



JANAKPURI SUPER SPECIALITY HOSPITAL SOCIETY – JSSH

TENDER ENQUIRY DOCUMENT

For Provision of Dialysis Facility at JSSH on PPP Basis

Janakpuri Super Speciality Hospital Society – JSSH, New Delhi invites E- tender (two Bid System) for installation, operation & management of Hemodialysis Facility in the Department of Nephrology in the premises of Janakpuri Super Speciality Hospital. Reputed, experienced and financially sound organization interested in ‘Public Private Partnership’ model are invited to submit their offers through e-tender on terms and conditions given in the following document.

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SECTION – I

INTRODUCTION

This ‘Public Private Partnership’ shall represent the agreement between Janakpuri Super Specialty Hospital Society (JSSHS) (hereby ‘First Party’) and the Private Party (hereby ‘Second Party’), to be selected from the bidders, on the basis of a e-tender as per Government of Delhi specified procedure, for Installation and Post – Installation operation and management of the Hemodialysis facility at the premises of the Hospital for five years and further continued on yearly basis (till a total contract period of ten years; including initial five years) upon satisfactory performance and fulfillment of contract terms and conditions.

The term ‘First party’, JSSHS, Hospital, authority or purchaser have been used interchangeably in the document and represent to Janakpuri Super Specialty Hospital Society.

The term ‘Second Party’, Private Party, Selected Bidder or service provider have been used interchangeably in the document and represent to the bidder who would be successfully selected during the two stage bidding process.

It is anticipated that this arrangement will result in more efficient operations, improved utilization of resources and introduction of best in class dialysis facility in the hospital.

This arrangement of engaging private party through PPP mode is intended to provide a framework for establishing a cooperative and productive working relationship between the First party and the Second party.

Selection shall be done looking into overall merit of the project proposal and not on any single criteria alone. In nutshell, the First Party will provide the space for installation of the said facility and security only. Second party will provide High-level Clinical expertise and management (both as per pre-designated and mutually agreed upon terms & conditions), in order to achieve the under-mentioned ‘goals’ and ‘objectives’.

The project will be for period of initially 5 years, further continued on yearly basis (till a total contract period of ten years; including initial five years) upon satisfactory performance and mutual consent of both parties. Further the contract will be assessed on yearly basis for performance, quality and patient satisfaction. The first party has right to discontinue the services after issuing three month notice in case of deficiency of services.

SECTION – II

STATEMENT OF PURPOSE

In view of the exponential requirement of Hemodialysis services at the Hospital, provision of a state of the art Hemodialysis facility has become an essential component. The proposed Hemodialysis facility at the JSSHS, under a Public-Private Partnership Program (hereby 'PPP') will provide state of the art dialysis facility which can:-

- A. Provide quality dialysis care to patients suffering from Chronic Kidney Disease.
- B. Provide quality dialysis care to patients suffering from Acute Kidney Disease.
- C. To provide clinical training of dialysis to doctors, paramedical and nursing staff of the institute as and when required.

SECTION – III

NOTICE INVITING TENDERS (NIT)

JANAKPURI SUPER SPECIALITY HOSPITAL SOCIETY – JSSHS

Address: C – 2B, JANAKPURI, NEW DELHI – 110 058

URL: www.jsshs.org <https://govtprocurement.delhi.gov.in/>

Email: janakpurissh@gov.in

Phone: 011 – 2850 4100

NOTICE INVITING TENDERS

1. On behalf of the Director, Janakpuri Super Speciality Hospital Society, NCT of Delhi invites e-Tenders (online tenders) from eligible service providers for supply of services as given in Section-IV of this document for the period as per tender document.

2. Schedule of Events:

S. No.	Details	Scheduled Dates
1.	Date of release of advertisement of tenders through e-procurement web site & start date for downloading tenders	As per e-tender
2.	Date/Venue for Pre-Bid Meeting	As per e-tender
3.	Last Date & Time for downloading Tender Documents from e-Procurement web site	As per e-tender
4.	Last Date & Time for submission of online Tenders	As per e-tender
5.	Last Date & Time for submission of EMD, in physical form and original undertaking.	As per e-tender
6.	Date & Time of Opening of Tenders (Pre-Qualification / Technical Bids)	As per e-tender
7.	Date & Time of Opening of financial bid (tentative)	As per e-tender

3. Interested bidders may obtain further information about this requirement from the above office . Tender Enquiry Documents will be available at www.govtprocurement.delhi.gov.in or website of e-procurement Govt. of Delhi.
4. Bidder may also download the tender enquiry documents (a complete set of document is available on website) from the web site www.jsshs.org or <https://govtprocurement.delhi.gov.in/> and submit its tender by using the downloaded document. The tender paper will be rejected if the bidder changes any clause or Annexure of the bid document downloaded from the website.
5. All prospective bidders may attend the Pre Tender meeting. The venue, date and time are indicated in NIT of e-procurement site.

6. Bidders shall ensure that their tenders, complete in all respects, are dropped in the Tender Box located at (place to be inserted) on or before the closing date and time indicated as per NIT of e-procurement, failing which the tenders will be treated as late tender and rejected. The tenders sent by post/ courier must reach the above said address on or before the closing date & time indicated in Para 2 above, failing which the tenders will be treated as late tender and rejected.
7. In the event of any of the above mentioned dates being declared as a holiday/closed day for the hospital, the tenders will be received/opened on the next working day at the appointed time.
8. The Tender Enquiry Documents are not transferable.
9. All Tenders must be accompanied by EMD as mentioned earlier. Tenders without EMD shall be rejected.

The Director
Janakpuri Super Speciality Hospital Society – JSSHS

SECTION – IV

INSTRUCTIONS TO BIDDERS

1. General Instructions

- a) The bidder should prepare and submit its offer as per instructions given in this section.
- b) The tenders shall be complete with all documents. Those submitted by fax or by email with attachments shall not be considered.
- c) The tenders which are for only a portion of the components of the job /service shall not be accepted. (The tenders /bids should be for all components of the job /service.)
- d) The prices quoted shall be firm and shall include all applicable taxes and duties. This shall be quoted in the format as per attached Appendix ‘E’ only.
- e) The technical bid shall be submitted (with covering letter as per Appendix ‘C’ & ‘D’) before the last date of submission. Late tenders / bids shall not be considered.

2. Inspection of Site and Equipment

The interested bidder may inspect the locations where the services are to be rendered during 10.00 AM TO 3.00 PM on all working days till last date of sale of tender as given in the tender schedule. The Director, JSSHS shall not be liable for any expenditure incurred in such inspection or in the preparation of the bid(s).

3. Earnest Money Deposit (EMD)

- a) The tender shall be accompanied by Earnest Money Deposit (EMD) as specified in the Notice Inviting Tender (NIT) of Rs 5,00,000/-(Five lakh) in the shape of FDR / Bankers Guarantee from any Schedule Bank in favour of < Director, JSSHS > payable at <New Delhi, for period of One year from last date of submission of tender.
- b) It may be noted that no tendering entity is exempt from deposit of EMD. Tenders submitted without EMD shall be rejected.
- c) The EMD of unsuccessful bidder will be returned to them without any interest, after conclusion of the resultant contract. The EMD of the successful bidder will be returned without any interest, after receipt of performance security as per the terms of contract.
- d) EMD of a bidder may be forfeited without prejudice to other rights of the hospital, if the bidder withdraws or amends its tender or impairs or derogates from the tender in any respect within the period of validity of its tender or if it comes to notice that the information /documents furnished in its tender is incorrect, false, misleading or forged. In addition to the aforesaid grounds, the successful bidders’ EMD will also be forfeited without prejudice to

other rights of hospital, if it fails to furnish the required performance security within the specified period.

4. Preparation of Tender

The bids shall be made in TWO step procedure i.e. PQ/Technical Bid and Financial Bid.

a) PQ/Technical Bid:

- i. Scanned copies of all documents required for Technical bid must be uploaded on e-Procurement site and hard copies and EMD amount must be submitted to the purchaser's office before the closing date & time of submission of E-Bid tender failing which the tender shall be rejected straight away.
- ii. The envelope containing technical bid shall be sealed and marked in bold letter as "PRE-QUALIFICATION & TECHNICAL BID" which shall be sent along with forwarding letter ("Appendix-D") and shall include the following:
 - * E.M.D.in form of FDR/ Banker's gurantee.
 - * Original tender document duly stamped and signed in each page along with the Forwarding Letter confirming the performing the assignment as per "Appendix D".
 - * Particulars of the bidder as per "Appendix-C"
 - * Copy of the Income Tax Returns acknowledgement for last three financial years.
 - * Copy of audited accounts statement for the last three financial years.
 - * Power of attorney in favour of signatory to tender documents .
 - * Copy of the certificate of registration of GST with the appropriate authority valid as on date of submission of tender documents.
 - * A duly notarized declaration from the bidder in the format given in the "Appendix-G" to the effect that the firm has neither been declared as defaulter or black-listed by any competent authority of Government of India OR Government of any State.
 - * A letter unconditionally agreeing to all the terms and conditions of the tender.

In addition to the above documents,

- i. The tender of the Authorized Agent shall include the manufacturer's authorization letter as per perform given in "Appendix -A".
- ii. The tender of others (i.e. those who are neither manufactures nor authorized agents) shall include a statement regarding similar services performed by them in last three years and

user's certificate minimum three regarding satisfactory completion of such jobs as per proforma given in "Appendix -B".

b) Financial Bid:

- i. The financial bid must be uploaded on e-Procurement website only. NO HARD COPIES TO BE SUBMITTED FOR FINANCIAL BID. The Bidder must upload their financial bids in Indian Currency only (INR). Prices shall be inclusive of all taxes & duties and quoted in the proforma enclosed at "Appendix E" as per scope of work / service to be rendered.

2. Tender Validity Period and renewal of contract

The tender shall remain valid for 5 years for acceptance and the prices quoted shall remain for the duration of the contract or till DGEHS/CGHS revises the rates for the said procedures whichever is earlier. The contract may be extended for another term based on review of performance and with mutual consent.

3. Tender Submission

The two envelopes containing PQ/ Technical bid shall be put in a bigger envelope, which shall be sealed and superscripted with "TENDER NO <Insert Tender No.> due for opening on<Insert due date for Opening>".

The offer shall contain no interlineations or overwriting except as necessary to correct errors, in which cases such correction must be initialed by the person or persons signing the tender. In case of discrepancy in the quoted prices, the price written in words will be taken as valid.

4. Opening of Tenders

The technical bid will be opened at the time & date specified in the schedule. The bidders may attend the bid opening if they so desire.

SECTION – V

EVALUATION OF TENDERS

1. Scrutiny of Tenders

1. The tenders will be scrutinized by the selection committee appointed by the authority to determine whether they are complete and meet the essential and important requirements, conditions and whether the bidder is eligible and qualified as per criteria laid down in the Tender Enquiry Documents. The bids, which do not meet the aforesaid requirements, are liable to be treated as non-responsive and may be ignored. The decision of the purchaser as to whether the bidder is eligible and qualified or not and whether the bid is responsive or not shall be final and binding on the bidders. Financial bids of only those bidders, who qualify on technical bid, will be considered and opened.

2. Infirmary / Non-Conformity

The purchaser may waive minor infirmity and/or non-conformity in a tender, provided it does not constitute any material deviation. The decision of the purchaser as to whether the deviation is material or not, shall be final and binding on the bidders.

3. Bid Clarification

Wherever necessary, the purchaser may, at its discretion, seek clarification from the bidders seeking response by a specified date. If no response is received by this date, the purchaser shall evaluate the offer as per available information.

SECTION – VI

SCOPE OF THE WORK

The Service Provider shall be responsible for operationalization of Dialysis facility at JSSHS for providing quality dialysis treatment to the patients referred by Nephrology department of the Hospital. The selected bidder shall be responsible for the following tasks under the project:

1. Adequate built up space for installation of Hemodialysis Unit would be provided by the first party in the premises of Hospital. Initially there will be provision for Ten Sero Negative Machines, Three seropositive Machines, which will be increased in future on availability as the number of dialysis treatment increases.
2. The Service Provider shall be responsible of designing, redesigning, renovation of the dialysis unit space provided to them by the Hospital as per specifications in Appendix-K.
3. The space with all the renovations, modifications by the second party shall remain the property of the first party, after expiry of agreement/MOU period. All expenses on account of electricity, maintenance of premises and the equipment or any other expenses incurred in day to day running of Hemodialysis Unit shall be borne by the Service Provider.
4. Ownership status of all movable assets created from the investments made by the Service Provider shall remain with the Service Provider.
5. The security arrangement and cleanliness of the equipment & house-keeping of the facility shall be sole responsibility of the service provider.
6. The service provider shall be responsible for payment of electricity & water charges to the Hospital on actual basis.
7. Setting up of Hemodialysis in the designated area as per the specification provided in Technical Specification. The dialysis unit shall be made functional within 60 days from the date of signing of the contract. Failing which a penalty of INR 2,000 shall be levied for each delayed day for a maximum of 30 days. Upon delay beyond 30 days, the order would stand automatically canceled and security deposit shall stand forfeited.
8. Equipping dialysis unit state of the art hemodialysis machines and other required equipment as listed below as per requirement :-
 - a. Hemodialysis Machines
 - b. Hemodialysis Full Fowler Beds
 - c. Dialysis Water treatment Unit
 - d. Cardiac Multipara Monitors
 - e. Dialysis Clinic Management Software
 - f. Oxygen Concentrator

- g. Cardiac Defibrillator with ECG
Detailed list of equipment along with their technical specifications, which the successful bidder need to be install in the dialysis unit have been provided in Appendix-I.
9. The bidder shall provide brochures of the dialysis machines, Monitors, Cardiac Defibrillator, clinic management software, with the technical specifications .
 10. Provide trained and experienced manpower for conducting dialysis treatment and to manage operations of the dialysis clinic. A list of complete manpower requirement along with minimum qualification has been provided in Appendix-J.
 11. The Dialysis clinic shall run on 6 days of the week (Monday – Saturday) excluding gazetted holidays. During the week days the dialysis clinic shall run for minimum of 3 shifts (Initially for single shift. Multiple shifts will be started as per the expansion of hospital services).
 12. The Service provider shall provide 24x7 emergency dialysis services to the patients needing emergency dialysis, on instructions of the hospital and should have provision for emergency management of patient from their side .The coordination for serious patient management and handling will be done by second party, till hospital have their own emergency services.
 13. In case of emergencies the service provider shall make provision to provide dialysis in emergency ward/ICU/HDU of the hospital under the guidance of the Nephrologists/Doctors appointed by service provider.
 14. The Hospital is in process of obtaining NABH accreditation and the service provider shall have to comply with all the NABH requirements. The Hospital may ask the service provider to get Primary/Basic NABH accreditation qualification preferably within 8-9 months.
 15. The Hemodialysis unit and the clinical staff shall be equipped to provide following therapies in the dialysis unit:
 - a. Conventional Hemodialysis
 - b. Hemodiafiltration
 - c. Hemofiltration
 - d. SLED.
 - e. Creation of Temporary Vascular Access (USG guided if required) like Femoral Vein Catheterization and Internal Jugular Vein Catheterization.
 16. The Service Provider shall time to time, on instructions of Hospital, arrange training programs and observation visits for the clinical staff and doctors of the Hospital for training purposes.
 17. The Service Provider shall ensure efficient and smooth functioning of the dialysis unit at all times and provide sufficient qualified manpower for the same (Minimum requirements are mentioned in Appendix-J).
 18. The Service provider shall install hemodialysis clinic management software.

19. The Service provider shall be responsible for recording clinical data of all the dialysis treatments which shall be presented with analysis to the Hospital on Monthly basis (As per Appendix-H).
20. The Ownership of the clinical data shall remain with The Hospital and the service provider shall be a custodian of the clinical data collected during the project period.
21. The Service Provider shall provide all the consumables whatsoever as required in the advised treatment procedure and shall not charge anything extra to the patient. The service provider must issue
22. The service provider will have to procure a suitable stand-by source of power (UPS backup for RO Plant and Hemodialysis Unit), capable of catering the power requirement of Hemodialysis unit with all accessories and facility as such, so that services remain available un-interrupted.
23. At all instances, where the identity of the facility is concerned, the name of the department and Hospital shall precede that of the Service Provider will not advertise and promote the company/firm nor use any such advertisement material in hospital.
24. The service provider should preferably provide one Nephrologist for the dialysis patient for their proper management and treatment. It will be discretion of the service provider for appointment of Nephrologist on regular or on call basis but, the patient management should not suffer. All the liabilities and legal entities regarding the Nephrologist services will be borne by the service provider.

SECTION – VII

ROLE OF HOSPITAL

The Hospital shall have following role and responsibilities during the period of contract:-

1. The Hospital shall provide required space to the Service Provider to make a state of the art dialysis unit along with all required areas and a water availability on the same floor of the dialysis unit.
2. The Hospital shall provide uninterrupted water supply to the dialysis unit but the separate sub-meter will be installed for same.
3. The Hospital shall provide electricity connection till the door step of the dialysis unit, which shall further be extended by the service provider within the dialysis unit as per their requirement with separate electric sub-meter for same.
4. The Hospital shall identify and provide approval to the service provider to provide dialysis to identified patients. The service provider will not treat any outside/non registered hospital patient.

SECTION – VIII

ELIGIBILITY CRITERIA

1. 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 partner.. A bidder cannot bid as a sole provider as well as a partner in a consortium. No bidder can place more than one bid in any form. In support of this, the bidder’s letter shall be submitted as per proforma in Appendix ‘A’. The Service provider should be registered as a legal entity.
2. The Bidder shall have a minimum of three years of experience in carrying out similar type of assignment / service in private or public sector. In support of this, a statement regarding assignments of similar nature successfully completed during last three years should be submitted as per proforma in ‘Appendix B’. Users’ certificates regarding satisfactory completion of assignments should also be submitted. The assignment of Govt. Depts. / Semi Govt. Depts. should be specifically brought out. (The decision of the hospital as to whether the assignment is similar or not and whether the bidders possess adequate experience or not, shall be final and binding on the bidders.)
3. Operated & managed dialysis facilities, having at least a total of 15 Hemodialysis machines.
4. The above experience could be demonstrated by the single bidder or the lead member of the consortium. In case of consortium bidding, aggregate financial turnover of only those members of consortium would be considered who qualify the technical eligibility independently.
5. The facilities should have operational Hemodialysis facility for at least 3 years prior to the submission date.
6. The Bidders must not presently or in-past have been Blacklisted/Debarred by the Purchaser; or by any State Governments or its organizations; or by Govt. of India or its organizations.
7. The bidder shall declare all ongoing litigations it is involved in with any government agency/state/central department as on bid submission date.
8. The bidder should not have been convicted/charge-sheeted in any criminal case in respect to the nature of work involved in the contract with any of the State Government or Union Government or any public institution for any quality or other reason against patient welfare. The bidder should not have been indicted / charge/ penalized financially on account of non- performance or poor performance by any Govt. institution/ PSU / autonomous body. JSSHS shall have power to cancel the bid or/and terminate the agreement on discovery of such facts at any time.
9. The principal bidder/lead partner shall have an average turnover of INR One Crores per annum in last three financial years.
10. In case of audited financials not being available for the last completed financial year, CA

certified provisional financials should be provided.

11. The principal bidder/lead partner shall be legally responsible and shall represent all consortium members, if any, in all legal matters.

SECTION – IX

TERMS AND CONDITIONS

1. Signing of Contract

The purchaser shall issue the Notice for Award of Contract to the successful bidder within the bid validity period. And the successful bidder will be required to sign and submit the contract unconditionally within 15 days of receipt of such communication.

2. Modification to Contract

The contract when executed by the parties shall constitute the entire contract between the parties in connection with the jobs / services and shall be binding upon the parties.

Modification, if any, to the contract shall be in writing and with the consent of the parties.

3. Performance Security

- a) The successful bidder shall furnish a performance security in the shape of a Bank Guarantee/FDR issued by a Nationalized Bank in favour of Tender Inviting Authority for an amount equal to INR Twenty Five Lakh (Rs.25,00,000/-). The Bank guarantee /FDR shall be as per proforma at “Appendix F” and remain valid for a period, which is six months beyond the date of expiry of the contract. This shall be submitted within 30 days of receiving of Notice for Award of Contract, failing which the EMD may be forfeited and the contract may be canceled.
- b) If the firm / contractor violate any of the terms and conditions of contract, the Performance Security shall be liable for forfeiture, wholly or partly, as decided by the Purchaser and the contract may also be canceled.
- c) The Purchaser will release the Performance Security without any interest to the firm / contractor on successful completion of contractual obligations.

4. Compliance of Minimum Wages Act and other statutory requirements

The bidder shall comply with all the provisions of Minimum Wages Act and other applicable labour laws. The bidder shall also comply with all other statutory provision including but not limited to provisions regarding medical education and eligibility criteria of human resources used by the bidder for providing the services, biomedical waste management, bio-safety, occupational and environmental safety.

Legal liability of the services provided by the bidder shall remain with the service provider but in case of any death the certificate shall be issued by the government doctor. The Service provider shall maintain confidentiality of medical records and shall make adequate arrangement for cyber security.

5. Income Tax Deduction at Source

Income tax deduction at source shall be made at the prescribed rates from the bidder's bills. The deducted amount will be reflected in the requisite Form, which will be issued at the end of the financial year.

6. Periodicity of Payment

The payment will be made on monthly basis.. The bidder will raise its invoice on completion of services during this period duly accompanied by evidences and satisfactory performance of services provided. The payment will be subject to TDS as per Income Tax Rules and other statutory deductions as per applicable laws.

7. Damages for Mishap/Injury

The purchaser shall not be responsible for damages of any kind or for any mishap/untoward injury/accident caused to any personnel/property of the bidder while performing duty in the purchaser's / consignee's premises. All liabilities, legal or monetary, arising in that eventuality shall be borne by service provider.

8. Termination of Contract

The hospital may terminate the contract, if the successful bidder withdraws its tender after its acceptance or fails to submit the required Performance Securities for the initial contract and or fails to fulfill any other contractual obligations. In that event, the hospital will have the right to purchase the services from next eligible bidder and the extra expenditure on this account shall be recoverable from the defaulter. The earnest money and the performance security deposited by the defaulter shall also be recovered to pay the balance amount of extra expenditure incurred by the hospital.

9. Arbitration

- a) If dispute or difference of any kind shall arise between the purchaser 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.
- b) If the parties fail to resolve their dispute or difference by such mutual consultations within thirty days of commencement of consultations, then either the purchaser or the service provider may give notice to the other party of its intention to commence arbitration, as hereinafter provided. The applicable arbitration procedure will be as per the Arbitration and Conciliation Act, 1996 of India. In that event, the dispute or difference shall be referred to the sole arbitration of an officer to be appointed by the Director, JSSHS as the arbitrator. If the arbitrator to whom the matter is initially referred is transferred or vacates his office or is unable to act for any reason, he / she shall be replaced by another person appointed by The

Director, JSSHS to act as Arbitrator. Such person shall be entitled to proceed with the matter from the stage at which it was left by his predecessor.

- c) Work under the contract shall, notwithstanding the existence of any such dispute or difference, continue during arbitration proceedings and no payment due or payable by the Purchaser or the service provider shall be withheld on account of such proceedings unless such payments are the direct subject of the arbitration.
- d) Reference to arbitration shall be a condition precedent to any other action at law.

10. Applicable Law and Jurisdiction of Court:

The contract shall be governed by and interpreted in accordance with the laws of India for the time being in force. The Court located at the place of issue of contract shall have jurisdiction to decide any dispute arising out of in respect of the contract. It is specifically agreed that no other Court shall have jurisdiction in the matter.

11. Other Terms & Conditions

- a) The Project will be awarded initially for a period of 5 years and the Service Provider will be obliged to establish, manage and operate the Project in accordance with the provisions of a Contract Agreement and terms and conditions therein. It could be cancelled at any time after providing an opportunity of hearing by the Authority, in case the contractor does not follow the rules, regulations and terms and condition of the contract.
- b) The Authority will provide the required space, for establishing the Project.
- c) New Installation & continuation: The service provider shall commission the Dialysis facility within 60 days of the signing of the contract by both parties. In case of continuation of the service provider for the subsequent contract period, this time period shall not be valid.
- d) Technology Up gradation: The machine shall be suitably upgraded by the service provider under following conditions:
 - (i) Review by a board appointed by JSSH Authority upon assessing the need for a technology up gradation.
 - (ii) Upon declaration of any national or international guideline accepted by the Government prohibiting the use of earlier (currently installed) technology.
- e) All the pre-requisites such as civil, electrical, air-conditioning, computer or any other changes in the site for installation of machine will be executed by the service provider at its own cost, with due permission of the hospital. The hospital administration will not be responsible for any loss/ damage to the machine/property due to natural hazard and service provider will take adequate insurance cover at his own risk & liability for all damages arising out due to any

unprecedented reasons. The service provider shall provide round the clock security services for the Dialysis facility at its own cost for the entire period of contract. The contract and terms thereof shall be governed by indemnification clause.

- f) All expenses on account of man power, electricity, water and other maintenance of premises and the machine, sanitation ,security or any other expenses incurred in the day to day running of the machine shall be borne by the provider.
- g) The service provider shall provide for storage of soft copy and hard copy of all records at the Hospital at its own cost. In case of change of service provider for any reason, the stored data must be transferred to the new provider for continuation of storage.
- h) Monitoring & Reporting:
 - (i) The service provider shall provide fortnightly and monthly reports on number of treatments, new patients registered on approval of Hospital, treatments outcomes (Kt/v), complications specific to treatments etc. to the Hospital in desired and mutually finalized formats.
 - (ii) The Hospital shall have right to all inspect the dialysis unit, clinic records, staff registers etc. from time to time at its own discretion.
 - (iii)The service provider shall from time to time conduct patient satisfaction surveys as mutually decided and submit reports of the surveys to the hospital.
 - (iv)The JSSHS may appoint an auditor to access the treatment quality and provide report to the Hospital .
- i) Review of performance and observance of terms & conditions shall be carried out by a committee which shall include The Director, JSSHS and other members nominated by the Director. The report of this review shall form the basis for extension of the contract annually within the contract period.
- j) The service provider will have to maintain an uptime of 95% with maximum 7 days of downtime at a stretch of any single dialysis machine of the facility. In case the service provider fails to do so, the provider shall pay a sum equivalent to cost of a single dialysis multiplied by total number of dialysis done per day during the given month, for each day of shutdown beyond 7 days Contractor shall make alternative arrangements for provision of dialysis (including free transportation of patients) in case the machine is out of order/ broken down. The rates at which the Authority has engaged the service provider shall not change in any case subject to change in CGHS/DGEHS rates and policy.
- k) JSSHS shall make payment to the service provider for its services on monthly basis through ECS for all invoices raised for the previous month..

- l) A no-fee receipt shall be provided by the service provider to every patient. A copy of all such receipts shall be submitted on a weekly basis by the service provider to the Designated Hospital Authority. This will form the basis of monthly payment by purchasing authority to the service provider for the said services. Advertisement of No Fee charges to be displayed in Dialysis unit and other parts of hospital with consultation with JSSHS.
- m) The following records shall be maintained on a daily basis by the service provider:
 - (i) Daily patients register including OPD as well as for indoor patients referred by the Hospital to be separately maintained. Online daily data to be submitted to JSSHS.
 - (ii) Log book for record of any breakdown/shut down of the machine/facility.
- n) The service provider shall not sell or transfer any proprietary right or entrust to any other third party for running the facility.
- o) The service provider shall take a third party insurance policy to cover the patients sent by the Hospital against any mishap during patient transport, inside the dialysis facility and for consequences arising due to reporting error. Conforming to the provision of the consumer protection act shall be the sole and absolute responsibility/liability of the service provider.
- p) After closure of the contract agreement between the service provider and the authority, the service provider shall vacate the space occupied, within a period of 15 days.
- q) The service provider shall provide a resuscitation facilities with crash cart for providing lifesaving support if required by patients within the dialysis facility.
- r) Service provider shall arrange for appropriate and adequate signage and IEC (Information-education-communication) activities for facility as decided by the hospital.
- s) The service provider shall abide by all the guidelines issued by the Authority and statutory bodies. In case of violation the contract could be terminated after providing an opportunity of hearing to the contractor, at three months' notice. Dispute resolution shall be as per arbitration clause given in the contract..
- t) The service provider shall be obligated to provide 24X7 (round the clock) dialysis services, if required to meet the work load ensuring that no patient has a wait time of more than 24 hours from the scheduled dialysis session.

The Director
Janakpuri Super Speciality Hospital – JSSHS
Janakpuri, New Delhi

APPENDIX - A

BIDDER’S AUTHORIZATION LETTER

(To be submitted by authorized customer)

To,
The Director,
Janakpuri Super Speciality Hospital Society,
C2 – B, Janakpuri
New Delhi – 110 058

Ref. Your TE document No.-----, dated-----

Dear Sirs,

We,..... are the suppliers of -----
----- (name of services(s) and hereby conform that;

1. Messrs ----- (name and address of the customer) is our authorized agents for -----
2. Messrs ----- (name and address of the agent) have fully trained and experienced service personnel to provide the said services.

Yours faithfully,

[Signature with date, name and designation]

For and on behalf of Messrs _____
[Name & Address of the Manufacturers]

Note:

1. This letter of authorization should be on the letterhead of the manufacturing firm and should be signed by a top executive of the manufacturing firm.
2. Original letter shall be attached to the tender.

APPENDIX - B

ASSIGNMENT OF SIMILAR NATURE SUCCESSFULLY COMPLETED DURING LAST THREE YEARS/PERFORMANCE CERTIFICATE

1. Attach users' certificates (in original) regarding minimum three satisfactory completions of assignments (Submitted by authorized customer)

Sr. No.	Assignment contract No. & Date	Description of work/services provided	Number of functional units/machine installed for the contract.	Date of commencement	Date of completion	Was assignment satisfactorily completed	Address of organization with Phone No. & e-mail where assignment done
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Note: Attach extra sheet for above Performa if required.

Signature.....

Name

APPENDIX - C

PARTICULARS OF THE BIDDER'S COMPANY

(To be submitted by all bidders)

1. Name :
2. Registered Address
3. Phone/Fax/Mail id
4. Type of Organisation : P r o p . / P a r t n e r s h i p / C o m p a n y / Consortium/Trust/ Not for Profit Organization
5. Address of Service centres in the region:
 - (a) Total No. of services personnel at the existing centres:
 - (b) Total No. of locations where organization currently has centres:
6. Number of service personnel:

Name	Qualification	Experience

7. Whether the bidder has NABL/NABH/ISO or any other accreditation?
(If yes/ whether documents attached with technical bid).
8. Registration. Nos.:
 - (a) EPF
 - (b) ESI
 - (c) GST
 - (d) PAN No.
 - (e) Audited Accounts statement for past three financial years
 - (f) Copy of income tax returns for past three financial years
 - (g) Experience certificate of Bidder regarding existing Dialysis services
9. Brief write-up about the firm/company. (use extra sheet if necessary)

Signature of Bidders

Date:

Place:

Name:

Office Seal:

APPENDIX - D

FORWARDING LETTER FOR TECHNICAL BID

(To be submitted by all bidders in their letterhead)

Date:.....

To,
The Director,
Janakpuri Super Speciality Hospital Society,
C2 – B, Janakpuri
New Delhi – 110 058

Sub: Tender for supply of services of Dialysis in PPP mode.

Sir,

We are submitting, herewith our tender for providing Dialysis services for your esteemed hospital.

We are enclosing Receipt No..... of FDR/Bank Gaurtantee.

No.....,Dated.....(amount.....) towards Earnest Money
Deposit (EMD), drawn on..... Bank in favour of The Director, Janakpuri Super
Speciality Hospital – JSSHS..

We agree to accept all the terms and condition stipulated in your tender enquiry. We also agree to submit
Performance Security as per Clause No.3 of Section IX of Tender Enquiry document.

4. We agree to keep our offer valid for the period for the period stipulated in your tender enquiry.

Enclosures:

- 1.
- 2.
- 3.

Signature of the Bidder.....

Seal of the Bidder.....

APPENDIX - E

FINANCIAL BID

We hereby agree to provide (In Numbers) percentage discount on DGEHS/CGHS approved rates on under-mentioned procedures to be carried out under the PPP project as mentioned in the tender document.

We hereby agree to provide (In Words) percentage discount on DGEHS/CGHS approved rates on under-mentioned procedures to be carried out under the PPP project as mentioned in the tender document.

In case of any typing mistake or errors quotation mentioned in words shall be considered as final.

Name.....

Signature.....

Company Seal.....

APPENDIX - F

PROFORMA FOR BANK GUARANTEE

To
The Director,
Janakpuri Super Speciality Hospital Society,
C2 – B, Janakpuri
New Delhi – 110 058

WHEREAS.....(Name and address of the Service Provider)
(Hereinafter called “ the Service provider” has undertaken, in pursuance of contract No..... dated
..... (Herein after “the contract”) to provided Dialysis services. AND WHEREAS it has been
stipulated by you in the said contract that the service provider shall furnish you with a bank guarantee by a
scheduled commercial bank recognized by you for the sum specified therein as security for compliance with its
obligations in accordance with the contract;

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

NOW THEREFORE we hereby affirm that we are guarantors and responsible to you, on behalf of the service
provider, up to a total of Rs.25,00,000/- (Rupees TWENTY FIVE LAKH ONLY), and we undertake to pay you,
upon your first written demand declaring the service provider to be in default under the contract and without cavil
or argument, any sum or sums within the limits of Rs.25,00,000/- (Rupees TWENTY FIVE LAKH ONLY) as
aforesaid, without your needing to prove or to show grounds or reasons for your demand or the sum specified
therein.

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

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

This guarantee shall be valid up to 6 months after the contract termination date(indicate date)

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

Name and designation of the officer
.....

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

APPENDIX - G

DECLARATION BY BIDDER

I / We agree that we shall keep our price valid for a period of five years or further extensions by JSSHS from the date of approval or till DGEHS/CGHS revises the rates for the said procedures whichever is earlier. I / We will abide by all the terms & conditions set forth in the tender documents No. /

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

Signature of the bidder:

Date :

Name & Address of the Firm:

Affidavit before Executive Magistrate / Notary Public in Rs.100.00 stamp paper.

APPENDIX - H

RECORDS FOR PROCEDURE

Dialysis center shall maintain a record system to provide readily available information on:

1. Patient care
 - a. Dialysis charts
 - b. Standing order for hemodialysis – updated quarterly
 - c. Physician’s order
 - d. Completed consent form
 - e. Patient’s monitoring sheet
 - f. Standing order for medication
 - g. Laboratory results
 - h. Confinements with corresponding date and name of hospital
 - i. History and physical examination
 - j. Complication list
 - k. Transfer/referral slip (for patients that will be transferred or referred to another health facility)
2. Incident and accident (in logbooks)
 - a. Complications related to dialysis procedure
 - b. Complications related to vascular access
 - c. Complications related to disease process
 - d. Dialysis adequacy of patients on thrice weekly treatments
 - e. Outcomes
 - f. Staff/patient’s hepatitis status
3. Staff and patient vaccination and antibody titer status as applicable
 - a. Hepatitis B (double dose) – 0, 1,2,6 months
 - b. Influenza – annually
 - c. Pneumococcal – every 5 years
4. Water treatment
 - a. Bacteriological
 - b. Endotoxin
 - c. Chemical
5. Facility and equipment maintenance schedule
 - a. Preventive maintenance
 - b. Corrective measures

APPENDIX - I

EQUIPMENT LIST

Emergency equipment: The following equipment as per required quantity should be provided by the service provider and all equipments should be new in every aspect not refurbished ones.

S. No.	Name of Equipment
1.	Resuscitation equipment including Laryngoscope, endotracheal tubes, suction equipment, xylocaine spray, oropharyngeal and nasopharyngeal airways, Ambu Bag-Adult & Paediatric (neonatal if indicated). All these items must be installed on a Crash Cart – SS
2.	Oxygen cylinders with flow meter/ tubing/catheter/face mask/nasalprongs
3.	Suction Apparatus
4.	Defibrillator with accessories
5.	Equipment for dressing/bandaging/suturing
6.	Basic diagnostic equipment- Blood Pressure Apparatus, Stethoscope, weighing machine, thermometer, height meter
7.	ECG Machine
8.	Pulse Oximeter
9.	Nebulizer with accessories
10.	Dialyzer reprocessing unit
11.	ACT machine
12.	Multi para monitors
13.	Vein finder
14.	All required consumables for adult and pediatric patients

Other necessary equipments (Service provided is free to add into the lists as required):

S. No.	Name of Equipment
1.	Fowler Beds
2.	Stretcher – Simple with oxygen cylinder case below
3.	Wheelchairs
4.	Dressing Trolleys
5.	Cardiac Table – L Shape
6.	Dressing Trays with Instruments– SS (like Kidney trays, Artery forceps, toothed forceps, needle holders etc.)
7.	Colour coded dustbins for BMW management along with sharps containers. Bed side dustbins for bed side waste management.
8.	Bed pans
9.	Linen bucket
10.	Computer systems, TV Sets, UPS
11.	Waiting area as designated by hospital authorities to be developed by service provider which should include furniture, Audiovisual, tea/coffee dispenser etc in consultation with JSSHS.

APPENDIX - J

MINIMUM STAFF REQUIREMENT

It is recommended to have the following minimum standards and staffing pattern for the Dialysis unit.

S.No.	Designation	Qualification	Number required (per shift)
1.	Center Manager	Any graduate with PG Diploma in Finance / Materials Management / Marketing Management / CA with experience of 3 years in managing contracts / procurement functions / project management (dialysis unit experience preferable)	1 (One)
2.	Dialysis Technician (Senior)	Have passed at least two year certificate course in dialysis technique (after 12th standard) certified by a Govt. Authority with minimum 5 years' experience of working in recognized/registered private hospital or Govt. hospital (experience certificate from concerned hospital and recommendation letter from concerned nephrologist)	1 (One) for every 10 machines
3.	Dialysis Technician (Junior)	Have passed at least two year certificate course in dialysis technique (after 12th standard) certified by a Govt. authority with minimum 6 months working experience in recognized/registered private hospital or Govt. hospital (experience certificate from concerned hospital and recommendation letter from concerned nephrologist)	a) 1 (One) for every 5 machines sero-negative machines b) 1 (One) for every 3 sero-positive machines
4.	Staff Nurse	GNM/B.Sc. Nursing from recognized institute. Should be registered with the local Nursing Council. (1 year exposure in dialysis unit preferred)	1 (One) for every 5 machines
5.	Sweeper/Ward Boys	Must have passed Matriculation or equivalent exam with a recognized board	1 (One) for every 5 machines
6.	Duty Doctor	MBBS or equivalent qualifications, registered with DMC and at least 3-6 months experience in ICU/CCU/Dialysis Unit	1 (One) for every 10 machines
7.	Consultant Nephrologist	DM/DNB Nephrology or MD Medicine with at least 3 years experience in Nephrology Department in a recognized institute.	Unit In-charge

APPENDIX - K

Technical Bidding Format

S.No.	Document To be Attached	Yes/No
1	EMD Draft	
2	Qualification Documents	
	Audited Balance sheet and Profit & Loss account for FY 2013-16	
	1. Certificate of Incorporation showing existence of bidder for last 3 years as on 31 st march 2017	
	2. Installation reports and bills of 40 machines installed before 31 st March 2017.	
	3. Declaration of Non-Blacklisted as per Non-Blacklist clause.	
	4. Completion and Satisfaction certificate of all the projects where the bidder has been awarded dialysis PPP Projects.	
3.	Technical Specification checklist along with Brochures of Hemodialysis Machines, Dialysis WTU, Dialyzer Re-processor - qualifying technical specification provided in the tender.	
4.	Letter unconditionally agreeing to all the terms and conditions of the tender.	

Along with above documents the bidder shall provide below documents together in PQ/Technical bid:-

1. Self - Attested copy of certificate of incorporation, issued by appropriate authority registration certificate of partnership firm/limited liability partnership (LLP).
2. Self - attested copy of the PAN allotment.
3. Self - attested copy of GST number.
4. Self- attested copies of any quality certification held.Eg.ISO.
5. Status whether Proprietary/Partnership firm/Pvt.Ltd.etc.
6. List & addresses along with contact landline and mobile phone no.of Partners/ Directors/proprietors.
7. Name, address and contact no.of the auditors of company/firm/LLP.
8. Solvency certificate issued by the banker of the firm/company/LLP.
9. Copy of resolution of Board of Directors / Partners expressing interest to bid in present project.
10. Details of existing other business / PPP of the firm on the letter head.
11. Memorandum and Articles of Association / Partnership agreement related to the party.
12. Name, address / phone no. of Authorized Signatory with written approval of the board / partner of bidding firm.
13. Attested copy of audited balance sheet and profit and loss account in support of annual turnover of the last three years preceding the year of commissioning i.e. 2013-14, 2014- 15, 2015-16.
14. Details of experience :a) Date of establishing Hemodialysis centre, with total no. years of operation,

APPENDIX - L

Procedures to be undertaken in Dialysis Unit for which rate in discount percentage to be given..

1. Hemodialysis for Sero negative cases
2. Hemodialysis for Sero Positive cases (Single Use Dialyzer)
3. Sustained low efficiency hemodialysis
4. Continuous Veno venous/Arteriovenous Hemofiltration
5. Jugular Catheterization for Haemodialysis
6. Subclavian Catheterization for Haemodialysis
7. One sided (single Lumen) Femoral Catheterization for Haemodialysis
8. Bilateral (single Lumen) Femoral Catheterization for Haemodialysis
9. Double Lumen Femoral Catheterization for Haemodialysis
10. Single lumen Jugular Catheterization
11. Single lumen Sub-clavian Catheterization

APPENDIX - M

DIALYSIS UNIT, MACHINE & ASSOCIATED SYSTEMS

A. DIALYSIS UNIT SPECIFICATIONS/REQUIREMENT

The dialysis unit shall have below mentioned components/areas:-

- (a) Treatment Area
- (b) Isolation treatment area for Sero-Positive patients
- (c) Nursing Station – Separate Nursing Station shall be provided for Sero-positive and Sero-negative areas.
- (d) Dialysis unit Reception
- (e) Dirty Utility
- (f) Clean Utility/Store Room
- (g) Dialysis RO room
- (h) Dialyzer Re-processor Room
- (i) Bicarb mixing room
- (j) Autoclave room
- (k) Staff room cum change area
- (l) Minor procedure area
- (m) Doctor's consultation chamber
- (n) Patient/Attendant waiting area

B. TREATMENT AREA:

The Service Provider will be made available with the space for setting up the Hemodialysis unit and water at the input of the Space. The Second Party will provide the internal connections for electricity as well as Water –Treated as well as Non Treated. The service provider will have to bear all the cost for Electricity connection as well as its consumption.

The Hemodialysis area will have following features:

- (a) Areas for dialyzing seropositive should be separated from seronegative patients. These spaces would have independent drainage, independent water supply, independent air handling and separate personnel facilities.
- (b) Air conditioning to achieve 70 degree F to 72 degree F temperatures and 55 to 60% humidity. Each machine area should be easily observed from the nursing station which will be included in this area.
- (c) Facilities for non invasive blood pressure monitoring of all patients and ECG monitoring of selected patients are needed.
- (d) Head end of each bed should have stable electricity supply (at least 3 outlet of 5/15 amps), treated water inlet and drainage facilities.
- (e) Nursing station should have enough space for adequate number of nurses/technicians depending on the number of dialysis machines.
- (f) Cardiac resuscitation equipment and emergency medicines should be available.

- (g) Four oxygen cylinders(two D type and two C Type) and two suction machines should be available.
- (h) Hemodialysis unit should also have space for stationery, linen etc. The wet storage is for reprocessed dialyzers & tubing. The dry storage area should be separate from the wet storage.
- (i) A clean room with a work bench is needed for preparation of sterile trays for dialysis Start-up kit & for preparation of injections & storage of emergency equipment.
- (j) This area should have a designated place for keeping wheelchair /trolleys for transporting patients.
- (k) There should be an area for dirty utility. This area should be located in such a way that personnel and material need not come from dirty utility to clean area of dialysis.

C. HD MACHINE:

(a) Technical specifications:-

Sl. No.	Technical Specification of Hemodialysis Machine
1.	Blood pump should have adjustable flow rate range 50 – 600 ml/min
2.	Blood pump should be easy and safe to thread with blood line should be able to use all standards bloodlines.
3.	Heparin pump in fusion rate should be 0.1 – 10 ml/hr in 1ml/hr increment. Syringes upto 30/50 ml. size can be inserted into the clamp. Should have bolus facility.
4.	Should have Venous pressure monitoring (20 – 390 mmHg). Arterial pressure monitoring (-30 to 400 mmHg) and trans-membrane pressure monitoring (-60 to 500 mmHg).
5.	Should have ultrasonic bubble detector with alarm facility. Should have optical sensor to detect blood in line.
6.	Dialysate flow rate should be 300 – 500 – 800 ml/min, user selectable.
7.	Should have user programmable sodium and bicarbonate concentration setting and profiles.
8.	Dialysate circuit should have temperature control with alarm and bypass facility.
9.	Machine display should show the conductivity of the dialysate (12.8 to 15.7 mS/cm) with monitoring limits and alarms.
10.	Volumetric Ultra filtration Control range: 0 to 4 L/hr given by the set values of UF volume and treatment time, preferably with profiling facility.
11.	UF volume: 0 to 9.99 L adjustable in 01 ml increment.
12.	Treatment Time: adjustable up to 9 hr 59 min. in 01 min. increment.
13.	Online clearance monitoring: Built – in device for measurement and monitoring of effective urea clearance (K) & dialysis dose (Kt/V) with setting for target and alarm facility. Shall be performed in non-invasive, real time mode without additional disposables required during treatment.
14.	Blood leak detector should be able to detect even 0.5 ml/min, blood loss with alarms.
15.	System should be able to dialyze with both acetate and bicarbonate containing dialysate fluids.
16.	System should have both chemical disinfection and heat disinfection modes (Min, 85 ⁰ c in heat disinf. Mode). Should have both short and long disinfection programs and auto shut off facility.
17.	Isolated ultra-filtration process on sequential dialysis shall be provided.
18.	The machine should have inbuilt automatic blood pressure monitor ABPM with adjustable limits on systolic and diastolic pressure with alarm facility.
19.	The machine should have in-line dialysate ultrafilter and a menu guided program for changing the filter.

20.	Battery backup for 15-20 min. for blood pump & monitor.
21.	Should be offered with UPS of appropriate capacity to run whole machine for 30 min.
22.	Machine should be compatible with reverse osmosis plant of any make.
23.	Machine should be USFDA/CE certified.
24.	The guarantee and warranty should be as per Govt. of NCT of Delhi rules.
25.	Should provide all necessary accessories to make the machine fully functional.
26.	The machine should display following parameters: <ul style="list-style-type: none"> • Arterial pressure. • Venous pressure. • Blood flow rate. • Dialysate conductivity. • TMP • UF Volume, UF Rate & Remaining treatment time. • Heparin infusion rate. • Alarm info in text form.

(b) Environmental factors:

- (i) The unit shall be capable of being stored continuously in ambient temperature of 0-50deg C and relative humidity of 15-90%
- (ii) The unit shall be capable of operating continuously in ambient temperature of 10 - 40deg C and relative humidity of 15-90%

(c) Power Supply

- (i) Power input to be 220-240VAC, 50Hz fitted with Indian plug.
- (ii) UPS of suitable rating with voltage regulation and spike protection for 60 minutes back up for the entire unit.

(d) Standards, Safety and Training SI Description:

- (i) Should be FDA or European CE(Notified Body) Certified product.
- (ii) Manufacturer/Supplier should have ISO certification for quality standards.
- (iii) Shall comply with IEC 60601-2-16 SAFETY requirements of medical electric equipment part2- particular requirements for the safety of Haemodialysis equipment.
- (iv) Should have local service facility.
- (v) The service provider should have the necessary equipment recommended by the manufacturer to carry out preventive maintenance test as per guidelines provided in the service/maintenance manual.

(e) Documentation

- (i) User/Technical/Maintenance manuals to be supplied in English.
- (ii) Certificate of calibration and inspection from factory with date of manufacturing.
- (iii) List of Equipment available for providing calibration and routine Preventive Maintenance Support as per manufacturer documentation in service/technical manual.
- (iv) List of important spare parts and accessories with their part number and costing.
- (v) Log book with instruction for daily, weekly, monthly and quarterly maintenance checklist.

- (f) Monitoring and Evaluation of HD machine:
- (i) Conductivity of the final dialysate being delivered to the dialyzer should be checked before every treatment. According to manufacturers' instructions, the conductivity should be checked with an independent reference meter which is known to be properly calibrated. Conductivity must be within the manufacturer's stated specifics. The frequency of checking with independent reference meter should be as per manufacturer's guideline and also every time the machine is calibrated and repaired.
 - (ii) When used, the pH of bicarbonate dialysate should also be confirmed before each treatment. If the pH is below 6.5 or above 7.5, dialysis should not be started, even when conductivity within limits acceptable. The pH can be checked with a similar pH meter.
 - (iii) Temperature should also be within the manufacturer's specifications. Temperature may be checked with an independent reference meter or with a reference thermometer.
 - (iv) Absence of residual germicide should be verified on all delivery systems connected to a single water treatment "loop" before dialysis begins. Such testing must be performed with an assay known to detect the minimum standard level.
 - (v) A test of proper functioning of the air/foam detector should be performed before dialysis is initiated. This test should be a direct test of function of the alarm, causing interruption of the blood pump and actuation of the blood line clamp, either by introducing air into the venous level detector or by removing the tubing so that air is sensed by the detector as recommended by the device manufacturer.
 - (vi) The blood detector must be checked for proper armed status according to the method recommended by the manufacturer.
 - (vii) The user should perform applicable tests of the UF control system as prescribed by the manufacturer.
 - (viii) All other alarms must be tested according to the manufacturer's instructions for use before every treatment including low and high conductivity alarm, low and high temperature alarm, dialysate pressure alarm, water pressure alarm, etc. Documentation of that testing should be performed. If the particular delivery system is equipped with a "self-alarm check" mode, it is important that the user understand that, most often, it is a check of the electronic circuitry, and not a confirmation of some of the vital functions of specific alarms.
 - (ix) Observation of dialysate flow should be made while the machine is in a "dialyzing" mode. Absence of dialysate flow should be confirmed when the machine is in "bypass" mode actuated by both manual setting of the machine to bypass or via any of the alarm functions that will cause the machine to enter a bypass mode.
 - (x) The automatic "self-test" should be performed if this facility is available prior to each HD treatment to confirm proper performance of operative and protective functions of the machine and should never be bypassed.

Recommendation for once monthly evaluation and monitoring:

- (xi) Periodic (Monthly) Microbiological monitoring: water for production of dialysate and actual dialysate proportioned and exiting the dialyzer should be monitored for bacterial levels on no less than a monthly basis. Microbiological monitoring is performed to establish ongoing validation of proper disinfection protocols. The sampling should be done at the termination of dialysis at the point where dialysate exits the dialyzer. Results for total microbial counts shall not exceed 2,000 colony forming units per ml.
- (xii) Assessing trends: Pertinent information, i.e., bacterial levels, conductivity and pH readings, etc., should be logged on a chart across a page so that readings can be examined and compared over an extended period of time. This tool makes it possible to compare current readings to those taken during the past several days/weeks/months.

D. DIALYSIS WATER TREATMENT PLANT: Water treatment system is required to produce pure water for dialysis:

(a) Operational Requirements

- (i) The system should be sufficient for online operation of 25 machines with pure water capacity of 1500 liters per hour/capacity to run 25 machines with provision to increase capacity if number of machines increased.

(b) Technical Specifications

- (i) The system should comprise of pre treatment modules such as sand filter, activated carbon filter, water softener, 5 micron particulate filter and deionizer before the reverse osmosis unit and post R.O Bacterial Filters (1 micron) and UV light Disinfection for yielding high purity water.
- (ii) All pre treatment modules should have programmable back wash and regeneration facility. These stages should be designed to handle water flow of 1500-1800 litres/hour.
- (iii) R.O. Unit should be compact in sleek cabinet, housing membrane, and high pressure pump and bypass mechanism. The control unit should be microprocessor/ microcontroller controlled. A 5 micron filter should protect the membrane.
- (iv) The entire unit should have adequate monitoring of input and output water conductivity, feed water pressure and rejection flow rate.
- (v) The system should have protection alarm against low feed water, high output conductivity and high temperature of pump motor.
- (vi) The system should include online water distribution to 25 machines in loop so that the unused water may be fed back to R.O. Unit, thus saving on water rejection.
- (vii) The system should have programmable disinfection /de-calcification facility using commonly available disinfection / decalcification chemicals.
- (viii) The unit should have programmable and automatic rinsing/flushing facility, at regular intervals, when system is not in use, to prevent drying of filter media and R.O. Membrane.
- (ix) The system should accept feed water with TDS up to 1000 mg/litre and hardness up to 1 dH with 0.5% rejection of TDS & hardness and 99% rejection of bacteria and endotoxins.

- (x) The water distribution loop, booster pump and storage water tank should be made up of stainless steel (preferable)/ Food Grade PVC. Storage water tank should have capacity of at least 5000 litres with water level controller, outlet valves and easy cleaning provisions.
 - (xi) PEX pipelines (preferably black) in the hemodialysis unit for treated RO water supply to the machines.
 - (xii) Separate water supply and drainage to the seropositive and seronegative machines.
- (c) System Configuration Accessories, spares and consumables
- (i) The vendor should provide a system on a turnkey basis including all civil and electrical works including two booster pumps in parallel for providing water delivery. The vendor should inspect the site for this purpose.
 - (ii) The vendor should supply adequate filter cartridges, media or resins to last for at least 5 years. The vendor should visit the site and check the water quality.
- (d) Environmental factors
- (i) The unit shall be capable of being stored continuously in ambient temperature of 0 - 50 deg C and relative humidity of 15-90%□
 - (ii) The hospital will provide vacant space, water outlets and electrical points as specified by the Second party. Other plumbing works and civil works will have to be undertaken by the second party. Second party should ensure that there is no environmental damage of any kind takes place.
 - (iii) The unit shall be capable of operating continuously in ambient temperature of 10 -40 deg C and relative humidity of 15-90%
- (e) Power Supply
- (i) Power input: 220-240V/ 50 Hz AC Single phase or 380-400V AC 50 Hz Three phase fitted with appropriate Indian plugs and sockets.
- (f) Standards, Safety and Training
- (i) Output water quality should match AAMI(Association for the Advancement of Medical Instrumentation) standards for Haemodialysis Water.
 - (ii) The vendor should provide preventive maintenance which includes chemical checks, bacterial and pyrogen checks periodically during the warranty period.
 - (iii) Comprehensive warranty for 5 years and provision of AMC for next 5 years.
 - (iv) Should have local service facility .The service provider should have the necessary equipment recommended by the manufacturer to carry out preventive maintenance test as per guidelines provided in the service/maintenance manual.
- (g) Monitoring and evaluation of Water Treatment Unit
- (i) Proper function of water treatment system is continuously monitored during patient treatment and be guarded by audible or visual alarm that can be heard or seen in the dialysis treatment area in case performance of the water treatment system drops below

specific parameters.

- (ii) Written logs of the operation of the water treatment system for each treatment day are in place.
- (iii) Procedure guidelines for Disinfection of Reverse Osmosis Machine and Loop as recommended by the manufacturer are in place.
- (iv) No Hemodialysis procedure is performed during disinfection of the water treatment system and the loop.
- (v) Microbiological testing of the treated water from the water treatment system and the loop is done regularly and preferably monthly.
- (vi) For dialysis unit performing HDF, testing of treated water for endotoxin at regular interval is needed.
- (vii) Written record and results of microbiological and chemical testing of water are in place and reviewed. Corrective action is recorded if indicated.

E. DIALYSER RE-PROCESSOR SYSTEM: Dialyzer reprocessors are systems which cleans the dialyzer for reuse and reduce overall dialysis expenses.

(a) Operational Requirements

- (i) Should have fully automatic operation. In built dedicated software should operate without external computer. Should have connectivity with other reprocessors or external computers, if needed.
- (ii) Option of semiautomatic operation for customized cleaning.
- (iii) Station vacuum chamber venturi assembly up to 25 inches vacuum to run on RO reject water/ tap water or a positive pressure system.

(b) Technical Specifications

- (i) Should be able to clean both high flux and low flux dialyzers and haemodiafilters.
- (ii) Should be safe for cellulose based and synthetic membranes.
- (iii) Should be compatible with sterility available in open market.
- (iv) Should have LCD Screen and menu guided operations.
- (v) Should have 8-10 standard programs and facility of customized programs.
- (vi) Water requirements - flow 3 litres/ minute and pressure 35-50 psi.
- (vii) It should have regulators, pressure gauges to monitor pressures.
- (viii) It should be able to measure the fiber bundle volume.

(c) Environmental factors

- (i) The unit shall be capable of being stored continuously in ambient temperature of 0- RFP-HDU-SP Part-III- Schedules to the Agreement Page. 23 50deg C and relative humidity of 15-90%
- (ii) The unit shall be capable of operating continuously in ambient temperature of 10-40deg C and relative humidity of 15-90% 5.3 Vendor should specify the water, electricity and civil work requirements for installation of the equipment.

- (d) Power Supply
- (i) Power input to be 220-240 VAC, 50Hz fitted with Indian plug.
 - (ii) Voltage corrector/stabilizer of appropriate ratings meeting ISI Specifications. (Input 160-260 V and output 220-240 V and 50 Hz)
- (e) Standards, Safety and Training
- (i) Should be FDA, CE, ISO Certified product.
 - (ii) Manufacturer/Supplier should have ISO certification for quality standards.
 - (iii) Comprehensive warranty for 2 years and 5 years AMC after warranty.
 - (iv) Should have local service facility. The service provider should have the necessary equipment recommended by the manufacturer to carry out preventive maintenance test as per guidelines provided in the service/maintenance manual.
 - (v) Warranty, Guarantee and maintenance of all the equipments in Dialysis unit will be responsibility of the service provider.

F. DIALYZER (FILTER/ARTIFICIAL KIDNEY):

- (a) Technical Specification:
- (i) Dialyzer should be a Hollow Fiber (Multiple Use) type from a reputed company (like Fresenius/ DIALIFE/ NIPRO/B BRAUN/GAMBRO/BAXTER or equivalent) compatible with Dialysis Machine.
 - (ii) Dialyzer should be housed in high biocompatibility medical grade plastic body with membrane made of good quality synthetic material (e.g. Polysulfone, Polyethersulfone, Polyamide Blend etc.).
 - (iii) Cellulose membranes (e.g., Cuprophan) should only be used when patient is intolerant to other biocompatible membranes and such intolerance/allergic reaction must be properly documented for the particular patient.
 - (iv) Dialyzer must have approval from FDA/European CE/or equivalent standards organization.
 - (v) All dialyzers must fulfill following general specifications:

S.No.	General Specification:			
	Parameter	Specification		
1.	Membrane Material	Synthetic Membrane (e.g. Polysulfone, Polyethersulfone, Polyamide Blend etc.)		
2.	Clearance (ml/min) with Qd500 & Qb:	200	300	400
	Urea	165-199	202-287	222-354
	Creatinine	140-198	215-277	242-329
	Phosphate	138-191	208-260	234-294
	Vitamin B12	80-164	134-215	156-215
3.	Sterilization	Steam/Gamma		
	Dimensional Specification:			

4.	Effective surface area range (sq.m.)	0.7 to 2.4	
5.	Effective Length (mm)	165-310	
6.	UF-coefficient (mL/hr/mmHg)	27-100	
7.	Blood Priming Volume (ml)	40-165	
8.	Maximum Pressure (mmHg)	500-600	
9.	Sieving Coefficient	Inulin	0.99 – 1.0
		Beta-2 microglobulin	0.63 – 0.8
		Albumin	<0.01

(b) Other specifications:

- (i) In the normal circumstances Dialyzer with surface area ≥ 1.3 sq.m only is to be used. However, the service provider must keep provision of smaller dialyzer (i.e. 0.7/0.8/0.9 sq.m.) for Pediatric patients or patients with intra-dialysis hypotension; larger dialyzer (≥ 1.6 sq.m) for patients weighing > 70 -80kg; & High Flux Dialyzer for patients with intractable hypertension & hyperphosphataemia & other conditions.
- (ii) Patient specific recommendations for dialyzer (like small size, high flux and single use dialyzer) will be made by treating physician/nephrologist and has to be followed by the service provider.
- (iii) Dialyzer may be used for NOT more than 3 times or till the fiber bundle volume is $>80\%$ of original capacity, whichever is earlier.
- (iv) Dialyzer must be reused only for the same patient after due sterilization using dialyzer reprocessing unit. Dialyzer must not be reused for sero-positive patients and in patients with explicit prescription of “Single Use Dialyzer”. Such prescriptions must be counter-signed by Doctor Incharge of JSSHS.
- (v) Blood lines, transducer protectors, IV Sets, Catheters or any other disposables must not be reused.

G. DIALYSIS FLUID (DIALYSATE) SPECIFICATIONS:

(a) Technical Specifications:

- (i) Electrolyte content of Dialysate includes sodium, potassium, chloride, magnesium, calcium, glucose (optional), and bicarbonate as a buffer. The concentration of HD solutions should be such that after dilution to the stated volume the final concentrations of the ions are usually in the following ranges: Sodium: 135-145mEq/L, Potassium: 0-4mEq/L, Calcium: 1.0 – 1.5mmol/L, Magnesium 1.0-2.0 mg/dL, Bicarbonate: 32-40mmol/L, Chloride: 95-110mEq/L.
- (ii) Sodium concentration may be adjusted to levels outside the range of 135-145 mmol/L by HD machines with variable sodium capabilities only when prescribed by physician in charge.
- (iii) Commercially produced concentrates are classified as medical devices and should be approved for clinical use by appropriate authority. The Dialysate should contain bicarbonate as the buffer
- (iv) The final diluted Dialysate should be analyzed every 6 months, with every new batch of Dialysate and after each major servicing/repair of dialysis machine.
- (v) Water used to prepare the Dialysate must have a bacteriological colony count of less than 200 CFU/ml. Bacteriological analysis of the Dialysate shall be carried out at least 2 monthly, preferably every 15 days. The colony count in Dialysate samples collected at the termination of dialysis a) in a single pass system or b) in a re-circulating single pass system at the periphery of the re-circulating chamber containing the dialyzer shall be less than 2000 colony-forming units/ml.

(vi) Dialysate containing glucose at 100- 200 mg/dl concentration should be used.

- (b) Recommendations for storing and mixing dialysis concentrate:
- (i) Store and dispense dialysate concentrates as though they were drugs. Ensure that all personnel in the facility are aware of the types of dialysate concentrates available, even if currently only one type is being used.
 - (ii) Develop a policy, management, and storage system that will effectively control the mixing and dispensing of all concentrates. Storing concentrates according to type, composition, and proportioning ratios should reduce the risk of mismatching concentrates. Prohibit access to storage areas and allow only authorized, specially trained personnel to mix and dispense concentrates.
 - (iii) Double-check and record concentrate formulas on the patient's record. Consider a procedure for countersigning patient and storage records. Do not dispense concentrates from large containers into smaller ones without a "keyed" dispensing system. Whenever possible, purchase concentrates in single-treatment (2½-4 gallon) containers (optional).
 - (iv) Always dispose of concentrates remaining from the previous treatment. Do not pour remaining concentrate into another container or use in the next treatment. Replace empty or partially full containers with full ones. Whenever possible, standardize equipment so that only one bicarbonate concentrate system is used.

H. OTHER ACTIVITIES FOR PATIENT CARE:

- (a) Blood chemistry and haematocrit (or hemoglobin) of each dialysis patients are checked at regular interval (preferably every month) to ensure patient's well-being and viral markers be tested every 3 months (HIV/HbsAg/HCV). iPTH and vitamin-D should be done every 6 monthly.
- (b) Contingency plan or procedures are available in case of equipment failure, power outages, or fire so that the patient healthy or safety can be ensured.
- (c) Drill for CPR and emergency conditions outlined are performed regularly.
- (d) Routine disinfection of active and backup dialysis machines are performed according to defined protocol. Documentation of absence of residual disinfectants is required for machines using chemical disinfectant.
- (e) Samples of dialysate from machines chosen at random are cultured monthly. Microbial count shall not exceed 200 colony forming units per millilitre (cfu/ml) for HD and shall not exceed 10 –1 cfu/ml for online HDF before IV infusion into the patient's circulation. Periodic testing of inorganic contaminant is performed.
- (f) Repair, maintenance and microbiological testing results of the hemodialysis machine are recorded with corrective actions where indicated.
- (g) All staff including janitorial staff is educated with clear instruction on handling blood spillage on equipment and the floor as per BMW guidelines.
- (h) All blood stained surface shall be soaked and cleaned with 1:100 sodium hypochlorite if the surface is compatible with this type of chemical treatment as per BMW guidelines.
- (i) All new dialysis patients or patients who return to the dialysis unit after treatment from high- or unknown-risk areas are tested for HbsAg and Anti-HCV etc.
- (j) HBsAg/HCV-positive patient should be treated in a segregated area with designated Hemodialysis machines.
- (k) Carrier of HCV receives hemodialysis using designated machines.
- (l) Patient with unknown viral status is dialyzed using designated hemodialysis machines until the status is known.

CONTRACT FORMAT

Contract form for providing Dialysis Facilities

Date:.....

To,
The Director,
Janakpuri Super Speciality Hospital Society,
C2 – B, Janakpuri
New Delhi – 110 058

CM Contract No. _____ dated _____

This is in continuation to this office's Notification for Award of contract No dated .

Name & address of the Service Provider:

Reference: (i) Tender Enquiry Document No Datedand subsequent
Amendment No, dated (if any), issued by the Tender Inviting Authority (ii)
Service provider's Tender No Datedand subsequent communication(s) No
Dated (if any), exchanged between the supplier and the purchaser in connection with
this tender.

THIS AGREEMENT made the Day of 2011 between (name of tender inviting
authority) (hereinafter called the Procurer) of one part and (name of service provider)
(Hereinafter called the Service Provider) of the other part:

WHEREAS the Procurer is desirous that certain services should be provided by the Service
Provider, viz, (brief description of services) and the Procurer has accepted a tender submitted
by the Service Provider for the Services for the sum of (Contract price in words and
figures) (Hereinafter called the Contract Price),

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

1. The following documents shall be deemed to form part of and be read and constructed as integral part of this Agreement, viz.:
 - (i) Terms and Conditions;
 - (ii) Location and Description of Equipment;
 - (iii) Job Description;
 - (iv) Manufacturer's Authorisation Form (if applicable to this tender);
 - (v) Purchaser's Notification of Award.
2. In consideration of the payments to be made by the Procurer the Service Provider hereby covenants to provide the Dialysis Services for the specified facilities in conformity in all respects with the provisions of the Contract.
3. The Procurer hereby covenants to pay the Service Provider in consideration of the services, the

Contract Price or such other sum as may become payable under the provisions of the Contract at the times and in the manner prescribed in the Contract.

4. The bank guarantee valid till _____ [(fill the date)] for an amount of Rs. 25,00,000/- (RUPEES TWENTY FIVE LAKHS ONLY) shall be furnished in the prescribed format given in the TE document, within a period of 30 (Thirty) days of issue of Notice for Award of Contract failing which the EMD shall be forfeited.
5. Payment terms: The payment will be made against the bills raised to the HOSPITAL by the SERVICE PROVIDER on monthly basis after satisfactory completion of said period, duly certified by the designated official. The payment will be made in Indian Rupees.
6. Paying authority: _____ (name of the Procurer i.e. Office, Authority)_____

(Signature, name and address of authorised official)

For and on behalf of _____

Received and accepted this contract _____

(Signature, name and address of the supplier's executive duly authorised to sign on behalf of the Provider)

For and on behalf of _____

(Name and address of the Provider)

(Seal of the provider)

Date: _____

Place: _____