

## **Expression of Interest**

### **For**

#### **Empanelment of Consultancy Firm for Public health hospital planning and design**

National Health Systems Resource Centre (NHSRC) has been established in 2006 under the National Rural Health Mission (NRHM/NHM) of Government of India to serve as an apex body for technical assistance to assist in policy and strategy development to the Ministry of Health and Family Welfare (MoHFW) at the center. NHSRC will also give technical support to the states in capacity building, implementation and other areas of health system. The goal of this institution is to improve health outcomes by facilitating governance reform, health systems innovations and improved information sharing among all stake holders at the national, state, district and sub-district levels through specific capacity development and convergence models.

Comprehensive planning of health infrastructure as per IPHS is one of the important component of system strengthening. National Health System Resource Center, intends to empanel consultancy firm for 3 years initially and extendable further on the basis of performance/requirements, for development of health related infrastructure projects (Prospective planning/Construction/Renovation of Health Facilities, Health care Institutions, Doctors and Nurse Quarters, Drug Warehouses, ANM & GNM Schools, hostel buildings etc.) in the different states or union territories of the country.

Expressions of interest are invited from reputed Consulting firm for taking comprehensive Public health infrastructure planning including preparation of Plans, lay outs, Designs (Structural, plumbing, Electrical, etc) Interior Designs, Estimates of Cost, etc. Consultancy firm who have experience in the field of health infrastructure and have a requisite experience of works of similar nature in Government, Semi-Government/PSU/large Private Sector Company of five years, are eligible to apply for empanelment. Preference will be given to those who have experience in planning of District hospitals and working in public health care infrastructure. Those who have worked with MoHFW or the States in preparing lay out plans and/or empaneled consultancy firm can also apply.

The consultancy firms will be selected as per guidelines as indicated in the annexed TOR, NHSRC will only provide list of empaneled consulting firm to the states for the purpose of indicated in the TOR. Thereafter all relevant conditions, assignment, agreements, MOUs etc as applicable by the concerned state shall apply for further work/ assignments.

## **TERMS OF REFERENCE (TOR) FOR CONSULTANT FIRM**

### **1. OBJECTIVES**

NHSRC requires the services of suitably qualified and registered Consultancy firms to provide Comprehensive Public health infrastructure planning and consultancy services including preparation of Plans, Designs, Interior Designs, Estimates of Cost, etc. for various health related Infrastructure Works across the country.

### **2. PURPOSE OF WORK**

NHSRC will empanel technically qualified consultancy firms working in the field of Hospital planning and design for providing technical support to the states for Comprehensive planning of health facilities on IPHS and other relevant GOI guidelines. The list of empaneled Firms /planners will be shared with states/UT for need based hiring. States will be free to engage firms from the list and sign MoU between the parties as per state's specific scope of work. NHSRC will organize two days national level workshop for empaneled firms based on IPHS and GOI guidelines/programs. Rates of consultancy of work will be decided by the state with the maximum limit of up to 10 lakhs for up to 300 bedded District hospital, 3 lakhs for SDH, 1 lakhs for CHC (cost indicated is the maximum amount and it will vary upon no. of beds and area of land).

### **3. SCOPE OF SERVICES**

1. PPR-Preparation of preliminary drawings after preliminary survey, modifying as per client's instructions and then submitting the final Architectural Drawings, cross sectional drawings and two side elevation along with 3D view and cost estimate
2. DPR- Submission of Architectural Drawing after carrying out field survey (Table survey/Total Station Survey, Contour mapping), Structural Design and Drawing, PHE Design and Drawing, plumbing, drainage and sewerage. Electrification Design and Drawing, Mechanical Design and Drawing, External development and other health infrastructure work including preparation of detailed Estimates, Bill of Quantities, Valuation of existing building etc., Proposal for Utility Shifting and Tender Documents after conducting soil test (required as per scale of the project) in three sets.
3. Design must ensure no water logging inside and outside the building,
4. Design should consider rain harvesting, green building concept, light, water, sun light, rain, wind and other climate conditions.
5. DPR should be considering to seismic zone, fire safety norms and NBC. Design should conform to various GoI / sates building by – laws, fire safety norms etc and quality parameters
6. Site development, Boundary wall, Driveway, Landscaping drawings will also form part of DPR.
7. Detailed Estimates for all the above works.
8. Interior designs and Estimates for interior works.
9. Helping in obtaining statutory approval wherever required
10. Helping in vetting of structural design from institute of repute such as NIT/IIT or any other institute as per direction of client.

11. Submission of structural stability certificate from the competent structural engineer.
12. Helping in finalization of the tender and execution of the agreement.
13. Decision should be by disabled, elderly and visually challenged and gender friendly.

#### **4. Eligibility Criteria:-**

The application of consultancy firms/institution will be scrutinized and those who fulfill the criteria will be called for interview. The firm shall be evaluated on the basis following criteria:-

- a. A registered firm with availability of architect, hospital planner, civil engineer, electrical engineer, public health expert as part of the team.
- b. Minimum of Rs. 6 Cr as annual turnover in the year preceding application.
- c. Have completed projects with Govt./Semi Govt./PSU in the last five years.
- d. Experience of firm in the field of comprehensive public hospital planning.
- e. Awards / accreditation from national / international bodies will gain grace points

**Performance criteria:-** The firm to carry out the work within the time schedule.(PPR-60 Days, DPR-90 Days, Repeat Job – 30 Days, Repair and renovation- 30 Days).

#### **5. Special Conditions**

- i. Architect of the firm shall be regular employee of the firm. Experienced Public health experts and hospital planners can be in the firm's panel.
- ii. The gross annual turnover should be certified by the Chartered Accountant. In case, if no turnover is shown in any year it would be considered as no turn over in that particular year, for working out the average.
- iii. The Proprietor (in case of propriety firm) or at least one of the Partners (in case of partnership firm / Directors (in case of company) should be registered with Council of Architecture, India. The bidder / agencies should have well-established office with sufficient manpower
- iv. All pages of the documents should be signed and stamped by the authorized person of the organization. Overwriting should be avoided. Correction, if any, should be made by neatly crossing out, initialing, dating and rewriting.
- v. The applicant may furnish any additional information which they think is necessary to establish their capabilities to successfully complete the envisaged work. It is, however, advised not to furnish superfluous information. No information shall be entertained after submission of eligibility criteria document unless it is called for by the Employer.
- vi. Even though an applicant may satisfy the above requirements, still they would be liable for disqualification if they have:
  - a. Made misleading or false representation or deliberately suppressed the information in the forms, statements and enclosures required in the qualification documents.

- b. In case the applicant company is already put on Debar list of NHSRC or black listed by any of government department then the applicant will not be considered for empanelment.
- c. Any effort on the part of the applicant or their agent to exercise influence or to pressurize the employer (Canvassing of any kind is prohibited).

## **6. FINAL DECISION MAKING AUTHORITY**

NHSRC reserve the right to modify the eligibility criteria, to decide on cutoff date of implementation, to accept or reject any application, to annul the qualification process, to reject all applications or accept new applications at any time, without assigning any reason or incurring any liability to the applicants.

### **To Apply:**

Applicants are requested to download the application form attached with the EOI, which is attached along with this EOI and email the duly filled application form to **nhsrc.india@gmail.com** latest by **18<sup>th</sup> May 2019**. Application submitted in other format will not be accepted. Please ensure to mention "EOI application for Empanelment of Consultancy Firm for Public health hospital planning and design" on the application form and in the subject line on mail also, without which the application form will not be accepted.

## **Annexures**

- 1 Power of attorney for signing the documents
- 2 Letter of Transmittal – Form A
- 3 Structure and organization of Architectural consultant / Firm – Form B
- 4 Financial information – Form C
- 5 Empanelment with various government, semi – government / P.S.U or large sector companies – Form D.
- 6 List of Awards and Accreditation – Form -E
- 7 An affidavit executed after publication of EOI- Form 'F'
- 8 Details of similar works during the last 5 years – Form G.
- 9 Technical Manpower – Form H

**Form - A**

**LETTER OF TRANSMITTAL**

To  
The Executive Director  
National Health System resource Center (NHSRC)  
NIHFW campus, Baba Gangnath Marg, Munirka, New Delhi-110067

**SUB: Expression of Interest for Architect-Consultants**

Madam/Sir,

Having examined the details given in Expression of Interest for the above work, we hereby submit our qualification and relevant documents

1. I/We hereby certify that all the statements made and information supplied in the enclosed Forms are true and correct.
2. I/We have furnished all information and details necessary for Empanelment and have no further pertinent information to supply.
3. I/We hereby confirm that we have read and understood all the stipulations given in this Empanelment documents and the decision of NHSRC with regard to our prequalification shall be final and binding on us.
4. I/We confirm that we are registered with the Council of Architecture of India.

Signature of Authorized Signatory

**Form - B**

**STRUCTURE AND ORGANIZATION**

|     |                                                                                                                                                                                                                                                 |   |  |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|
| 1.  | Name and Address of applicant.                                                                                                                                                                                                                  | : |  |
| 2.  | Group for which empanelment application made for                                                                                                                                                                                                | : |  |
| 3.  | Telephone No. and Fax No. and E-mail id                                                                                                                                                                                                         | : |  |
| 4.  | Legal status of the applicant (attach copies of original documents defining the legal status)<br><br>The applicant is:<br><br>a. An Individual<br>b. A Proprietary Firm<br>c. A firm in partnership<br>d. A Limited Company (Private of Public) | : |  |
| 5.  | Name of Partners / Directors with their addresses, Telephone numbers, Fax and Email.                                                                                                                                                            | : |  |
| 6.  | Designation of individuals authorized to act for the Organization.                                                                                                                                                                              | : |  |
| 7.  | Details of Registration/Membership with the council of Architects (Attach copy)                                                                                                                                                                 | : |  |
| 8.  | Has the applicant, or any constituent partner in case of partnership firm, has any pending litigation in the name of his organization? If so give details.                                                                                      | : |  |
| 9.  | Has the applicant or any constituent partner in case of partnership firm, ever been convicted by a court of law? If so, give details.                                                                                                           | : |  |
| 10. | Other details:<br><br>a) PAN No.<br>b) Service tax Registration No.<br>(Copies to be enclosed)                                                                                                                                                  | : |  |
| 11. | Any other information considered necessary but not included above.                                                                                                                                                                              | : |  |

Signature of Authorized Signatory

**Form - C**

**FINANCIAL INFORMATION**

**Turn over for last five years from consultancy services:**

| <b>S.No.</b> | <b>Financial Year</b> | <b>Amount (in Rs. Lakh)</b> |
|--------------|-----------------------|-----------------------------|
| 1            | 2013-2014             |                             |
| 2            | 2014-2015             |                             |
| 3            | 2015-2016             |                             |
| 4            | 2016-2017             |                             |
| 5            | 2017-2018             |                             |

Note: In addition to the above the applicant has to submit the following documents/ Information:

1. Copy of Audited Balance Sheet(s) :  
for the last five years
2. Copy of valid Service Tax :  
Number.
3. Copy of PAN/ TAN card. :
4. Details of litigations, if any. :
5. Other relevant details, if any. :

Signature of Authorized Signatory



**EMPANELMENT AND WORK EXPERIENCE WITH VARIOUS GOVERNMENT, SEMI-GOVERNMENT / P.S. U OR LARGE PRIVATE SECTOR COMPANIES**

| <b>S. No.</b> | <b>Name and Address of Organization</b> | <b>Category of Empanelment/Type of Work</b> | <b>Period of Empanelment/Work</b> |
|---------------|-----------------------------------------|---------------------------------------------|-----------------------------------|
|               |                                         |                                             |                                   |
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Signature of Authorized Signatory

## AWARDS AND ACCREDITATION

| S. No. | Name & Country of Award | International / National Award | Name of Project | Year of Award |
|--------|-------------------------|--------------------------------|-----------------|---------------|
|        |                         |                                |                 |               |
|        |                         |                                |                 |               |
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Signature of Authorized Signatory

**Form -F**

**AFFIDAVIT**

**(To be furnished on Rs. 100 Stamp Paper & Certified by Notary)**

1. I, the undersigned, do hereby certify that all the statements made in the required attachments are true and correct.
2. The undersigned also hereby certifies that neither our firm M/s\_\_\_\_\_ has been blacklisted nor has been debarred by any government department, in India.
3. The undersigned hereby authorises and request(s) any bank, person, firm or corporation to furnish pertinent information deemed necessary and requested by the Department to verify this statement or regarding my (our) competence and general reputation.
4. The undersigned understand and agrees that further qualifying information may be requested, and agrees to furnish any such information at the request of the Department Project implementing agency.

\_\_\_\_\_  
(Signed by an Authorized Officer of the Firm)

\_\_\_\_\_  
Title of Officer

\_\_\_\_\_  
Name of Firm

\_\_\_\_\_  
Date

DETAILS OF SIMILAR WORKS DURING THE LAST 5 YEARS

| S. No. | Name of work | Scope of Services | Cost of Project | Date of Start | Date of Completion | Name & Address of the client | Type of Building |
|--------|--------------|-------------------|-----------------|---------------|--------------------|------------------------------|------------------|
|        |              |                   |                 |               |                    |                              |                  |
|        |              |                   |                 |               |                    |                              |                  |
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|        |              |                   |                 |               |                    |                              |                  |
|        |              |                   |                 |               |                    |                              |                  |

The following documents are to be enclosed for each of the above work:-  
Copy of Agreement / Award letter

Signature of Authorized Signatory

## Form -H

## Technical Manpower

| S. No. | Technical Profession                                                                                                                             | Name | Designation | Qualification | Total years of experience | Remarks | Employee of Firm (please tick) | Linked/Short Term hiring (Please tick) |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|---------------|---------------------------|---------|--------------------------------|----------------------------------------|
| 1.     | Architect                                                                                                                                        |      |             |               |                           |         |                                |                                        |
| 2.     | Structural Consultant                                                                                                                            |      |             |               |                           |         |                                |                                        |
| 3.     | Electrical Consultant                                                                                                                            |      |             |               |                           |         |                                |                                        |
| 4.     | Plumbing & Water Supply Consultant                                                                                                               |      |             |               |                           |         |                                |                                        |
| 5.     | Landscape Consultant                                                                                                                             |      |             |               |                           |         |                                |                                        |
| 6.     | Interior Design Consultant                                                                                                                       |      |             |               |                           |         |                                |                                        |
| 7.     | Hospital Planners                                                                                                                                |      |             |               |                           |         |                                |                                        |
| 8.     | Public Health expert with experience of Comprehensive DH planning (Any educational qualification having experience of National health programme) |      |             |               |                           |         |                                |                                        |
| 9.     | Any Other Professionals                                                                                                                          |      |             |               |                           |         |                                |                                        |

Signature of Authorized Signatory