

NATIONAL INSTITUTE OF TB AND RESPIRATORY DISEASES
SRI AUBORINDO MARG, NEW DELHI – 30

TENDER NOTICE

Ref. No. NITRD/Ten./2018-19/2

Sealed tenders in two separate bids **a) Technical bid, b) Financial bid** are invited from reputed Manufacturers/ authorized dealers/ firms/ Agency etc. for the following items/ services*. **The Tender document would be available from cashier on payment of Rs.500/- (non-refundable) in cash** for each item from **26.06.2018 to 16.07.2018** between **10.00 am to 3.00 pm** on all working days and **upto 12.00 noon on Saturdays**. Downloaded tender documents are accepted subject to payment of cost of tender document i.e. Rs.500.00 (non-refundable). The bidder may pay the cost of downloaded tender document by way of Crossed Demand Draft or by cash at the counter in the Accounts Section and proof of payment (receipt) to be enclosed with the tender document at the time of submission of the bids. The tender should be deposited in the Procurement Cell **by 10.30 am on 17.07.2018** along with requisite **EMD** as mentioned in tender document. The tenders will be **opened at 11.00 a.m. on 17.07.2018 in Room No. 215 of OPD Building**. One representative of the bidder in possession of admit card as in tender can attend the tender opening.

Sr. No.	Name of Items
1.	Miscellaneous Lab. Items for Microbiology, Pathology and Biochemistry
2.	Grocery Items
3.	Outsourcing of Toilet's Sanitation Services*
4.	Drugs & Surgical Items

The Information regarding this Tender Notice is also available on Institute's Web-site <http://www.nitrd.nic.in>.

(Director)

Note: - This tender document has contains 23 pages including tender notice.

National Institute of Tuberculosis and Respiratory Diseases
 (Autonomous Institute under the Ministry of Health and Family Welfare, Govt. of India)
 Sri Aurobindo Marg, (Near Qutub Minar) New Delhi – 110 030

INSTRUCTIONS TO TENDERERS REGARDING MODE OF BID AND EMD

1. **Bidders submitting tenders would be considered to have considered and accepted all the terms and conditions in the tender document. Any conditions given by the bidder would be taken as null and void.**
2. The tender will be on a **two bid system** comprising of :-
 - i. **Technical Bid** containing all the technical specifications and other tender requirement as per tender document **except** the proforma Invoice/Price.
 - ii. The tender will be on a two bid system 1) **Technical Bid** 2) **Financial Bid**. Technical bid is to be submitted in duplicate.
 - iii. **Financial bid** containing the Proforma Invoice and the other details of financial needs only.
 - (i) **EMD amount Rs.2,70,000/-** should be enclosed for the tender to be considered for evaluation EMD should be in the form of Account Payee Demand Draft, Fixed Deposit Receipt, Banker's Cheque or Bank Guarantee from any of the Commercial Banks or payment online in an acceptable form. Tender without EMD would be rejected. EMD already lying with the National Institute of any previous tender/quotation etc. will not be considered for this tender. EMD to be drawn in favor of **DIRECTOR, NATIONAL INSTITUTE OF TB AND RESPIRATORY DISEASES.**
 - iv. **EMD will be forfeited :-**
 - (i) In case of non supply after placing of the order.
 - (ii) In case of willful suppression/ submission of wrong information.
 - v. **EMD, if submitted with validity of three (3) months would have to be revalidated as required for the bidder to be considered for the tender.**
3. Please ensure that the E.M.D., Technical Bid, Financial Bid is submitted in three different envelops and these should be put in an outer envelope super scribed with quotation no., Date of opening and item name. If exemption of E.M.D is claimed as per Govt. rules proof may given clearly.
4. Bidder must write the name of item quoted for and the tender number / date on the bid envelope without which the tender will be rejected. All clarifications will be asked by FAX and bidder should respond on **FAX No.011-26511793.**
5. **Bidder to provide Fax Number in case of any clarification is required as the normal response time in these cases would be of Five Days.**
6. **If any of the information is found to be incorrect at any stage, the contract/ tender may be cancelled with forfeiture of EMD and Penalty as decided by the Competent Authority.**
7. After Technical Evaluation Committee (TEC), Tender Opening Committee (TOC) opens the financial bids in presence of the firms' representative, then the Standing Purchase Committee (SPC)/ Higher Purchase Committee (HPC) decides the L1 acceptable firm.

Scope of Service

(1) The details of the toilets are as follows :-

1.	Total numbr of toilets	69*
2.	Total numebr of commode (Western type)	65
3.	Total number of commode (Indian type)	19
4.	Total numbere of urinals	25
5.	Total numbere of bathrooms	48*
6.	Total number of wash basins	84
7.	Total number of mirrors	62
8.	Total floor area of toilets	468.39 sq.m.
9.	Total area of tiles in the toilets	1482.48 sq.m.

* Inclusive of Bathrooms (48)

Scope of work and frequency of cleaning is defined as follows :-

- (i) The cleaning of the above mentioned areas to be done as per Swachhata Guidelines for public health facilities – Ministry of Health & Family Welfare, GoI, 2015 and National Guidelines for Clean Hospitals (Year 2015) – **Annexure-1**.
- (ii) The number of personnel to be deployed are as follows :-

Area	Morning Shift	Evening Shift	Night Shift
ICU	2	2	1
OPD	4	2	0
Private Ward	3	2	1
Emergency Ward	2	2	1
Operation Theatre	2	1	0
Supervisors required			
	1	1	0

- (iii) Required number of cleanings and amount of cleaning material also to be provided by the bidder as per above mentioned guidelines.

- (iv) The cleaning, scrubbing, disinfecting bathrooms, toilets, wash basins, sanitary fittings and floor of all the areas mentioned above at regular intervals as defined in the above mentioned guidelines. It also includes cleaning of all the surface area of the walls and equipments in the toilets like windows, exhaust fans, trolleys, waste bins and other such equipments. It also includes removal of garbage as per BMW guidelines and handover the garbage/ biomedical waste to the designated waste handler of the contractor.
- (v) The cleaning activity may sometimes include cleaning and disinfecting kidney trays, urinals, bed pans, humidifiers, suction bottles and emptying urine and drain bags, whenever required.
- (vi) Cleaning blood and body spills may sometimes to be undertaken in such areas. It may also include cleaning of human excrement, urine, vomitus and other body fluids, as and when required.
- (vii) The bidder also to provide equipments required for wet mopping and personal protection gear to the cleaning staff deployed as per norms.
- (viii) The supervisor staff shall maintain records of cleaning activity and mopping activity of all the areas as per check-list developed by the user development. A check-list shall be displayed in each area of work for verification.
- (ix) Rotation of staff, if required, may be done with a care to retain trained staff in critical areas like O.T., ICU and Emergency Ward.



III

Hospital Cleaning Products, Machines & Procedures

In a health facility, there are a wide range of chemicals and disinfectants used for various clinical, nursing, laboratory and radiological procedures. For cleanliness following groups of the chemical compound are in use.

- a. Iodophors
- b. Phenolics
- c. Chlorine releasing agents
- d. Quats
- e. Miscellaneous

3.1 Iodophors - Iodophors group of disinfectants have iodine base. Though they kill large range of microorganism, their cost is high. Since these compounds have low pH, their detergent action is limited. In a hospital, they are often used for 'part-preparation' prior to surgery or any invasive procedure. When used on floor, discolouration of the floor may happen.

3.2 Phenolics – These groups of disinfectant chemicals have carbolic acid base, derived from coal tar. Chlorinated fraction and petroleum residues are added to improve their cleansing and physical properties. Usually they are Black or White fluids. They are more potent than iodophors. They are irritant to skin and mucosa and corrosive to metal surface. White fluids are emulsified suspension and precipitate on surface and makes subsequent cleaning difficult.

3.3 Chlorine – Chlorine releasing chemicals are cheap and effective at low concentration. They act by releasing nascent chlorine. However, freshly prepared chlorine solution remains active for 6 to 8 hours after its constitution. It has advantage of being effective against wide variety of microorganism such as viruse, fungi, bacteria and spores. Chlorine solution gets inactivated by organic matters (e.g. pus, dirt, blood, etc.) and it damages plastics, rubber, some metals and fabrics. They are not compatible with some detergents and acidic fluids including urine and liberate free chlorine which is harmful in a confined space.



3.4 Quats – Quaternary Ammonium Compounds have antimicrobial properties. Certain quaternary ammonium compounds, especially those containing long alkyl chains, are used as antimicrobials and disinfectants, such as Benzalkonium Chloride, Benzethonium Chloride, Cetylpyridinium Chloride, Cetrimide, etc. They are found to be effective against Fungi, Amoeba, and certain types of Viruses. Quats are not active against endospores, Mycobacterium tuberculosis and few varieties of viruses. Their activity reduces in presence of organic substance, and also in hard water.

3.5 Miscellaneous –

- a. **Alcohol** - Ethyl and Isopropyl Alcohol in higher concentration (60 – 70%) are fast acting effective disinfectant. Alcohol also has an advantage of leaving skin dry. However, they do not have penetrative power. They are active against Mycobacterium but not against spores and few viruses such as poliovirus. Alcohol impregnated wipes may be used for rapid disinfection of smooth clear surfaces, e.g. trolley tops, thermometer, probes, steel table tops, etc.
- b. **Hydrogen Peroxide** - Hydrogen peroxide is popularly used in disinfecting equipment and environmental surfaces in few countries such as UK. It is effective against virus.
- c. **Detergents** – Loosely defined Soaps, alkalis and synthetic agents are detergents. Often we use the words “soap” and “detergent” interchangeably, but really they’re different. A detergent is a chemical substance that is used to break up and remove grease and grime, while soap is simply one kind of clearing agent

3.6 Choosing a Disinfectant for Health Care Facility – A disinfectant for a health facility should have following properties –

- a. Fast Activation on reconstitution
- b. Works well with relatively hard water or water with high salt content
- c. It should be compatible with commonly used commercial detergents or washing powders
- d. User does not need special protective equipment other than mask and normal gloves
- e. Does not corrode metal surface
- f. Preferably bactericidal disinfectant rather than having those with bacteriostatic properties

3.7 Floor Cleaning Equipment –

The mechanised cleaning equipment is costly compared to the traditional cleaning devices (Bucket, mop, wiper, etc.). They require regular specialized maintenance and repair. However, depending upon the resource availability, some cleaning equipment should be added to the inventory and used regularly.



V

Frequency of cleaning

Following general cleaning activities are recommended in a hospital :

Detailed Frequency of cleaning

S. No.	Activity	Frequency	Agents Used
OPERATION THEATRE / ICU / LABOUR ROOM / NICU / ISOLATION WARDS			
1	Garbage Removal	Thrice a day and more when bags are 3/4 th full	As per the BMW guidelines
2	Cleaning of Instruments	After every procedure	Soap & water followed by sterilization
3	Cleaning of clean areas and corridors of complex	Twice a day/ as & when required	Damp Mop with detergent and water/ 0.5% chlorine
4	Mopping. (Care to be taken in case of special epoxy flooring)	Thrice a day and after each procedure	Damp mop with detergent and water / 0.5% chlorine
5	Cleaning of equipments like anesthesia machines, monitors, ventilators, infant warmers/ baby cribs etc	Twice a day/ as & when required	Damp Mopping , dry, Disinfect with 70% isopropyl alcohol / 2% glutaraldehyde (For endoscopes & reusable items) details attached in 'Annexure I'
6	Fumigation	Once a month/ After Infected cases surgery	Formaldehyde (Please refer 'Annexure E')
7	Cleaning of OT table and OT stretcher	Twice a day/ after each surgery	0.5% chlorine /70% Isopropyl alcohol
8	Doctor's / nurses / technician room	Twice a day	Detergent & water
9	Washroom & wash basins cleaning	Thrice a day and as & when required	Wash with Soap & water, then dry, wipe 0.5% chlorine
10	Washing of slippers	once a day and when required	Soap & water
11	Collection of soiled linen and sluicing	As and when required	Soak in clean water with bleaching powder 0.5% for 30 minutes. Wash again with detergent and water to remove the Bleach. OR launder in hot water (70- 80 degree C) if possible.

S. No.	Activity	Frequency	Agents Used
12	Cleaning of Mops	After every use	Soak in clean water with bleaching powder 0.5% for 30 minutes. Wash again with detergent and water to remove the bleach.
MODERATE RISK AREA WARDS			
1	Garbage Removal	Twice a day and more / when bags are 3/4th full	As per the BMW guidelines
2	Mopping of floor	Once a day	Damp mop with detergent and water
3	Washrooms & Wash basin	Thrice a day and as & when required	Wash with Soap & water, then dry, wipe with 0.5% chlorine.
4	Dusting / Cleaning of Equipment	Once a day	Damp Mopping , dry, Disinfect with 70% isopropyl alcohol
5	Collection of soiled linen and sluicing	As and when required	Soak in clean water with bleaching powder 0.5% for 30 minutes. Wash again with detergent and water to remove the Bleach. OR launder in hot water (70-80 degree C) if possible
CANTEEN AND KITCHEN			
1	Garbage Removal	Thrice a day and more when bags are 3/4th full	As per the BMW guidelines
2	Mopping of floor	Once a day	Damp mop with detergent and water
3	Washrooms & Wash basin	Once a day	Wash with Soap & water, then dry, wipe with 0.5% chlorine
4	Dusting	Once a day	Duster
PUBLIC AREA WASHROOM			
1	Cleaning	Every 2nd hourly	Damp mop with detergent and water
2	Washrooms & Wash basin	Thrice a day	Wash with Soap & water, then dry, wipe with 0.5% chlorine.
LOBBY & OPD AREA			
1	Garbage Removal	Thrice a day and more when bags are 3/4th full	As per the BMW guidelines



S. No.	Activity	Frequency	Agents Used
2	Mopping of floor	Once a day	Damp mop with detergent and water
3	Washrooms & Wash basin	Once a day	Wash with Soap & water, then dry, wipe with 0.5% chlorine
4	Dusting	Once a day	Duster
STORES (MEDICAL SURGICAL, NON - MEDICAL)			
1	Garbage Removal	Thrice a day and more when bags are 3/4th full	As per the BMW guidelines
2	Dusting	Once a day	Duster
3	Mopping of floor	Once a day	Damp mop with detergent and water
MORTUARY			
1	Garbage Removal	Thrice a day and more when bags are 3/4th full	As per the BMW guidelines
2	Dusting	Once a day	Duster
3	Mopping of floor	Once a day	Damp mop with detergent and water
4	Cleaning of autopsy table	Once a day and after every procedure	0.5% chlorine / 70% isopropyl alcohol
5	Drains	Once a day	Soap & Water
ADMINISTRATION RECORD / ENGINEERING OFFICE			
1	Garbage Removal	Thrice a day and more when bags are 3/4th full	As per the BMW guidelines
2	Dusting	Once a day	Duster
3	Mopping of floor	Once a day	Damp mop with detergent and water
4	Dry Mopping	Once a day	Soft brush
5	Washrooms & Wash basin	Once a day	Wash with Soap & water, then dry, wipe with 0.5% Chlorine
CSSD/LAUNDRY			
1	Garbage Removal	Thrice a day and more when bags are 3/4th full	As per the BMW guidelines
2	Dusting	Twice a day	Duster
3	Mopping & Washing of floor	Twice a day	Damp mop with detergent and water
4	Mopping (CSSD) sterile areas	Once a day	0.5% chlorine/ 70% Isopropyl alcohol



S. No.	Activity	Frequency	Agents Used
5	Fumigation	Once a month/ as an when required	Formaldehyde (Please refer 'Annexure E')
6	Washrooms & Washbasin	Once a day	Wash with Soap & water, then dry, wipe with 0.5% chlorine
RADIOLOGY & LABORATORY			
1	Garbage Removal	Thrice a day and more when bags are 3/4th full	As per the BMW guidelines
2	Dusting of infrastructure	Once a day	Damp duster, dry, then wipe with
3	Cleaning of equipments	Once a week	Damp cleaning, dry, 70% isopropyl alcohol
4	Mopping & Washing of floor	Twice a day	Damp mop with detergent and water
5	Washing of Slippers	Once a week	Detergent & water
6	Washrooms & Washbasin	Once a day	Wash with Soap & water, then dry, wipe with 0.5% chlorine

Note : A neutral detergent and warm water solution should be used for all routine and general cleaning. When a disinfectant is required for surface cleaning, e.g. after spillage or contamination with blood or body fluids, the manufacturer's recommendations for use and occupational health and safety instructions should be followed.

Source : Practical guidelines of Infection Control By WHO



VI

Method of cleaning

- 6.1 The method of cleaning of various areas is given in the annexures and can be adapted to the facility's requirements. The methods described are essentially based on the common practice of manual cleaning using brooms and mops.
- 6.2 Cleaning using mechanical equipment has made great inroads in the health facilities across the world. However it is capital intensive and trained manpower is required to handle the equipment, but cleaning is more efficient and a bigger area can be cleaned in lesser time. It will be worth procuring mechanical cleaning equipment especially in the larger facilities.

6.3 Preparation for cleaning

Different areas require different levels of cleanliness, e.g. the OPD and waiting areas do not require a very high level of cleanliness as compared to that of the Operation theatre or the ICU.

As far as possible wet mopping is preferred over dry sweeping to avoid kicking up and circulation of dust and allergens.

A. Preparation

- i. Put gumboots or disposable shoe covers
- ii. Hand-Gloves must always be borne by all personnel engaged in cleaning of Health Facility
- iii. Wear cap, mask, apron / gown
- iv. Prepare germicidal cleaner (phenyl) in clean water as per the dilution directions mentioned on the product label, both in the wringer bucket as well as plastic pail.
- v. Move cots and furniture as per the directions of the supervisor to one side.
- vi. Use a blunt knife to remove any dried up or sticky soil on the floor.
- vii. Use a treated dry mop or nylon push broom and dust pan to clear the loose soiling on the floor.

B. Performance

- i. Sweep the dust -in case the quantity is large- to the door way and collect it in the dust pan and discard into the trash.



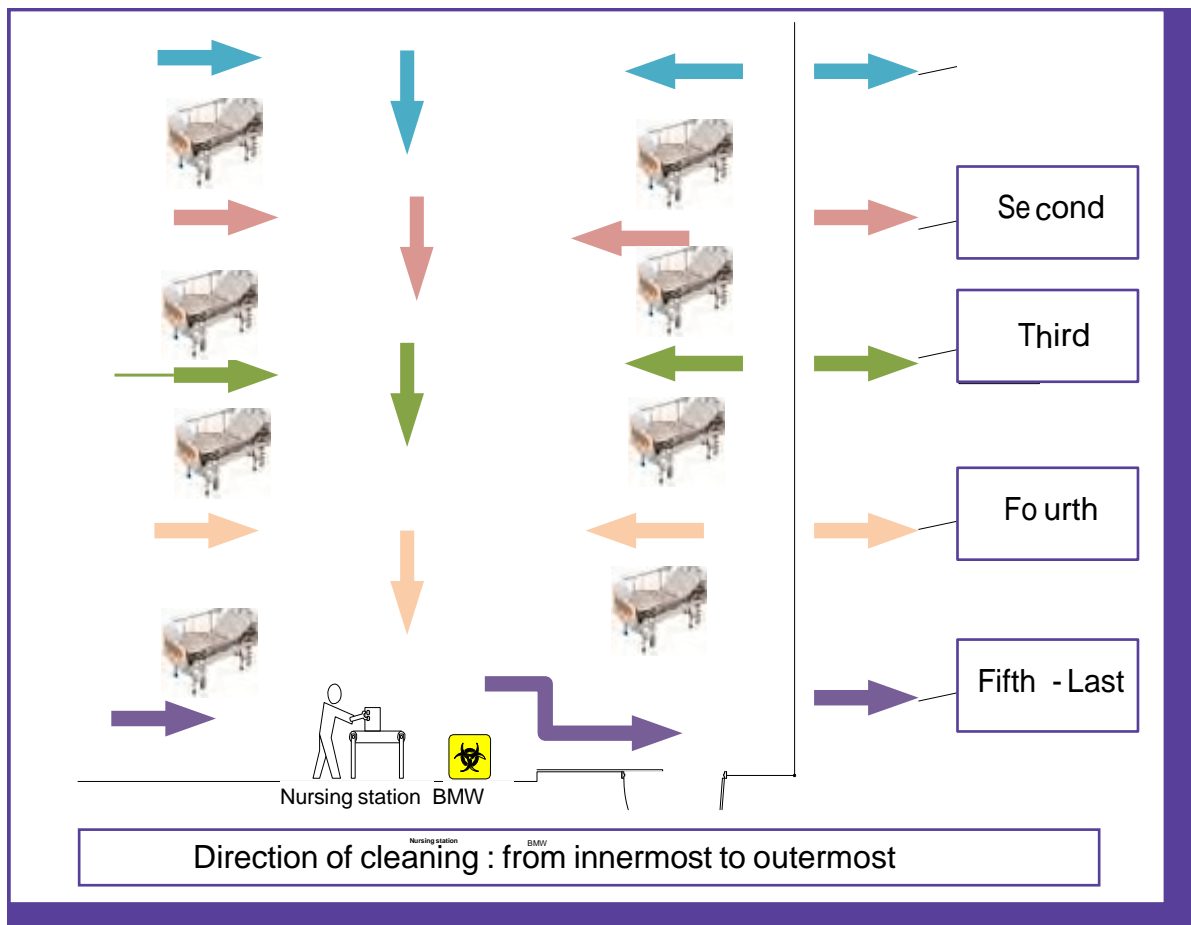
- ii. Wet the mop in the germicidal solution (phenyl) and wring it gently so that the mop holds enough solution for necessary disinfection of the floor.
- iii. Wet mop the floor in one direction and ideally from the centre outwards toward the door. Change of mopping water should be done frequently especially when it is noticed that it is noticed dirty

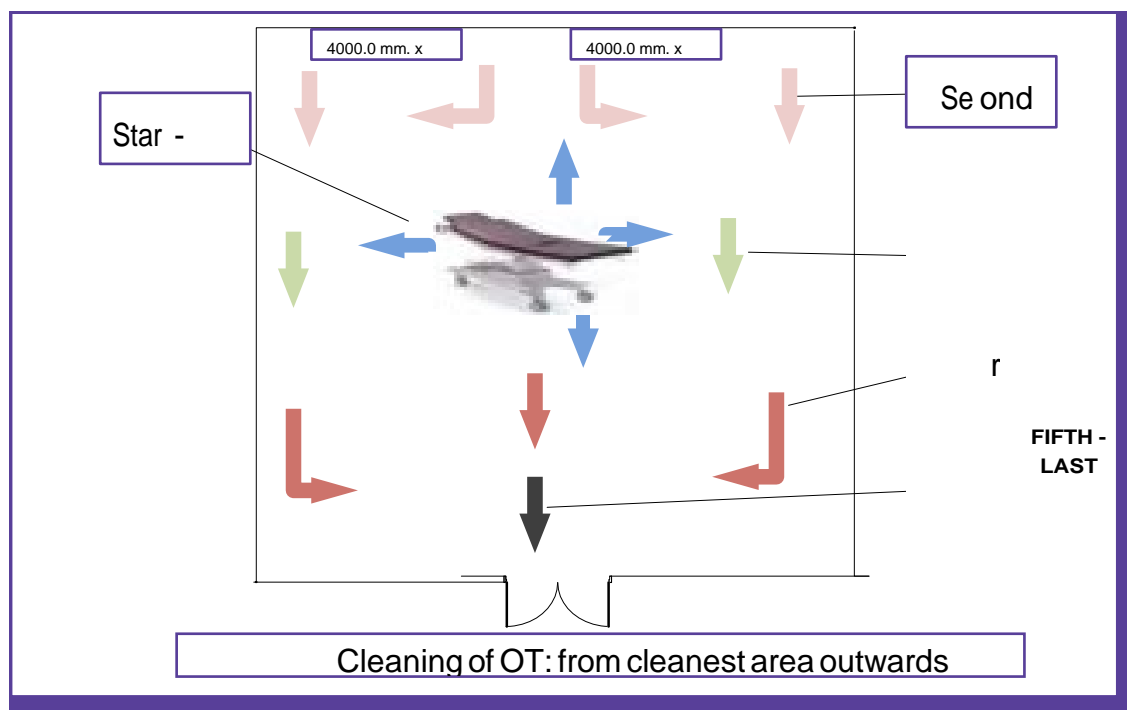
C. Direction of cleaning

- i. The sweeping movement should be unidirectional



- ii. The direction of cleaning in healthcare facilities must be from the clean to the dirty area. In closed spaces like a ward the direction should be from within outwards.





- i. Clean the furniture and cot castors with a clean duster using the germicidal solution prepared in the plastic pail, directly or with a spray bottle.
- ii. Put the tables and cots back in position.
- iii. Take out all your cleaning equipment and tools out of the door
- iv. Scan the room to ensure that cleaning is done thoroughly and none of personal belonging / cleaning equipment left behind in the operation room.
- v. Keep your equipment and tools to designated place, after rinsing in fresh germicidal solution.
- vi. Remember to clean the doorstoppers and the door handles and latches which are usually left or not attended to.

D. Finishing:

- i. De-gown carefully, wash and let them dry.
- ii. Remove your cap and mask wash and let them dry.
- iii. Remove the gloves wash and let them dry.
- iv. Wash your hand as per six steps Explained in **Annexure C**.

E. Practical suggestions

- i. All loose particles and litter should be removed before dealing with any stubborn stains/dirt.



- ii. Use lighter cleaning methods before attempting stronger methods.
- iii. Before any implement or cloth is used, make sure they are clean and dry.
- iv. If possible, use a **double bucket system** when mopping the floors so that dirty water is not reused while mopping. The first bucket contains clean water while the second bucket is used to squeeze out the water from the dirty mop following which the mop is dipped in the clean water and mopping done.
- v. The **Three bucket system** should be ideally practised and that the first bucket contains water with detergent used in the beginning. The mop is then rinsed in the second bucket and dipped in the third bucket which can also contain a disinfectant and the mopping done again.
- vi. Abrasives should be used as a last resort as they can damage the surface.
- vii. Use an agent that is least offensive in smell if alternatives are available.
- viii. When cleaning a surface, be cautious of marring the surroundings area, e.g. finger prints on walls, grazing other articles, etc.
- ix. Use methods that are least inconvenient to patients. Disturbance can be caused by noise or obstacles placed in public areas.
- x. Be sure that during the process of cleaning areas do not become accident-prone, e.g. wet, slippery floors, etc. If required, cautionary sign can be put.
- xi. Cleaning should be carefully planned to make efficient use of time

6.4 In a Health Facility, Chlorine Solution is used often for disinfection of surfaces, plastic waste, etc. Commonly source of the Chlorine is either bleaching powder or commercially available Hypochlorite solution. Following points must be considered, whenever Chlorine Solution is being used –

- a. The solution should be freshly prepared.
- b. Effectiveness of solution decreases with passage of time and presence of organic matter.

Guidelines for preparing Chlorine Solution is given in **Annexure 'F'**.

6.5 There is often spill of body fluids & mercury in Health Facilities. Such spillage requires careful cleaning and disinfection as mentioned in **Annexure 'G'**.

6.5 Safety precautions are of utmost importance for the staff and visitors. The model precautions are given in **Annexure 'H'**.

6.5 Guidelines for cleaning of following areas of Health Facility are given in the Annexures.

- a. Operation Theatre – **Annexure 'I'**
- b. Labour Room – **Annexure 'J'**
- c. Infectious Disease Ward - **Annexure 'K'**
- d. Laundry Services – **Annexure 'L'**
- e. Hospital Kitchen – **Annexure 'M'**
- f. Misc. - Desert Coolers, Water Cooler, Lift, Ambulance, Water Tank, etc. –

Annexure 'N'





VII Disposal of Waste

- 7.1 The responsibility of the disposal of hospital waste lies with the head of the facility to ensure the disposal is done properly and it does not harm to human health and environment. Simple in-house steps like composting of non-infected biodegradable waste which is much environment friendly, should be adopted. It is important that segregation of waste is done at the point of generation as per guidelines contained in BMW (management & handling) Rules 1998. Categories of Waste, scheme for segregated collection, and practical approach to BMW management are contained in **Annexure 'O'**.
- 7.2 The general waste may also be disposed of through the local municipality waste management system. Alternatively, it may be taken for the composting or vermi-compost, as detailed in **Annexure 'A'**.
- 7.3 Waste water must also be disposed effectively since it can serve as a breeding ground for mosquitoes. People may also slip and fall in muddy puddles, and children may play in them and risk waterborne illness.
- 7.4 Health facilities in small towns and villages may dispose the general waste by deep burial / composting. Such burial areas should preferably be situated away from populated areas and water points (wells, hand-pump) etc. They should be enclosed to prevent its access by animals.
The area should be kept clean and planting of trees and plants should be encouraged.
- 7.5 Burning of plastic wastes is hazardous to human health and must not be practiced. Plastic bags must be segregated and recycled. If plastic is coming out of the patient care area, it needs to be disinfected by Chlorine Solution, and mutilated to prevent its re-circulation by unscrupulous element.
- 7.6 Biomedical waste disposal should be done by an agency so authorised by the government. In case such a facility does not exist then the hospital authorities must install plant to have an environmentally sound waste disposal plan, which is compliant to BMW Rules 1998.



GENERAL TERMS AND CONDITIONS OF CONTRACT

1. The execution of cleaning of housekeeping will be with suitable and uniformed hygiene specialist with mechanized equipments, wherever required, and wet mopping.
2. The cleaning and housekeeping works are to be carried out as per international norms/ standards and in such manners that all premises always look neat and clean.
3. The manpower engaged should be trained in management of bio-medical waste also so that waste disposal is carried out in totally sealed manner without affecting the environment as per pollution control directions.
4. It will be the sole responsibility of the contractor that the men engaged are trained and the Department will not be liable for any mishap, directly or indirectly.
5. All the consumables and disposables required for cleaning and housekeeping are to be procured by the contractor. All consumables and disposables should be eco-friendly.
6. Mechanized equipments, wherever required, will be procured by the contractor.
7. The cleanliness will be periodically checked by the HOD or any person authorized by him based on certain objective criteria which are decided to measure level of cleanliness and the contractor has to abide by those criteria.

These are as follows:

- (i) Shine level, presence of dust, pan and gutkha stains, spillage of water or other liquids, bird droppings etc. on floors, tiled walls, doors, windows or stairs, etc.;
 - (ii) Dust or cobwebs etc. on roof, window grills etc.;
 - (iii) Finger or palm marks, dust and gutkha stain on glass panes of windows or doors and mirrors;
 - (iv) Dirt marks, dust, dryness and odour in Wash-basin, WC Seats, floors etc. in toilets/bathrooms.
- 8- (a) In case any of contractor's personnel(s) deployed under the contract is (are) absent, a penalty equal to double the wages of number of sanitation staff/supervisors absent on that particular day shall be levied by the Department and the same shall be deducted from the contractor's bills.
- (b) In case any of contractor's personnel deployed under the contract fails to report in time and contractor is unable to provide suitable substitute in time for the same it will be treated as absence and penalty as mentioned in point 8(a) shall be levied.
- (c) The bid shall remain valid for a period of **One Year** after the date of tender opening by NITRD. The contract shall normally be for a period of one year extendable on a yearly basis for three years subject to satisfactory services. In case NITRD is not satisfied with the services of the contract, it may terminate the contract unilaterally without assigning any reason thereof.
- (d) Affidavit that the Tenders has never been black listed by a State/Central Government and Semi Govt. or Autonomous Bodies etc. (Annex-B).
- (e) PAN No. of Bidder:- In case of sole proprietor to be accompanied by proof in form of certificate by C.A. that the firm is sole proprietor.
- (f) G.S.T. Registration certificate with latest copy of G.S.T. deposit receipt.
- g) In case any public complaint is received attributable to misconduct/ misbehaviour of contractor's personnel, a penalty of Rs.500/- for each such incident shall be levied and the same shall be deducted from contractor's bill. Further the concerned contractor's personnel shall be removed from the system immediately. a. In case the contractor fails to commence/execute the work as stipulated in the agreement or unsatisfactory performance or does not meet the statutory requirements of the contract,

DOCUMENTS/ PAYMENT TO BE SUBMITTED BY SUCCESSFUL TENDERER

(h) The successful bidder shall, within 48 hours of issue of the work order, give the acceptance along with Performance Guarantee of Rs. 9,00,000/- (Rupees Nine Lacs Only) in the form of Account Payee Demand Draft, Fixed Deposit Receipt, Banker's Cheque or Bank Guarantee from any of the Commercial Banks or payment online in an acceptable form and sign an agreement with N.I.T.R.D. If the bidder fails or neglects to any of his obligations under the contract, it shall be lawful for the N.I.T.R.D., New Delhi to forfeit either whole or any part of the performance guarantee furnished by the bidder as aforesaid as compensation for any loss resulting from such failure. N.I.T.R.D. shall not be liable to pay any interest on Performance Guarantee deposit.

Principal Employer reserves the right to impose the penalty as detailed below:-

(1) 20% of cost of order/agreement per week, upto four weeks delays.

(2.) After four weeks delay the Department may cancel the agreement and get this job to be carried out preferably from other agency from open market. The difference, if any, will be recovered from the defaulter contractor and also shall be black listed for a period of four years from participating in such type of tender and his earnest money/security deposit may also be forfeited, if so warranted.

9. If cleanliness is not observed upto the satisfaction of the Department, a penalty of a minor fine of Rs.1,000/- per day or Rs.500/- per day per square metre, whichever is higher, or a major fine of Rs.5,000/- per day per square metre will be imposed on the contractor depending on the objective criteria as above.

10. Minimum number of trained manpower including the Supervisory staff required to do the work has to be specified by the contractor in technical bid of the tender.

11. The Department reserves the right to cancel or reject all or any of the tender without assigning any reason.

12. Any act on the part of the tenderer to influence anybody in the Department is liable to rejection of his tender.

13. Every employee so engaged by the contractor shall wear uniform and a badge wearing his/her name, while on duty. The said uniform and badge shall be provided by the contractor at his own cost.

14. The contractor shall engage the men/ women whose age shall be between 18-50 years.

15. The staff engaged by the contractor shall be available all the time as per their duty roster and they shall not leave their place of duty without the prior permission of the authorized officer of the Department. Adequate supervision will be provided to ensure correct performance of the said sanitation services in accordance with the prevailing assignment instructions agreed upon between the two parties. In order to exercise effective control & supervision over the staff of the Contractor deployed, the supervisory staff will move in their areas of responsibility.

16. The contractor shall be responsible to provide immediate replacement to take place of any staff engaged by him, who is not available for duty at the place of posting and such other additional staff as may be required for additional area for which prior information have been given.

17. The contractor shall abide by and comply with all the relevant laws and statutory requirements covered under Labour Act, Minimum Wages and (Contract Labour (Regulation & Abolition Act 1970), EPF etc. with regard to the personnel engaged by him for sanitation works. It will be the responsibility of the contractor to provide details of manpower deployed by him, in the Department and to the Labour department.

18. The contractor shall be liable and responsible to provide all the benefits viz. Provident Fund, ESI, Bonus, Gratuity, Leave, etc. to the staff engaged by him. As far as EPF is concerned, it shall be the duty of the Contractor to get PF code number allotted by RPFC against which the PF subscription, deducted from the payment of the personnel engaged and equal employer's amount of contribution should be deposited with the respective PF authorities within seven days of close of every month. Giving particulars of the employees engaged for the sanitation works, is required to be submitted to the Department. In any eventuality, if the contractor failed to remit employee/employer's contribution towards PF subscription etc. within the stipulated time, the Department is entitled to recover the equal amount from any money due or accrue to the Contractor under this agreement or any other contract and will be deposited with RPFC on behalf of the contractor.

19. The Department shall have the right to ask for the removal of any person of the contractor, who is not found to be competent and orderly in the discharge of his duty.

20. The contractor shall not engage any sub-contractor or transfer the contract to any other person in any manner.

21. The antecedents of staff deployed shall be got verified by the contractor from local police authority and an undertaking in this regard to be submitted to the department and department shall ensure that the contractor complies with the provisions.

22. The Contractor will maintain a register on which day to day deployment of personnel will be entered. This will be countersigned by the authorized official of the Department. While raising the bill, the deployment particulars of the personnel engaged during each month, shift wise, if any, should be shown. The Contractor has to given an undertaking (on the format), duly countersigned by the concerned official of the Department, regarding payment of wages as per rules and laws in force, before receiving the 2nd payment onwards.

23. All liabilities arising out of accident or death while on duty shall be borne by the contractor.

24. The contractor and its staff shall take proper and reasonable precautions to preserve from loss, destruction, waste or misuse the areas of responsibility given to them by the Department and shall not knowingly lend to any person or company any of the effects of the Department under its control.

25. The sanitation staff engaged by the contractor shall not accept any gratitude or reward in any shape.

26. The contractor shall be responsible to maintain all property and equipment of the Department entrusted to it. Any damage or loss caused by contractor's persons to the Department in whatever shape would be recovered from the contractor.

27. The contractor will not be held responsible for the damages/ sabotage caused to the property of the Department due to the riots/mobs attack/ armed dacoit activities or any other event of force majeure.

28. The personnel supplied have to be extremely courteous with very pleasant mannerism in dealing with the Staff/visitors, especially with female staff/ visitors and should project an image of utmost discipline. The Department shall have right to have any person moved in case of patient/staff/visitor complaints or as decided by representative of the Department if the person is not performing the job satisfactorily or otherwise. The contractor shall have to arrange the suitable replacement in all such cases.

29. The payment would be made at the end of every month based on the actual shift manned/operated by the personnel supplied by the contractor and based on the documentary proof jointly signed by the representative of the Department and the contractor/his representative/personnel authorized by him. No other claim on whatever account shall be entertained by the Department.

30. That in the event of any loss occasioned to the Department, as a result of any lapse on the part of the contractor which will be established after an enquiry conducted by the Department, the said loss can claim from the contractor up to the value of the loss. The decision of the Head of the Department will be final and binding on the contractor.

31. The contractor shall abide by and comply with all the relevant laws and statutory requirements covered under various laws such as Labour Act, Minimum Wages Act, Contract Labour (Regulation and abolition) Act, EPF, ESI and various other Acts as applicable from time to time with regard to the personnel engaged by the contractor for the Department. 32. The Department may direct the contractor, to have any person removed that is considered to be undesirable or otherwise and similarly Contractor reserves the right to change the staff with prior intimation to the Department.

33. The contractor will deploy supervisors as per the need given by the Department. The supervisor shall be required to work as per the instructions of Department.

34. The contractor shall ensure that its personnel shall not at any time, without the consent of the Department in writing divulge or make known any trust, accounts matter or transaction undertaken or handled by the Department and shall not disclose to any information about the affairs of Department. This clause does not apply to the information, which becomes public knowledge.

35. Any liability arising out of any litigation (including those in consumer courts) due to any act of contractor's personnel shall be directly borne by the contractor including all expenses/fines. The concerned contractor's personnel shall attend the court as and when required.

36. **Force Majeure:-** If at any time during the currency of the contract, either party is subject to force majeure, which can be termed as civil disturbance, riots, strikes, tempest, acts of God etc. which may prevent either party to discharge the obligation, the affected party shall promptly notify the other party about the happening of such an event. Neither party shall by reason of such event be entitled to terminate the contract in respect of such performance of their obligations. The obligations under the contract shall be resumed as soon as practicable after the event has come to an end or ceased to exist. The performance of any obligations under the contract shall be resumed as soon as practicable after the event has come to an end or ceased to exist. If the performance of any obligation under the contract is prevented or delayed by reason of the event beyond a period mutually agreed to, if any, or seven days, whichever is more, either party may at its option terminate the contract.

37. The contractor shall deploy his personnel only after obtaining the Department approval duly submitting curriculum vitae (CV) of these personnel, the Department shall be informed at least one week in advance and contractor shall be required to obtain the Department's approval for all such changes along with their CVs.

38. "NOTICE TO PROCEED" means the notice issued by the Department to the contractor communicating the date on which the work/services under the contract are to be commenced.

39. If the contractor is a joint venture/consortium/group/partnership of two or more persons, all such persons shall be jointly and severally liable to the Department for the fulfillment of the terms of the contract. Such persons shall designate one of them to act as leader with authority to sign. The joint venture/consortium/group/partnership shall not be altered without the approval of the Department.

40. The contract period shall be Twenty four months from the date of the commencement (as mentioned in Notice to Proceed).

41. During the course of contract, if any of contractor's personnel are found to be indulging in any corrupt practices causing any loss of revenue to the Department shall be entitled to terminate the contract forthwith duly forfeiting the contractor's Performance Guarantee.

42. In the event of default being made in the payment of any money in respect of wages of any person deployed by the contractor for carrying out of this contract and if a claim therefore is filed in the office of the Labour Authorities and proof thereof is furnished to the satisfaction of the Labour Authorities, the Department may, failing payment of the said money by the contractor, make payment of such claim on behalf of the contractor to the said Labour Authorities and any sums so paid shall be recoverable by the Department from the contractor.

43. If any money shall, as the result of any instructions from the Labour authorities or claim or application made under any of the Labour laws, or Regulations, be directed to be paid by the Department, such money shall be deemed to be payable by the contractor to the Department within seven days. The Department shall be entitled to recover the amount from the contractor by deduction from money due to the contractor or from the Performance Security.

44. The list of staff going to be deployed shall be made available to the Department and if any change is required on part of the Department fresh list of staff shall be made available by the contractor after each and every change.

45. The contractor shall indemnify and hold the Department harmless from and against all claims, damages, losses and expenses arising out of, or resulting from the works/services under the contract provided by the contractor.

46. The bidder should be registered with the concerned authorities of Labour Department under Contract Labour (R&A) Act 1970 and Delhi Works Contract Act. (Wherever applicable).

47. The contractor shall not employ any person below the age of 18 yrs. and above the age of 50 yrs. Manpower so engaged shall be trained for sanitation and housekeeping services and fire fighting services before joining. In addition, Department will also arrange training in batches by Civil Defence and Fire Service Departments for deployed manpower. During this training, contractor shall have to arrange for substitute for the staff undergoing training. Smaller Departments can tie up with bigger Departments in neighbourhood for such trainings.

48. Only physically fit personnel shall be deployed for duty by the contractor.
49. The contractor shall ensure that the Sanitation/Housekeeping staff shall not take part in any staff union and association activities.
50. The Department shall not be responsible for providing residential accommodation to any of the personnel of the contractor.
51. The Department shall not be under any obligation for providing employment to any of the worker of the contractor after the expiry of the contract. The Department does not recognize any employee employer relationship with any of the workers of the contractor. 52. If as a result of post payment audit any overpayment is detected in respect of any work done by the agency or alleged to have done by the agency under the tender, it shall be recovered by the Department from the contractor.
53. If any underpayment is discovered, the amount shall be duly paid to the contractor by the Department.
54. The contractor shall provide the copies of relevant records during the period of contract or otherwise even after the contract is over whenever required by the Department.
55. The contractor will have to deposit the proof of depositing employee's contribution towards PF/ ESI etc. of each employee in every three months.
56. The contractor shall disburse the wages to its staff deployed in the Department every month through ECS or by Cheque in the presence of representative of the Department.

OBLIGATION OF THE CONTRACTOR:-

57. The contractor shall ensure full compliance with tax laws of India with regard to this contract and shall be solely responsible for the same. The contractor shall submit copies of acknowledgements evidencing filing of returns every year and shall keep the Employer fully indemnified against liability of tax, interest, penalty etc. of the contractor in respect thereof, which may arise.
58. The Department will deduct Income Tax at source under Section 194-C of Income Tax Act from the contractor at the prevailing rates of such sum as income tax on the income comprised therein.
59. Dispute Resolution:- a. Any dispute and or difference arising out of or relating to this contract will be resolved through joint discussion of the authorities' representatives of the concerned parties. However, if the disputes are not resolved by joint discussions, then the matter will be referred for adjudication to a sole Arbitrator appointed by Director, NITRD.
- b. The award of the sole Arbitrator shall be final and binding on all the parties. The arbitration proceeding's shall be governed by Indian Arbitration and Conciliation Act 1996 as amended from time to time. The cost of Arbitration shall be borne by the respective parties in equal proportions. During the pendency of the arbitration proceeding and currency of contract, neither party shall be entitled to suspend the work/service to which the dispute relates on account of the arbitration and payment to the contractor shall continue to be made in terms of the contract. Arbitration proceedings will be held at Delhi/New Delhi only.
60. JURISDICTION OF COURT:- The courts at Delhi/New Delhi shall have the exclusive jurisdiction to try all disputes, if any, arising out of this agreement between the parties.

(Director)

National Institute of Tuberculosis and Respiratory Diseases
 (Autonomous Institute under the Ministry of Health & Family Welfare, Government of India)
Sri Aurobindo Marg (Near Qutub Minar), New Delhi – 110030

TENDER FOR OUTSOURCING OF TOILET'S SANITATION SERVICES

FINANCIAL BID

S.N.	Items	Cost in Rupees (Per Month)
1.	Cost for Manpower and Material.	
2.	Taxes*	
	TOTAL	

* In case no taxes are applicable Bidder should write NIL

Total Cost (in Rupees)

Rs. _____

Rupees (In words) _____

ANNEXURE – B

I/we (Name) _____ partner /sole proprietor (strike out word which is not applicable) of (Firm)_____do hereby declare and solemnly affirm to the fact that the individual firm/companies are not black-listed by the Union or State Government or any partner or shareholder there of are not directly or indirectly connected with or has any subsisting inters in business of my/our firm.

DEPONENT

Address _____

I/we do hereby solemnly declare and affirm that the above declarations is true and correct to the best of my knowledge and beliefs. No part of it is false and nothing has been concealed.

Dated: DEPONENT

(Note: - To be furnished on non judicial stamp paper duly attested by the Oath Commissioner).