TENDER DOCUMENT

(LAST DATE & TIME FOR RECEIPT OF TENDER
15/04/2024 TILL 3:00 PM)

TENDER FOR TELE RADIOLOGY SOFTWARE AND ONLINE REPORTING
(TELE RADIOLOGY) OF RADIOLOGIC STUDIES (PLAIN X-RAY & HSG)

at NIHFW, New Delhi

Telephone No. 26165959, 26166441, Fax No. 91-99-26101623, Web Site: www.nihfw.org
SUBJECT: Tender for Tele Radiology Software and Online Reporting (Tele Radiology) of Radiologic Studies (Plain X-ray & HSG) at NIHFW

Earnest Money deposit (EMD): ₹ 10,000/- (Rupees Ten Thousand only)

NAME OF THE FIRM: 

ADDRESS OF THE FIRM & PHONE NO: 

Last Date & Time for submission of tender: 15/04/2024 Up to 3.00 PM

Date & Time of opening of tender: 15/04/2024 3:30 PM
NOTICE INVITING SINGLE BID TENDER

The National Institute of Health and Family Welfare, an autonomous organization, under the Ministry of Health and Family Welfare, Government of India, acts as an 'apex technical institute' as well as a 'think tank' for the promotion of health and family welfare programmes in the country. It is located opposite the Jawaharlal Lal Nehru University (JNU) in approximately 32 Acres of land and furthermore, opposite to the boundary wall of the Institute are DDA Flats, Munirka. The address of the Institute is The National Institute of Health and Family Welfare (NIHFW), Baba Gang Nath Marg, Munirka, New Delhi - 110067.

The institute intends to invite quotations for Tele Radiology Software and Online Reporting (Tele Radiology) of Radiologic Studies (Plain X-ray & HSG). Therefore, sealed item rate quotations are invited, from eligible service providers having experience in similar work, on behalf of the Director, The National Institute of Health and Family Welfare.

The sealed rates from the service providers only in the given format, should reach this office latest by 15/04/2024 at 03:00 P.M. duly marked "For Tele Radiology Services". The rates received after the above date & time will not be considered. EMD in the form of DD of Rs. 10,000/- (Rupees Ten Thousand only) in favour of Director, NIHFW should accompany the quotation.

The tender of the firms/dealers who do not deposit EMD in the above said manner is liable to be rejected. Incomplete tenders and the tenders received after the due date and time will not be accepted. The tender sent by post/ courier and received after due date & time will not be accepted.

An affidavit on non-judicial stamp paper of ₹ 100/- duly certified by the authorized signatory(ies) that there is no vigilance/ CBI case pending and the firm has not been blacklisted by any Govt. organization/ Depts.

The Director, NIHFW, New Delhi reserves the right to accept or reject any or all tenders without assigning any reason thereof. No correspondence shall be entertained in this regard.

Note: In case the date of opening of tenders happens to be a declared holiday then tenders shall be opened on the next working day at the same time.

(Dr. J.P Shivdasani)
Nodal Officer (Admin.)
NIHFW
GENERAL TERMS AND CONDITIONS

1. The tender/bids are invited under single bid system.
2. The tender should be type-written or printed with indelible ink and submitted in sealed cover.
3. **The bidders shall submit the bid in one sealed envelope super-scribing "For Tele Radiology Services" on or before 15/04/2024 15:00 Hrs in the Tender box placed at the "Reception of Administrative Block, NIHFW, Munirka, New Delhi-110067". The tender box will be sealed at 15:00 Hrs.**
4. **The Tender will be opened on 15/04/2024 at 15:30 Hrs at 2nd Floor Committee Room No. 223, Academic Block, NIHFW, Munirka, New Delhi-110067.**
5. EMD in the form of DD of Rs. 10,000/- (Rupees Ten Thousand Only) in favor of Director, NIHFW should accompany the quotation, failing which bid may be cancelled.
6. The tender/bid document can be submitted/dropped in the tender box only. The Institute will not be responsible for any delay, loss or nonreceipt of the bid sent by post/courier. A bid sent through any other mode except as mentioned above will not be accepted.
7. The bidder shall ensure that each page of the tender and all other enclosures appended to it are signed and stamped by the authorized signatory, as a token of having read and understood the terms and conditions contained therein before filing the tender document for bid process.
8. In case any query/clarification is required, Mr. Brijesh Kumar, Radiographer, NIHFW Clinic (011-261056959/ Ext - 123/124) may be contacted.
9. The EMD of the successful agency will be kept as Security Deposit with the Institute in the name of "Director, NIHFW" Payable at New Delhi, and same will be returned after the completion of work.
10. Once the rate is quoted by the agency, no revision of rate will be entertained.
11. The kin/relative of the Institute’s employees is not allowed to participate in the quotation process.
12. Bids received within the due date & time will only be entertained.
13. Bidders cannot withdraw their offer once it is submitted to the Institute.
14. The bidders are required to enclose the self-attested copy of their PAN with the bid.
15. The NIHFW also reserves the right to accept/reject the offer or cancel the whole tender proceedings without assigning any reason. The decision of Director, NIHFW will be final and binding on the bidder(s). Bidder(s) are not entitled to claim any damages or compensation in case of such cancellation.
16. The disputes, legal matters, court matters, if any, shall be subject to Delhi jurisdiction only.
17. The contract will be awarded for a period of one year initially. Further, the contract may be extended for further up to 2 years on same terms and conditions and quoted rates, subject to the condition if the services provided are found to be satisfactory.
18. Subcontracting or subletting shall not be permitted under any condition.
19. The payment will be subject to TDS as per Income Tax Rules and other statutory deductions as per the applicable laws.
TECHNICAL SPECIFICATIONS FOR TELE RADIOLOGY SERVICES

The obligations of the service provider/firm under this service contract shall include the following service activities and commitments:

i. The service provider shall identify the technological pathways and set up systems for digitization, transmission and reporting of X-ray & HSG films. Digital infrastructure/ IT based solutions shall be provided to transfer images to specialist hired/on roll of service provider.

ii. The service provider shall arrange proper safeguarding of the data against data theft ensuring data security & privacy and shall furnish account of the above as and when demanded.

iii. The platform should be compliant with the following:
   a) HL7 Compatible (Certificate to be provided at the time of bidding)
   b) DICOM 3.0 standard (Certificate to be provided at the time of bidding)

iv. The service provider will comply with the confidentiality clause as per Medical regulation framed by NMC.

v. The service provider shall provide requisite software and costs thereof, for seamless transmission of images. Periodic maintenance of the software shall be sole responsibility of the service provider. (Details of X-Ray machine at NIHFW: Allengers Medical System- Model Mars 50/ FC/ Allpose/ 9 inches IITV with Care Stream CR System- Model DV 6850 installed in April 2013).

vi. The service provider shall provide training to the radiographer deployed at NIHFW for digitization and transmission of X-ray images.

vii. The radiologic studies will be done at the Clinic, NIHFW between 10 AM to 4 PM. The service provider shall also ensure that all X-ray and HSG films/ images received from NIHFW are interpreted, diagnosed and reported within 12 hours.

viii. The service provider shall provide the report as per the format given in Annexure ‘E’ from qualified Radiologists having a Post Graduate Degree/ Post Graduate Diploma in Radiology and imaging.

ix. The report shall be in digital/pdf format, duly signed by the Radiologist with the details of the reporting doctor, i.e. name, qualification, registration number, etc.

x. The payment shall be done as per the actual number of reportings on a quarterly basis. Expected no. of Plain X-rays and HSGs in a year are 500 and 150 respectively.

xi. The service provider does not have any right to make any claim for variation in the quantities.

xii. The service provider shall have three-year experience in the relevant field.

xiii. The service provider must ensure the highest standards of radiology reporting and shall have its own quality check mechanisms. In case of any queries regarding the report/ demand from the referring clinicians, the report will be sent back to the service provider which shall be reviewed free of cost & reported back in six hours. Even after the reviewed/ revised report, if the clinician is still not satisfied, it will be mandatory for the service provider to get second opinion from another Radiologist which shall also be free of cost.

xiv. The service provider shall be responsible for any financial or legal implications in the matters related to reporting of X-ray & HSG films.
INSTRUCTIONS FOR BIDDERS / TENDERS

1. Incomplete proposal in the tender document and tenders received after due date shall not be entertained.

2. In case of discrepancy between unit price & total price, the unit price shall prevail.

3. In price-bid, the rate quoted by the agency should be covered with transparent tape.

4. Terms & Conditions given in the tender document and each page of tender document should be signed by authorized signatory and the tender document envelop/cover should be sealed.

5. The competent authority reserves the right to accept or reject any or all tenders without assigning any reason.
ANNEXURE – A

PROFORMA FOR SUBMISSION OF BID
To be filled by the Tenderer

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Description</th>
<th>Furnish information here</th>
<th>Enclosed at page No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Tender Ref. No.</td>
<td>F.No........</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Name of the Tenderer with full address (Telephone, Email etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>EMD of ₹10,000/- in form of Demand Draft of scheduled Bank in favour of Director NIHFW payable at New Delhi.</td>
<td>Yes/No</td>
<td>DD No. Amount Bank</td>
</tr>
<tr>
<td>4</td>
<td>Registration Certificate stating the validity period for Tele Radiology Software and Online Reporting (Tele Radiology) of Radiologic Studies (Plain X-ray &amp; HSG)</td>
<td>Yes/No</td>
<td></td>
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<tr>
<td>5</td>
<td>GST / PAN No.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Undertaking of Non-Judicial Stamp Paper of ₹ 100/- (Annexure- B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Undertaking (Annexure- C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Criminal Liability Undertaking on ₹100/Affidavit. (Annexure-D)</td>
<td></td>
<td></td>
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<tr>
<td>9</td>
<td>Format of Technical Details (Annexure-F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Format of Price Bid (Annexure-G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>State whether you have been currently banned/blacklisted by any Ministry/Depts. of Central Govt. or any State Govt. If so, give details.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EMD: The Tenderer shall furnish along with the Technical Bid, Earnest Money of ₹10,000/- by way of demand Draft/ Pay order drawn in favour of Director, NIHFW payable at New Delhi. No other mode of payment is acceptable.

Undertaking: I have carefully gone through & have understood the General Terms & Conditions, Work scope and Specifications governing the tender. In case any document is not furnished/ provided by the undersigned then my firm/company shall be disqualified.

I hereby confirm that I am authorized to sign the tender documents.

Signature: ________________________________
Name: ________________________________
Designation: ________________________________
Address: ________________________________
PAN No. ________________________________
Company Name with Seal ________________________________
ANNEXURE – B

F. No.: M/3/2023-Clinic

राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान
बाबा गंगनाथ मार्ग, मुनीरका, नई दिल्ली - 110067
THE NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
BABA GANGNATH MARG, MUNIRKA, NEW DELHI-110067

FORMAT FOR UNDERTAKING
(TO BE SUBMITTED ON A NON-JUDICIAL STAMP PAPER OF ₹ 100/-)

1. I, the undersigned, certify that I have gone through the terms and conditions mentioned in the tender document and undertake to comply with them.

2. The rates quoted by me/us are valid and binding on me/us for acceptance for the period of one year from date of acceptance of tender bid. I/We, hereby bind myself/ourselves to the Director, NIHFW, New Delhi for Providing of Services Tele Radiology Software and Online Reporting (Tele Radiology) of Radiologic Studies (Plain X-ray & HSG) in NIHFW, New Delhi during the period of tender.

3. Earnest money deposited by me/ us, may be retained till the finalization of the tender.

4. EMD deposited by me/ us and the same may be retained as Security deposit beyond the Service period.

5. If the NIHFW authorities think it necessary to change/reduce any item, it may be changed.

6. I/ We hereby undertake to pay penalty as per terms and conditions for delay in Service.

7. Certify that no vigilance/CBI or court case is pending against the firm.

8. I/we understand that the Director, NIHFW, New Delhi has the right to accept or reject any or all the tenders without assigning any reasons (s) thereof.

9. The decision of the Director, NIHFW, New Delhi will be final and binding upon me/us.

Signature of Bidder
(Name of Bidder)

Place…………….. With seal of firm
ANNEXURE – C

UNDEARTAKING

Affirmation

I pledge and solemnly affirm that the information submitted in tender documents is true to the best of my knowledge and belief. I further pledge and solemnly affirm that nothing has been concealed by me and if anything adverse comes to the notice of Service during the validity of the tender period Director, NIHFW, New Delhi will have full authority to take appropriate action as he/she may deem fit.

Place: ___________
Date: ___________

Signature of Bidder
(Name of Bidder)
With seal of firm
Annexure - D

CRIMINAL LIABILITY UNDERTAKING ON ₹ 100/- AFFIDAVIT

I .................................................. S/o............................................. Resident of ............... ........................................................ .......................................................... do solemnly pledge and affirm: -

1 That I am the proprietor / partner /authorized signatory of

M/s. ..............................................................

2 That my firm has not been declared defaulter by any govt. agency and that no case of any nature i.e. CBI Criminal/ Income Tax / Sales Tax / Blacklisting is pending against my firm.

Name.....................................................

Signature...................................................

Rubber stamp..............................................

Affirmation / Verification .........................
राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान
THE NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
बाबा गंगनाथ मार्ग, मुनिरका, नई दिल्ली-110067
Baba Gangnath Marg, Munirka, New Delhi-110067
खिलिम, आर.बी.एम. विभाग /Clinic, Deptt. of R.B.M.

Annexure –E
NIHFW X-Ray form

एक्स-रे मांग प्रपत्र/X-Ray Requisition Form

नाम /Name ................................................................. फाइल नं /File No./.........................
आयु एवं लिंग /Age & Sex.................................................. दिनांक /Date..............
एल.एम.पी /LMP........................................... किसके द्वारा भेजा गया/ Ref. by..............................

अनुरोध किया गया एक्स-रे /X-Ray requested: ..........................................................

विलिनिकल वृत्त/Clinical History .............................................................

.................................................................

संबंधित डाक्टर के हस्ताक्षर/ Signature of the Concerned Doctor

रिपोर्ट/Report:

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रेडियोलोजिस्ट के हस्ताक्षर/ Signature of the Radiologist
### Format of Technical Details

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Particulars</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Name of the Service Provider</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Full address of the Service Provider</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Telephone and Mobile No.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Fax No.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>E-mail</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>PAN No. &amp; GST No. and attached signed and stamped copy of PAN &amp; GST No. detail (as proof of the same)</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>The Bidder (Service Provider/ Company/ Firm/ Agency) should have been registered under the law as applicable (Attach signed and stamped copy as proof of the same)</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Whether the Service Provider/ Company/ Firm/ Agency has/had been Black listed by any Govt. Organization/ PSU</td>
<td>Yes/No</td>
</tr>
<tr>
<td>9.</td>
<td>Copy of certificate of Radiologist having MD/DNB/DMRD qualification and registered with respective State Council/ NMC</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Copy of three-year experience of service provider in Tele Radiology services</td>
<td></td>
</tr>
</tbody>
</table>

Signature..................................................

Name.............................................

Name of Firm/Tenderer..........................

Address...........................................

Contact No. ......................................
**Format of Price Bid**

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Item type</th>
<th>Short description</th>
<th>Approx. Quantity per year</th>
<th>Estimated Rate (in ₹) per unit</th>
<th>Amount (in ₹)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Service</td>
<td>Tele Radiology reporting of Plain X-ray</td>
<td>500 Nos.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Service</td>
<td>Tele Radiology reporting of HSG</td>
<td>150 Nos.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total</th>
<th></th>
<th>Tax (GST)</th>
<th>Grand Total</th>
</tr>
</thead>
</table>

Total Amount in words (including GST) …………………………………………………..

The quoted rates shall be clearly written OR typed and afterwards a transparent tape shall be pasted on it.

I ............................................ Owner / Authorized representative of………………… certify that

a. I had also gone through the entire tender T & C.
b. No one in my family/relative is an employee of the Institute.

हस्ताक्षर/Signature………………………………………………………………………………

नाम/Name:……………………………………………………………………………………

कंपनी/फर्म/निवेदकार का नाम/ Name of Firm/Tenderer
……………………………………………………………………………………………………

पता/ Address……………………………………………………………………………………

टूर्नभाष संख्या/ Contact No. ……………………………………………………………