



OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER CUM
DISTRICT MISSION DIRECTOR,
DISTRICT PROGRAMME MANAGEMENT & SUPPORT UNIT,
NATIONAL HEALTH MISSION, KORAPUT

Mail nhmkpt@gmail.com

Phone: 06852-252340

Letter No. 4373/19

Date: 05/09/19

NOTICE

In pursuance to the Letter no. OSH&FWS/ 3007 dated 22/02/2019 of MD, NHM, Odisha, the eligibility check list with score sheet of agencies for the Operation and Management of PHC in PPP mode under NHM, Koraput District is prepared. The details eligibility check list with score sheet is displayed in the District web portal www.koraput.nic.in. The NGO/Trusts are requested to submit objections if any, before CDM&PHO, Koraput on or before 13.09.2019 through e-mail/ Regd. post/Speed post/courier only. No fresh documents will be accepted by the authority.

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District Mission Director, Koraput.

Eligibility Check List for evaluation of proposals for PHC Management under NHM

Name of the Entity: **INDIAN SOCIETY OF HEALTH CARE PROFESSIONALS, NEW DELHI**

Name of the PHC applied: **KESKAPADI PHC**

District: **Koraput**

Sl No	Particulars	Status (Yes/No)	Remarks
1	Copy of the Registration Certificate or equivalent certificates submitted.	NO	Not submitted
2	Whether the entity is having 5 years In existance by 31st March 2018 (To be ascertained from registration or equivalent certificate)	NO	Not submitted
3	Copy of the Memorandum of Association or equivalent certifficate document of the agency submitted	YES	
4	Whether the entity is having provision of health care activitiles mentioned in its registration document.	YES	
5	Whether the entity is one person's company (write NA if not applicable)	NA	
6	Whether the entity is having evidence of providing clinical outreach and public health services for period of 3 yrs. (to be ascertained from MOV: MOU/Sanction order)	NO	
7	If registered in Society Registration act; Does the entity is having the Unique ID no. through the partal NGO- DARPAN of Niti Aayog. (Write NA if not applicable)	YES	
8	Whether submitted annual avarage Turnover statement along with audit report for the last 3 years: 2015-16, 2016-17, 2017-18	YES	
9	Whether the entities having annual turnover of atleast Rs.25 Lakhs per annuam in the last three financial years: 2015-16, 2016-17, 2017-18	YES	
10	Submission of Anuual Reports of the entity for the last 3 years: 2015-16, 2016-17, 2017-18.	NO	Not submitted the Annual Report of 2016-17
11	Documents relating to Fixed assessts in the name of the entity in terms of land, building and other fixed assessts submitted.	YES	
12	Whether the entity is having fixed assessts of minimum 10 Lakhs in the name of the entity in erms of land, building and other fixed assessts.	YES	
13	Meetings & minutes of the Executive committiee/ Governing body/ any other body meeting based on bye law/ memorandum of the society/ registration document submitted for the last three financial years till 2017-18.	NO	
14	Names of the Office Bearers along with their addresses submitted	YES	
15	Whether the entity has ever been "blacklisted"/debarred from participating in any tendering process by any State Government/Central Government institutions.(to be ascertained from the certificate submitted.)	YES	
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	YES	
17	Whether the entity or any of its office bearers of the organization has not been convicted by any court of law in India or abroad for any civil/criminal offences?	YES	
18	An undertaking the the Organization is willing to sign the service level agreement submitted.	YES	
19	Copy of the resolution of the component authority in the Organization authorizing the signatory to respond to this invitation submitted.	YES	
20	Copy of PAN Card.	YES	
21	Copy of Bank Pass book	YES	

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22	Documents containing the details of the names, addresses and educational qualifications of key personnel employed by the Organization during the last Three years including those employed at the time of submission of this bid submitted.	YES	
23	Descriptions of activities of the Organization in the Primary health care system in any parts of India emphasizing (a) geographical area (b) outputs (c) manpower dedicated to projects (d) outcome submitted	YES	
24	Registration under 12-A of Income Tax act 1961.	YES	
25	EMD (DD of Rs. 40,000/-)	YES	
26	Based on any adverse report against the entity from the District/NHM/Any Govt. Dept. has the partnership of the entity been discontinued or poor performance in implementation of PHC (N) mgt. project under NHM in the district id identified by any external evaluation agency.	NO	
27	Has the service of the organizations of the organization been discontinued on the basis of the conduct of any financial irregularities.	NO	

Recommended of the Assessment Team

Whether the entity is recommended for next level selection process: NO

If No, reasons there of

- 1 Not submitted the copy of the Registration certificate of the Organization.
- 2 Not submitted the Annual Report of FY 2016-17.
- 3 Proceeding copies of EB & GB committee meetings not submitted.
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Eligibility Check List for evaluation of proposals for PHC Management under NHM

Name of the Entity: **GOPABANDHU DEVELOPMENT SOCIETY, MALKANGIRI**

Name of the PHC applied: **KESKAPADI PHC**

istrict: Koraput

Sl No	Particulars	Status (Yes/No)	Remarks
1	Copy of the Registration Certificate or equivalent certificates submitted.	YES	
2	Whether the entity is having 5 years in existence by 31st March 2018 (To be ascertained from registration or equivalent certificate)	YES	
3	Copy of the Memorandum of Association or equivalent certificate document of the agency submitted	YES	
4	Whether the entity is having provision of health care activities mentioned in its registration document.	YES	
5	Whether the entity is one person's company (write NA if not applicable)	NA	
6	Whether the entity is having evidence of providing clinical outreach and public health services for period of 3 yrs. (to be ascertained from MOV: MOU/Sanction order)	YES	
7	If registered in Society Registration act; Does the entity is having the Unique ID no. through the portal NGO- DARPAN of Niti Aayog. (Write NA if not applicable)	YES	
8	Whether submitted annual average Turnover statement along with audit report for the last 3 years: 2015-16, 2016-17, 2017-18	YES	
9	Whether the entities having annual turnover of atleast Rs.25 Lakhs per annum in the last three financial years; 2015-16, 2016-17, 2017-18	YES	
10	Submission of Annual Reports of the entity for the last 3 years: 2015-16, 2016-17, 2017-18.	YES	
11	Documents relating to Fixed assests in the name of the entity in terms of land, building and other fixed assests submitted.	YES	
12	Whether the entity is having fixed assests of minimum 10 Lakhs in the name of the entity in erms of land, building and other fixed assests.	YES	
13	Meetings & minutes of the Executive committiee/ Governing body/ any other body meeting based on bye law/ memorandum of the society/ registration document submitted for the last three financial years till 2017-18.	YES	
14	Names of the Office Bearers along with their addresses submitted	YES	
15	Whether the entity has ever been "blacklisted"/debarred from participating in any tendering process by any State Government/Central Government institutions.(to be ascertained from the certificate submitted.)	YES	
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	YES	
17	Whether the entity or any of its office bearers of the organization has not been convicted by any court of law in India or abroad for any civil/criminal offences?	YES	

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18	An undertaking the the Organization is willing to sign the service level agreement submitted.	YES	
19	Copy of the resolution of the component authority in the Organization authorizing the signatory to respond to this invitation submitted.	YES	
20	Copy of PAN Card.	YES	
21	Copy of Bank Pass book	YES	
22	Documents containing the details of the names, addresses and educational qualifications of key personnel employed by the Organization during the last Three years including those employed at the time of submission of this bid submitted.	YES	
23	Descriptions of activities of the Organization in the Primary health care system in any parts of India emphasizing (a) geographical area (b) outputs (c) manpower dedicated to projects (d) outcome submitted	YES	
24	Registration under 12-A of Income Tax act 1961.	YES	
25	EMD (DD of Rs. 40,000/-)	YES	
26	Based on any adverse report against the entity from the District/NHM/Any Govt. Dept. has the partnership of the entity been discontinued or poor performance in implementation of PHC (N) mgt. project under NHM in the district id identified by any external evaluation agency.	NO	
27	Has the service of the organizations of the organization been discontinued on the basis of the conduct of any financial irregularities.	NO	

Recommended of the Assessment Team

Whether the entity is recommended for next level selection process: YES

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Eligibility Check List for evaluation of proposals for PHC Management under NHM

Name of the Entity: SOCIETY FOR HEALTH, EDUCATION & DEVELOPMENT, RAYAGADA

Name of the PHC applied: KESKAPADI PHC

District: Koraput

Sl No	Particulars	Status (Yes/No)	Remarks
1	Copy of the Registration Certificate or equivalent certificates submitted.	YES	
2	Whether the entity is having 5 years in existence by 31st March 2018 (To be ascertained from registration or equivalent certificate)	YES	
3	Copy of the Memorandum of Association or equivalent certificate document of the agency submitted	YES	
4	Whether the entity is having provision of health care activities mentioned in its registration document.	YES	
5	Whether the entity is one person's company (write NA if not applicable)	NA	
6	Whether the entity is having evidence of providing clinical outreach and public health services for period of 3 yrs. (to be ascertained from MOV: MOU/Sanction order)	YES	
7	If registered in Society Registration act; Does the entity is having the Unique ID no. through the partial NGO- DARPAN of Niti Aayog. (Write NA if not applicable)	YES	
8	Whether submitted annual average Turnover statement along with audit report for the last 3 years: 2015-16, 2016-17, 2017-18	YES	
9	Whether the entities having annual turnover of atleast Rs.25 Lakhs per annum in the last three financial years: 2015-16, 2016-17, 2017-18	YES	
10	Submission of Annual Reports of the entity for the last 3 years: 2015-16, 2016-17, 2017-18.	YES	
11	Documents relating to Fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.	YES	
12	Whether the entity is having fixed assets of minimum 10 Lakhs in the name of the entity in terms of land, building and other fixed assets.	YES	
13	Meetings & minutes of the Executive committee/ Governing body/ any other body meeting based on bye law/ memorandum of the society/ registration document submitted for the last three financial years till 2017-18.	YES	
14	Names of the Office Bearers along with their addresses submitted	YES	
15	Whether the entity has ever been "blacklisted"/debarred from participating in any tendering process by any State Government/Central Government institutions.(to be ascertained from the certificate submitted.)	YES	
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	YES	
17	Whether the entity or any of its office bearers of the organization has not been convicted by any court of law in India or abroad for any civil/criminal offences?	YES	

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	An undertaking the the Organization is willing to sign the service level agreement submitted.	YES	
19	Copy of the resolution of the component authority in the Organization authorizing the signatory to respond to this invitation submitted.	YES	
20	Copy of PAN Card.	YES	
21	Copy of Bank Pass book	YES	
22	Documents containing the details of the names, addresses and educational qualifications of key personnel employed by the Organization during the last Three years including those employed at the time of submission of this bid submitted.	YES	
23	Descriptions of activities of the Organization in the Primary health care system in any parts of India emphasizing (a) geographical area (b) outputs (c) manpower dedicated to projects (d) outcome submitted	YES	
24	Registration under 12-A of Income Tax act 1961.	YES	
25	EMD (DD of Rs. 40,000/-)	YES	
26	Based on any adverse report against the entity from the District/NHM/Any Govt. Dept. has the partnership of the entity been discontinued or poor performance in implementation of PHC (N) mgt. project under NHM in the district id identified by any external evaluation agency.	NO	
27	Has the service of the organizations of the organization been discontinued on the basis of the conduct of any financial irregularities.	NO	

Recommended of the Assessment Team

Whether the entity is recommended for next level selection process: YES

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	An undertaking the the Organization is willing to sign the service level agreement submitted.	YES	
19	Copy of the resolution of the component authority in the Organization authorizing the signatory to respond to this invitation submitted.	YES	
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21	Copy of Bank Pass book	YES	
22	Documents containing the details of the names, addresses and educational qualifications of key personnel employed by the Organization during the last Three years including those employed at the time of submission of this bid submitted.	YES	
23	Descriptions of activities of the Organization in the Primary health care system in any parts of India emphasizing (a) geographical area (b) outputs (c) manpower dedicated to projects (d) outcome submitted	YES	
24	Registration under 12-A of Income Tax act 1961.	YES	
25	EMD (DD of Rs. 40,000/-)	YES	
26	Based on any adverse report against the entity from the District/NHM/Any Govt. Dept. has the partnership of the entity been discontinued or poor performance in implementation of PHC (N) mgt. project under NHM in the district id identified by any external evaluation agency.	NO	
27	Has the service of the organizations of the organization been discontinued on the basis of the conduct of any financial irregularities.	NO	

Recommended of the Assessment Team

Whether the entity is recommended for next level selection process: YES

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SCORING SHEET FOR THE ASSESSMENT OF THE BIDDER FOR PHC MANAGEMENT PROJECT

Name of the Organisation:- SHED, RAYAGADA

Name of the PHC applied: KESKAPADI PHC

District: KORAPUT

Sl No	Areas of Assessment	Maximum Mark	Marks Obtained	MOV
1	Registartion and Establishment (20 Marks)			
	a) Years of existence of entities registered In scoety registartion ACT/Indian Trust Act/India Religious and Chartable Act (5-10 yrs- # Marks, >10 Yrs-5 Marks)	5	5	Registration certificate
	b) Registered under 80 G (If yes 2Marks, If no -) marks)	2	2	80 G regt. Certificate
	C) Working experience on health sector in the applied district (completion of minimum one year in project implementation-5marks, completion of two years-7.5 marks and completion of 3 years and above- 10 marks)	10	10	MOU/Sanction order/Agreement
	d) Governance sysytem (Meeting and minutes of the executive committee/ Governing body meeting based on by law and Memorandum of the society in the last financial year): (Less than 50% meeting-0 marks, 50%-75% meeting -1 Mark, >75% meeeting -3 marks)	3	3	Proceeding/Meeti ng register of GB & EB
2	Field Level Experience (45 Marks)			
	a. Years of experience in implementing projects in health sector during last 10 years. (1-3 yrs= 3 marks,>3yrs=5marks)	5	5	MOU/Sanction order/Agreement
	b. Years of experience in implementing projects in health sector with the supprot of Govt(1-3 yrs=3 marks,>3yrs=5 marks)	5	5	MOU/Sanction order/Agreement
	c. Years of experience in managing Hospitals (1-3 yeras= 5 marks, >3 to %yrs=7 marks, >5 years =10 marks)	10	7	MOU/Sanction order/Agreement
	d. Experience in providing comprehensive primary health care services at institutional level (Maternal health, Neonatal and infant health , child health, Adlosecent health , Reproductive health and contraceptive services, mangement of chronic communicable Diseases, Basic OPD Care, Management of Non-Communicable diseases, Management of Mental Illness, Dental Care, Eye Care/ENT Care, Geroatroc care, Managing emergency Medicine Store (maximum 10 markd) (1-3 yrs-5 marks, >3-5 yrs-7 marks, >10 years-10 marks)	10	7	MOU/Sanction order/Agreement
	e. Multistate experience in managing health Institutions (>1 year-0 marks, 1 yr or above-5 marks)	5	0	MOU/Sanction order/Agreement
	f. Currnently managing hospital being a part of network of hospitals. 1. Period 1 to 3 years-3 marks 2. Period >3 to 5 years-4 marks 3. Period >5 years-5 marks	5	0	MOU/Sanction order/Agreement
	g. Currently having own Patient referral transport services (1-3 yrs = 3 maks, 3-5 years =4 marks & >5 years=5 marks)	5	0	Log book/other relevant document
3	Financial strength (20 marks)			
	a. Fihancial turn over (minimum 25 lakhs as per last audit report >25-30 lakhhs-4 marks, 30-40 lakhs-6 marks, >40-50 lakhs-8 marks & >50 lakhs-10 marks)	10	10	
	b. Fixed Assets In the name of the organization (minimum >10 lakhs assets-6 marks)	10	10	
	Staffing: Other Strength (10 marks)			

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4	Agencies having all staff such as Allopathic doctor, Staff nurses/ANM, Pharmacist & LT in the payroll of the organization. (1-3 yrs=5marks, 3-5 years=7 marks, >5 years=10 marks)	10	7	
	Other Strength : (05 marks)			
5	If the Organization received any National /State/District Level award by Govt significant contribution in social development sector (National level-5 marks, State level-4 marks, District level-3 marks)	5	0	
TOTAL		100	71	

Signature of the Assessment Team

Name	Designation	Signature
Dr. D. B. Tripathy	CDM & PHO	<i>[Signature]</i> 4/9/19
Dr. Arun K. Padhi	DPHO.	<i>[Signature]</i> 4/9/19
Harekrishna Pradhan.	DSWO Kapat	<i>[Signature]</i> 4/9/19
Madhusmita Mohapatra	DWO, Kovapal	<i>[Signature]</i> 4/9/19
Subha Kanta Gantayat	DPM, NHM, Kovapal	<i>[Signature]</i> 04.09.19
Dishuprasad Sahoo	DAM	<i>[Signature]</i> 4/9/19
Sunil Ghader	PPP. CO.	<i>[Signature]</i> 4/9/19

SCORING SHEET FOR THE ASSESSMENT OF THE BIDDER FOR PHC MANAGEMENT PROJECT

Name of the Organisation:- **GOPABANDHU DEVELOPMENT SOCIETY, MALKANGIRI**

Name of the PHC applied: **KESKAPADI PHC**

District: **KORAPUT**

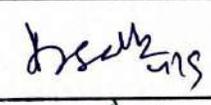
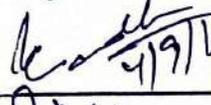
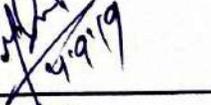
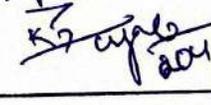
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SL No	Areas of Assesment	Maximum Mark	Marks Obtained	MOV
1	Registartion and Establishment (20 Marks)			
	a) Years of existence of entities registered in scoiety registartion ACT/Indian Trust Act/India Religious and Chartable Act (5-10 yrs- # Marks, >10 Yrs-5 Marks)	5	5	Registration certificate
	b) Registered under 80 G (If yes 2Marks, If no -) marks)	2	2	80 G regt. Certificate
	c) Working experience on health sector in the applied district (completion of minimum one year in project implementation- 5marks, completion of two years-7.5 marks and completion of 3 years and above- 10 marks)	10	0	MOU/Sanction order/Agreement
	d) Governance syytem (Meeting and minutes of the executive committee/ Governing body meeting based on by law and Memorandum of the society in the last financial year): (Less than 50% meeting-0 marks, 50%-75% meeting -1 Mark, >75% meeeting -3 marks)	3	0	Proceeding/ Meeting register of GB & EB
2	Field Level Experience (45 Marks)			
	a. Years of experience in implementing projects in health sector during last 10 years. (1-3 yrs= 3 marks,>3yrs=5marks)	5	5	MOU/Sanction order/Agreement
	b. Years of experience in implementing projects in health sector with the supprot of Govt(1-3 yrs=3 marks,>3yrs=5 marks)	5	5	MOU/Sanction order/Agreement
	c. Years of experience in managing Hospitals (1-3 yeras= 5 marks, >3 to 5yrs=7 marks, >5 years =10 marks)	10	10	MOU/Sanction order/Agreement
	d. Experience in providing comprehensive primary health care services at institutional level (Maternal health, Neonatal and infant health , child health, Adlosecent health , Reproductive health and contraceptive services, mangement of chronic communicable Diseases, Basic OPD Care, Management of Non-Communicable diseases, Management of Mental Illness, Dental Care, Eye Care/ENT Care, Geroatroc care, Managing emergency Medicine Store (maximum 10 markd) (1-3 yrs=5 marks, >3-5 yrs=7 marks, 5-10 yrs=8 marks & >10 years=10 marks)	10	8	MOU/Sanction order/Agreement
e. Multistate experience in managing health Institutions (>1 year-0 marks, 1 yr or above-5 marks)	5	0	MOU/Sanction order/Agreement	

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f. Currently managing hospital being a part of network of hospitals.				
1. Period 1 to 3 years-3 marks				
2. Period >3 to 5 years-4 marks				
3. Period >5 years-5 marks		5	0	MOU/Sanction order/Agreement
g. Currently having own Patient referral transport services (1-3 yrs = 3 maks, 3-5 years =4 marks & >5 years=5 marks)		5	0	Log book/other relevant document
Financial strength (20 marks)				
3	a. Financial turn over (minimum 25 lakhs as per last audit report >25-30 lakhhs-4 marks, 30-40 lakhs-6 marks, >40-50 lakhs-8 marks & >50 lakhs-10 marks)	10	10	
	b. Fixed assets in the name of the organization (minimum >10 lakhs assets=10 marks)	10	10	
Staffing: Other Strength (10 marks)				
4	Agencies having all staff such as Allopathic doctor, Staff nurses/ANM, Pharmacist & LT in the payroll of the organization. (1-3 yrs=5marks, 3-5 years=7 marks, >5 years-10 marks)	10	0	
	Other Strength : (05 marks)			
5	If the Organization received any National /State/District Level award by Govt. significant contribution in social development sector (National level-5 marks, State level-4 marks, District level-3 marks)	5	3	
	TOTAL	100	58	

Signature of the Assessment Team

Name	Designation	Signature
Dr. D. B. Tripathy	CDM & PHO, Koraput -	
Dr. Arun Kumar Padhi	DPHO, Koraput -	
Sr. M. Navikrishna Pradhan	DSWO, Koraput -	
Madhusmita Mohapatra	DWO, Koraput -	
Subha Kanta Gantayat -	DPM, NHM, Koraput -	
Bisnu Prasad Sahoo	DAM, NHM, Koraput -	
Sunil K. Ghadgi	PPP Coordinator, Koraput -	