



Request for Proposal

Selection of Private Partner for Operation & Maintenance of 1.5 Tesla MRI services at Kalimpong District hospital, Kalimpong through Public Private Partnerships (PPP)

(O & M Mode – CAPEX by Govt)-Second call

Released on 21.05.2018

Secretary Health & Family Welfare
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TENDER DOCUMENT

Memo no. HF/PPP/1/2012/Pt-VI/920

Date:18.05.2018

Request of Proposal from eligible Organizations for Operation & Maintenance of Fair price Diagnostic Centre through Public Private Partnership (PPP) at different Government Hospitals

Sl No	Name of Hospital	Service	Mode	NIT No-Second call	Reference 1 st call Tender No	Reference 1 st call Tender ID
1	Kalimpong DH	16 Slice CT Scan	O&M	PPP/NIT/26/2018	No PPP/NIT/15/2018 Dated 08.01.2018	2018_HFW_147878_2
2	Kalimpong DH	1.5 Tesla MRI	O&M	PPP/NIT/25/2018	No PPP/NIT/14/2018 Dated 08.01.2018	2018_HFW_14768_1

The document containing the scheme and the eligibility criteria of the applicants may be obtained from the web site www.wbhealth.gov.in under the option 'TENDER' & <https://wbtenders.gov.in>

Interested Organizations may attend a Pre-BID meeting to be held on Tuesday, 25th May, 2018 at 3.00 PM at 1st Floor, Conference Room, Swasthya Bhawan A Wing, Sec-V, Salt Lake, Kolkata- 91.

The last date of receipt of EoI in the prescribed format online provided in the document for the scheme is 23rd July, 2018 till 5.00 pm.

Sd/-

**Deputy Secretary
PPP Cell**

**Department of Health & Family Welfare
Government of West Bengal**

Request for Proposal from Organizations for Operation & Maintenance of 1.5 Tesla
MRI services at Kalimpong District hospital through Public Private Partnerships
(PPP)

**PPP/NIT/25/2018 Second Call of Tender reference No PPP/NIT/14/2018 Dated 08.01.2018
and Tender ID 2018_HFW_147618_1**

(O & M Mode – CAPEX by Govt)

The tender document for this may be downloaded from the website - <https://wbenders.gov.in> & www.wbhealth.gov.in in the tender section.

The Department of Health & Family Welfare Department, Government of West Bengal, (represented by the Hospital authority) invites e-tender for the Selection of Private Partner for MRI **(O & M Mode – CAPEX by Govt)** at Kalimpong District hospital under Public Private Partnerships (PPP) as detailed in the table below.

A. LIST OF SCHEME:

Sl. No	Name of the work	Price of Technical & Financial Bid documents and other annexures (Rs.)	Period of Completion	Name of the Concerned Department	Eligibility of Contractor
1.	Selection of Private Service Provider for Operation & Maintenance of MRI (O & M Mode – CAPEX by Govt) at Kalimpong District hospital under Public Private Partnerships (PPP)	NIL	1461 days from the date of signing the agreement.	PPP Cell, Department of Health & Family Welfare, Government of West Bengal	The Organization (Limited Company / Private Limited Company/ Partnership or Proprietary Firm / NGO / Trust) must be registered under appropriate statutory authority of Government of West Bengal / Government of India or under Companies Act, and having the minimum qualifying criteria as mentioned in 'Terms of Reference' of this tender document

B. FACT SHEET

Sl. No.	Particulars	Date & Time
1.	Date of uploading of N.I.T. & other Documents (online) (Publishing Date)	21.05.2018
2.	Pre Bid Meeting, 1st Floor Conference Hall, A wing Swasthya Bhawan, Sec-V, Salt Lake, Kolkata-91	25.05.2018 03:00 PM
3.	Last date of Receipt of any query by the private partner in relation to tender documents	28.05.2018 04.00PM
4.	Date of incorporation of amendments, if any	30.05.2018 04.00 PM
5.	Bid submission start date (On line)	01.06.2018 09:00am
6.	Bid Submission closing (On line)	23.06.2018 05:00PM
7.	Last date of submission of hard copies of Technical Bids	25.06.2018 5.00 PM
8.	Bid opening date for Technical Proposals (Online)	27.06.2018 12:00 Noon
9.	Date for opening of Financial Proposal (Online)	To be announced later

C. GENERAL GUIDANCE FOR E-TENDERING:

Instructions / Guidelines for electronic submission of the tenders have been annexed for assisting the organization/ agencies to participate in e-Tendering.

Any organization/ agencies willing to take part in the process of e-Tendering will have to be enrolled & registered with the Government e-Procurement System, through logging on to <https://wbenders.gov.in> (the web portal of West Bengal Tenders maintained by NIC). The organization / agencies are required to click on the link for e-Tendering site as given on the web portal.

1. Digital Signature certificate (DSC):

Each organization / agency is required to obtain a Class-II /Class III company Digital Signature Certificate (DSC) for submission of tenders from the approved service provider of the National Informatics Centre (NIC) on payment of requisite amount.

The organization / agencies can search & download N.I.T. & Tender Document(s) electronically from computer once they log on to the website. This is the only mode of collection of Tender Documents.

2. Selection Process:

Selection of the bidder will be finalized through Combined Quality cum Revenue Based System (CQCCBS) method. CQCCBS uses a competitive process among the prima facie qualified bidders, objectively taking into account the quality of a product (in this tender referred to the Technical parameters of the prospective bidders) and its cost of procurement (in this tender referred to the financial bid i.e. the concession fee/ premium to be offered by the prospective bidder). Evaluation of the offers

would be carried out in two stages - first the Technical, and then the Financial. Evaluators of technical proposals shall not have access to the financial proposals until the technical evaluation is concluded. Financial proposals submitted by the bidders shall be opened only after completion of the technical evaluation, strictly in terms of the provisions contained in the Bid Document. Detail may be obtained from 'Terms of Reference' of this document.

2.1. Selection Committee: DoHFW shall form a Selection Committee (SC) under the Chairmanship of the Director of Medical Education, DoHFW to undertake selection of the applicant for operation and management of the services under PPP.

2.2. Submission of Tenders:

Tenders are to be submitted through online to the website as stated in two folders, one is Technical Proposal (**BID A**) & the other is Financial Proposal (**BID B**) [as BOQ] before the prescribed date & time using the Digital Signature Certificate (DSC). The documents are to be uploaded virus scanned copy duly Digitally Signed. The documents will get encrypted (transformed into non readable formats).

The bidders are advised to submit the bids well in advance of the deadline as the Health & Family Welfare Department; West Bengal will not be liable or responsible for non-submission of the bids or submission of incomplete bid on account of any technical glitches or any problems in connectivity services used by the bidder.

2.2.1. Technical Proposal:

The Technical proposal should contain the following documents in PDF format named as "BID-A Technical Bid": (All Annexure to be properly filled, scanned in readable format, digitally signed and uploaded as mentioned). Details regarding technical proposal may be obtained from 'Technical Bid' of this document.

2.2.2. Financial Proposal:

a) Financial bid must be submitted in prescribed mode of e tender process in Bill of Quantity (BOQ) through web portal (<https://wbtenders.gov.in>).

b) The Concession Fee as premium shall be quoted separately for each of the facility in BOQ in Rupees INR.

c) It is to be noted that, the rate quoted in the BOQ will be treated as final. Details regarding technical proposal may be obtained from 'Financial Bid' of this document.

2.2.3. EMD for successful participation in BID process:

Earnest Money Deposit (EMD) : The EMD of Rs 1,00,000/- (Rs One Lakh only) by way of Demand Draft / Pay Order from a scheduled Bank must accompany with application (Offline Technical BID document).

1 The Demand Draft / Pay Order should be made in favour of Executive Director, "West Bengal State Health and Family Welfare Samiti". payable at Kolkata. Scan copy of the EMD is to be uploaded in the web portal of (<https://wbtenders.gov.in>).

2. In addition to e- submission **hard copies of Technical bid needs to be submitted by hand in sealed cover**. The application is to be submitted in the prescribed format containing general and technical information along with copy of documents to be submitted as per Annexure-II and the Demand Draft/Pay Order by way of EMD. This application is to be sealed and super scribed:

“Application for establishment of fair price diagnostic centre at [insert Name of the facility/ Hospital] from [insert Name of the participating organisation name]

(“General and Technical Information with EMD No- [insert No& Date with Bank Name])

The Address for Submission of Technical Bid in Offline Mode:

Secretary (PPP Cell)
Department of Health & Family Welfare, GoWB
4th Floor, Wing – B, Swasthya Bhawan
Salt Lake, Sector- V, GN- 29
Kolkata- 700091

3. The EMD of the selected applicant will be returned through ECS/directly upon the applicant’s executing the contract and furnishing Performance Security. Unsuccessful applicants’ EMD will be returned through ECS/directly within 90 days after the successful completion of the Bidding process. The EMD may be forfeited if the applicant withdraws its BID during the period of BID validity.
4. The EMD of the selected applicants may be forfeited if the organization fails to sign the contract in accordance with the terms and conditions and/or fails to furnish Performance Security as per the terms and conditions.

Interested Organizations desiring to undertake physical inspection of the Hospital before submission of the EoI as well as for any clarification, if required, relating to the scheme and filling of application may contact over Phone (033) 2333-0609 and (033) 2333-0611.

Complete sets of tender documents will be available for free download by interested bidders from <https://wbtenders.gov.in> & from the website of Department of Health – www.wbhealth.gov.in under the tender option

TERMS OF REFERENCE

Request for Proposal for Selection of Private Partners for Operation & Maintenance of 1.5 Tesla MRI services at Kalimpong District hospital under Public Private Partnerships –Second Call (O & M Mode – CAPEX by Govt)

Glossary

The words and expressions that are capitalized and defined in these Tender Documents shall, unless the context otherwise requires, have the meaning ascribed herein. Any term not defined in the Tender Documents shall have the meanings ascribed to it in the Main Contract.

Bid	Means each proposal submitted by a Bidder, including a Financial Bid, to be eligible for and to be awarded the Contract; and Bids shall mean, collectively, the Bids submitted by the Bidders.
Bid Due Date	Means the last date for submission of the Bids as specified in the Tender Notice, and as may be amended from time to time.
Bidder	Means a person that submits a Bid in accordance with the Tender Documents; and the term Bidders shall be construed accordingly.
Bidding Process	Means the bidding process that is being followed by the State Nodal Agency for the award of the Contract, the terms of which are set out in these Tender Documents.
Agreement	Means, contract to be signed between the H&FW Department and the selected bidder.
Financial Bid	Means submitted by the Bidder setting out the concession fee quoted

by the Bidder.

GoI	Means the Government of India.
OPD	Means out-patient department.
DH	Means District Hospital
SDH	Sub Divisional Hospital
SGH	State General Hospital
RH	Rural Hospital
BPHC	Block Primary Health Centre
Rupees or INR	Means Indian Rupees, the lawful currency of the Republic of India.
Services Agreement	Means the agreement to be executed between the Insurer and an Empanelled Healthcare Provider, for utilization of the Cover by the Beneficiaries on a cashless basis.
Service Area	Means the State and districts for which this tender is applicable.
Selection Committee (SC)	Committee formed by the H&FW Department for Selection of Partner
CAPEX	Capital Expenditure
OPEX	Operating Expenditure
O&M	Operation & Management
EOM	Establishment, Operation & management.
	Establishment, Operations & Maintenance mode
Successful Bidder	Means the Eligible Bidder that has been selected by Health & Family Welfare Department, West Bengal.
Tender Documents	Means these tender document issued by Health & Family Welfare Department, West Bengal.
Tender Notice	Shall mean the notice inviting tenders for the implementation of PPP Scheme under Health & Family Welfare Department, West Bengal.
CAMC	Comprehensive Annual maintenance Contract
DLP	Defect Liability Period.
SSH	Super Speciality Hospital
CQCCBS	Combined Quality cum Cost Based Scoring

- 1) Please read this scheme document carefully before submission of the application.

- 2) Complete sets of tender documents will be available for free download by interested bidders from web portal of (<https://wbtenders.gov.in>) & from the State Government website mentioned above.
- 3) It will be in the interest of the bidders to familiarize themselves with the e-Procurement system to ensure smooth preparation and submission of the tender documents.
- 4) The bidders are advised to submit the bids well in advance of the deadline as the PPP Cell, Health & Family Welfare Department, West Bengal shall be not be liable or responsible for non-submission of the bids or submission of incomplete bid on account of any technical glitches or any problems in connectivity services used by the bidder.
- 5) Bids can be submitted through the website of (<https://wbtenders.gov.in>).
- 6) An Organization may submit application for more than one hospital. However, *the applicant shall have to submit separate application and separate EMD for each of the hospitals.*

In addition to e- submission of Technical bids, **hard copies of Technical bid needs to be submitted by hand in sealed cover.** The application is to be submitted in the prescribed format containing general and technical information along with copy of documents to be submitted as per Annexure-I This application is to be sealed and super scribed:

{ “Application for establishment of fair price diagnostic centre at [insert Name of the facility/ Hospital] from [insert Name of the participating organisation name] }
 (“General and Technical Information”)

The Address for Submission of Technical Bid in Offline Mode:

Secretary (PPP Cell)
 Department of Health & Family Welfare, GoWB
 4th Floor, Wing – B, Swasthya Bhawan
 Salt Lake, Sector- V, GN- 29
 Kolkata- 700091

For any clarification, interested organizations may contact over Phone (033) 2333-0609 / 2333-0611 between Monday and Friday (10.30am – 5.00pm) .

- 7) Financial bid must be submitted in prescribed mode of e tender process in Bill of Quantity (BOQ) through web portal (<https://wbtenders.gov.in>).
- 8) The last date for submission of application (hard copy) is the next working day of the e submission till 05.00 p.m.

- 9) If any of the documents as asked for are not submitted along with the application, the application form submitted by the applicant may be rejected.
- 10) Interested Organization may attend Pre-BID meeting as mentioned **in Fact sheet.**
- 11) Interested Organizations desiring to undertake physical inspection of the Hospital before submission of the EoI as well as for any clarification, if required, relating to filling of *application may contact over Phone no 2333-0609 and 233-0611 between Monday and Friday (10.30am – 5.00pm)*
- 12) The EMD of the selected applicants may be forfeited if the organization fails to sign the contract in accordance with the terms and conditions and/or fails to furnish Performance Security as per the terms and conditions.

TENDER DOCUMENT**GOVERNMENT OF WEST BENGAL****DEPARTMENT OF HEALTH & FAMILY WELFARE****Table of Contents:**

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The Scheme**1. Objective**

In the wake of increasing need for instituting proper and timely treatment protocol by the medical profession for the benefit of the patients, strengthening of services with an extensive range of investigation and diagnostic facilities at the Government Health Facilities is becoming more and more important. The Department of Health & Family Welfare (DoHFW), GoWB has acknowledged this need and initiated measures to reinforce the investigation facilities in the State enabling access to a broad range of diagnostic services by the patients at affordable cost while keeping provision for the poor with free services for these investigations.

- a. Access to advance diagnostic facilities at affordable cost is one of the important initiatives that DoHFW has undertaken for the benefit of the population at large. Already, DoHFW has implemented schemes for operation of CT scan, MRI scan units, Digital X ray, and Dialysis as well as laboratory services at various levels of Government hospitals from Medical colleges to district level hospitals under PPP. In some cases State of art high end diagnostic and investigation facilities has been developed by procurement and installation of modern equipment by the department of Health & Family Welfare run in PPP mode by O&M (Operation & Maintenance) partners. Several MRI,CT Scan centres as well as laboratory services including USG facilities have also been established in EOM (Establishment, Operations & Maintenance mode) where equipment as per standard specifications have been procured and installed by the private partners in built up ready to use space provided by the DoHFW.
- b. The Govt of West Bengal is committed to provide, affordable, accessible, sustainable, high quality essential health care for all with Special focus on the poor, mother child and elderly, and those living in underserved areas. One of the special focus areas is to decongest tertiary care hospitals and also reduce out-of-pocket expenditure for patients and provide quality super speciality health care near to their door steps particularly in remote, backward and border area districts.
- c. In this context the DoHFW, Government of West Bengal has decided to setup a MRI unit in O&M model in the premises of Kalimpong District hospital considering the fact that the Kalimpong District hospital caters to a huge population of Kalimpong District and is a hilly area where the above mentioned Hospital is one of the important Healthcare facility .

2. Salient Features of the Scheme

Under the scheme, DoHFW would utilize the financial grants available from various quarters for procurement and installation of MRI equipment in ready-to-use space available in the Kalimpong District hospital fitted with furniture and fixture and accessories within the hospital premises for operation and management of the services through Private Service Provider under PPP.

- a) The scheme is governed under a legal instrument – an agreement signed by the concerned hospital authorities with the Private Partners. The agreement is valid for **four** years renewable thereafter for another period of **four years** based on performance appraisal and on mutual consent. The DoHFW, if it is so required, has the discretion to enter into a supplementary agreement with Private Partners incorporating certain new /amended clauses based on mutual consent of both parties. However the department will have the discretion not to issue further renewal of existing agreement if the PPP partners do not agree with the revised terms and conditions of supplementary agreement and the department shall be free to issue tender for selection of new Private partner prior to 60 days before expiry of existing agreement.
- b) The Private Service Provider need to communicate their intention for continuation of the agreement for another term at least six months prior to the end of the agreement to enable the DoHFW to initiate necessary actions in this respect in accordance with the provision of the existing agreement.
- c) The procurement of equipments for MRI Services has been and is being undertaken by the West Bengal Medical Services Corporation Ltd (WBMSCL) as well as other turnkey agencies selected by West Bengal Medical Services Corporation Ltd (WBMSCL) on behalf of the DoHFW in different Govt. Hospitals. The specification of the equipment for MRI was determined by the Technical Committee formed by WBMSCL. The selection of vendors through e-tendering was undertaken by a high powered selection committee formed by the WBMSCL based on clearly defined bidding criteria. The technical specification of the MRI machine to be supplied and

installed in Kalimpong District hospital in turnkey model which is planned to be made operational in O&M model are provided in Annexure VIII of this tender document respectively.

- d) The Private Service Provider is responsible for entire operation and management of these facilities with their own resources including deployment of Medical, Technical and other personnel. The Private Service Provider needs to comply with the relevant Clinical Acts, Laws and other applicable norms. It may also be mentioned here that the ***Private Service Provider are required to deploy technical persons who have completed the relevant diploma courses of minimum 2 years with required period of internship conducted by State Medical Faculty of West Bengal or from institutions affiliated under State Medical Faculty of West Bengal or similar such standards as are acceptable to the signatory to the agreement on behalf of the DoHFW.***
- e) As part of the obligation of the agreement, the selected O&M partner will have to pay concession fee to the Rogi Kalyan Samiti (RKS) of the concerned hospital in each quarter. The concession fee will be **20% of the gross revenue including revenue generated from private cases in each quarter or a fixed amount quoted as concession fees in each quarter whichever is higher.**
- f) **The competent authority of the Hospital on behalf of RKS shall monitor the operational activities of the services. In addition, a state level monitoring committee has also been formed for performance tracking.** Appropriate and approved software packages will be installed by the Private Service Provider to disseminate relevant information through on daily basis. The software so mentioned has been approved by the DoHFW and all kinds of transactions have to be done by the Private Service Provider using that software only so that web based monitoring at any point of time can be done by the concerned authorities of the DoHFW at the state level and at the hospital level
- g) The free services will be extended to patients as per present free policy of the government. The RKS of the concerned hospital shall make payments for the cost of such free services to the O&M partner on quarterly basis.
- h) The Private Service Provider may conduct investigations for patients referred by private practitioners/private hospitals. However they have to render service to the patients at the same rate as approved for Government cases. Also, patients of referred by the concerned government hospital will get priority for use of the services. Also the rates for private cases has to be duly intimated to the hospital authority in written and the Government approved rate list has to be prominently displayed in the MRI unit.
- i) The selected Private Service Provider are required to keep a security deposit of 5% of the capital cost of MRI by way of Bank Guarantee in favour of the DoHFW with any scheduled/nationalized Bank acceptable to DoHFW.
- j) The Private Service Provider will be responsible for proper maintenance and upkeep of the equipment and accessories procured by them in accordance with provision of the agreement .The cost of CAMC (Comprehensive annual maintenance Contract) has to be borne by the private partner and has to be paid by the service provider on regular basis as per rate contracted with the equipment supplier during procurement of the equipment .The document related to the payment of CAMC has to be submitted to the hospital authority for necessary record.

3. Role and Responsibilities of DoHFW and its various wings

- a. The DoHFW shall provide ready-to-use space as per technical specification for operation and management of the MRI services to the selected Private Service Provider. Water supply will also be provided free of cost. However if there is implementation of provision of water tax as per Government rules the Water meter have to be installed by the private service provider at their own cost and pay the water tax as per meter reading to concerned authority.
- b. The Private Service Provider will be required to install separate electric meter as described under Section '3 c' and pay consumption charges directly to the energy supplier as per prevailing rules of the energy supplier. In case of installation of Sub-meter by the hospital authority under such circumstances where electric meter in own name may not be provided for time being the cost towards installation of such sub-meter shall be borne by the private partner. The Hospital Authority will raise bills as per reading in the sub-meter which has to be paid within due time by the private partner.
- c. As the unit is proposed under O&M model the DoHFW through the selected turnkey agencies shall provide rent free ready-to-use space, furniture, fixture and accessories and undertake procurement and installation of the MRI, equipment for operation and management of the services to the selected O&M partner.
- d. Use of electricity will be allowed by the DoHFW for which the Private Service Provider will pay consumption charges directly to the energy supplier as per prevailing rules of the energy supplier. Necessary NOC from the competent authority of the concerned hospital will be provided to the Private Service Provider for procurement of separate electric meter for which the applicable security deposit and installation charges within the operating rooms under PPP will be borne by the Private Service Provider. However, it is to be noted that the DoHFW shall arrange at its cost of installation of the electrical connection and augmentation if required up to the door step of the operating rooms for the facilities undertaken under PPP
- e. facilitate the process for obtaining a separate Electric Meter by the Concessionaire;
- f. The DoHFW shall incorporate the Standard Operating Procedures (SOPs) for each of the services to be followed by the concerned Private Service Provider.
- g. The DoHFW through RKS of the concerned hospital shall ensure implementation of the safety net for this scheme for the poor and vulnerable population as well as all patients eligible for free services as per present policy of the State Government and pay for the free services provided by the Private Service Provider in accordance with the provision of the scheme.
- h. refer patients for free services in accordance with the provisions of this agreement;
- i. make timely reimbursement of the cost of free services provided by the Concessionaire in accordance with Article 5 of this agreement;
- j. ensure peaceful use of the Hospital Site and free access of all the equipments and accessories in the Hospital Site by the Concessionaire under and in accordance with the provisions of this Agreement without any hindrance from the Hospital Authority or any Governmental Agency or persons claiming through or under it/them;
- k. form a monitoring committee to oversee the operational activities of the **MRI** services and ensure that the services are provided as per provisions of the agreement

- l. Monitoring installation of approved soft ware packages of the DoHFW for disseminating information on multiple parameters on operation and management for the **MRI** services undertaken by the Concessionaire in the concerned hospital;
- m. monitor signing of the CMC by the Concessionaire with the supplier as per the contracted value three months prior to completion of warranty period;
- n. Facilitate integration of the Concessionaire and the supplier to ensure services as per provision of this agreement by the Concessionaire including maintenance of equipments.
- o. The DoHFW, if it is so required, has the discretion to enter into a supplementary agreement with Private partners incorporating certain new/ amended clauses based on mutual consent of both parties. However the department will have the discretion not to issue further renewal of existing agreement if the PPP partners do not agree with the revised terms and conditions of supplementary agreement and the department shall be free to issue tender for selection of new Private partner. Further the hospital authority may issue relevant notice 60 days prior to floating of e-tender for selection of new private partner on non compliance of revised terms and conditions as may be issued by the department.
- p. For the purpose of renewal of existing agreement the private partner has to apply to hospital authority 6 months prior to date of completion of existing agreement. The hospital authority shall ensure proper and timely review of performance of the unit at least at an interval of six months. A hospital level monitoring committee should be constituted for this purpose under the MSVP/Superintendent of the hospital who will monitor the performance of the unit on regular basis and submit their report to the hospital authority. All relevant dues as per agreement have to be totally cleared from the end of the private partner to the hospital authority for being eligible towards obtaining renewal.
- q. For purpose of review of performance important criteria's like timely delivery of reports, collection of user charges as per government rates, proper display of rates in the facility, strict adherence to SOP while running the units, deployment of qualified manpower as per norms, regular payment of all dues including concession fees, electricity charges, CAMC charges, shall have to be considered.
- r. Income Tax deduction at source shall be made at prescribed rates from bidder's bills. The deducted amount will be reflected in the requisite form, which will be issued at the end of the financial year.

4. Role and Responsibilities of Private Service Provider

- a. The selected O&M partners are required to keep a security deposit of 5% of the capital cost of MRI machine by way of Bank Guarantee in favour of the DoHFW with any scheduled/nationalized Bank acceptable to DoHFW. The total cost of MRI scan procured by the WBMSCL is **Rs 7, 39, 39,257/- (Rs seven crore thirty-nine lac two hundred and fifty seven only)** at Kalimpong District hospital.
- b. The selected Private partner shall ensure that the concession fee is paid to the concerned RKS on quarterly basis within the 10th day of the 1st month of the subsequent quarter to be incorporated in the agreement. **The concession fee will be 20% of the gross revenue in each quarter or a fixed amount** quoted as concession fees **in each quarter whichever is higher.**
- c. In case the private partner fails to pay the concession fees /20% of the gross revenue generated in the quarter whichever is higher within 10th of the first month of the subsequent quarter, interest @ 1% per

- month on the due concession fees will be imposed for each 15 days delay thereof subjected to a maximum allowable extension period of 3 months from last due date of payment of concession. All dues along with applicable interest have to be cleared within the allowable limit of 3 months beyond which relevant procedure for termination of contract and floating of e-tender for selection of new private partners will be initiated by the Hospital Authority/Department of Health & Family welfare. However penalty clause will be applicable till the date of decommissioning of the unit and handover of site under possession of the private partner to the hospital authority.
- d. As per Clause 4 c above if the partners fails to clear the due concession fees with applicable penalty within the time allowed the hospital authority will not be liable to make any further payments to the private party for free services provided by them until all such due with penalty are cleared. Moreover the private partner has to continue service under all circumstances even if termination clauses are applied for default of payment of concession fees or any other reasons by the hospital authority until the date of decommissioning of the unit and handover of site under possession of the private partner to the hospital authority in Interest of public service. In case there is any deviation in service the hospital authority may initiate appropriate action in form of FIR and other relevant measures under rule of law including black listing of the private partner.
- f. In case hospital authority fails to clear the dues within the stipulated time and date interest @ 1% per month on concession fee may be charged for each 30 days delay and thereof. This is subjected to the clause that the private partners pay the quarterly premium and raise bills with all proper documents within stipulated time as mentioned in clause 5.
- g. Installation of electricity meter in its own name will be undertaken by the O&M partner as described under Section 3b. In case of installation of Sub-meter by the hospital authority under such circumstances where electric meter in own name may not be provided for time being the cost towards installation of such sub-meter shall be borne by the private partner. The Hospital Authority will raise bills as per reading in the sub-meter which has to be paid within due time by the private partner.
- h. Water supply will also be provided free of cost. However if there is implementation of provision of water tax as per Government rules the Water meter have to be installed by the private service provider at their own cost and pay the water tax as per meter reading to concerned authority.
- i. The Private Service Provider will ensure back up power (generator services) for continuation of services in case of disruption in electrical power as per specifications and standard power requirement of the respective equipments.
- j. The Private Service Provider will comply with all statutory requirements as applicable under The West Bengal Clinical Establishment Act 1950 and The West Bengal Clinical Establishment Rules 2003 as amended hereafter and other applicable Acts and Laws. It may be mentioned here that the service provider will have to comply with THE WEST BENGAL CLINICAL ESTABLISHMENTS (REGISTRATION, REGULATION AND TRANSPARENCY) Act, 2017. And subsequent rules as and when notified by the State Government.
- k. The Private Service Provider will also comply with the fire safety requirements as per West Bengal Fire Services Act, 1950 as amended up to date.
- l. Engagement of required medical, technical and other personnel for operation and management of the services will be ensured by the Private Service Provider in accordance with the relevant Clinical Establishment Acts and Norms.
- m. All the operational cost relating to functioning of each of the services including the cost of deployment of the personnel will be borne by the Private Service Provider.

- n. The Private Service Provider will ensure that the entire system operated by them are accessible for teaching and training purposes for undergraduates and postgraduates students at any point of time at pre-designed schedule.
- o. The Private partner, with the help and support of the DoHFW, shall also work out installation of multi facility monitoring mode and establish connectivity with other health facilities for transmitting the digital images undertaken for each of the investigations for the purpose of review and reports as and when required.
- p. Cases referred by the hospital authority shall be given priority in the diagnostics centre. No case duly referred by the hospital authority shall be delayed and hospital authority shall pay for all such cases within 20th day of the first month of the subsequent quarter subjected to timely payment of concession fees as per clause 5C by the private partner
- q. No book adjustments for free cases against the concession fee shall be allowed.
- r. The Private Service Provider will be responsible for proper maintenance of the equipment provided by West Bengal Medical service Corporation on behalf of the DoHFW for this scheme and comply with the conditions of Comprehensive Maintenance Contract (CMC) relating to the contracted value and terms of payment for CMC as set out by the WBMSCL and other turnkey agencies on behalf of the DoHFW with the concerned supplier during procurement of equipments.
- s. The Private Service Provider will be responsible for proper maintenance and upkeep of the equipment and accessories provided to them in accordance with provision of the agreement .The cost of CAMC (Comprehensive annual maintenance Contract) has to be borne by the private partner and has to be paid by the service provider on regular basis as per rate contracted with the equipment supplier during procurement of the equipment .The document related to the payment of CAMC has to be submitted to the hospital authority for necessary record.
- t. The Private Service Provider will obtain and maintain insurances within one month of start of operation of the services for the Hospital Sites including the equipments as per Good Industry Practice including insurances against damages to property due to force majeure, insurances against theft and loss of equipment and such other insurances as are required for the Services undertaken by the Private Service Provider
- u. Service standards will be followed by the Private Service Provider in accordance with the Good Industry practices
- v. Appropriate and approved software packages will be installed by the Private Service Provider to disseminate relevant information through on daily basis. The software as approved by the DoHFW will be used for all kinds of transactions done by the Private Service Provider so that web based monitoring at any point of time can be done by the concerned authorities of the DoHFW at the state level and at the hospital level. The cost of installation and maintenance of the software has to be borne by the private partner.
- w. The service provider will have to maintain an uptime of 95% with maximum 5 days of downtime at a stretch of MRI machine of the facility. In case they fails to do so the provider will have to pay a sum equivalent to a cost of average value of MRI conducted in the given unit per day for the last month multiplied by the total days, for each day of shut down beyond 5 days. If shut down extends beyond 30 days due to Technical/Administrative reasons on part of service provider, the contract may be cancelled. The provider shall make alternative arrangements for provisions of MRI (including free transportation of patients) if machine are broken down for a period greater than 24 hours. The rates of MRI as per contracted value in agreement will not change in any case.

- x. The equipment supplier in charge of service & maintenance will also be liable for penalty if the breakdown calls are not attended within 24 hrs and services not provided as per protocol.
- y. The O&M partner, with the help and support of the DoHFW, shall also work out installation of multi facility monitoring mode and establish connectivity with other health facilities for transmitting the digital images undertaken for each of the investigations for the purpose of review and reports as and when required.
- z. The Private Service Provider will ensure that the services would be operational for the duration of time as prescribed under Section 11.
- aa. The Private Partner (PSP) shall ensure that the services operated by it shall be accessible for teaching and training purposes for undergraduate and postgraduate students as and where applicable and also for radiography students for their training as and when required.
- bb. The schedule for such teaching and training where utilization of the diagnostic facilities is mandated will be decided between the hospital authority or their authorized representatives and the private partner.
- cc. The Private Partner (PSP) shall also ensure that the unit operated by it in this Hospital will be integrated in the Teleradiology facilities as and when such facilities are considered by the DoHFW for implementation in future in this State for the purpose of review and reports as well as for training and teaching purposes for the radio diagnostic system.

5. Policy on user charges, free services and payment

A. User charges

- i. Private Service Provider will carry out all the required investigations based on Government rates fixed by State level technical experts and approved by the DoHFW and incorporated in the agreement. The rates fixed for patients of the Government Hospital are much lower than the market rates. The service will be totally free to the patients referred from government hospitals and the partners will raise bills with all relevant documents to the hospital authority on monthly basis for payment. No charges whatsoever will be collected by the private service provider from any patients referred from government facility and attending the respective units for necessary investigations. The approved department rates for MRI services in O&M model (CAPEX by Government) are provided in Annexure VII of this RfP document.
- ii. Rates should be prominently displayed by the Private Service Provider in the facilities where these services are provided.
- iii. Private Service Provider may conduct MRI for patients referred by private practitioners/private hospitals. However they have to render service to the patients at the same rate as approved for Government cases. Also, patients of referred by the concerned government hospital will get priority for use of the services.

B. Free Services

- i. The policy of free services shall be applicable to all patients as per present policy of the State government. Free services will be provided to all such patients eligible for free services as per guidelines of the DoHFW. These patients will be referred by the MSVP of the Medical College/Superintendent of the DH/SDH/SGH/SSH recommending for free services with the required

- hospital prescription of the concerned patients. The O&M partner shall undertake the MRI as prescribed by the concerned Doctor without charging any amount from such referred patient.
- ii. Patients receiving such free services should be provided with full 100 % free services i.e. no amount can be collected from such referred patients.
 - iii. For the purpose of referral of government cases the hospital authority will issues Vouchers in fixed format as approved by DoHFW. The vouchers will be issued by the head of the institutions or his/her authorized representatives .The vouchers will be preserved by the PPP partners after conducting the MRI. The copy of such vouchers is to be produced along with other necessary documents to the hospital authority while producing claim for payment against free cases.
 - iv. However it may be noted that on implementation of real time software for Fair price Diagnostic and Dialysis services all claims will be software generated supported by back up documents while claim for payment against free cases is raised to hospital authorities.
 - v. No partner shall refuse cases referred as “free” by the competent authorities of the Hospital as hospital authorities will make payments for all such cases to the Private Service Provider on monthly basis and on production of bill.
 - vi. The O&M partner shall keep relevant record for such free services (e.g photocopy of prescription). The monthly information system shall include necessary details of free services provided during the month. Also the same documents have to be uploaded in the approved software of the department.
 - vii. The RKS of the concerned hospital shall reimburse the cost for such free services to the O&M partner on monthly basis on submission of required documents.
 - viii. Monitoring of implementation of the policy on free services shall be undertaken by the authorized personnel of RKS.
 - ix. The selected O&M (CAPEX by Govt) partner will have to pay concession fee to the Rogi Kalyan Samiti (RKS) of the concerned hospital in each quarter. The concession fee will be 20% of the gross revenue earned from both government and private cases in each quarter or a fixed amount in each quarter whichever is higher.
 - x. **Modality of payment:**
 - a) As per the present policy of the State Government the service will be totally free to the patients, to be paid by the hospital authority on raising monthly bills by 10th of subsequent month.
 - b) The partner will raise bill for payment against free cases to hospitals authority on monthly basis by 10th of the subsequent month.
 - c) The rates for MRI services as mentioned in the Request for proposal document is inclusive of all taxes (GST) as per existing government rules. The Private partner will not be allowed to add any taxes on the bills raised to the Hospital Authority for payment against free services rendered by them.
 - d) The bills should be supported with signed vouchers by the hospital authority along with all other document for payment by hospital authority
 - e) However it may be noted that on implementation of real time software for Fair price Diagnostic and Dialysis services all claims will be software generated supported by back up documents while claim for payment against free cases is raised to hospital authorities.
 - f) Any claim not uploaded in real time software due to any reasons like connectivity failure, hardware breakdown have to be uploaded at earliest possible period after restoration of services. Even after this if there is any claim which could not be software generated, the same

- has to be presented to the hospital authority with substantial evidence for consideration and final decision from the end of Hospital authority.
- g) The hospital will make necessary payment for bills raised for free service after proper scrutiny by the account section.
 - h) Partners are supposed to pay electricity bills CMC charges directly to service provider. In case of default of payment of electricity bills the amount will be deducted monthly from the total amount payable to the partner on monthly basis for free cases.
 - i) In case of default of CAMC payment in due time the same will be deducted from the total amount payable to the PPP partner on monthly basis by hospital authority .The defaulted amount will be paid directly to service provider by hospital authority in such circumstances and relevant notice as per terms and conditions of this tender document's will be issued

6. Monitoring Mechanism

- a) The competent authority of the Hospital on behalf of RKS shall monitor the day-to-day operational activities of the services undertaken by the O&M partner.
- b) Performance review will be undertaken by RKS on quarterly basis. Senior Official from DoHFW may be present during Performance Review.
- c) Appropriate and approved software packages will be installed by the Private Service Provider to disseminate relevant information through on daily basis. The software as approved by the DoHFW will be used for all kinds of transactions done by the Private Service Provider so that web based monitoring at any point of time can be done by the concerned authorities of the DoHFW at the state level and at the hospital level. The cost of installation and maintenance of the software has to be borne by the private partner.
- d) The Partners will have to provide reports as and when required by the Hospital authority / DoHFW in prescribed format.

7. Causes for Termination of Agreement

A. Causes of termination:

Any of the following events shall constitute an event of default by the Private Service Provider entitling DoHFW to terminate this agreement and subsequent forfeiture of Security deposit/performance guarantee by the hospital authority

- a. Failure to comply with SOPs for operation and management of the services
- b. Collecting charges from the patients in violation of the Policy on User Charges
- c. Error detected in more than two occasions in six months in recording the correct entry of the number of patients referred from the concerned hospital as well as by the private practitioners/private hospitals in each month.
- d. Failure to comply with the statutory requirements, Clinical Establishment Acts, Rules and other applicable norms
- e. Criminal indictment of the promoters, member/s of the Board of Directors, chief functionaries, key personnel engaged by the private partner for operation and management of the services.
- f. Engagement of unqualified persons for running of the Services
- g. Use of the allocated space by the Private Service Provider for any other purpose other than the approved scheme.
- h. In case the private partner fails to pay the concession fees /20% of the gross revenue generated in the quarter whichever is higher within 10th of the first month of the subsequent quarter, interest @ 1% per

month on the due concession fees will be imposed for each 15 days delay thereof subjected to a maximum allowable extension period of 3 months from last due date of payment of concession. All dues along with applicable interest have to be cleared within the allowable limit of 3 months beyond which relevant procedure for termination of contract and floating of e-tender for selection of new private partners will be initiated by the Hospital Authority/Department of Health & Family welfare. However penalty clause will be applicable till the date of decommissioning of the unit and handover of site under possession of the private partner to the hospital authority.

- i. If the private partner fails to provide service as per the norms of the agreement or discontinues service due to any reason what so ever including personal grounds before the contract periods end.
- j. For O&M type of units if the selected private partner fails to start patient service soon after the commissioning of the unit and handing over of the equipments and accessories to the PPP partner by the hospital authority along with signing of a possession certificate and a legal agreement.
- k. In O&M of centres if the partners fail to pay the CAMC charges to the service provider at rates and interval as mentioned in the tender document.

B. Notice/Show Cause and Termination:

- a. Upon occurrence of any of the defaults, DoHFW (herein represented by the Hospital authority) would follow the procedures of issuing time bound (one month) Notice/Show Cause before deciding on termination of the agreement. The decision of DoHFW shall be final and binding on the PSP.
- b. Upon occurrence of any of the defaults, The Hospital Authority shall issue notice of show cause to the Private Partner (PSP).
- c. If the Private Partner (PSP) fails to demonstrate to The Hospital Authority that the default has been cured or fails to satisfy the Hospital Authority, the Hospital Authority may terminate this Agreement.
- d. The decision of the Hospital Authority to terminate the agreement shall be final and binding on the Private Partner (PSP).

C. Termination due to Change in Law:

- a) **The Private Partner (PSP) shall have the right to be terminated on account of a “Change in Law”. For the purpose hereunder Change in Law means any of the following events which, as a direct consequence thereof, has a Material Adverse Effect:**
 - (i) adoption, promulgation, modification, reinterpretation or repeal after the date of this Agreement by any Government Agency of any Applicable Law by any Government Authority; or
 - (ii) the imposition by any Government Agency of any material condition (other than a condition which has been imposed as a consequence of a violation by the Private Partner (PSP) of any Clearance or Applicable Law) in connection with the issuance, renewal or modification of any Clearance after the date of this Agreement; or
 - (iii) any Clearance previously granted, ceasing to remain in full force and effect for reasons other than breach/violation by or the negligence of the Private Partner (PSP) or if granted for a limited period, being renewed on terms different from those previously stipulated.
- b) Provided nothing contained in this Section shall be deemed to mean or construe any increase in taxes, duties, cess and the like effected from time to time by any Government Agency, as Change in Law.
- c) In the event of Change in Law the Private Partner (PSP) may propose to the Hospital Authority modifications to the relevant terms of this Agreement, which are reasonable and intended to mitigate the effect of the Change in Law. Thereupon, the Parties shall, in good faith, negotiate and agree upon

suitable changes in the terms of this Agreement so as to place The Private Partner in substantially the same legal, commercial and economic position as it were prior to such Change in Law. Provided, however, that if the resultant Material Adverse Effect is such that this Agreement is frustrated or is rendered illegal or impossible of performance in accordance with the provisions hereof, this Agreement shall stand terminated.

D. Consequences of Termination

- a) Upon Termination of this Agreement for any reason whatsoever under Section 7A , the Private Partner (PSP) shall deliver possession of the Hospital Site and all equipments and accessories provided to it by The Hospital Authority after removing from the Hospital Site the materials installed by The Private Partner (PSP) if any within a reasonable time agreed by both the parties through discussion. In the process of handing over possession of the Hospital Site and equipments and accessories by the hospital authority, it shall refrain from damaging the Hospital Site and the equipments and accessories in any manner whatsoever.
- b) The Hospital Authority shall have the power and authority to :
 - (i) enter upon and take possession and control of the Hospital Site and the Equipments and Accessories after making an inventory in presence of two witnesses;
 - (ii) prohibit the Private Partner (PSP) and any Person claiming through or under the Private Partner (PSP) from entering upon/dealing with the equipments and accessories.

8. Force Majeure

If the performance of the agreement by either party is delayed, hindered or prevented or is otherwise frustrated by reason of *force majeure*, which shall mean war, civil commotion, fire, flood, action by any government or any event beyond the reasonable control of the party affected, then the party so affected shall promptly notify the other party in writing specifying the nature of the force majeure and of the anticipated delay in the performance of the agreement and as from the date of that notification The Hospital Authority may at its discretion either terminate the agreement forthwith or suspend the performance of the agreement for a period not exceeding 6 months. If at the expiry of such period of suspension any of the reasons for the suspension still remain, The Hospital Authority and The Private Partner may either agree a further period of suspension or treat the agreement as terminated. In the event of the Contract being terminated by reason of *force majeure*, The Private Partner shall take such steps as are necessary to bring the Services to an end, in a cost effective, timely and orderly manner. The Private Partner shall submit an account in writing which shall state the amount claimed taking into account all charges and costs properly incurred or committed by The Private Partner in relation to the agreement or its termination which cannot be recovered. Provided that payments are not subject to dispute, The Hospital Authority shall:

- a. Arrange to pay through RKS all charges and sums due against free patients recommended by the Hospital Authority and outstanding under the terms of this agreement up to and including the date of termination ("the Relevant Date");
- b. Arrange to reimburse all reasonable expenses necessarily incurred by the Consultants after the Relevant Date in winding up the agreement.

9. Dispute Resolution

- a. **Amicable Resolution**

Where a dispute arises under this Agreement, the Parties shall make all reasonable efforts to resolve the dispute through good faith negotiations failing which they shall attempt at dispute resolution with the intervention of mutually agreed official of the DoHFW, GoWB.

b. Arbitration

Except for a dispute in connection with Termination, in which respect the decision of the Hospital Authority shall be final, any dispute between the Parties arising out of or relating to this Agreement including the meaning or interpretation of any of the terms set out hereto or any other matters which cannot be resolved through good faith negotiations shall be finally referred to an arbitrator appointed by the Principal Secretary, DoHFW, GoWB. Both the parties shall abide by the opinions of the arbitrator in settling the dispute.

10. Miscellaneous

a) Validity

- i. This Agreement shall be initially valid for a period of **FOUR (4) years** from the date of signing, subject to renewal for another period of Four Years on satisfactory consecutive annual performance review reports during the initial contract period
- ii. The Hospital Authority may modify the terms of the initial agreement during renewal of the Agreement

b) Hand back of Hospital Site

Upon the expiry of the validity of this Agreement by efflux of time and in the normal course, The Private Partner shall hand back peaceful possession of the Hospital Site and the equipments and accessories provided to it to the Hospital Authority if any free of cost and in ideal condition. All the equipments must be in absolute running condition. The equipments and accessories installed by the private partner have to be removed as per agreed upon time by the private party.

c) Assignment and Charges

- i. The Private Partner shall under no circumstances whatsoever create Encumbrance over the Hospital Site and the equipments installed within the Hospital Site. The Private Partner (PSP) shall not assign this Agreement or the rights, benefits and obligations save and except with prior written consent of the Hospital Authority.
- ii. The Hospital Authority shall be free to assign all or a part of its rights, benefits or novate its obligations under this Agreement at any time.

d) Indemnity

The Private Partner (PSP) shall indemnify, defend and hold the Hospital Authority harmless against any and all proceedings, actions and third party claims arising out of a breach by Private Partner (PSP) of any of its obligations under this Agreement.

e) Governing Law and Jurisdiction

This Agreement shall be governed by the laws of India. The Courts of Kolkata in West Bengal, India, shall have jurisdiction over all matters arising out of or relating to this Agreement.

f) Redressal of Public Grievance

The Private Partner (PSP) shall promptly redress the grievances, if any, reported by the patients, Competent Authority etc. on account of deficiencies in services provided at the _____ Centre and shall be liable for any deficiency in service committed to its consumers under the prevailing consumer law.

g) Supersession & Order of Priority

This Agreement constitutes the entire understanding between the parties hereof with and supersedes any previous expressions of intent, correspondence, understandings or agreement in respect of the Project.

Without prejudicing the aforesaid, the Parties hereby agree that in case of any inconsistency between the provisions of this Agreement and the Scheme, the provisions of the Scheme shall prevail.

h) Amendments

This Agreement and the Schedules together constitute a complete and exclusive understanding of the terms of the Agreement between the Parties on the subject hereof and no amendment or modification hereto shall be valid and effective unless agreed to by all the Parties hereto and evidenced in writing.

i) Notices

Unless otherwise stated, notices to be given under this Agreement including but not limited to a notice of waiver of any term, breach of any term of this Agreement and termination of this Agreement, shall be in writing and shall be given by hand delivery, Speed Post, recognised national/international courier, or by email with scanned documents, or facsimile transmission and delivered or transmitted to the Parties at their respective addresses set forth below:

If to Hospital Authority

_____ (name and designation of the person)

_____ (address)

Mail id:

Fax No:

If to RKS

_____ (name and designation of the person)

_____ (address)

Mail id:

Fax No:

If to the Private Partner (PSP)

_____ (name and designation of the person)

_____ (Organisation)

_____ (address)

Mail id:

Fax no.

Or such address or facsimile number as may be duly notified by the respective Parties from time to time, and shall be deemed to have been made or delivered (i) in the case of any communication made by letter, when delivered by hand, by Speed Post, by recognized national/international courier or by mail (registered, return receipt requested) at that address and (ii) in the case of any communication made by facsimile, when transmitted properly addressed to such facsimile number.

j Severability

If for any reason whatsoever any provision of this Agreement is or becomes invalid, illegal or unenforceable or is declared by any court of competent jurisdiction or any other instrumentality to be invalid, illegal or unenforceable, the validity, legality or enforceability of the remaining provisions shall not be affected in any manner, and the Parties shall negotiate in good faith with a view to agreeing upon one or more provisions which may be substituted for such invalid, unenforceable or illegal provisions, as nearly as is practicable, provided failure to agree upon any such provisions shall not be subject to dispute resolution under this Agreement or otherwise.

k. No Partnership

Nothing contained in this Agreement shall be construed or interpreted as constituting a partnership between the Parties. Neither Party shall have any authority to bind the other in any manner whatsoever.

11. Duration of Service

- a. The O&M partner will ensure that the services would be provided round the clock throughout the year for **at least 95%** of the time with maximum of 5% time to be spared for maintenance activities of the equipment. The services should not be interrupted for more than five days in a quarter.
- b. The service provider will have to maintain an uptime of 95% with maximum 5 days of downtime at a stretch of MRI machine of the facility. In case they fails to do so the provider will have to pay a sum equivalent to a cost of average value of MRI conducted in the given unit per day for the last month multiplied by the total days, for each day of shut down beyond 5 days. If shut down extends beyond 30 days due to Technical/Administrative reasons on part of service provider, the contract may be cancelled. The provider shall make alternative arrangements for provisions of MRI (including free transportation of patients) if machine are broken down for a period greater than 24 hours. The rates of MRI as per contracted value in agreement will not change in any case.

12. Selection process**A. SELECTION COMMITTEE**

DoHFW shall form a Selection Committee (SC) under the Chairmanship of the Director of Medical Education, DoHFW to undertake selection of the applicant for operation and management of the services under PPP:

- ❖ **Details of Eligibility Criteria, technical and financial criteria provided in Technical & Financial BID document.**

B. PROCESS OF SELECTION

Selection of the bidder will be finalized through **Combined Quality cum Revenue Based System (CQCCBS)** method. CQCCBS uses a competitive process among the prima facie qualified bidders, objectively taking into account the quality of a product (in this tender referred to the Technical parameters of the prospective bidders) and its cost of procurement (in this tender referred to the financial bid i.e. the concession fee/ premium to be offered by the prospective bidder). Evaluation of the offers

would be carried out in two stages - first the technical, and then the financial. Evaluators of technical proposals shall not have access to the financial proposals until the technical evaluation is concluded. Financial proposals submitted by the bidders shall be opened only after completion of the technical evaluation, strictly in terms of the provisions contained in the Bid Document.

The total score of a bidder would be obtained by multiplying the Quality and Cost Scores of the bidder by the pre-defined weightage assigned, and adding them together. The weightage assigned for Technical Score and Financial Score would be 40 and 60 respectively. The bidder securing the highest total score would ordinarily be selected as H1 bidder.

The following steps will be followed during evaluation of the bids

An illustrative example is provided below:

Weighted technical score sheet (applicable for a technically qualified candidate whose total marks in Technical Evaluation is 40% and above as per technical criteria's score)

Bidder	Marks obtained on Technical Evaluation (T)	Technical Score (TS) [T/HT*100]	Weighted Technical Score @40%
Bidder 1	90	100	40
Bidder 2	65	72.2	28.9
Bidder 3	75	83.3	33.3

Evaluation of Financial Bid

Financial bids will be opened after the technical evaluation is concluded and uploaded on the e-tender portal. Financial quotes of the bidders would be converted to score by multiplying the highest financial quote with the quote of the bidder and divided by 100 as in case of calculation of Technical score. An illustration of conversion of marks into score has been given in the table below,

Bidder	Financial Quote/Concession fees/Premium (F) in Rs INR.	Financial Score [(FQ/HFQ)*100]	Weighted Financial Score @60%
Bidder 1	600000	92.3	55.38
Bidder 2	650000	100	60
Bidder 3	400000	61.5	36.9

HFQ= Highest Financial quote/Bid.

Selection of Bidder

The bid of a Bidder will be ranked in the Combined Quality cum Revenue Based System(CQCCBS) method based on the total score obtained by the bidder in the evaluation of Technical Criteria and as well as in the evaluation of Financial bid using the weights of 40% and 60% for the " Technical Criteria " and the " Financial bid " respectively.

A ready reckoner for Combined Quality cum Revenue Based System (CQCCBS) with weightage 40:60 is given in the table below,

The bidder obtaining Highest Combined Technical and Financial Score would be selected as the H1 bidder and awarded the contract.

Bidder	Weighted Technical Score @ 40%	Weighted Financial Score @60 %	Combined Technical and Financial Score	Remarks
Bidder 1	40	55.38	95.38	H1 bidder
Bidder 2	28.9	60	88.88	H-2 bidder
Bidder 3	33.3	36.9	70.22	H-3 bidder

The bidder obtaining Highest Combined Technical and Financial Score would be selected as the H1 bidder and awarded the contract.

TENDER DOCUMENT

Bid – ‘A’ (Technical Bid)

Competitive Quotations are invited from **organizations/agencies** for Implementation of **Selection of Private Service Provider for Operation and maintenance of 1.5 Tesla MRI services at Kalimpong District hospital under Public Private Partnerships (O & M Mode – CAPEX by Govt)**

The tender document for this may be accessed from the website <https://wbtenders.gov.in> , *the Bid documents are to be submitted on line. The tender document consists of following:*

Bid ‘A’: Technical Bids

Bid ‘B’: Financial Bids

The Bid ‘A’ and Bid ‘B’ are required to be submitted separately online in the web portal of <https://wbtenders.gov.in>.

In addition to e –submission, Technical bid may be submitted in offline mode also i.e. by hand in sealed cover super scribing the envelop as ‘Bid A’ – Technical Bid for **Selection of Private Service Provider for Operation and maintenance of 1.5 Tesla MRI services at Kalimpong District hospital. under Public Private Partnerships (O & M Mode – CAPEX by Govt)**

[Insert Name of the Hospital] by [Insert Name of the Organisation].

The Address for Submission of Technical Bid in Offline Mode:

Secretary (PPP Cell)
Department of Health & Family Welfare, GoWB
4th Floor, Wing – B, Swasthya Bhawan
Salt Lake, Sector- V, GN- 29
Kolkata- 700091

Financial Bid is to be submitted through online only, this is mandatory. It is to be noted here that no financial bid by offline mode or by hand will be opened.

The Technical and Financial bids will be evaluated by the “Selection Committee” duly constituted by the Department of Health & Family Welfare, Government of West Bengal.

Financial bids of only the technically qualified offers shall be opened before the successful bidders by the State Government for awarding of the contract. *** The details regarding date of time of submission tender documents and processing of the same is provided in the Fact Sheet of NIT in this regard.**

A. ELIGIBILITY CRITERIA OF THE ORGANIZATION FOR SUBMISSION OF APPLICATION

The eligibility criteria for application of intending organizations for consideration of selection of the Organization for operation and management of the Hospital under PPP are provided as under:

1. The Organization (Limited Company/Private Limited Company / Partnership or Proprietary Firm / NGO / Trust) must be registered under appropriate statutory authority of Government of West Bengal / Government of India or under Companies Act.
2. The bidder shall be a sole provider or a group of providers (maximum 3) coming together as consortium to implement the project, represented by a lead member.
3. The Organization may be located anywhere in India but has experience in health care activities for more than three years.
4. *The Organization have a valid Clinical Establishment Licence of the existing (in-house facilities fully managed by the said organization) Hospital / Nursing Home or the Diagnostic and Investigation Centre for CT scan , Digital X ray (CR or DR) and MRI Services at present.*
5. The Organization has been operating and managing a Hospital / Nursing Home for last three years and having in-house investigation facilities for CT scan , Digital X ray (CR or DR) and MRI services at present

Or

The Organization has been operating and managing a Diagnostic and Investigation Centre for last three years and having in-house investigation facilities for CT scan, Digital X Ray, (CR or DR) and MRI services at present

(The above experience could be demonstrated by the single bidder or the lead member of the consortium.)

6. The annual turnover of the Organization (in Rupees) shall be considered for being eligible to apply are as under:

Rs six (6) Crore in aggregate of last two financial years ending March 2017 in case the Organization that has been running a Hospital or Nursing Home as mentioned under point 5 above

Or

Rs three Crore (3) in aggregate of last two financial years ending March 2017 in case the Organization has been running a Diagnostic and Investigation Centre as mentioned under point 5 above

7. In case of audited financial not being available for the last completed financial year, CA certified provisional financials should be provided.
8. No litigation is pending on date and no penal measures were taken against the applicant under applicable Acts and laws (the applicant is required to provide a Notarized document to this effect.
9. The Bidder should not be blacklisted /debarred by the purchaser or by any State Government agency/State/Central department.
10. The Principal bidder /Lead partner shall be legally responsible and shall represent all consortium members, if any, legal matter arises.

Applicant failing to fulfil any of the above-mentioned Eligibility Criteria will not be considered for selection.

1. Selection process would involve short-listing of applicants based on marks scored by the applicants on each of the criteria as under. Physical inspection at the facilities of the applicants with prior intimation may be undertaken by SC or members authorized by SC for gathering information relating to short listing of applicants for further processing for selection.

B. Criteria for technical score

Sl No	CRITERIA	MARKS
1	The Organization has experience of running the existing / in house Hospital/Nursing Home/Diagnostic Centre for last three years and above.	a. 03 – 05 years = 6 marks b. > 05-07 = 8 marks c. > 7 years= 10 marks
2	Annual Turnover (in Rupees) of the Organization having hospital or Nursing Home in aggregate of last two financial years ending March 2017 Or Annual Turnover (in Rupees) of the Organization having Diagnostic & investigation centre in aggregate of last two financial years ending March 2017.	a. 6 crore- 8 crore = 15 marks b. > 8crore - 10 crore = 20 marks c. > 10 crore = 25 mark Or a. > 3 crore - 5 crore = 15 marks b. > 5 crore - 7 crore = 20 marks c. > 7 crore = 25 marks
3A	The Organization is having investigation facilities for Digital X ray (CR or DR) / CT scan & MRI in their existing centre	a. Having one investigation facilities: 8 marks b. Having two investigation facilities: 12 marks. c. Having three investigation facilities: 15 marks.
3B	Present deployment of Medical Personnel and Technician for CT Scan / MRI in the existing centre of the Organization	a. Number of Radiologists 1 = 0 marks, 2 = 5 marks, 3 = 10, > 3 = 15 marks

SI No	CRITERIA	MARKS
		b. Number of Technicians 2 = 5 marks, > 2 - 5 = 8. > 5 = 15
4	The Organization is having investigation facilities for Digital X ray (CR or DR) / CT Scan /MRI scan in their existing centre and is functional 24X7 [to be supported by relevant document]	a. If yes: 5 marks b. If: 0 marks.
5	The organization is at present running PPP (Public Private Partnership Services) unit as under: a. under PPP partnership (both O&M and EOM mode) in any hospital under the Government of West Bengal with a valid agreement as on the date of application. b. under PPP partnership (both O&M and EOM mode) in any hospital in any state of India with a valid agreement as on the date of application. c. The organization under PPP partnership (both O&M and EOM mode) in any hospital under the Government of West Bengal with a valid agreement as on the date of application have cleared 100% of their dues including concession fees /electricity as per terms and conditions of the agreement till the last completed quarter as on 31st December 2017. (A valid certification from the Head of the Institutions of all the units under agreement regarding the same have to be submitted for the respective units running under PPP). NB- For organization who are under PPP partnership (both O&M and EOM mode) with any government hospital under the DoHFW, Government of West Bengal, submission of documents related to clearance of dues, duly certified by the hospitals as detailed above is mandatory. The organization will be considered technically disqualified if relevant documents are not submitted.	a. If yes for only a or b : 5 marks b. If yes for both a & b: 10 marks. c. i) If 100% of dues to be payable to hospitals are cleared as in point 5C: 5 marks. ii) If the < 50% of all dues are not cleared : (15 marks will be deducted from the total technical score of the respective PPP partner before calculating the final weighted score) iii) If the > 50% of all dues are not cleared : (25 marks will be deducted from the total technical score of the respective PPP partner before calculating the final weighted score)

The maximum possible marks, which may be scored by an applicant, are 100. Minimum qualifying marks are 60 out of 100 (i.e. 60 % of the total possible marks). Financial bid will be evaluated only for the Organizations scoring 60 and above in technical qualifications as stated above.

The final selection of the bidder will be based on the total score obtained as per CQCCBS system of scoring mentioned in the tender document.

3. The SC can call for any further clarifications or information or documents at any point of time. The applicant may also be called for explaining or clarifying issues, if there be any.

4. Decision of the SC on selection of the Organization is final.

C. Other information

i. Canvassing

If the bidder undertakes any canvassing in any manner to influence the process of selection of the successful bidder or the issuance of the NOA, such bidder shall be disqualified.

ii. Misrepresentation by the Bidder

The “Selection Committee” reserves the right to reject any bid if:

At any time, a material misrepresentation is made by the bidder; or

The bidder does not provide, within the time specified by the Selection Committee, the supplemental information sought by the Department for evaluation of the bid.

If 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, the Bidder in the opinion of the Department has made a material misrepresentation or has given any materially incorrect or false information, the Bidder shall be disqualified forthwith, if not yet selected as the Successful Bidder by issuance of the NOA. If the Bidder, has already been issued the NOA or it has entered into the Contract, as the case may be, the same shall, notwithstanding anything to the contrary contained therein or in these Tender Documents, be liable to be terminated, by a communication in writing by the department to the Bidder, without the Department being liable in any manner whatsoever to the Bidder.

D. Clarifications and queries; addenda**i. Clarifications and Queries**

- a) If the Bidder requires any clarification on the Tender Documents, it may notify the Department in writing, provided that all queries or clarification requests should be received on or before the date and time mentioned in the Tender Notice.
- b) H&FW Department will endeavour to respond to any request for clarification or modification of the Tender Documents that it receives, no later than the date specified in the Tender Notice. The responses to such queries shall be sent by email to all the bidders. The State Nodal Agency’s written responses (including an explanation of the query but not identification of its source) will be made available to all Bidders.
- c) H&FW Department reserves the right not to respond to any query or provide any clarification, in its sole discretion, and nothing in this Clause shall be taken to be or read as compelling or requiring H&FW Department to respond to any query or to provide any clarification.
- d) H&FW Department, May on its own motion, if deemed necessary, issue interpretations, clarifications and amendments to all the Bidders. All clarifications, interpretations and amendments issued by H&FW Department shall be issued at least 4 days prior to the Bid Due Date.
- e) Verbal clarifications and information given by the H&FW Department, or any other person for or on its behalf shall not in any way or manner be binding on the H&FW Department.

ii. Amendment of Tender Documents

- a) Up until the date that is 4 days prior to the Bid Due Date, H&FW Department may, for any reason, whether at its own initiative, or in response to a clarification requested by a Bidder in writing amend the Tender Documents by issuing an Addendum/Corrigendum. The Addendum/Corrigendum shall be in writing and shall be uploaded on the relevant website.
- b) Each Addendum/Corrigendum shall be binding on the Bidders, whether or not the Bidders convey their acceptance of the Addendum/ Corrigendum. It will be assumed that the information contained therein will have been taken into account by the Bidder in its Bid.

- c) In order to afford the Bidders reasonable time in which to take the Addendum/Corrigendum into account in preparing the Bid, H&FW Department may, at its discretion, extend the Bid Due Date, in which case, H&FW Department will notify the same where the tender has been published.
- d) Any oral statements made by H&FW Department or its advisors regarding the quality of services to be provided or arrangements on any other matter shall not be considered as amending the Tender Documents.

E. No Correspondence

Same as provided in these Tender Documents, H&FW Department will not entertain any correspondence with the Bidders.

F. Preparation and submission of bids

i. Language of Bid

The Bid prepared by the Bidder and all correspondence and documents related to the Bid exchanged by the Bidder and H&FW Department shall be in English.

ii. Validity of Bids

- a) The Bid shall remain valid for a period of 180 days from the Bid Due Date (excluding the Bid Due Date). A Bid valid for a shorter period shall be rejected as being non-responsive.
- b) In exceptional circumstances, H&FW Department may request the Bidders to extend the Bid validity period prior to the expiration of the Bid validity period. The request and the responses shall be made in writing.

iii. Concession Fee as premium

The selected O&M (CAPEX by Government) partner will have to pay concession fee to the Rogi Kalyan Samiti (RKS) of the concerned hospital in each quarter. The concession fee will be 20% of the gross revenue earned from both government and private cases in each quarter or a fixed amount quoted as concession fees in each quarter whichever is higher. The fixed amount offered by the applicants as concession fee in each quarter will be the final basis of selection of technically qualified organizations.

The Bidders are being required to quote the **Fixed Concession Fee as premium in each quarter offered for operation and management of 1.5 Tesla MRI services**, *The amount of concession fee to be paid in each Quarter is either 20% on gross quarterly revenue or a fixed amount in each Quarter as , mentioned in the BOQ ,whichever is higher .*

Only in Indian Rupees and up to two decimal places.

iv. Formats and Submission of the Bid

The Bidder shall submit the following documents as part of its Bid in the folder in PDF format named as “Bid-A-Technical Bid”: (All Annexure to be properly filled, scanned in readable format, digitally signed and uploaded as mentioned)

- 1) **Annexure I: Duly filled in “Application Format” for the Organizations intending to apply for the scheme**

- 2) **Annexure II : Declaration duly Notarized stating: ‘This is to confirm that no litigation is pending on date and no penal measures were taken against the Organization under applicable Acts and laws’**
- 3) **Annexure-III- Checklist of documents submitted with the bid**
- 4) **Annexure-IV- Format of undertaking regarding compliance with terms of scheme**
- 5) **Annexure-V- Undertaking regarding use of qualified Manpower for O&M type of the Services**
- 6) **General Documents:**
 - i. Copy of Registration Details of the Organization
 - ii. Memorandum & Article of Association (if applicable)
 - iii. Copy of the partnership deed if it is a partnership firm
 - iv. Copy of audited Balance Sheet / Income & Expenditure / P&L accounts statements for the last two financial years ending March 2017.
 - V. Copies of all relevant licenses
 - vi. Copies of supporting documents in support of information provided regarding existing CT Scan / Digital X ray (DR or CR) and MRI.

G. Bid submission

i. Financial Bid Submission

- a) The Bidder shall directly submit all inclusive financial quote as its Financial Bid in the BOQ format to the Department as per the guidelines in response to financial criteria and the same is required to be encrypted using their Digital Signature Certificate.
- b) Each page of the Financial Bid shall be initialled by the authorized signatory of the Bidder.

ii. General Points for Bid Submission

- a. The Bidder shall submit originals of the documents required for Bidding.
- b. The Bidder should attach clearly marked and referenced continuation sheets if the space provided in the prescribed forms in the Annexure is insufficient. Alternatively, the Bidder may format the prescribed forms making due provision for incorporation of the requested information, but without changing the contents of such prescribed formats.
- c. Any interlineations, erasures, or overwriting will be valid only if they are signed by the authorized signatory of the Bidder.

Note:

- i. All correspondence or communication in relation to PPP services or the Bidding Process shall be sent in writing.

iii. Time for Submission of Bids

- a. The Bid shall be submitted on or before 17.00 hours on the Bid Due Date. If any Bid is received after the specified time on the Bid Due Date, it shall be rejected and shall be returned unopened to the Bidder.
- b. H&FW Department may, at its discretion, extend the Bid Due Date by amending the Tender Documents.

H. Opening of bids

- a. H&FW Department opens the Bids of those Bidders who have successfully submitted their bids.
- b. The Eligible Bidders will be informed of a date, time and place for opening of their Financial Bids.
- c. The Financial Bids of only the Eligible Bidders i.e. technically qualified based on the criteria will be considered for evaluation on the intimated date. The Financial Bids will be opened in the presence of the representatives of the Eligible Bidders that choose to be present.

I. Responsiveness of Financial Bids

Upon opening of the Financial Bids of the Eligible Bidders, they will first be evaluated for responsiveness to the Tender Documents. If: (i) any Financial Bid is not to be complete in all respects; or (ii) any Financial Bid is not duly signed by the authorized representative of the Bidder; or (iii) any Financial Bid is not in the prescribed formats; and (iv) any Financial Bid contains material alterations, conditions, deviations or omissions, then such Financial Bid shall be deemed to be substantially non-responsive. Such Financial Bid that is deemed to be substantially non-responsive shall be rejected. All financial bids are to be submitted in prescribed BOQ format electronically only through digital signature of the bidder.

J. Clarifications on Bids

- a. In evaluating the Financial Bids, H&FW Department may seek clarifications from the Bidders regarding the information in the Bid by making a request to the Bidder. The request for clarification and the response shall be in writing. Such response(s) shall be provided by the Bidder to H&FW Department within the time specified by H&FW Department for this purpose.
- b. If a Bidder does not provide clarifications sought by H&FW Department within the prescribed time, H&FW Department may elect to reject its Bid. In the event that H&FW Department elects not to reject the Bid, H&FW Department may proceed to evaluate the Bid by construing the particulars requiring clarification to the best of its understanding, and the Bidder shall not be allowed to subsequently question such interpretation by the State Nodal Agency.
- c. No change in the Premium quoted or any change to substance of any Bid shall be sought, offered or permitted.

K. Selection of Successful Bidder

- a. Once the Financial Bids of the Eligible Bidders have been opened and evaluated:
 - H&FW Department shall notify an Eligible Bidder whose Financial Bid is found to be substantially responsive, of the date, time and place for the ranking of the Financial Bids and selection of the Successful Bidder (the Selection Meeting) and invite such Eligible Bidder to be present at the Selection Meeting.
 - H&FW Department shall notify an Eligible Bidder whose Financial Bid is found to be substantially non-responsive, that such Eligible Bidder's Financial Bid shall not be evaluated further.

b. In selecting the Successful Bidder, the objectives of H&FW Department is to select a Bidder that:

- is an Eligible Bidder;
- has submitted a substantially responsive Financial Bid; and
- has quoted the highest Premium as Concession fee.
- Has achieved the highest scoring as per the **Combined Quality cum Revenue Based System (CQCCBS)**.

c. All or any of the facility decided by H&FW Department has to be bid to attain administrative efficiency and increasing the competition among bidders. The Distribution/Allocation of the Diagnostic facilities at the Super speciality Hospital to the eligible bidders will be as follows:

- Each bidder may bid for all the Hospital as determined by the Department
- The Highest bidder as per the final score obtained in the CQCCBS system for the hospital will be awarded the bid
- If due to some reason, the highest bidder (H-1) is not ready to accept the bid, the second highest bidder (H2) as per the CQCCBS system will be given the chance to match the rate of the highest bidder (H-1) and H2 will be awarded the bid if they agree to do so.
- If H2 is not ready to match H1, the third highest bidder (H3) as per the CQCCBS system among all bidders will have the right to be awarded the bid if they agree to match H1 quote and so on.

The Eligible Bidder meeting these criteria shall be the **Successful Bidder**.

L Award of contract

a) Notification of Award

Upon selecting the Successful Bidder in accordance H&FW Department will issue original copy of a notification of award (the **NOA**) to such Bidder.

b) Structure of the Contract

- i. H&FW Department or its authorised representative shall enter into agreement with the Successful Bidder that will set out the terms and conditions for implementation of the scheme.
- ii. H&FW Department shall, within 10 days of the acceptance of the NOA by the Successful Bidder, provide the Successful Bidder with the final drafts of the “agreement”.

c) Execution of the Contract

H&FW Department or its authorised representative and the Successful Bidder shall execute the Contract within 21 (twenty one) days of the acceptance of the NOA by the Successful Bidder. The Contract shall be executed in the form of the final drafts provided by the Department.

M Rights of the Departments

H&FW Department reserves the right, in its sole discretion and without any liability to the Bidders, to:

- i. accept or reject any Bid or annul the Bidding Process or reject all Bids at any time prior to the award of the Contract, without thereby incurring any liability to the affected Bidder(s);
- ii. suspend and/or cancel the Bidding Process and/or amend and/or supplement the Bidding Process or modify the dates or other terms and conditions relating thereto;
- iii. consult with any Bidder in order to receive clarification or further information in relation to its Bid; and
- iv. Independently verify, disqualify, reject and/or accept any and all submissions or other information and/or evidence submitted by or on behalf of any Bidder.

N General Instructions

1 Bidding Process

- a.** The original proposal shall be prepared and submitted to the concerned office. The completed proposal must be submitted on or before the due date for bid submission specified to the concerned office.
- b.** This invitation for bids published online is open to all organisation who fulfil the eligibility criteria.
- c.** Breach of general or specific instructions for bidding, general and special conditions of contract with GoI or State Government or any of its user organizations may make a company ineligible to participate in the bidding process.
- d.** Any specific company can submit only one bid for a particular hospital for single facility, and a single company submitting more than one bid for single facility in a single hospital shall be disqualified and liable to be black-listed by the Department.
- e.** Companies shall submit the tenders only to the concerned office before the scheduled date and time for bid submission. Tenders submitted after the due date and time will not be considered and the State Government or Society will not be liable or responsible for any delays due to unavailability of the portal and the internet link.

2 Confidentiality and Proprietary Data

- a.** The Tender Documents, and all other documents and information that are provided by H&FW Department are and shall remain the property of H&FW Department and are provided to the Bidders solely for the purpose of preparation and the submission of their Bids in accordance with the Tender Documents. The Bidders are to treat all information as strictly confidential and are not to use such information for any purpose other than for preparation and submission of their Bids.
- b.** H&FW Department shall not be required to return any Bid or part thereof or any information provided along with the Bid to the Bidders, other than in accordance with provisions set out in these Tender Documents.
- c.** The Bidder shall not divulge any information relating to examination, clarification, evaluation and selection of the Successful Bidder to any person who is not officially concerned with the Bidding Process or is not a retained professional advisor advising H&FW Department or such Bidder on or matters arising out of or concerning the Bidding Process.
- d.** Except as stated in these Tender Documents, H&FW Department will treat all information, submitted as part of a Bid, in confidence and will require all those who have access to such material to treat it in confidence. H&FW Department may not divulge any such information unless as contemplated under these Tender Documents or it is directed to do so by any statutory authority that has the power under law to require its disclosure or is to enforce or assert any right or privilege of

the statutory authority and/or H&FW Department or as may be required by law (including under the Right to Information Act, 2005) or in connection with any legal process.

Governing Law and Dispute Resolution

The Bidding Process, the Tender Documents and the Bids shall be governed by, and construed in accordance with, the laws of India and the competent courts at the State capital shall have exclusive jurisdiction over all disputes arising under, pursuant to and/or in connection with the Bidding Process.

Bid – ‘B’ (Financial Bid)

Selection of the bidder will be finalized through **Combined Quality cum Revenue Based System (CQCCBS)** method. CQCCBS uses a competitive process among the prima facie qualified bidders, objectively taking into account the quality of a product (in this tender referred to the Technical parameters of the prospective bidders) and its cost of procurement (in this tender referred to the financial bid i.e. the concession fee/ premium to be offered by the prospective bidder). Evaluation of the offers would be carried out in two stages - first the technical, and then the financial. Evaluators of technical proposals shall not have access to the financial proposals until the technical evaluation is concluded. Financial proposals submitted by the bidders shall be opened only after completion of the technical evaluation, strictly in terms of the provisions contained in the Bid Document. Detail may be obtained from ‘Terms of Reference’ of this document.

FINANCIAL BID SUBMISSION

Any organization/ agencies willing to take part in the process of e-Tendering will have to be enrolled & registered with the Government e-Procurement System, through logging on to <https://wbtenders.gov.in> (the web portal of West Bengal Tenders maintained by NIC). The organization / agencies are required to click on the link for e-Tendering site. **Financial bid must be submitted in prescribed mode of e tender process in Bill of Quantity (BOQ) through web portal (<https://wbtenders.gov.in>).**

1.1 General Points for Bid Submission

- a) The Bidder shall submit the bid through logging on to <https://wbtenders.gov.in>
- b) The Bid shall contain no alterations, omissions or additions, unless such alterations, omissions or additions are signed by the authorized signatory of the Bidder.
- c) Bids submitted by fax, telex, telegram or e-mail shall not be entertained and shall be rejected.

1.2 Time for Submission of Bids

- a) The financial Bid shall be submitted as per date and time specified in the FACT SHEET of ‘Notice inviting e tender’.
- b) H&FW Department may, at its discretion, extend the Bid Due Date by amending the Tender Documents.

1.3 Withdrawal/ Modification of financial Bids

No Bid may be modified or withdrawn in the interval between the Bid Due Date and the expiry of the Bid validity period.

2. OPENING OF FINANCIAL BIDS

- a) H&FW Department shall open the Bids of only technically qualified Bidders.

- b) H&FW Department shall open the Bids as per date and time specified in the FCT SHEET of 'Notice inviting e tenders' or will be notified later in the website of <https://wbtenders.gov.in>.

3. EVALUATION OF BIDS AND SELECTION OF SUCCESSFUL BIDDER

A. Responsiveness of Financial Bids

Upon opening of the Financial Bids of the Eligible Bidders, they will first be evaluated for responsiveness to the Tender Documents. If:

- (i) any Financial Bid is not to be complete in all respects; or
- (ii) any Financial Bid is not in the prescribed formats; and
- (iii) any Financial Bid contains material alterations, conditions, deviations or omissions, then such Financial Bid shall be deemed to be substantially non-responsive.

Such Financial Bid that is deemed to be substantially non-responsive shall be rejected. All financial bids are to be submitted in prescribed BOQ format electronically only through digital signature of the bidder.

Clarifications on Bids

- a) In evaluating the Technical Bids or the Financial Bids, H&FW Department may seek clarifications from the Bidders regarding the information in the Bid by making a request to the Bidder. The request for clarification and the response shall be in writing. Such response(s) shall be provided by the Bidder to H&FW Department within the time specified by H&FW Department for this purpose.
- b) If a Bidder does not provide clarifications sought by H&FW Department within the prescribed time, H&FW Department may elect to reject its Bid. In the event that H&FW Department elects not to reject the Bid, H&FW Department may proceed to evaluate the Bid by construing the particulars requiring clarification to the best of its understanding, and the Bidder shall not be allowed to subsequently question such interpretation by the State Nodal Agency.
- c) No change in the Premium quoted or any change to substance of any Bid shall be sought, offered or permitted.

Selection of Successful bidder

Once the Financial Bids of the Eligible Bidders have been opened and evaluated:
Details provided under Technical Bid Document

Award of Contract

Details provided under Technical Bid Document

Award or selection will be made through Combined Quality cum Revenue Based System (CQCCBS) method. Selected H1 bidder will be awarded by NOA

Upon selecting the Successful Bidder in accordance with the Clauses, H&FW Department will issue original copy of a notification of award (the NOA) to such Bidder.

Important Notes

- a) Financial bid must be submitted in prescribed mode of e tender process in Bill of Quantity (BOQ) through web portal (<https://wbtenders.gov.in>).
- **Copy of Financial BID needs to be uploaded in the specified space provided by web portal [<https://wbtenders.gov.in>]for Financial BID submission, but not to upload in the Technical BID space.**

- **Hard copy of Financial bid need not to be submitted.**
- Bids submitted by fax, telex, telegram or e-mail shall not be entertained and shall be rejected.

Annexure-I

Application Form for selection of the Private Service Provider (O & M Mode – CAPEX by Govt) for Operation & Maintenance of 1.5 Tesla MRI Services through PPP at Kalimpong District hospital [On letterhead of the Bidder]

[Name of Bidder]

[Address of Bidder]

Date: [insert date], 2018

To

Secretary Health & Family Welfare, PPP

4th Floor – B- Wing, Swasthya Bhawan

GN 29, - Salt Lake, Sector V

Kolkata -700091

Or

Medical Superintendent cum Vice Principal/ Superintendent

[insert Name of the Hospital]

[insert address]

Dear Sir,

Sub: **Application for Establishment and Operation & Maintenance of 1.5 Tesla MRI Services (O & M Mode – CAPEX by Govt) through PPP at Kalimpong District hospital**

I, [insert name] designated as [insert title] at [insert location] of [insert name of Bidder] and being the authorized signatory of the Bidder, do hereby declare and undertake that we have

read the Tender Documents for award of Contract(s) for the **““Selection of Private Partner for Establishment and Operation & Maintenance of 1.5 Tesla MRI Services at Kalimpong District hospital**

under Public Private Partnerships (PPP) ”

We hereby submit details information regarding eligibility of my organisation to run the services.

Application Form for selection of the Organization for Operation & Maintenance of 1.5 Tesla MRI unit at Kalimpong District hospital

A. Name of the services for which application has been submitted

- 1.5 Tesla MRI services

B. Name of the Hospital/ Hospitals for which application has been submitted: Kalimpong District hospital

1. **Name of Organization :-**
2. **Status of the Organization:** Limited Co./Private Limited Co./ Partnership Firm/Proprietorship Firm /NGO /Trust/Others (specify):
3. **Nature of Business/Activities of the Applicant :**
 - a.
 - b.
 - c.
 - d.
4. **Complete address:** _____

5. **Phone & Fax number:**

6. **E-Mail ID:**

7. **Web site (if any):**

8. **Registration details of the Organization:**
(Registered under the Company's act/ Society act etc.)

9. **Number of years of experience in Health Care:**

10. **Name and Address of the Hospital /Nursing Home /Diagnostic center :(Existing/In-house)**
(If the name/address is different than that of the Organization as stated under 1 above)

11. **Year of Incorporation of the Hospital /Nursing Home / Diagnostic Centre:**

12. **Date of validity of renewal of CE Licence of existing/ in-house unit-**

13. **Services/Facilities provided in-house (Please Tick)**
 - CT Scan facilities : Yes / No

 - MRI Scan Units : Yes / No

 - Digital X ray(CR/DR) : Yes / No

14. **Annual turnover of the Organization for the last two financial years ending March 2017:**

Financial year ending 2016_ :

Financial year ending 2017_:

Total

15. **Information to be submitted for applications for existing CT Scan/MRI or Digital X ray (DR or CR) Services :**
 - a. **Name of the Services (please tick):**
 - CT Scan

 - MRI

 - Digital X ray (CR/DR)

b. Year of introduction of the services:

- CT Scan
- MRI
- Digital X ray (CR/DR)

c. Make and model of the machine/s:**d. Performance**

Services	2015 [January-December] Year / month	2016[January-December] Year / month	2017[January-December] Year / month	Remarks, if any
Number of patients on CT Scan MRI Scan D- X Ray in the existing centre				

e. The Organization is having investigation facilities for

Digital X ray (CR or DR) / CT/ MRI scan in their existing centre and is functional 24X7

[to be supported by relevant document]

relevant documents to be provided

Yes / No (please tick)

f. Man Power for existing units

Personnel	Numbers	Remarks, if any
Medical Personnel		
a. Radiologist	a.	
b. Other Medical Personnel		
c. Technicians		
d. Other Staff		
Total		

16. Projected utilization of services (number of patients) if the applicant is selected for operation and management of this hospital MRI services under PPP:

Services MRI	First year	Second Year	Third Year	Fourth Year	Remarks, if any
Number of patients					

17. The organization is at present running CT scan unit /MRI scan or both through PPP with a valid agreement as on the date of the application

- a. under PPP partnership (O&M and EOM mode) in any hospital under the Government of West Bengal with a valid agreement as on the date of application. Yes No

(If yes, name of the hospital and name of the services)

or

- b. under PPP partnership (both O&M and EOM mode) in any hospital in any state of India with a valid agreement as on the date of application.: **Yes/ No**
(If yes, name of the state and name of the services)

- c. The organization under PPP partnership (both O&M and EOM mode) in any hospital under the Government of West Bengal with a valid agreement as on the date of application have cleared 100% of their dues including concession fees /electricity as per terms and conditions of the agreement **till the last completed quarter as on 31st December 2017.**
(A valid certification from the Head of the Institutions of all the units under agreement regarding the same have to be submitted for the respective units running under PPP).

Yes No

Format for NOC attached in Annexure X.

[To be supported by duly certified documents from hospital authorities of all the hospitals under DoHFW, GoWB where the organisation is under PPP partnership (both O&M and EOM mode)].

Dated this ____ day of ___, 2018

[Signature]

In the capacity of _____

[Position]

Duly authorized to sign this Bid for and on behalf of ____

[Name of Bidder]

All the documents in support of this application must be uploaded in the specified space of NIC.

Annexure II

[On the letter head of the organisation]

Application Form for selection of the Private Service Provider (O & M Mode – CAPEX by Govt) for Operation & Maintenance of 1.5 Tesla MRI Services through PPP at Kalimpong District hospital

(Declaration)

This is to confirm that no litigation is pending on date and no penal measures were taken against the Organization under applicable Acts and laws'

[Name of Bidder]

[Address of Bidder]

Date: [insert date], 2018

ANNEXURE-III

Application Form for selection of the Private Service Provider (O & M Mode – CAPEX by Govt) for Operation & Maintenance of 1.5 Tesla MRI Services through PPP at Kalimpong District hospital.

Checklist of documents submitted with the Technical Bid

Sl. Number	<u>Document</u>	<u>Uploaded Status</u>
1	Annexure I: Duly filled in “ Application Format ” for the Organizations intending to apply for the scheme	
2	Annexure II : Declaration duly Notarized stating: ‘ This is to confirm that no litigation is pending on date and no penal measures were taken against the Organization under applicable Acts and laws ’	
3	Annexure-IV- Format of undertaking regarding compliance with terms of scheme	
4	Annexure-V- Undertaking regarding use of qualified Manpower for O&M of the Services	
5	Copy of Registration Details of the Organization	
6	Memorandum & Article of Association (if applicable)	
7	Copy of the partnership deed if it is a a partnership firm	
8	Copy of audited Balance Sheet / Income & Expenditure / P&L accounts statements for the last two financial years ending March 2017	
9	Copies of all relevant licenses	
10	Copies of supporting documents in support of information provided regarding existing CT Scan/MRI or Digital x ray (DR or CR) Services in the “Application Format”	

[Note to Bidders: Bidders are requested to fill in the last column at the time of submission of their Bid.]

Annexure IV

Application Form for selection of the Private Service Provider (O & M Mode – CAPEX by Govt) for Operation & Maintenance of 1.5 Tesla MRI Services through PPP at Kalimpong District hospital .

Format of undertaking regarding compliance with terms of scheme

[On letterhead of the Bidder]

From

[Name of Bidder]

[Address of Bidder]

Date: [insert date], 2018

To

Secretary Health & Family Welfare

Department of Health & Family Welfare,
Government of West Bengal

Dear Sir,

Sub: Undertaking Regarding Compliance with Terms of Scheme

I, [insert name] designated as [insert title] at [insert location] of [insert name of Bidder] and being the authorized signatory of the Bidder, do hereby declare and undertake that we have read the Tender Documents for award of Contract(s) for the **“Selection of Private Partner for Operation & Maintenance of MRI Services at Kalimpong District hospital.**

under Public Private Partnerships (PPP) ”

We hereby undertake and explicitly agree that if we are selected as the Successful Bidder, we shall adhere to and comply with the terms of the Scheme as set out in the Tender Documents and the Contract(s).

Dated this ____ day of __, 2018

[Signature]

In the capacity of _____

[Position]

Duly authorized to sign this Bid for and on behalf of ____

[Name of Bidder]

Annexure V

Undertaking regarding use of qualified Manpower for O & M Mode type of the Services

[On letterhead of the Bidder]

From

[Name of Bidder]

[Address of Bidder]

Date: [insert date], 2018

To

Secretary Health & Family Welfare

4th Floor – B- Wing, Swasthya Bhawan

GN 29, - Salt Lake, Sector V

Kolkata -700091

Dear Sir,

Sub: Undertaking Regarding use of qualified Manpower for EOM of the Services

I, [insert name] designated as [insert title] at [insert location] of [insert name of Bidder] and being the authorized signatory of the Bidder, do hereby declare and undertake that we have read the Tender

Documents for award of Contract(s) for the **“Selection of Private Partner for Operation &**

Maintenance of 1.5 Tesla MRI Services at Kalimpong District hospital,

under Public Private Partnerships (PPP) ”

.

We hereby undertake and explicitly agree that if we are selected as the Successful Bidder, we shall only appoint those manpower that meet the criteria specified in the Tender Documents.

Dated this ____ day of _, 2018

[Signature]

In the capacity of _____

[Position]

Duly authorized to sign this Bid for and on behalf of _____

[Name of Bidder]

Annexure- VI

Proforma of Bank Guarantee/ Security Deposit

Form of unconditional Bank Guarantee for operation and maintenance of MRI unit at _____ Hospital, _____ District under Public Private Partnership (PPP) mode by the Department of Health & Family Welfare, Government of West Bengal

Bank Guarantee Bond No.:

Amount of the Guarantee:

Guarantee amount covered from (date):

Last date of lodging of claim:

1. This Deed of Guarantee executed by _____ Bank, ----- (**Branch and complete address**) [hereinafter referred to as "**The Bank**"] in favour of Superintendent/BMOH of _____ Hospital, _____ (**address and District**) [hereinafter referred to as "**The Beneficiary**"] for an amount not exceeding Rs _____ (figures and words) at the request of _____ (**name and complete address of the private partner**) [hereinafter referred to as "**The Party**"]

2. This Guarantee is issued subject to the condition that the liability of The Bank under this Guarantee is limited to maximum of Rs _____ (figures and words) and the Guarantee shall remain in full force upto _____ (**last date- 54 months from the date of execution of this document**) and cannot be

invoked otherwise than by a written demand or claim under this Guarantee served on The Bank on or before the last date of claim. In consideration of The MSVP/Superintendent/BMOH of _____ Hospital, _____ (**address and District**) ["The Beneficiary"] having agreed to award a contract in favour of _____ (**name and complete address of the private partner**) [The Party] for establishment of Fair Price Diagnostic Centre at _____ Hospital, _____ District under PPP mode vide Order no, _____ and as per the terms and conditions of the agreement between The Superintendent/BMOH of _____ and _____ (name of the private partner), The Party is required to furnish Performance Security in the form of Bank Guarantee for an amount of Rs _____ (figures and words)

3. We, The ----- Bank, _____ Branch _____ (address) do hereby undertake to pay a sum of Rs (figures and words) against breach by the said Party of any of the terms and conditions of the agreement between The Superintendent/BMOH of _____ Hospital, _____ and The Party.

4. Notwithstanding anything to the contrary, decision of "The Beneficiary" as to whether "The Party" has made any default or defaults and the amount or amounts to which "The Beneficiary" is entitled by reason thereof will be binding on "The Bank" and "The Bank" shall not be entitled to dispute such claim or claims or ask "The Beneficiary" to establish such claim or claims under this Guarantee and will pay the amount forthwith without any objection

5. We, The ----- Bank, _____ Branch _____ (address) do hereby undertake to pay the amount claimed to or would be caused to or suffered by "The Beneficiary" by reason of any breach by "The Party" of any of the terms and conditions contained in the said agreement or by reason of failure by "The Party" to perform the said agreement. However, the liability of "The Bank" under this Guarantee shall be restricted to an amount not exceeding Rs _____ (figures and words).

6. "The Bank" do hereby undertake not to revoke this Guarantee during its currency except with the previous consent of "The Beneficiary" in writing.

7. Notwithstanding anything contained hereinabove, the liability of "The Bank" under this Guarantee is restricted to an amount of Rs _____. This Guarantee shall remain in force upto _____ (**date, month and year**)

8. In case of extension of time for the Bank Guarantee, the same shall have to be extended at The Party's cost.

The Bank shall have no obligation to go into the veracity of any demand made by the "Beneficiary" and shall pay the amount specified in the demand notwithstanding any directions to the contrary given or any dispute whatsoever raised by the "The Party".

10. It will not be necessary for the "Beneficiary" to move against the "The Party" first and the guarantor (Bank) will be treated as the principal debtor for the purpose.

11. Obligation of the guarantor (Bank) shall not be affected by any variations in the terms and conditions of the Agreement or other documents or by the extension of time for performance granted or postponement/ non exercise/ delayed exercise of any of its rights by the "Beneficiary" or any indulgence shown by the "Beneficiary" to the "The Party".

12. This guarantee shall not be affected by any change in the constitution or winding up of the "The Party"/ the Guarantor (bank) or any absorption, merger or amalgamation of the "The Party"/ the Guarantor.

13. The guarantee amount is to be made payable at Kolkata.

Annexure- VII

A. Rates of 1.5 Tesla MRI for patients of Government Hospitals of the Department of Health & Family Welfare, Government of West Bengal (For units where CAPEX is by Government)

(All the rates are inclusive of Taxes/GST as per existing Government rules)

Sl. No.	Facility	Category of test / Investigation	Proposed MRI rates in FPDC (Capex by Govt)
1	MRI	T.M. Joint	2500
2	MRI	Brain	2250
3	MRI	Brain & Angiography (Brain+MRA) or (Brain+MRV)	4500
4	MRI	Brain Venogram (M R Venogram)	2250
5	MRI	Brain Angiogram (M R Arteriogram)	2250
6	MRI	Brain MRA + MRV	4000
7	MRI	Temporal Bone	2500
8	MRI	Brain + IAC (CP Angle)	3800
9	MRI	Brain & Pituitary	4500
10	MRI	Brain & PNS	3800
11	MRI	Brain & Orbit	3400
12	MRI	Brain (Functional Study)	2700
13	MRI	Brain + CV Junction	3350
14	MRI	Brain & Spectroscopy	4000
15	MRI	Pituitary	2250
16	MRI	Orbit (both)	2250
17	MRI	Spectroscopy	2500
18	MRI	PNS	2500
19	MRI	Neck Angio/Carotid Angio	2250

Sl. No.	Facility	Category of test / Investigation	Proposed MRI rates in FPDC (Capex by Govt)
20	MRI	Cervical Spine	2250
21	MRI	C. Spine + CV Junction	2250
22	MRI	D.L. Spine (D6 to L3)	2250
23	MRI	L.S. Spine	2250
24	MRI	L.S. Spine with S.I. Joint	2250
25	MRI	S.I. Joint (both)	2250
26	MRI	Sacrum	2250
27	MRI	MRCP	2250
28	MRI	Upper Abdomen	2250
29	MRI	Lower Abdomen	2250
30	MRI	Whole Abdomen	4500
31	MRI	Shoulder Joint (Right/Left)	2250
32	MRI	Knee Joint (Right/Left)	2250
33	MRI	Foot/Hand (Right/Left)	2500
34	MRI	Leg/Forearm (Right/Left)	2500
35	MRI	Face	2500
36	MRI	Chest / Thorax	2250
37	MRI	Wrist Joint (Right/Left)	2500
38	MRI	Neck	2700
39	MRI	Urogram	2800
40	MRI	Breast (Both)	3600
41	MRI	Screening (Any single part)	450
42	MRI	Brachial Plexus (both)	2500
43	MRI	Fistulogram	2500

Sl. No.	Facility	Category of test / Investigation	Proposed MRI rates in FPDC (Capex by Govt)
44	MRI	Arch of Aorta	4500
45	MRI	Renal Angio	4500
46	MRI	Abdominal Aorta	4500
47	MRI	Femoral Angio (Right/Left)	2700
48	MRI	Popliteal Angio (Right/Left)	2700
49	MRI	Cardiac	3600
50	MRI	Perineum	2500
51	MRI	Pelvis	2500
52	MRI	Pelvis with Both Hip	4000
53	MRI	Foot Angiogram (Right/Left)	2500
54	MRI	Ankle Joint (Right/Left)	2500
55	MRI	Thigh/Arm (Right/Left)	2450
56	MRI	Gluteal Region (both)	2500
57	MRI	Single part Peripheral Angio	2500
58	MRI	Parotid Region (Right/Left)	2500
59	MRI	Feto-placental MRI	3000
60	MRI	MR-Enterograhny.	3500
61	MRI	Any other single part	2250

Salient points regarding use of contrast will be as follows:

- a. **Contrast and consumables are to be bought by the patient/patient party.**
- b. **If the contrast is provided by partner then basic rate will be as per printed MRP on the container and necessary bills to be provided to patient party. Rate of contrast to be charged according to the standard dose as per body weight and mentioned in the final bill.**
- c. **Contrast used should be only gadolinium based. Amount of contrast used should be mentioned in the report.**

- d. Each PPP partner/O&M partner must ensure emergency drugs and accessories readily available at the time of investigations.
- e. Dose of the contrast is to be ascertained by the radiologist.
- f. For any relevant extra study including contrast study a maximum amount of Rs 1000 can be charged per patient (exclusive of contrast charges). This will include expenses towards anaesthetic charges, extra film as required; radiologist charges for MRI guided interventional procedures, and all charges incurred to manage the patient in case of any contrast reaction including emergency medicines, consumables and necessary resuscitation charges. No other chargers can be levied above the permissible Rs 1000 and the amount has to be billed.
- g. No additional charge for the radiologist should be taken from the patient/patient part

Annexure- VIII

Specifications of MRI under O&M model (Equipment supplied by turnkey agencies on behalf of DoHFW)

1.5 Tesla MRI Scanner

1. MAGNET
 - a) Should be Compact & Patient friendly 1.5 Tesla ACTIVELY SHIELDED Superconductive
 - b) Should have Wide magnet bore (at least 70 cm) patient bore diameter flared at both ends. The total Magnet length should be 170 cm or less
 - c) Exclusive Supercon compensation for heavy iron objects moving in vicinity.
 - d) Should have Cryocooler with Helium consumption approx. of 0.03 ltr/hr. Refill not more than once in 3 years.
 - e) Should have both active shimming and passive shimming. Homogeneity should be better than ± 3.5 ppm at 45 cm FOV
 - f) Equipment should be offered preferably with 2nd order SHIM to correct patient induced inhomogeneity.
 - g) Well ventilated and illuminated with in-built 2 way intercom system for communication with patient
 - h) MR compatible patient headset for music in gantry and for administering auditory paradigms for fMRI
2. ACTIVELY SHIELDED GRADIENT
 - a) Strength: Min 44 mT/m or higher true usable peak gradient amplitude in all 3 axes for high quality imaging at a true usable peak Slew rate of 200 mT/m/msec or higher to perform all fast sequences at 100% duty cycle. Water cooled gradient amplifier should be offered. Acoustic noise reduction features should be available to facilitate increased patient comfort
 - b) Min Slice thickness 2D: 0.5 mm, lower is preferable.
 - c) Min slice thickness 3D: 0.1mm, lower is preferable
 - d) Min/Maximum FOV (2D and 3D: 10 mm or lower/ 40 cm or higher preferred in all 3 axes
 - e) Acquisition Matrix in both 2D and 3D should be 1024 X 1024
 - f) Please mention the gradient linearity and attach the datasheet mentioning it
3. PATIENT BED
 - a) Patient friendly, lowest height: 70 cm
 - b) Travel: At least 200 cm
 - c) Halogen/LASER light beams for accurate positioning

d) Facility for easy administration of contrast.

4. RF Amplifier and Receiver

- a) Fully digital, solid state Transmit with output power of 15 KW or higher
- b) At least 32 dedicated digital receiver channels with Receiver Bandwidth of 1 MHz per channel or higher for superior RF performance.
- c) Integrated preamplifiers with each coil shall be preferred
- d) Multiple coil connection with active coil decoupling preferred

5. COMPUTER SYSTEM

- a) Fast & Powerful Computer
- b) 64 bit word length or better Host Computer and at least 5 GB RAM
- c) Should have an image storage capacity of at least 200,000 images or more (256 X 256)
- d) DVD Archival for image storage
- e) 2D fast fourier with Image Reconstruction times of 5000 images/sec or higher at 256 X 256 matrix in full FOV. Better Reconstruction speed would be preferred
- f) Features like ability to perform one touch repeat scans, export of protocols via internet will be essential

6. OPERATOR CONSOLE

- a) 18" or higher, High Resolution LCD Monitor with at least 1024 X 1024 matrix display
- b) Ergonomically designed
- c) Mouse, Alphanumeric Keyboard
- d) Two way intercom system for patient communication

7. PATIENT COMFORT ACCESSORIES

- a) Soft mattress with head rest
- b) Knee support, positioning wedges
- c) Set of soft Velcro immobilization straps
- d) MR compatible sandbags
- e) Hand held nurse call device

8. COILS

- a) High Quality Quadrature/ Circular Polarized (CP) Body Coil (integrated to magnet)
- b) Head Coil for imaging and spectroscopy should be offered
- c) PA Neurovascular Array coil (16 channels). Compatible with Parallel Imaging Technique for Scan time reduction factor of 4 or better in both 2D and 3D
- d) Quadrature/ CP Array Phased Array Spine Array coil for Cervical, Thoracic and Lumber Spine imaging. Spine coil to be compatible with parallel imaging. It must be possible to combine parallel imaging in Lumber and Thoracic spine imaging as well
- e) There should be facility to combine the Neurovascular coil and Spine coil to do the total neurovascular examination without repositioning the patient, using 16 channels
- f) Dedicated coils for Shoulder (8 Ch or better), Knee (8 Ch or better), Ankle (8 Ch or better), Breast (8 Ch or better), wrist and other general purposes with parallel imaging factor 4 or better
- g) 32 channel or more, PA Body Coil or coil combination compatible with Parallel Imaging Technique for scan time reduction factor of 4 or better in both 2D and 3D. It should offer at least 45 cm FOV
- h) Suitable coil for high quality lower peripheral Angio in multi-station angiography study using parallel imaging
- i) Coils with Built-in preamplifier in each coil to ensure high SNR preferred (Signal to Noise Ratio)
- j) Breast and Liver spectroscopy and susceptibility weighted imaging facility should be available.

9. BASIC PULSE SEQUENCES

- a) Spin Echo (SE) - Multi slice single echo, multi slice multi echo (8 echoes or more) with minimum TR & TE. SE with symmetrical and asymmetrical echo intervals.

- b) Inversion Recovery (IR) including short TI -modified IRSE, FLAIR, DIR (Double Inversion Recovery)
- c) MT with SE (Spin Echo) and FLAIR
- d) STIR (Short Tau Inversion Recovery)
- e) Gradient Echo - Gradient Echo with; transverse gradient / RF spoiling and transverse gradient rephasing eg. GRASS etc. 3D gradient echo with shortest TR & TE, free choice of flip angle selection while maintaining SNR.
- f) Dynamic study for Pre & post contrast scans time intensity studies (Wash in and wash out) and Kinematics

10. FAST SEQUENCES

- a) FSE - Fast spine echo in 2D & 3D mode. T1, T2 and PD contrast capable of acquiring maximum of slices with a given TR and minimum TE, Echo train should be at least 256 or more in fast sine echo mode.
- b) Ultra short fast spin echo
- c) Half Fourier acquisition capabilities should be available with/without diffusion gradient and in combination with fast spine echo.
- d) Fast spine echo with inversion recovery.
- e) Fast gradient spin echo IT multi slice, multi echo mode with minimum turbo factor. Sequences should incorporate RF focusing to acquire ultra fast gradient spin echo. PI supply Susceptibility weighted imaging.
- f) Fast gradient echo sequences should incorporate RF spoiling & other techniques to acquire image in ultra fast 2D & 3D modes
- g) Fat & water suppressed imaging sequences.

11. ULTRA-FAST SEQUENCES

- a) EPI (Echo Planar Imaging) Single shot and multi shot optimized sequences for T1, T2 and PD imaging. Perfusion, regular diffusion values (3 directions) EPI - FLAIR, EPI -IR, EPI- FLAIR diffusion Tensor, EPI - MT - FLAIR. Tensor diffusion for diffusion studies, suitable artifact /fat suppression techniques to be incorporated in the sequence to have optimum image quality. There should be capability of calculating ADC map (Isotropic and anisotropy from regular diffusion and tensor data.) It should be possible to perform arterial spin labelling (ASL) of the brain, and the corresponding software to give various perfusion maps with quantification possibility.
- b) Single shot selectable with all coils including phased array coils for very fast imaging of trauma patients.
- c) Optimized sequence package for special applications
 - I. MR Angiography - Comprehensive Angiography software package with or with out use of contrast for the whole body and brain.
 - II. 2D ToF (Time of Flight), 3D ToF, ToF overlapping sequence
 - III. 2D / 3D phase contrast with and without gating and magnetization transfer saturation
 - IV. Black Blood angiography for cerebral, pulmonary abdominal and peripheral vessels.
 - V. For Peripheral Angiography moving table Angiography must be provided so that complete limb can be examined in single go
 - VI. Bolus tracking software package must be provided.
 - VII. Sequences for breath hold angiography with contrast enhancement should be offered
 - VIII. Time resolved MRA with high temporal resolution and high spatial resolution.

12. Sequence Packages to be Offered

- Standard packages /Scan Tools / Core Packages
- Body, Onco, Ortho, Paediatric, neuro, Colonography
- Diffusion weighted Imaging, Perfusion Imaging
- Fast Imaging Techniques
- Spectroscopy (for single voxel & multi voxel)
- MRCP

- Urography
- EPI (Echo Planar Imaging)

13. SOFTWARE PACKAGES

- a) Spin Echo (SE); Gradient Spin Echo Inversion Recovery (IR); Fluid Attenuated Inversion Recovery (FLAIR); Fast Field Echo (FFE)
- b) Flow quantification
- c) Fast Spin Echo Package which generates superb images with conventional SE contrast in scan times typically 10 time shorter for faster MRCP applications.
- d) Complete Angio Software package including both 2D and 3D Angio and Non-contrast Angio for head and neck.
- e) Angio technique without using contrast agent for peripheral Angios, with cardiac gating and subtraction
- f) Contrast uptake analysis with time intensity diagrams
- g) Automated Contrast Bolus Tracking Sequence
- h) Fast Gradient Echo technique, 2D and 3D mode, ideal for contrast agent wash-in and wash-out studies.
- i) Advanced version of Multi Phase Liver Imaging sequence package
- j) Sequence for Breast imaging.
- k) Single and Multi Shot EPI (Echo Planar Imaging). High resolution multi shot EPI with real time motion detection & correction capabilities.
- l) Single-shot EPI based diffusion with ADC maps on console, perfusion with TTP color maps and functional imaging including processing (statistical maps) & real time fMRI studies
- m) Diffusion Tensor Imaging
- n) Flow Quantification (Measuring blood/CSF flow rate)
- o) Variable Field of view (FOV), specify min to max
- p) Artifact suppression for Respiratory, motion, moving blood etc.
- q) Proton Spectroscopy with Single as well as Multi voxel Spectroscopy including color metabolite maps Spectro imaging Prostrate, Liver and Breast
- r) A separate powerful workstation with identical post processing capabilities as in main console such as: advanced 3D Segmentation, BOLD processing, color maps of perfusion TTP maps, fMRI analysis, Quantitative Magnetization Transfer analysis, qFLOW packages, fiber tractography, stitching / pasting of multi-station studies, spectroscopy analysis & cardiac analysis to be supplied with CD / DVD recording and filming capabilities
- s) Motion Correction Techniques
- t) Non contrast angiography with cardiac triggering

14. DICOM compatible Dry Imager Camera of 500 dpi or higher

15. Chiller for cryocooler and gradient amplifiers

Equipment must be offered under turnkey basis and the site plan must be made in consultation with the appropriate authority including HOD, Radiology of the Medical College

16. Accessories to be Supplied

- a. Non-magnetic IV stand
- b. Pipeline oxygen supply facility should be made available.
- c. Phantoms (Imaging & Spectroscopic) including structured phantoms and quality assurance as per AAPM standard
- d. Imported UPS cum Power Conditioner of appropriate KVA for the entire system including camera to be supplied to back up the system for at least 30 mins
- e. The equipment should be new and unused. The manufacturing date should not be more than 180 days when it would reach the consignee address.

Standard & Safety

Should be of US FDA & CE ("Conformité Européene") approved

Site preparation including interiors and Air-conditioning

- Area to be Prepared including interiors: 1000 sq. feet approx
(Only covered space would be provided to the supplier)
- Vendor to prepare RF cabin and complete interiors including wall finish, flooring, false roofing, high quality room lighting, A/C ducting, Gas Pipelines etc. and Top up Helium during handing over

Warranty & CMC will include the following:

- (a) The equipment including all other accessories and ancillaries as given in the specifications of the equipment including refilling of Helium, UPS, UPS Battery, X-Tube of CT Scanner, etc.
- (b) All the accessories and ancillaries including Air conditioning machine required for the site preparation and interiors

MRI Services

Site preparation including interiors and Air-conditioning

The interior work and lighting at the Magnet room, equipment room, console room, patient waiting area should be of good quality and standard. Selected bidder will be handed over covered space of carpet area around 1000 sq feet.

1. Area to be Prepared including interiors: carpet area of 1000 sq. feet approx.
2. RF Cabin: The RF cabin should be imported type. Required RF shielding should be as per the guidelines of the competent authority
3. Height of the room (up to false ceiling): 3.0 m and above
4. General
 - a) Floor: Floor (except of RF cabin) should be of premier quality double charged joint less vitrified mirror polished tiles. Antistatic floor for RF cabin.
 - b) Ceiling: Ceiling (except of RF cabin) should be of Mineral fiber board with aluminum grid. 2/3 coats of distemper on true ceiling. RF cabin should be fitted with suitable good quality false ceiling.
 - c) Wall: Walls (except of RF cabin) should be of premier quality double charged joint less vitrified mirror polished tiles up to false ceiling. Wooden panel to be fitted on RF cabin wall should be of good quality and reputed make.
 - d) Door: First quality seasoned shagoon wooden door of minimum 40 mm thick double leaf of width 1500 mm with 150 mm X 150 mm vision panel, plastic kicking plate fixed with headless screw, high gloss wax polish. The door should be fitted with proper locking arrangement, door closure,

- handle and stopper. Wooden frame from 125 mm x 100 mm of good quality Shal / Shagoon wooden block.
- e) Paint: 2 coats synthetic enamel paints over 2 coats primer over wall putty (if required)
 - f) Viewing Window: RF shielded Viewing window (4 feet X 4 feet).
5. Air-conditioning machine: The total carpet area mentioned (i.e 1000 cu ft. for one tone) has to be properly air-conditioned. Split / Ductable Split type AC machines having appropriate rating to bring down and maintain room temperature to be $20^{\circ} \pm 2^{\circ}$ celsius. There should be sufficient number of the AC machines to run the service round the clock (i.e 100 % backup). The service should be uninterrupted in case of breakdown of any of the AC machine(s).
- A/C ducting to be prepare, if required. Humidifier and Dehumidifier should be provided to maintain the humidity level at 40-60 % at equipment room, MRI room and in other area(s), if technically required.
- 6. High quality room lighting (LED up to 400 LUX of illuminance)
 - 7. Medical Gas Pipeline system [O₂, N₂O, Air (4 Bar) and Suction] with MRI compatible imported outlet points along with matching adapter etc. should be provided. Inside pipeline in the MRI room to be completed in all respect and the entry points of the pipelines should be terminated at a suitable place outside the MRI room with medical grade isolation valves.
 - 8. The bidders to submit drawing layout plan of the interior. At least 15 patient holding positions have to be mentioned in the drawing layout plan. Sufficient furniture to be supplied for the console room.
 - 9. The bidder should build required infrastructure/base, shed, fencing etc for the units (example chiller, AC unit etc) to be installed in the open area / outside the MRI premises.
 - 10. Supplier to top up Helium during handing over.
 - 11. Wiring System:
 - a) Light, Fan, 5 Amp Plug: 3 X 1.5 sq. mm copper conductor FRLS wire should be provided.
 - b) Power Plug (15 Amp): 2 X 2.5 + 1 X 1.5 sq. mm copper conductor FRLS wire should be provided.
 - c) Split / Duct able Split AC wiring: 2 X 4 + 1 X 2.5 sq. mm / suitable gauge copper conductor FRLS wire should be provided.
 - 12. Earthing: Two nos. Copper plate earthing as per PWD schedule

Note: The items mentioned above are indicative in nature

ANNEXURE IX

Warranty : One year(1 year) followed by 7 years CMC as under (GST and other relevant Taxes will be applicable as per Govt Rules)

<i>sl no</i>	Item Description	Quantity	Units	Rate in INR
1	CMC charges for Year1 after completion of warranty of 1 Year	1	Nos	27,00,000.00
2	CMC charges for Year2 after completion of warranty of 1 Year	1	Nos	28,35,000.00
3	CMC charges for Year3 after completion of warranty of 1 Year	1	Nos	29,76,750.00
4	CMC charges for Year4 after completion of warranty of 1 Year	1	Nos	31,25,587.50
5	CMC charges for Year5 after completion of warranty of 1 Year	1	Nos	32,81,866.88
6	CMC charges for Year6 after completion of warranty of 1 Year	1	Nos	34,45,960.22
7	CMC charges for Year7 after completion of warranty of 1 Year	1	Nos	36,18,258.23
8	CMC charges for Year8 after completion of warranty of 1 Year	1	Nos	36,18,258.23
9	CMC charges for Year9 after completion of warranty of 1 Year	1	Nos	36,18,258.23

Annexure X**CERTIFICATE FOR STATUS OF PAYMENT OF CONCESSION
FEES/ELECTRICITY FOR PPP BASED DIAGNOSTIC CENTRES AND DIALYSIS
SERVICES IN DIFFERENT GOVERNMENT HOSPITALS OF WEST BENGAL****(To be duly filled by Private partners and certified by Hospital Authority)**

Separate Certificate for each unit managed by the private Organization under PPP needs to be submitted.

SI No.	Items	Response
1	Name of the Organization /PPP Partner	
2	Name of Hospital where unit is located	
3	Type of Facility- CT/DR/MRI/ Digital X-Ray/Dialysis	
4	Mode of Operations (O&M-CAPEX by Govt. / EOM-CAPEX by Private Partner)	
5	Date of commencement of service (O&M / EOM)	
6	Total No completed financial Quarters since inception of service till 31 st December 2017	
7	Total Concession fees payable during this period (In Rs INR) (N.B .For all CT scan Unit –CAPEX by partner the concession fee will be applicable as per G.O. issued by the Department vide Memo No. HF/O/MS/PPP/948/W-34/2015 dated 04-08-2015)	
8	Total concession fees actually paid for this period (In Rs INR) (Please mention the quarters for which concession fees paid)	
9	Total concession due for this period (In Rs INR) (Please mention the quarters for which concession fees due)	
10	For MRI unit (CAPEX by Partner) whether all dues as per existing agreement are cleared for this period.	
11	For MRI unit (CAPEX by Partner) whether prayer has been received officially by the partners to the hospital authority regarding compliance to G.O. issued vides Memo No. HF/PPP/23/2015/805 dated 23.06.2017.	
12	Remarks/ Recommendation of Hospital Authority	

Signature of the PPP Partner with Stamp
Officer

Signature of Accounts

Counter Signature of the
Hospital Authority

Annexure –XI
Banking Details of the Organization

LETTER HEAD OF THE ORGANISATION

Date:

To:

**Secretary (PPP)
Health & Family Welfare Department
Government of West Bengal
Swasthya Bhawan, 4th Floor, Wing-B,
Salt Lake, Sec: V, Kolkata-700091**

Sub: Banking Details of Bidders

Dear Sir,

As required, we enclose the following documents in sealed cover along with this letter:

- 1. Bank Details of the organisation to refund the amount through ECS after completion of bidding process:**

Name of the Organisation:
Name of the Bank account:
Bank Account No :
Bank Name :
Bank Branch Name :
Bank Address :
IFS Code :

Yours faithfully,

Encl: as state

Signature with rubber stamp

(Name and Designation of the signatory)