



BID DOCUMENTS INCLUDING TERMS AND CONDITIONS FOR E-TENDER FOR HOUSEKEEPING AND SCAVENGING 177 NO. OF PERSONNEL (OF WHICH 30% SHOULD BE FEMALE CANDIDATES) FOR 1 (ONE) YEAR WHICH MAY BE ANNUALLY RENEWABLE UP TO 3(THREE) YEARS IN MALDA MEDICAL COLLEGE & HOSPITALS, MALDA

- During the time of award of work, the selected L1 bidder must submit the complete list of 177 (one hundred and Seventy seven) number of housekeeping & scavenging personnel whose deployment will be solely controlled by the tender inviting authority.
- The purchaser reserves the right to accept in part or in full any bid or reject any or more bid(s) without assigning any reason or to cancel the tendering process and reject all bids at any time prior to award of contract, without incurring any liability, whatsoever to the affected bidder(s).
- The instructions and necessary clauses as mentioned below will subside all the clauses mentioned in the tender documents and will be treated as the final tender clause.

Clauses are as follows :-

1. The bidder must have 03 (Three) year of experience.
2. The bidder must have credential of working in 1000 bedded hospital or above.
3. The credential or experience certificate or work order without bed no will be treated as invalid.
4. List of staffs with provisional appointment letter and others required documents as per Labour Act along with required qualification as per eligibility criteria and Police Clearance Certificate to be submitted before execution of agreement.
5. Among 177 Housekeeping & Scavenging staffs, 30% should be female candidate.

Medical Supdt. Cum Vice Principa
Malda Medical College & Hospital



GOVERNMENT OF WEST BENGAL
OFFICE OF THE MEDICAL SUPERINTENDENT-CUM-VICE PRINCIPAL
MALDA MEDICAL COLLEGE AND HOSPITAL, MALDA

Email: msvpmldmch@gmail.com

NIT No. MSVP/e-NIT/05/MLDMCH/2025-2026

Dated, Malda, the 12/03/2026

(Submission of Bid through NIC e-tender portal)

NOTICE INVITING E-TENDER CALL FOR CLEANING AND HOUSE KEEPING/SCAVENGING SERVICES AT MALDA MEDICAL COLLEGE & HOSPITAL, MALDA.

The Tender Committee has reserves the right of cancellation, adding, reducing or deferring the tender in total or in partial without assigning any reason thereof.

2. Date and Time Schedule of Tender:

Sl. No.	Particulars	Date & Time
1	Date of publishing N.I.T. & other Documents online	13.03.2026 at 06.00 p.m
2	Online documents download start date	13.03.2026 at 06.00 p.m
3	Pre-bid meeting to be held at office of MSVP office MMCH Malda	25.03.2026 at 01.00 p.m
4	2 nd Pre-bid meeting if at all required will be notified later	-----
5	Online Bid submission start date	30.03.2026 at 10.00 a.m
6	Online documents download end date	13.04.2026 at 06.00 p.m
7	Dates for submission of Earnest Money Deposit on line.	30.03.2026 at 10.00 a.m
8	Online Bid Submission closing date	13.04.2026 at 06.00 p.m
9	Online Bid Opening date for Technical Proposals	16.04.2026 at 02.00 p.m
10	Date of online uploading of list for Technically Qualified Bidders	To be notified latter
11	Date of online opening of Financial Proposal	To be notified latter

Medical Superintendent cum Vice Principal
Malda Medical College & Hospital, Malda.


Medical Superi Cum Vice Principal
Malda Medical College & Hospital,
Malda


NIT No. MSVP/e-NIT/05/MLDMCH/2025-2026

Dated, Malda, the 12/03/2026

Copy forwarded for kind information and necessary action please to the:-

1. Director of Medical Education, Govt. of west Bengal, Department of Health & Family Welfare, Swasthya Bhawan, GN-29, Sector-V, Salt lake City, Kolkata-700091.
2. Joint Secretary (MERT), Govt. of West Bengal, Department of Health & Family Welfare, Swasthya Bhawan, GN-29, Sector-V, Salt lake City, Kolkata-700091.
3. District Magistrate, Malda.
4. Principal, Malda Medical College, Malda.
5. Additional Medical Superintendent, Malda MCH, Malda.
6. Treasury Officer, Malda Treasury-II.
7. Accounts Officer, MMC, Malda MCH, Malda.
8. Deputy Superintendent (N.M), Malda MCH, Malda
9. Nursing Superintendent, Malda MCH, Malda
10. All Assistant Superintendent, Malda MCH, Malda.
11. Store in Charge (Medicine & Equipment), Malda MCH, Malda.
12. In-Charge, IT Cell, Department of Health & Family Welfare, Swasthya Bhawan, GN-29, Sector-V, Salt lake City, Kolkata-700091 With request to upload the same in the department's website.
13. Guard File.

Medical Superintendent cum Vice Principal
Malda Medical College & Hospital, Malda.


Medical Supdt. Cum Vice Principa.
Malda Medical College & Hosrita
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SECTION I: NOTICE INVITING TENDER (NIT)

1. The Medical Superintendent cum Vice Principal (MSVP) of Malda Medical College and Hospital (MCH) & Teaching hospitals / invites tenders from eligible and qualified bidders for providing Cleaning & Housekeeping Services for 1 (one) year. The contract period shall commence from the date of notification of award of contract for this tender.

Special Note: - E-Tender for 177 nos. of housekeeping and scavenging personnel.

2. The Tender should be addressed to The Medical Superintendent cum Vice Principal, Malda Medical College and Hospital Bidders may download tender enquiry documents from the websites <https://wbtenders.gov.in> and www.wbhealth.gov.in, MSVP, Malda MCH

SECTION II: PREAMBLE: Definitions and Abbreviations

- 1.1 The following definitions and abbreviations, which have been used in these documents shall have the meanings as indicated below:
- 1.2. **Definitions:-**
 - (i) **"Purchaser"** means the organization purchasing goods and /or services as incorporated in the Tender Enquiry document. The purchasing organization is the Malda Medical College & Hospital; Malda is represented through its MSVP.
 - (ii) **"Bid"** means Proposal/ Quotation received from a Firm / Bidder against the tender.
 - (iii) **"Bidder"** means the Individual or Firm submitting Bids/ Quotation.
 - (iv) **"Contractor"** means the individual or the firm supplying the goods and/ or services as incorporated in the contract.
 - (v) **"Goods"** means the articles, material, commodities, consumables, stationery, printing, items of clothing, raw material, spares, machinery, computer, electronics items etc. which the Contractor is required to supply to the purchaser under the contract.
 - (vi) **"Services"** means the scope of work, together with services allied and incidental to the supply of goods, such as their transportation, packing, installation, commissioning; also, cleaning, sweeping, washing, wastes disposal, assisting patients, housekeeping, monitoring and supervision, managerial/ administrative services, provision of technical assistance, training, maintenance service, insurance and other such obligations of the Contractor covered under the contract.
 - (vii) **"Earnest Money Deposit"** (EMD) means Bid Security/ monetary amount or financial guarantee to be furnished by a bidder along with its bid.
 - (viii) **"Contract"** means the written agreement entered into between the purchaser and the Contractor, together with all the documents mentioned therein and including all attachments, annexure etc. therein.
 - (ix) **"Performance Security"** means monetary amount or financial guarantee to be furnished by the successful bidder for due performance of the contract placed on it. Performance Security is also known as Security Deposit.
 - (x) **"Specification"** means the document/ standard that prescribes the requirement with which goods and/ or service has to conform.
 - (xi) **"Inspection"** means activities such as measuring, examining, testing, gauging one or more characteristics of the goods and/ or service and comparing the same with the specified requirement to determine conformity.
 - (xii) **"Day"** means calendar day.
 - (xiii) **"Bill of Quantity"** is the name for price schedule in e-tender software.


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Malda Medical College & Hospital
Malda

Abbreviations:-

- (i) "TE Document" means Tender Enquiry Document
- (ii) "NIT" means Notice Inviting Tender
- (iii) "GIB" means General Instructions to Bidders
- (iv) "GCC" means General Conditions of Contract
- (v) "ESIC" means Employees' State Insurance Corporation of India
- (vi) "EPFO" means Employees' Provident Fund Organization
- (vii) "GST" means Goods and Services Tax
- (viii) "CST" means Central Sales Tax
- (ix) "BMW" means Bio-Medical Waste
- (x) "DSC" means Digital Signature Certificate

1.4 The Tender Enquiry (TE) documents include:-


Section I: Notice inviting Tender (NIT)	Page no.
Section II: PREAMBLE: Definitions and abbreviations	Page no.
Section III: Requirements and EMD	Page no.
Section IV: Consignee List	Page no.
Section V: Specifications	Page no.
Section VI: General Instructions to Bidders (GIB)	Page no.
Section VII: General Conditions of Contract (GCC)	Page no.
Section VIII: Tender Application Form	Page no.
Section IX: Proforma for Performance Statement	Page no.
Section X: Price Schedule/ Bill of Quantity (Directions for quoting prices online)	Page no.
Section XI: Contract Form	Page no.
Section XII: Proforma of monthly-bill to be submitted by Bidder	Page no.
Section XIII: Checklist for the Bidders	Page no.


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SECTION III: REQUIREMENTS and EMD

Part.1 Table of Requirements

Sl no	Goods and services	No.	EMD Rs.
1	<p>177 no Trained cleaning & housekeeping staff (unskilled/ semi-skilled), with uniform and I-Card, for –</p> <ul style="list-style-type: none"> • Wards, • OPD (Out patients department) complex • Emergency and adjoining complexes like doctors rooms, nursing station, triage, brought dead room, injection room, radiology, minor OT etc. • Operation Theaters, • Labour rooms and ad joining complex • Laboratories, • Radiology Department including Ultrasonography, CT scan, MRI rooms etc. • Blood Centre, and Component separation rooms • Dialysis, Stores & Nursing admin. • ICU, CCU,CTVS,ICU,ITU,SNCU,SNSU,PICU, NICU • Radiotherapy Building, • CCB Building, • DEIC, • Guest House, • Residential Complex, • Medical College (Academy Building), Hostels. • Nursing College, • Library, • Auditorium, • AC Plant, • Kitchen, • CSSD (Central Sterile Stores Department), • Laundry, • Boiler, • Manifold, • Mortuary, • Cafeteria, • Public Toilets, • Parking, • Periphery of the Buildings, • Road cleaning, • Pump House, 	<p>Rs- 40,000 (Rupees forty Thousand Only) [The purchaser shall fix as EMD an amount equal to 2 % (two percent) of the current monthly bill for housekeeping services being paid by the MMCH]</p>


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EMD
Rs

	<ul style="list-style-type: none">• Stairs ramp and landing• Garage• Generator room• STP & clearance of chocking (round the clock) <p>[The State Government declares different rates of minimum wages for cleaning services in unskilled/ semi-skilled/ skilled workers. Again, minimum wage-rates for cleaning & housekeeping services in Zones A and B of the state are different.]</p>		
2	<p>Qualification :</p> <ol style="list-style-type: none">1. Sweeper/Cleaner – Class VIII or equivalent with 1 year prior experience in working at hospital/ health care facility.2. House Keeping Supervisor - Graduate in any discipline with 1 year prior experience in working at hospital/ health care facility.3. Police clearance certificate is compulsory for all staffs before engagement.	
3	Supervisor should be present for monitoring and supervision in all 3 shifts , 7 days of week	
4	<p>2 (two) sets of uniforms per year, I-Cards to all workers. Gum boots, hand gloves, safety goggles, masks, safety gears etc. to those required. <i>Separate dress code for sweepers dealing with Bio Medical Waste is to be ensured. The dress should be fitted with reflector tapes.</i></p> <p>Quality and colour code of such shall be as approved by competent authority of MCH/ hospital. All charges for these items of attire shall be borne by the bidder.</p>		
5	<p>The minimum and mandatory requirement of equipments, Consumables & chemicals for the job is listed in the Standard Operating Procedures of Cleaning and as per requirement of the job maintaining infection control protocol.</p> <p>All charges for using services of these cleaning & housekeeping equipment's, Consumables & chemicals shall be borne by the bidder.</p>		
6	License, if any required for housekeeping services at the site		


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SECTION IV:
When the MSVP
3.1 Self. etc.
Name

Schedule of work and Special Terms and Condition:-

1. Annual turnover for each year at least Rs. 5 Crores (Five Crores) or more in the last 3 (three) financial years, viz. 2022-2023, 2023-2024 and 2024-2025 .
2. The selection of the L1 bidders will be made in accordance with the existing provisions of relevant orders of finance department (West Bengal).
3. All bidders must upload all records, data and documents on which they wish to rely in support of their Technical Bid.
4. All the required documents uploaded by the bidders should have an index page indicating the name of the documents enclosed with the page number. Bid submitted without such index page may be summarily rejected by the Tender Inviting Authority.
5. Unless for reasons to the satisfaction of the Tender Inviting Authority, bidders will not be allowed to supplement data and documents submitted online, with additional data and documents, during tender evaluation.
6. In case any public complaint is received attributable to misconduct/misbehavior of contractor/agency's personnel, a penalty of Rs.1000/- for each such incident shall be levied and the same shall be deducted from contractor/agency's bill. Further, after enquiry, if found guilty, the concerned contractor/agency's personnel shall be removed from the Hospital/Medical College system immediately.
7. Ensure monthly salary payment to employees within 10th of every month, impose a penalty of Rs.10000/- (Ten Thousands) per day for delays.

H. D. S. M.

Medical Super. Cum Vice-Principal
Malda Medical College & Hospital
Malda

[Signature]

SECTION IV: CONSIGNEE LIST

(When the MSVP, MMCH invites the tender)

3.1 Self. address.....

Name, designation, phone number, email id of contact person 7605000802 estbmdmsvp@gmail.com,
msvpmldmeh@gmail.com

SECTION V: SPECIFICATIONS

1. Commencement of Service:

The contractor shall commence providing his service within 15 (fifteen) days from date of notification of award of contract for this e-tender. Time is the essence of the contract and should be strictly adhered to by the contractor.

2. **Bidder should visit the site before quoting rates in e-tender:** Intending bidder should visit the health facility and make himself thoroughly acquainted with the site condition, nature and requirements of the work, facilities for transportation, labour supply, storage of materials and removal of debris, waste, rubbish/biomedical waste. The rate quoted by the contractor shall take care of all contingencies required for operating efficient cleaning & housekeeping services at the health facility. The successful bidder shall not be entitled to any claim of compensation for difficulties faced or losses incurred on account of any site condition which existed before the commencement of the work or which, in the opinion of the health facility might be deemed to have reasonably been inferred to be so existing before commencement of the indoor patient housekeeping services contract. The necessary permission for onsite assessment may be obtained from the MSVP of the Malda MCH on arrival on any working day between 11 am and 4 pm.

3. Norms of Services to be provided

3.1 Minimum Norms of service-

1. Continuous sweeping to be ensured i.e. the sweeper/ cleaner to render services continuously to clean the wards, service areas including the toilet blocks of the ward etc. during each shift, not merely once per shift.
2. Every sweeper is to render service daily in each shift (Each shift implies 8 [eight] hours of continuous duty with ½ an hour break in between).

3.2 Calculation of requirement

1. The number of cleaning and housekeeping workmen as per Departmental order for such sanction for the facility. The number of works and supervisors will be specified by the Medical Service Branch of the Department for all hospitals including Medical Colleges and hospitals and teaching institutions. Under no circumstances should the upper limit be exceeded.

2. In female wards, paediatrics wards and in Labour Rooms, only **female sweepers / female housekeepers** are to be provided.

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4. Area of work

1. Definition of work area

All open and covered area within the boundary of the Health facility including roof and basement (if any) will within the scope of cleaning & housekeeping services to be provided by the contractor it includes all of the Hospital rooms of all the departments, stores, kitchen, consultants chambers, wards, ICUs, Operation Theaters, CSSD, Laundry, Labs, Blood Bank, all corridors and all covered spaces and premises and areas mentioned in the requirement list.

2. Objectives and general rules

- a. The main objective of the outsourced service is to provide a high level of a neat, clean, hygienic and presentable look to the entire area. The contracting organization and their team will supervise the work listed in the TORs.
- b. The contracting organization will ensure that the staffs deployed are dressed in neat and clean uniform, which is approved by the Health Facility.
- c. Housekeeping / cleaning services should be provided round the clock on all days including holidays, so that all areas are neat and clean all the time. Working hours should be adjusted in such a manner that initial cleaning work in the morning should be completed half an hour before the start time of normal work.
- d. Apart from cleaning & housekeeping services as described below, the Housekeeping staff shall also assist the hospital nursing staff in day-to-day patient care such as receiving and dropping patients at the entrance, taking patients to diagnostic /Laboratory, sending blood / stool / urine samples to laboratories etc.

3. Detailed scope of Cleaning & Housekeeping Services that are required to be rendered within the ambit of Housekeeping services (including Pest Control and Horticulture services), are as follows:

1. Mechanized & automated cleaning of

1. High Risk areas

Cleaning is to be as per Standard Operating Procedure (SOP) of High Risk areas given herein-below. Frequency of cleaning will be as per Cleaning Schedule given herein-below.

2. Low Risk areas

Cleaning is to be as per Standard Operating Procedure (SOP) of Low Risk areas given herein-below. Frequency of cleaning will be as per Cleaning Schedule given herein-below.

3. Toilets Cleaning

Cleaning is to be as per Standard Operating Procedure (SOP) of Toilets

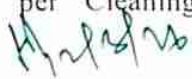
Cleaning given here in below. Frequency of cleaning will be as per Cleaning Schedule given herein-below.

4. Corridor Cleaning

Cleaning is to be as per Standard Operating Procedure (SOP) of Corridor Cleaning given herein-below. Frequency of cleaning will be as per Cleaning Schedule given herein-below.

5. Elevator Cleaning

Cleaning is to be as per Standard Operating Procedure (SOP) of Elevator Cleaning given herein-below. Frequency of cleaning will be as per Cleaning Schedule given herein-below.


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6. Staircases

Cleaning is to be as per Standard Operating Procedure (SOP) of Staircases Cleaning given herein-below. Frequency of cleaning will be as per Cleaning Schedule given herein-below.

7. Window Cleaning

Cleaning is to be as per Standard Operating Procedure (SOP) of Window Cleaning given herein below. Frequency of cleaning will be as per Cleaning Schedule given herein below.

8. Consultant Room/Faculty Room i/c attached toilet

Cleaning is to be as per Standard Operating Procedure (SOP) of Consultant Room/ Faculty Room Cleaning given herein below. Frequency of cleaning will be as per Cleaning Schedule given herein below.

9. Operation Room/OT

Cleaning is to be as per Standard Operating Procedure (SOP) of Operation Room/ OT Cleaning. Frequency of cleaning will be as per Cleaning Schedule given herein below.

10. ICU's

Cleaning is to be as per Standard Operating Procedure (SOP) of ICU Cleaning. Frequency of cleaning will be as per Cleaning Schedule given herein below.

11. Outer Area

Cleaning is to be as per Standard Operating Procedure (SOP) of Outer Area cleaning.

12. Structural glazing/curtain glazing of desired area

Cleaning is to be as per Standard Operating Procedure (SOP) of Structural glazing/curtain glazing of desired area cleaning.

N.B: There shall be zero tolerance for dust and dirt in the facilities. The Service Provider is required to maintain very high standards of sanitation.


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4. Waste Disposal Management (Including Bio-Medical Waste)

The following general instructions will be followed

- a. All collection, storage, transportation and disposal of hospital waste shall be in accordance with **Bio-Medical Waste (Management and Handling) Rules, 2016** and any other amendments or notification of the State Pollution Control Board.
- b. A detailed Hospital Waste Management Plan shall be prepared. The plan would be approved by the nodal officer of the health facility's authorities before start of work.
- c. All infected, chemical, Radiation, Cytotoxic Health care waste shall be segregated, collected, stored, transported and disposed in accordance with set guidelines of safety, ensuring that at no stage it gets mixed with general waste. Unscientific burning shall not be undertaken. Different **coloured bags/containers** namely **red, yellow, black, blue ribboned boxes** and puncture proof or stainless steel, lead containers shall be used depending on the category of waste.
- d. The waste shall be carefully secured or pre-treated for transportation to a common facility for disposal.
- e. Waste shall not be transferred from one bag to another. Bags should be tied when three fourths full and then placed in a bigger bag / container for transporting.
- f. Covered Trolleys or containers should be used for transportation. Before final disposal/ treatment waste should be kept in specified location and in specific liners and containers.
- g. The scope includes segregation, collection, storage, transportation within the Hospital until transportation by CBWTF. All statutory rules and regulations and legal requirements are to be followed at each stage.
- h. **Segregation, packaging, transportation and storage.-**
 - (1) No untreated bio-medical waste shall be mixed with other wastes.
 - (2) The bio-medical waste shall be segregated into containers or bags at the point of generation in accordance with Schedule I prior to its storage, transportation, treatment and disposal.
 - (3) The containers or bags referred to in sub-rule (2) shall be labeled as specified in Schedule IV.
 - (4) Bar code and global positioning system shall be added by the Occupier and common bio-medical waste treatment facility in one year time.


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Standard Operating Procedure of Cleaning of High Risk area

Objective: To clean and maintain sterile areas as per highest cleaning standards.

Identified sterile areas

(OTs/ICU/CSSD etc.) [excluding operation area]

Pre/Post operative units.

Main Emergency.

All Wards/In-patient rooms.

Isolation Wards

Path Labs./Micro-biology/Blood Bank.

I.C.U.s

Recovery Units.

Mortuary, Forensic.

Activity

Chemicals used

Dusting of All Areas

Bacillocid Solution/Hypochlorite

Scrubbing

2% Hypochlorite Solution/Mikrobac Forte & R-2 / S 2

Spray & Shield Areas

1% Bacillocid

Mopping

Mikrobac Forte/Hypochlorite


Disinfection

2% Bacillocid

Mattress Disinfection

Bacillocid Solution

Cleaning of sputum mug & urine pot


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Description:

Remove all soiled Linen and garbage. Check for cobwebs.

Possibly remove or keep aside machines and instruments. Dust the entire area.

Scrub thoroughly with Mikrobac Forte/1% Hypochlorite solution/R-2/S-2. Disinfect the entire area including walls, floor, tiles and skirting with steam cleaner. Arrange the machine and instrument in their respective places.

Re-dust the area again with Bacillocid solution.

Every week all sterile and sub sterile areas are thoroughly washed and scrubbed with hypochlorite solution/R-2/S-2 to ensure a completely disinfected area.

Change the mop if you can after using it with each individual. You can use old OT Sheets. Dip used mops in 2% sodium hypochlorite for half an hour.

Maintenances to be checked and fed in the computer on daily basis.

Curtain or divider should be washed and change weekly.

In case, of infected case discard towel or O.T. sheet can be used and thrown.

Amrita
In-charge Super. Surg. & Prosthetic
Maulana Medical College & Hospital
Maida
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Standard Operating Procedure of Cleaning of General/Low Risk area

Objective: To clean and maintain general/Low risk areas as per highest cleaning standards. Identified low risk areas.

Public areas

Waiting areas

Corridors

Basement

Staircases

Elevators

Library/Store

Hostels

Administrative Offices

Kitchen & Dietetics Department Outer Area,

Parks, Lawns Road

Activity	Material Used
Dusting	<u>Damp Duster with 1% Bacillocid/2% R-2</u>
Hovering	Vacuum Cleaner
Scrubbing	2%R-2 & Spiral or equivalent
Mopping	1% Hypochlorite/Mikrobac Forte

Description:

Remove all garbage from the dustbins.

Dust the entire area with a damp cloth or when necessary with Bacillocid solution. Vacuum cleans the entire area.

Mop the floor with 1% Hypochlorite/Mikrobac Forte.

After each shift mops should be dip into 1% Sodium Hypochlorite for re-use.

Scrubbing of the above mentioned areas to be done thoroughly every week with 2% R-

2. /S-2

A. K. S. S.
Medical Supdt. Cum Vice Principal
Malda Medical College & Hospital
Malda

Spiral solution.

Once a week area to be polished with terenova. Polished area needs to be buffed on daily basis.

Curtain or divider should be washed/changed on weekly basis. Thorough cleaning of the areas to be done once in a week.

Maintenances to be noted in checklist and fed in the computer on daily basis

M. P. Prasad

Medics Supri. Cum Vice-Principal
Malda Medical College & Hospital
Malda

[Signature]

Standard Operating Procedure of Corridor cleaning

Objective: To clean corridor within the facility safely and with as little interference as possible with daily activities and to minimize the potential risk associated with wet floor.

Description:

Place "Wet floor" caution signs at both ends of corridor to alert staff and visitors to a potential risk.

Brush the floor with feather duster.

Check the cobwebs in and around the wall and pillars.

Wet mop all corridor, covering only half of the width at time. This allows safe foot traffic at all times.

Wet mop the remaining half of the corridor only when the first half has dried completely. React to an emergency code in the area being cleaned by moving all machines and supplies (except "Wet floor" signs, which should remain in place to mark potentially slippery areas) out of the main traffic area to avoid interfering with emergency personnel.



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Standard Operating Procedure for Elevator Cleaning

Objective: To clean elevator cars, tracks, interiors and exterior of doors safety with as little inconvenience to the passengers.

Material required Step ladder

Rags Dust Mop

Bucket with wringer Wet Mop

Disinfectant detergent Hand vacuum

D-7/Steel polish or equivalent Small brush

Rubber gloves

Description:

Take the elevator to a non-patient, non-public floor for cleaning and turn off with key. Mix disinfectant detergent in pail and bucket.

Remove the light diffusers carefully & clean with damp cloth soaked in disinfectant detergent. Wipe dry to prevent streaking and replace.

Dust mop the floor.

Vacuum the tracks with vacuum equipped with crevice tool.

Spray D-7 or equivalent into the stainless walls if wall are stainless, rinsing thoroughly with warm water. then apply very thin coat of baby oil and buff it properly.

Clean channel on regular basis.

Weekly cleaning with cleaning kit as per standard practice.

SCHEDULE FOR CLEANING ELEVATORS

9:00 A.M.	10:00 P.M.	11:00 A.M.
2:00 P.M.	12 MIDDAY	1:00 P.M.
5:00 P.M.	3:00 P.M.	4:00 P.M.

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Medical Super. Gen. Secy. Principal
Malda Medical College & Hospital
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Standard Operating Procedure of cleaning the Staircases

Objective: To clean staircases with as little inconvenience to the users

Description:

Dusting of stair case railing.

Sweeping with feather brush/vacuum clean. Corners cleaning weekly.

Pay attention to hand marks, smudges, and snuffs on the railing and glass panels. Finally mop the floors.

Report any maintenance requirement to the Housekeeping Supervisor immediately. Hourly mopping/touch up with hand mop to be given to maintain it.

Heavy cleaning and scrubbing should be carried out at night. Check corner properly for the dirt.

Check for the cobwebs on regular basis.



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Standard Operating Procedure of Window Cleaning

Object : To maintain a clean and smudge-free surface on interior and exterior glass and mosaic tiles.

Equipment:

R-3 or equivalent Squeegee with

Handle Window Cleaner Small

Plastic Bucket Clean Rags

Sponge

Glass Scraper Window Brush

Description:

Prepare window cleaning solution Place window brush into solution

Apply solution to window surface using 's' strokes.

Use squeegee, starting at bottom corner and working upward along outside edge, across top, then downward using 's' stroke.

Dry squeegee blade as needed with clean dry cloth

Remove any solution remaining on window frames or ledge with clean cloth. Clean equipment and store properly.

Some areas may require the use of a glass scraper to remove tough stains.

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Medical Superintendent
Malda Medical College & Hospital
Malda

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Standard Operating Procedure of cleaning the Consultant Room/Faculty Room

Objective: To clean and service consultant room to provide the patient & consultant with clean, hygiene & aesthetically appealing room on check up.

Open the room

Open the blinds, check cords / louvers etc.

Check the air conditioning, water supply, light, partition curtains etc.

Note down damage or missing items. Inform supervisor if anything misplaced, damaged or needing repair.

Remove garbage from garbage bins & change garbage bags.

Clean the room with feather brush and dustpan.

Make the examination bed with fresh stain-free linen.

Dust items located on wall & high area clockwise and anti clock wise around the room. Items include: - picture frame, light fixture, & glass panes & ledge.

Check for the cobwebs in and around the wall and pillars.

Dust air conditioning vents with feather brush.

Dust the table beginning with top surfaces and working your way down to the base & legs.

Chairs / sofa repositioning.

Wipe down light switches & clean any smudges on surrounding wall areas.

If there is any stain on the wall please try to remove it if can be removed, if not, inform the hospital authorities for touch up.

Scrub floor with spiral and scrubbing machine.

Remove the water with wet vacuum.

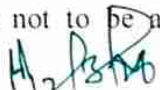
Wash flask, tray, and glass.

Replace tissue box, Fill up the soap solution. Mop the room with disinfectant.

Take one last look to see everything is in order, clock is working etc.

Spray a whiff of freshener and close the room door.

Corner to be cleaned thoroughly once a week for the dirt not to be accumulated there.


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Standard Operating Procedure of cleaning of Operation Room/OT

Objective : To prepare the Operation Room for surgery

Description:-

Basic principles of septic techniques dictate the procedures that are carried out immediately after completion of a surgery. The OTs is always kept clean & sterile.

The following housekeeping duties should be done at least one hour before scheduled incision time.

Removable tables and equipment to be kept outside the room.

Damp dust tops and rims of autoclave, washer sterilizer and counter top in sub sterile room adjacent to the operation theatre.

Wash the tiles / floor with sodium hypochlorite / Bacillocid solution. After the room is clean - let the surface dry.

Mop the floor with disinfectant 2% Mikrobac forte solution.

After each case O.T should be cleaned with 2% Bacillocid Solution and keep ready for next case.

At the end of the day O.T should be cleaned thoroughly for next day with Bacillocid solution.

Bio-Medical waste to be removed after each case.



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Standard Operating Procedure of cleaning of ICUEs

Objective : To keep the area hygienically clean, spic & span and see high service standards round the clock.

Description:-

Remove the soiled linen and garbage.

Damp dust the entire area with 2% Bacillocid solution.

Vacuum clean the entire area especially the corners, crevices, door edges, air-conditioner grills, ducts, etc.

Spot cleaning for removal of stains.

Wet mop entire floor with Mikrobac Forte solution

Maintenance to be checked and followed up for rectification and pending jobs.

Floor should be free of dust / dirt / and stain.

Workstation should be free of dust.

Ceiling lights / A.C grills should be free of dust / insects and should be correct form the maintenance points of view.

Dustbins should be cleared as and when required.

Floor scrubbing should be done once a week as per the schedule / as and when required.

Garbage should be cleared at the end of each shift.

In case of infected case mops needs to be thrown. Can use old towel as mop.

Check for the cobwebs on regular basis.

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Standard Operating Procedure for Toilets Cleaning

Objective: To provide clean, hygiene and bacteria free toilet to the patient and for guests

Material/Chemicals used

R-2 or equivalent Hygienic hard Surface Cleaner concentrate (Normal area 20-50 ml. in 1 Litre of water).

R-3 or equivalent Glass cleaner concentrate (Normal area 20-50 ml. in 1 Litre of water)

R-4 or equivalent Furniture Maintainer (Ready to use product).

R-5 or equivalent Room Freshener (Ready to use product).

R-6 or equivalent Toilet bowl/W.C. cleaner (Ready to use Product).

R-9 or equivalent Bathroom Cleaner Concentrate (Normal area 50-100 ml. in 1 Litre of water). Spiral Solution or equivalent Floor cleaner concentrate (Normal area 20 ml. in 1 Litre of water). Toilet Brush

Scrubber/Scotch Brite.

Hand mop

Dusters

Corner brush

Soap solution

Toilet Roll, Odonil, urinal cubes & naphthalene bowl.

Description:

Check all maintenance in washroom.

Remove all garbage from garbage bins and change garbage bag.

Apply R-6 or equivalent in WC/toilet pot properly.

Scrub tiles, washbasin all fittings & fixtures nicely with R-9.

Wash tiles, washbasin all fittings & fixtures nicely.

Scrub toilet bowl from inside and outside.

Wipe all tiles, fixtures, fittings, washbasin & WC (seat cover and outside WC).

Clean mirror with R-3 or equivalent, no water marks, frame edges clean.

Scrub and mop washroom floor from inside to outside.

Check & fill liquid soap, toilet roll, tissue paper, odonil, urinal cubes & naphthalene bowl. Spray air freshener.

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Sign on toilet checklist behind main door.

Standard Operating Procedure for cleaning the Outer Area

Objective: To provide clean environment to the visitors, patients & guests regularly. Description:

Outer area should be cleaned thoroughly at night.

Pick up the things littered around the hospital premises in the morning.

Brooming of heavy traffic area includes emergency, IPD, OPD & front area have to be done first.

Brooming of courtyard, cascade area & back area of hospital to be done afterwards.

Once area is thoroughly cleaned, touch ups to be given to the heavy traffic areas till evening.

Every Sunday thorough cleaning of cascade, courtyard and fountain area to be done.

Once a month total areas should be washed properly.

Check for cobwebs on wall and pillars of outer areas on regular basis.

Area should be brushed atleast thrice a day.



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Standard Operating Procedure for cleaning the Structural Glazing/Curtain Glazing Of Desired Area

Objective: To provide clean environment to the visitors, patients & guests regularly

Cleaning of fixed glass panes/ structural glazing/exterior mosaic tile area curtain glazing of desired area from outside, using Spiderman method including removal of bee-hives if any once in a month and bird dropping etc. including cleaning on Polycarbonate sheds provided on all three ramps and other area at the facilities.

Dynamic Rope

Seat Harness

Gri Gri

Shunt

Suction pad

Cleanser (all clean)

R3 brush

Wiper

Scraper

Helmet

Bucket


Duster

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CLEANING SCHEDULE

VERY HIGH RISK AREA

S.No.	Activity	Frequency	Agents Used	Responsibility
1- OT AREA / LABOUR ROOM				
I	Garbage Removal from OT to DU and from DU to Central Garbage Room	After every Case	As per the Bio Medical Waste (BMW) Guidelines	Sweeper/ Cleaner
II	Feather Brushing	After every case	Feather Brush	Sweeper/ Cleaner
III	1 st Mopping	Before start 1 st patient & after every Case	Wizard	Sweeper/ Cleaner
IV	2 nd Mopping	Before start of 1 st patient & after every Case	1% Sodium Hypo chlorite	Sweeper/ Cleaner
V	Garbage removal from the DU to Central Garbage Room	12:30pm and 3.30pm and as when require	As per BMW Guidelines	Sweeper/ Cleaner
VI	Brushing in the OT corridor	In Continuation	Flat Mop	Sweeper/ Cleaner
VII	Wiping of doors and windows in OT Corridor	<u>After every 1 hr</u>	Duster	Sweeper/ Cleaner
VIII	Mopping with Wizard in OT corridor	<u>After every 1 hr</u>	Wizard	Sweeper/ Cleaner
IX	Mopping with Sodium Hypochlorite n OT corridor	<u>After every 4 hr</u>	1% Sodium Hypochlorite	Sweeper/ Cleaner
2 - ICU, CCU, ICCU, NICU, PICU				
I	Removal of Garbage	8.00am, 12:30pm and 3.30pm	As per the BMW Guidelines	Sweeper/ Cleaner
II	Brushing	Thrice in a day 08.00am, 12.30noon, 03.30pm	Feather Brush	Sweeper/ Cleaner


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III	Wiping	After every 1 hr	Duster	Sweeper/ Cleaner
IV	Mopping with wizard	After every 1 hr	Wizard	Sweeper/ Cleaner
V	Mopping with Sodium Hypochlorite	After every 4 hrs & As and when Required	1% Sodium Hypochlorite	Sweeper/ Cleaner
VI	Washroom cleaning with Wizard	Cleaning after every half an hr	Wizard	Sweeper/ Cleaner
VII	Washroom cleaning with Sodium Hypochlorite	Cleaning after every 4 hr & As and when Required	1% Sodium Hypochlorite	Sweeper/ Cleaner

HIGH RISK AREA

3 - EMERGENCY

I	Removal of Garbage from patient side to DU and from DU to Central Garbage Area	8.00 am, 12.30pm and 3.30pm	As per the BMW guidelines	Sweeper/ Cleaner
II	Brushing	Thrice in a day 9.00am, 3.00pm, 9.00pm	Feather Brush	Sweeper/ Cleaner
III	Wiping	After every 2 hrs as and when required	Dusters	Sweeper/ Cleaner
IV	Mopping with wizard	After every 2 hrs as and when required	Wizard	Sweeper/ Cleaner
V	Mopping with Sodium Hypochlorite	After every 6 hrs as and when required	1% Sodium Hypochlorite	Sweeper/ Cleaner
VI	Washroom cleaning with Wizard	Cleaning after every half an hr.	Wizard	Sweeper/ Cleaner

VII	Washroom cleaning with Sodium Hypochlorite	Cleaning after every 6 hrs As and when required	1% Sodium Hypochlorite	Sweeper/ Cleaner
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4- CSSD AND MICROBIOLOGY

I	Removal of Garbage from	Twice in a day	As per the BMW	
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 Madra, Super. Genl. Secy. Principal
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	the area to Central Garbage Area	12.30 pm and 3.30 pm as and when required	guidelines	Sweeper/ Cleaner
II	Brushing	Thrice in a day 9.00am, 3.00pm, as and when required	Feather Brush	Sweeper/ Cleaner
III	Wiping	<u>After every 2 hrs</u>	Dusters	Sweeper/ Cleaner
IV	Mopping with wizard	<u>After every 3 hrs as and when required</u>	<u>Wizard</u>	<u>Sweeper/ Cleaner</u>

V	Mopping with Sodium Hypochlorite	<u>After every 6 hrs as and when required</u>	1% Sodium Hypochlorite	Sweeper/ Cleaner
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MODERATE RISK AREA

5- IPD ROOMS/WARDS

I	Removal of Garbage from patient room to DU and from DU to central Garbage area as per the timings of disposal	Thrice in a day from DU 9.00am, 12.30pm and 3.30 pm as and when required	As per the BMW Guidelines	Sweeper/ Cleaner
II	<u>Brushing</u>	Twice in a day 7.30am and 4.00pm as and when required	Feather Brush	Sweeper/ Cleaner
III	<u>Wiping</u>	Twice in a day 1 st from 7.30am and 2 nd from 4.00pm as and when required	Dusters	Sweeper/ Cleaner
IV	<u>Mopping with wizard</u>	Twice in a day 1 st from 7.30am and 2 nd from 4.00pm as and when required	Wizard	Sweeper/ Cleaner
V	<u>Mopping with Sodium Hypochlorite</u>	Twice in a day 1 st from 11.00am and 2 nd from 6.00pm as	1% Sodium Hypochlorite	Sweeper/ Cleaner

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VI	Washing cleaning	Three times in a day 1 st start from 7.30am 2 nd from 11.00am 3 rd from 4.00pm as and when required	Wizard and 1% Sodium Hypochlorite	Sweeper/ Cleaner
VII	Brushing in the Corridor in Moderate area	In continuation	Flat Mop	Sweeper/ Cleaner
VIII	Wiping in the corridor area	Twice in a day it starts from 7.30am onwards	Dusters	Sweeper/ Cleaner
IX	Mopping with wizard in Corridor	In continuation	Wizard	Sweeper/ Cleaner
X	Mopping with Sodium Hypochlorite in Corridor	After every 8 hrs	1% Sodium Hypochlorite	Sweeper/ Cleaner

		6. CAFETARIA/ KITCHEN (if applicable)		
I	Removal of Garbage to central Garbage Room	Twice in a day 12.30pm and 3.30 Pm	Black Garbage bag	Sweeper/ Cleaner
II	Brushing	Thrice in a day 8.00am, 12.00pm and 3.30pm and after every meal	Flat Mop and Feather Brush	Sweeper/ Cleaner
		8.00am, 12.00pm and 4.00pm and after every meal		Sweeper/ Cleaner
IV	Mopping with wizard	After every three hrs and after every meal as and when Required	Wizard	Sweeper/ Cleaner

7. PATHOLOGY LAB

I	Removal of Garbage from Area to DU from DU to Central Garbage Area	Thrice in a day 9.00am, 12.30pm and 3.30pm as and	As per the BMW Guidelines	Sweeper/ Cleaner
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		when required		
II	Wiping/Brushing	Thrice in a day 8.00am and 4.00pm and as and when Required	Duster	Sweeper/ Cleaner
III	Mopping with wizard	After every three hrs as and when Required	Wizard	Sweeper/ Cleaner
IV	Mopping with Sodium Hypochlorite	After every 8 hrs as and when required	1% Sodium Hypochlorite	Sweeper/ Cleaner


8 - DIAGNOSTIC AREA

I	Removal of Garbage from Area to DU from DU to Central Garbage room	Twice in a day from Central Garbage Area 12.30 pm and 3.30pm as and when required	As per the BMW Guidelines	Sweeper/ Cleaner
II	Wiping	Twice in a day 8.00am and 3.00pm as and when Required	Duster	Sweeper/ Cleaner
III	Brushing	Twice in a day 8.00am and 3.00pm as and when Required	Feather Brush	Sweeper/ Cleaner
IV	Mopping with wizard	After every 3 hrs as and when required	Wizard	Sweeper/ Cleaner
V	Mopping with Sodium Hypochlorite	After every 8 hrs as and when required	1% Sodium Hypochlorite	Sweeper/ Cleaner

9 - PUBLIC AREA WASHROOM

I	Cleaning with Wizard	Cleaning will be done after half an hr and boy will be stationed there	Wizard	Sweeper/ Cleaner
II	Washroom Cleaning with Sodium Hypochlorite	Cleaning will be done after every 8 hrs as and when required.	1% Sodium Hypochlorite	Sweeper/ Cleaner

10 - CORRIDOR

I	Mopping with dry mop	In continuation	 Flat Mop	Sweeper/ Cleaner
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II	Mopping with wizard	After every 3 hrs as and when required	Wizard	Sweeper/ Cleaner
III	Mopping with Sodium Hypochlorite	After every 8 hrs as and when required	1% Sodium Hypochlorite	Sweeper/ Cleaner

11- LOBBY

I	Wiping	In continuation	Duster	Sweeper/ Cleaner
II	Brushing with Dry Mop	In continuation	Flat Mop	Sweeper/ Cleaner
III	Mopping with wizard	After every 3 hrs as and when required	Wizard	Sweeper/ Cleaner
IV	Mopping with Sodium Hypochlorite	After every 8 hrs as and when required	1% Sodium Hypochlorite	Sweeper/ Cleaner

12 - OPD AREA

I	Removal of Garbage from area to Central Garbage Area	Twice in a day 12.30 pm and 3.30pm as and when required	As per the BMW Guidelines	Sweeper/ Cleaner
II	Brushing	In continuation	Feather Brush	Sweeper/ Cleaner

III	Wiping	Twice in a day 7.30am and 3.00pm as and when Required	Duster	Sweeper/ Cleaner
IV	Mopping with wizard	Twice in a day 7.30am and 3.00pm as and when Required	Wizard	Sweeper/ Cleaner
V	Mopping with Sodium Hypochlorite	After every 8 hrs as and when required	1% Sodium Hypochlorite	Sweeper/ Cleaner

13 - PHARMACY

	Removal of Garbage from area to Central Garbage Area	Thrice in a day 9.00am, 12.30pm and 3.30pm as and when required	As per the BMW Guidelines <i>H. P. S. S.</i>	Sweeper/ Cleaner
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Brushing	Twice in a day 9.00am and 3.00pm As and when Required	Feather Brush	Sweeper/ Cleaner
Wiping	Twice in a day 9.00am and 3.00pm As and when required	Duster	Sweeper/ Cleaner
Mopping with Wizard	After every 3 Hrs As and When required	Wizard	Sweeper/ Cleaner
Mopping with Sodium Hypo Chlorite	After every 8 Hrs As and When required	Sodium Hypochlorite	Sweeper/ Cleaner

14- PROCEDURE / TREATMENT ROOM

Removal Garbage From Area to Central Garbage Area	Thrice in a day Starts from 9.00am, 12.30pm and 3.00pm As and when Required	As per the BMW Guidelines	Sweeper/ Cleaner
Brushing	Twice in a day Starts from 9.00am, 12.30pm and 3.00pm As and when required	Feather Brush	Sweeper/ Cleaner
Wiping	Twice in a day 8.00am and 3.00pm As and when required	Dusters	Sweeper/ Cleaner
Mopping with Wizard	After every 3 Hrs As and When required	Wizard	Sweeper/ Cleaner
Mopping with Sodium Hypochlorite	After every 6 Hrs As and When required	1% Sodium Hypochlorite	Sweeper/ Cleaner

MINIMAL RISK AREA

15—ADMINISTRATION RECORD ROOM / STORAGE ROOM / ENGINEERING OFFICE

Brushing	Once in a day it Starts from 7.30 Am As and When required	Feather Brush 	Sweeper/ Cleaner
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Moping with Wizard	Once in a day it Starts from 7.30 Am As and When required	Wizard	Sweeper/ Cleaner
Wiping	Once in a Day At 8.00 AM	Duster	Sweeper/ Cleaner
16 -- OUTSIDE AREA			
Outside area Brushing	Cleaning starts From 7.30Am Onwards. As boy is already stationed There	Hard Broom	Sweeper/ Cleaner

Dilution of Wizard in all areas = 40ml in 1 liter of water.
Cleaning of spillage of

Blood / Body fluids-

1. Use disposable Gloves
2. Cover area with 1% Sodium hypochlorite
3. Leave for 20 minutes
4. Collect residue with disposable paper. Wipe and discard in bag
5. Wash surface with detergent and dry.
6. All waste, gloves, wipe, discard, seal and dispose as Clinical waste.

Mops Cleaning – Detergent wash & dry. Buckets – Detergent wash & dry

(if contaminated 1% sodium hypochlorite overnight rinse & dry)

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Subject: Cleaning of the water closet

Materials required: R-

6/Harpic

Vim powder (To be used as per the Housekeeping Supervisor instructions) Pine gold/Disinfectant

Dettol

Nylon scrubber WC

brush Discard towels

Check For:

- (a) Continuous flow of water,
- (b) Flush timer,
- (c) Missing or broken shoes/buffers,
- (d) Stained/scratched/broken/cracked/WC or WC seat,
- (e) Leakages under WC.

Process:

Flush out the water and spread R-6 all over the rim of WC and leave it for five minutes. Scrub the seat and the seat cover with cleaning agent.

Wash it with water.

Using the WC scrub brush, thoroughly clean the WC and flush.

With a clean discard, wipe the WC, WC pipes and underneath the WC bowl.

Push out the water from the bowl and put pine gold in it.

Wipe the WC with clean discard. Wipe

the WC with Dettol.

In case of any stubborn stains, report to the supervisors. Do not use any hard abrasive on the WC.

Check under the grooves and rim of WC for sparkling cleanliness.



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Subject: Cleaning of the Washbasin

Materials required:

Cleaning agent-R-1

Nylon scrubber Discard

towel Toothbrush

Procedure:

Check the washbasin for cracks, loose fitting.

With the scrubber and cleaning agent scrub the washbasin and counter taking care to scrub the rim and the drain corners properly with a toothbrush. Remove all the trays and other item from the counter before starting.

Take out the washbasin stopper and remove any hair sticking on the washbasin stopper jail. With the help of a toothbrush, clean the plastic jali properly removing any slime or stains from it.

Rinse the cleaning agent properly from the basin and dry it with a dry discard. With a wet discard, wipe the bottle trap to remove any dust or cobwebs from it.

Lastly, pour some pine gole into the drain so that the water in the bottle does not give any odor and the washbasin is properly sanitized.

Standards to be maintained:

Washbasin should be sparkling clean.

Fitting should be shining after cleaning them with a mild-cleaning agent. There should be not watermarks.

Polish the fitting with chrome polish.

The bottle trap should be free of dust and cobwebs. No hard abrasive to be used to prevent scratching.

In case of any stubborn stains, report to Housekeeping Supervisor immediately.

H. S. / 26
Medical Superintendent
Malda Medical College & Hospital
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Subject: Cleaning of Marble surfaces/Granite/Tiles

Materials required:

Mild cleaning agent (Bath/Spiral Solution) Scrubber

Clean discard

Procedure:

Scrub the surface with mild cleaning agent and a scrubber.

Rinse the surface thoroughly.

In case of excessive stains seek marble polisher's help.

For any stubborn white water marks on floor corners spray super gel and leave for 5 minutes and rinse with wet and dry the floor with the help of discard.

Once a week area needs to be polished with terenova.

Daily areas need to be buff.

Use only dry mops.

Subject: Cleaning of Chrome fittings

Materials required:

Cleaning agent-R-1 D-7 Discard

Toothbrush Sponge

Chrome polish


Procedure:

Clean the surface with a cleaning agent and a sponge.

Rinse thoroughly

Wipe dry with a towel discard.

Apply chrome and shine.


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Standards to be maintained:

Check for any loose screws, corroded or tarnished fittings, leakage, bends and dents, rust, salt deposition, detached chains.

All fixtures should be free of dust and depositions.

They should be chromed as and when needed, if tarnished. If polish is not available use Vim to shine.

Subject: Brass polishing of movable fixture

Materials required:

Dara

Flannel cloth Tooth

brush Safety goggles

Tamarind or lemon wedges. Mild
detergent

Procedure:

Wash the article in a mild soap solution to remove dust, dirt, and mud. Wipe dry with a soft cloth

Apply Dara with a soft toweling discard and rub the metal

Wipe off polish with a discard and shine it with a soft flannel for final finish.

Subject: Cleaning of upholstery

Material required:

1. Upholstery brush

Procedure:

Check the upholstery for any loose threads, wobbly legs, nails sticking out, any pasting needed and any pot latch ups.

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With the help of upholstery, brushes vigorously the dust starting from one end always remember to brush all the weave not against the fabric.

Brush the corners of the upholstery thoroughly.

In case of any stains spotting and shampooing to be done.

Make R-102 Solution for stain removing. Spiral can be used if R 102 is not available.

Subject: Cleaning of Looking mirrors

Material required:

Glass cleaner Feather

duster Flannel cloth

R-3 or equivalent

Procedure:

Dust the top of the glass with the feather duster to remove dust.

Neatly fold the glass cloth and spray glass cleaner on it and wipe the surface in a sideways motion or top to down.

Clean any oil stains or smudges on the mirror. Finally, wipe with a lint free cloth.

The mirror should be sparkling after being cleaned.

Subject: Cleaning a glass window

Materials required:

Glass cloth Glass cleaner

Damp cloth should be lint free 2"

paint brush

Dust pan

Feather duster

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Maidan Medical College & Hospital

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Procedure:

Check the cracks, loose glass.

Wipe the window glass and frame with a dry cloth or feather duster to remove loose dust. Take a brush and clean the grooves.

Check the window or lock hinges. The latch should not be creaking.

Spray some glass cleaner onto a cloth and start wiping the outside of the window from top to downward.

Check the window for any stubborn stains.

Clean the glass from inside. Finally wipe with a yellow flannel cloth. Check for any stains and fingerprints.

Subject: Cleaning of Telephones

Material required:

Dettol Cleaning

agent Discards

Toothbrush

Procedure:

Check the telephone for loose wires, clarity of voice, proper functioning of the buttons, proper dial tone, etc.

Clean the telephone with the help of a tooth brush and the cleaning agent.

Clean the hand set, around the buttons, grooves and the corners and telephone cradle.

The telephone should be cleaned patiently as it takes a long time to remove accumulated dirt from the grooves of the telephone.

The wire should also be cleaned with a wet cloth starting from the end pulling to the other end. If the wire is too dirty or has carbon stains it should be washed after soaking it in mild detergent for a few minutes.

Lastly disinfect the mouthpiece with a fresh dettol duster.

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Standard Operating Procedure for compliance of Biomedical Waste Disposal Guidelines

DEFINITIONS

Categories of waste

1. Anatomical waste - Tissues, organ, body parts.
2. Soiled waste (Solid waste) - blood and body fluids, stained dressings, swabs, cotton etc. solid plaster casts.
3. Plastic Waste - Intravenous sets and tubing, gloves, catheters, vacutainers and syringes (without needles), urine bags, blood bags.
4. Microbiology waste - lab cultures.
5. Sharps - Syringes with needles, burnt needles, sty lets, scalpels, lancets, blades, broken ampoules.
6. Liquid waste - waste from the laboratory and washing, cleaning and disinfection.
7. Expired Medicines.
8. General waste - paper, cardboard, unbroken glass bottles.

RESOURCES REQUIRED- To be provided to OT/Lab/Wards & Casualty


- i. Yellow Bag
- ii. Red Bag
- iii. Blue Bag
- iv. Black Bag
- v. Puncture Proof of sharp containers.

METHOD AND PROCEDURE

- i. Anatomical waste will be collected in yellow bags and will be kept in the room earmarked with yellow colour at the ground floor of the hospital premises for collection by centralized waste management contractor.
- ii. Soiled waste (Solid waste) will be segregated and collected in red bags and will be kept in the room earmarked with red colour at the ground floor of the hospital premises for collection by centralized waste management contractor.



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- iii. Plastic waste will be collected in blue bags will be segregated and collected in red bags and will be kept in the room earmarked with blue colour at the ground floor of the hospital premises for collection by centralized waste management contractor.
- iv. Sharps will be collected in puncture proof container and will be given for collection by centralized waste management contractor.
- v. Microbiology waste will be autoclaved.
- vi. Liquid waste will be disinfected with hypochlorite solution before disposal.
- vii. Expired Medicines will be sent to dispensary for return.
- viii. General waste will be collected in black bags and will be disposed at the municipal garbage collection pit for collection by municipal garbage collectors.

The following shall be followed:-

- a. Segregation will be done at source.
- b. Bins will have bio-hazardous sign on them.
- c. Sweepers/ Cleaners will wear gloves and masks before collecting the garbage.
- d. Bags will be secured when they are 3/4th full and will be clearly labeled with the date, time and respective floor.
- e. While handling the bag, it must be held at the closed top and away from the body.
- f. If a bag is found broken or not completely sealed then it should be double bagged into a second bag.
- g. Garbage will be transported in designated trolley to the storage area.
- h. Waste storage area must be inspected every week for spills and contained deterioration and the inspection must be documented.
- i. Before collection by the outside vendors, the garbage bags have to be weighed and the details like date, time floor, weight will be entered in the Garbage Register by the Housekeeping Supervisor in presence of security staff.
- j. Biomedical Waste Management and Handling Rules, 1998 amended in 2000 shall and subsequent amendments, if any shall be adhered to.

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Kritika Super Duty Officer
Malda Medical College & Hospital
Malda

Personal Hygiene & Etiquette and Manners

Personal Hygiene

- Staff must take bath daily.
- Staff to have regular haircut and keep it clean. It should not appear greasy, oily or unclean.
- Men must shave daily. Those sporting moustaches must keep them clean & trimmed. Moustaches must not be below upper lip.
- Teeth must be brushed immediately before coming on duty. Do not eat onion or garlic or smoke before the beginning of the shifts. Please use a mouth wash.
- Nails should be kept short & clean.
- Hands must be free of stains and skins break. Cut and burns must be covered with the correct dressings and do not be left exposed. Wash hands with soaps after using toilet or after eating or handling refuse.
- Uniforms should be clean, laundered & ironed. Change uniforms regularly. Change personal clothes every day. Uniforms should not be worn outside the working premises and when not on duty.
- Shoes must be kept clean and free of stains. Shoes must be aired daily. Use socks that absorb moisture and change them every day. Talcum powder must be used in between toes to keep it from the smelling.
- Adequate sleep and rest, maintaining healthy diet, with regular exercises will contribute in enhancing your alertness, your attentiveness and your overall personalities.

Etiquette and Manners

- A. Talking to patients / attendants
- While talking to patient / attendant always smile.
 - Maintain interest & helpful expressions.
 - Always look into the eyes of the person, maintaining eye contacts.
 - Keep a distance of 2' while addressing them.



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- Speak softly and clearly in your natural tone without using unnecessary hand movements & facial expressions.

- Maintain a very professional relationship with them and avoid getting personal.
- Never speak poorly of any colleague or of the organization with them.
- Do not bite nails or run hands through the hairs.
- Do not touch the nose or eyes or ears or the face.
- Chewing gums or other eatables must not be in the mouth.
- Cover your mouth with a handkerchief while coughing or sneezing.

B. While standing in public areas

- Stand erect, balancing the weight on both the feet and keeping the shoulders straight with the stomach in.
- Hands should be kept on the side or behind. Hands must not be in the pockets or on the hips or folded across the chest.
- Do not lean against a counter or against a wall or any other thing.
- Maintain poise at all times.
- Never move around in groups cause you are viewing the patient / attendant

C. While Walking

- Walk at even pace without making any sound of the footsteps or running.
- Give patient / attendant way if approaching or if you are near door, then open the door for the patient / attendant.
- Always walk on the left hand side.
- Walk erect, maintaining poise at all the time.

D. While talking to colleague

- Speak softly & politely in patient floor / critical areas.
- Do not use slangs or abusive language.
- Be aware of telecoms while in floor / public areas.
- Never Keep the patient/attendant waiting to use a telephone.
- Do not shout in to the phone.
- Avoid personal calls at work.
- Do not shout in to the phone

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CHECKLIST FOR CLEANING PROCEDURE AND METHODOLOGY

NABH reference: HIC 2 NABH Version No. – LAU/HIC2/ Cleaning Schedule/ver 1.0, 1st Dec 2008 D = Daily W = Weekly


M = Monthly

* Additionally as and when required


** During the running unit/ working hours

*** Public Area washroom and OPD, a Sweeper will be stationed here

Sl. No.	Cleaning Element	Very High Risk Area			High Risk Area			Moderate Risk Area			Low Risk Area		
		D	W	M	D	W	M	D	W	M	D	W	M
		No. of Times			No. of Times			No. of Times			No. of Times		
1.	Garbage removal (inside the unit)	After every case			8:00 AM, 12:30 PM & 3:30 PM*			*			*		
2.	Brushing	After every case			9:00 AM, 3:00 PM & 9:00 PM			7:30 AM & 4:00 PM			* 7:30 AM		
3.	Wiping	Every 1 hr.			Every 2 hr.**			7:30 AM & 4:00 PM			8:00 AM		
4.	1 st Mopping with wizard	Before & After every case			Mopping the unit with			8:00 AM			8:00 AM		


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					wizard after every 3 hours "						
5.	2 nd Mopping with wizard	Before & After every case			· Moppi ng the unit with wizard after every 3 hours "			5:00 PM		*	
6.	Garbage removal from Unit to Central garbage Room	12:30 PM & 3:30 PM'			2:00 PM & 8:00 PM'			7:30 AM, 12:30 PM & 3:30 PM'		8:00 PM	
7.	Brushing in the unit corridor	Frequent or continuous ly			Freque nt			Freque nt		*	
8.	Wiping of the doors and windows of the unit	Every 1 hr. "			Every 4 hrs.			Every 6 hrs.		Every 12 hrs.	
9.	Mopping with wizard in unit corridor	Every 1 hr. "			Every 2 hrs.'			Freque nt		8:00 AM	
10.	Mopping with Sodium	Every 4 hrs."			Every 6 hrs."			Every 12 hrs		8:00 AM	


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	Hypochlorite in unit corridor												
11.	Washroom cleaning with wizard	Every 30 mins			Every 30 mins			Every 1 hr			Every 4 hrs		
12.	Washroom cleaning with Sodium Hypochlorite	Every 4 hrs			Every 6 hrs			Every 8 hrs			Every 6 hrs		
13.	Mass cleaning with vacuum and soap water including Vents, exhausts	0	1	4	0	1	4	0	1	4	0	1	4

Zone	Units/ Departments
Very High Risk Area	OT Area Labour Room ICU CCU ICCU NICU PICU
High Risk Area	Emergency Micro Biology CSSD IPD Room IPD Ward Kitchen Cafeteria
Moderate Risk Area	Pathology Lab Diagnostic Area Public Wash Room Lobby OPD Area Pharmacy
Low/ Minimal	Procedure Room Treatment Room Record Room Storage Room Engineering Office

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Risk Area	Administrative Office Accounts Section Outside Area/ Campus
Modalities	Items All types of doors Door Grills Overhead Door Surrounding Frames Door Glass Door Closure Blood Strain Spillage Room Divider Low Partitioning Wall Cubicle Wall Patient Bed Bed Railings
Wiping	Interior Window/ Glass Patient Equipments Wheel Chair Bed Side Table Call Bell Chairs Stools Cabinet Desk Work Station Phone
Brushing	Cots Mattress Rugs

The Checklist for Cleaning Procedure and Methodology shall be complied by the Service Provider, with respect to the frequency of the Housekeeping Services to be provided and the Superintendent of the Hospital or the Corporation shall supervise as to whether the Housekeeping Services are being rendered in accordance to the Checklist and deviations from such Checklist, may result in imposition of Liquidated Damages, in terms of the Service



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Agreement. In case there is any conflict between the provisions of the Checklist and elsewhere in the Schedule of Requirements, the Checklist shall prevail.

Duties and Responsibilities of the Housekeeping Supervisor:

1. To monitor and ensure proper housekeeping activities are conducted at the hospital as per specifications.
2. To brief all sweepers/ cleaners regarding their duties, designated areas and special instructions, if any.
3. To create awareness and train all sweepers/ cleaners regarding methods and the specifications, and to inform them of any changes in routines or specifications.
4. To de-brief all sweepers/ cleaners at the end of each shift.
5. To monitor that the sweepers/ cleaners are cleaning in the manner as prescribed in the SOP in order to ensure that all service areas are covered in the best possible means.
6. Educate the sweepers/ cleaners on Bio Medical Waste Management practices to ensure collection, storage and disposal of waste is carried out as prescribed.
7. To inform all discrepancies and maintenance requirements brought to notice by the sweepers/ cleaners and by the supervisor's own observations to the hospital authorities immediately.
8. To ensure discipline, proper attire and etiquette of all sweepers/ cleaners reporting to him.
9. To maintain the daily attendance record, absentee list and list of stand-by personnel called for duty.
10. To ensure that janitor closet and storage areas are maintained in a neat and orderly manner at all times.

Duties and Responsibilities of the Sweepers/ Cleaners:

1. The cleaning activities are to be undertaken as per the cleaning schedule mentioned for each functional area.


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2. As per schedule mentioned, clean all rooms (both inside and outside), doors, windows, grills, fittings, furniture, corridors, ceiling (high cleaning), lift cabins, surface areas and flooring of the entire hospital, parking areas by using suitable /standard cleaning equipment / chemicals. High dusting of corners, ceiling fixtures and so on will be performed as per schedule given.
3. Empty and clean the trash receptacles in the common areas, sweep the staircases, landings and prescribed areas.
4. The computer parts, computer related instruments, if any, telephones, all electrical equipment to be dusted under supervision of the user / staff nurse / paramedical staff in-charge.
5. Clean properly all equipment used and keep them at the designated places.
6. Clean the different signage's of the common areas.
7. Any such stains / marks, which cannot be removed easily without affecting the surface or existing paint, should be brought to the notice of the Housekeeping Supervisor.
8. Any condition of the building requiring repair or attention should be brought to the notice of the Housekeeping Supervisor, as soon as possible.
9. The Sweepers/ Cleaners should be alert and observe any discrepancies in the fittings, fixtures and other such items in the designated areas. Any such discrepancy should be reported to the Housekeeping Supervisor promptly.
10. All floors to be cleaned using only disinfectants as mentioned in the SOP and also as specified by the Hospital Superintendent.
11. All OPD, IPD, Wards and Corridors should be cleaned of cobwebs once in a week on the scheduled days as per Cleaning Schedule.
12. All sun-shades and roofs should be cleaned once in a week on the scheduled days as per Cleaning Schedule.
13. Cleaning of the entire premises (including all vacant spaces) every day.
14. Ensure that there is no open air defecation, urine, spitting, etc., and to maintain a pollution free environment.
15. Regularly check out the toilets and other washing areas for any taps left open.


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16. Collect the waste generated in the bins provided by the hospital, segregate them as per colour classifications and transport the same to the rooms earmarked for collection by at the ground floor of the hospital premises for collection by centralized waste management contractor. Garbage room of the hospital and the bins should be regularly cleaned and kept covered.
17. Provide necessary help in the segregation of different waste and in the proper disposal of the same.
18. Clean the drains within the hospital premises regularly and ensure no clogging.
19. Clean and de-silt on a periodic basis the overhead tanks, sumps and septic tanks of the hospital as per Cleaning Schedule.
20. Clean all bathrooms, toilets, wash area, wash basin, sinks, etc by using suitable cleaning equipment / chemicals as per Cleaning Schedule. All toilets should be washed with disinfectants as per Cleaning Schedule.
21. Clean and disinfect the underground and overhead tank periodically after emptying the water from the tanks, as per instruction of hospital authority.
22. Clean the terrace periodically, as per instruction of hospital authority.
23. Maintain SOP for Housekeeping as mentioned in the Bidding Documents.

Housekeeping Monitoring and Control

For better management and smooth services, the following monitoring mechanism will be adopted by the Service Provider :-

1. Cleaning Checklist - This is to be attached on the back of the toilet door. It is to be filled up by the Sweepers/ Cleaners on hourly daily.
2. Management / Housekeeping Service Requirements/ Complaints Report - This is to be filled up by the Facility Manager of the Service Provider who receive/observe the complaints/requirements for any of the services. All suggestions, complaints related to services or staff deployed by the Service Provider will be registered at site on a computer and should be reported to the Superintendent of the hospital or any other


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designated official. The Service Provider will take immediate action to resolve the same failing which Liquidated Damages may be imposed on the Service Provider.

IMPORTANT: Every care has been taken to cover all important scopes, aspects, areas requiring Housekeeping Services, these are, however, not exhaustive and if deemed fit, Superintendent of hospital may add additional scope of work, for which no additional payment whatsoever on any account will be made.

Documentation

The following general requirements and documentation will be followed / maintained

- a. Organizational structure with local supervisor and line of authority with job description of each category of housekeeping staff.
- b. Housekeeping manual and all SOP (Standard Operating Procedures).
- c. List of equipment deployed at the health facility.
- d. On job training and documentation
- e. Vaccination record of all staff
- f. Maintaining records of the following
 - i. Weekly duty roster and Attendance
 - ii. Needle stick injuries
 - iii. Amount of biomedical waste going out to outsourced agency
 - iv. Memorandum of understanding
 - v. Complaint book
 - vi. **Check-list would be displayed in each area of work, as given in Appendix 'II'.**
 - g. Maintaining logs and checklist.
 - h. Ensure that both male and female staff should be posted in areas like wards, ICUs, Casualty and OPD, CCU & Wards (wherever applicable)
 - i. **Female patients should be attended by female staff only.**
 - j. Immediate replacement of staff on leave.
 - k. Rotation of staff if required but the staff of critical areas should not be rotated too frequently.

To perform any other cleaning and housekeeping works as directed by the Medical Superintendent or his authorized person.

Supervisor in each shift should be posted for looking after the cleaning & housekeeping service, who in turn will report to the hospital authority regarding the performance on shift basis as per checklist.

SECTION VI: GENERAL INSTRUCTIONS TO BIDDERS

1. Introduction:-

- 1.1 Before formulating the bid and submitting the same to the purchaser, the bidder should read and examine all the terms, conditions, instructions, checklist etc. contained in the TE documents. Failure to provide and/or comply with the required information, instructions etc. incorporated in these TE documents may result in rejection of its bid.

2 Corrupt or Fraudulent Practices:-

- 2.1 It is required by all concerned namely the Consignee/Bidders/Contractors etc. to observe the highest standard of ethics during the procurement and execution of such contracts. In pursuance of this policy, the Purchaser: -

(a) Defines, for the purposes of this provision, the terms set forth below as follows:

- (i) "corrupt practice" means the offering, giving, receiving or soliciting of anything of value to influence the action of a public official in the procurement process or in contract execution; and
- (ii) "fraudulent practice" means a misrepresentation of facts in order to influence a procurement process or the execution of a contract to the detriment of the Purchaser, and includes collusive practice among Bidders (prior to or after Bid submission) designed to establish Bid prices at artificial non-competitive levels and to deprive the Purchaser of the benefits of free and open competition;

(b) will reject a proposal for award if it determines that the Bidder recommended for award has engaged in corrupt or fraudulent practices in competing for the contract in question;

(c) Will declare a firm ineligible, either indefinitely or for a stated period of time, to be awarded a contract by the purchaser if it at any time determines that the firm has engaged in corrupt or fraudulent practices in competing for, or in executing the contract.

3. Availability of Funds:-

- 3.1 Expenditure to be incurred for the proposed purchase will be met from the funds available with the purchaser/consignee.

4. Consignee as Executor of contract:-

- 4.1 When the Purchaser for this tender is a MSVP, he will declare the result of evaluation of bids for this tender and issue notification(s) of award(s) of contract to successful bidder(s). The consequent contract(s) with the bidder(s) shall be signed and executed henceforth by the consignee(s).

5. Eligible Goods and/ or Services:-

- 5.1 All goods to be supplied under the contract shall have their origin in India or any other country with which India has not banned trade relations. The term "origin" used in this clause means the place where the goods are grown, produced, mined or manufactured or from where the services are arranged and supplied.

6. Bidding, Contracting and Billing Expenses:-

- 6.1 The bidder shall bear all costs and expenditure incurred and/or to be incurred by it in connection with its bid including preparation, mailing and submission of its bid and for subsequent processing the same. The purchaser will, in no case be responsible or liable for any such cost, expenditure etc. regardless of the conduct or outcome of the tendering process.

- 6.2. The bidder shall bear all costs, including the cost of stationery and printing, for signing of the contract and submission of bills for payment.

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7. The Authority would deduct portion of the Monthly Contract Fee due to the Service Provider for any calendar month after the Effective Date, if the Service Provider fails to meet during that calendar month, the performance parameters as described herein below. The deduction of the Monthly Contract Fee would be calculated in the following manner:-

SL NO	Performance Parameters	Methods of Quantification of pre-estimated genuine Liquidated Damages
1.	Failure to provide the following to the Housekeeping and Scavenging Personnel: (a) Uniform (b) Shoes (c) ID Card	Rs.100/-per person per day If any manpower is in violation for more than one category in Sl. 2,the amount of Liquidated Damages shall not exceed Rs.100/-per person
2.	Failure to commence Services within the stipulated date	Rs.10,000/-per day
3.	Proven misbehaviour by the Service Provider's personnel	Rs.1000/-per incident
4.	Failure to make labour lower Rate compliances with respect to its employees, like non-payment of PF, ESI, etc.	Rs. 1,000/- per person per day per instance from-compliance
5.	In case of any cease worker concerted refusal to render services by the personnel deployed by the Service Provider ,resulting in hampering of the service sat the facility(is)	Rs.50,000/-per day
6.	Failure to make payment of monthly wages to the personnel deployed by the 10 th of the succeeding month.	Rs.10,000/-per day
7.	Contractor/agency's personnel(s) deployed under the contract is (are) absent	Double the wages of number of guards/supervisors absent on that particular day shall be levied.
8.	In case the Service Provider fails to provide any Consumables or Machines as specified in the Schedule of Requirements continuously for a period of 15 (fifteen) days, the hospital/ the Authority has the right to purchase the unavailable Consumables or Machines at market rates and the Authority shall have the right to deduct an amount double the cost of purchase of such Consumables or Machines along with transportation cost, from the monthly bill of the Service Provider in addition to the imposition of applicable Liquidated Damages.	

8. Assignment:-

8.1 The Contractor shall not assign, either in whole or in part, its contractual duties, responsibilities and obligations to perform the contract.

9. Clarification of TE documents:-

9.1 A bidder requiring any clarification or elucidation on any issue of the TE documents may take up the same with the purchaser in the pre-bid meeting.

9.2. The bidder may also take up the same in writing. The purchaser will respond in writing to such request provided the same is received by the purchaser not later than eight days prior to the prescribed date of submission of bid.

9.3. Financial Bid will be the rate quoted by the bidder (in INR) on a per square foot of carpet area per month basis for providing the Services mentioned in the Scope of Services of the Schedule of Requirements, which shall be exclusive of all rates, levies and taxes. There shall be no other sum payable on any head to the bidder other than the bills based on the rate quoted in the Financial Bid, subject to the provisions of Sl. 14 of the e-NIT.

C. PREPARATION OF BIDS FOR e-TENDER:-

10. Documents comprising the e-Tender: Instructions to bidders for electronic submission of bid:

10.1. **Registration of Bidder:** A bidder willing to take part in the process of e-Tendering will have to be enrolled & registered with the Government e-Procurement System, by logging on to <https://wbtenders.gov.in>. The bidder is to click on the link for e-Tendering site as given on the web portal.

10.2. **Digital Signature Certificate (DSC):-**

10.2.1. Each bidder is required to obtain a Class-II or Class-III Digital Signature Certificate (DSC) for submission of bids from the approved service provider of the National Informatics Centre (NIC) on payment of requisite amount. Details are available at the Web Site <https://wbtenders.gov.in>. DSC is given as a USB e-Token.

10.2.2. The bidder can search and download Notice Inviting Tender (NIT) & Tender Document(s) electronically from computer once he logs on to the website <https://wbtenders.gov.in> using the Digital Signature Certificate. This is the only mode of collection of Tender Documents.

10.3. **Submission of Bids:-**

Bids are to be submitted online to the website <https://wbtenders.gov.in> in two folders before the prescribed date and time using Digital Signature Certificate (DSC). The documents to be uploaded should be virus scanned copies, duly Digitally Signed. The documents will get encrypted (transformed into non readable formats) on uploading. The two folders are:

- 1) Technical Proposal: containing Statutory Cover and Non-statutory cover
- 2) Financial Proposal: containing Bill of Quantities


10.4. **Technical Proposal: Statutory Cover:-**

10.4.1. Statutory Cover shall contain the following documents:

A) Tender Documents:

- i) Application to participate in tender as per Section VIII: Tender Application Form (refer GIB 12.2)
- ii) Notice Inviting Tender: Sections I to XV

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B) Scanned copy of EMD or documents in support of exemption/relaxation claimed for EMD

10.5. Technical Proposal: Non-Statutory Cover:-

10.5.1 Click the check boxes beside the necessary documents in the My Document list and then click the tab "Submit Non Statutory Documents" to send the selected documents to Non-Statutory folder.

10.5.2 Next Click the tab "Click to Encrypt and upload" and then click the "Technical" Folder to upload the Technical Documents using: (a) multiple scan (b) black and white scan (c) scan resolution should be within 250.

10.5.3 Non Statutory Cover will contain following documents (please also refer GIB clause 12 for elucidation)

Sl. No.	Category Name	Sub-Category Description	Detail(s)
A.	Certificate(s)	Certificate(s)	i. Income Tax PAN ii. Professional Tax Registration iii. GST Registration iv. ESIC Code Number (refer GIB 12.6) v. EPFO Registration (refer 12.7) vi. Contract Labour (Regulation Abolition) Act Registration (refer GIB 12.8)
B.	Company Detail(s)	Company Detail	i. Certificate of Incorporation ii. Trade Licence up to date iii. Power of Attorney (refer GIB 12.3)
C.	Credential	Credential – 1 Credential – 2	Performance Statement as per Section IX along with documentary evidence
D.	Documents	Documents	i. Audited Balance Sheet & Profit & Loss A/c of last 3 years ii. Name, address of banker, account number iii. Bank Solvency Certificate as per GIB 12.5 iv. Bidder's Undertaking as per GIB clause 12.4 v. Bidder's Undertaking to provide Housekeeping Equipment as per Section XII for this job

10.6 Financial Proposal: Bill of Quantities:-

10.6.1 The financial proposal (cover) or prices quoted should be uploaded online through the Bill of Quantities (BOQs). The bidder shall quote the price online in the space marked for quoting prices in the BOQ. Only downloaded copies of the BOQs are to be uploaded, virus scanned & digitally signed by the bidder. Please refer Section X: 'Price Schedule/ Bill of Quantity' for directions on quoting prices online.

11. Earnest Money Deposit (EMD):-

11.1 The amount of Earnest Money to be submitted for each item(s) of goods and/ or services bid for is mentioned in Section III: Requirements, Specifications and EMD.

11.2 The earnest money shall be denominated in Indian Rupees

11.3 Deposition of earnest money:-

- Net Banking (any of the banks listed in the ICICI Bank gateway) in case of payment through ICICI bank Payment Gateway.
- RTGS/NEFT in case of offline payment through bank account in any bank.

11.4. Payment by Net Banking:-

- a) On selection of net banking as payment mode, the bidder will be directed to ICICI Bank Payment Gateway webpage (along with a string containing a UNIQUE ID) where he will select the bank through which he/ she wants to do the transaction.
- b) Bidder will make payment after entering his/her Unique ID and password of the bank to process the transaction.
- c) Bidder will receive a confirmation message regarding success / failure of the transaction.
- d) If the transaction is successful, the amount paid by the bidder will get credited in the respective pooling account of the State Government maintained with the Focal Point Branch of ICICI Bank at R N Mukherjee Road , Kolkata for collection of EMD / Tender fees.
- e) If the transaction is failure, the bidder will again try for payment by going back to the first step.

11.5. Payment through RTGS/ NEFT:-

- a) On selection of RTGS/NEFT as the payment mode, the e-procurement portal will show a pre-filled challan having details to process RTGS/NEFT transaction.
- b) The bidder will print the challan and use the pre-filled information to make RTGS / NEFT payment using his bank account.
- c) Once payment is made , the bidder will come back to the e-Procurement portal after expiry of a reasonable time to enable the NEFT / RTGS process to complete , in order to verify the payment made and continue the bidding process.
- d) Hereafter, the bidder will go to e-Procurement portal for submission of his bid.
- e) But if the payment verification is unsuccessful, the amount will be returned to bidder's account.

11.6. Refund / Settlement Process:-

a) After opening of the bids and technical evaluation of the same by the tender inviting authority (TIA) through electronic processing in the e-Procurement portal of the State Government, the TIA will declare the status of the bids as successful or unsuccessful which will be made available, along with the details of the unsuccessful bidders, to ICICI Bank by the e-Procurement portal through web service.

b) On receipt of the information through e-Procurement portal, the Bank will refund, through an automated process, the EMD of the bidders disqualified at the technical evaluation to the respective bidder's bank account from which transaction was made. Such refund will take place within T+2 Bank Working Days (Where T means the date on which information on rejection of bid is uploaded to e-Portal by the TIA.)

c) Once the Financial bid evaluation is electronically processed in the e-Procurement Portal, EMD of the technically qualified bidders other than that of L1 & L2 bidders will be refunded, through an automated process, to the respective bidders' bank account from which payment was made. Such refund will take place within T+2 Bank working days. However, the L2 bidder should NOT BE REJECTED till the LOI (Letter of Intent) process is successful.

d) If the L1 bidder accepts the LOI and the same is processed electronically in the e-Procurement Portal , EMD of the L2 bidder will be refunded through an automated process ,to the his bank account from which payment was made . Such refund will take place within T+2 Bank working days. (Here T means the date on which information on Award of Contract to the L1 bidder is uploaded in the e-Procurement Portal by the TIA)

e) As soon as the L1 bidder is awarded the contract and the same is processed electronically in the e-Procurement Portal:-

i) EMD of the L1 bidder for tenders of the State Government Offices will automatically get transferred from the pooling account to the State Govt. Deposit Head "8443-00-103-001-07" through GRIPS along with the bank particulars of L1 bidder.

ii) Such transfer will take place within T+1 Bank working Days (Here T means the date on which Award of Contract is issued)

iii) All refunds will be made mandatory to the Bank A/C from which payment of EMD was initiated.

11.7. The TIA of the government offices will be using their respective e-Procurement User ID and password to view the EMD deposited by the bidders in the pooling accounts.

12. Additional Information on Technical Proposal/Bid:-

12.1 The documents prescribed to be uploaded online for Technical Proposal by the Bidder shall be in the following manner:

12.2 Tender Application Form as per Section VIII **without indicating any prices. Any mention of price at this stage may lead to summary rejection of bid.**

12.3 Power of Attorney in favour of signatory of TE documents.

12.4 Bidder's undertaking:-

12.4.1 The bidder shall provide an undertaking that the proprietor/ promoter/ director of the firm, its employee, partner or representative are not convicted by a court of law following prosecution for offence involving moral turpitude in relation to business dealings including malpractices such as bribery, corruption, fraud, substitution of bids, interpolation, misrepresentation, evasion, or habitual default in payment of tax levied by law; etc. Also, the firm does not employ a government servant, who has been dismissed or removed on account of corruption.

12.4.2 The Bidder shall disclose all instances of its past performance during last 3 (three) years, when any adverse action against it may have been taken by any government/ PSU/ Local Body etc.

12.5 **Bank Solvency Certificate** of the bidder shall be for any date within last 3 (three) months from date of issue of this tender.

The Bank Solvency Certificate must be for an amount equal to 3 (three) months' total statutory monthly emoluments as per applicable rates of that date, payable to the total number of (unskilled + semi-skilled + skilled) workers to be deployed as per Section III: Requirements and EMD in the MCH/ hospital. **It is a onetime procedure.**

Here 'Statutory Monthly Emoluments' shall mean amount payable as per Row 12 of Schedule of Payment under Section XIII: Proforma of Monthly Bill to be submitted by the Bidder.

No additional charges, taxes, including General Service Tax etc. need to be considered for purpose of calculation of 'Statutory Monthly Emoluments' as mentioned in this clause.

12.6 ESIC Code Number Allotment is mandatory.

12.7 EPFO Registration is compulsory.

12.8 Registration under Contract Labour (Regulation and Abolition) Act for contractors employing 20 or more persons on any day during preceding 12 months from date of issue of tender.

12.9 The bidder shall have valid license for providing pest control under the Insecticide Rules, 1971 either in its own name or it shall have a valid agreement with a contractor rendering pest control services, who shall have a valid license for providing pest control under the Insecticide Rules, 1971.

13 Preparation of Bid Documents:-

13.1 The bid shall either be typed or written in indelible ink and the same shall be signed/ digitally signed by the bidder or by a person(s) who has been duly authorized to bind the bidder to the contract. The letter of authorization shall be by a written power of attorney, which shall also be furnished along with the bid.

13.2 All the documents of the bid shall be duly signed/ digitally signed at the appropriate places as indicated in the TE documents and all other pages of the bid including printed literature, if any shall be initiated by the same person(s) signing the bid. The bid shall not contain any erasure or overwriting, except as necessary to correct any error made by the bidder and, if there is any such correction; the same shall be initiated by the person(s) signing the bid.

EMD was

13.3 It is the responsibility of bidder to go through the TE document to ensure furnishing all required documents in addition to above, if any. Wherever necessary and applicable, the bidder shall enclose certified copy as documentary evidence to substantiate the corresponding statement.

13.4 A bid, which does not fulfil any of the above requirements and/or gives evasive information/ reply against any such requirement, shall be liable to be ignored and rejected.

13.5 Bid sent by paper/fax/telex/cable/email etc shall be ignored.

14 Tender Prices:-

14.1 Bidders submitting lowest value for the Bid will be accepted. Bid value will include the minimum approved wages of employees engaged by the agency, as per sanctioned strength, other applicable charges as Bonus, EPF, ESIC etc. and other statutory deductions and Government taxes as applicable and cost of equipment,.

14.2 The bidder shall bear all charges for providing 2 (two) sets of uniforms per year, I-Cards to all workers; gum boots, hand gloves, logistics as mops, trolleys etc., safety goggles, masks, safety gears etc. to those required. The quality and colour code of such items of attire shall be as per approval of competent authority of MCH/ hospital.

14.3 The bidder shall bear all charges for providing Machines, equipment, tools and tackles, small or big, covered trolleys, other items required for the job. The minimum and mandatory requirement of equipment for the job is listed in Schedule XII.

14.4 Also, the Bidder shall bear all charges like packing and forwarding, transportation, insurance, storage, loading/ unloading; expenses of his service personnel, including their health and safety measures and any other expenses necessary in compliance with the requirement of goods and/ or services; ex-factory/ ex-warehouse/ ex-registered or branch office to the consignee site for a period including three months beyond date of delivery.

14.5 The bidder shall pay the staff deployed by it for housekeeping in the MCH/ hospital, at least the minimum wages as fixed by the state government, bonus, dues, entitlements etc. as per the relevant statutes in vogue and revised from time to time. These Statutory Charges claimed by the bidder shall be reimbursed by the purchaser on basis of submission of documentary evidence of actual payment made by the bidder to its housekeeping staff deployed at the MCH/ hospital in previous month.

14.6 The bidder shall quote the prices online through the Bill of Quantities (BOQs) in the space marked for quoting prices against each item in the BOQ. Downloaded copies of the BOQs are to be uploaded, virus scanned and digitally signed by the bidder. Please also refer Section X: 'Price Schedule/ Bill of Quantity' for directions on quoting prices online.

15. Firm Price:-

15.1 The price quoted by the bidder shall remain firm and fixed during the currency of the contract and not subject to variation on any account. Service Tax shall be paid for by the purchaser as applicable, from time to time. Minimum wages, bonus, entitlement, dues etc. as per the relevant statutes in vogue shall be paid for by the purchaser as revised from time to time.

16. Alternative Bids:-

16.1 Alternative Bids are not permitted.

17. Bid Validity:-

17.1 The bids shall remain valid for acceptance for a period of 180 days (One hundred and Eighty days) after the date of technical bid opening prescribed in the TE document. Any bid valid for a shorter period shall be treated as unresponsive and rejected.

17.2 In exceptional cases, the bidders may be requested by the purchaser to extend the validity of their bids up to a specified period. Such request(s) and responses thereto shall be conveyed by surface mail or by fax/ telex/cable/email followed by surface mail. The bidders, who agree to extend the bid validity, are to extend the same without any change or modification of their original bid and they are also to extend the validity period of the EMD accordingly. A bidder, however, may not agree to extend its bid

- validity without forfeiting its EMD.
- 17.3 In case the day up to which the bids are to remain valid falls on/ is subsequently declared a holiday or closed day for the purchaser, the bid validity shall automatically be extended up to the next working day.

D. OPENING OF TENDER:-

- 18.1 The purchaser will open the bids after the specified date and time as indicated in the NIT.
- 18.2 Authorized representatives of the bidders may attend the tender opening.
- 18.3 Tender system as mentioned in Clause 10 above will be as follows. The EMD of goods to be supplied shall be evaluated first. Then the Online Technical bids of EMD-qualified bidders shall be opened and evaluated with reference to parameters prescribed in the TE document. After this, the Online Price Bids of only the technically qualified bidders shall be opened for further evaluation.
- 18.4 **Opening of Technical Proposals:-** Technical proposals will be opened by members of the Tender Evaluation Committee electronically from the website using their Digital Signature Certificate(DSC).
- 18.5 In the Technical Proposal, the Cover (folder) for Statutory Documents will be opened first and if found in order, the cover (folder) for Non-Statutory Documents will be opened.
- 18.6 IF ANY DOCUMENT REQUIRED TO BE SUBMITTED FOR TENDER BY THE BIDDER IN HIS TECHNICAL PROPOSAL IS NOT SUBMITTED OR IS FOUND TO BE DEFICIENT IN ANY MANNER AT ANY STAGE AFTER OPENING OF BID, THE BID MAY BE SUMMARILY REJECTED.

E. SCRUTINY AND EVALUATION OF BIDS

19. Basic Principle:-

- 19.1 Bids will be evaluated on the basis of the terms & conditions already incorporated in the TE document, based on which bids have been received and the terms, conditions etc. mentioned by the bidders in their bids. No new condition will be brought in while scrutinizing and evaluating the bids.
- 19.2 The Purchaser will examine the Bids to determine whether they are complete, whether any computational errors have been made, whether required sureties have been furnished, whether the documents have been properly signed, stamped and whether the Bids are generally in order. The bids, which do not meet the basic requirements, are liable to be treated as non – responsive and will be summarily ignored.
- 19.3 Prior to the detailed evaluation of Price Bids, pursuant to GIB Clause 20, the Purchaser will determine the substantial responsiveness of each Bid to the TE Document. For purposes of these clauses, a substantially responsive Bid is one, which conforms to all the terms and conditions of the TE Documents without material deviations. Deviations from, or objections or reservations to critical provisions such as those concerning Performance Security (GCC Clause 3), Terms and mode of Payment (GCC Clause 7), Force Majeure (GCC Clause 12) and Applicable law (GCC Clause 17) will be deemed to be a material deviation. The Purchaser's determination of a Bid's responsiveness is to be based on the contents of the bid itself without recourse to extrinsic evidence.
- 19.4 If a Bid is not substantially responsive, it will be rejected by the Purchaser.
- 19.5 Decrypted (transformed into readable format) documents of the non-statutory cover will be downloaded and handed over to the Tender Evaluation Committee. The Committee will evaluate technical proposals as per terms laid down in this tender document.
- 19.6 During evaluation the Committee may summon bidders & seek clarification /information or additional documents or original hard copies of documents submitted online. If these are not produced within specified time, the bid proposals will be liable for rejection.
- 19.7 The result of evaluation of technical bids, along with information regarding further steps in evaluation of the tender shall be uploaded online.

20. Discrepancies in Prices:-

- 20.1 If, in the price structure quoted by a bidder, there is discrepancy between the unit price and the total price (which is obtained by multiplying the unit price by the quantity), the unit price shall prevail and the total price corrected accordingly.
- 20.2 If there is an error in a total price, which has been worked out through addition and/or subtraction of subtotals, the subtotals shall prevail and the total corrected.

21. Schedule-wise Evaluation:-
21.1 In case the List of Requirements contains more than one schedule item, the responsive bids will be evaluated and compared separately for each schedule. The bid for a schedule will not be considered if the complete requirements prescribed in that schedule are not included in the bid.
22. Comparison of Bids:-
22.1 The comparison of the responsive bids shall be carried out on Delivery Duty Paid (DDP) consignee site basis.
23. Bidder's capability to perform the contract:-
23.1 The purchaser, through the above process of bid scrutiny and bid evaluation will determine to its satisfaction whether the bidder, whose bid has been determined as the lowest evaluated responsive bid is eligible, qualified and capable in all respects to perform the contract satisfactorily.
23.2 The above-mentioned determination will inter alia, take into account the bidder's financial, technical and production capabilities for satisfying all the requirements of the purchaser as incorporated in the TE document. Such determination will be based upon scrutiny and examination of all relevant data and details submitted by the bidder in its bid as well as such other allied information as deemed appropriate by the purchaser, including inspection of warehouse/ registered or branch office/ site visit of any current project(s) etc. of the bidder by authorized representative(s) of Purchaser.

F. AWARD OF CONTRACT

24. Purchaser's Right to accept any bid and to reject any or all bids:-
24.1 The purchaser reserves the right to accept in part or in full any bid or reject any or more bid(s) without assigning any reason or to cancel the tendering process and reject all bids at any time prior to award of contract, without incurring any liability, whatsoever to the affected bidder(s).
25. Award Criteria:-
25.1 Subject to GIB clause 24 above, the contract will be awarded to the lowest evaluated responsive bidder decided by the purchaser. The list of successful bidder(s) shall be uploaded online.
26. Variation of Quantities at the Time of Award, Currency of Contract:-
26.1 At the time of awarding the contract, the purchaser reserves the right to increase or decrease by up to twenty five (25) per cent, the quantity of goods and/ or services mentioned in the relevant section(s) in tender (rounded off to next whole number) without any change in the unit price and other terms and conditions quoted by the bidder.
26.2 The quantity of goods and/ or services mentioned in the relevant section(s) in tender to be procured may be staggered during currency of the contract.
26.3 The purchaser reserves the right to extend the 1 (one) year contract by another 3 (three) months on same terms and conditions at the end of 1 (one) year contract period. Thereafter, the contract may be extended on same terms and conditions for further periods on mutual agreement between purchaser and Contractor.
26.4 In case of tie, Tenderer will be selected by draw of lots.
27. Notification of Award:-
27.1 Before expiry of the tender validity period, the purchaser will notify the list of successful bidder(s) online. In addition, each successful bidder shall be notified in writing, by registered/ speed post or by fax/ telex/ cable/ email (to be confirmed by registered / speed post) that its bid for goods and/ or services, which have been selected by the purchaser, has been accepted, also briefly indicating there in the essential details like description, specification and quantity of the goods and/ or services and corresponding prices accepted. The successful bidder must furnish to the purchaser the required performance security within fifteen (15) days from the date of issue of this notification, failing which the EMD will be forfeited and the award will be canceled. Relevant details about the performance security have been provided under Section VII: GCC Clause 3.

- 27.2 The Notification of Award shall constitute the conclusion of the Contract and the 1 (one) year contract period shall commence from this date of notification.
- 27.3 The successful Bidder shall also physically submit original documents/ duly attested photocopies of all documents uploaded by him online at the time of bidding.

28. Issue of Contract:-

- 28.1 Within 7 (seven) days of notification of award, the successful bidder will sign the contract form as per Section XI with the Purchaser.
- 28.2 The Purchaser reserves the right to issue the Notification of Award consignee wise.

29. Non-receipt of Performance Security and Contract by the Purchaser:-

- 29.1 Failure of the successful bidder in providing performance security and/ or signing contract in terms of GIB clauses 27 and 28 above shall make the bidder liable for forfeiture of its EMD and also, for further actions by the Purchaser against it as per the clause 10 of GCC: Termination for default.

30. Publication of Tender Result:-

- 30.1 The name and address of the successful bidder(s) receiving the contract(s) will be Published in the websites <https://wbtenders.gov.in> and www.wbhealth.gov.in/...

SECTION VII: GENERAL CONDITIONS OF CONTRACT

1. Use of contract documents and information:-

- 1.1 The Contractor shall not, without the purchaser's prior written consent, disclose the contract or any provision thereof including any specification, drawing, sample or any information furnished by or on behalf of the purchaser in connection therewith, to any person other than the person(s) employed by the Contractor in the performance of the contract emanating from this TE document. Further, any such disclosure to any such employed person shall be made in confidence and only so far as necessary for the purposes of such performance for this contract.

- 1.2 Further, the Contractor shall not, without the purchaser's prior written consent, make use of any document or information mentioned in GCC sub-clause 1.1 above except for the sole purpose of performing this contract.

- 1.3 Except the contract issued to the Contractor, each and every other document mentioned in GCC sub-clause 1.1 above shall remain the property of the purchaser and, if advised by the purchaser, all copies of all such documents shall be returned to the purchaser on completion of the Contractor's performance and obligations under this contract.

2. Patent Rights:-

- 2.1 The Contractor shall, at all times, indemnify and keep indemnified the purchaser, free of cost, against all claims which may arise in respect of goods and/ or services to be provided by the Contractor under the contract for infringement of any intellectual property rights or any other right protected by patent, registration of designs or trademarks. In the event of any such claim in respect of alleged breach of patent, registered designs, trademarks etc. being made against the purchaser, the purchaser shall notify the Contractor of the same and the Contractor shall, at his own expenses take care of the same for settlement without any liability to the purchaser.

3. Performance Security:-

- 3.1 Within 15 (fifteen) days from date of the issue of notification of award by the Purchaser, the Contractor, shall furnish performance security to the Purchaser for an amount equal to 3 (Three) Months' Gross Amount Payable to Contractor [as per Row 22 of Schedule of Payment under Section XIII: Proforma of Monthly Bill to be Submitted by Bidder] as per applicable rates on date of commencement of contract. The Performance Security shall be retained up to ninety (90) days after the date of completion of all contractual obligations by the Contractor.

- 3.2 The Performance security shall be deposited in Indian Rupees to the state government through TR Challan under head of account 8443-00-103-Earnest Money-01-07-Deposit. No other forms of deposit can /will be entertained by the hospital authority.

- 3.3 In the event of any failure /default of the Contractor with or without any quantifiable loss to the Malda MCH/Consignee MMCH Hospital/ government, the amount of the performance security is liable to be forfeited. The MMCH/ Consignee may do the needful to cover any failure/default of the Contractor with or without any quantifiable loss to the MMCH/Consignee.
- 3.4 In the event of any amendment issued to the contract, the Contractor shall, within 21 (twenty-one) days of issue of the amendment, furnish the corresponding amendment to the Performance Security (as necessary), rendering the same valid in all respects in terms of the contract, as amended.
- 3.5 Subject to GCC sub – clause 3.1 and 3.3 above, the Purchaser will release the Performance Security without any interest to the Contractor on completion of the Contractor's all contractual obligations.

4. **Cleaning & Housekeeping Staff to be deployed by Bidder at MCH/ Hospital:-**

- 4.1 The contractor shall employ adult labour only. Employment of child labour shall render the contractor liable to termination of the contract under GCC Clause 10: Termination for Default. The contractor shall engage only such workers, whose antecedents have been thoroughly verified, including character and police verification and other formalities.
- 4.2 The contractor at all times should indemnify the MCH/ hospital against all claims, damages or compensation under the provisions of Payment of Wages Act, 1936; Minimum Wages Act, 1948; Employer's Liability Act, 1938; The Workmen Compensation Act, 1923; Industrial Disputes Act, 1947; Maternity Benefit Act, 1961 or any other law relating thereof and rules made hereunder from time to time. The purchaser/ consignee MMCH / shall not own any responsibility in this regard.
- 4.3 The contractor shall pay the staff deployed by it for Cleaning & housekeeping in the MMCH, at least the minimum wages as fixed by the state government, bonus as per Payment of Bonus act, any other dues, entitlements etc. as per the relevant statutes in vogue and revised from time to time.
- 4.4 The cleaning & housekeeping staff deployed through contractor at the MMCH shall not claim any benefit, compensation, absorption or regularization of their services in the establishment of the MMCH under the provision of Industrial Disputes Act, 1947 or Contract Labour (Regulation & Abolition) Act, 1970 or any other law in vogue and revised from time to time. The contractor shall obtain an undertaking from the deployed persons to the effect that the deployed persons are the employees of the contractor. The Contractor shall submit the said undertaking to the MCH/ hospital. In the event of any litigation on the status of the deployed staff, the MMCH/ shall not be a necessary party. However, in any event, either by the deployed persons or on order of a Court of Law, if the MMCH are made necessary parties in dispute to adjudicate the matter, the contractor shall reimburse the expenditure borne by the MMCH for such.
- 4.5 The contractor shall be fully responsible for the conduct of his staff.
- 4.5.1 The Cleaning & housekeeping staff shall not divulge or disclose any details of operational process, technical know-how, confidential information, security arrangement, administrative matters, to third person(s).
- 4.5.2 The staff deployed should be disciplined, entailed on enforcing prohibition of alcoholic drinks, paan, smoking, loitering without work, gambling etc. any illegal, disruptive, immoral act in the MMCH.
- 4.5.3 The staff should be sensitive in dealing with patients and persons accompanying patients and also the public at large visiting the MMCH.
- 4.5.4 The contractor and his staff shall take proper and reasonable care and precautions to prevent loss, destruction, waste or misuse in any area within its scope of responsibilities in the MMCH, and shall not knowingly lend to any person or identity any of the effects, assets or resources of the MMCH, under its control.
- 4.5.5 Any loss/ damage etc. to the property, persons (including to patient-parties) of the MMCH due to negligence/ any action on part of contractor or his staff, established after an enquiry

- by authorized representative(s) of the MCH shall be recovered from the contractor through appropriate method without prejudice to any other rights and remedies available to the MMCH under the contract.
- 4.5.6 Any misconduct/ misbehavior by any housekeeping staff deployed by the Contractor shall be promptly dealt with by the Contractor. If competent authority of the MMCH so desires, such staff shall be immediately replaced by the contractor at his own risk, cost and responsibilities, with written intimation to the competent authority about such move.
- 4.6 The contractor shall maintain adequate number of manpower as per Section III: Requirements and EMD. He shall maintain a pool of standby housekeeping staff, so that he can substitute an absentee staff with a reliever of equal status. If any required worker is absent from duty on any occasion, Liquidated Damages as per GCC clause 9 shall be imposed.
- 4.7 **Training on behavioral aspects and ethics to the cleaning & housekeeping staff deployed at the MMCH should be conducted regularly by the Contractor.** Training report for the same shall be submitted by the contractor to the MMCH half-yearly.
- 4.8 Appropriate measures for the health and safety of the housekeeping staff deployed at the MCH/ hospital should be undertaken by the Contractor regularly. A report regarding the same shall be submitted by the contractor to the MMCH half-yearly.
- 4.9 The attendance sheet in respect of the housekeeping staff deployed at MMCH shall be authenticated daily by a designated supervisory staff of contractor and countersigned by an appropriate authority of MCH/ hospital. The attendance sheet shall be submitted by contractor along with the monthly bill payable to him by MMCH.

5. **Suggestion Book:-**

- 5.1 The contractor shall meet the competent authority of MMCH at mutually agreed intervals to take feedback on the housekeeping services being provided by it and rectify deficiencies accordingly.
- 5.2 The Contractor shall maintain a Suggestion book for comments on the services rendered by it and submit an 'Action Taken Report' on it to the competent authority of the MMCH half-yearly.

6. **Modification of Contract:-**

- 6.1 If necessary, the purchaser may, by a written order given to the Contractor at any time during the currency of the contract, amend the contract by making alterations and modifications within the general scope of contract in any one or more of the following:
- Requirements and Specifications of the goods and /or services.
 - Any other area(s) of the contract, as felt necessary by the purchaser depending on the merits of the case.
- 6.2 In the event of any such modification/ alteration causing increase or decrease in the cost of goods and/ or services to be supplied and provided, or in the time required by the Contractor to perform any obligation under the contract, an equitable adjustment shall be made in the contract price and/ or contract delivery schedule, as the case may be and the contract amended accordingly. If the Contractor doesn't agree to the adjustment made by the Purchaser, the Contractor shall convey its views to the Purchaser within 15 (fifteen) days from the date of the Contractor's receipt of the Purchaser's amendment/ modification of the contract.

7. **Terms and Mode of Payment:-**

- (All powers of the purchaser CMOH/ MSVP shall have to be delegated to the consignee hospital for purposes of execution of the contract, i.e. for payment, imposition of liquidated damages, termination etc. This point has been suggested in GIT 4)
- 7.1 Payment shall be made in Indian Rupees subject to recoveries, if any, by way of liquidated damages or any other charges as per terms and conditions of contract.
- 7.2 The Contractor shall raise bills in proforma as per **Section XIII: Proforma of monthly-bill to be submitted by Bidder** for all payments due to him at the end of each month. He shall submit the bills, along with necessary supporting documents in triplicate to the purchaser.

- 7.3 Along with the above bill the Contractor shall certify and submit supporting documents for the following:
- The attendance sheet in respect of the housekeeping staff deployed at MCH/ hospital, authenticated daily by a designated supervisory staff of contractor and countersigned by an appropriate authority of MCH/ hospital.
 - Date on which wages of the workers were credited to their bank accounts in the preceding month. (The bank statement showing monthly salary paid through ECS/ DBT to the housekeeping staff deployed at the MCH/ hospital in the preceding month shall be submitted for verification)
 - The ESI Contribution relating to workers (copies of ESI Cards of workers, copy of ESI deposit challan shall be enclosed)
 - EPF Contribution relating to workers (copies of EPF numbers of workers, copy of EPF deposit challan shall be enclosed)
 - Self-declaration, "We are complying with all statutory Labour laws in vogue and as amended up to date, including the **Minimum Wages Act**".
- 7.4 For the housekeeping staff, payment shall be made for only those employees, who were on duty during the month. The payment shall be restricted to the salary paid to them by the contractor as per the statutory requirements. **No payment shall be made for absentee employees.**
- 7.5 Payment shall be made after the 'Work Done Satisfactorily' Certificate is issued against the bill by the competent authority of the MCH/ hospital.
- 7.6 The contractor shall be absolutely and exclusively responsible for the payment of salary for the Cleaning & housekeeping staff deployed at the MCH/ hospital on or before the 10th of each succeeding month to protect the interest of housekeeping staff and ensure smooth running of housekeeping in MCH/ hospital, irrespective of whether or not he may be able to raise and submit bills or receive payments from MCH/ hospital by that time.
- 7.7 The contractor shall provide the mandate form for ECS payment to its housekeeping employees.

8. **Variation, Delay in the Contractor's performance:-**

- 8.1 The Contractor shall deliver the goods and perform the services under the contract as per quality, quantity and within the time schedule specified by the Purchaser in the relevant clauses of the contract.
- 8.2 Subject to the provision under GCC clause 12 any unexcused variation in quality, quantity, and delay by the Contractor in maintaining its contractual obligations towards delivery of goods and / or performance of services shall render the Contractor liable to any or all of the following sanctions:
- Imposition of liquidated damages,
 - Forfeiture of its performance security
 - Termination of the contract for default.

- 8.3 If at any time during the currency of the contract, the Contractor encounters conditions hindering timely delivery of the goods and/ or performance of services, the Contractor shall promptly inform the Purchaser in writing about the same and its likely duration and make a request to the Purchaser for extension of the delivery schedule accordingly. On receiving the Contractor's communication, the Purchaser shall examine the situation as soon as possible and, at its discretion, may agree to extend the delivery schedule, with or without liquidated damages for completion of Contractor's contractual obligations by issuing an amendment to the contract.

9. **Liquidated damages:-**

- 9.1 Subject to GCC clause 12, if the Contractor fails to deliver any or all of the goods and/ or fails to perform the services within the time frame(s) and other clauses incorporated in the contract, the Purchaser shall, without prejudice to other rights and remedies available to the Purchaser under the contract, deduct from the contract price as liquidated damages,

a sum equivalent to 5% (five percent) of the Monthly Management Fee) per occasion of default/ per week or part thereof of delay until the completion of delivery and/ or performance; subject to a maximum of 30% (thirty percent) of the Monthly Management Fee) in any calendar month. Once the maximum is reached Purchaser may consider termination of the contract as per GCC 10.

10. Termination for default:-

10.1 The Purchaser, without prejudice to any other contractual rights and remedies available to it (the Purchaser), may, by written notice of default sent to the Contractor, terminate the contract in whole or in part, if the Contractor fails to deliver any or all of the goods and/ or perform the services and/ or fails to perform any other contractual obligation(s) as specified in the contract, or within any extension thereof granted by the Purchaser pursuant to GCC sub-clause 8.3.

10.2 In the event the Purchaser terminates the contract in whole or in part, pursuant to GCC sub-clause 10.1 above, the Purchaser may procure goods and/or services similar to those canceled, with such terms and conditions and in such manner as it deems fit and the Contractor shall be liable to the Purchaser for the extra expenditure, if any, incurred by the Purchaser for arranging such procurement.

10.3 Unless otherwise instructed by the Purchaser, the Contractor shall continue to perform the contract to the extent not terminated.

11. Termination for insolvency:-

11.1 If the Contractor becomes bankrupt or otherwise insolvent, the purchaser reserves the right to terminate the contract at any time, by serving written notice to the Contractor without any compensation, whatsoever, to the Contractor, subject to further condition that such termination will not prejudice or affect the rights and remedies which have accrued and / or will accrue thereafter to the Purchaser.

12. Force Majeure:-

12.1 Notwithstanding the provisions contained in GCC clauses 8, 9 and 10, the Contractor shall not be liable for imposition of any such sanction so long the delay and/or failure of the Contractor in fulfilling its obligations under the contract is the result of an event of Force Majeure.

12.2 For purposes of this clause, Force Majeure means an event beyond the control of the Contractor and not involving the Contractor's fault or negligence and which is not foreseeable and not brought about at the instance of, the party claiming to be affected by such event and which has caused the non-performance or delay in performance. Such events may include, but are not restricted to, acts of the Purchaser either in its sovereign or contractual capacity, wars or revolutions, hostility, acts of public enemy, civil commotion, sabotage, fires, floods, explosions, epidemics, quarantine restrictions, strikes excluding by its employees, lockouts excluding by its management, and freight embargoes.

12.3 If a Force Majeure situation arises, the Contractor shall promptly notify the Purchaser in writing of such conditions and the cause thereof within 7 (seven) days of occurrence of such event. Unless otherwise directed by the Purchaser in writing, the Contractor shall continue to perform its obligations under the contract as far as reasonably practical, and shall seek all reasonable alternative means for performance not prevented by the Force Majeure event.

12.4 If the performance in whole or in part or any obligation under this contract is prevented or delayed by any reason of Force Majeure for a period exceeding thirty days, either party may at its option terminate the contract without any financial repercussion on either side.

12.5 In case due to a Force Majeure event the Purchaser is unable to fulfil its contractual commitment and responsibility, the Purchaser will notify the Contractor accordingly and subsequent actions taken on similar lines described in above sub-paragraphs.

13. Termination for convenience:-

13.1 The Purchaser reserves the right to terminate the contract, in whole or in part for its (Purchaser's) convenience, by serving written notice on the Contractor at any time during the currency of the contract. The notice shall specify what the termination is for the

- convenience of the Purchaser. The notice shall also indicate inter alia, the extent to which the Contractor's performance under the contract is terminated, and the date with effect from which such termination will become effective.
- 13.2 The goods and/ or services which are complete and ready in terms of the contract and delivered and performed within 60 (sixty) days after the Contractor's receipt of the notice of termination shall be accepted by the Purchaser following the contract terms, conditions and prices.
14. **Governing language:-**
- 14.1 The contract shall be written in English language. All correspondence and other documents pertaining to the contract, which the parties exchange, shall also be written accordingly in that language.
15. **Notices:-**
- 15.1 Notice, if any, relating to the contract given by one party to the other, shall be sent in writing or by cable or telex or facsimile and confirmed in writing. The procedure will also provide the sender of the notice, the proof of receipt of the notice by the receiver. The addresses of the parties for exchanging such notices will be the addresses as incorporated in the contract.
- 15.2 The effective date of a notice shall be either the date when delivered to the recipient or the effective date specifically mentioned in the notice, whichever is later.
16. **Resolution of disputes:-**
- 16.1 If dispute or difference of any kind shall arise between the Purchaser and the Contractor in connection with or relating to the contract, the parties shall make every effort to resolve the same amicably by mutual consultations.
- 16.2 If the parties fail to resolve their dispute or difference by such mutual consultation within twenty-one days of its occurrence, then, either the Purchaser or the Contractor 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 the case of a dispute or difference arising between the Purchaser and a Contractor relating to any matter arising out of or connected with the contract, such dispute or difference shall be referred to the sole arbitration of an officer in the Department of Health and Family Welfare, Government of West Bengal, appointed to be the arbitrator by the Principal Secretary to that Department. The award of the arbitrator shall be final and binding on the parties to the contract subject to the provision that the Arbitrator shall give reasoned award in case the value of claim in reference exceeds Rupees One lakhs (Rs. 1,00,000/-)
- 16.3 The venue of arbitration shall be the place from where the contract has been issued, i.e., Kolkata, India.
17. **Applicable Law and Legal Suits:-**
- 17.1 The contract shall be governed by and interpreted in accordance with the laws of India for the time being in force.
- 17.2 All disputes would be decided at the Kolkata jurisdiction.
18. **General/ Miscellaneous Clauses:-**
- 18.1 Nothing contained in this Contract shall be constructed as establishing or creating between the parties, i.e. the Contractor on the one side and the Purchaser on the other side, a relationship of master and servant or principal and agent.
- 18.2 Any failure on the part of any Party to exercise right or power under this Contract shall not operate as waiver thereof.
- 18.3 The Contractor shall notify the Purchaser of any material change that would impact on performance of its obligations under this Contract.
- 18.4 Each member/constituent of the Contractor, in case of consortium shall be **jointly and severally liable** to and responsible for all obligations towards the Purchaser for performance of contract/services including that of its Associates/Sub Contractors under the Contract.

- 18.5 The Contractor shall, at all times, indemnify and keep indemnified the Purchaser against any claims in respect of any damages or compensation payable in consequences of any accident or injury sustained or suffered by its employees or agents or by any other third party resulting from or by any action, omission or operation conducted by or on behalf of the Contractor/its associate/affiliate etc.
- 18.6 All claims regarding indemnity shall survive the termination or expiry of the contract.

SECTION VIII: TENDER APPLICATION FORM

To,
**The Medical Superintendent cum Vice Principal (MSVP) of
 Malda Medical College and Hospital (MMC&H),
 Malda.**

Address.....

Ref. Your TE document No. _____ Dated _____

We, the undersigned have examined the above TE Document, including amendment/corrigendum number _____, dated _____ (if any), the receipt of which is hereby confirmed. We now offer to supply and deliver _____ (Description of goods and/ or services) in conformity with your above referred document for the sum, as shown in the price schedule/Bill of Quantity attached herewith and made part of this bid.

If our bid is accepted, we undertake to supply the goods and perform the services as mentioned above, in accordance with the delivery schedule specified in the List of Requirements and Consignee list.

We further confirm that, if our bid is accepted, we shall provide you with a performance security of required amount in terms of GCC clause 3, for due performance of the contract.

We agree to keep our bid valid for acceptance as required in the GIB clause 17, or for subsequently extended period, if any, agreed to by us. We also accordingly confirm to abide by this bid up to the aforesaid period and this bid may be accepted any time before the expiry of the aforesaid period.

We further confirm that, until a formal contract is executed, this bid read with your written acceptance thereof within the aforesaid period shall constitute a binding contract between us. We further understand that you are not bound to accept the lowest or any bid you may receive against your above-referred tender enquiry. We confirm that we do not stand deregistered/banned/blacklisted by any Government Authorities/ Organization/ Institution etc.

Brief of court/legal cases pending, if any, are following:

We would authorize and request any Bank, person, Firm or Corporation to furnish pertinent information as deemed necessary and/or as requested by the _____MCH/.....HOSPITAL to verify this statement.

We confirm that we fully agree to the terms and conditions specified in above mentioned TE document, including amendment/ corrigendum if any.

(Signature with date)

(Name and designation) Duly authorized to sign bid for and on behalf of Bidder

[Handwritten Signature]

[Handwritten Initials]

SECTION IX. PROFORMA FOR PERFORMANCE STATEMENT

Firms/ Agencies should have at least 03 (Three) years work experience in Executing similar kind of services/jobs of 177 or more persons engagement in Central/State Govt. Department/ MNCs specially in similar kind of hospital (For the period of last three years)

(Submit with documentary evidence)

Tender Reference No. _____

Date of opening _____

Time _____

Name and address of the Bidder _____

Order placed by (full address of Purchaser)	Order No. and date	Goods and services Ordered For	Period of Contract	No. & type of employees deployed	No. & Types of equipment used	Value of order (Rs.)	Was the Contract performed Satisfactorily (attach documentary evidence)**
1	2	3	4	5	6	7	8

Signature and seal of the Bidder

** This format should be notarized on the non judicial stamp paper for mentioning as performance statement.


 Medical Super. Cum Vice Principa
 Malda Medical College & Hospital
 Malda

SECTION X: Price Schedule/Bill of Quantity

[Directions to bidders for quoting prices online: The online Bill of Quantities (BOQ) will contain many columns. Please consider only the following columns in BOQ and quote your all inclusive price, (excluding Service Tax) for supply of one unit of goods and /or services you intend to bid for in Column number seven (7) titled as 'Basic Price (in. Rs.)' of the BOQ. Service Tax shall be paid for by the purchaser as applicable. Minimum wages, bonus, entitlement, dues etc. as per the relevant statutes in vogue shall be paid for by the purchaser as revised from time to time.]

Sl. No. (Col.1)	Item Description (Col.2)	Quantity (Col.4)	Units (Col.5)	Basic Price (in Rs.) (Col.7)
1	<p>The bidder shall quote a 'Management Fee' for providing goods and /or services, as applicable in the tender. The Management Fee shall be quoted as a percentage of the total Statutory Monthly Emoluments and others payable to the total number of (unskilled + semi-skilled + skilled) workers deployed for cleaning & housekeeping services in the MCH/ hospital. Here 'Statutory Monthly Emoluments' shall mean amount payable as per Row 12 of Schedule of Payment under Section-XIII: Proforma of Monthly Bill to be Submitted by the Bidder. GST as applicable from time to time shall be paid extra. No additional charges, taxes etc. will be paid.</p> <p>[For example: If you quote the figure '5'. It means that you will charge 5 % (five percent) of total Statutory Monthly Emoluments payable to the total number of (unskilled + semi-skilled + skilled) workers deployed for cleaning & housekeeping services in the MCH/ hospital as Management Fee per month. GST as applicable from time to time shall be paid extra. No additional charges, taxes etc. will be paid.</p> <p>The L1 bidder will be selected among technically qualified bidders who have not quoted Management fees in BOQ as 0 or less than 0.</p>	1	1 no.	[Quote Figure]

Total Tender price in Rupees: (a figure will be computed by software by default)

In words:(a figure will be computed by software by default)

Note:

1. If there is a discrepancy between the unit price and total price, THE UNIT PRICE shall prevail.

Upload with digital signature of authorized personnel of Bidder

(Handwritten Signature)

Medical Supdt. Gum Vihar Pinopai
Malda Medical College & Hospital
Malda

SECTION XI: CONTRACT FORM

(Address of the purchaser office issuing the contract)

Contract No. _____ dated _____

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

1. Name & address of the Contractor: _____
2. Purchaser's TE document No. _____ dated _____ and subsequent Amendment No. _____, dated _____ (if any), issued by the purchaser
3. Contractor's Bid No. _____ dated _____ and subsequent communication(s) No. _____ dated _____ (if any), exchanged between the Contractor and the purchaser in connection with this tender.
4. In addition to this Contract Form, the following documents etc, which are included in the documents mentioned above, shall also be deemed to form and be read and construed as integral part of this contract:
 - i. Notice Inviting Tender
 - ii. General Instructions to Bidders
 - iii. General Conditions of Contract
 - iv. Requirements and EMD
 - v. Specifications
 - vi. Consignee List
 - li. Tender Application Form furnished by the Contractor
 - viii. Price Schedule(s) furnished by the Contractor in its bid
 - ix. Purchaser's Notification of Award

The words and expressions used in this contract shall have the same meanings as are respectively assigned to them in the conditions of contract referred to above. Further, the definitions and abbreviations incorporated under clause 1 of Section II: PREAMBLE: Definitions and Abbreviations of the Purchaser's TE document shall also apply to this contract.

5. Some terms, conditions, stipulations etc. out of the above-referred documents are reproduced below for ready reference:

5.1 Brief particulars of the goods and/ or services which shall be supplied/ provided by the Contractor are as under:

Schedule No.	Brief description of goods/ services	Quantity	Unit Price	Total price

- 5.2 Financial limit to contract
- 5.3 Requirements and EMD
- 5.4 Consignee List
- 5.5 Variation, Delay in the Contractor's performance
- 5.6 Any other additional services (if applicable) and cost thereof:
- 5.7 Performance Security
- 5.8 Cleaning & Housekeeping Staff to be deployed by Contractor at MCH/ Hospital
- 5.9 Terms and Mode of Payment
- 5.10 Liquidated Damages
- 5.11 Termination for Default
- 5.12 Termination for insolvency
- 5.13 Force Majeure
- 5.14 Termination for convenience
- 5.15 Notices
- 5.16 Resolution of disputes
- 5.17 Applicable Law and Legal Suits
- 5.18 General/ Miscellaneous Clauses
- 5.19 Assignment

Signature, name and address of the Purchaser's/ Consignee's authorized official)

For and on behalf of _____
Received and accepted this contract

(Signature, name and address of the Contractor's executive duly authorized to sign on behalf of the Contractor)

For and on behalf of _____
(Name and address of the Contractor)

(Seal of Contractor)

Medical Supdt. Cum Vice Principa
Malda Medical College & Hospital

Section XII: Proforma of monthly-bill to be submitted by Bidder

(G.O. no. HF/MA/1661/4R-06/12 dt.6.9.12 specifies statutory emoluments to workers)

Contract no. dt.		Unskilled Worker (3)	Semi-skilled Worker (4)	Skilled Worker (5)
Sl no (1)	Schedule of Payment (2)	Rs.	Rs.	Rs.
A	REIMBURSEMENT of Statutory Emoluments Payable to Cleaning & Housekeeping Personnel			
1	Minimum Monthly Wage rate for Clinical Nursing Home/ Sweeping and Cleaning/ any other Scheduled Employment in the applicable Zone as per Labour Department, Govt. of West Bengal per Worker			
2	Monthly EPF Contribution per Worker by Employer			
3	Monthly ESI Contribution per Worker by Employer			
4	EDLI Contribution and Administrative Charges payable per Worker by Employer			
10	Gross Statutory Monthly Emolument per worker (Rows 1+2+3+4+5+6+7+8+9)			
11	Number of Workers			
12	Total Statutory Monthly Emolument Payable to all Workers (Rows 6 x 7)			
13	Total Statutory Emoluments Payable (Cols 3+4+5 of Row 12)			
B	MANAGEMENT FEE, payable to Contractor for providing Cleaning & Housekeeping Services including cost of equipments			
14	Management Fee (... % of Total Statutory Emoluments Payable, i.e., ... % of Row 13)			
15	Less: Liquidated Damages (Annex a Separate List)			
16	Net Management Fee (Rows 14 - 15)			
17	GST on Net Management Fee			
18	Any other tax as applicable			
19	Any other tax as applicable			
22	Gross Amount Payable to Contractor (Rows 13+16+17+18+19+20+21)			
23	Less: Income Tax Deducted at Source on Net Management Fee (on Row 16)			
26	Net Amount Payable to Contractor [Rows 22 - (Rows 23+24+25)] (Rupees in words.....)			
27	i. The attendance sheet in respect of the housekeeping staff deployed at MCH/ hospital, authenticated daily by a designated supervisory staff of contractor and countersigned by an appropriate authority of MCH/ hospital. ii. The wages of workers were credited to their bank accounts on..... (Date). (The bank statement showing monthly salary paid through ECS to the cleaning & housekeeping staff deployed at the MCH/ hospital in the preceding month shall be submitted for verification) iii. ESI Contribution relating to workers amounting to Rs..... was deposited on..... (date) (copies of ESI Cards of workers, copy of ESI deposit challan shall be enclosed) iv. EPF Contribution relating to workers amounting to Rs..... was deposited on..... (date) (copies of EPF numbers of workers, copy of EPF deposit challan shall be enclosed) v. We are complying with all statutory Labour laws in vogue and as amended up to date, including the Minimum Wages Act. vi..... vii..... viii.....			

(The monthly-bill raised by the Bidder shall be addressed to the Head of the MCH/ Hospital)

(Bidder shall be addressed to the Head of the MCH/ Hospital)


 M. S. K. ...
 Malda

SECTION XIII: CHECKLIST OF DOCUMENTS.

(If the bidders will not submit this completed checklist with the mentioned page no., then the bidders will be treated as disqualified.)

Sl no.	Documents to be submitted	Checked by bidder (Yes/No)	Page Number	Remarks
1.	EMD or documents in support of EMD exemption			
2.	Tender Application Form			
3.	Notice Inviting Tender Sections I to XII			
4.	Income Tax PAN			
5.	Professional Tax Registration/ any Challan deposited in last six months from scheduled date of e-tender opening.			
6.	GST Registration along with copy of last return filed.			
7.	ESIC Code Number Allotment			
8.	EPFO Registration			
9.	Certificate of Incorporation/ Partnership Deed			
10.	Trade License.			
11.	Power of Attorney in favour of signatory of bid			
12.	Performance Statement as per format prescribed in GCC Section -IX, with supporting documents			
13.	Audited Balance Sheet & Profit/ Loss A/c for last 3 years.			
14.	Name, address of banker, account number			
15.	Bank Solvency Certificate on any date after publishing of this e-tender for an amount equal to 3 (three) months' total bill for supplying full Housekeeping services at rate quoted by bidder at full bed-occupancy of health facility, plus the minimum statutory emoluments payable to the maximum staff deployable at that facility during this period.(Mandate provision of bank solvency certificate after tender issuance ,with at least 01 (One) years validity.			

M. S. B.

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16.	Address proof for registered and/or branch office of bidder, preferably in district of healthfacility			
17.	Bidder's Undertaking as per General Instructions to Bidders, Clause 13			
18.	Price Schedule/ Bill of Quantity (BOQ)			
19.	Annual turnover for each year at least Rs. 5 Crores (Five Crores) or more in the last 3 (three) financial years, viz. 2022-2023, 2023-2024 and 2024-2025.			
20.	Labour license (Under the Contract Labour (Regulation & Abolition Act 1970) should be obtained before execution of the agreement or within 1 month after receiving of the work order, whichever is applicable.			
21.	Proof of local office (With in Malda District) should be submitted before the execution of the agreement.			

N.B. It is the responsibility of bidder to go through the e-tender document to ensure furnishing of all required documents in addition to above, if any.



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