

**Request For Proposal for "Selection of Service Provider for Fleet Management of 102 Mahatari Express"
PRE Bid Queries of 102 Mahatari Express Ambulance Services RFP No:06/DHS/102/2023 Dated 21/03/2023**

Sr No	RFP Document Reference (Section No., Page No.)	Content of the RFP requiring clarification	Amendment Sought	Clarification sought	Response to Query / DHS Remark
1	Vol-1, Section No 3.5 point No- 3, page No 23	In case of consortium, the applicant consortium shall submit a valid agreement among the members. The agreement shall clearly specify the details of the lead member and other consortium members and scope of each of the members of the consortium. The maximum number of members allowed in a consortium is Three (3) including Lead member.	All Consortium member must be of similar nature i.e. ambulance/medical & Health services business. Ambulance services are most critical services and golden hour time is very important for patient care hence ambulance services experience must be mandatory.	Experience Certificates to be attached for similar nature work.	As Per RFP
2	Vol-1, Section No 3.5 point No- 6, page No 25	The bidder should be operating at-least fleet of 190 Transport/ Ambulances for a year for any Central/ State Government Department in India (operational for at-least 2 year) in last 3 years as on bid submission date.	The bidder should be operating at-least minimum 380 Fleet of GPS & GIS based ambulances managed through centralized call center in which 190 ambulances should be owned (50% of 380) at the time of bid submission for any Central Govt/ State Government/ PSU in India.	As this is a critical life saving service hence experience of Transport vehicles should be removed and experience of running ambulances should be mandatory. Also must have experience of successfully running minimum 50% owned ambulance in any single project of Central Govt/State Govt / PSU.	As Per RFP
3	Vol-1, Section No 3.5 point No- 7, page No 25	Experience in Private/central Government / State Government or Government under taking institutions of running EMS with at least 20 Seat call center for the last 2 (Two) year without any discontinuity.	Experience of minimum 100 physical seater along with medical advisory of more than one(1) year running call center of any Central Government / State Government or Government undertaking institutions of running EMS. Govt/ PSU Emergency call center operations is different from private call center so private must be removed from this clause.	Call center experience must be of minimum successfully running 100 physical seater along with medical advisory EMS call center with any Central Govt./ State Govt./PSU .	As Per RFP
4	Vol-1, Section No 3.5 point No- 8, page No 25	The bidder shall possess 2 years of experience in computer telephony integration with the ability to log calls with Geo- spatial information System with GPS integrated Ambulance / vehicle monitoring system and software components to operate the hardware of the present project.	The bidder should have minimum 2 years experience of successfully running GPS & GIS based ambulance fleet through centralized call centre in a single project of any Central Govt/ State Govt/ PSU.		As per RFP

5	Vol-1, Section No 3.5 point No- 9, page No 25	the bidder should not have been blacklisted/ debarred for transport/ Ambulatory services by any govt. department / public sector undertaking (PSU) on the date of bid submission	<p>A) Bidder should not have been convicted by any court of law for any criminal or civil offences either in the past or in the present. In case of a consortium, the members should not have been declared bankrupt in the past. Bidder will submit an affidavit to this effect.</p> <p>B) Bidder will give an affidavit that no investigation by any statutory body/ Govt. investigating Agency of any State Govt./ Central Govt. has been undertaken or pending against the bidder for the charge having nature of criminal/ economic offence/ fraud.</p> <p>C) Bidder should not have been debarred in last three years from the date of submission of bid by any Central/ State/ Public Sector undertaking or any Government Department in India.</p>	Annexures (13A, 13A1, 13A2) attached which was also included in NHM rajasthan 108 ambulance/ FRV Rajasthan Police tender.	As per RFP
6	Vol 1- Annexure 2 point no- 6 page -31	Annexure 2 –Qualification Bid Submission Format - The bidder should be operating at-least fleet of 190 Transport/ Ambulances for a year for any Central/ State Government Department in India (operational for at-	The bidder should be operating at-least minimum 380 Fleet of ambulances in which 190 ambulances should be self owned (50% of 380) at the time of bid submission for any Central Govt/ State Government/ PSU in India. This will address sustainability of vendor & services. For Example- MP 108 project faced problem due to this.	Must add clause: Bidder should have experience of successfully running minimum 50% own ambulance fleet in a single project of Central Govt./ State Govt./ PSU. This will enhance stability of service Provider.	As per RFP
7	Vol-2, Section No 1 point No- 9, page No 6	Addition of Ambulances owned by the Department- Integration of extra Ambulances The Ambulances which will provided by local District Authority such as DMF, CSR, or received from any other heads and other Govt. owned Ambulances shall have the feasibility to integrate with existing 102 Ambulance services and their operational cost 35% (+5% up) will be provided against the quoted L-1 Rate per ambulance per month for the operation of Govt. owned/ Provided Ambulances.	Operational cost of ambulance is 85 to 90% in any ambulance project (Manpower, fuel , R&M etc.) so payment must be 90% of quoted rate of L1.	It should be 85 to 90% of L1 bidding price or old rate of non-turnkey ambulance.	Addition of Ambulances owned by the Department- Integration of extra Ambulances The Ambulances which will provided by local District Authority such as DMF, CSR, or received from any other heads and other Govt. owned Ambulances shall have the feasibility to integrate with existing 102 Ambulance services and their operational cost Rs.50,000 (Along with pilot) will be provided against the quoted L-1 Rate per ambulance per month for the operation of Govt. owned/ Provided Ambulances.
8	Vol-1, Section No 3.5 point No- 12, page No 26	Applicable to:- On the letter head of bidder or consortium partners if any as applicable / GST certificate	bidder / all member of consortium should submit GST no dues certificate on the date of bid submission	Chartered Accountant certificate must be attached at the time of bid submission.	As per RFP

9	Suggestion for Consideration	Suggestion for Consideration	Bidder/ any member of consortium should have valid minimum SEI CMMI level 3 or more at the time of bidding from last 3 completed financial years (i.e FY 2020-21, 2021-22 & 2022-23).	Bidder/ any member of consortium should have valid minimum SEI CMMI level 3 or more at the time of bidding from last 3 completed financial years. As this is a life saving service hence bidders with Valid CMMI level 3 or more will always ensure best of the quality services which in turn will benefit the residents.	As per RFP
10	Vol-2, Section No- 7 point No- i, page No 19	7. Minimum Specification Requirements. i. Ambulance specification	Specifications amendmend request as stated below in sub table:	Specifications amendmend request as stated below in sub table:	As per RFP
11		Particular	Description	Amendment request	As per RFP
12		Ground Clearance	Minimum 180 mm	Minimum 160mm	As per RFP
13		Other Key Features	Air conditioned and Power Steering	Air conditioned and Electrical Steering	As per RFP
14		Ambulance External Dimensions	Length in mm- Minimum of 3900	Length in mm- Minimum of 3675	As per RFP
			Height in mm- Minimum of 1650 Width in mm- Minimum of 1700	Height in mm- Minimum of 1825	As per RFP
				Width in mm- Minimum of 1475	As per RFP
15	Vol-1, Section No- 3.5 point No- 4, page No 24	The Average Annual Turnover of the Sole Bidder or all consortium members (cumulative) should be INR 50 crores or more in any 3 consecutive years (out of last 4 years) as on bid submission date (i.e. FY 2017-18, FY 2018-19, FY 2019-20, FY 2020-21) and the Average Annual Turnover of the sole bidder or consortium should have 12.5 crores revenue from Transport/ Ambulatory Services for two year for any central/state Government Department in India in any 3 consecutive years (out of last 4 years) as on bid submission date (i.e. FY 2017-18, FY 2018-19, FY 2019-20, FY 2020-21)	Bid submission date is 10.5.2023 so last four year is FY2019-20, FY2020-21, FY2021-22, FY2022-23 So it should be corrected in this point. And 12.5 Crores revenue turnover should be deleted as we required 50 cr tenover wchich may be increases for last four financial year i.e. (FY2019-20, FY2020-21, FY2021-22, FY2022-23). all Consortium member must be similar nature of ambulance/medical services business. Ambulance services are most critical services and golden time is very important key and it ambulance services experience must be mandatory.	Must include FY 21-22 & 22-23. Experience in Financial year must be corrected i.e. FY2019-20, FY2020-21, FY2021-22, FY2022-23 . CA certificateneed to be submitted at the time of bidding.	The Average Annual Turnover of the Sole Bidder or all consortium members (cumulative) should be INR 50 crores or more in any 3 consecutive years (out of last 4 years) as on bid submission date (i.e. FY 2018-19, FY 2019-22, FY 2020-21, FY 2021-22) and the Average Annual Turnover of the sole bidder or consortium should have 12.5 crores revenue from Transport/ Ambulatory Services for two year for any central/state Government Department in India in any 3 consecutive years (out of last 4 years) as on bid submission date (i.e. FY 2018-19, FY 2019-22, FY 2020-21, FY 2021-22)
16	Vol-2, Section No- 1 point No- 2, page No 3	Establishment of Command & Call Center – The successful bidder needs to establish a 30 seat call center,	MMR in Chhattisgarh is 137 and infant mortality rate is 39 deaths so NHM must introduce at least 10 seat for MAS in addition of 50 seater call carter to address both. MAS (Medical Advisory services) will cater medical advice/ counseling on phone.	Must add-on at least 50 seater for Medical Advisory Services services.	As per RFP
17	Vol-1, Section No- 6.5 point No- 2, page No 79	INR 20,000 per incidence of breakdown while attending service request Total penalty amount would be calculated based on cumulative breakdowns computed by adding each Ambulance's breakdowns for the period	If Schedule Service is in proper way & Time then Penalty should not be imposed as Mechanical fault is beyond control of Service Provider.	No penalty if it is beyond control of Service Provider.	As per RFP

18	Vol-1, Section No 6.5 point No- 3, page No 79	Ambulances having completed 2,50,000 KMs are to be retired and replaced within 7 days, 3 or more breakdowns in a month are to be retired and replaced within 7 days. Target is 100%	There is many reason for Break-down so replacement of vehicle is not correct, service provider will insure to provide 100% fleet up-time by providing back-up ambulances. Vehicle replacement should be as per Motor veh. Act.	Condemnations must be as per Govt guild line i.e. 2.5 lacs or 10 years.	Ambulances having completed 3,00,000 KMs are to be retired and replaced within 7 days, 3 or more breakdowns in a month are to be retired and replaced within 7 days. Target is 100%
19	Vol-1, Section No 6.5 point No- 6, page No 82	Providing service on all valid 100% service request generated by Integrated Command center. Target -100% Total Unnerved Service Request = (Total Service Request Generated at Integrated Command Centre) – (Total Service Requests handled by Fleet) Unnerved request can be defined as service request received at call center and dispatched by executive but not catered / fulfilled by ambulance.	There is many reason for unserved call. 1. Ambulance reach at scene but caller moved from Locations. 2. Caller denied for services due to minor issue. 3. caller is not ready to go in Govt hospital or want to drop which is not as per NHM guidelines. 4. caller is not ready to wait. 5. multiple call for one incident. 6. Discharge or IFT is taking lots of time, caller have called without IFT i.d. etc. 7. refused because of unavoidable situation. 8. victim expired. 9 If all nearby ambulances are busy in another case. 10. If caller given wrong address or Road condition is very poor (raw road).	In Unserved services - removed situations which is beyond control of service provider.	After varification from concerned Districts and report submitted by TPA it will be considered
20	Vol-2, Section No 7 point No- i, page No 19	7. Minimum Specification Requirements.i. Ambulance specification	Availability of ambulance is most important key of ambulance project and it totally depended on services availability of ambulance. In Ambulance services is always planned to cover each area upto block level and in most of block level only maruti service and mechanics are available that is the reason in entire India of 102 project Maruti omini or maruti ECO is always favorable to transport in 102 services so we strongly recommend to do minor change in specification of ambulance so that at least Maruti Eco can be qualify.	Must consider at Least Maruti ECO which is successful and tested modal across all 102 project in India.	As per RFP
	Vol-2, Section No 1 point No- 2, page No 3	Add- on point for indtroducing 50 seats for MAS.	Toll Free Medical Advice Service (free service): -	Toll Free Medical Advice Service (free service): -	As per RFP
				To provide Medical Advice, counseling, information directory, complaint registration etc.	As per RFP
				Services over telephone.	As per RFP
				Medical advice using Triage (classifying the caller's condition into critical, "serious" or "stable" states).	As per RFP
				Medical Advice and allowed suggestive medication including home remedies.	As per RFP

First level medical advice and suggestive medication, First aid advice.	As per RFP
Counseling and advice (stress, depression, anxiety, post-addiction), Rehab counseling (Alcohol, Drugs, Smoking.), Psychological counseling (Anxiety. Depression, suicidal tendencies, chronic diseases like cancer etc.)	As per RFP
Family planning counseling	As per RFP
Counseling about stigmatized diseases (HIV, AIDS, Leprosy)	As per RFP
Information Directories Services: Information Directory for tracking	As per RFP
health services providers/institutions, diagnostic services, hospitals etc.	As per RFP
Complaint Registration about person/ institution relating to deficiency of services, negligence corruption, etc. in government	As per RFP
Women and child health care information	As per RFP
Beneficiary of medical and health schemes.	As per RFP
Medical Officer: - Doctor Consultation over the telephone.	As per RFP
Health Adviser officer: - First Level medical advice and suggestive medication including home remedies/ Information directories/Medical and health schemes.	As per RFP
Counsellor: - Counseling and advice (stress, depression, anxiety, post-addiction), Rehab counseling (Alcohol, Drugs, Smoking.), Psychological counseling (Anxiety. Depression, suicidal tendencies, chronic diseases like cancer etc.)	As per RFP
Complaint Desk: - Complaints closing with help of concern person/department.	As per RFP

22	Vol-II, page No 15, Section No-H Trip Definition	Distances travelled kilometer in following condition are considered in trip for the purpose of payment calculation			To be read as- "Following condition are considered in trip for the purpose of payment calculation"
23	Volume 1 Page No. 24 Point 4	The Average Annual Turnover of the Sole Bidder or all consortium members (cumulative) should be INR 50 crores or more in any 3 consecutive years (out of last 4 years) as on bid submission date (i.e. FY 2017-18, FY 2018-19, FY 2019-20, FY 2020-21)		The Average Annual Turnover of the Sole Bidder or all consortium members (cumulative) should be INR 50 crores or more in any 3 consecutive years and lead bidder should be having avg. turnover of at least 70 % of the INR 50 Crore (out of last 4 years) as on bid submission date (i.e. FY 2017-18, FY 2018-19, FY 2019-20, FY 2020-21 & FY 2021-2022) " Financial Year 2021-2022 should also get added in it."	The Average Annual Turnover of the Sole Bidder or all consortium members (cumulative) should be INR 50 crores or more in any 3 consecutive years (out of last 4 years) as on bid submission date (i.e. FY 2018-19, FY 2019-22, FY 2020-21, FY 2021-22) and the Average Annual Turnover of the sole bidder or consortium should have 12.5 crores revenue from Transport/ Ambulatory Services for two year for any central/state Government Department in India in any 3 consecutive years (out of last 4 years) as on bid submission date (i.e. FY 2018-19, FY 2019-22, FY 2020-21, FY 2021-22)
24	Volume 1 Page No. 24 Point 5	The net-worth of the Sole Bidder or Consortium should be positive as on bid submission date		This project has investment of purchase and operationalization of 380 vehicles , the successful bidder should not only have positive net worth but net worth equivalent to 20-25% of annual cost of the project. A positive net worth can be of Rs. 1 also but it doesn't mean bidder is financially strong.	Certificate from statutory auditor either positive or Negative. Only positive net worth certificate will be acceptable.
25	Volume II Page No. 9 Point 3 (iii)	Bidder will deploy 90% drivers having Chhattisgarh domicile.		Bidder should deploy minimum 75% drivers, who should be resident of Chhattisgarh (Adhaar Card or any Other Proof of address should be considered) Having domicile of Chhattisgarh will be very restrictive as lots of people will not be having the domicile but belongs to Chhattisgarh State.	As per RFP

26	Volume II Page No. 10 Point 5	<p>1 EMT per Community Health center, 3 EMT per Community Health center (The CHC's which are located near accident prone areas) and 3 EMT per District Hospital 24x7 operations</p> <p>.Basic Qualification: B.Sc. Nursing with certificate in Emergency.</p> <p>The bidder shall conduct 3 months basic training of identified / shortlisted EMTS based on basic qualification criteria and interpersonal soft skills.</p>		<p>1 EMT per Community Health center, 3 EMT per Community Health center (The CHC's which are located near accident prone areas) and 3 EMT per District Hospital 24x7 operations" "Please provide the total EMT's count to be deployed in all the govt. hospital, so that all the bidders can get the exact count and can bid accordingly"</p> <p>Basic Qualification: B.Sc. Nursing/ANM/GNM/B-Pharmacy/D-Pharmacy/DMLT/BMLT " Apart from B.Sc nursing, EMT holding above mentioned qualification should also get considered"</p> <p>The bidder shall conduct 30-45 days basic training of identified / shortlisted EMTS based on basic qualification criteria and interpersonal soft skills.</p>	<p>1 EMT for each 135 CHCs (from 9.00 A.M. TO 5.00 P.M.), 3 EMT for each 35 Community Health center (The CHC's which are located near accident prone areas) and 3 EMTs for each 33 District Hospital for 24x7 operations</p> <p>.Basic Qualification: B.Sc. Nursing with certificate in Emergency.</p> <p>The bidder shall conduct 40 Days basic training of identified / shortlisted EMTS based on basic qualification criteria and interpersonal soft skills.(List of CHCs and DH will be provided at time of MOU)</p>
27	Volume II Page No. 13 Point 4 (iii)	<p>On completion of 2.5 lakhs kilometer travel distance, the Ambulance should be replaced with new Ambulance.</p>		<p>On completion of 3.5 lakhs kilometer travel distance, the Ambulance should be replaced with new Ambulance. " (Vehicle with the required specifications has good build and life, so it should be replaced after 3.5 Lakh KM. It will also help govt. to get the bidder at competitive rates)</p>	<p>On completion of 3 lakhs kilometer travel distance, the Ambulance should be replaced with new Ambulance.</p>
28	Volume II Page No. 5 Point 5	<p>Ambulances Involved - The successful bidder needs to provide 380 new Ambulances within 3 months from the date of agreement. However, past these 380 Ambulances, if new Ambulances are required than successful bidder needs to provide the same within 60 days.</p>		<p>Ambulances Involved - The successful bidder needs to provide 380 new Ambulances within 3 months from the date of agreement. However, past these 380 Ambulances, if new Ambulances are required than successful bidder needs to provide the same within 60 to 120 days in phase wise. (From April 2023 BS 6.2 version is getting launched for the vehicles, whose production will be very less and considering the same time up to 120 should be given to bidder for the deployment of new vehicles)</p>	<p>Ambulances Involved - The successful bidder needs to provide 380 new Ambulances within 150 days from the date of agreement. However, past these 380 Ambulances, if new Ambulances are required than successful bidder needs to provide the same within 60 days. The number of additional ambulances if required will be informed to the service provider in advance. In case of delay in deployment of Ambulance beyond 60 days, penalty will be levied as per SLA terms.</p>

29	Volume 1 Page No. 78 Point 6.5 (1)	<p>Ambulance Availability - Target-100% Note - For an Ambulance, the time may be considered as scheduled servicing, repair other maintenance, breakdown (Such as accident, no fuel, the mobile device unavailability (except network issue or Mobile Application outage) or any other reason ambulance being unavailable for Service. In absence of reserve/substitute ambulance/mobile device being made available for the entire maintenance duration, the ambulance will be considered as unavailable for the entire maintenance time and corresponding time will be deducted from "Total Hours for which Ambulances are actually available in a Month". However Total Ambulance Hours in a month 'will remain unchanged. Service provider may provision for reserve/substitute Ambulances of the same standard (or better) and consumables. For availability 95% and <100%, INR 4.5Lakhs for each drop of 1% or part thereof For availability <95%, INR 9 Lakhs each drop of 1% or part thereof (illustration).</p>		<p>Ambulance Availability - Target-95%. In total 5% relaxation should be given to the bidder to manage their Off Road vehicles for any issue like, maintenance & accident etc. For 5 % and above, bidder has to provide the backup ambulance and should update the department for the same. <u>Purposed Penalty Clause for all the ambulances -</u> For availability 95% and <100%,- No penalty or part there of For availability <95% , 0.5 % penalty should be imposed on the monthly raised invoice. " This will control the Off Road vehicles count and the calculation of the penalty will not be complicated"</p>	<p style="text-align: center;">≥ Target 99 % :-</p> <p>For availability 95% and 99 %, INR 4.5Lakhs for each drop of 1% or part thereof For availability <95%, INR 9 Lakhs each drop of 1% or part thereof (illustration). Total penalty amount would be calculated based on cumulative availability computed by adding each ambulance's availability for the period.</p>
30	Volume 1 Page No. 79 Point 6.5 (2)	<p>Ambulance Breakdown on service request - Ambulance breaks down while attending a service request. Target is zero such incidents Breakdown is defined as mechanical failure of a motor vehicle in such a way that the underlying problem prevents the vehicle from being operated at all, or impedes the vehicle's operation so much, that it is very difficult, nearly impossible, or else dangerous to operate. This SLA Parameter includes all the breakdowns except tire puncture. INR 20,000 per incidence of breakdown while attending service request</p>		<p>Ambulance Breakdown on service request - Ambulance breaks down while attending a service request. (This SLA Parameter should only includes Staff Non Availability, Staff Negligence & No/less Fuel in the vehicle.) INR 5,000 per incidence of breakdown while attending service request. " Flat Tyre & Maintenance issue can happen any time like vehicle starting issue or some electrical short circuit etc., so maintenance issue should get exempted from it and bidder negligence or mismanagement by the bidder should only get penalized. Moreover the penalty should be reduced as it is very high & hypothetical</p>	<p style="text-align: center;">as per RFP</p>

31	Volume 1 Page No. 79 Point 6.5 (4)	<p>Ambulance mobilization time - Ambulance mobilization from deployment location towards beneficiary location post receiving service request from Integrated Command Center. Mobilization Time will be calculated as difference between "Time when ambulance received the notification from Integrated Command Center" and "Time at the vehicle start from the deployment location by pressing En-route button". Target – Within 2 minutes for 100% of the service request.</p> <p>Target – Zero incidents involving mobilization of ambulance beyond 3 minutes (calculated on per case basis) Post that INR 200/min delay or part thereof</p>		<p>Ambulance mobilization time - Ambulance mobilization from deployment location towards beneficiary location post receiving service request from Integrated Command Center. Mobilization Time will be calculated as difference between "Time when ambulance received the notification from Integrated Command Center" and "Time at the vehicle start from the deployment location by pressing En-route button". Target – Within 3 minutes for 100% of the service request.</p> <p>Target – Avg. Ambulance Mobilization time of all the ambulances should not be more than 3 Minutes.</p> <p>Penalty should be imposed according to the below mentioned slab.</p> <p>Avg. 3 minutes to 3.5 Minutes - 0.5% on monthly invoice</p> <p>Avg. 3.5 minutes to 4 Minutes - 1% on monthly invoice</p> <p>Avg. above 4 Minutes - 2% on monthly invoice</p> <p>" Target of 2 mins is very tough as it includes complete details to be taken from the caller and to be captured in the system, moreover ambulance availability & dispatching is also part of it. According to call centre/Command Centre industry standards, it should be 3 minutes or more. Penalty should always be imposed on the Average of all the dispatched calls, as in multiple scenario caller takes time to provide the OPD/IPD/Refer No. etc. so it should not imposed.</p>	<p>Ambulance mobilization time - Ambulance mobilization from deployment location towards beneficiary location post receiving service request from Integrated Command Center. Mobilization Time will be calculated as difference between "Time when ambulance received the notification from Integrated Command Center" and "Time at the vehicle start from the deployment location by pressing En-route button". Target – Within 3 minutes for 100% of the service request.</p> <p>Target – Zero incidents involving mobilization of ambulance beyond 3 minutes (calculated on per case basis) Post that INR 200/min delay or part thereof</p>
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32	Volume 1 Page No. 81 Point 6.5 (5)	<p>Ambulance arrival at caller's location - Ambulance arrival at caller's location after mobilization from deployed location. Target for Urban area within 20 Minutes after trip assignment Target for Rural/Tribal area within 30 Minutes after trip assignment Travel Time will be calculated as difference between "Time when ambulance arrived at the caller's location" and "Time at the vehicle start from the deployment location by pressing En-route/Trip Start button".</p> <p>Target – Zero incidents involving arrival of ambulance at caller's location beyond threshold for area category. Post that INR 200/ min of delay. Total penalty would be calculated by adding penalty for each minute delay for every ambulance for this criterion</p>		<p>Ambulance arrival at caller's location - Ambulance arrival at caller's location after mobilization from deployed location. Target for Urban area within 20 Minutes after trip assignment Target for Rural/Tribal area within 30 Minutes after trip assignment Travel Time will be calculated as difference between "Time when ambulance arrived at the caller's location" and "Time at the vehicle start from the deployment location by pressing En-route/Trip Start button".</p> <p>Target – Response time target should be Avg. 20 Minutes for Urban & Avg. 30 Minutes for Rural. beyond that penalty should be imposed. Avg. delay of 1 min will be adding 0.5% penalty on the monthly billing upto 3% at maximum. "In multiple scenarios ambulance takes time to reach at callers location like flat tyre, Traffic Jam , Bad Road Condition , Railway Crossings , Patient not contactable and long distance etc. So penalty should not be imposed for every instance, it should be imposed on the Avg. response time of all the ambulances.</p>	<p>Ambulance arrival at caller's location - Ambulance arrival at caller's location after mobilization from deployed location. Target for Urban area within 20 Minutes after trip assignment Target for Rural/Tribal area within 30 Minutes after trip assignment Travel Time will be calculated as difference between "Time when ambulance arrived at the caller's location" and "Time at the vehicle start from the deployment location by pressing En-route/Trip Start button".</p> <p>Target – Zero incidents involving arrival of ambulance at caller's location beyond threshold for area category. Post that INR 200/ min of delay. Total penalty would be calculated by adding penalty for each minute delay for every ambulance for this criterion.</p> <p>(The Selected Agency must complete mapping of all sites where the transportation of patients takes longer than expected owing to a railway crossings, those instances delay will be considered after varification.</p>
33	Volume -1, page no. 4, Bidding Data Sheet	Softcopy of EMD to be uploaded in the eproc portal along with bid submission documents and hardcopy to be submitted by 4 PM, 10.05.2023 Before bid opening.		<p>At page no. 13 of volume -1 para 2.6 it is mention that Hard copy of EMD to be submitted at Directorate Health Services Chhattishgarh office before last date. Kindly clarify that hard copy of EMD is to be submitted before bid opening date or before last date of bid submission.</p> <p>We request you to Allow submission of hard copy of EMD on or before last date and time of bid opening.</p>	As per RFP

34	Volume -1, Para 3.5, table point-4, page no. 24	<p>The bidder member should have valid GST registration number and income tax registration (PAN).</p> <p>* Copy of PAN Card * Copy of GST registration in Chhattisgarh.</p>		<p>As per RFP proof of GST registration in chhattisgarh is required to be submitted mandatorily at the time of Bid submission. Why Chhattisgarh's GST no. required before bid submission? Why bidder from other state should take GST no. in Chattisgarh prior to start any venture in the C.G. ?</p> <p>We request to amend this clause and allow the bidder to submit the same within 30 days of signing of contract if contract is awarded.</p>	<p>The bidder member should have valid GST registration number and income tax registration (PAN).</p> <p>* Copy of PAN Card * Copy of GST registration in Chhattisgarh (bidder from other state shall submit the same within 30 days of signing of contract if contract is awarded).</p>
35	Volume -1, Para 3.5, table point-4, page no. 24	<p>The Average Annual Turnover of the Sole Bidder or all consortium members (cumulative) should be INR 50 crores or more in any 3 consecutive years (out of last 4 years) as on bid submission date (i.e. FY 2017-18, FY 2018-19, FY 2019-20, FY 2020-21) and the Average Annual Turnover of the sole bidder or consortium should have 12.5 crores revenue from Transport/ Ambulatory Services for two year for any central/state Government Department in India in any 3 consecutive years (out of last 4 years) as on bid submission date (i.e. (i.e. FY 2017-18, FY 2018-19, FY 2019-20, FY 2020-21)</p>		<p>Transport Service and Ambulatory Service is complete different service. Hence, we suggest to amend this clause as :-</p> <p>*Sole Bidder or all consortium members (cumulative) should be INR 50 crores or more in any 3 consecutive years (out of last 4 years) as on bid submission date (i.e. FY 2018-19, FY 2019-20, FY 2020-21, FY 2021-22) and the Average Annual Turnover of the sole bidder or consortium should have 25.00 crores revenue from Ambulatory Services of central/state Government Department in India in any 3 consecutive years out of last 4 years as on bid submission date (i.e. FY 2018-19, FY 2019-20, FY 2020-21, FY 2021-22)</p> <p>*To judge the bidder financial as well as ambulatory capability a clause may be added that Bidder should have atleast 100 vehicle registered as ambulance in their own name.</p>	<p>The Average Annual Turnover of the Sole Bidder or all consortium members (cumulative) should be INR 50 crores or more in any 3 consecutive years (out of last 4 years) as on bid submission date (i.e. FY 2018-19, FY 2019-22, FY 2020-21, FY 2021-22) and the Average Annual Turnover of the sole bidder or consortium should have 12.5 crores revenue from Transport/ Ambulatory Services for two year for any central/state Government Department in India in any 3 consecutive years (out of last 4 years) as on bid submission date (i.e. FY 2018-19, FY 2019-22, FY 2020-21, FY 2021-22)</p>

36	Volume -1, Para 3.5, table point-12, page no. 26	Bidder should have aregistered officein Chhattisgarh as on bid submission date or should submit a declaration to open a registered office in Chhattisgarh within 30 days of signing the agreement and provide a Chhattisgarh s GSTIN number for all billing purposes.		As per cuurent provision of Compaines Act, registered office can not be open at more than one place. So if a bidder company registered with Registrar of Companies (ROC) in some other State will not be able to open registered office in Chhattisgarh after getting award of contract due to jurisdictional binding. Hence, we request to amend this clause as:-Bidder should submit a declaration to open a office in Chhattisgarh within 30 days of signing the agreement and provide a Chhattisgarh s GSTIN number for all billing purposes.	As per RFP																															
37	Volume -1, Para 6.4, page no. 74 & 75	<table border="1"> <tr> <td>SLA Activities</td> <td>Liquidaed Damages</td> </tr> <tr> <td>Completion Timeline (in days)</td> <td></td> </tr> <tr> <td>T+ 25</td> <td>INR 1 Lakh</td> </tr> <tr> <td>T+ 40</td> <td>INR 1 Lakh</td> </tr> <tr> <td>T+ 50</td> <td>INR 2 Lakh</td> </tr> <tr> <td>T+ 60</td> <td>INR 1500 per vehicle day's delay Post</td> </tr> <tr> <td></td> <td>INR 3000 per vehicle per day's delay</td> </tr> </table>	SLA Activities	Liquidaed Damages	Completion Timeline (in days)		T+ 25	INR 1 Lakh	T+ 40	INR 1 Lakh	T+ 50	INR 2 Lakh	T+ 60	INR 1500 per vehicle day's delay Post		INR 3000 per vehicle per day's delay	<table border="1"> <tr> <td colspan="3">Very harsh penalties has been imposed for implemntation phase SLA. We request to give some relaxation as below:-</td> </tr> <tr> <td>SLA Activities</td> <td>Completion Timeline (in days)</td> <td>Liquidaed Damages</td> </tr> <tr> <td>Exisiting fleet survey and submission of report</td> <td>T + 30</td> <td>INR 0.75 Lakh</td> </tr> <tr> <td>Driver-on boarding and training for existing fleet</td> <td>T+ 45</td> <td>INR 0.75 Lakh</td> </tr> <tr> <td>Transition phase</td> <td>T+ 60</td> <td>INR 1 Lakh</td> </tr> <tr> <td>New Ambulances Deployment Phase</td> <td>T+ 75</td> <td>INR 1500 per vehicle day's delay Post delay of 30 days, INR 3000 per vehicle per day's delau</td> </tr> </table>	Very harsh penalties has been imposed for implemntation phase SLA. We request to give some relaxation as below:-			SLA Activities	Completion Timeline (in days)	Liquidaed Damages	Exisiting fleet survey and submission of report	T + 30	INR 0.75 Lakh	Driver-on boarding and training for existing fleet	T+ 45	INR 0.75 Lakh	Transition phase	T+ 60	INR 1 Lakh	New Ambulances Deployment Phase	T+ 75	INR 1500 per vehicle day's delay Post delay of 30 days, INR 3000 per vehicle per day's delau	As per RFP
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	Volume -1, Para 6.5, page no.78	<p>Ambulance Availability For availability >_95% and < 100% INR 4.5 Lakhs for each drop of 1% or part thereof For availability >_95% and INR 9 Lakhs each drop of 1% or part thereof (illustration)</p>	<table border="1"> <tr> <td colspan="3">There is very huge penalty provision for O & M phase SLA. We request to give some relaxation as below:-</td> </tr> <tr> <td>Ambulance Availability</td> <td>For availability >_95% and < 100% INR 3.00 Lakhs for each drop of 1% or part thereof For availability >_95% and INR 4.50 Lakhs each drop of 1% or part thereof (illustration)</td> <td></td> </tr> <tr> <td>Ambulance Breakdown on service request</td> <td>Ambulance breaks down while attending a service request. Target is zero such incidents</td> <td>98 % INR 10,000 per incidence of breakdown while attending service request</td> </tr> </table>	There is very huge penalty provision for O & M phase SLA. We request to give some relaxation as below:-			Ambulance Availability	For availability >_95% and < 100% INR 3.00 Lakhs for each drop of 1% or part thereof For availability >_95% and INR 4.50 Lakhs each drop of 1% or part thereof (illustration)		Ambulance Breakdown on service request	Ambulance breaks down while attending a service request. Target is zero such incidents	98 % INR 10,000 per incidence of breakdown while attending service request	<p>Ambulance Availability For availability >_95% and < 99% INR 4.5 Lakhs for each drop of 1% or part thereof For availability >_95% and INR 9 Lakhs each drop of 1% or part thereof (illustration)</p>																							
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38	Volume -1, Para 6.5, Point no- 2 page no. 79	INR 20,000 per incidence of breakdown while attending service request			as per RFP
39	Vol-2, Section No 7 point No- i, page No 19	7. Minimum Specification Requirements. i. Ambulance specification		Specifications amendmend request as stated below in sub table:	as per RFP
40		<p align="center">Particular</p> <p>Ground Clearance - Minimum 180 mm .</p> <p>Other Key Features - Air conditioned and Power Steering.</p> <p>Ambulance External Dimensions - Length in mm- Minimum of 3900 Height in mm- Minimum of 1650 Width in mm- Minimum of 1700.</p> <p>Seating capacity of Patient Cabin/Compartment - Patient bench: Dimensions ($\pm 10\%$ tolerance) of the bench are length = 1800mm, width =500mm, height = 480-500mm</p> <p>Squad bench / Attendant Seat to seat 2 persons and with concealed storage area beneath the entire bench.</p> <p>Dimensions ($\pm 10\%$ tolerance) of the bench are length = 1200mm, width =450mm, height = 480-500mm</p>		Description	as per RFP
				Minimum 180 mm	as per RFP
				Air conditioned and Power Steering	as per RFP
				Length in mm- Minimum of 3900	as per RFP
				Height in mm- Minimum of 1650 Width in mm- Minimum of 1700	as per RFP
				Patient bench: Dimensions ($\pm 10\%$ tolerance) of the bench are length = 1800mm, width =500mm, height = 480- 500mm	Patient bench along with Cushion: Dimensions ($\pm 10\%$ tolerance) of the bench are length = 1800mm, width =500mm, height = 480- 500mm
					as per RFP
				Squad bench / Attendant Seat to seat 2 persons and with concealed storage area beneath the entire bench.	as per RFP
				Dimensions ($\pm 10\%$ tolerance) of the bench	as per RFP
				are length = 1200mm, width =450mm, height = 480-500mm	as per RFP

41	Qualification Criteria	A cooperative society, established under Cooperative Societies Act, 1912, or Multi State Cooperative Societies Act, 1984 or any analogous law enacted by a State Government,		We are a Registered Society under Andhra Pradesh Societies Registration Act 2001, so we request to the Authority to kindly incorporate us as an entity for the qualification criteria.	<p>Sole Bidder or in case of consortium Lead Bidder must be a company in India</p> <ol style="list-style-type: none"> 1. A company, incorporated under Companies Act, 1956 or 2013, amended till date; or 2. A cooperative society, established under Cooperative Societies Act, 1912, or MultiState Cooperative Societies Act, 1984 or any analogous law enacted by a State Government, or 3. A Limited Liability Partnership, incorporated under Limited Liability Partnerships Act, 2008. 4. A partnership firm registered under the Indian partnership act, 1932. 5. A sole- proprietorship firm. 6. Registered Trust, Non- Profit- Organisation, NGO. 7. A Societies Registration Act 2001
42	Scope of work and specifications (Ambulance involved)	The successful bidder needs to provide 380 new Ambulances within 3 months from the date of agreement. However, past these 380 Ambulances, if new Ambulances are required than successful bidder needs to provide the same within 60 days		Confirmation sought that only 200 vehicles to be deployed with in 60 days and remaining 180 within the remaining 90 days of 150.	<p><u>Vol.II page No.24, Project Timeline:-</u> Implementation Phase- New Ambulance Deployment & Call Center - Phase- I T+ 90 days for 200 ambulances and <u>New Ambulance Deployment - Phase- II T+ 150 days for 180 ambulances.</u></p>
	Scope of work and specifications (New ambulance deployment phase - I)	Deployment of 200 new Ambulances			
	Scope of work and specifications (New Ambulance deployment phase- II)	Deployment of remaining 180 new Ambulances			
	Scope of work and specifications (Scope)	After the selection of new Agency, within T+60 days the Agency will have to deploy 200 Ambulances, apart from this, the Agency will use the old 180 ambulances.			
43	Scope of work and specifications (Ambulance availability)	On completion of 2.5 lakhs kilometer travel distance, the Ambulance should be replaced with new Ambulance		As per the given 315 ambulances list in Annexure -I data, only 19 vehicles are below 2.50 lakh km run . Permission and confirmation may be given to run the vehicles which have also completed 2.5 lakh km to run in 180 vehicles lot till the new vehicles join the fleet till phase II deployment at T+150 days	<p>Currently in service, all 315 ambulances will continue to do so until the new Ambulances are implemented by the new selected Agency, as per implementation phase</p>
	Scope of work and specifications (Ambulance availability)	Till on-boarding of new Ambulances, the bidder is required to maintain fleet of existing Ambulances at cost of 112577.9 /-(excluding taxes) per Ambulance per month and terms. The district wise details of Ambulances given in Annexure-1.			

	Scope of work and specifications (Annexures 10)	Details of existing ambulances		at 17100 days.	
44	Volume - 1, Annexure 3 – Financial Bid Submission Format	All the prices and other terms and conditions of this Tender are valid for a period of 5 years form commissioning of the project and contract extension period from the date of opening of the tender		Request to the Authority to have a minimum 10% yearly price escalation keeping in mind the inflating prices and adherence to the minimum wages act.	Fuel Price Fluctuation - In the event of fuel price change (positive or negative) of more than 10% from the price rate as on the date of bidding, 'Fuel cost per Ambulance per KM' will be adjusted upward or downward by 10% as the case may be. This will be applicable for every price change of 10% of last established cost. Fuel escalation will be considered from last base rate to the fuel rate on the 1st of every month in case the change is greater than 10%, the revised rate will be applicable.
45	General Query	BOQ		we required details of online and RFP BoQ details. Whether we required quote component wise or PMPA a single rate. (Suggested only PMPA instead of details quote)	As per RFP
46	Volume 2 General Query			when EMT roll not in Ambulance whether Equipment / Delivery tray /medicine /vital instruments are required in ambulances?	Selected Agency has to provide First AID box and delivery tray in each ambulance.
47	Scope of work and Specifications	After Commissionin g of the Project: Invoice will be submitted on the monthly basis. 85% of the monthly fixed cost quoted in commercial bid will be disbursed within 30 working days of invoice submission along with SLA supporting documents. The quarterly payment will be done within 30 working days post submission of all the SLA reports by the service provider to the satisfaction of the department.		We request to the Authority to kindly reconsider the fixed cost to escalate to 95% from current 85% which to be paid to the selected bidder in 15 days of raising the bill and balance 5% after checking of SLA to be paid in maximum 45 days to the selected bidder.	As per RFP
48	Methodology of Selection Basis	General Query		We request the Authority to kindly consider the QCBS modelas it shall ensure quality optimization and enable the best service provider suitable for the assignment.	As per RFP
49	Price Summary for 380 Ambulance	Opex Cost : The Total Monthly Cost for operation of Per Ambulance Per Month mentioned in above table (In words) will be considered for L1 calculation.		Request to understand whether Lease model is accepted for procuring the new ambulances? And what is the price per kilometre to an ambulance running above 3000 kms in a month?	as per RFP
50	Ambulance Requirements	Agency has to return all Govt owned and Agency owned private ambulances which have completed 25 lakh kilometres.		The vehicles which have been procured on lease cannot be returned to the Government, seek a kind clarification to the same.	Agency has to return only at Govt. owned ambulance which have completed 3 lakh K.M.

51	Training of EMT	EMT has to be departed a training of 3 months.		It is requested to the Authority if we may reduce the training to 40 days, as a 40 day training program is sufficient to cover the topics.	The bidder shall conduct 40 Days basic training of identified / shortlisted EMTs based on basic qualification criteria and interpersonal soft skills.
52	Vol-2, Page-3 & Vol-2 (Page no 38)	1. Scope Summary: 2.Establishment of Command control & Call Center: The Successful bidder needs to establish a 30 seat call centre..... And 2. General terms and conditions for existing fleet operations F) Establishment and operation of call center would not be part of fleet management service provider's scope of work.		If we put both 1 & 2 topics side by side they stand uncertain. We understand that the establishment of call center would be for the new 200 no's of ambulances only. Please clarify in detail.	Point 'F' omitted because The successful bidder needs to establish a 30 seats call centre.
53	Establishment of Command Control and Call Centre.	Scope Summary: 2.Establishment of Command control & Call Center: All infrastructures , capitals, assets, human resources of this call center shall be the responsibility of the provider.		Would seek clarification from the Authority, if the rent free space will be provided to the selected Service Provider.	Vol-II, Page No. 03,Scope Summary: 2.Establishment of Command control & Call Center: All infrastructures , capitals, assets, human resources of this call center shall be the responsibility of the provider. Govt. will not provide any rent free space to Selected Agency
54	Training	Service Provider for Operations and Fleet Management of 102 Mahatari Express : Training of stakeholders involved		Requesting the Authority to kindly elaborate on the term stake holders?	The stakeholders Shall be as- Health staff, NHM staff, Call Center staff, Ambulance pilots, EMTs, Mitanins, etc
55	Bidder instructions (Existing fleet survey)	Delay submission - Penalty (INR 1 Lakh per one day's delay)			Delay submission - Penalty (INR 10,000 per one day's delay)
56	Bidder instructions (Drivers On Board training)	Delay of post completion training - Penalty (INR 1 Lakh per one day's delay)		As the amount is huge for delay completion Penalty may be reduced to Rs. 5000/- and also the days for submission of completion report may be extended from T+40 to T+ 60 days .	Delay of post completion training - Penalty (INR 10,000 per one day's delay)
57	Bidder instructions (Transition & Documents submission)	Delay in handover documents. A Penalty (INR 2 Lakh per one day's delay)		As the amount is huge for submission penalty may be reduced to Rs. 5000/- per day	Delay in handover documents. A Penalty (INR 10,000 per one day's delay)
58	Bidder instructions (All Drivers On Board	Delay in training all drivers -Penalty (INR 1 Lakh per one day's delay)		As the amount is huge for submission penalty may be reduced to Rs. 5000/- per day	Delay in training all drivers -Penalty (INR 10,000 per one day's delay)

59	Bidder instructions (Ambulance availability)	≥ For availability 95% and <100%, INR 4.5Lakhs for each drop of 1% or part thereof		Even though the back up ambulance available the uptime generally accepted to be 95 % only may be considered	For availability 95% and <99%, INR 4.5Lakhs for each drop of 1% or part thereof
				The penalty for drop of 1 % is 4.5 lakh is huge and may be reduced to 5000 for drop of 1 %	as per RFP
60	Bidder instructions (Breakdown)	INR 20,000 per incidence of breakdown while attending service request		Breakdown is a mechanical failure cannot be 100 % predicted always can be considered on case to case basis and If at all a penalty to be imposed a Rs. 500 may be imposed	as per RFP
		Considering 3 breakdowns reported in a month, penalty shall be, (3*60,000) =INR 1,80,000		Considered the above mentioned request only	
61	General			Kindly let us know the average KM running of each ambulance.	as per RFP
62	General			Kindly specify the no. of Call centre executives.	as per RFP
63	Particular	Description		Request for amendment (Maruti EECO)	as per RFP
64	Type of vehicles	Four wheeler		Ok	as per RFP
65	Minimum power in HP	70		Max Torque (Nm/rpm) - 104.4/3000	as per RFP
66	Ambulance Emission compliance	BS-VI		Ok	as per RFP
67	Number of doors	3 or more		Ok	as per RFP
68	Ground Clearance	Minimum 180 mm		Minimum 160mm*	as per RFP
69	Other Key Features	Air conditioned and Power Steering		OK	as per RFP
70	Ambulance External Dimensions	Length in mm- Minimum of 3900 Height in mm- Minimum of 1650 Width in mm- Minimum of 1700		Length in mm- Minimum of 3675* Height in mm- Minimum of 1935* Width in mm- Minimum of 1475*	as per RFP
71	Seating capacity of Patient Cabin/Compartment	Squad bench / Attendant Seat to seat 2 persons and with concealed storage area beneath the entire bench. Dimensions (±10% tolerance) of the bench are length = 1200mm, width =450mm, height = 480-500mm		Amendment Needed	as per RFP
72		The patient cabin/compartment must accommodate scoop stretcher including		OK	as per RFP

72	-	adequate space for seating of persons other than beneficiary.			as per RFP
73	Bidding in Consortium	Consortium is allowed for maximum 3 parties only. (In case of consortium the minimum shareholding of each company should not be less than 26%)		Consortium is allowed for maximum 2(two) parties only including lead member. (In case of consortium, No minimum shareholding criteria/requirement)	As per RFP
74	point 3 of 3.5 Qualification Criteria	In case of consortium, the applicant consortium shall submit a valid agreement among the members. The agreement shall clearly specify the details of the lead member and other consortium members and scope of each of the members of the consortium. The maximum number of members allowed in a consortium is Three (3) including Lead member		In case of consortium, the applicant consortium shall submit a valid agreement among the members. The agreement shall clearly specify the details of the lead member and other consortium members and scope of each of the members of the consortium. The maximum number of members allowed in a consortium is TWO (2) including Lead member.	As per RFP
75	Additional point	Since there is no clarification on the extra kilometres running of the ambulance, and the financial quote is being asked as a comprehensive cost of running		For extra kilometre travelled/ aggregate running of all 380 ambulances is over and above the limit of 2000 kms per month per ambulance, then the additional Km rate will be calculated and paid to the operator, on consolidated basis as Rs.20/km/month (i.e. after 2000 x 380 = 760,000 kms)	As per RFP
76	Point 4 Qualification criteria (Page 24 Volume 1)	Certificate from the Statutory Auditor mentioning the turn over for each of the three years, minimum turn over for each year should be atleast 10 % of the total turnover		Kindly explain how this will be calculated?	To be calculated from Statutory Auditor for relevant Financial Years
77	Unit Rates (Page 60 Volume 1)	We have indicated in the relevant schedules enclosed, the unit rates for the purpose of on account of payment as well as for price adjustment in case of any increase to /decrease from the scope of work under the contract		Request that the department considering paying a fixed fee of Rs 50000 (to cover the fixed expenses) and a variable per km rate to be quoted by the bidder assuming 2000 Kms per month per Ambulance. If this is done, then the department do not have to pay a huge monthly fixed payment and the service provider not running the ambulances in order to save cost. At the same time if this unit rates are changed to per km ragte, then the service provider is incentivised to ensure completion of all ambulance trips	As per RFP

78	Point 2 Fuel price escalation (Page 63 Volume 1)	<p>Fuel Price Fluctuation - In the event of fuel price change (positive or negative) of more than 10% from the price rate as on the date of bidding, „Fuel cost per Ambulance per KM’ will be adjusted upward or downward by 10% as the case may be. This will be applicable for every price change of 10% of last established cost. Fuel escalation will be considered from last base rate to the fuel rate on the 1st of every month in case the change is greater than 10%, the revised rate will be applicable. This rate will act as a base rate till next change. The department will identify a petrol pump which will be used to derive the fuel price on 1st of every month. Service Provider needs to provide the fuel prices on first of every month on their company letter head. The base price of fuel will be the fuel price on the date of bid submission.</p>		<p>Since the financial proposal requires for bidder to quote per month per ambulance cost hence it would not be feasible to take the component of fuel cost & manpower cost.</p> <p>Moreover apart from fuel all the main cost component of ambulance such as back office salary, Repairs and maintenance, other office admin expenses will be increased as per inflation rates. Hence it is our humble request to consider a fixed percentage escalation in the prices quoted on annual basis.</p>	As per RFP
79	Implementation phase SLA (Page 74 Volume 1)	Driver—on boarding and training for existing fleet (T+40)		Kindly clarify whether bidder needs to be recruiting and training EMT also?	Selected Agency has to recruit and provide training to each EMTs and Pilots.
80	SLA Parameter (Page 81 Volume 1)	Response time target - 20 min urban and 30 min Rural/tribal		<p>The target response time should be 30 minutes for urban areas and 45 mins for rural areas and this is to be calculated as monthly average response time across all the ambulances for all the trips completed in the month.</p> <p>Alternatively the RFP can state an average response till across all the calls per month should not be more than 37.5 minutes Post that the penalty should be Rs 1 Lacs for every minute delay in the average response time calculated as above</p>	As per RFP

81	SLA Parameter (Page 82 Volume 1)	Unserviced service request - providing service on all valid 100% service request generated by integrated command center		<p>We request you to kindly exempt below cases from this clause</p> <ol style="list-style-type: none"> 1. Caller cancelled the request for ambulance 2. All 3 nearby ambulances are busy on serving the cases 3. Ambulance is off road (as this is already covered under separate penalty) 4. If for any unserved request, if response is given via helpdesk by taking permission of caller on recorded job 5. In case of IFT, on duty doctor/ERCP does not approve the transport by ambulance. 6. Unavailed case as the patient is not found at the location 7. First aid provided etc 	<p>1- After varification from concerned Districts and report submitted by TPA it will be considered (For point No.1.2.4.5.6.7.)</p> <p>2- As mentioned in Clause SLA point no.01 (ForPoint No.3 off road Ambulance)</p>
82	Performance bank guarantee (Page 34 Volume 3)	The AGENCY shall, within 30 days after the receipt of Letter of Award from Directorate of Health Services, furnish Performance Bank Guarantee for value of 3% of the Total Project Cost to Directorate of Health Services		<p>Kindly consider 3% of annual project cost since in this tender major capex investment will be brought by bidder agency. In fact the department should consider providing Mobilisation advance to the extent of Rs 25 Crores to fund the Capex requirements. The mobilisation advance would need to be repaid in five equal annual installments.</p>	<p>Approx total Project cost is 4075 lakh and its 3 % as Mobilization advance Shall be considered.</p>
83	General			<p>Can bidder assume that assets deployed by bidder can be taken over at the exit of contract?</p>	<p>(RFP Volume -2 page no. 13 , Clause A . Ambulance Availability and Sub clause IV)- Agency has to return only all Govt. owned ambulances which have completed 3 lakhs kilometer.</p>
84	RFP Volume 2:-1 Scope summary (pg no 3)	The call received for 102 ambulance services will get diverted to 112 which is a Single Number Based Integrated Emergency Communication and Response System (IECRS)		<p>Kindly clarify the scope and purpose.</p>	<p>As Per RFP</p>
85	RFP Volume 2:-1 Scope summary (pg no 3)	The call centre should have disaster recovery system so that it can work in any emergency situation		<p>Kindly clarify, Do you want DR site to be there in different place or it's a solution to work anywhere (WFH). We will provide feature for work from anywhere to run the services without any impact of disaster. If it is required at a different site, then pls specify the site and the configuration and specifications at the DR site.</p>	<p>The call centre should have disaster recovery system so that it can work in any emergency situation.</p> <p>Note:-It is required at a different site</p>

86	RFP Volume 2:-1 Scope summary (pg no 3)	IVR Flow		How many levels of IVR are expected? And how many options are required within each level? Also, Please share the IVR flow.	As Presently 30 seats call Center is operational, the levels of IVR, options for each levels will be required as per functional/ operational seats
87	1. Scope Summary Following is the scope of work summary for the project:, RFP Vol-2, (pg no 3)	<input type="checkbox"/> The successful bidder needs to establish a 30 seat call centre, <input type="checkbox"/> The vendor shall establish a 30 seat command and call centre duly integrated with the dial 112. <input type="checkbox"/> The call received for 102 ambulance services will get diverted to 112 which is a Single Number Based Integrated Emergency Communication and Response System (IECRS).		We understand that there is a requirement of CAD Application (Call Taker/Dispatcher) along with paramedic application for Ambulance Dispatch. But there is no detailed Technical/Functional specifications for the same.Kindly provide the detailed specifications for the same.	As Per RFP
88	2. Establishment of Command & Call Center –RFP Vol-2, (pg no 4)	<input type="checkbox"/> After the selection of successful bidder, Selected Agency has to develop an Application and software for the service.		Requirement is not clear kindly confirm on the Application which need to be developed by selected Agency?	As Per RFP
89	12. Deliverables, RFP VOL-1, (pg no 6)	Products, infrastructure and services agreed to be delivered by theBidder in pursuance of the agreement as defined more elaborately in the RFP Implementation and the Maintenance phases andincludes all documents related to the user manual, technical manual, design, process and operating manuals, service mechanisms, policies and guidelines (such as security related,data migration related), inter alia payment and/or process relatedetc., source code and all its modifications;		<p>The Proposed CAD Software is a COTS Product, which will be available with complete information ,including manuals & help documents but providing / sharing the source code is not possible. Source Code ownership is with vendors who would not be willing to share the same, but are OK to provide all maintenance and service delivery requirements. Request you to delete the source code requirement.</p> <p>We will share the Product Release Note covering the version details and an End User License Agreement as part of the software license delivery. Kindly confirm.</p>	The creators' objectives and priorities will determine whether or not they want to share the source code. It is not mandatory, but it is optional, and all information and data must be shared with the appropriate authority.
90	General (pg 3)	EMD Submission		request you to kindly consider online submission of technical and financial bid. The hard copy of EMD can be submitted on or before the due date of submission	As Per RFP
91	RFP-1 Clause no 8, P57	The BUYER will appoint Independent Monitors (hereinafter referred to as Monitors) for this Pact.		Can bidder assume that the cost of monitor will be borne by the Authority? Please let bidder know number of monitors will be engaged and if there is any requirement of space/Desk to be provided by service provider or they will monitor remotely?	The cost of monitor will be borne by the Authority

92	RFP-1 Clause no 9,P57	The validity of this Integrity Pact shall be from the date of its signing and extend up to 3 years or the complete execution of the contract to the satisfaction of both the BUYER and the Bidder/Seller whichever is latter.		As the prject tenure is 5 years, this may be typo error, otherwise please elaborate.	To be read as- 5 years
93	RFP-1 Clause no 6.4,P74 ...	Implementation Phase SLAs		We apprecitae time bound SLA to complete each activity of Handing over-Taking over process; However, considering the fact that the execution and completion of these activities will have high dependency upon existing SI, Selected SI coupled with facilitation by authority,So, such high penalty imposed only to new SI should be re-considered, disributed and reduced to a maximum cap of Rs 5000/- per ambulance per day. (Proposal - We request that to ensure timely implementation, the penalty should be linked to maximum two phases. In phase I it is take over of existing system to ensure continuity; and phase II is Go live with new solution.)	As Per RFP
94	RFP-1 Clause no 6.4, P63	Implementation phase SLA		In case there are ambulances under major repair by existing SI, which cause delay in hand over by existing SI, Will the penalty shall be imposed to existing SI? (Proposal - We request to convert all aggregate level penalty to per ambulance basis. The penaly to be for two broad milestone. One for Taking over and serve without any discontinuity and other Go Live with new system and ambulances.)	As Per RFP
95	RFP-2 Clause no 3 A point 5,P06	EMT		Can bidder assume that each ambulances will have one Driver and one EMT? There is no mention for EMT requirement in volume I and III (Proposal - There is no mention for EMT requirement in volume I and III)	1 EMT for each 135 CHCs (from 9.00 A.M. TO 5.00 P.M.), 3 EMT for each 35 Community Health center (The CHC's which are located near accident prone areas) and 3 EMTs for each 33 District Hospital for 24x7 operations
96		Trip Definition			
		Distance between ambulance deployment location to beneficiary location,			
		Distance between beneficiary pickup location to nearest suitable Govt. health facility		We request to ammend the trip definition from Ambulance	

97	RFP-2 P15	Distance between one Govt. health facility to another Govt. health facility (in case of referral),		deployment location to back to base location excluding travel distance other than assigned caes.	As Per RFP
		Distance between Govt. health facility to beneficiary drop location.			
98	RFP-3 Clause No 4.2 b) P03	Payment Obligations to take effect upon fulfillment of Conditions Precedent : Bank Guarantee will be returned by Authority to the Bidder within 60 days of the expiration		As this is a periodic task and will effect after completion of each year, this condition may remove from condition precedent and mention as general clause appropriately	as per RFP
99	Volume 2 Page no 19	Squad bench / Attendant Seat to seat 2 persons and with concealed storage area beneath the entire bench		Squad bench / Attendant Seat acomodating 2 persons comes with specification of Length 800 mm Width 500 mm Hight 450 mm So need changes for length specifications from 1200 mm to 800 mm	As per RFP