 

**NATIONAL HEALTH MISSION**

**HEALTH AND FAMILY WELFARE DEPARTMENT**

**GOVERNMENT OF SIKKIM**

**GANGTOK**

Memo No: 002(a)/H&FW/NHM/2023-24 Dated: 25/08/2023

**CORRIGENDUM**

The following corrigendum are hereby made in the RFP document for “**SELECTION OF AGENCY FOR SETTING UP A TECHNOLOGY ENABLED END TO END SYSTEM OF CARE FOR TIMELY DETECTION AND MANAGEMENT OF ST-ELEVATED MYOCARDIAL INFARCTION (STEMI) IN THE PUBLIC HEALTH SYSTEM OF SIKKIM”** (Tender No. 002/H&FW/NHM/2023-24) published in [www.nhmsikkim.org](http://www.nhmsikkim.org) and Tender Notice published in Sikkim Express and Hamro Varta newspapers on 21/08/2023 vide R.O No. 130/IPR/PUB/Classi/23-24 dated 19.08.2023.

1. **Section 5: TERMS & CONDITIONS** Page 24.

##### Operational Parameter and Penalty Clauses

**To be added:** If the ECG Machine, software or internet is dysfunctional/down, the service team should attend the dysfunctional machine within 24 hours. If the services are not restored beyond 48 hrs, a penalty of Rs. 500 INR/Machine/Day shall be charged .

1. **Section 7 RFP Formats** Page 29.

**FORMAT – T1**

*(to be furnished in the technical proposal envelope)*

**Check List (Technical Proposal)**

|  |  |  |  |
| --- | --- | --- | --- |
| **S1. No** | **Item** | **Whether included Yes / No** | **Page No.** |
| 1 | Format – T1 (Check List) |  |  |
| 2 | **Bid Document Cost as DD of Rs.2,000.00/-** |  |  |
| 3 | **Earnest Money Deposit(s) of Rs.45,000.00/- as FDR/TDR/BG** |  |  |
| 4 | Format - T2 (Technical Proposal Submission Form) |  |  |
| 5 | Format – T3 (Details of Bidder) |  |  |
| 6 | Format – T4 (Annual Turnover Statement by Chartered Accountant) |  |  |
| 7 | Copies of the annual audited statement / Annual Report for 2019-20,2020-21 & 2021-22 (Provisional statement of account shall not be considered) |  |  |
| 8 | Format – T5 (Performance Statement during the last three Years) |  |  |
| 9 | Copies of purchase orders & end user certificates in support of the information furnished in Format T-5 |  |  |
| 10 | Format – T6 (Manufacturer’s Offer Form) |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 11 | Format – T7 (Para-wise compliance to Technical Specification) |  |  |
| 12 | Copy of the Leaflets / Technical Brochures / Product Data Sheets of the Models offered highlighting features in support  of the information provided in Format – T7 |  |  |
| 13 | Copy of Quality Certificates of the product (for ECG as per Section 4 - Technical Specification). |  |  |
| 14 | Format – T8 (Implementation Plan) |  |  |
| 16 | Format – T9 (Format of Power of Attorney) |  |  |
| 17 | Format – T10 (Format of Affidavit regarding the firm is not blacklisted) |  |  |
| 18 | Format –T11 (Anti-Collusion Certificate) |  |  |
| 19 | Copy of the Registration certificate of the Firm (Certificate of Incorporation) |  |  |
| 20 | Copy of the GST registration certificate |  |  |
| 21 | Copy of PAN (Income Tax) |  |  |

1. **FORMAT F-2 Page no:- 52**

(To be submitted with Financial Proposal envelop)

**PRICE FORMAT**

1. Name of the Tenderer:
2. **Quoted Rates**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.N.** | **Particulars** | **Rate per facility for 1 years\* (inclusive of all other expenses, taxes & duties presently in force excluding GST)** | **GST %** | **Rate In Words** |
| **1** | **Cost for STEMI detection and management system at each health facility for 1st year** |  |  |  |
| **2** | **Cost for STEMI detection and management system at each health facility for 2nd year** |  |  |  |
| **3** | **Cost for STEMI detection and management system at each health facility for 3rd year** |  |  |  |

\*All costs related to transmission, interpretation and reporting of ECGs as per scope of work and terms & conditions mentioned in Section 3 & 4 respectively. The prices shall be firm and inclusive of all taxes and duties presently in force. If the services on mutual agreement are extended beyond 3rd year, the rate quoted for the services of 3rd year shall be considered for the remaining years.

Authorized Signatory [*In full and initials*]:

Name and Title of Signatory:

(Company Seal)

The above corrections may please be noted. Other conditions shall remain the same. For further clarifications if any, please contact the Office of the Director (NCD), NHM, H & FW Deptt, Health Secretariat, Tashiling.

Sd/-

Director (NCD), NHM

H & FW Deptt.