.18.1 Notification of Award

Prior to expiry of the period of Bid validity prescribed by Client, the Client will notify the successful bidder(s) in writing, that their Bid has been accepted. This letter (hereinafter and in the Conditions of Contract called "Notification of Award"/"Letter of Award") shall name the sum which the Client will pay to Service Provider in consideration of the execution, completion and maintenance of the Work by the Service Provider as prescribed by the Contract (hereinafter and in the Conditions of Contract called the "Contract Price"). Within 5 days of receipt of the "Notification of Award"/"Letter of

Award" the successful bidder shall sign and return a copy of the same to the Procurer as acknowledgement of receipt of the same.

## **6.18.2 Performance Security**

- a) Upon receipt of Letter of Award (LOA) from the Client, the successful Bidder within 14 days shall furnish the Performance Security for an amount equal to 25% of the total amount of one year contract price value, which shall be valid for 30 days beyond the contract period from the date of submission, by way of Bank Guarantee for the due performance of the Contract in the format of Performance Security Form. If Selected Bidder fails to submit performance security within stipulated time, the EMD shall be forfeited.
- b) The performance security shall be in the name of APVVP /Hospital Superintend. The bidder may be required to provide either one performance security to APVVP or individual performance security to each hospital for value of 25% of total amount of one year value quoted for each institution in the financial bid. However, the combined performance security shall be for an amount of equal to 25% of the total amount of one year contract price value.
- c) The performance security will be discharged by the client or authorized person to the Agency not later than 30 days following the date of completion of the Agency's performance obligations under the contract.
- d) The Selected Bidder shall have to provide extended Bank Guarantee, before expiry, as required.
- e) Any non-renewal of performance security in advance by the service provider, the Bank Guarantee shall be treated as non-furnished as a mandatory conditional default for termination of the contract without prejudice to take other legal recourse by penalty, compensation, blacklisting etc. as the case may be.

### 6.18.3 Signing of contract

After acknowledgement of Letter of Award (LOA) by the Selected Bidder and submission of performance security, it shall execute the Agreement within a fortnight from date of issuance of LOA. Selected Bidder shall not be entitled to seek any deviation in the Agreement. If the Selected Bidder fails to sign Agreement within stipulated time, their performance security shall be forfeited and appropriated by the Client. In such an event, the Client may invite next ranked Bidder for negotiations and may issue LOA to him.

### 6.19 Disqualification of the bidder

a) Any misrepresentation/improper response may lead to disqualification of the Bidder.

- b) In case it is found during evaluation or at any time before signing of the Agreement or after its execution and during the period of subsistence thereof, that one or more of the eligibility conditions have not been met by the Bidder, or the Bidder has made material misrepresentation, or has given any materially incorrect or false information, the Bidder shall be disqualified forthwith if not yet appointed as the Service Provider either by issue of the LOA or entering into of the Agreement
- c) If the Bidder has already been issued the LOA or has entered into the Agreement, as the case may be, the same shall, notwithstanding anything to the contrary contained therein or in this tender, be liable to be terminated, by a communication in writing by the Client without the Client being liable in any manner whatsoever to the Applicant, as the case may be. In such an event, the Client shall forfeit and appropriate the performance Security and also pre-estimated compensation and damages payable to the Client as mutually agreed for, inter alia, time, cost and effort of the Client without any other right or remedy that may be available to the Client

#### 6.20 General Conditions of Contract

#### 6.20.1 Definitions

- a. "Contract" means the agreement entered into between the Implementing authority (IA) and the Agency as recorded in the Contract Form signed by the parties, including all the attachments and appendices thereto and all documents incorporated by reference therein.
- b. "Contract Documents" means the documents listed in the Contract Agreement, including any amendments thereto.
- c. "Contract Price" means the price payable to the Agency under the Contract for the full and proper performance of its contractual obligations.
- d. "Day" means calendar day.
- e. "Completion" means the fulfillment of the Related Services by the Service Provider in accordance with the terms and conditions set forth in the Contract.
- f. "Agency/Service Provider" means the entity, whose bid to perform the Contract has been accepted by the Client and is named as such in the Contract Agreement.
- g. "Implementing Authority/Client" means the APVVP/Superintendent of the teaching Hospital / purchasing related services.
- h. "Payment Authority" is As per G.O. MS. No. 159, By Health, Medical & Family Welfare (H2) Department, Dated. 31.12.2015, Government of Andhra Pradesh, Head of the Departments i.e. Commissioner APVVP based on the marks awarded by implementing authority.

- i. "Tender inviting authority" means Managing Director, APMSIDC or his authorized representative.
- j. "Institute" means Community Health Centre (CHC)/Area Hospital (AH)/District Hospital (DH)
- k. "Services" means Sanitation Services and other obligations of the Agency covered under the contract and specified in Clause-5 read with the relevant Annexures.

## 6.20.2 Relationship between the parties

Nothing in the Contract shall be deemed to constitute a partnership between the Parties or to constitute either Party as the agent of the other.

## 6.20.3 Law Governing the Contract

The Contract shall be interpreted in accordance with the laws of the Union of India

## 6.20.4 Language

The language for communication shall be English, unless otherwise modified by the Client

### **6.20.5** Notices

Any notice given by one party to the other pursuant to this Contract shall be sent to other party in writing or by facsimile and confirmed in writing to the other Party's address.

Notice shall be effective when delivered or on the notice's effective date, whichever is later.

### 6.20.6 Taxes and Duties

- i. The Service Provider shall be liable and pay all GST, non-Indian taxes, duties, levies, lawfully assessed against the Client or the Service Provider in pursuance of the Contract, if applicable. Tax liability, if any, on Service Provider's personal income & property shall be borne by the Service Provider and shall be responsibility of the Service Provider as per Tax Laws of India.
- ii. Client shall be entitled to deduct applicable tax (if any) at source as per Indian Laws from all payments due to the Service Provider under the contract.
- iii. If any rates of taxes/duties/levies (hereinafter called 'Tax') are increased or decreased, a new Tax is introduced, an existing Tax is abolished or any change in interpretation or application of any Tax occurs in the course of the performance of Contract, which was or will be assessed on the Service Provider in connection with performance of the Contract, an equitable adjustment of the Contract Price shall be

made to fully take into account any such change by addition to the Contract Price or deduction there from, as the case may be.

### 6.20.7 Effectiveness of Contract

This Contract shall come into force and effect on the date (the "Effective Date") of the Client's notice to the Service Provider instructing the Service Providers to begin carrying out the Services.

## 6.20.8 Change in Law

Subsequent to increases in statutory taxes during the tenure of the contract such escalated tax amount will not be reimbursed to the agency except new provisions of taxes. Any revision in minimum wages is the responsibility of the agency as it is a works contract and not a Labour contract. G.O. Rt. No 549 HM & FW (H2) Department dated 26.10.2019 has to be followed by service provider.

## 6.20.9 Expiration of Contract

Unless terminated earlier, this Contract shall terminate at the end of such time period after the Effective Date as shall be specified in the Agreement.

## 6.20.10 Entire Agreement

This Contract contains all covenants, stipulations and provisions agreed by the Parties. No agent or representative of either Party has authority to make, and the Parties shall not be bound by or be liable for, any statement, representation, promise or agreement not set forth herein.

#### 6.20.11 Modifications

Modification of the terms and conditions of this Contract, including any modification of the scope of the Services, may only be made by written agreement between the Parties and shall not be effective until the consent of the Client, as the case may be, has been obtained. Each Party shall give due consideration to any proposals for modification made by the other Party.

### 6.20.12 Force Majeure

Force Majeure means any circumstances beyond the control of the parties, including but not limited to:

- a) war and other hospitalities, (whether war be declared or not), invasion, act of foreign enemies, mobilization, requisition or embargo;
- b) ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel, radioactive toxic explosives, or

other hazardous properties of any explosive nuclear assembly or nuclear components thereof.

- c) rebellion, revolution, insurrection, military or usurped power and civil war;
- d) riot, commotion or disorder, except where solely restricted to employees of the Agency.
- e) Force Majeure situation arises, the Agency shall promptly notify the implementing authority in writing of such conditions and the cause thereof. Unless otherwise directed by the implementing authority in writing, the Agency shall continue to perform its obligations under the Contract as far as is reasonably practical and shall seek all reasonable alternative means for performance not prevented by the force majeure event.

#### 6.20.13 Settlement of claims

Claims up to a value of Rupees 50,000/-

- Hospital Superintend of concerned hospital
- i. <u>Claims above Rs.50, 000/- and up to Rupees 10,00,000/-.</u>
  - Commissioner, APVVP
- ii. Claims above Rs. 10,00, 000/-.

All claims of above Rs.10,00,000/- are to be settled by a Civil Court of competent jurisdiction by way of civil suit and not by arbitration.

The agency shall make a reference for adjudication under this clause within six months from the date of intimating the agency of the preparation of final bill or his having accepted payment whichever is earlier.

### 6.20.14 Confidentiality

The Service Provider either during the term or within three (3) years after expiration of this Contract, should not disclose any proprietary or confidential information relating to the Services, this Contract or the Client's business or operations without prior written consent of the Client.

### 6.20.15 Appeal by the Agency for review of action taken by IA

The termination action taken by the Implementing Authority, can be challenged in appeal before the District Level Committee consisting of District Collector, District

Coordinator of Health Service, District Medical & Health Officer, Superintending Engineer (Concerned) of APMSIDC.

The District Level committee can review the decision of Implementing Authority and shall pass its orders within 15 days of receipt of appeal of the Agency.

## 6.20.16 Compliance of minimum wages act and other statutory requirements

The Service Provider shall comply with all the provisions of Government of AP, G. O. Rt. No. 549, Health, Medical & Family Welfare Department, dated 26.10.2019 Minimum Wages Act/ Rates of Government and other applicable Labour laws issued by Government from time to time and the Client is not responsible to that effect.

- (a) Workmen compensation Act 192: The Act provides for compensation in case if injury by accident arising out of and during the course of employment.
- (b) Payment of Gratuity Act 1972: Gratuity is payable to an employee under the Act on satisfaction of certain conditions on separation if any employee has completed 5 years service or more, or on death, the rate of 15 days wages for every completed year of service. The Act is applicable to all establishments, employing 10 or more employees.
- (c) Employees P.F. and Miscellaneous provision Act 1952: The Act provides for monthly contributions by the Department plus workers @ 10% or 8.%. The benefits payable under the Act are:
  - (i) Pension or family pension on retirement or death, as the case may be.
  - (ii) Deposit linked insurance on the death in harness of the worker.
  - (iii) Payment of P.F. accumulation on retirement/death etc.,
- (d) Maternity Benefit Act 1951: The Act provides for leave and some other benefits to women employees in case of confinements or miscarriage etc.
- (e) Contract Labour (Regulation & Abolition) Act 1970: The Act provides for certain welfare measures to be provided by the contractor to contract labour and in case the Contractor fails to provide, the same are required to be provided by the Principal Department by Law. The Principal Department is required to take certificate of Registration and the contractor is required to take license from the designated Officer before concluding agreement. The Act is applicable to the establishments or Contractor of Principal Department if they employ 20 or more contract labour.
- (f) Minimum wages Act 1948: The Department is supposed to pay not less than the Minimum wages fixed by appropriate Government as per provisions of the Act
- (g) Payment of wages Act 196: It lays down as to by what date the wages are to be paid, when it will be paid and what deductions can be made form the wages of the workers.

- (h) Equal Remuneration Act 1979: The Act provides for payment of equal wages for work of equal nature to Male or Female workers and for not making discrimination against Female employee in the matters of transfers, training and promotions etc.
- (i) Trade Unions Act 1926: The Act lays down the procedure for registration of trade unions of workmen and Departments. The Trade Unions registered under the act have been given certain immunities from civil and criminal liabilities.
- (j) Child Labour (Prohibition & Regulation) Act 1986: The Act prohibits employment of children below 14 years of age in certain occupations and processes and provides for regulation of employment of children in all other occupations and processes, Employment Child Labour is prohibited in Building and Construction Industry.
- (k) Inter-State Migrant workmen's (Regulation of Employment & Conditions of service) Act 1979. The Act applicable to an establishment, which employs 5 or more inter-state migrant workmen through an intermediary (who has recruited workmen in one state for employment in the establishment situated in another State). The inter State migrant workmen, in an establishment to which this Act becomes applicable, are required to be provided certain facilities such as housing, medical aid, travelling expenses from home upto the establishment and back, etc.

## **6.20.17** Indemnity

By this agreement, the Service provider indemnifies the Client and/or Government against damages of any kind or for any mishap/injury/accident caused to any personnel/property of the Service provider while performing duty.

The Service provider agrees that all liabilities, legal or monetary, arising in any eventuality shall be borne by the Service provider.

## 6.20.18 Periodical Reviews

- i. Daily performance reports will be generated by the Hospital Superintendent and the consolidated weekly progress reports to be uploaded in the web site on weekly basis for review by the Commissioner, APVVP or any other authorized representative for review. The implementing authority may also bring to the notice of the agency the underperformance if any at regular intervals
- **ii.** Monthly, quarterly and yearly review by the different levels at convenient intervals to be conducted.
  - a) Monthly review: Superintendents of the Hospitals
  - b) Quarterly review: Commissioner of APVVP.
  - c) Commissioner, APVVP to update the performance of the service providers yearly or time to time (if required) to Special Chief Secretary, HM & FW Dept.

## iii. Monitoring System by the Implementing Authority

At state level a committee with all HODs will review the progress –

S. No	Monitoring Item	Responsible Person					
.1	Implementing Authority	Hospital Superintendents and any suitable authority looking after Sanitation, working under the Implementing authorities.					
2	Supervisory Staff of Hospital for monitoring.	RMO's, HOD's, Civil Surgeons and Asst. Surgeons, Sanitation Supervisors.					
3	Measurement of Agencies performance by Implementing authority.	Weekly and Weighted average for the month.					
4	Online platform for reporting the performance through web platform.	Respective HODs					

- Performance of each sanitation agencies based on the filed reports.
- Payments will made to the sanitation agencies based on the reports received as above by Payment Authority.

## 6.20.19 State level Monitoring & Supervision Committee

A State level committee comprising of the Commissioner of Health & Family Welfare (Chairperson) and Head of the Departments (DME& Commissioner, APVVP) and Managing Director, APMSIDC as members will establish mechanism for effective Supervision and monitoring of hygiene & Sanitation in various Hospitals.

### 6.20.20 Terms of payment

a) The quality of sanitation in all the areas and facilities specified in Form 1 and 2 shall be inspected by the Supervisory staff of the Hospital nominated by the Superintendent of the Hospital, consisting of RMO's, HOD's, Civil Surgeons and Asst. Surgeons. The Supervisory Officers shall make rounds in the areas allocated at the prescribed frequency every day and submit a report to the Superintendent in the prescribed format every day. The performance of the Agency shall be evaluated by the implementing authorities at the end of each day based on the aggregation of all the reports of supervisors. A notice to the agency shall be issued frequently / regularly by the Implementing Authority duly notifying the deficiencies in the

performance of the agencies, The performance of the Agency shall be evaluated by the implementing authorities at the end of each week based on the aggregation of all the reports of supervisors in the week, with an e-mail communication to the concerned Head of the Department. Further weighted average monthly performance will be calculated through the web site specifically developed by the Client for the purpose and payments by Payment Authority to the Agency regulated accordingly.

- b) The areas mentioned in Form 1 and subsequently in Annexure 4 may vary as per actuals. The payment shall be based on as per actual areas.
- c) The payment shall be made on price per month for each hospital. However, if there is variation in the total quantity certified by the authority nominated by the client then payment shall be made based on the total area multiplied by the unit rate per month.
- d) Payment will be paid based on Service standards fixed for giving marks by the concerned Payment Authority as per the table below:

## For Hospitals -

S.No	Monitoring Item	Weightage
1	Cleanliness of Toilets / Urinals / Wash basins	
	<ul> <li>Removal of stains on washbasin, mirrors, doors etc.</li> </ul>	
	<ul> <li>All closets and wash basins to be cleaned</li> </ul>	10
	<ul> <li>No water accumulation in toilets</li> </ul>	10
	<ul> <li>Free flow of water through pipes</li> </ul>	
	<ul> <li>Also as per schedule of frequency and agents to be used</li> </ul>	
2	Cleanliness of Wards	
	<ul> <li>No dust to be accumulated in wards</li> </ul>	
	<ul> <li>All spillages to be cleaned regularly</li> </ul>	
	<ul> <li>Curtains, bed sheets to be clean and stain free</li> </ul>	10
	<ul> <li>All joints/grouts, beds, tables, doors, windows, fans, ACs, ceilings to be dirt free</li> </ul>	
	<ul> <li>All dustbins to be cleaned and covers to be changed</li> </ul>	
	<ul> <li>Also as per schedule of frequency and agents to be used</li> </ul>	
3	Cleanliness of Labour Room / OT / Emergency / OP/ Lab	
	<ul> <li>No dust to be accumulated in wards</li> </ul>	10
	<ul> <li>All spillages to be cleaned regularly</li> </ul>	

S.No	Monitoring Item	Weightage
	<ul> <li>Curtains, bed sheets to be clean and stain free</li> </ul>	
	<ul> <li>All joints/grouts, beds, tables, doors, windows, fans, ACs, ceilings to be dirt free</li> </ul>	
	<ul> <li>All dustbins to be cleaned and covers to be changed</li> </ul>	
	<ul> <li>Also as per schedule of frequency and agents to be used</li> </ul>	
4	Cleanliness of Other Areas	
	<ul> <li>All corridors, ramps, staircases and rooms to be stain free</li> </ul>	
	<ul> <li>Walls, floors etc. to cleaned regularly in corridors</li> </ul>	
	<ul> <li>All corridors, rooms should be dust free</li> </ul>	10
	<ul> <li>Doors, windows, fans, ACs, ceilings etc. to be dirt free</li> </ul>	
	<ul> <li>All dustbins to be cleaned and covers to be changed</li> </ul>	
	<ul> <li>Also as per schedule of frequency and agents to be used</li> </ul>	
5	Cleanliness of Drainage and Sewerage	
	<ul> <li>Pipes to be clear of any foreign material</li> </ul>	10
	<ul> <li>All drainages and sewerages to be choke free</li> </ul>	10
	<ul> <li>Also as per schedule of frequency and agents to be used</li> </ul>	
6	Garbage Disposal	
	<ul> <li>Segregation of bio medical waste on categories</li> </ul>	
	<ul> <li>Color coded bags for collection of bio medical waste</li> </ul>	10
	<ul> <li>Maintenance of dust bins based on categories</li> </ul>	
	<ul> <li>Also as per schedule of frequency and agents to be used</li> </ul>	
7	Cleanliness of open areas	
	<ul> <li>All trees, grass, shrubs to be cut/trimmed</li> </ul>	
	<ul> <li>All waste to picked and premises to be maintained cleanly</li> </ul>	
	<ul> <li>No water accumulation outside</li> </ul>	10
	<ul> <li>All fallen trees, branches etc. to be cleaned</li> </ul>	
	<ul> <li>Waste should not be accumulated and disposed off</li> </ul>	
	<ul> <li>Also as per schedule of frequency and agents to be used</li> </ul>	
8	Attendance and Uniform	
	<ul> <li>Punctuality in attendance</li> </ul>	
	Biometric attendance to be marked	20
	<ul> <li>Gloves, masks and shoes to be worn while working</li> </ul>	
	<ul> <li>Uniform to be worn at all times</li> </ul>	

S.No	Monitoring Item	Weightage
9	Consumables  • Availability of consumables	
	<ul> <li>Storing in proper designated area</li> <li>Functioning of equipment</li> </ul>	10
Grand	Total	100

Performance of the agency will be decided based on the percentage of marks given and is as follows:



- e) If the agency is fully compliant (i.e. = or > 96%), 100% payment of agreement amount will be made to the agency By Payment Authority.
- f) For the remaining (partially / non-compliant agencies) monthly payments will be made based on the actual percentages of performance in proportion to agreement amount.
- g) The Client or any other agency, as per existing rules of the Government, will have the right to examine the invoices as required under relevant rules. If such examination reveals any extra payment already provisionally made, the extra amount will be adjusted from the payment due to the Service Provider after due intimation.
- h) The agency should pay E.S.I, EPF payments regularly and submit the previous month of those payment receipt to the Superintendent every month along with monthly invoice. On production of such proof only subsequent payments will be paid by the concerned authority.
- i) The agency also need to provide Aadhaar numbers of all the workers deployed with institutions.
- j) Performance of the agency for every month has to be intimated to :
  - a) Client
  - b) District level committee
  - c) Head of the Department

#### 6.20.21 Client Audit

The Service Provider, hereby, agrees to maintain all required books of accounts and to provide them to such audit as may be required to be carried out.

## 6.20.22 Supply of electricity

The electricity to be used by the Agency in connection with the sanitary services in the hospital will be provided by the implementing authority free of cost.

## 6.20.23 List of Equipment's, Consumables and Durables to be used

The document clearly lays down service standards of Sanitation for different areas in a Hospital as per "Swatchata guidelines for public health facilities" issued by MoHM&FW, Government of India (Appended as an Annexure – 9, to this order).

## a. Equipment:

Vacuum Cleaner ( dry and wet)	Dust Control System
High Pressure Cleaner	Wet Mop System
Heavy Duty Scrubbing / Buffing Machine	Manual Sweeper
Ladder (24ft and 12ft)	

## b. Consumables:

Floor Duster	Urinal Cubes	Floor cleaning liquid / Phenyl					
White dusters	Naphthalene balls	Brooms (Hard and Soft with long and short handles)					
Room Fresheners	Sponges	Liquid toilet cleaner					
Air Fresheners	Multipurpose cleaner	Plastic Scrubber					
Yellow dusters	Disinfectant liquid / phenyl	Black Brush					
Floor Cleaner	White pad	Blue Dry Mop					
Floor Polish	Drain openers	Acid					
Feather duster	Scrubbing Brush Hard	Nylon scrubber					

### c. Durables:

Toilet Brush	Dustpan	Spray bottles
Glass Wiper	Vacuum pump	Kentucky Mop
Floor wiper/Rubber Squeeze	Dust Control mop	Buckets/Wringer Trolley

## 6.20.24 Penalties

There shall be penalties, as stated below, for violation / dereliction /irregularities in duty as per terms and conditions of bid/agreement following are penalties which shall be levied:

S.No	Component	Penalty amount
1	If the number of workers deployed are less than required	Penalty @ Rs.533/- per worker.
2	If the garbage is not lifted as per defined mode and schedule	Penalty @ Rs.500/- on each instance of failure.
3	Staff not in uniform /without I-Card	Penalty @ Rs.50/- per worker per day
4	Misbehavior by Housekeeping staff	Penalty @ Rs.500/- per incident.
5	Theft, damage of material/surface	Penalty for recovery on actuals and removal of staff from employment (This is incase of theft)
6	Non attending work in time  For being late more than 3 times, shall be considered as leave	Penalty @ Rs. 533/- for every occurrence and employee
7	Repair of equipment	Equipment to be repaired within 48 hours. Otherwise penalty of Rs. 500 shall be levied daily

The total penalties should not be more than 10% of the contract value.

## 6.20.25 End of service period (Contract Expiry Date)

The tenure of the contract will be for a period of 3 years. The contract is extendable for the next two years at the discretion of the State Level Committee, with enhancement of 3% subject to satisfactory performance.

## 6.20.26 Contract Amendments & Prohibition of Sub-contracting

- A. Contract Amendments. No variation in or modification of the terms of the Contract shall be made except by written amendment signed by the parties.
- B. Prohibition of Sub-contracting / Assignment of work The Agency shall not Sub-Contract or assign, in whole or in part, to any other party, its obligations to perform under the contract.
- C. On violation of above terms, contract shall be terminated and performance security will be forfeited of the agency.

#### 6.20.27 Other Conditions

- A. The performance security will be discharged by the Client and returned to the Agency not later than 30 days following the date of completion of the Agency's performance obligations under the contract.
- B. The Agency's request(s) for payment of bills shall be made to the Head of the Department in writing, accompanied by an invoice describing, as appropriate, the Services delivered or performed and upon fulfillment of other obligations stipulated in the contract.
- C. The payment shall be subject to deductions / additions, from / to the claim on account of penalties and incentives linked to performance against the Service Levels prescribed in the contract agreement.
- D. If any change in the scope of work causes an increase or decrease in the cost of, or the time required for, the Agency's performance of any provisions under the Contract, an equitable adjustment shall be made in the Contract Price or delivery schedule, or both, and the Contract shall accordingly be amended. Any claims by the Agency for adjustment under this clause must be asserted within thirty (30) days from the date of instructions of receipt of the Head of the Department.
- E. The areas of the concerned Hospitals to be verified by the agency within 30 days of award of the contract and any revision for increase in areas (to be certified by the Superintendent / authorized representative) to be claimed within a month and contract price will be adjusted accordingly. Any such requests after the deadline will not be entertained.

- F. Number of manpower deployed by the agency to be reconfirmed by the agency within a month according to the physical requirement at the Hospital.
- G. Whenever additional blocks are constructed the contract price will be enhanced by adjustment of the value of the monthly bills by the Head of the Department based on the recommendations of the Superintendent / Commissioner, if the agency execute contract services in that additional blocks.
- H. Any change in the scope and contract price shall be effective only on approval from Client.

#### 6.20.28 Termination of the contract

The Client may terminate the Contract if:

- a) Termination by Default If the agency is non-compliant as per the section 6.20.21, for any 3 months out of 12 months (commencing from the agreement date) for more than 30% of the hospitals, the contract will be terminated by the Implementing Authority and the performance security will be forfeited. Further such agencies are not eligible to participate in the future tenders invited by the APMSIDC up to next three years. The noncompliance shall be calculated on an average of aggregate monthly scoring of each hospital.
  - <u>Risk Purchase:</u> On termination of the contract in respect of any institution, the Client may obtain sealed quotations from leftover bidders and select any one of them who offered lowest price. The differential amount between contract price of the terminated agency and the quoted price of newly selected agency shall be recovered from the bills/ performance security of terminated agency towards the risk purchase cost.
- b) <u>Termination for Insolvency</u> The implementing authority may at any time terminate the Contract by giving written notice to the Agency, if the Agency becomes bankrupt or otherwise insolvent. In such an event, termination will be without compensation to the Agency, provided that such termination will not prejudice or affect any right of action or remedy which has accrued or will accrue thereafter to the implementing authority.
- c) <u>Termination for Convenience</u> The implementing authority, may by written notice within one month sent to the Agency, terminate the Contract, in whole or in part, at any time for its convenience without any liability on the Authority. However, all the bills to be paid to the Agency till date shall be settled based on the performance.
- d) Termination of Agreement for Non-performance of Contractual Obligations leading to Public Hazard - Due to the non performance of any of the contractual provisions by the agency, lead to Public Hazard or deterioration of Health conditions of the patients, attendants and general public who have access to the premises, the Implementing Authority can terminate the agreement for non

performance of the contractual obligations, leading to public hazard, duly forfeiting the performance security. Further, the firm shall be prohibited from participating in future tenders for a period of 3 (three) years.

## e) Termination of services for each hospital:

If the agency is non-compliant as per the section 6.20.21, for any 3 months out of 12 months (commencing from the agreement date), the contract for that particular hospital will be terminated by the Implementing Authority or its nominated concerned authority for that particular institution and the performance security of that particular institution will be forfeited.. The noncompliance shall be calculated on an average of aggregate monthly scoring of each hospital.

<u>Risk Purchase:</u> On termination of the contract in respect of any institution, the Client may obtain sealed quotations from leftover bidders and select any one of them who offered lowest price. The differential amount between contract price of the terminated agency and the quoted price of newly selected agency shall be recovered from the bills/ performance security of terminated agency towards the risk purchase cost.

Form 1 : Area details

## LIST OF HOSPITALS WITH AREA & BED DETAIL

SI. No	Name of the District	Name of the Hospital	No of Beds Nos	Critical Areas Sft	Inpatient Areas Sft	Other Areas Sft	Bathrooms Sft	Toilets No.s	Drainage s & Sewers RM	Manholes No.s	Open Premises Sq. Yards	Normal Bins No.s	Biomedi cal Bins No.s
1		District Hospital, Eluru	450	46,190	157,917	153,523	15,128	342	10,500	198	69,757	185	55
2		Area Hospital,Tanuku	100	9,189	13,966	38,284	3,464	110	780	50	9,645	40	70
3		Area Hospital, Tadepalligudem	100	5,303	8,790	18,894	1,794	57	576	39	17,878	35	72
4		Area Hospital, Jangareddygudem	100	6,844	7,073	22,144	3,707	86	966	83	21,287	40	85
5		CHC Narsapur	50	1,710	3,575	19,522	1,065	67	250	17	8,166	25	18
6		CHC Palakole	50	4,971	5,355	9,994	1,315	49	280	19	60,303	23	17
7		CHC Bhimavaram	50	6,710	5,686	9,067	8,942	61	300	20	5,783	28	19
8	West	CHC Kovvur	50	2,918	3,461	8,266	746	61	280	19	10,716	20	15
9	Godavari	CHC Chintalapudi	30	1,359	3,080	5,838	1,381	26	90	6	3,153	5	3
10		CHC Bhimadole	30	1,891	2,573	4,823	571	23	140	9	12,578	6	4
11		CHC Denduluru	30	1,506	2,139	3,744	850	25	120	8	8,667	6	5
12		CHC Gopalapuram	30	1,947	2,857	7,169	1,721	29	100	7	8,060	8	4
13		CHC Nidadavolu	30	2,405	3,073	6,118	594	25	200	19	7,147	6	5
14		CHC Penugonda	30	1,308	2,041	5,084	391	27	0	4	7,828	6	9
15		CHC Achanta	30	3,260	2,133	9,880	1,537	20	120	8	7,634	10	8
16		CHC Akiveedu	30	1,241	3,038	4,845	630	23	120	8	9,317	8	5
17		CHC Polavaram	30	2,204	1,877	2,909	324	21	90	6	6,250	6	5
18		CHC Buttaigudem	30	3,842	1,872	8,392	640	27	200	19	7,202	6	5
		Sub Total	1,250	104,798	230,506	338,496	44,800	1,079	15,112	539	281,371	463	404

SI. No	Name of the District	Name of the Hospital	No of Beds Nos	Critical Areas Sft	Inpatient Areas Sft	Other Areas Sft	Bathrooms Sft	Toilets No.s	Drainage s & Sewers RM	Manholes No.s	Open Premises Sq. Yards	Normal Bins No.s	Biomedi cal Bins No.s
1		District Hospital, Machilipatnam	450	46,406	46,776	98,535	8,621	208	2,329	175	17,931	70	25
2		Area Hospital, Nuziveedu	100	11,411	3,200	53,501	14,018	52	790	38	11,273	30	35
3		Area Hospital, Gudivada	100	8,110	12,494	27,781	2,468	54	247	64	8,150	5	9
4		CHC Avanigadda	50	4,821	5,048	17,054	426	26	560	26	1,850	8	4
5		CHC Nandigama	50	3,360	4,450	11,315	1,520	35	300	42	8,170	25	15
6		CHC Thiruvuru	50	4,919	5,269	14,484	1,786	28	850	30	2,940	35	15
7	Krishna	CHC Mylavaram	30	2,965	2,010	9,615	1,100	15	400	31	20,956	30	10
8		CHC Vuyuuru	30	1,904	1,904	5,577	378	22	339	28	4,900	8	4
9		CHC Guduru	30	914	2,525	7,019	730	10	60	10	14,430	3	2
10		CHC Challapalli	30	914	2,218	7,358	650	10	60	10	14,430	6	3
11		CHC Kaikaluru	30	3,541	5,625	23,840	1,824	51	202	27	800	6	3
12		CHC Gannavaram	30	3,560	2,214	3,662	340	13	136	22	3,025	15	8
13		CHC Visannapeta	30	1,535	2,500	3,160	135	8	82	12	1,060	6	4
14		CHC Kankipadu	30	296	1,486	1,285	180	6	102	10	1,175	6	3
15		CHC Jaggaiahpeta	30	1,770	3,143	4,732	912	20	200	15	4,710	25	15
	(	Sub Total	1,070	96,426	100,862	288,918	35,088	558	6,657	540	115,800	278	155
1		District Hospital, Tenali	300	24,857	86,487	93,303	2,755	175	3,409	93	15,652	20	70
2		Area Hospital, Bapatla	100	8,416	34,156	14,616	3,440	54	2,365	29	5,031	77	13
3		Area Hospital, Narsaraopeta	100	6,252	40,047	19,998	1,650	56	908	78	3,605	3	26
4	Guntur	CHC Sattenapalli	50	1,518	7,177	2,735	1,093	38	185	15	546	8	4
5		CHC Repalle	30	1,450	6,000	8,817	920	15	175	35	1,855	20	25
6		CHC Macherla	30	3,271	2,308	6,973	264	24	115	16	11,361	3	2
7		CHC Chilakaluripet	30	5,045	2,274	7,784	2,000	30	1,000	25	15,000	30	39
8		CHC Amaravathi	30	6,809	2,133	5,995	933	20	250	30	3,680	2	2

SI. No	Name of the District	Name of the Hospital	No of Beds Nos	Critical Areas Sft	Inpatient Areas Sft	Other Areas Sft	Bathrooms Sft	Toilets No.s	Drainage s & Sewers RM	Manholes No.s	Open Premises Sq. Yards	Normal Bins No.s	Biomedi cal Bins No.s
9		CHC Vijaypuri South	30	1,000	2,600	3,200	600	8	70	10	10,390	2	4
10		CHC Pedakurapadu	30	1,350	2,280	2,020	450	15	280	47	4,900	4	3
11		CHC Prathipadu	30	2,068	1,407	3,494	97	16	200	10	23,417	11	6
12		CHC Gurazala	30	2,450	2,892	7,031	612	14	62	26	7,066	5	4
13		CHC Ipuru	30	1,200	4,600	3,700	850	10	68	19	9,600	5	5
14		CHC Vinukonda	30	2,825	2,333	8,101	554	24	185	16	4,700	2	2
15		CHC Kollipara	30	1,504	1,331	2,932	410	9	116	13	3,102	6	3
16		CHC Nizampatnam	30	2,565	2,053	3,685	700	9	8,182	200	30	20	20
17		CHC Nagaram	30	1,651	1,797	5,044	300	16	200	15	3,908	20	20
18		CHC P.V.Palem	30	2,495	3,286	7,956	1,224	26	850	15	15,115	1	1
19		CHC Ponnuru	30	1,219	2,015	11,629	900	22	175	15	9,875	6	3
20		CHC Vemuru	30	1,031	2,073	3,604	410	9	108	14	2,741	7	3
	ÿ	Sub Total	1,03 0	78,976	209,249	222,617	20,162	590	18,903	721	151,574	252	255
1		District Hospital, Markapur	150	7,056	8,557	29,376	357	63	977	33	31,760	30	40
2		Area Hospital,Chirala	100	6,471	8,147	124,105	1,479	61	968	160	15,198	50	10
3		Area Hospital, Kandukur	100	4,864	9,228	26,341	604	57	878	57	16,012	30	40
4	Dualisasas	MCH Ongole	50	2,994	5,479	26,279	614	29	340	26	8,767	10	14
5	Prakasam	CHC Giddaluru	50	1,832	2,989	3,350	379	13	200	15	24,653	6	4
6		CHC Kanigiri	50	3,763	7,144	18,191	2,835	44	6,993	730	75	12	6
7		CHC Yerragondapalem	30	3,318	2,880	8,467	423	23	40	20	16,832	8	5
8		CHC Cumbum	30	2,497	2,972	8,718	311	21	200	34	9,042	14	6
9		CHC Chimakurty	30	2,301	778	5,884	674	17	317	28	6,487	6	3

SI. No	Name of the District	Name of the Hospital	No of Beds Nos	Critical Areas Sft	Inpatient Areas Sft	Other Areas Sft	Bathrooms Sft	Toilets No.s	Drainage s & Sewers RM	Manholes No.s	Open Premises Sq. Yards	Normal Bins No.s	Biomedi cal Bins No.s
10		CHC Parchuru	30	3,257	2,348	9,297	659	26	350	26	19,150	4	4
11		CHC Dornala	30	1,721	1,536	5,438	589	14	105	18	3,699	3	3
12		CHC Addanki	30	2,850	2,165	7,199	330	11	160	50	6,473	10	8
13		CHC Darsi	30	757	1,801	5,478	195	12	98	30	7,692	6	3
14		CHC Marturu	30	2,830	3,084	9,030	1,054	22	264	64	3,406	8	5
15		CHC Ulavapadu	30	2,971	2,975	11,930	997	20	764	24	22,978	8	2
16		CHC Kondepi	30	1,364	2,748	2,653	65	14	206	24	4,322	3	2
17		CHC Pamur	30	1,832	1,244	6,993	566	11	538	26	26,462	6	1
18		CHC Podili	30	395	1,669	7,127	80	12	144	17	7,626	3	2
	5	Sub Total	860	53,073	67,744	3,15,856	12,211	470	13,542	1,382	2,30,634	217	158
1		District Hospital, Atmakur	150	13,626	10,797	47,173	5,304	93	1,667	101	36,936	40	70
2		Area Hospital, Gudur	100	14,118	8,137	24,711	3,595	100	1,380	59	6,582	30	25
3		Area Hospital, Kavali	100	8,152	8,776	29,439	3,674	57	1,426	67	6,485	30	40
4		CHC Allur	50	2,096	4,921	23,563	852	28	350	15	2,101	5	12
5		CHC Udayagiri	30	3,819	6,340	20,630	3,608	65	779	92	3,035	30	120
6		CHC Vinjamuru	30	3,072	3,127	12,187	802	19	204	42	14,000	10	15
7	Nellore	CHC Kovuru	30	4,058	2,332	7,999	1,535	49	204	42	7,889	10	10
8		CHC Buchireddypalem	30	3,312	2,442	10,140	529	14	270	23	6,970	4	24
9		CHC Indukurupeta	30	928	198	3,994	694	12	98	10	1,360	10	20
10		CHC Venkatachalam	30	3,072	3,127	12,187	802	19	202	33	10,000	25	100
11		CHC Podalakuru	30	3,074	3,127	11,882	802	19	177	38	4,416	20	80
12		CHC Rapur	30	2,207	2,636	6,456	672	22	382	59	7,731	25	100
13		CHC Kota	30	2,725	1,876	5,432	1,121	17	228	37	8,594	20	20
14		CHC Vakadu	30	1,247	1,396	2,336	858	7	61	14	10,964	10	10

SI. No	Name of the District	Name of the Hospital	No of Beds Nos	Critical Areas Sft	Inpatient Areas Sft	Other Areas Sft	Bathrooms Sft	Toilets No.s	Drainage s & Sewers RM	Manholes No.s	Open Premises Sq. Yards	Normal Bins No.s	Biomedi cal Bins No.s
15		CHC Naidupeta	30	3,165	3,630	8,558	1,139	21	168	24	14,526	4	50
16		CHC Sullurpeta	30	2,006	2,314	2,684	947	14	91	12	8,841	20	40
17		CHC Venkatagiri	30	1,564	2,470	5,480	852	21	168	22	6,811	25	100
88	;	Sub Total	790	72,241	67,646	2,34,851	27,786	577	7,855	690	1,57,241	318	836
	Total		5,000	4,05,514	6,76,007	14,00,738	1,40,047	3,274	62,069	3,872	9,36,620	1,528	1,808

Form 2: Equipment and Consumables

S. No.	quipment and Consumables Particulars	ltem	Qty per 10000 Sq. Ft. Consumables per month*	Units
Co	onsumables to be used for N	Maintaining 10,000 Sq.Ft. of	floor space (Per m	onth)
	Cleaning Chemicals and	Chemicals (Chlorine, Hydrogen peroxide, Isopropyl alcohol etc.)	5.23	liters
1	consumables (List including manufacturer's	Naphthalene Balls	0.32	Kgs
	specifications to be	Phenyle	1.28	Litres
	provided)	Soap Oil	0.64	Litres
		Bleaching Powder	0.32	Kgs
		Dry Mop	0.40	Nos.
		Wet Mop	0.51	Nos.
		Job Kit	0.40	Nos.
		Dustpan	0.64	Nos.
		Floor Squeeze	0.51	Nos.
		Dusters	0.99	Nos.
	Cleaning accessories	Plumber Pumps	0.40	Nos.
2	(List including Manufacturer's specifications to be	Floor Scrapers	0.40	Nos.
		Hard Brushes	0.51	Nos.
	provided)	Scrubbing Pads	0.23	Nos.
		Hand Scrubbers	0.64	Nos.
		Dry Mop Refills	1.28	Nos.
		Wet Mop Refills	2.04	Nos.
		Hand Gloves	2.09	Nos.
		Nose Masks	1.05	Nos.
		Gum Boots	0.64	Nos.
3	Waste disposal covers (Colour Coded)	Blue/Red/Black/ Yellow/ White	4.46	kgs

S. No.	Particulars	ltem	Qty per 10000 Sq. Ft. Consumables per month*	Units
4	Waste disposal bins (Colour Coded)	Red/Black/Blue	0.59	Nos.
5	1 (One) grass cutting mac	hine at each institution.		

<sup>\*</sup> The quantities are arrived at on an assumption of average utilization of the facility but might vary as per actual scenario from premises to premises

# Equipment to be deployed for 3 years

S. No.	Particulars	Criteria (I.e., 1 equipment for sq ft of area mentioned below)	Remarks
1	Wet and Dry Vacuum Cleaner	1,00,000	In case the institution does not have the suggested area for considering the said item then the agency should consider at least one such equipment in those institutions
2	Backpack Vacuum Machine	1,00,000	
3	Floor Scrubbing Machine	1,00,000	
4	High Pressure Water Jet Machine	1,00,000	
5	Walk behind Manual Sweeper	1,00,000	In case the institution does not have the suggested area for considering the said item then the agency should consider at least one such equipment in those institutions
6	Bucket Trolley	50,000	In case the institution does not have the suggested area for considering the said item then the agency should consider at least one such equipment in those institutions
7	Glass Cleaning Kit	1,00,000	In case the institution does not have the suggested area for considering the said item then the agency should consider at least one such equipment in those institutions

S. No.	Particulars	Criteria (I.e., 1 equipment for sq ft of area mentioned below)	Remarks
8	Ladders	1,00,000	In case the institution does not have the suggested area for considering the said item then the agency should consider at least one such equipment in those institutions
9	Grass Cutting Machine	At every District Hospital	

## Note:

1. The areas mentioned for the considering the equipment is indicative. The agency may include the additional no. of equipment or any other type of equipment as per requirement.

## Form 3: Waste management instructions

## A) Waste Management

Waste generated within a health facility should always follow a well-defined stream from their point of generation until their final disposal

Steps	Location	Health care waste stream	Responsibility
1	Treatment units,	Generation	Implementing Authority
2	kitchen & pharmacies	Segregation at source	Implementing Authority
3	In the health facility	Collection + on site transport	Agency
4	premises	On-site storage	Agency
5	Outside the health facility	Off – site transport / disposal	Common Bio-waste Management Treatment facility selected by the implementing authority

# B) Colour coding system:

The colour coding system aims at ensuring an immediate and non-equivocal identification of the hazards associated with the type of waste that is handled or treated.

Black	Yellow	Brown
Non-risk waste (Cat – A) General Office waste, packaging material, leftover food etc.,	Special waste which includes B1-human anatomical waste, B4-cyto-toxic pharmaceutical waste, B5 – Blood & body fluids B2 - sharps to be destroyed at source with special devices	B32-Potentially hazardous (when used improperly by an unauthorized person) B-33 Hazardous Pharmaceutical waste including comprising heavy metal containing unidentifiable pharmaceuticals and disinfectants
B-1 Exceptionally, small quantity of human anatomical waste	CI-Infectious waste (Blood, faces or body secretions from patients with infectious diseases)  C2 highly infectious waste (microbiological cultures)	D-Other hazardous waste including thermometers, blood pressure gauges, photographic fixing and developing solutions in X-ray departments, halogenated and
B31- Pharmaceutical waste – which is nonhazardous	D-Radioactive waste includes solid, liquid and gaseous waste contaminated with radio nuclides generated form in vitro analysis of	developing solutions in X-ray departments, halogenated and no-halogenated solvents, organic and in —organic chemicals.

Black	Yellow	Brown
	body tissue and fluid in vivo body organ imaging and tumor localization, investigation and therapeutic procedures	

- i) Yellow polythene bags are to be of minimum 300 microns gauge marked and indicated with the international biohazard symbol.
- ii) All the supervisors in the agency are to be well versed in the health care waste management's guidelines of WHO.
- C) Labeling of Health Care Waste categories

Category	Labeling	International Symbols
B1	<< Danger ! Anatomical waste, to be incinerated or deeply buried >>	
B2	<< Danger ! Contaminated sharps, do not open >>	<b>3</b>
B4,B5,C1	<< Danger ! Hazardous infectious waste>>	<b>E</b>
C2	<< Danger ! Highly infectious waste, to be pre- treated >>	<b>E</b>
B32, B33, D	<< Danger! To be discarded by authorized staff only >>	
E	<< Danger ! Radioactive waste>>	424

## Annexure 1: Letter of Proposal

(To be submitted by Bidder on Letterhead)

Date:

To
Managing Director
APMSIDC
2nd Floor, PHYCARE Building
Plot No. 9, APIIC IT Park
Autonagar, Mangalagiri,
Andhra Pradesh

Tender Ref:

Tender Name: Providing Sanitation Services for the Hospitals in APVVP institutions in West Godavari, Krishna, Guntur, Prakasam, Nellore Districts in the State of Andhra Pradesh (Package -II)

Dear Sir,

- 1) All information provided in the Proposal and in the Appendices, is true and correct and all documents accompanying such Proposal are true copies of their respective originals.
- 2) I/We shall make available to the Client any additional information it may deem necessary or require for supplementing or authenticating the Proposal.
- 3) I/We acknowledge the right of the Client to reject our Proposal without assigning any reason or otherwise and hereby waive our right to challenge the same on any account whatsoever.
- 4) I/We to the best of our knowledge certify that in the last five years, we or any of our Associates have neither failed to perform on any contract, as evidenced by imposition of a penalty by an arbitral or judicial authority or a judicial pronouncement or arbitration award against the Bidder, nor been expelled from any project or contract by any public authority nor have had any contract terminated by any public authority for breach on our part.
- 5) I/We understand that you may cancel the Selection Process at any time and that you are neither bound to accept any Proposal that you may receive nor to select the Service Provider, without incurring any liability to the Bidders
- 6) I/We to the best of our knowledge certify that, we or any of our Associates have not been convicted by a Court of Law or indicted or adverse orders passed by a regulatory authority which would cast a doubt on our ability to undertake the Project or which relates to a grave offence that outrages the moral sense of the community.

- 7) I/We to the best of our knowledge further, we have not been charge-sheeted by any agency of the Government or convicted by a Court of Law for any offence committed by us or by any of our Associates.
- 8) I/We agree and understand that the Proposal is subject to the provisions of the Tender document. In no case, shall I/We have any claim or right of whatsoever nature if our Proposal is not opened or rejected.
- 9) I/We agree to keep this offer valid for 180 days from the Proposal Submission Date specified in the Tender.
- 10) I/We agree and undertake to abide by all the terms and conditions of the Tender Document. In witness thereof, I/We submit this Proposal under and in accordance with the terms of the Tender Document.

Yours faithfully

Place:

()

Date: Signature of authorized signatory

Designation and Official seal

#### Annexure 1A: Self declaration form

(To be submitted b	y Bidder on Letterhead)
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Date:

To
Managing Director
APMSIDC
2nd Floor, PHYCARE Building
Plot No. 9, APIIC IT Park
Autonagar, Mangalagiri,
Andhra Pradesh

Tender Name: Providing Sanitation Services for the Hospitals in APVVP institutions in West Godavari, Krishna, Guntur, Prakasam, Nellore Districts in the State of Andhra Pradesh (Package -II)

Dear Sir,

Tender Ref:

#### **DECLARATION OF THE BIDDER**

- 1) I/WE have not been black listed in any department / Corporation of State / Central Govt. due to any reasons.
- 2) I/WE have not been demoted to the next lower category for not filing the tenders after buying the tender schedules in a whole year and my/our registration has not been cancelled for a similar default in two consecutive years.
- 3) I/WE agree to disqualify me/us for any wrong declaration in respect of the above and to summarily reject my/our tender.

I / We,	have gone through carefully all the Tender conditions and solemnly
declare that	I / we will abide by any penal action such as disqualification or black listing or
determination	of contract or any other action deemed fit, taken by, the Department against us, if
it is found tha	t the statements, documents, certificates produced by us are false / fabricated.

Yours faithfully

Place:

()

Date: Signature of authorized signatory

Designation and Official seal

## Annexure 2: Declaration that the bidder is not blacklisted and not declared NPA

(Affidavit to be submitted by the bidder)
{Place}
{Date}
To,
Ref: Tender Notification no <xxxx> dated <dd mm="" yy=""></dd></xxxx>
Subject: Self Declaration of not been blacklisted in response to the Tender for "Providing Sanitation Services for the Hospitals in APVVP institutions in West Godavari, Krishna, Guntur, Prakasam, Nellore Districts in the State of Andhra Pradesh (Package -II)"
Dear Sir,
We confirm that our company,, is not blacklisted in any manner whatsoever by any of the Central Government/State Government/PSU/Parastatal agencies in India or abroad on any ground including but not limited to indulgence in corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice.
We shall be liable for termination and also for penalty and for criminal prosecution in case any information found not true and correct.
Place:
Date:
Bidder's Company Seal:
Authorized Signatory's Signature:
Authorized Signatory's Name and Designation:

# Annexure 3: Joint venture Agreement

# **JOINT VENTURE AGREEMENT**

undertaking execution thereof, should the parties be successful in being awarded the project(s) by the employer'.  NOW THE AGREEMENT WITNESSETH AS FOLLOWS.  The parties hereby agree to form a joint venture (not incorporated) under the name of
undertaking execution thereof, should the parties be successful in being awarded the project(s)
Whereas the Parties desire to co-operate in the preparation and submission of the qualification criteria to qualify and if qualified and if awarded the contract(s) to execute the project(s). NOW, THEREFORE, and in consideration of the foregoing premises and the covenant set forth under, the parties have agreed to establish and constitute by and between themselves a joint venture for the exclusive purpose of participating in the tenders for projects and actually
Whereas the Managing Director, APMSIDC, (An Enterprises of Govt., of Andhra Pradesh) (MD / Employer) has invited tenders vide <b>Tender Notice No. / APMSIDC/2020-21 dated2020</b>
M/s a (Company/Trust/Society) having its office, Andhra Pradesh, India (hereinafter referred to as second party, represented by its Managing Director, Sri, who is authorized to execute any document on behalf of the
rirst part"), represented by its Managing Director, Sri, who is authorized to execute any document on behalf of the Company.  AND
M/s, a (Company/Trust/Society) having its office at (address) Andhra Pradesh, India (here in after referred to as " the
Between
This Agreement is made and entered into on this of May 2020 by and between

No party shall directly or indirectly, alone or together with a third party, prepare or submit the qualification criteria and / or the tender for the project(s) for the duration of this agreement i.e we will not enter into Joint venture partnership with another bidder / firms for any other bid during execution of the contract if awarded.

Nothing contained herein is intended to create a partnership or any separate legal or corporate entity. No Party has the right to represent the other Party or to enter into any commitment on behalf of the other Party without prior written consent of the other party.

We the joint venture shall be responsible, liable jointly and severally for the execution of contract

	ith contract terms and a relevant statement to this effect shall be included in the ture partnership deed.							
2. Partner Incharge (Leading partner): shall act as partner incharge (leading partner) representing the Joint venture and shall have the authority to receive instructions for and incur liabilities on behalf of this joint venture during the entire execution of the contract. Payments shall be made in favour of joint venture only.								
3. Participation Participation	Ratios: Ratio of each party shall be as follows:							
Leading p Other par								
Any and all prof Participation Rat	fit or loss of the project shall be shared between the parties in proportion to io.							
4. Authorized Representative for the Joint Venture:  Sri, of is hereby severally appointed as authorized representative of the JV for submitting bids and to make any correspondence on behalf of the JV with the employer in regard to the above referred works.								
5. Roles / Obligations:-								
w Ba ot	he Parties agree that for the execution of the whole of the work, the parties shall ork in full integration in arrangement to bring the required finance (both Fund ased and Non-Fund Based), Plants and equipment, materials, man power and ther resources in such manner as may be mutually agreed to for the successful empletion of the project, with full commitments and responsibility.							
	is agreed that the partner incharge(leading partner) after obtaining the written onsent of the other J.V.partner is authorized to raise the required funds,							

resources for augmenting working capital and the JV is liable to liquidate the said liability of the extent that the same is brought into the regular books of accounts.

#### 6. Joint and Several Liability:

The parties shall be jointly and severally liable towards the Employer, for any and all obligations which the Joint venture may incur in relation to the Contract which the joint venture may enter into with employer with liability unlimited.

## 7. Management Committee:-

For the purpose of the Joint venture policy and expediting decisions and approvals, requiring the action of the Joint Venture, it is hereby agreed to establish a Management Committee consisting of one representative from each constituent of joint venture with full power and authority from the Board of Directors of the concerned company, under the chairmanship of the representative of the partner incharge. The entire work of the contract shall be executed under the control and guidance of the Management Committee.

## 8. Operation of Bank Accounts and Payments:-

The Joint venture shall open and operate a bank account throughout the contract period into which all payments in respect of the project, in particular, all payments from the employer under the contract, shall be received. The Bank Account shall be operated by the person nominated by the Joint venture partners, to execute necessary power of attorney in favour of the nominated representatives as may be decided by the Management Committee.

#### 9. Equipment:-

The Management Committee shall be entitled to own, hire or acquire such equipments, which may not be available with the joint venture partners.

### 10. Non - Performance of Responsibility by any of Joint Venture:-

- A. As between themselves, each party shall be fully responsible for the fulfillment of all obligations arising out of its scope of the work for the project subject to the agreement between the parties and shall hold harmless and indemnified against any damage arising out from its default or non-fulfillment of such obligations.
- B. If any party fails to perform its obligations described in the agreement during the execution of the project and to cure such breach within the period designated by non-defaulting party, then the other parties shall have the right to take up work, the interest and responsibilities of the defaulting party at the cost of the defaulting party.

#### 12. Governing Laws:-

The agreement shall be constructed and interpreted in accordance with the laws of India.

### 13. Confidentiality:-

All information acquired by any party from the other party shall be treated as confidential by the recipient and shall not be used other than for the purpose contemplated by this joint venture without the consent from the party providing the information.

## 14. Dispute and Settlement:-

Any dispute or difference between the parties arising out of, or in connection with this joint venture agreement which cannot be resolved amicably between the parties at the level at which it arose within 15 days thereof shall, in the first instance, be referred to the Management of each party for resolution within the next 30 days.

If the said dispute can't be settled within the said 30 days, then all disputes arising out of or in connection with this joint venture agreement shall be finally settled by arbitration as provided under the arbitration & conciliation Act., 1996, and any amendment thereto or re-enactment thereof. The venue of the arbitration shall be at Mangalagiri. The courts in Amaravathi, Andhra Pradesh shall have exclusive jurisdiction to try any matter arising out of agreement.

#### 15. Termination:-

This Agreement shall terminate upon any of the following:

- a. Employer reject the technical bid for not satisfying the qualification criteria (to accept application for pre-qualification)
- **b.** Employer cancels the project(s).
- **c.** The Parties fail to reach an agreement on the important terms and conditions of the Bid, including but not limited to Tender Price.
- **d.** Any Party commits material breach of this Agreement and fails to cure such defects within a reasonable period.

#### 16. Assignment:-

No member firms shall assign, encumber or transfer its interests in, or any assets or revenue of the joint venture, or any of its rights or obligation under this agreement without obtaining the prior written consent of the other party.

- **17.** Any of the terms of this agreement may be amended, modified or otherwise be dealt with provided that the same shall be in writing and which shall have the same effect as if embodied in this agreement and shall from part of this agreement.
- 18. On witness where of both the parties have executed this joint venture agreement on the day month and year first above mentioned.

For and on behalf of

1.

Witness

Witness

Witness

Authorized signatory

# PHOTO GRAPHS AND FINGER PRINTS AS PER 32A OF REGISTRATION ACT, 1908

SI:No	Finger Print in Black (Left Thumb)	Passport Photograph (B and White)	Black	Name & Permanent Postal Address of the Firms/Bidders/Joint ventures.
1				
2				

SIGNATURE OF THE WITNESS

**SIGNATURE** 

1)

1)

2)

## Annexure 4: Financial Proposal Format

## 4(a): Abstract Rate statement

We offer to provide the sanitation services specified in the bidding documents conforming to the specified quality standards and service levels at the following prices.

NAME OF WORK: Providing Sanitation Services for the Hospitals in APVVP institutions in West Godavari, Krishna, Guntur, Prakasam, Nellore Districts in the State of Andhra Pradesh (Package -II)

S.No	Item of work	Unit	Total Quantity	Unit rate per month (Rs.)	Price per month (Rs.)
Α	Sanitation				
1	Cleaning				
	a) Critical areas	Sft.	405514		
	b) Inpatient areas	Sft.	676007		
	c) Other areas	Sft.	1400738		
2	Drainages and Sewerages				
	Bathrooms and wash area	Sft.	140047		
	Toilet Rooms	Nos.	3274		
	Open drains and Sewer lines	RM	62069		
	Manholes	No.s	3872		
3	Open premises	Sq. yards	936620		
	Total			Rs.	

#### Note:

- 1. The pro rata amount based on services standards quoted by the bidder will be considered whenever addition / deletion of quantities are necessitated.
- If there is discrepancy between the amount quoted in online Commercial form and in the Price Schedule, the lesser of the two statements will be used for entering into agreement.

- 3. All bidders shall submit the detailed cost breakup for both before (online) and after reverse tendering (in hard copy format).
- 4. In case the bidder does not quote for any of the line items, no additional cost shall be incurred to the client.

#### 4(b) Institution wise PRICE SCHEDULE

SI. No	Name of the District	Name of the Hospital	Sanitation amount per month (Rs.) (inclusive of all taxes)
1.		District Hospital, Eluru	
2.		Area Hospital, Tanuku	
3.		Area Hospital, Tadepalligudem	
4.		Area Hospital, Jangareddygudem	
5.		CHC Narsapur	
6.		CHC Palakole	
7.		CHC Bhimavaram	
8.		CHC Kovvur	
9.	West Godavari	CHC Chintalapudi	
10.		CHC Bhimadole	
11.		CHC Denduluru	
12.		CHC Gopalapuram	
13.		CHC Nidadavolu	
14.		CHC Penugonda	
15.		CHC Achanta	
16.		CHC Akiveedu	
17.		CHC Polavaram	
18.		CHC Buttaigudem	
19.		District Hospital, Machilipatnam	
20.	Krishna	Area Hospital, Nuziveedu	
21.		Area Hospital, Gudivada	

SI. No	Name of the District	Name of the Hospital	Sanitation amount per month (Rs.) (inclusive of all taxes)
22.		CHC Avanigadda	
23.		CHC Nandigama	
24.		CHC Thiruvuru	
25.		CHC Mylavaram	
26.		CHC Vuyuuru	
27.		CHC Guduru	
28.		CHC Challapalli	
29.		CHC Kaikaluru	
30.		CHC Gannavaram	
31.		CHC Visannapeta	
32.		CHC Kankipadu	
33.		CHC Jaggaiahpeta	
34.		District Hospital, Tenali	
35.		Area Hospital, Bapatla	
36.		Area Hospital, Narsaraopeta	
37.		CHC Sattenapalli	
38.		CHC Repalle	
39.		CHC Macherla	
40.		CHC Chilakaluripet	
41.	Guntur	CHC Amaravathi	
42.		CHC Vijaypuri South	
43.		CHC Pedakurapadu	
44.		CHC Prathipadu	
45.		CHC Gurazala	
46.		CHC Ipuru	
47.		CHC Vinukonda	
48.		CHC Kollipara	

SI. No	Name of the District	Name of the Hospital	Sanitation amount per month (Rs.) (inclusive of all taxes)
49.		CHC Nizampatnam	
50.		CHC Nagaram	
51.		CHC P.V.Palem	
52.		CHC Ponnuru	
53.		CHC Vemuru	
54.		District Hospital, Markapur	
55.		Area Hospital, Chirala	
56.		Area Hospital, Kandukur	
57.		MCH Ongole	
58.		CHC Giddaluru	
59.		CHC Kanigiri	
60.		CHC Yerragondapalem	
61.		CHC Cumbum	
62.	Prakasam	CHC Chimakurty	
63.	Fianasaiii	CHC Parchuru	
64.		CHC Dornala	
65.		CHC Addanki	
66.		CHC Darsi	
67.		CHC Marturu	
68.		CHC Ulavapadu	
69.		CHC Kondepi	
70.		CHC Pamur	
71.		CHC Podili	
72.		District Hospital, Atmakur	
73.	Nellore	Area Hospital, Gudur	
74.	Hellole	Area Hospital, Kavali	
75.		CHC Allur	

SI. No	Name of the District	Name of the Hospital	Sanitation amount per month (Rs.) (inclusive of all taxes)		
76.		CHC Udayagiri			
77.		CHC Vinjamuru			
78.		CHC Kovuru			
79.		CHC Buchireddypalem			
80.		CHC Indukurupeta			
81.		CHC Venkatachalam			
82.		CHC Podalakuru			
83.		CHC Rapur			
84.		CHC Kota			
85.		CHC Vakadu			
86.		CHC Naidupeta			
87.		CHC Sullurpeta			
88.		CHC Venkatagiri			
		Total			

#### Note:

- 1 The amount quoted by the bidder in the online Commercial form will only be considered for financial evaluation.
- 2 The price schedule is used for entering into institution wise agreements.
- 3 The reverse tendering shall happen on the grand total monthly price quoted in Annexure 4(a). The percentage of reduction on total monthly price done by the successful bidder during reverse tendering shall be used for proportionately reducing the individual component mentioned in Annexure 4(a). The unit rates arrived in Annexure 4(a) after reverse tendering, shall be used to calculate the total monthly price for each institution based on the areas provided in Form 1. In case, there is a discrepancy found between the calculated monthly price from Annexure 4(a) and the calculated total monthly price from Form 1 then the lowest of the two shall be considered as monthly price for that particular institution for concluding agreement.

Signature of Authorized representative of bidder.

#### Annexure 5A: Format for Power of Attorney for Sole bidder

Know all men 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 <insert name="" tender=""> including signing and submission of all documents and providing information / responses to the APMSIDC representing us in all</insert>							
matters before APMSIDC and generally dealing with APMSIDC 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 of200_							
tile day of200_							
For							
(Name, Designation and Address)							
Accepted							
(Signature)							
(Name, Title and Address of the Attorney)							
Date :							
Note:							

i. 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 executants(s) and when it is so required the same should be under common seal affixed in accordance with the required procedure.

## **Annexure 5B: Format for Power of Attorney for Lead Member of JV**

Whereas ("the Client") has invited bids for	in the
State of Andhra Pradesh ("Project"). Whereas,,	and
(collectively the "JV") being Members of the JV are interested in bidding for the Project in accordance with the terms and conditions of the Tender and other connected documents in respect of the Project, and Whereas, it is necessary for the Members of the JV to designate one of them as the Lead Member with all necessary power and authority to do for and on behalf of the JV, all acts, deeds and things as may be necessary in connection with the JV's bid for the Project and its execution.	
NOW THEREFORE KNOW ALL MEN BY THESE PRESENTS	
We,having our registered office at, M/s, having our registered at _	office
, and M/s, having our registered office at, {insert respective	the
names and addresses of the registered office} (hereinafter collectively referred to as the "Principals") do hereby irrevocably designate, nominate, constitute, appoint and authorize M/s	
, having its registered office at, being one of the Members of the JV, as the Lead Member and true and lawful attorney of the JV (hereinafter referred to as the "Attorney") and hereby irrevocably authorize the Attorney (with power to subdelegate) to conduct all business for and on behalf of the JV and any one of us during the bidding process and, in the event the JV is awarded the Project, during the execution of the Project, and in this regard, to do on our behalf and on behalf of the JV, all or any of such acts, deeds or things as are necessary or required or incidental to the submission of its bid for the Project, including but not limited to signing and submission of all applications, bids and other documents and writings, participate in bidders' meetings and other conferences, respond to queries, submit information/ documents, sign and execute contracts and undertakings consequent to acceptance of the bid of the JV and generally to represent the JV in all its dealings with the Client, and/ or any other authorized representative of the Client or any person, in all matters in connection with or relating to or arising out of the JV's bid for the Project and/ or upon award thereof till the Contract Agreement is entered into with the Client.	
AND hereby agree to ratify and confirm and do hereby ratify and confirm all acts,	

deeds and things lawfully done or caused to be done by our said Attorney pursuant

to and in exercise of the powers conferred by this Power of Attorney and that all acts, deeds and things done by our said Attorney in exercise of the powers hereby conferred shall and shall always be deemed to have been done by us/JV.

IN	WITNESS	WHEREOF	WE	THE	PRINCIPALS	ABOVE	NAMED	HAVE
EX	ECUTED TH	IIS POWER C	OF AT	TORN	EY ON THIS DA	AY OF	2020.	
For								
. 01								

# Annexure 6: Technical Proposal

1. Name of the Company:

# PART I - Basic information of Bidder

2.	Office address:
3.	Date of Incorporation:
4.	Constitution of the Bidder Company:
5.	Core business activities:
6.	Number of years in business
7.	Presence in India:
8.	Total no. of employees:
9.	Details of main branches in the State of AP:
10	. Details of contact persons:
11	. Any other details:
Name:	
Desigr	nation:
Contac	ct tel. No:
Mobile	no.:
Fax no	).:
Email	ID Postal address:
(Signa	ture of Authorized signatory)

# PART II - Qualification information

### Previous project experience format

#### A. General experience

S. No	Name and address of the Client	Period in which services provided		Description of services	Area of service provided	Total value of contract
		From	То			
	Total					

B. Specific experience

	Name and address of the	Period in which services provided		Description of services	Details of the Hospitals (With more than 100 / 500 beds)		Total Number of Beds
No	Client	From	То		Name of the Hospital	Bed Strength	
	Total						

The bidder to furnish supporting documents as mentioned in Clause 6.1 Point (3) and (4).

Tender for Providing Sanitation Services for the Hospitals in APVVP Institutions in West Godavari, Krishna, G Prakasam, Nellore Districts in the State of Andhra Pradesh (Package -II)	Guntur,
C. Turnover Details during the last five financial years	

C. Turnover Details during the last five final	icial years
a) Year 2015-16: Rs b) Year 2016-17: Rs c) Year 2017-18: Rs d) Year 2018-19: Rs e) Year 2019-20: Rs	
Note:	
1. The bidder shall submit Audited Balance Sh	eets/ Annual Reports
2. The annual Turnover worth data should be of the same should be accompanied with this cert	ertified by a practicing Chartered Accountant and tificate
SIGNATURE	
NAME	
DESIGNATION	
COMPANY SEAL COMPANY	
	DATE
	Signature of the Chartered Account
	with name & registration number
D. Any other details of credentials bidder we	ould like to provide.

## **PART III**

1. Key personnel to be deployed by the bidders

S. No.	Name of the institute / District level / State Level	Name of the Supervisory personnel	Qualifications	No. of years experience in supervising sanitation

## 2. Minimum Requirement and proposal of Equipment (APVVP institutions)

Facility		& Dry uum er (Nos)	Vacuu	kpack um M/c os)	Scrubb	oor ing M/c os)		ater Jet (Nos)	Ma	behind nual er (Nos)		Trolley os)		Cleaning Nos)	Ladder	s (Nos)		cutting chine
	Minim um Requi red	Propo sed by bidder																
District Hospital, Eluru	4		4		4		4		4		7		1		1		1	
Area Hospital, Tanuku	1		1		1		1		1		1		1		1		1	
Area Hospital, Tadepalligud em	1		0		0		0		1		1		1		1			
Area Hospital, Jangareddyg udem.	1		0		0		0		1		1		1		1			
CHC, Narsapur	1		0		0		0		1		1		1		1			
CHC, Palakollu	1		0		0		0		1		1		1		1			
CHC, Bhimavaram	1		0		0		0		1		1		1		1			
CHC Kovvur	1		0		0		0		1		1		1		1			
CHC Chintalapudi	1		0		0		0		1		1		1		1			
CHC Bhimadole	1		0		0		0		1		1		1		1			
CHC Denduluru	1		0		0		0		1		1		1		1			

Facility	Wet o Vac Cleane	& Dry uum er (Nos)	Vacuu	spack im M/c os)	Scrubb	oor ing M/c os)		ater Jet (Nos)	Ma	behind nual er (Nos)		Trolley os)		Cleaning Nos)	Ladder	s (Nos)		cutting chine
	Minim um Requi red	Propo sed by bidder																
CHC Gopalapuram	1		0		0		0		1		1		1		1			
CHC Nidadavolu	1		0		0		0		1		1		1		1			
CHC Penugonda	1		0		0		0		1		1		1		1			
CHC Achanta	1		0		0		0		1		1		1		1			
CHC Akiveedu	1		0		0		0		1		1		1		1			
CHC Polavaram	1		0		0		0		1		1		1		1			
CHC Buttaigudem	1		0		0		0		1		1		1		1			
District Hospital, Machilipatnam	2		2		2		2		2		4		1		1		1	
Area Hospital, Nuziveedu.	1		1		1		1		1		2		1		1			
Area Hospital, Gudivada.	1		1		1		1		1		1		1		1			
CHC Avanigadda	1		0		0		0		1		1		1		1			
CHC Nandigama	1		0		0		0		1		1		1		1			
CHC Tiryvuru	1		0		0		0		1		1		1		1			
CHC Mylavaram	1		0		0		0		1		1		1		1			
CHC Vuyyuru	1		0		0		0		1		1		1		1			

Facility	Vac	& Dry uum er (Nos)	Vacuu	pack Im M/c os)	Scrubb	oor ing M/c os)		ater Jet (Nos)		behind nual er (Nos)	Bucket (N	Trolley os)		Cleaning Nos)	Ladder	rs (Nos)		cutting chine
	Minim um Requi red	Propo sed by bidder																
CHC Guduru	1		0		0		0		1		1		1		1			
CHC Challapalli	1		0		0		0		1		1		1		1			
CHC Kaikaluru	1		0		0		0		1		1		1		1			
CHC Gannavaram	1		0		0		0		1		1		1		1			
CHC Visannapeta	1		0		0		0		1		1		1		1			
CHC Kankipadu	1		0		0		0		1		1		1		1			
CHC Jaggaiahpet a	1		0		0		0		1		1		1		1			
District Hospital, Tenali	2		2		2		2		2		4		1		1		1	
Area Hospital, Bapatla.	1		1		1		1		1		1		1		1			
Area Hospital, Narsaraopet	1		1		1		1		1		1		1		1			
CHC Sattenapalli	1		0		0		0		1		1		1		1			
CHC Repalle	1		0		0		0		1		1		1		1			
CHC Macherla	1		0		0		0		1		1		1		1			
CHC Chilakaluripe ta	1		0		0		0		1		1		1		1			

Facility	Wet of Vac Cleane	& Dry uum er (Nos)		spack Im M/c os)		oor ing M/c os)		ater Jet (Nos)	Ma	behind nual er (Nos)		Trolley os)		Cleaning Nos)	Ladder	s (Nos)		cutting hine:
	Minim um Requi red	Propo sed by bidder																
CHC Amaravati	1		0		0		0		1		1		1		1			
CHC Vijaypuri South	1		0		0		0		1		1		1		1			
CHC Pedakurapa du	1		0		0		0		1		1		1		1			
CHC Prathipadu	1		0		0		0		1		1		1		1			
CHC Gurazala	1		0		0		0		1		1		1		1			
CHC Ipuru	1		0		0		0		1		1		1		1			
CHC Vinukonda	1		0		0		0		1		1		1		1			
CHC Kollipara	1		0		0		0		1		1		1		1			
CHC Nizampatna m	1		0		0		0		1		1		1		1			
CHC Nagaram	1		0		0		0		1		1		1		1			
CHC P.V.Palem	1		0		0		0		1		1		1		1			
CHC Ponnuru	1		0		0		0		1		1		1		1			
CHC Vemuru	1		0		0		0		1		1		1		1			
District Hospital, Markapur	1		1		0		0		1		1		1		1		1	
Area Hospital,	1		1		1		1		1		3		1		1			

Facility		& Dry uum er (Nos)	Vacuu	spack um M/c os)	Scrubb	oor os)		ater Jet (Nos)	Ma	behind nual er (Nos)		Trolley os)		Cleaning Nos)	Ladder	s (Nos)		cutting chine
	Minim um Requi red	Propo sed by bidder																
Chirala																		
Area Hospital, Kandukur	1		0		0		0		1		1		1		1			
CHC, Giddaluru	1		0		0		0		1		1		1		1			
CHC, Yerragondap alem	1		0		0		0		1		1		1		1			
CHC Kanigiri	1		0		0		0		1		1		1		1			
MCH Ongole	1		0		0		0		1		1		1		1			
CHC Cumbum	1		0		0		0		1		1		1		1			
CHC Chimakurty	1		0		0		0		1		1		1		1			
CHC Parchuru	1		0		0		0		1		1		1		1			
CHC Dornala	1		0		0		0		1		1		1		1			
CHC Addanki	1		0		0		0		1		1		1		1			
CHC Darsi	1		0		0		0		1		1		1		1			
CHC Marturu	1		0		0		0		1		1		1		1			
CHC Ulavapadu	1		0		0		0		1		1		1		1			
CHC Kondepi	1		0		0		0		1		1		1		1			
CHC Pamur	1		0		0		0		1		1		1		1			

Facility	Vac	& Dry uum er (Nos)	Vacuu	pack Im M/c os)	Flo Scrubb (N	oor ing M/c os)		ater Jet (Nos)	Ma	oehind nual er (Nos)		Trolley os)		Cleaning Nos)	Ladder	s (Nos)		cutting chine
	Minim um Requi red	Propo sed by bidder																
CHC Podili	1		0		0		0		1		1		1		1			
District Hospital, Atmakur	1		1		1		1		1		2		1		1		1	
Area Hospital, Gudur	1		1		1		1		1		1		1		1			
Area Hospital, Kavali	1		1		1		1		1		1		1		1			
CHC Allur	1		0		0		0		1		1		1		1			
CHC Udayagiri	1		0		0		0		1		1		1		1			
CHC Vinjamuru	1		0		0		0		1		1		1		1			
CHC Kovuru	1		0		0		0		1		1		1		1			
CHC Buchireddyp alem	1		0		0		0		1		1		1		1			
CHC Indukurupet a CHC	1		0		0		0		1		1		1		1			
Venkatachal am	1		0		0		0		1		1		1		1			
CHC Podalakuru	1		0		0		0		1		1		1		1			
CHC Rapur	1		0		0		0		1		1		1		1			
CHC Kota	1		0		0		0		1		1		1		1			

Facility		& Dry uum er (Nos)	Vacuu	spack Im M/c os)	Scrubb	oor ing M/c os)		ater Jet (Nos)		behind nual er (Nos)		Trolley os)	Glass C Kit (	Cleaning Nos)	Ladder	s (Nos)		cutting :hine
	Minim um Requi red	Propo sed by bidder																
CHC Vakadu	1		0		0		0		1		1		1		1			
CHC Naidupeta	1		0		0		0		1		1		1		1			
CHC Sullurpeta	1		0		0		0		1		1		1		1			
CHC Venkatagiri	1		0		0		0		1		1		1		1			
Total	93		18		17		17		93		104		88		88		1	

#### Note:-

- 1. Deployment of the above-mentioned equipment is minimum and compulsory by the agency.
- 2. To maintain prescribed service standards, the bidder should arrive at actual requirement necessary for equipment as per service standards.

## Any other information of technical nature:

#### Annexure 7: Format of Bank Guarantee for EMD

						•		the Bidder)	•	
	"the Ten		f	or	t	he		work		"
work) (	(hereinaf		"the tender						(Name	Oi
			N by		=	that (Name		Address		 nk)
Directo payme	or, APM ent will ar	SIDC, Ma	angalagiri) be made t	in the	sum of .			und unto t	for wh	ich
	ONDITION If after	ONS of this Tender op	s obligatior	n are tenderer	withdraws			2 Bid during		d of
(2)	during t  (a) fail  Ins  (b) fail  We firs  produce the Thing  afte Ins  ext  Gu  DATE	he period s or refuse tructions t s or refuse h the instr e undertak t written of vided that e to him or e occurred is Guarant er the dea structions t tension(s) tarantee sl	of validity. ses to exo Tenderer es to furnis uctions of e to pay to demand, we t in his der whing to th condition of tee will ren ad line for o Tenders to the Ba hould reach	kecute the rs, if requent the balance of the Depoint the nand the electric condition or as it mank is heart SIGNATESEAL	ne Form ired; or ance EMD s. artment up e Departme ence of one ons. rce up to ision of Tel nay be extereby wa ak not later TURE OF	of Agreed and per of to the ament have or both and includers as ended by ived. At than the THE BAI	formance and the two dings to so the two dings the two dings the two dings the two dings the Department above to NK	bid by the naccordance Security in accordance when the conditions of the conditions	receipt of his demanded by hin ns, specify stated in otice of whom spect of the spe	his nd, n is ring
(Signat	 ture, Nar	ne and Ad	dress)							

# Annexure 8: Format of Bank Guarantee for Performance Security

To:(Name of Implementing Authority)	
WHEREAS(Name of the Agency) herein called	
the Agency" has undertaken, in pursuance of Contract Nodated, supply(Description	to
of Services and Services) hereinafter called "the Contract".	
<b>AND WHEREAS</b> it has been stipulated by you in the said Contract that the Agency shall furnis you with a Bank Guarantee by a recognized bank for the sum specified therein as security for compliance with the Agency's, performance obligations in accordance with the Contract.	sh
AND WHEREAS we have agreed to give the Agency a Guarantee	
<b>THEREFORE, WE</b> hereby affirm that we are Guarantors and responsible to you, on behalf of the Agency, upto a total of	
(Amount of the Guarantee in Words and Figures) and we undertake to pay you, upon your firs written demand declaring the Agency to be in default under the Contract and without cavil or argument, any sum or sums within the limit of(Amount of Guarantee) a aforesaid, without your needing to prove or to show grounds or reasons for your demand or the sum specified therein.	S
This guarantee is valid until the day of 2023	
Signature and Seal of Guarantors	
Date2020	
Address	

Annexure 9: Schedule of Frequency and Agents to be Used (as per Swatchata Guidelines)

# Schedule of Frequency and Agents to be Used (as per Swatchata Guidelines)

#### OPERATION THEATRE/ICU/LABOUR ROOM/NICU/ISOLATION WARDS

S. No.	Activity	Frequency	Agents to be Used
1	Garbage Removal	Thrice a day and more when bags are 3/4th full	As per the BMW guidelines
2	Cleaning of Instruments	After every procedure	Soap & water followed by sterilization
3	Cleaning of clean areas and corridors of complex	Twice a day/ as & when Required	Damp Mop with detergent and water/ 0.5% chlorine Hydrogen peroxide in case of blood spills
4	Mopping. (Care to be taken in case of special epoxy flooring)	Thrice a day and after each Procedure	Damp mop with detergent and water / 0.5% chlorine
5	Cleaning of equipment's like anaesthesia machines, monitors, ventilators, infant warmers/ baby cribs etc	Twice a day/ as & when required	Damp Mopping , dry, Disinfect with 70% isopropyl alcohol / 2% glutaraldehyde
6	Cleaning of OT table and OT Stretcher	Twice a day/ after each surgery	0.5% chlorine /70% Isopropyl alcohol
7	Doctor's / nurses / technician room	Twice a day	Detergent & water
8	Washroom & wash basins cleaning	Thrice a day and as & when required	Wash with Soap & water, then dry, wipe 0.5% chlo- rine
9	Washing of slippers	once a day and when re- quired	Soap & water
10	Collection of soiled linen	As and when required	

S. No.	Activity	Frequency	Agents to be Used
9	Cleaning of Mops	After every use	Soak in clean water with bleaching powder 0.5% for 30 minutes. Wash again with detergent and water to remove the bleach.
	MOD	DERATE RISK AREA WARDS	3
1	Garbage Removal	Twice a day and more / when bags are 3/4th full	As per the BMW guidelines
2	Mopping of floor	Once a day	Damp mop with detergent and water Hydrogen peroxide in case of blood spills
3	Washrooms & Wash basin	Thrice a day and as & when required	Wash with Soap & water, then dry, wipe with 0.5% chlorine.
4	Dusting / Cleaning of Equipment	Once a day	Damp Mopping , dry, Dis- infect with 70% isopropyl alcohol
5	Collection of soiled linen	As and when required	
	CANTEEN	AND KITCHEN (wherever re	quired)
1	Garbage Removal	Thrice a day and more when bags are 3/4th full	As per the BMW guidelines
2	Mopping of floor	Once a day	Damp mop with detergent and water
3	Washrooms & Wash basin	Once a day	Wash with Soap & water, then dry, wipe with 0.5% chlorine
4	Dusting	Once a day	Duster
	Pl	JBLIC AREA WASHROOM	
1	Cleaning	Every 2nd hourly	Damp mop with detergent and water
2	Washrooms & Wash basin	Thrice a day	Wash with Soap & water, then dry, wipe with 0.5% chlorine.

S. No.	Activity	Frequency	Agents to be Used		
LOBBY & OPD AREA					
1	Garbage Removal	Thrice a day and more when bags are 3/4th full	As per the BMW guidelines		
2	Mopping of floor	Once a day	Damp mop with detergent and water		
3	Washrooms & Wash basin	Once a day	Wash with Soap & water, then dry, wipe with 0.5% chlorine		
4	Dusting	Once a day	Duster		
STORES (MEDICAL SURGICAL, NON - MEDICAL)					
1	Garbage Removal	Thrice a day and more when bags are 3/4th full	As per the BMW guidelines		
2	Dusting	Once a day	Duster		
3	Mopping of floor	Once a day	Damp mop with detergent and water		
MORTUARY					
1	Garbage Removal	Thrice a day and more when bags are 3/4th full	As per the BMW guidelines		
2	Dusting	Once a day	Duster		
3	Mopping of floor	Once a day	Damp mop with detergent and water		
4	Cleaning of autopsy table	Once a day and after every procedure	0.5% chlorine / 70% isopropyl alcohol		
5	Drains	Once a day	Soap & Water		
ADMINISTRATION RECORD / ENGINEERING OFFICE					
1	Garbage Removal	Thrice a day and more when bags are 3/4th full	As per the BMW guidelines		
2	Dusting	Once a day	Duster		
3	Mopping of floor	Once a day	Damp mop with detergent and water		
4	Dry Mopping	Once a day	Soft brush		
5	Washrooms & Wash basin	Once a day	Wash with Soap & water, then dry, wipe with 0.5% Chlorine		

S. No.	Activity	Frequency	Agents to be Used			
CSSD / LAUNDRY						
1	Garbage Removal	Thrice a day and more when bags are 3/4th full	As per the BMW guidelines			
2	Dusting	Twice a day	Duster			
3	Mopping & Washing of floor	Twice a day	Damp mop with detergent and water			
4	Mopping (CSSD) sterile areas	Once a day	0.5% chlorine/ 70% Isopropyl alcohol			
5	Washrooms & Wash basin	Once a day	Wash with Soap & water, then dry, wipe with 0.5% chlorine			
RADIOLOGY & LABORATORY						
1	Garbage Removal	Thrice a day and more when bags are 3/4th full	As per the BMW guidelines			
2	Dusting of infrastructure	Once a day	Damp duster, dry , then wipe with			
3	Cleaning of equipment's	Once a week	Damp cleaning, dry, 70% isopropyl alcohol			
4	Mopping & Washing of floor	Twice a day	Damp mop with detergent and water			
5	Washing of Slippers	Once a week	Detergent & water			
6	Washrooms & Wash basin	Once a day	Wash with Soap & water, then dry, wipe with 0.5% chlorine			

#### Other Areas:

S.No	Service Standard	Frequency (Per Day)
1	Sunshades	2 times a day
2	Water Tanks	Monthly
3	Walls and Ceiling	Fortnightly
4	Septic Tank.	Once in a month
5	Roof Slab	Once in a Month