

**NATIONAL HEALTH MISSION**

**HEALTH AND FAMILY WELFARE DEPARTMENT**

**GOVERNMENT OF SIKKIM**

**NON TRANSFERABLE**

**REQUEST FOR PROPOSAL DOCUMENT**

**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 DOCUMENT NO: 002/H&FW/NHM/2023-24**

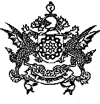
**SUBMITTED BY:**

**M/S \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**NATIONAL HEALTH MISSION**

**HEALTH & FAMILY WELFARE DEPARTMENT**

**GOVERNMENT OF SIKKIM**

**REQUEST FOR PROPOSAL**

**Tender No. 002/H&FW/NHM/2023-24 Date: 19/08/2023**

Mission Director, National Health Mission under Health & F.W. Department, Government of Sikkim invites sealed proposal (Technical & Financial Bid) from eligible parties 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.”**

|  |  |
| --- | --- |
| Period of Availability of Tender Document | From: **21/08/2023 to 30/08/2023**  [Downloadable from website: [www.nhmsikkim.org](http://www.nhmsikkim.org) |
| Cost of Proposal Documents | **Rs. 2,000.00,** payable vide Demand Draft from any Nationalized Bank payable at Gangtok, Sikkim, in favour of Mission Director, National Health Mission, Sikkim. |
| Pre- Bid Meeting | Date: **25/08/2023**, **1300 Hrs (IST)** |
| Date of Submission of Bids | Date: **06/09/2023**, From: **1000 Hrs to 1230 Hrs (IST)** |
| Time and Date for Opening of Bids | Date: **06/09/2023, 1300 Hrs (IST)** |
| Venue for Pre- Bid meeting, submission & Opening of Bids | Office of the Director, NCD Cell, Health Secretariat, Tashiling Gangtok, East Sikkim. |
| Earnest Money Deposit (EMD) | **Rs. 45,000.00** in the form of FDR/TDR/BG from any Nationalized bank, payable at Gangtok, Sikkim in favour of Director NCD, NHM, Health & FW Department, Government of Sikkim. |

The proposal document can be viewed and downloaded from NHM Sikkim website[www.nhmsikkim.org](http://www.nhmsikkim.org) and the requisite fee may be paid at the time of submission of proposal. The department reserves the right to accept or reject one or all the bids without assigning any reasons, thereof.

Director, NCD,

National Health Mission,

Health & FW Department.

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**SECTION – 1**

**TENDER SCHEDULE**

|  |  |  |
| --- | --- | --- |
|  | **Tender No.** | **002/H&FW/NHM/2023-24** |
|  | Cost of Tender Document | Rs. 2,000.00 |
|  | Estimated Tender Value | Rs. 18,00,000.00 |
|  | Earnest Money Deposit | Rs. 45,000.00 |
|  | Performance Security | 5% of the order value |
| 1. `` | Period of Availability of Tender Document | **From : 21/08/2023 to 30/08/2023**  [Downloadable from website: [www.nhmsikkim.org](http://www.nhmsikkim.org)  In case of **any bid amendment and clarification** responsibility lies with the bidders to **download the same from the above mentioned website** before the **last date of submission of tender document as per amendment** and the tender inviting authority shall have no responsibility for any delay / omission in part of the bidder. |
|  | Mail ID for Communication | [npcdcssikkim@gmail.com](mailto:npcdcssikkim@gmail.com) |
|  | Cost of Proposal Documents | **Rs. 2,000.00,** payable vide Demand Draft from any Nationalized Bank payable at Gangtok, Sikkim, in favour of Mission Director, National Health Mission, Sikkim. |
|  | Pre- Bid Meeting | Date: **25/08/2023**, **1300 Hrs (IST)** |
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**SECTION - 2**

1. **INSTRUCTIONS TO BIDDERS & ELIGIBILITY CRITERIA**

##### Scope of Proposal

1. Interested bidders fulfilling the eligibility criteria may submit their bid.
2. Detailed description of the objectives, scope of services, deliverables and other requirements relating to **Selection of Agency for Setting up a Time Bound, Cloud Based Real time ECG Monitoring System (ECG, Interpretation and Tele-Reporting manually by team of doctors)** are specified in the terms of reference in Section - III. (The way the Proposal is required to be submitted, evaluated and accepted is explained in this Section).
3. The selection of the successful bidder shall be based on an evaluation by the tender committee, through the Selection Process specified in this RFP. Bidders shall be deemed to have understood and agreed that no explanation or justification for any aspect of the Selection Process will be given to bidders.
4. The bidder shall submit its Proposal in the form and manner specified in this section of the RFP. The technical proposal shall be submitted in the formats T1-T10. The Financial Proposal (Part B) shall be submitted in the format specified in F1-F2. Upon selection, the agency shall be required to enter into an Agreement with the tender inviting authority as per the agreed price / test. The successful Bidder shall be open for any negotiations with the tender inviting authority.

##### Eligibility Criteria

The bidder should fulfill the following Eligibility Criteria:

1. The bidder must be a registered unit in India under Company, Firm, Society or a Trust Act.
2. The bidder shall have an annual turnover of at least Rs. 70 Lakhs or more in each financial year for the last three financial years duly audited by CA.
3. The tenderer should have at least 2 years of experience in the implementation of an end-to-end system of care for STEMI management in at least 2 states in India over the past 2 financial years, with a comprehensive scope as follows

##### Capturing digital ECG data without visible artifacts and disturbances by the deployment of clinical grade CE and FDA-approved 12 Lead ECG machine

* 1. Implementation of technology for the transfer of patient data to cloud within 30 sec of acquisition without any loss/ reduction in quality

##### A system of STEMI detection with a guaranteed turnaround time of less than 10 mins for all critical cases performed on the system

* 1. Critical/ STEMI alerts for each case within 10 mins for spokes and hubs to ensure timely intervention

##### Technology platform for care coordination to enable timely and appropriate treatment & Transfer of patients

* 1. Training, monitoring and evaluation of the program as per directives of state NCD cell/ state nodal officer/ National STEMI guidelines

##### Clinical training, instituting care pathways and treatment strategies post ECG confirmation of ST-Elevation Myocardial Infarction

1. A program to qualify as "STEMI Management", should have the following criteria

##### The program should be initiated and funded by the state government under the state STEMI program recognised by the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), now renamed as NPNCD

1. The program should be Implemented in more than 10 government health centers (spokes) across 2 states in India

##### The program must have more than 5 lakh population covered under the implementation in the last three years

1. The program must have been implemented for a continuous tenure of two years under the service contract in each state

##### The program must have a service contract agreement with visibility for the next three years

1. Pilots or Projects of proof of concept shall not be considered as an experience in the implementation of an end-to-end system of care for STEMI management

The tenderer should have an in-house Artificial Intelligence system for the

interpretation of ECG and should be certified with ISO / IEC 27001 (Information security controls)

1. The bidder should not be blacklisted by any Government entity in India within the last three years.

##### Submission and Signing of Proposal

Interested eligible bidders may submit their bid with tender document cost, EMD & documents as set forth in this RFP and in a manner as described below:

1. The proposal shall be submitted in two parts -

##### Part A – Tender document Cost, Bid Security & Technical Proposal as per format set out in RFP.

* 1. **Part B - Financial Proposal as per the format set out in RFP.**
     1. The Proposal shall be typed or written legibly in indelible ink and shall be signed by the authorized representative of the bidder.
     2. Power of Attorney for signing of bid: The bidder should submit a Power of Attorney as per the Form T9, authorizing the signatory of the bid to commit the bidder.
     3. Any interlineations, erasures or overwriting shall be valid only if the person or persons signing the Proposal have put the initial prior to submission of the same.

##### Packing, Sealing and Marking of Proposal

* + 1. The Technical Proposal **(Cover A)** and Financial Proposal **(Cover B)** must be inserted in separate sealed envelopes, along with applicant’s name and address in the left hand corner of the envelope and super scribed in the following manner.

a **Cover-A- Technical Proposal** for ***Selection of Agency for Setting up a Time Bound, Cloud Based Real time ECG Monitoring System (ECG, Interpretation and Tele-Reporting manually by team of doctors) for Diagnosis of Patients with Cardiac Ailments.****”*

b **Cover-B - Financial Proposal** for ***Selection of Agency for Setting up a Time Bound, Cloud Based Real time ECG Monitoring System (ECG, Interpretation and Tele-Reporting manually by team of doctors) for Diagnosis of Patients with Cardiac Ailments.****”*

* + 1. The two envelopes i.e. envelope for Part-A, Part-B must be packed in a separate sealed outer cover and clearly **super scribed** with the following:

a Proposal for “***Selection of Agency for Setting up a Time Bound, Cloud Based Real time ECG Monitoring System (ECG, Interpretation and Tele-Reporting manually by team of doctors) for Diagnosis of Patients with Cardiac Ailments.****”*

b **RFP no. 002/SHMS/H&FW/2023-24**

c The bidder’s Name & address shall be mentioned in the left hand corner of the outer envelope.

* + 1. The Inner and Outer envelopes shall be **addressed** to the Mission Director, NHM at the detailed address mentioned at the Section - 1: ***Schedule of Proposal Submission.***

***If the outer envelope is not sealed and not marked as mentioned above, then the O/o the tender inviting authority will assume no responsibility for the tender’s misplacement or premature opening. Telex, cable or facsimile tenders will be rejected.***

##### Content of the Proposal

* 1. ***Cover A (Technical Proposal)***

Bidders are requested to summit detailed technical proposal with respect to the Setting up a Time Bound, Cloud Based Real time ECG Monitoring System (ECG, Interpretation and Tele-Reporting manually by team of doctors) for Diagnosis of Patients with Cardiac Ailments during the proposed contract period in conformity with the Terms of Reference forming part of this RFP.

* + 1. Tender proposal Cost of Rs 2,000.00 (Non-Refundable) the shape of a Demand Draft in

favor of Mission Director, NHM payable at Gangtok.

* + 1. EMD of Rs. 45,000.00. in the shape of a Demand Draft/ FDR/TDR in favor of Dircetor, NCD, NHM Sikkim payable at Gangtok.
    2. Format T1 (Filled in Checklist)
    3. Format T2 (Technical Submission Form)
    4. Photocopy of the Registration Certificate
    5. Photocopy of PAN
    6. Photocopy of GST Registration
    7. Format T3 (Details of the bidder)
    8. Format T4 (Certificate from the Chartered Accountant regarding Average Annual Turnover in the last three financial years)
    9. Copies of the annual audited statement / Annual Report for 2017-18, 2018-19
    10. Format T5 - Relevant Experience Details towards successful implementation of STEMI Projects in any States in India
    11. Photocopies of work orders / contracts executed in support of the information furnished in Form T5
    12. Format T6 (Manufacturer’s Authorization Form)
    13. Format T7 (Para wise Compliance to technical specification)
    14. Copies of Leaflets / Product catalog of the quoted model
    15. Format T8 (Implementation Plan)
    16. Format T9 - Power of Attorney authorizing the signatory for signing the proposal on behalf of the proposer/Bidder
    17. Format T10 - Affidavit Certifying that bidder has not been not Blacklisted (on Original Stamp Paper)
    18. Format T11 - Letter of Declaration (Anti Collusion Certificate) mentioning that the bidder will not collude with the other bidders.
    19. Format T11(a) – Declaration Form.

##### Cover B (Financial Proposal)

* + 1. The bidder must submit the Financial Proposal using Form specified in Form F1-F2 with proper signature and seal of the bidder.
    2. In case of any discrepancy between figures and words in the financial proposal, the one described in words shall be taken into consideration.
    3. The same person signing the RFP shall sign the financial part also.

##### Number of Proposals

Interested bidders fulfilling the eligibility criteria may submit only one proposal for this tender reference.

##### Validity of Proposals

The Proposal shall remain valid for 90days after the date of bid opening for the purpose of bid **evaluation / finalization** of contract.

##### Cost of Proposal

The bidder shall be responsible for all the costs associated with the preparation of their Proposals and their participation in the Selection Process. Tender Inviting Authority will neither be responsible nor in any way liable for such costs, regardless of the conduct or outcome of the Selection Process.

##### Acknowledgement by the bidder

1. It shall be deemed that by submitting the Proposal, the bidder has: -
   1. made a complete and careful examination of the RFP;
   2. received all relevant information requested from the tender inviting authority;
   3. acknowledged and accepted the risk of inadequacy, error or mistake in the information provided in the RFP or furnished by or on behalf of the concerned district authority relating to any of the matters stated in the RFP Document;
   4. satisfied itself about all matters, things and information, necessary and required for submitting an informed Proposal and performance of all of its obligations there under;
   5. acknowledged that it does not have a Conflict of Interest; and
   6. Agreed to be bound by the undertaking provided by it under and in terms hereof.
2. The tender inviting authority shall not be liable for any omission, mistake or error on the part of the bidder in respect of any of the above or on account of any matter or thing arising out of or concerning or relating to RFP or the Selection Process, including any error or mistake therein or in any information or data given by the tender inviting authority.

##### Language

The Proposal with all accompanying documents (the “Documents”) and all communications in relation to or concerning the Selection Process shall be in English language and strictly as per the forms provided in this RFP. In case any of these

Documents is in another language, it must be accompanied by an accurate translation of the relevant passages in English, in which case, for all purposes of interpretation of the Proposal, the translation in English shall prevail.

##### Proposal Due Date

RFP filled in all respects must reach the O/o DHS, Sikkim at the address, time and date specified in the Section-1: Schedule of Proposal Submission, through Speed Post/ Regd. Post / Courier or tender drop box. If the specified date for the submission of RFPs is declared as a holiday, the RFPs will be received up to the appointed time on the next working day.

##### RFP Opening

1. The Proposals received shall be opened in the presence of bidders or their authorized representatives who choose to attend, at the location, date and time mentioned in the Section 1: Schedule of Proposal Submission
2. The bidder/their authorized representatives who will be present shall sign a register evidencing their attendance.
3. In the event of the specified RFP opening date being declared a holiday, the RFPs shall be opened at the appointed time and location on the next working day.

**SECTION 3**

# **TERMS OF REFERENCE**

* 1. **Background**

The Menace of Cardiac Ailments has put a huge burden not only on the economy of the Country but also has made a huge negative impact by means of highest Disability Adjusted Life Years amongst the population of the Nation. In India, Coronary Artery Disease affects people at least 10 life years earlier than European Countries. Sikkim is having a high burden of Coronary Artery Diseases(CAD) as per the reports published by ICMR. ECG interpretation & evaluation during the Golden hour is supposed to save many lives. Hence there is a requirement for setting up a Time Bound, Cloud Based Real time ECG Monitoring System (ECG, Interpretation and Tele-Reporting backed by a team of doctors) for Diagnosis of Patients with Cardiac Ailments.

##### Objective

To select an expertise agency for Setting up a Time Bound, Cloud Based Real time ECG Monitoring System (ECG, Interpretation and Tele-Reporting manually by a team of doctors) for Diagnosis of Patients with Cardiac Ailments.

##### Scope of Work

1. **Responsibility of the Service Provider**

Selected Service Provider shall have to provide the following facilities:

* 1. Shall provide the equipment (ECG Machine 12 lead, ECG Probes, Software, the Cloud Server etc) and accessories (connecting cables) as per the detailed technical specification mentioned in Section-4 and installation of the equipment at the hub & spoke hospitals without any Charge. (After one year the ownership of the equipments will be transferred to NHM, Sikkim.)
  2. Shall Set up and implement a Time Bound System (ECG, Interpretation & Tele-Reporting backed by a team of doctors) for Diagnosis of Patients with Cardiac Ailments at the hub & spoke hospitals.
  3. Shall provide the ECG interpretation and Tele-Reporting Service backed by a team of doctors round the clock.
  4. Medico Legal liability for reporting of ECG images of each reported case extends to the service provider.
  5. Shall provide the web-based application software for recording of parameters and communication of the same through the web enabled ECG machine. The service provider shall modify the Android in consultation with the authority of Govt. of Sikkim.
  6. Shall provide the signed real time ECG interpretation and reporting services with a turnaround time of maximum **10 minutes** of sending the ECG recording by the Spoke hospitals for critical patients.
  7. Shall provide a 24x7 helpline for consulting any query regarding reporting or maintenance.
  8. Shall provide a STEMI Kit (A box containing STEMI loading doses such as Aspirin/ Sorbitrate/ Clopidogrel) at each facility. The STEMI kit should be replenished by the service provider as when required.
  9. ***For STEMI Critical ECG’s***
     1. Shall report every critical ECG within 10 minutes of sending the ECG to the server. The complete report and ECG images shall be electronically signed with **MD Medicine/ Cardiologist** of the Service Provider.
     2. Shall arrange for telephonic alert to the Doctor on Duty of concerned Hospital through App or Call.
  10. Shall provide Online Real-Time (web based) Software driven **dashboard** for monitoring of service delivery with key performance indicators as desired by the tender inviting authority. Such as:
      1. Downloadable details of the ECG interpretation service in form of
         1. Patient ID
         2. Patient demographic details
         3. Date
         4. ECG uploading time
         5. ECG Report Time etc.
         6. Day wise, month wise, Institution wise and District wise report
         7. Turn-Around Time
      2. Reported ECG images must be available in the online software for the purpose of monitoring, reporting and payment for at least 3 years .
      3. Separate dashboards for respective District Civil Surgeons with the same facilities as mentioned above in point **“a”** and **“b”** of section **3.3** under subsection **“viii”**
  11. Shall provide the required cloud space for the ECG’s conducted in the State.
  12. Shall store every ECGs in electronic form for at least 3 years from the date of examination, unless demanded otherwise by the user health care facility.
  13. Shall provide the comprehensive on-site maintenance of the deployed Equipment /Peripherals and web-based application software during the tenure of the contract. The service provider shall attend to the complaints within 8 hours. If required, the service provider will replace the defective equipment with standby equipment within 48 hours or will be liable for penalty.
  14. Shall provide periodical trainings (1 each in every quarter of 1st year and twice in the subsequent years) at one designated Hub Hospital to all the personnel nominated by the concerned hub & spoke hospitals regarding the use of the equipment/web based application, uploading of the ECG / downloading the report & images and the protocol of STEMI Care to be implemented.
  15. Shall provide basic training to the Medical Officers of the State in management of Cardiac cases at least twice in a year at designated hubs.
  16. Shall submit the 1st Quarter report consisting of the detailed number of ECG screenings in 03 categories (Normal, Abnormal & STEMI Critical) happening at each facility to the NHM, Sikkim for payment.
  17. Shall provide a report to the NHM, Sikkim with detailed description of the 1st 1000 ECG screenings across the state after the implementation. These 1000 ECG screenings will not be invoiced.
  18. Shall support the state in creating awareness in the state and disseminating the IEC materials to the districts.

##### Responsibility of National Health Mission:

* 1. Shall direct all the Chief Medical Officers of the State for implementation of the Project in their respective districts.
  2. Shall designate Hubs and spokes for every district in countenance with respective Chief Medical Officers.
  3. Shall ensure time to time training to the MOs by the resources available within the State.
  4. Shall set up an internal monitoring mechanism at the state level to monitor the outcome of the critical cases referred in the Hub and cathlabs.
  5. Shall conduct periodic review meetings (1 physical review meeting in every quarter and 1 virtual review meeting every month) to monitor the status of STEMI implementation at every Hub & Spoke.
  6. Shall help the service provider in creating Awareness in the districts, printing and disseminating the IEC materials at state level.
  7. Shall release the payment to the Service Provider after receipt of the complete invoice.

##### Responsibility of the District Hospital Authority:

* 1. Shall provide the personnel to operate the equipment at the respective hub & spoke hospitals trained by the service provider.
  2. Shall provide the requisite space for installation of the equipment by the service provider (as mentioned in technical specification).
  3. Shall be responsible for the treatment and medication (Medicine & Treatment Consumables):
     1. Of all the patients diagnosed with chronic Cardiac Ailments as per standard protocol at every level of Healthcare.
     2. Furthermore, Health Care facilities other than Sub Divisional Civil Hospital’s, CH’s and District Hospitals, i.e. the Polyclinics, CHC’s, PHC’s and UPHC’s shall be responsible for administering standard medications to the Critical Patients as advised by the Medical Officers in charge or Physicians and would refer the patients well within the Golden Time to nearest Hub.
     3. All such cases at the Polyclinics, CHC’s, PHC’s and UPHC’s shall also be entered in the App of the service provider.
  4. Shall ensure that no payment shall be charged from the patients.
  5. Shall take the responsibility for the security of the equipment provided by the service provider against theft and damage.
  6. Shall constitute a committee at the respective hub / spoke hospitals with appropriate delegation to ensure smooth delivery of Service to patients and overall monitoring & supervision.
  7. Shall set up an internal monitoring mechanism at the district level to monitor the outcome of the critical cases referred in the Hub and cathlabs.
  8. Creating Awareness in the districts, printing and Disseminating the IEC materials at district and block level.
  9. Shall maintain the STEMI kit inventory and inform the service provider of the requirement as when occurred.

##### Service Implementation

* + 1. **Hub & Spoke Model Locations**
       1. Initially department/ NHM intends to introduce the STEMI program in **Singtam, Namchi, Mangan, Gyalshing District hospitals and Jorethang CHC**. The above five facilities will act as a spoke. There will be 1 unit of ECG machines placed in every spoke. Further, if the department/ NHM later intends to increase the facilities the service provider shall provide the services at the agreed cost.
       2. STNM hospital will act as HUB for treatment of STEMI patients.

**SECTION - 4**

# **TECHNICAL SPECIFICATIONS**

|  |  |  |
| --- | --- | --- |
| **Category** | **Component** | **Specifications** |
| Infrastructure | ECG Machine | **Description of Function**   1. ECG recording with simultaneous acquisition of 12 leads 2. ECG sampling frequency should be 500 samples/second/channel 3. Should have provision to connect a communication device for cloud connectivity 4. Should have in-built printer |
| **Operational Requirements**   1. Should have real-time display for 12 channels of ECG data 2. Should have visual indication of unconnected leads 3. Should have visual indication for noise and stabilization 4. Should have built-in keyboard to enter patient id, age and gender |
| **Technical Specifications**   1. Should have an in-built scratch-resistant color display of at least 4 inch diagonal size 2. Should enable display of data- Patient ID, gender, age, battery power indicator, waveforms, lead labels, speed, gain, filter settings, warning messages, information messages 3. Should support 10 seconds of instantaneous ECG acquisition 4. Should have adaptive AC filter 50/60 Hz ± 3 Hz 5. Should have a heart rate meter of 30 to 300 BPM   ±10% or ±5 BPM, whichever is greater   1. Should have ability to transmit raw ECG data via |

|  |  |  |
| --- | --- | --- |
|  |  | serial cable |
| **System Configuration Accessories, spares and consumables**   1. ECG machine - 01 2. Patient cable - 02 3. Six chest electrodes - 01 4. Four limb electrodes - 01 5. ECG Paper |
| **Environmental Factors**   1. Should be capable of operating in ambient temperatures of 10- 60 degrees. 2. Should have transport/storage capability of -20 to   +60 degree   1. Should be less than 1.5kg in weight allowing for portable use 2. Built-in keyboards must use mechanical touch switches that can be used with gloves or wet hands. |
| **Power Supply**   1. Should have power supply through AC input with input voltage of 100 to 240 VAC ± 10 2. Should be operational with an AC input source connected (with patient isolation according to certification standards) 3. Should be operational using a rechargeable battery for at least 4 hrs (without printing) 4. Printer must operate without AC power input and be able to print at least 100 ECGs on a full battery charge 5. Battery should be fully charged in approximately 3 hours of battery charge time (with power off) 6. Should provide UPS for power backup |
| **Standards**   1. Should provide visual indicator for signal quality 2. Should record and prints 12-lead resting ECGs with |

|  |  |  |
| --- | --- | --- |
|  |  | 10-second duration as a standard feature  3. Should have multi language support |
| **Certifications & Experience**   1. ECG machine should be CE and FDA certified and must meet patient safety standards 2. ECG machine should be defibrillator proof 3. ECG machines should have a install base of at least 100 active units in government STEMI programs in at least one financial year over the last 5 years |
| **Communication Device**   1. Should be able to connect to internet using 2G / 3G   / 4G / WiFi network   1. Should be self powered from a battery 2. Should have storage capability of at least 50 ECGs in absence of network 3. Should auto-retry to send out ECGs in case of network outage 4. Should use secure communication protocols to transfer ECG data 5. Should have visual and audible notification to the user in case of network issues 6. Should have a visual indication of the network quality 7. Should have a visual indication of amount of unsent data 8. Should provide a diagnosis information on    1. Network strength    2. Battery charge status |
|  | Cloud | 1. ECG data should be stored encrypted on secured cloud server 2. Should have ability of 50 million/2 TB of ECG storage 3. Should maintain secure audit logs for all ECG events 4. Should maintain diagnostic information from Communication Device |

|  |  |  |
| --- | --- | --- |
| STEMI  Detection | ECG  Reporting | 1. Every ECG must be reported and signed by a dedicated team of doctors with MBBS/ MD Medicine/ Cardiologist as qualification 2. Reporting team of doctors must be in-house 3. Reporting team should be available 24x7 4. ECG should be reported within agreed SLA of receiving ECG data at cloud server - SLA should be within 10 minutes for all STEMI cases 5. Age and gender specific interpretation to be provided for every ECG 6. ECG Reports should include measurements of Atrial Rate, Ventricular Rate, QRS Duration, QT, QTc and PR intervals and P-R-Tt Axes 7. Reporting team should have diagnosed over 2 (two) lakh ECGs for government STEMI Programs 8. ECG diagnosis must be performed on digital data by the reporting team 9. Reporting team must have ability to view 10 sec data for each lead 10. Reporting team should have ability to zoom in and out of leads of ECG 11. Reporting team should have digital calipers for measurement 12. Reporting team must have access to the median wave for each lead, which is automatically extracted and annotated with highlights of problematic segments 13. Reporting system should have capability of correction of noise and baseline wander 14. Priority alert with high intensity STEMI Alarm should be provided for STEMI cases 15. Should provide a tele-call for intimation of all STEMI cases |
| Monitoring & Evaluation | STEMI Registry | 1. Should provide a system to record patient data through out the diagnosis & treatment journey 2. Should allow the user to start a unique registry from any ECG, particularly STEMI |

|  |  |  |
| --- | --- | --- |
|  |  | 1. Should allow the user to enter the data collected from each stage of patient journey into the registry 2. Should allow users to upload scanned patient records into the registry 3. Should provide a Dashboard to view the completion stage of each registry and ECGs pending for registry creation 4. Should allow export of the registry data in an excel format for analysis |
| STEMI  Dashboard - Recording, Reporting and Data Management | 1. Should provide access to monthly usage report 2. Should have a centralized dashboard to monitor activity on ECG machines 3. Should have map view to show the installations in different locations 4. Should have details of ECG    1. Date and Time of ECG    2. ECG graph    3. Interpretation    4. Status of diagnosis 5. Should have ability to download the ECG report in PDF format 6. Should have performance of multiple installations with their monthly statistics 7. Should provide ability to filter ECG data based on    1. Geography    2. Diagnosis Status    3. Time stamp 8. Should have ability to download center (spoke)wise summary and ECG details between given dates |
| Human Resource | 1. Should provide one dedicated project coordinator for the state to coordinate the program. 2. Should define standard operating procedure for the project Coordinator 3. Should provide methods and tools for |

|  |  |  |
| --- | --- | --- |
|  |  | patient follow ups   1. Should provide mechanism for ensuring quality check of the data collection process 2. Should have adequate presence, at least 2 personnel of the field service team to support on-site maintenance and support. 3. Should have a dedicated customer support desk for handling diagnosis related queries from the spokes. |
| Teleconsultation  / Care Coordination | STEMI  Coordination Mobile App | **Login & Profile management**   1. Should have ability to login securely to the platform through email authentication 2. Should have ability to maintain personal profile on the platform    1. Name    2. Contact    3. Email    4. Designation    5. Qualification |
| **ECG Report View**   1. Should provide access to all the ECGs done on the device of attached centers 2. Should provide ECG reports from multiple centers 3. Should provide notification alarm for each incoming ECG on the app 4. Should provide high intensity alarm for STEMI cases |
| **Case Creation**   1. Should provide ability to start case coordination 2. Should have provision to add following details to the case    1. patient demographics - Age, Sex, Name,   Mobile number   * 1. patient vitals - Pulse, BP, RR, SpO2, Weight, Blood sugar |

|  |  |  |
| --- | --- | --- |
|  |  | c. patient medical history   1. Should allow to automatically attach digital ECG to the patient case 2. Should allow upload of patient prescription and any clinical history through mobile camera or from previously taken pictures on the phone |
| **Case Coordination and Management**   1. Should provide ability to invite care providers to the case 2. Should allow care providers to ACCEPT / REJECT invitation for a case 3. Should allow admin to remove member from case 4. Should provide ability to call a case member 5. Should provide ability of free text chat and video call between members 6. Should provide ability to share image in chat 7. Should provide ability to share location in chat 8. Should provide ability to configure available team per center 9. Should provide ability to configure care provider teams with members 10. Should auto-create and auto-invite based on ECG diagnosis 11. Should have ability of Ambulance Tracking     1. Integration with Ambulance Coordination Centers     2. Live tracking of Ambulance 12. Should provide ability to configure Available Tertiary centers 13. Should provide ability to configure 3rd party Cardiologist for consultation 14. Should provide ability to track outcome for each case 15. Should provide ability to digital audit for case history 16. Should provide ability of mapping private hospitals with government run insurance schemes |

|  |  |  |
| --- | --- | --- |
| Information, Education and Communication (IEC) | Population Awareness | 1. Should provide creatives on CVD Symptoms and Risk Factors 2. Should provide creatives on available healthcare infrastructure for STEMI diagnosis & Access 3. Should provide creatives on implications of delay in treatment 4. Should provide a radio jingle to raise awareness on CVD symptoms and access to public health facilities |
| HCP  Awareness | 1. Should provide creatives on Chest Pain/ ACS Management Protocol 2. Should provide creatives on Impact of STEMI Program and HCPs Role 3. Should provide creatives on Recognition of STEMI   from symptoms |
| Influencer Awareness | 1. Should provide communication on Program Implementation & Evidence 2. Should provide communication on Program Impact and Success |
| Training | STEMI care pathway management, training & certification | 1. Should provide an academic training course related to the management & implementation of the   ST-Elevation Myocardial Infarction program as per modern-day practices and guidelines   1. Should include at-least 20 hours of video-based learning course from cardiologists with self paced learning modules such as    * An approach to diagnosis of chest pain Epidemiology of coronary artery disease    * Acute Coronary Syndrome    * STEMI – Overview (definition, diagnosis, reperfusion strategies, time lines)    * ECG in STEMI    * Echo in STEMI    * Biomarkers    * Initial management    * Fibrinolytic therapy    * Primary PCI    * Pharmaco-invasive strategy |

|  |  |  |
| --- | --- | --- |
|  |  | * Antiplatelets/anticoagulants * Conjunctive therapy * Arrhythmias * Cardiogenic shock * Mechanical complications * Defibrillation, pacing * Rehabilitation * STEMI Care system * New studies/trials  1. Should consist of assessment quiz for each module of the course module 2. Should provide option to download digital certificate on successful completion of the course 3. Should provide training to the admin, case members and care providers on using the mobile application for care coordination 4. Should provide periodic refresher training to the   care providers on ECG recording |

**SECTION-5**

# **TERMS & CONDITIONS:**

##### Period of Engagement/Duration of Contract

1. Selected Service Provider shall enter into a contract with the Tender Inviting Authority with the agreed terms and conditions.
2. Contract shall initially be for a period of **3 years** renewal annually based on satisfactory performance, which may further could be extended to another **2** years, subject to satisfactory performance and mutual agreement.
3. Further expansion of the project to health facilities (CHCs & PHCS) from the subsequent years will follow the similar structure to this RFP and it should be an addendum to the existing contract.

##### Schedule of Implementation

Selected service providers are required to set up a System of Care for the treatment of STEMI patients at the designated hub & spoke hospitals, within 30 days of signing of the contract. If the service provider fails to commence the service as specified herein, the tender inviting authority may, unless it consents to the extension of time thereof, forfeit the Performance Security.

##### Earnest Money Deposit (EMD)

1. The bidder along with the proposal shall deposit Earnest Money Deposit (EMD) amounting to Rs. 45,000/- in the form of Demand Draft/ FDR/TDR in favor of Director, NCD, NHM Sikkim payable at Gangtok.
2. In **absence** of the **EMD**, the technical proposal of the bidder shall be **rejected**.
3. The EMD shall be kept valid through the proposal validity period and would be extended if so required by the tender inviting authority.
4. The EMD shall be returned to unsuccessful bidders within a period of eight (8) weeks from the date of announcement of the successful bidder.
5. The EMD shall be forfeited if the bidder withdraws its proposal during the interval between the proposal due date and expiration of the proposal validity period.

##### Performance Security

Selected service provider shall have to furnish a Performance Security amounting to 5% of the yearly estimated amount for due performance of the agreement.

Tender Inviting Authority in the following circumstances can forfeit it:

1. When any terms or conditions of the agreement are infringed.
2. When the service provider fails in providing the services satisfactorily.

Notice will be given to the bidder/service provider with reasonable time before the earnest money / performance security deposit is forfeited.

##### Payment Schedule

1. The payment shall be made in Indian Rupees.
2. The payment shall be made by the concerned State Authority where the State Authority does hereby agree that if the approved service provider shall duly implement the project in the manner aforesaid, observe and keep the said terms and conditions, the state Authority will pay or cause to be paid to the approved service provider at the time and in the manner set forth in the said terms.
3. The schedule of payment is as specified below:
   1. Total project cost per health facility for 3 years to be quoted and billed at the beginning of each year for the project duration. as per the below mentioned break up.

|  |  |
| --- | --- |
| **Payment Break up** | **Payment Terms** |
| **Year 1** - 50% of the total project cost | Complete deployment of the infrastructure. Setting up of all logins on digital tools.  Invoice shall be raised after satisfactory completion of the deployment/ delivery. |
| **Year 2** - 25% of the total project cost | Invoice shall be raised after completion of previous year service and satisfactory submission of previous year report with detailed description of the ECG screenings happened at every Hub & Spoke. |
| **Year 3** - 25% of the total project cost |
| **Year 3 onwards -** 25% of the total project cost |

* 1. The bills should be in the name of Mission Director, NHM of the state.

##### Operational Parameter and Penalty Clauses

95 % of the ECG reports in a year shall be within the stipulated time frame mentioned above, i.e. 10 minutes for critical. In the event, it is below 95%, then 25% of cost per ECG reporting shall be deducted from the payment for the delayed reports.

##### Monitoring and Evaluation

1. State nodal authority shall review the activity of the Districts & performance of the agency.
2. The district authority will oversee the activity of their district by a District Nodal Officer.
3. The services and records of the project shall be subject to inspection by the designated officer(s) of the District.

##### Termination / Suspension of Agreement

1. Tender Inviting Authority may, by a notice in writing suspend the agreement if the selected agency fails to perform any of his obligations including carrying out the services, provided that such notice of suspension:
   1. Shall specify the nature of failure, and
   2. Shall request remedy of such failure within a period not exceeding 15 days after the receipt of such notice.
2. Tender Inviting Authority after giving 30 days clear notice in writing expressing the intention of termination by stating the ground/grounds on the happening of any of the events (a) to (b), may terminate the agreement after giving reasonable opportunity of being heard to the service provider.
   1. If the service provider does not remedy a failure in performance of his obligations within 15 days of receipt of notice or within such further period as the tender inviting authority have subsequently approved in writing.
   2. If the service provider becomes insolvent or bankrupt.
   3. If, as a result of force majeure, service provider is unable to perform a material portion of the services for a period of not less than 60 days: or
   4. If, in the judgment of the Tender Inviting Authority, the service provider is engaged in corrupt or fraudulent practices in competing for or in implementation of the project.

##### Modifications

Modifications in terms of reference including scope of the services can only be made by written consent of both parties. However, basic conditions of the agreement shall not be modified.

##### Saving Clauses

In absence of any specific provision in the agreement on any issue, the guidelines issued/to be issued by the Tender Inviting Authority shall be applicable.

##### Force Majeure

Providing diagnostic services for Cardiac Ailments, being an emergency response service, the Service Provider shall not be allowed to suspend or discontinue the Services during occurrences of emergencies or Force Majeure Events.

For the purposes of this contract, **“Force Majeure”** means an event which is beyond the reasonable control of a Party, is not foreseeable, is unavoidable, and not brought about by or at the instance of the Party claiming to be affected by such events

and which has caused the non-performance or delay in performance and which makes a Party’s performance of its obligations hereunder impossible or so impractical as reasonably to be considered impossible in the circumstances, and includes, but is not limited to war, riots, civil disorder, earthquake, fire, explosion, storm, flood or other adverse weather conditions, strikes, lockouts or other industrial action (except where such strikes, lockouts or other industrial action are within the power of the Party invoking Force Majeure to prevent), confiscation or any other action by Government agencies.

In such circumstances of emergencies and Force Majeure Event, if the Performance Standards are not complied with because of any damage caused to the services or any of the Project Facilities or non availability of staff, or inability to Provide services in accordance with the Performance Standards as a direct consequence of such Force Majeure Events or circumstances, then no penalties shall be applicable for the relevant default in Performance Standards and would be applied to such particular defaults. Further, unless the Force Majeure event is of such nature that it completely prevents the operation of services, a suspension or failure to provide Services on the occurrence of a Force Majeure event will be an Event of Default and the District authority may terminate this Agreement without any termination payment being made in respect thereof.

The failure of a party to fulfill any of its obligations under the agreement shall not be considered to be a default in so far as such inability arises from an event of force majeure, provided that the party affected by such an event has taken all reasonable precautions, due care and reasonable alternative measures in order to carry out the terms and conditions of the agreement and has informed the other party as soon as possible about the occurrence of such an event.

##### Settlement of Dispute

If dispute or difference of any kind shall arise between the Tender Inviting Authority/User Institution and the service provider in connection with or relating to the contract, the parties shall make every effort to resolve the same amicably by mutual consultations.

If the parties fail to resolve their dispute or difference by such mutual consultation within twenty-one days of its occurrence, then such dispute or difference shall be referred to the sole arbitration of Secretary to Health, Govt. of Sikkim whose decision shall be final.

##### Right to Accept and Reject any Proposal

Tender Inviting Authority reserves the right to accept or reject any proposal at any time without any liability or any obligation for such rejection or annulment and without assigning any reason.

##### Award of Contract

On evaluation of technical and financial parts of RFP and decision thereon, the selected bidder shall have to execute a contract with the Tender Inviting Authority within 15 days from the date of acceptance of their bid is communicated to them. This Request for Proposal along with documents and information provided by the bidder shall be deemed to be integral part of the agreement.

##### Jurisdiction of Court

Legal proceedings if any shall be subject to the concerned jurisdiction of concerned District courts or Hon’ble High Court of Sikkim.

**SECTION-6**

# **CRITERIA FOR EVALUATION**

##### Evaluation of Technical Proposals

In the first stage, the Technical Proposal will be evaluated on the basis of the bidder's fulfillment of eligibility criteria, experience, financial capability & technical specification. Only those bidders whose Technical Proposals become responsive after detailed technical evaluation and Presentation / demonstration of the proposed solution (if required by the tender committee), shall qualify for opening of their financial proposal.

##### Financial Proposal Opening

Financial proposals for only those bidders shall be opened whose technical proposal is found to be responsive after assessment of their technical evaluation. The selection of the service provider shall be strictly on a least cost basis.

The bidder with the lowest rate (cost per STEMI program Implementation for 3 years) in the Price bid format (amongst all the bidders short-listed after technical evaluation), will be considered successful in the bid process.

**SECTION-7**

# **RFP FORMATS**

## 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

##### TECHNICAL PROPOSAL

**FORMAT – T1**

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

**Check List (Technical Proposal)**

Please check whether following have been enclosed in the respective cover, namely, Technical Proposal:

***(please arrange the documents serially in the following order)***

|  |  |  |  |
| --- | --- | --- | --- |
| **S1. No** | **Item** | **Whether included Yes / No** | **Page No.** |
| 1 | Format – T1 (Check List) |  |  |
| 2 | Bid Document Cost as DD of Rs.2,240/- |  |  |
| 3 | Earnest Money Deposit(s) of Rs.1,00,000/- as Demand Draft |  |  |
| 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) |  |  |

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**FORMAT – T2**

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

To

……………

……………

…………….

**TECHNICAL TENDER SUBMISSION FORM**

(On the letterhead of the firm)

Re. : RFP Reference no. dated

Dear Sir,

We, the undersigned, offer to provide the services for the work: **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**

We are hereby submitting our Proposal, which includes this Technical Proposal and a Commercial Proposal sealed under a separate envelope.

We hereby declare our Confirmation of acceptance of the Conditions of Contract mentioned in the RFP document under reference cited above.

We hereby declare that all the information and statements made in this Proposal are true and accept that any of our misrepresentations contained in it may lead to our disqualification.

We undertake that our Proposal shall remain valid for 90 days after the date of bid opening for the purpose of bid evaluation / finalization of contract.

**I hereby declare that my company has not been debarred / black listed by any Government/ Semi Government organizations. I further certify that I am the competent authority in my company authorized to make this declaration.**

We understand you are not bound to accept any Proposal you receive.

Yours sincerely,

Authorized Signatory [*In full and initials*]: Name and Title of Signatory: Name of Firm: Address:

(Company Seal)

**Format T3**

(*To be furnished in the Technical Bid envelope*)

(On the letterhead of the Organization

#### DETAILS OF THE BIDDER

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Name of the Bidder | |  | | | | | | |
| Registered address of the firm | |  | | | | | | |
|  | | | | | | |
| State | |  | | | District | |  | |
| Telephone No. | |  | | | Fax | |  | |
| Email | |  | | | Website | |  | |
| Contact Person Details | | | | | | | | | |
| 2 | Name | |  | | | Designation | |  | |
| Telephone No. | |  | | | Mobile No. | |  | |
| Communication Address | | | | | | | | | |
| 3 | Address | |  | | | | | | |
|  | | | | | | |
| State | |  | | | District | |  | |
| Telephone No. | |  | | | Fax | |  | |
| Email | |  | | | Website | |  | |
| Type of the Firm ( Please □ relevant box) | | | | | | | | | |
| 4 | Private Ltd. |  | Public Ltd. | |  | | Proprietorship | |  |
| Partnership |  | Society | |  | | Others, specify | |  |
| Registration No. & Date of Registration. | | | |  | | | | |
| Nature of Business ( Please □ relevant box) | | | | | | | | | |
| 5 | Manufacturer | | |  | Authorized Service Provider | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Key personnel Details (Chairman, CEO, Directors, Managing Partners etc. ) | | | | | |
| 6 | in case of Directors, DIN Nos. are required | | | | |
| Name |  | Designation |  | |
| Name |  | Designation |  | |
| 7 | *Whether any criminal case was registered against the company or any of its promoters in the past?* | | | | Yes / No |

|  |  |
| --- | --- |
| 8 | *Details of the Branch Office / Service Centre in Haryana (if any):* |
| 9 | *GST Registration*  *Furnish the copy of the GST registration certificate* |
| 10 | *PAN :*  *Furnish the copy of the PAN* |
| 11 | *Registration certificate / Certificate of Incorporation of the firm (furnish the copy)* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 12 | *Bank Details of the Bidder: The bidders have to furnish the Bank Details as mentioned below for return of EMD /Payment for supply if any (if selected)*   1. Name of the Bank : 2. Name of the Account & Full address of the :   Branch concerned   1. Account no. of the: bidder 2. IFS Code of the: Bank | | | | |
| *Date:* |  | *Office Seal* |  | *Signature of the bidder / Authorized signatory* |  |

**FORM T4**

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

**ANNUAL AVERAGE TURN OVER STATEMENT**

*(To be furnished in the* ***letter head*** *of the Chartered Accountant)*

The Annual Turnover of M/s\_ for the financial years are given below and certified that the statement is true and correct.

|  |  |  |
| --- | --- | --- |
| **Sl.** | **Financial Year** | **Turnover in Lakhs (Rs.)** |
| 1 | 2019-20 |  |
| 2 | 2020-21 |  |
| 3 | 2021-22 |  |

Membership No.: Registration No. of Firm

***Note:***

1. *To be issued in the* ***letterhead*** *of the Auditor/Chartered Accountant mentioning the*

***Membership no.***

1. This turnover statement should also be supported by **copies of audited annual statement**

of the last three years and the turnover figure should be **highlighted** there.

**FORM T5**

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

**PAST EXPERIENCE IN EXECUTING STEMI PROJECTS / ECG INTERPRETATION & TELE-REPORTING SERVICES IN ANY STATES IN INDIA**

**(Attach separate sheets if the space provided is not sufficient)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name/address of the Organizatio n** | **Name of the Proj ect** | **Brief Descriptio n of the Hardware / Application used in the Project** | **Make & Model No. of Equipm ent** | **Date of award of Assignm ent** | **Date of completion of assignment** | **Value of the Assignment** | **Role of your firm** |
|  |  |  |  |  |  |  |  |
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\* Note : Please furnish the **Work order / Contract copies/experience certificate** of the works executed serially in support of the information mentioned above.

Authorized Signatory/Signature [*In full and initials*]:

Name and Title of Signatory: (Company Seal)

**Format – T6**

(To be submitted in ***Technical Bid Proposal***)

**MANUFACTURER’S OFFER FORM**

*(to be submitted by manufacturer in a* ***letterhead for the item : ECG Machine****)*

No. Dated:

To

…………..

…………..

Sir / Madam,

Bid Reference No :

##### Name of the Project: 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

Ref: Tender No. Dated for . Dear Sir/ Madam

We, are the manufacturer of

(name of equipment) and have the manufacturing factory at -------------------------------------------------------------------

1. Messrs (name and address of the bidder) is our **authorized Service Provider**

for implementation of the above project using the (name of the equipment) manufactured by us with Model No. : .

1. We also extend our 3 year guarantee as required by the purchaser
2. We undertake that we have adequate infrastructure and spare part support to carry out the warranty.

Yours faithfully,

(Signature with date, name and designation)

Date: Seal

Place : Note :

For and on behalf of Messrs ------------------------------

(Name & address of the manufacturer This letter should be on the **letterhead of the manufacturer in Original** and should be signed by a person having the power of attorney to legally bind the manufacture

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#### Format – T7

(To be submitted in ***Technical Proposal*** *envelope*)

**PARAWISE COMPLIANCE TO TECHNICAL SPECIFICATION OF THE PRODUCT(S)**

**OFFERED**

[Furnish **parawise compliance** in a tabular form (as per the format mentioned below), where the technical specification (parawise) as per technical specification should be mentioned in **the column (b)** & bidder’s compliance at the **column (c)** with mention of page no. of the product catalog / product data sheet in **column (d)**].

**Name of the Item: \_**

**Make : \_ Model No. : \_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl**  **.** | **Bid Specification (Para wise)** | **\*Bidder’s Compliance –Para wise** | **\*\*Page No. of the technical brochure where the compliance is**  **mention ed** |
| **(a)** | **(b)** | **(c)** | **(d)** |
|  |  |  |  |
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(add ***separate formats T7*** for different Items / Parameters / Software , i.e. **ECG Machine, Cloud Management, ECG Reporting / Analytical (Dashboard) Software / Application Software etc. as mentioned in technical specification**)

\* **Leaflets / Technical Brochures** / **Product Data Sheets** of the Model offered **highlighting features** of the product offered **must be attached** in support of the information provided above.

\*\* It is **mandatory** to mention the page no(s) in the format as mentioned above.

**Signature of the Bidder**

Name :

Date : Place : Seal:

#### Format – T8

(To be submitted in ***Technical Proposal*** *envelope*)

**IMPLEMENTATION PLAN FOR THIS PROJECT**

1. Brief write-up about the firm / company with details of their past experience in execution of similar Tele-ECG interpretation & Reporting projects and their **implementation strategy** for **this project:**

Note : Pl. highlight regarding how the system for ECG transmission, interpretation & reporting of ECGs at different locations (as mentioned at Section 3 – Clause 3.4) shall be established, timeline, and the operation modality and achievement of turn- around time etc.)

1. Proposed Model of **ECG Machine** for this project with reason:
2. Details regarding **IT based solution for ECG transmission & reporting**. Details of software and it functionalities to be elaborated:
3. Brief write up about proposed format of Dashboard:
4. Details of the pool of Experts on board with qualification (specialists) who are proposed for this project for ECG interpretation & tele-reporting

(use extra sheets as required to provide the detail information)

**Signature of Authorized Signatory**

**Name & Designation:**

**Date:**

**Place: Seal**

#### Format – T9

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

**Format for Power of Attorney for Signing of Proposal**

*(On a Stamp Paper of relevant value)*

**POWER OF ATTORNEY**

Know all persons by these presents, We (name and address of the registered office) do hereby constitute, appoint and authorize Mr / Ms…………………………………………………………………………………..(name and residential address) who is presently employed with us and holding the position of

…………………………………………….as our attorney, to do in our name and on our behalf, all such acts, deeds and things necessary in connection with or incidental to our bid for **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,** including signing and submission of all documents and providing information / responses to the bid, representing us in all matters before the tender inviting authority and generally dealing with District authority in all matters in connection with our bid for the said Project. We hereby agree to ratify all acts, deeds and things lawfully done by our said attorney pursuant to this Power of Attorney and that all acts, deeds and things done by our aforesaid attorney and shall always be deemed to have been done by us.

Dated this the day of 2020 For \_

(Name, Designation and Address)

Accepted

*Note:*

* 1. *To be executed by the Chief of the Firm.*

\_(Signature) (Name, Title and Address

of the Attorney) Date : \_

* 1. *The mode of execution of the Power of Attorney should be in accordance with the procedure, if any, laid down by the applicable law and the charter documents of the executant(s) and when it is so required the same should be under common seal affixed in accordance with the required procedure*.
  2. *In case an authorized Director of the firm signs the proposal, a certified copy of the appropriate resolution/ document conveying such authority may be enclosed in lieu of the Power of Attorney.*

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#### FORMAT T10

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

#### Format for Affidavit certifying that the firm is not blacklisted (On a Stamp Paper of relevant value)

**AFFIDAVIT**

I, M/s. (the name of the firm with address of the registered office) hereby certify and confirm that we are not debarred by Department of Health & FW, Govt. of Sikkim/ or any other entity of GoH or blacklisted by any state Government or Central Government / Department / Organization in India from participating in Tenders / Projects.

We further confirm that our proposal for the captioned Project would be liable for rejection in case any material misrepresentation is made or discovered at any stage of the Bidding Process or thereafter during the agreement period.

Dated this ……………………..Day of , 2020

Authorized Signatory/Signature [*In full and initials*]:

Name and Title of Signatory:

(Company Seal)

#### FORMAT T11

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

### Anti Collusion Certificate

We hereby certify and confirm that in the preparation and submission of our Proposal 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** under this RFP Reference No. , We have not acted in concert or in collusion with any other Bidder or other person(s) and also not done any act, deed or thing, which is or could be regarded as anti- competitive. We further confirm that we have not offered nor will offer any illegal gratification in cash or kind to any person or organization in connection with the instant proposal.

Dated this \_ Day of , 2020

Authorized Signatory/Signature [*In full and initials*]:

Name and Title of Signatory:

(Company Seal)

#### FORMAT T11(a)

**DECLARATION FORM**

I/We M/s.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ represented by its Proprietor / Managing Partner / Managing Director having its Registered Office at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

do hereby declare that I/We have carefully read all the conditions of tender

**NO........................………/2023 DATED ……………….** for supply of

**…………….** invited by the H & FW Department, Gangtok and accepts all conditions of Tender.

Signature of the Tenderer

Name in capital letters with Designation

**FORMATS**

## 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



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**Check List (Financial Proposal)**

Please check whether the following Forms have been enclosed in the respective cover, namely Cover

**B: Financial Proposal**

***(please arrange the documents serially in the following order)***

1. Format F1 Yes/No 
2. Format F2 Yes/No 

**(Company Seal)**

**FORMAT F-1**

(To be submitted with Financial Proposal envelop)

#### ACKNOWLEDGEMENT & FINANCIAL PROPOSAL

To

……….

………..

RFP Refrence no…………………. Dated:...........

##### 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

Dear Sir / Madam,

* 1. Having carefully examined all the parts of the RFP documents and having obtained all the requisite information affecting this proposal and being aware of all conditions and difficulties likely to affect the execution of the agreement, I/We hereby propose to implement the project as described in the RFP document in conformity with the conditions of agreement, technical aspects and the sums indicated in this financial proposal.
  2. I/We declare that we have read and understood and that we accept all clauses, conditions, and descriptions of the RFP document without any change, reservations and conditions.
  3. We undertake that our Proposal shall remain valid for 90 days after the date of bid opening for the purpose of bid evaluation / finalization of contract.
  4. Unless and until the formal agreement is signed, this offer together with your written acceptance thereof shall constitute a binding contract between me/us and the Tender Inviting Authority.
  5. We submit the Schedule of Rate as appended herewith. Encl: Schedule of Rate

Yours sincerely,

Authorized Signatory [*In full and initials*]: Name and Title of Signatory: Name of Firm:

(Company Seal

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**FORMAT F-2**

(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** | **Implementation of STEMI detection and management system at each health facility for 1 years** |  |  |  |

\*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.

Authorized Signatory [*In full and initials*]:

Name and Title of Signatory:

(Company Seal)

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