

Department of Health and Family Welfare, Government of Chhattisgarh
Request for Proposal
For
"Selection of Agency for CG Dial Health Helpline Call Center"

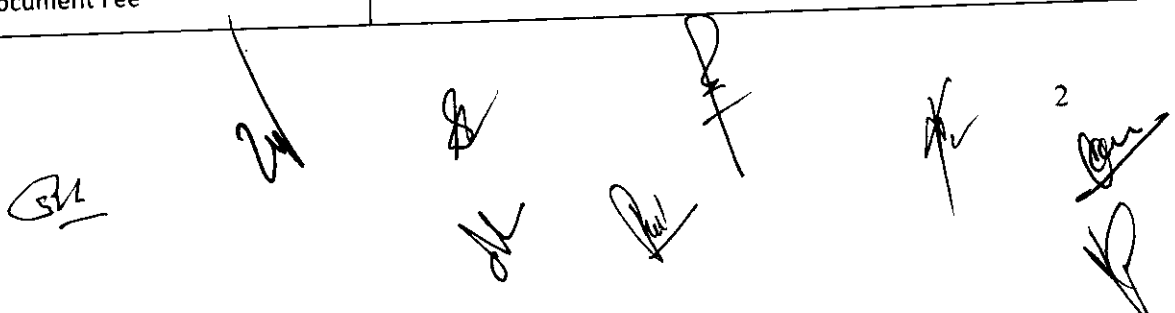
Client Details:

Directorate of Health Services,
Department of Health and Family Welfare,
Government of Chhattisgarh,
3rd Floor, Indravati Bhawan, Atal Nagar,
Naya Raipur, Chhattisgarh.
www.cghealth.nic.in

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Bidding Data Sheet

Particulars	Details
Name of Purchaser	Directorate of Health Services, Chhattisgarh
Tender/RFP number	
Name of the Engagement	Selection of Agency for CG Dial 104 Health Helpline Call Center
Release Date of RFP	04 October 2021, 17:00 Hrs
Last date & time for submission of Pre-Bid Queries	09 October 2021, 17:00 Hrs
Pre-Bid Meeting	14 October 2021, 14:30 Hrs to 16:30 Hrs, Venue: 3 rd Floor, Directorate of Health Services, Indravathi, Naya Raipur, Chhattisgarh. Note: An online pre-bid meeting will conduct if Covid situations continue and physical meeting will not be allowed , notice will serve on the website.
Posting of responses to queries (on website)	20 October 2021, 17:00 Hrs
Last date (deadline) for submission of the bid	06 November 2021, 17:00 Hrs
Opening of the Bid responses	08 November 2021, 11:30 Hrs
Opening of Financial Bids	08 November 2021, 15:30 Hrs
Validity of Proposal	Proposals must remain valid 180 days from the date of submission.
Method of Selection	The evaluation method which shall be used for the selection of Agency for CG Dial 104 Health Helpline Call Center is L-1 after qualifying in the prequalification and technical bid with 60% and above. L1 bidder shall be selected based on the lowest price quoted by the technically qualified bidder. Technical evaluation will be done in two stages. The first stage evaluation is based on the verification of documents to check the fulfillment of eligibility criteria. The technically qualified bidder who quoted the lowest price in the financial bid shall be declared as the L1 bidder to award the contract and L2, L3 will be on the waiting list for the next 1 year.
Address of Communication	Directorate of Health Services, Department of Health and Family Welfare Government of Chhattisgarh, 3rd Floor, Indravati Bhawan, Atal Nagar Raipur, Chhattisgarh
Bidding in Consortium	No Consortium is allowed
Sub-Contracting	Sub-contracting is not allowed on the scope of work without written approval of client
RFP Document Fee	Rs. 10,000/- (Ten Thousand)



Earnest Money Deposit	Rs. 9,00,000/- (Nine Lakh)
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Background

The National Health Mission was launched by the Hon'ble Prime Minister on 12th April 2005, to provide accessible, affordable, and quality health care to the rural population, especially the vulnerable groups. One of the prime objectives of NHM, and its components is to provide equitable, affordable, and quality health care to the rural action, especially the vulnerable groups. Implementation of NHM has triggered the process of strengthening healthcare services delivery systems across the states including Chhattisgarh. Chhattisgarh has made considerable progress in the last decade in providing healthcare services to its population.

Currently, the state is catering to the population through 28 District Hospital, 174 Community Health Centers, 52 Urban Primary Health Centers, 792 Primary Health Centers, and more than 5200 subcenters. Despite this network, due to Chhattisgarh's geography, and dense forest, providing healthcare services to rural, and tribal populations has been remain a major challenge. Physical access has been cited as a major barrier to both preventive, and curative health services for the state's largely rural population. Along with the geographical access, an inadequate number of medical, and paramedical personnel in remote rural areas is also impeding the state's march toward universal health coverage.

RFP Document

The complete e-tender documents may be obtained from the website <https://eproc.cgstate.gov.in> and www.cghealth.nic.in

The participating bidders should have a valid Digital Signature Certificate (DSC) and have to register in the portal <https://eproc.cgstate.gov.in>

The Bid should be submitted online in the portal <https://eproc.cgstate.gov.in>

Tender Processing Fee

The cost of RFP document **Rs 10,000 (Ten thousand only)** shall have to be deposited by the bidder through RTGS to M/S CGMSC Ltd Equipment Procurement Account, Account No. 540901010050669, Bank Name- Union Bank of India, Shankar Nagar Branch, Raipur. CG, IFSC/ RTGS code – UBIN0554090.

Bid Security

A Bid Security amount of Rs. 9,00,000 (Rupees Nine lakh only) in the form of Demand Draft from any Financial bank issued in favor of "Director, Health Services Chhattisgarh" should accompany the Proposal. Bid Securities of unsuccessful bidders will be returned to them within 30 days of the award of the contract whereas the same received from the successful bidder shall be retained as transaction management fee success fee.

The current state of 104 Services

In Chhattisgarh, 104 services popularly known as Aarogya Seva - Health Helpline are operating since Aug 2013. Presently 104 services are operated through a 30-seat call center. Paramedics, Doctors, Counsellors, and a team of specialists are deployed in the center to cater to the need of citizens. The not-for-profit

organization is engaged in operating 104 services across Chhattisgarh. In the existing project, operating cost is reimbursed to the service provider. The operation cost includes salary to the manpower deployed, basic training, and routine maintenance of the call center, and other costs incurred in the operation of 104 services. Currently, everyday call center receives and makes outbound approximately 2500-3000 calls and caters services to the population.

A minimum expectation of the department to answer 6,000 calls per day through Inbound and Outbound calls in proportions assigned by the department. IEC will be taken care by the department to increase call volume from rural and urban from the state of Chhattisgarh. Bidder to make necessary infrastructure arrangements as per the scope of work.

Request for Proposal

Online bids (Technical & Financial) are invited from eligible entities with sound technical, and financial capabilities for design, development, implementation, and maintenance of "Selection of Agency for CG Dial 104 Health Helpline Call Center" under Directorate of Health Services (DHS), Department of Health & Family Welfare, Government of Chhattisgarh. This invitation to bid is open to all bidders meeting the minimum eligibility criteria as mentioned in the RFP document.

The overall scope of work of the selected agency will be as per following:

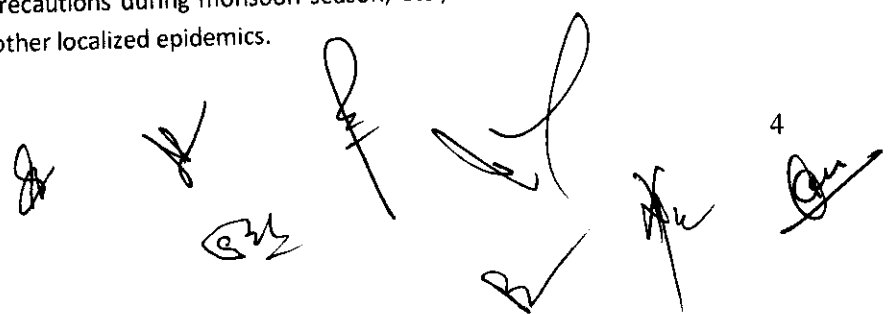
- To provide quality healthcare services through teleconsultation for the benefits of the last-mile population (rural & urban), where the availability of Doctors is limited.
- To improve the accessibility of quality healthcare services through qualified medical professionals, and eliminate distance barriers resulting in the reduction of patients travel costs, and time
- To provide general counseling and grievance redressal for health-related issues
- To demonstrate an effective primary & preventive healthcare service delivery by building in required capacity into the front-line paramedical staff, and thereby bring in the desired accountability into the public healthcare system
- To support medical education through virtual means, by sharing of best practices, and capacity building of doctors in the region by interaction with experienced professionals in respective
- To collect the feedback of various implementation of national / state program to get the status.
- Integration with other emergency services System should allow to call forward, coordinate, data share with the other emergency services like Dial 108, Dial 102, Dial 181, Dial 112 etc.

1. The detailed scope of work is as follows:

1.1 Medical advice

- 1.1.1 Health helpline is aimed towards providing non-emergency medical advice related services, fatigue/myalgia, Headaches, Heartburn, recurring abdominal pain, cough, back pain, hair loss, painful urination, Diarrhea, and advice on chronic diseases, food safety, H5N1 Avian Flu, bird flu, heart stroke, precautions during monsoon season, etc., and also will be responding to health scares, and other localized epidemics.

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- 1.1.2 General preventive and curative medical advice will be provided by a paramedic/nurse using a basis disease algorithm/basic system-based decision support system along with Do's/don'ts, home remedies, etc.
- 1.1.3 The first level of medical advice, and suggestive medication, prescribe the over-the-counter drug, first aid advice, health, and symptoms checker.
- 1.1.4 Identification, referral, and follow-up of High-Risk Pregnant cases.
- 1.1.5 Advice to be given using FAQs for Non-communicable diseases, Cancer, TB, HIV, etc. as per caller requirements.

1.2 Directory Information

- 1.2.1 Information about the providers/institutions of public health services, diagnostic services, eye banks, hospitals, specialist service providers; Mental Health Institutes, and Other Support Services.
- 1.2.2 Basic information on facilities such as hospitals, pharmacies, diagnostic services, testing labs, free medical camps, independent practitioners, rehabilitation centers, and other healthcare services available in particular regions/areas, eye donation organizations, etc.
- 1.2.3 Provides information on various state/national health schemes
- 1.2.4 Nutrition/diet information/ hygiene-related information can also be made available via this service

1.3 Counseling

- 1.3.1 The callers would be given counseling on Rehabilitation counseling on Alcohol, Drugs, Smoking, etc., and further focus on quitting Nicotine/Alcohol, and provide counseling to the family of the beneficiary.
- 1.3.2 Confidential psychosocial counseling services for stress, depression, anxiety, and awareness on the mental illness symptoms to further promote access to treatment, and recovery.
- 1.3.3 Providing counseling on ARSH (Adolescent Reproductive & Sexual Health), and give teenagers counseling on relationships issues, and related aspects like nocturnal emissions, and other sexual problems.
- 1.3.4 Counseling services for issues on cognitive problems involving memory, attention & concentration, would be done for exam stress as well as helping the geriatric population.
- 1.3.5 Counseling on Family planning, and also against stigmatized diseases like HIV, AIDS, STI, etc.
- 1.3.6 Special counseling services for mother, and child services focusing on postpartum blues, peripartum blues, and helping the mother to see the mood changes during, and after pregnancy.
- 1.3.7 Mental health counseling aspects like adolescent counseling, body image issues, disability, and majorly to create awareness, and improve their access for the treatment, and understanding of severe mood fluctuations.
- 1.3.8 Psychological counseling related to post-trauma recovery, and chronic diseases like cancer,

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etc. Caregiver counseling is undertaking care for a person suffering from a severe illness.

1.4 Outbound Services

- 1.4.1 The helpline will conduct concurrent Patient feedback surveys of 60,000 patients per year who have utilized services of private facilities under a government-funded health scheme.
- 1.4.2 The helpline will call up chronic disease patients/their families to provide advice for regular check-ups, medication, and other necessary treatment along with information on government facilities where such services will be available. The diseases covered in order of priority will be Tuberculosis (TB), Sickle Cell Disease, Epilepsy, Hypertension and Diabetes
- 1.4.3 Covid related feedbacks, bed management, covid vaccination-related, etc., or any related to pandemic or epidemic.
- 1.4.4 Any other work assigned by DHS and mutually agreed, if any cost implications the same needs to be discussed between both the parties.

2. Grievance Redressal, and GR web portal:

2.1 Grievance Redressal:

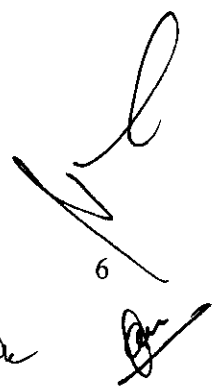
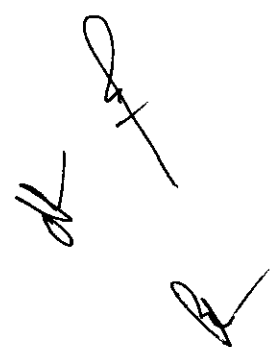
- 2.1.1 Real-time grievance redressal on matters related to health care service delivery, and Complaint Registration about person/ institution relating to deficiency of services, negligence, availability of drugs etc. in government healthcare institutions
- 2.1.2 Registration of Grievances online at the GR web portal by filling the online form. After submitting the form online, the registration number will be issued for tracking the status of complaints.
- 2.1.3 Ensure immediate assistance for complaints related to denial of services or entitlements by referring these complaints to the nodal officer/ concern and try to closing the loop within time.

2.2 Grievance Redressal web portal:

The GR web portal is already in place, and functional, the selected service provider needs to maintain, and provide the Grievance Redressal services through the web portal.

2.2.1 GR Web portal will act as:

- i. A platform to register the grievances.
- ii. Repository for all the grievances reported in the health department.
- iii. A platform to review, and provide feedback to the grievances reported.
- iv. A platform to give feedback on the resolution of grievances.



2.2.2 Services to be provided through Web portal:

- i. Grievance: Registration, Tracking & Monitoring, and Redressal.
- ii. Registration of ASHA grievances.
- iii. Disaster/Epidemic Breakout: To Register the outbreak for faster action, health information, etc.
- iv. Feedbacks & Suggestions.
- v. Online Reporting, Tracking, and Monitoring for internal users (Authorities, Call Centre employees, Helpdesk Employees, etc.).
- vi. Access will require Login Credentials. Customized report format with aging (of complaints) features.
- vii. Anonymous complaints will not get registered on the web portal as personal identification is an essential component for the registration of complaints. During a detailed investigation for fair redressal of grievance, the complainant may have to be contacted for important information/clarification required.
- viii. In the GR web portal, the total number of complaints registered, and resolved will be in the public domain, and continuously displayed on the first page of the portal for the state.

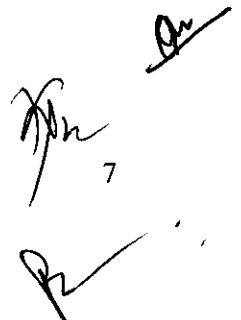
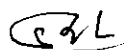
2.2.3 Process of grievance registration on the web portal:

- i. Go online, and open the web portal.
- ii. Click on the link provided to register the complaint.
- iii. Fill the form, and submit it.
- iv. The registration number will be issued for the complaint.
- v. On successful submission of grievance, an automated message will be sent on the registered mobile number.

2.2.4 Process for checking the redressal of grievances on the web portal:

- i. To check the status of the grievance reported, open the web portal, and go to the option to check/track the grievance status. Enter the registration number, and view the complaint status.
- ii. Whenever redressal to the reported grievance is provided, the same will be updated on the web portal, and an automatic SMS will be sent to the complainant about the redressal of grievance.
- iii. On such grievances where a decision has been taken by an appropriate authority, the complainant can provide feedback whether he/she is satisfied/dissatisfied, with the relief provided.
- iv. In case the complainant is dissatisfied, the web portal will ask if the complainant wants to re-report the grievance. In case the 'yes' option is selected, the same grievance will be reported again to the level from where relief was provided last

The web portal will have the minimum following functionalities/features:



- a) Simple & Light: More text & fewer graphics.
- b) Free Open-Source Platform
- c) Web portal bandwidth should be high speed, and cost-effective.
- d) Database: RDBMS
- e) Multiple Indian Language support (Hindi & English)
- f) SMS Alerts: Automated SMS alerts
- g) Web port Flow should be from top to bottom instead of left to right.
- h) Captcha Code to protect from spam.
- i) Compatible with all the leading browsers (Firefox, Chrome, Edge & Internet Explorer 10, and above)
- j) Simplified, and limited featured web portal for, android or Smartphones.
- k) Search facility
- l) People with special abilities: Web portal to be made accessible to people with special abilities for which WCAG (Web Content Accessibility Guidelines) guidelines to be met.
- m) Application type: A drop-down box pre-populated with the offered services. This will allow the public to appropriate options before registering.
- n) Provision to upload Images having a limited size: The Provision for uploading the images will be decided by the state.
- o) Until final disposal complaint will be open or alive.
- p) If the caller is not satisfied, they can again register the complaint.

2.2.5 Web portal should be designed on the following underlying governing principles:

- i. Reusable modules
- ii. Extensibility
- iii. Maintainability
- iv. Multiple levels of data security

2.2.6 To achieve the above, the application software needs to be structured as follows:

- i. Multi-tier architecture with sub tiers.
- ii. Logical separation of tiers based on functionality.
- iii. Clear separation of roles, and responsibilities for each tier.
- iv. Flexibility to accommodate future enhancements.

2.2.7 The multi-tiered architecture will consist of:

- i. Browser-based user interface using HTTP.
- ii. Authentication through user login.
- iii. Web application with a secure database.
- iv. Live reports facility.
- v. Minimized cost: re-development, and maintenance without compromising quality.

The web portal has the required fields to capture the requisite information to register a grievance by the public. It consists of general, and contact information of the complainant, and a detailed description of the complaint. Some of the fields are mandatory to fill to check for the authenticity of the complainant and to give feedback.

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2.2.8 Web portal shall also have the following fields to capture Epidemic Breakout in the state:

- i. Location of incident: A text box to capture the complete address of the incident.
- ii. Type of Outbreak.
- iii. No. of People Affected.
- iv. Details of Nearest Medical Institute.
- v. A check box should be provided if any medical help arrived in the Epidemic outbreak.

The selected Service Provider shall establish a 30 seated call center operational 24X7 with required infrastructure, and with the provision of Inbound call facility, Outbound call facility, IVRS system, Inbound, and Outbound SMS gateway to provide desired services. The entire infrastructure for operationalization of the Call Centre is to be arranged and managed by Selected Service Provider.

3. Reports/ Dashboards

3.1 System should be capable to generate reports and dashboards on basis of service requests, user wise (i.e., Citizen/Patient, Tele Health Executive, Doctor), types of requests etc.

3.2 Bidder needs to gather Department's requirement during requirement phase.

4. Manpower Break-Up for 104 Call center:

S. No	POSITION	No of seats	Shift-wise no of staff	MIN. QUALIFICATION & EXPERIENCE
4.1	Health Advice Officer	20	1 st shift – 20 2 nd shift – 20 3 rd Shift – 3 Buffer - 8	BSc Nursing/ Post basics/GNM with fluency in Hindi, English, and Chhattisgarhi Minimum of 1-year experience working for Any Government/PPP/ Private Sector
4.2	Counselling Officer	2	1 st shift – 2 2 nd shift – 2 3 rd shift – 1 Buffer - 1	MA Psychology/ MSc Psychology with fluency in Hindi, English, and Chhattisgarhi Minimum of 1-year experience working for Any Government/ PPP/ Private Sector in Social Sector
4.3	Medical Officers	2	1 st shift – 2 2 nd shift – 2 3 rd Shift – 1 Buffer - 1	MBBS for medical officer and MD medicine as Specialist with fluency in Hindi, English, and Chhattisgarhi (one specialist per shift mandate minimum for two shift) Minimum of 1-year experience working for Any Government/PPP / Private Hospital or Nursing Home
4.4	HAO for	6	General Shift –	BSc Nursing/ GNM/ B Pharmacist with fluency

	Outbound Calls		6 Buffer - 1	in Hindi, English, and Chhattisgarhi Minimum of 1-year experience working for Any Government/PPP / Private Sector
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The successful bidder has to mandatorily deploy the above requisite number of manpower, additionally, the bidder shall estimate the requirement of buffer staff & support staff and propose accordingly.

The call center is to be established within Raipur city in the State of Chhattisgarh, and the staff recruited for handling the calls must be proficient in Hindi, and Chhattisgarhi. At least 1 person proficient in Gondi, and Halbi should be present in the call center during the day shift.

The Selected Service Provider will be allowed one month from signing of the agreement for recruiting, and training staff, and setting up, and testing the IT platform, and systems.

The Selected Service Provider will report its daily, and monthly performance regularly on the portal mentioned above. The report will be designed in consultation with the Directorate of Health, and include relevant classification of calls received, and calls made, and their outputs.

5. IT Features

- 5.1 The service provider will have to Design, develop, test, and maintenance of call center CRM solution.
- 5.2 It should ensure the Interactive Voice Response System (IVRS) for routing calls according to need.
- 5.3 The Service provider should ensure the implementation of the CDSS (Clinical decision support system) in the CRM Solution.
- 5.4 Service Providers should implement Automatic Call Distribution (ACD) according to the availability of Grievance Redressal Help Desk Executives.
- 5.5 The service provider will provide the facility to handle high call volumes efficiently.
- 5.6 Computer Telephone Integration (CTI)
- 5.7 Call Center application support all related data logging, and tracking the complaints with a Ticket number for future reference to the complainant.
- 5.8 The service provider must provide an interface, that is there should a provision of API INTEGRATION which will interact with related web portals to retrieve information and perform tasks.
- 5.9 There must be an adequate provision in the Call Center for maintaining the required data redundancy, and backup of the call record database application. There should be no loss of data or discontinuity of service due to hardware/server failure.
- 5.10 There should be a provision for a 3-WAY call facility.
- 5.11 The Call Center shall have sufficient numbers of the incoming lines with a facility to add additional lines in the future.

- 5.12 The Call Center Service Provider must implement precautions to ensure that files and programs can be recreated in the event of loss by any cause, including a plan to safeguard data files.
- 5.13 The service provider will maintain a 100% recording of calls for an entire period of the contract. The archived media for storing call history will be provided by the service provider. The recording should contain detailed call information, feedback of quality analysts for analyzed calls, Updating in questionnaires, etc.
- 5.14 The Service Provider Shall Ensure complete, and comprehensive security from unauthorized access, and misuse.
- 5.15 The Service Provider Shall Maintain a log including date, time, mac ID, number of Call Center Executives, attendance record, application logs, Call Detail Record (CDR) of PRI lines, etc.
- 5.16 The web-based application should have a role/user-based dashboard as a decision support system (DSS)
- 5.17 Grievance Redressal System to be implemented via Call center CRM solution, web portals, and the provision of tracking the complaint as, and when required.
- 5.18 There should be a mechanism to provide information for all escalated complaints which will be made available as, and when required by the Department.

Service Provider should provide application software including triaging software, algorithms/ protocols, specifically required for Health information helpline which includes Scope of Work and also has the provision for up-gradation/ addition as per Directorate Health Services, Chhattisgarh directions/requirements in future. The software so developed/purchased shall essentially be licensed in the name of Directorate Health Services, Chhattisgarh for the tenure of the project.

6. Compliance of Minimum Wages Act, and other applicable Labour Laws

The Selected Service Provider shall comply with all the provisions of the Minimum Wages Act, and any other Labour laws as applicable.

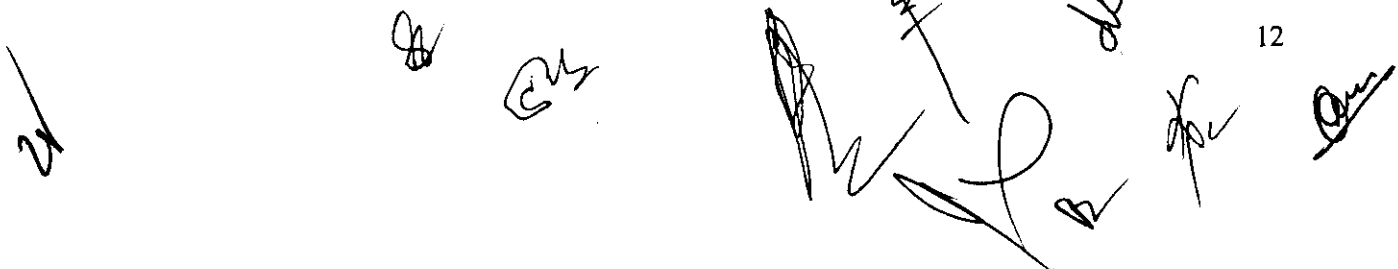
7. Employees Provident Fund, and Employees State Insurance

The successful bidder shall comply with all the requirements of EPF, and ESI Rules, and make necessary payments to its employees. Employees recruited by agency for this project at any circumstances cannot claim for government services.

8. Service Level Agreements (SLAs)

Expected Service Levels						
S. No	Metrics	Definition	Benchmark	Periodicity	Service Deviation	% Penalty

8.1	Service Level	Service level is a percentage of calls received by the center that is answered by a human agent within a certain time frame.	i. 85% of the total calls answered to be within 20 Secs ii. 100% of the total calls answered to be within 45 Secs	Monthly	84.99% to 80.00% Less than 80.00% 100% call will not fall within 45 Secs	1% from monthly bill of 104 Health Helpline 2% from monthly bill of 104 Health Helpline 3% from monthly bill of 104 Health Helpline
8.2	Call duration/AHT	Call duration is the amount of time spent speaking to customers on the telephone. The cost of the call will help to curb long conversations. Calls may be longer initially as agents are still new to the product, and systems. Encourage slightly longer first calls to resolve as this is more efficient than repeat calls.	AHT = 3 min for Valid and health advisory call.	Monthly	90.00% to 85.00% Less than 84.99% of calls	2% from monthly bill of 104 Health helpline 3% from monthly bill of 104 Health helpline
8.3	Call Quality (will be measured by service provider and verified by 104 Cell - DHS)	The percentage of total contacts, wherein an error occurs in delivering Call Centre specific services which are unacceptable, primarily due to the behavior of the Agent, which might lead to total dissatisfaction of caller or misleading the caller due to providing of wrong information.	95%	Monthly	94.99% to 90% 89.99% to 85% Less than 84.99%	1% from monthly bill of 104 Health helpline 2% from monthly bill of 104 Health helpline 3% from monthly bill of 104 Health helpline
8.4	Grievance Redressal	Complaints registered during the month to be routed to the concern department for speedy resolution with regular follow up	80% of the complaints to be looped and forwarded to the concerned depts	Monthly	79.99% to 75.00% Less than 75.00%	2% from monthly bill of 104 Health helpline 3% from monthly bill of 104 Health helpline



Note: In the event where the total penalty as per the above four SLAs under clause 8 were more than 10% for three consecutive months, a notice will serve by DHS on recommendation from the tender committee for termination of Services and look forward to the better services as per the SLA. If three notices of a similar nature will issue within a year, a final termination notice will issue.

9. Facilitation role of the State Government

9.1 The State Government will appoint a State Nodal Officer to facilitate the smooth rollout of the project. Among others, this would include:

- 9.1.1 Support popularization of the services through the use of government media, and other IEC interventions.
- 9.1.2 Designating responsible officers for taking action on complaints, and recording Action Taken Reports on the helpline portal within 30 days of the complaint
- 9.1.3 Providing advice for the design of web portal on grievance redressal
- 9.1.4 Periodic review of grievance redressal by committee at State and District level on the reports submitted by Service provider for compliances
- 9.1.5 Providing lists, and phone numbers of patients/beneficiaries who are to be called for giving advice or seeking feedback
- 9.1.6 Providing information, and training on health issues, and programs to 104 staff

10. Time frame

The State will sign an agreement with the successful bidder for 3 years.

The project may be extended annually for another period of 2 years, based on satisfactory progress/performance of the project on such terms, and conditions as may be mutually agreed terms including Annual escalation. Performance evaluation will be done by existing tender committee.

11. Payment terms

11.1 Payment for services for the call center component: Starting from one month from the date of signing the agreement, the Selected Service Provider shall be paid for the full capacity of seats.

Amount payable = quoted per-month rate

11.2 Invoice will be submitted on the monthly basis. 90% of the monthly cost quoted in financial bid will be disbursed within 15 working days of invoice submission along with SLA supporting documents.

11.3 Remaining 10% monthly payable amount will be disbursed post SLA computation by Third-Party Auditor (TPA) appointed by Directorate of Health Services and submission of SLA Audit Report(s)

11.4 The quarterly payment will be done within 30 working days post submission of all SLA Audit reports by Third-Party Auditor (TPA).

11.5 Template of SLA report and essential data shall be finalized in consultation with successful bidder,

Third-Party Auditor and Department during implementation phase of the project.

Note:

- a. Applicable SLA deductions and other penalties for the month shall be deducted from the respective invoices raised by the Agency
- b. Agency will be paid additionally for additional resource cost if desired by Department and other operational expenses as per the rate mentioned in the financial quotes
- c. All taxes, duties etc. shall be payable by the Agency. However, in case of change or revision of service tax or its equivalent in any new tax structure, the payment will be made as applicable. The documentary evidences for payment of applicable tax structure will be submitted by the Agency.
- d. The Mandatory taxes / duties etc. as applicable shall be deducted by Department.

12. Frequency, and mode of payment:

The payment for the call center component shall be made monthly against bills submitted specifying the number of seats operated as per an agreed format which would be one of the schedules in the agreement to be executed.

All payments will be made through an electronic transfer system.

13. Annual Escalation:

The base rate determined through bidding will be allowed to increase as per WPI annually. The first revision shall be made with effect from month 13 from the signing of the agreement, and subsequent revisions after every 12 months thereafter.

14. Performance Guarantee

The successful bidder will have to provide a bank guarantee of 3% of the Annual Contract Value. The bank guarantee will have to be valid until the end of the contract period.

In the event of an extension of the contract, the agency will have to submit a fresh bank guarantee or an extension of the bank guarantee submitted.

The bank guarantee will be released at the time of the release of the last installment of payment.

15. Mobilization advance:

The Service Provider may seek a mobilization advance of up to 3 months billing value for preparatory activities. Mobilization Advance shall be paid against submission of bank guarantee for an equal amount and will be in 12 monthly installments, starting from the 7th monthly invoice.

16. Exit Clause

In the event the Directorate Health Services, Chhattisgarh & Service Provider mutually agree to terminate the agreement, either party shall give 60 days written notice to the other party only after the completion of 1 year of service from the date of commencement, the contract/agreement may be deemed as

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terminated after the new service provider for the Selection of Agency for CG Dial 104 Health Helpline Call Center is finalized by the Department of Health and Family Welfare, Government of Chhattisgarh.

17. Force Majeure

17.1 Definition of Force Majeure

The Agency or Directorate of Health Services as the case may be, shall be entitled to suspend or excuse performance of its respective obligations under this Agreement to the extent that such performance is impeded by an event of force majeure ('Force Majeure').

17.2 Force Majeure events

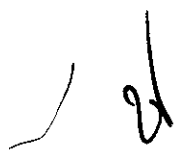
A Force Majeure event means any event or circumstance or a combination of events and circumstances referred to in this Clause, which:

- i. is beyond the reasonable control of the affected Party;
- ii. Such Party could not have prevented or reasonably overcome with the exercise of reasonable skill and care;
- iii. does not result from the negligence of such Party or the failure of such Party to perform its obligations under this Agreement;
- iv. is of an incapacitating nature and prevents or causes a delay or impediment in performance; and
- v. may be classified as all or any of the following events:
 - a) act of God, including earthquake, flood, inundation, landslide, exceptionally adverse weather conditions, storm, tempest, hurricane, cyclone, lightning, thunder, volcanic eruption, fire or other extreme atmospheric conditions;
 - b) radioactive contamination or ionizing radiation or biological contamination except as may be attributable to the Agency's use of radiation or radio-activity or biologically contaminating material;
 - c) industry wide strikes, lockouts, boycotts, labour disruptions or any other industrial disturbances as the case may be not arising on account of the acts or omissions of the Agency and which affect the timely implementation and continued operation of the Project; or
 - d) an act of war (whether declared or undeclared), hostilities, invasion, armed conflict or act of foreign enemy, blockade, embargo, prolonged riot, insurrection, terrorist or military action, civil commotion or politically motivated sabotage, for a continuous period exceeding seven (7) days.

For the avoidance of doubt, it is expressly clarified that the failure on the part of the Agency and other member under this Agreement to implement any disaster contingency planning and back-up and other data safeguards in accordance with the terms of this Agreement against natural disaster, fire, sabotage or other similar occurrence shall not be deemed to be a Force Majeure event. For the avoidance of doubt, it is further clarified that any negligence in performance of Services which directly causes any breach of security like hacking aren't the forces of nature and hence wouldn't be qualified under the definition of "Force Majeure". In so far as applicable to the performance of Services, Agency will be solely responsible to complete the risk assessment and ensure implementation of adequate security hygiene, best practices, processes and technology to prevent any breach of security and any resulting liability therefrom (wherever applicable).

17.3 Notification procedure for Force Majeure

- i. The affected Party shall notify the other Party of a Force Majeure event within seven (7) days of occurrence of such event. If the other Party disputes the claim for relief under Force Majeure it shall give



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the claiming Party written notice of such dispute within thirty (30) days of such notice. Such dispute shall be dealt with in accordance with the dispute resolution mechanism in accordance with Clause
ii. Upon cessation of the situation which led the Party claiming Force Majeure, the claiming Party shall within seven (7) days hereof notify the other Party in writing of the cessation and the Parties shall as soon as practicable thereafter continue performance of all obligations under this Agreement.

17.4 Allocation of costs arising out of Force Majeure

- i. Upon the occurrence of any Force Majeure Event prior to the Effective Date, the Parties shall bear their respective costs and no Party shall be required to pay to the other Party any costs thereof.
- ii. Upon occurrence of a Force Majeure Event after the Effective Date, the costs incurred and attributable to such event and directly relating to the Project ('Force Majeure Costs') shall be allocated and paid as follows:
 - a.) upon occurrence of an event mentioned in Clause, the Parties shall bear their respective Force Majeure Costs and neither Party shall be required to pay to the other Party any costs thereof.
 - b.) Save and except as expressly provided in this Clause, neither Party shall be liable in any manner whatsoever to the other Party in respect of any loss, damage, costs, expense, claims, demands and proceedings relating to or arising out of occurrence or existence of any Force Majeure Event or exercise of any right pursuant hereof.

17.5 Consultation and duty to mitigate

- i) Except as otherwise provided in this Clause, the affected Party shall, at its own cost, take all steps reasonably required to remedy and mitigate the effects of the Force Majeure event and restore its ability to perform its obligations under this Agreement as soon as reasonably practicable. The Parties shall consult with each other to determine the reasonable measures to be implemented to minimize the losses of each Party resulting from the Force Majeure event. The affected Party shall keep the other Parties informed of its efforts to remedy the effect of the Force Majeure event and shall make reasonable efforts to mitigate such event on a continuous basis and shall provide written notice of the resumption of performance hereunder. Notwithstanding anything stated in this RFP, Parties agree and acknowledge that

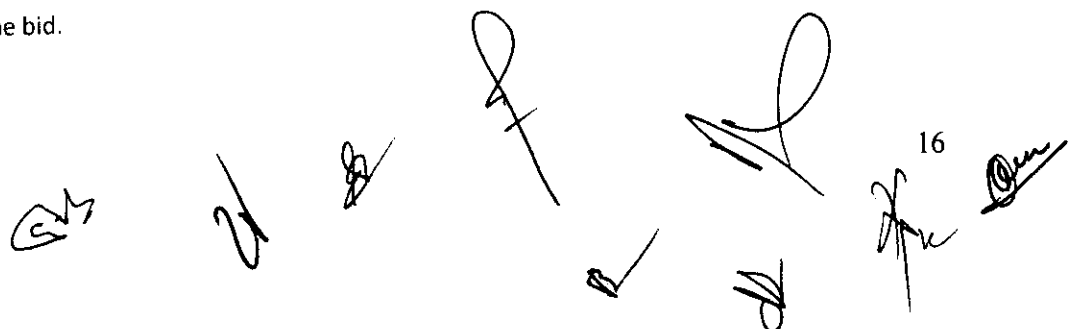
current situation of outbreak of Covid-19 will not be considered as a Force Majeure for purposes of Services under this Agreement. Service Provider at all time will ensure to deliver its services as per the Scope of Work. Service Provider will be responsible for any failure to perform its obligations under this contract, unless if it is prevented in performing of those obligations by an event of Government Order subject to written instruction and approval from DHS in this regard.

18. Selection Process for Bidder

18.1 Opening of Bids

The Bids shall be opened by the Authority in presence of those Bidders or their authorized representatives who may be present at the time of opening.

The representatives of the bidders should be advised to carry the identity card or a letter of the Authority from the bidder firms to identify that they are bona fide representatives of the bidder firm, for attending the opening of the bid.



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18.2 There will be three bid-opening events

18.2.1 Set 1 (Bid Security/EMD), and Set 2 (Pre-Qualification bid)

18.2.2 Set 3 (Technical bid)

18.2.3 Set 4 (Financial bid)

- i. The venue, date, and time for opening the Pre-qualification bid are mentioned in the Fact sheet.
- ii. The date and time for the opening of the Technical & Financial bid would be communicated to the qualified bidders.
- iii. The Technical Bids of only those bidders will be opened who clear the Prequalification stage.
- iv. The Technical Bid will include a technical presentation.
- v. The Financial Bids of only those bidders will be opened who qualify the minimum technical criteria.

Preliminary Examination of Bids

The Authority shall examine the bids to determine whether they are complete, whether the documents have been properly signed, and whether the bids are generally in order. Any bids found to be nonresponsive for any reason or not meeting any criteria specified in the RFP, shall be rejected by the Authority, and shall not be included for further consideration.

Initial Bid scrutiny shall be held, and bids will be treated as non-responsive if bids are:

- i. Not submitted in the format as specified in the RFP document
- ii. Received without the Letter of Authorization (Power of Attorney)
- iii. Found with suppression of details
- iv. With incomplete information, subjective, conditional offers, and partial offers submitted
- v. Submitted without the documents requested
- vi. Non-compliant to any of the clauses mentioned in the RFP
- vii. With a lesser validity period

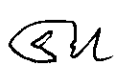
Clarification on Bids

During the bid evaluation, the Authority may, at its discretion, ask the Bidder for any clarification(s) of its bid. The request for clarification, and the response shall be in writing, and no change in the price or substance of the bid shall be sought, offered, or permitted.

Evaluation Process

The Authority shall constitute a "Tender Evaluation Committee" (identified by the Department) to evaluate the responses of the bidders. The Tender Evaluation Committee shall evaluate the responses to the RFP, and all supporting documents/documentary evidence. Inability to submit required supporting documents/documentary evidence by bidders may lead to rejection of their bids.

The decision of the Tender Evaluation Committee in the evaluation of bids shall be final. No correspondence will be entertained outside the process of evaluation with the Committee. The Tender



Evaluation Committee may ask for meetings or presentations with the Bidders to seek clarifications or conformation on their bids.

The Tender Evaluation Committee reserves the right to reject any or all bids. Each of the responses shall be evaluated as per the criteria, and requirements specified in this RFP.

The steps for evaluation are as follows:

18.2.1 Stage 1: Pre-Qualification

- i. Authority shall validate the Set 1 "Bid Security/Earnest Money Deposit (EMD)"
- ii. If the contents of Set 1 are as per requirements, Authority shall open the Set 2- "Pre-Qualification Bid". Each of the Pre-Qualification conditions mentioned is MANDATORY. In case, the Bidder does not meet any one of the conditions, the bidder shall be disqualified.
- iii. Bidders would be informed of their qualification/disqualification based on the Pre- Qualification criteria through email, and Phone, and subsequently, the Bid Security amount shall be returned to the respective disqualified Bidders after the submission of Performance Bank Guarantee by the successful Bidder.
- iv. Technical bids for those bidders who don't pre-qualify will not be opened.

Sl.no	Pre-Qualification Criteria	Supporting Document
18.2.1.1	A single entity duly registered /incorporated in India under the Societies Registration Act/Indian Religious, and Charitable Act/Indian Trust Act/Company Act or any other Act of State Government or Government of India for more than five years as on the date of submission of the proposal/bid. Consortium is not allowed.	Copy of the registration certificate issued by the competent authority
18.2.1.2	Bidder should have the minimum average annual turnover of INR 07 crores for the last three financial years (2018-19, 2019-20 & 2020-21).	The bidder must attach audited accounts, and a turnover certificate duly certified by a chartered accountant/auditor for the last three years (2018-19, 2019-20 & 2020-21) as supporting documents.

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- 18.2.1.3 The bidder should have a minimum of three years of experience in operating a health information helpline as per clause 1 & 2 in any state in India under PPP/in service hiring mode with Govt
- Project Citation along with work order copy/agreement/MOU/Any Other Supporting Document.
- 18.2.1.4 The bidder should have experience of operating at least a 30-seats inbound Health helpline, and a 10-seats outbound health information helpline for any state/district health authorities in any part of the country.
- Project Citation along with Work-orders, and/or any other supporting documents/experience certificates issued by the client as proof should be provided
- 18.2.1.5 The Bidder shall not be under a Declaration of Ineligibility for corrupt or fraudulent practices or blacklisted with any of the Government agencies.
- Affidavit on not blacklisted by any Govt. Dept. / Agency / PSU.
- 18.2.16 Bidders should provide the copies of
- Copies of requisite documents
- i. PAN card
 - ii. GST
 - iii. ESI
 - iv. EPF
 - v. Service Tax Registration Certificate
 - vi. Income tax return of last three assessment years

18.2.2 Stage 2: Technical Evaluation

- i. The Authority shall be followed to select the most preferred among the applicants/bidders, who qualify technically submitting the technical proposal in the manner specified in this RFP document. Any material deficiency/discrepancy in the technical bid shall disqualify the bidder technically.
- ii. To facilitate evaluation of Proposals, Authority may, at its sole discretion, seek clarifications from any Applicant regarding its Proposal. Such clarification(s) shall be provided within the time specified by Authority for this purpose. Any request for clarification(s) and all clarification(s) in response thereto shall be in writing. If an Applicant does not provide clarifications sought by Authority within the specified time, its Proposal may be liable to be rejected. In case the Proposal is not rejected, Authority may proceed to evaluate the Proposal by construing the particulars requiring clarification to the best of its understanding, and the Applicant shall be barred from subsequently questioning such interpretation by Authority.
- iii. The Authority reserves the right to verify all statements, information and documents, submitted by the Applicant in response to this RFP. Any such verification or absence of

- verification by Authority shall not in any manner whatsoever relieve the Applicant of its obligations or liabilities hereunder nor will it affect any rights of Authority.
- iv. In case it is found during the evaluation or at any time before signing of the Contract or after its execution and during the period of subsistence thereof, that any eligibility conditions have not been met by the Applicant or if the Applicant has made material misrepresentation or has given any materially incorrect or false information, the Applicant shall be disqualified forthwith if not yet selected as the Service Provider (either by issuance of the LOA or entering into of the Contract), and if the Successful Applicant has already been issued the LOA or has entered into the Contract, as the case may be, the same shall, notwithstanding anything to the contrary contained therein or in this RFP, be liable to be terminated, by a communication in writing by the Authority without Authority being liable in any manner whatsoever to the Successful Applicant or Service Provider, as the case may be. In such an event, Authority shall, without prejudice to any other right or remedy that may be available to Authority, forfeit and appropriate the Performance Security as mutually agreed pre-estimated compensation and damages payable to Authority for, inter alia, time, cost and effort of Authority; provided that in the event the Performance Security has not been provided, Authority have the right to forfeit the Bid Security and the Applicant or Service Provider, as the case may be, shall be liable for the difference.
- v. Only the bidders who got the Score more than or equal to 60% in Technical Evaluation will be qualified for the further evaluation of financial bid
- vi. The financial bid will not be opened for those bidders, who do not qualify for the technical evaluation.

S. No	Parameters	Marks	Max. Marks
18.2.2.1	Experience of the bidder in no of years in implementing Health helpline as per Clause 1 & 2 (Experience in implementation of validated algorithms, and Disease summaries for Health helplines validated by any of the State/central governments which have been used or in use for a minimum period of 12 months and Grievance redressal) in India in PPP /in service hiring mode with Govt		15
A	Experience up to 3 Years (36 months)	5	
B	Experience of more than 3 Years (36 months) up to 5 Years (60 months)	10	
C	Experience of above 5 years (61 months and above)	15	
18.2.2.2	Experience of the bidder in no of projects implementing Health helpline Clause 1 & 2 in India in PPP /in service hiring mode with Govt		15
A	Experience up to 3 projects	5	
B	Experience more than 3 to 5 projects	10	
C	Experience of above 5 projects	15	

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18.2.2.3	Experience of the bidder in no of seats in implementing Health helpline in Clause 1 & 2 India in PPP /in service hiring mode with Govt		15
A	Up to 30 seats	5	
B	31-50 seats	10	
C	More than 51 seats	15	
18.2.2.4	Experience in HR (as per qualifications in the RFP) of similar kind of work in implementing Health helpline in India in PPP /in service hiring mode with Govt. Evidence should be available in technical bid for evaluation (each staff ESI/PF certificate and ITR certificate to be attached)		10
A	Medical Officer MBBS a minimum 2, Specialist MD/ MS minimum 1, Counsellor's minimum 5 and frontend Callers 15 no's minimum up to 2 Years of experience in project/ projects	5	
B	Medical Officer MBBS a minimum 5, Specialist MD/ MS minimum 2, Counsellor's minimum 10 and frontend Callers 30 no's minimum up to 2 Years of experience in project/ projects	7	
C	Medical Officer MBBS a minimum 8, Specialist MD/ MS minimum 3, Counsellor's minimum 15 and frontend Callers 60 no's minimum up to 2 Years of experience in project/ projects	10	
18.2.2.5	Volume of Calls received and Calls made by the bidder through the health helpline in India in PPP /in service hiring mode with Govt		10
A	Up to 15,000 / seat per annum in any 1 project	3	
B	Up to 15,001 to 20,000/ seat per annum in any 1 project	5	
C	Up to 20,001 to 25000 / seat per annum in any 1 project	10	
18.2.2.6	Experience of the bidder in no of projects implementing Outbound Health helpline in India in PPP in Govt/in service hiring mode with Govt. (Certificate must be attached by MOU signing authority)		15
A	Experience up to 3 projects	5	
B	Experience 3- 5 projects	10	
C	Experience of above 5 projects	15	
18.2.2.7	*Average Annual Turnover in last 3 financial year (2018-19, 2019-20, 2020-21) in the similar project of Health helpline in India in PPP/in service hiring mode with Govt.		15
	Average Annual Turnover of 7 crore	5	
	Average Annual Turnover of more than 7 Crore - 10 Crore	10	
	Average Annual Turnover of above 10 Crore	15	

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18.2.2.8	Technical Proposal		5
	If not submitted along with Technical Bid	0	
	If submitted along with Technical Bid	5	
	Total		100

18.2.2.9 Technical proposal

All Applicants shall be required to make technical presentation before committee but this presentation will not consider for qualification criteria and carries only as per clause 18.2.2.8 in above table for submission, the presentation helps committee to understand the strengths and weakness of the bidder, before the opening of Financial Proposals. The presentation shall cover the following aspects.

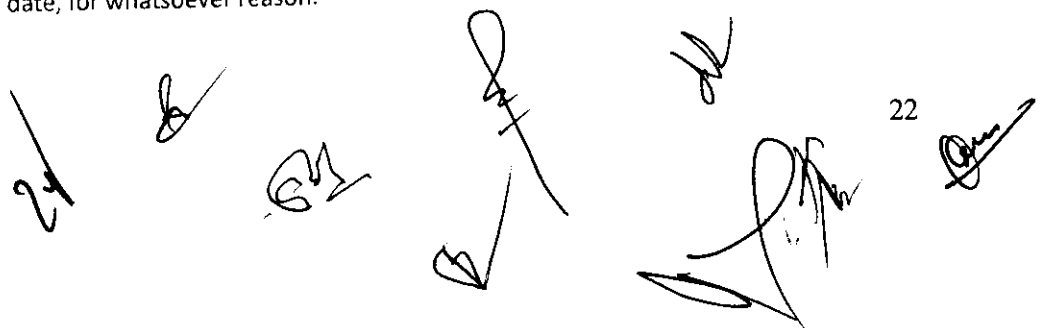
- i. Brief Company profile, presence, associates, major clients & projects, etc.
- ii. Experience, and capabilities of conducting similar assignments.
- iii. Understanding of assignment along with methodology indicating the broad scope of work, and proposed action plan.
- iv. The presentation should highlight the outbound services such as Grievance Redressal, Health Helpline, MCTS/ ECD and any other outbound services assigned by Government.
- v. Details of proposed staff structures, and training (with updates) to be provided. Risks, and proposed risk-mitigating measures.
- vi. Details of the office set up with spacious cubes for Health advisory Officers, separate cabins for Medical, Specialist officers and Counselling officers, spacious training room with required infrastructure and refreshment area and the service provider should follow covid appropriate behaviors.

18.2.3 Stage 3: Financial Evaluation

Prior to evaluation of the Financial Proposals, the Evaluation Committee will determine whether the Financial Proposals are complete in all respects, unqualified and unconditional, and submitted in accordance with the terms hereof. The price (Service Charges) as quoted in the Financial Proposal shall be deemed as final and reflecting the total cost of services and should be stated in INR only. Omissions, if any, in costing of any item shall not entitle the Applicant to be compensated and the liability to fulfil its obligations as per the Terms of Reference within the total quoted price shall be that of the Applicant.

The bidders shall quote a price in the online financial bid towards implementation of selection of Selection of Agency for CG Dial Selection of Agency for CG Dial 104 Health Helpline Call Center in the state of Chhattisgarh. The service provider shall not be paid/reimbursed any amount other than the price as quoted in the financial bid for running the services.

The technically qualified Applicant (bidder) having the lowest financial quote will be declared as the winner and invited for signing the contract. However, the authority reserves the right to invite the 2nd lowest Applicant for signing the contract at lowest (L1) rate, in case the preferred (L1) bidder fails to execute the contract within due date, for whatsoever reason.



19. Agreement

The agreement shall be executed with the successful Applicant (L1 Bidder) on a non-judicial stamp paper of value of Rs 100/- (stamp duty to be paid by the Bidder) within 15 (fifteen) working days from the date of the intimation by the Authority informing acceptance of the proposal and award of contract.

20. Single Proposal

A firm/ legal entity should submit only one proposal. If a firm/ legal entity submits or participates in more than one proposal, all such proposals shall be disqualified.

Each page, Form, Annexure, and Appendices of the Technical, and Financial Proposal must be signed by the Authorized signatory of the firm /legal entity. All blank spaces in the financial proposal must be filled in completely where indicated, either typed or written in ink.

Government reserves the right to accept or reject one or all applications without giving any explanation.



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On the letter head

ANNEXURE-1:

To,
Director, Health Services
Chhattisgarh
Indravati Bhawan, 3rd Floor
Atal Nagar Nava Raipur

Sir,

We, the undersigned, offer to organize the Health Helpline Services following your Request for Proposal dated We are hereby submitting our Proposal, which includes Technical Proposal, and Financial Proposal online as mentioned.

We hereby declare that all the information and statements made in this Proposal are true, and accept that any misrepresentation of facts may lead to our disqualification, and /or black-listing.

The prices quoted by us in the Financial Proposal (Form F) are valid till six months from the date of submission of the quotation. We confirm that this proposal will remain binding upon us, and may be accepted by you at any time before the expiry date.

Prices have arrived independently without consultation, communication, agreement, or understanding (to restrict competition) with any competitor.

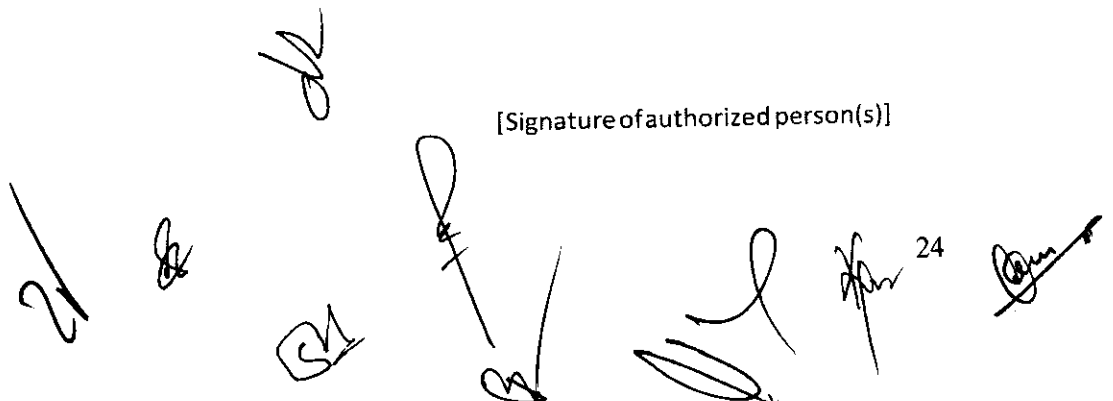
We agree to bear all costs incurred by us in connection with the preparation, and submission of the proposal, and to bear any further pre-contract costs.

We understand that the State is not bound to accept the lowest financial bid or any proposal or to give any reason for the award, or the rejection of any proposal.

We confirm that we have the authority of *[Insert Name of the Agency/Firm]* to submit the proposal and to negotiate on its behalf.

Yours faithfully,

[Signature of authorized person(s)]



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On the letter head

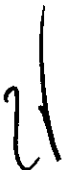
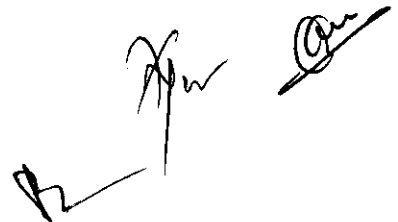
Annexure-2

FORMAT FOR FINANCIAL BID

104 Health Helpline services (call center)	
All-inclusive per month rate for operating the call center & applicable taxes	Rs.
	(Rupees in words)

Signature:

[Signature of authorized person(s)]



ANNEXURE- 3:

Details of Bidder

SL. No.	Area of the details to be provided	Responding Firm's / Company Details to be provided		
1	Name of the Bidder			
2	Address of the Bidder			
3	Telephone number of the Bidder			
4	Details of the contact person to whom all references shall be made regarding this tender	Name of the contact person		
		Designation of the person		
		Address of the person		
5	e-mail address of the Bidder			
6	Fax number of the Bidder			
7	Telephone number of the Bidder			
8	Details of Registration	1. Registration Number of the Bidder.		
		2. Name of the place where the Bidder was registered.		
		3. Date when the entity was registered.		
		4. Validity Period, if applicable.		
9	Central Service Tax No.			
10	VAT/Service Tax No. (If applicable)			
11	PAN No.			
12	ISO 9001:2008 Certification Certificate No.: Expiry Date:			
13	Annual Turnover during last three financial Years, 2018-19, 2019-20 and 2020-21	FY 2018-19	FY 2019-20	FY 2020-21
14	Details of ownership of the Bidder (Name and Address of the Board of Directors, Partners, etc.)			
15	Name of the authorized signatory who is authorized to quote in the tender and enter into the rate contract (Power of Attorney to be submitted)			
16	Locations and addresses of the offices.			

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**ANNEXURE-4:
DECLARATION BY BIDDER**

I / We agree that we shall keep our price valid for the entire duration of contract i.e. till ... /.../.... I / We will abide by all the terms & conditions set forth in the tender documents No. /


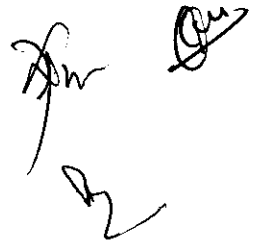
I / We do hereby declare I / we have not been de- recognized / black listed by any State Govt. / Union Territory / Govt. of India / Govt. Organization / Govt. Health Institutions.

Signature of the Applicant:

Date:

Name & Address of the Firm

Affidavit before Executive Magistrate / Notary Public in Rs.50/100 stamp paper.



Annexure 5:

Format for Power of Attorney for Signing of Proposal
(On stamp paper of appropriate value)

POWER OF ATTORNEY

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 of _____ as our or attorney, to do in our name and on our behalf, all such acts, deeds and things necessary in connection with or incidental to our Proposal for the project envisaging Selection of Agency for CG Dial Selection of Agency for CG Dial 104 Health Helpline Call Center, including signing and submission of all documents and providing information/ responses to Directorate of Health Services, Department of Health and Family Welfare, Government of Chhattisgarh, representing us in all matters before Directorate of Health Services, Department of Health and Family Welfare, Government of Chhattisgarh and generally dealing with Directorate of Health Services, Department of Health and Family Welfare, Government of Chhattisgarh in all matters in connection with our Proposal 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.

For

(Signature)

(Name, Title and Address)

Accepted

(Signature)

(Name, Title and Address of the Attorney)

Witnesses:

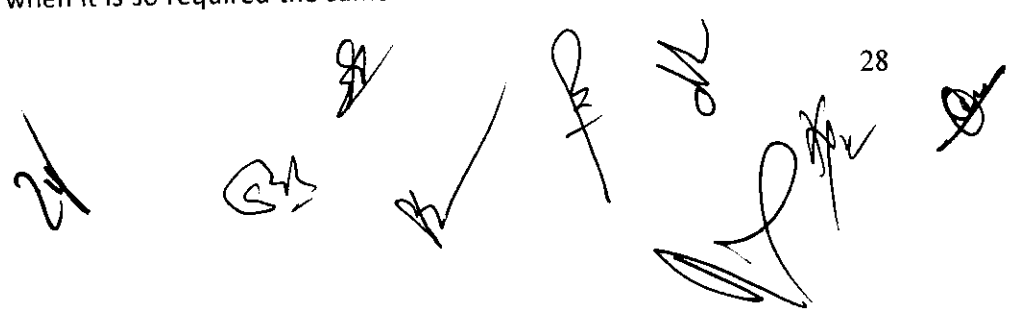
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- 2.

(Notarized)

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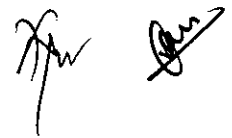
1. The mode of execution of the Power of Attorney should be in accordance with the procedure, if any, laid down by the applicable law and the charter documents of the executant(s) and when it is so required the same should be under common seal affixed in

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accordance with the required procedure. The Power of Attorney should be on a stamp paper of appropriate value.

2. Also, wherever required, the Bidder should submit for verification the extract of the charter documents and documents such as a resolution/power of attorney in favor of the Person executing this Power of Attorney for the delegation of power hereunder on behalf of the Bidder.



**ANNEXURE-6:
PROFORMA FOR BANK GUARANTEE**

To,
Directorate of Health Services,
Department of Health and Family Welfare,
Government of Chhattisgarh

WHEREAS..... (Name and address of the Service Provider)
(Hereinafter called "Agency") has undertaken, in pursuance of contract No.....
Dated..... (Herein after "the contract") to establish and operate "Selection of
Agency for CG Dial Selection of Agency for CG Dial 104 Health Helpline Call Center"
AND WHEREAS it has been stipulated by you in the said contract that the Agency shall furnish you
with a bank guarantee by a scheduled Financial bank recognized by you for the sum specified
therein as security for compliance with its obligations in accordance with the contract;

AND WHEREAS we have agreed to give such a bank guarantee on behalf of the Agency;

NOW THEREFORE we hereby affirm that we are guarantors and responsible to you, on behalf of the
Agency, up to a total of..... (Amount of the guarantee in words and figures),
and we undertake to pay you, upon your first written demand declaring the Agency to be in default
under the contract and without cavil or argument, any sum or sums within the limits of (amount of
guarantee) as aforesaid, without your needing to prove or to show grounds or reasons for your
demand or the sum specified therein.

We hereby waive the necessity of your demanding the said debt from the Agency before
presenting us with the demand.

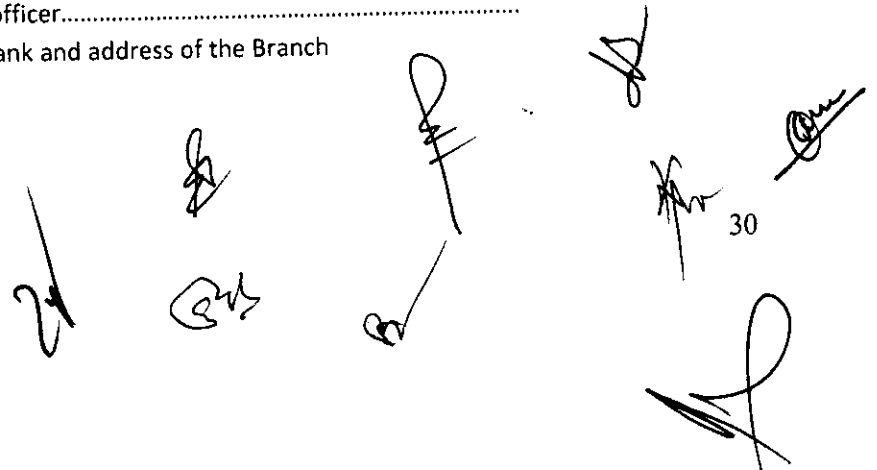
We further agree that no change or addition to or other modification of the terms of the contract
to be performed there under or of any of the contract documents which may be made between you
and the Agency shall in any way release us from any liability under this guarantee and we hereby
waive notice of any such change, addition or modification.

This guarantee shall be valid up to three months beyond the expiry of the contract period i.e. up
to..././.....

(Signature with date of the authorized officer of the Bank)

.....
Name and designation of the officer.....

Seal, name & address of the Bank and address of the Branch

The bottom section of the document contains several handwritten signatures and stamps. On the left, there are three distinct signatures. In the center, there is a signature above a circular stamp. To the right, there is another signature above a circular stamp, with the number '30' written below it. At the bottom right, there is a large, stylized signature.

Annexure 7:

Details of Similar Projects (Inbound & Outbound)

Name of Project	Contact details of Client & Address	No. of Seats	Project Status		Is Validated Algorithm & Disease summaries Provided (Yes or No)	Services provided
			Project Start date	Project Completion Date		

SK

f

S

pa

[Signature]

B

[Signature]

214

[Signature]

**Annexure 8:
Project Citation**

S. No.	Items	Details
General Information		
1	Customer Name	
2	Name of the contact person and contact details for the client of the assignment	
3	Whether client visit can be organized	
4	Project Title	
5	Start Date and End Date	
7	Total Cost of the project	
8	Current Status (Live / completed / ongoing / terminated / suspended)	
9	No of staff deployed	
Enclosures Required		
Enclosure A: Description of the Project		
Enclosure B: Agreement or Work Order Copy		

