



OFFICE OF CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER
CUM DISTRICT MISSION DIRECTOR, NABARANGPUR
(DISTRICT PROGRAMME MANAGEMENT UNIT, NHM)
E-mail: dhionab@gmail.com




Letter No ⁷⁶⁴⁸ /NHM/2018

Date 21/8 /2018

NOTICE

In pursuance to the letter No 10565 dated 2.08.2018 of MD,NHM, Bhubaneswar the Eligibility and Assessment score of NGOs for Management of PHC of Nabarangpur has been prepared and hoisted in the district website of Nabarangpur i.e www.nabarangpur.nic.in . The Bidders NGOs are requested to submit objection if any with in 7 days of issue of this Notice addressed to CDM&PHO,Nabarangpur. PIN-764059.No further fresh documents will be considered for the preparation of Merit list.

He 
Chief District Medical and Public Health Officer
-Cum-
District Mission Director, Nabarangpur

Eligibility Checklist for Evaluation Of PHC Management Under NHM

Name of the Entity: KARUNA TRUST, Bangalore.

Name of the PHC applied: Ichhapur

District: Nabarangpur

Sl No	Particulars	Status (Yes/No)	Remarks
1	Copy of the Registration Certificate or equivalent certificates submitted	No	Only Trust Deed is attached.No Regn Certificate.
2	Whether the entity is having 5 years in existence by 31st March 2018 (To be ascertained from registration or equivalent certificate)	Yes	As per trust deed on 5.03.1986
3	Copy of Memorandum of Association or equivalent document of the Agency submitted	No	Only Trust Deed is attached
4	Whether the entity is having provision of health care activities mentioned in its registration Document.	Yes	As per the Trust Deed
5	Whether the entity is one person's company(Write NA if not applicable)	N.A	Trust Act
6	Whether the entity is having evidence of providing clinical outreach and public health services for a period of 3 yrs. (To be ascertained from MoV: MOU/Sanction order.)	Yes	
7	If registered in Society registration act; Does the entity is having the Unique ID no. through the portal NGO-DARPAN of NITI Aayog.(write NA if not applicable)	No	Trust Act
8	Whether submitted annual average turnover Statement along with audit report for the last 3 years: 2014-15, 2015-16, 2016-17	Yes	
9	Whether the entities having annual turnover of at least Rs 25 lakhs per annum in the last three financial years (2014-15, 2015-16, 2016-17) as per Audited statement.	Yes	
10	Submission of Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18	Yes	
11	Document relating to fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.	No	No such Statement attached

12	Whether the entity is having fixed assets of minimum Rs 10 lakhs in the name of the entity in terms of land, building and others.	Yes	As per the financial statement.
13	Meetings & minutes of the Executive Committee/Governing body/ any other body meeting based on bye law/memorandum of the society/registration document submitted for the last three financial years till 2017-18.	No	Only one proceeding is attached for 2018-19
14	Names of the Office Bearers along with their addresses submitted.	Yes	
15	Whether the entity has ever been "blacklisted"/ debarred from participating in any tendering process by any State Government/central Government institutions. (To be ascertained from the certificate submitted.)	Yes	Format-T-5 Enclosed without seal and signature of Notary.
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	Yes	Dr. Pravakar Sahu.
17	Whether the entity or any of its office bearers of the Organization has been convicted by any court of law in India or abroad for a civil/criminal offences?	No	Format T-7 Enclosed
18	If any undertaking that the Organization is willing sign the service level agreement submitted.	Yes	
19	Copy of the resolution of the competent authority in the Organization authorizing the signatory to respond to this invitation submitted.	Yes	
20	Copy of PAN card,	Yes	AAATK2765Q
21	Copy of Bank Pass Book	Yes	64047693629-SBI
22	Document containing the details of the names addresses and educational qualifications of key personnel employed by the Organization during The last three years including those employed at the time of submission of this bid submitted.	Yes	
23	Descriptions of activities of the Organization in the primary health care system in any parts of India emphasizing (a) geographical area b) outputs (c) manpower dedicated to projects (d) outcome submitted	Yes	Annual Report
24	Registration under 12-A of Income tax act 1961.	No	Applied for 12A
25	EMD (DD of Rs.40,000/-)	Yes	835106 datd 27.07.2018


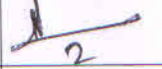


26	Based on any adverse report against the entity from the District /NHM /Any Govt. Dept. has the partnership of the entity been discontinued poor performance in implementation of PHC(N)Mgt. Project under NHM in the district is identified by any external evaluating agency	No	
27	Has the services of the organizations of the organization been discontinued on the basis of the conduct of any financial irregularities	No	

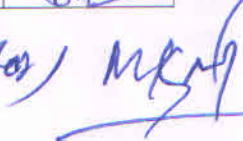
Recommendation of the Assessment Team

Whether the entity is recommended for next level selection process. Yes/No
If No ,the reasons thereof :

1. No such documentary proof in support of Experience as per the MOV. Experience certificate and Letter of association/Recommendations are attached in support of experience which is against MOV.
2. Trust deed is enclosed. No such documents regarding Registration of the entity.
3. The only document ie the trust deed which is silent regarding EB/GB in a year.
4. No such Notary certification in the affidavit.(Form T-5).
- 5.Registration under 12A is applied. No allotted number available in the document.
- 6.Self declaration by the Allopathic Doctor is repeated for both the PHC (Dumurimunda & Ichhapur)But the signature of the Doctor differs in the said Format-T-6.As per RFP (sl no:13) the same is not allowed as eligibility craiteria.

Signature of the Assessment Team

Name	Designation	Signature
Dr. ch. Sova Rani Mishra.	CDM & PHO ITC	
N.C. Swarnakar	DSWO.	
Smt. Pabitra Mohan Pradhan	DWO	
Sunant Kumar Pradhan	DPM, NHM.	
Gurudev Dato	D-AC, NHM	

Manoj Kumar Pradhan (PRM Coordinator) 

Eligibility Checklist for Evaluation Of PHC Management Under NHM

Name of the Entity: KARUNA TRUST, Bangalore.

Name of the PHC applied: **Sanagumuda**

District: Nabarangpur

SI No	Particulars	Status (Yes/No)	Remarks
1	Copy of the Registration Certificate or equivalent certificates submitted	No	Only Trust Deed is attached.No Regn Certificate.
2	Whether the entity is having 5 years in existence by 31st March 2018 (To be ascertained from registration or equivalent certificate)	Yes	As per trust deed on 5.03.1986
3	Copy of Memorandum of Association or equivalent document of the Agency submitted	No	Only Trust Deed is attached
4	Whether the entity is having provision of health care activities mentioned in its registration Document.	Yes	As per the Trust Deed
5	Whether the entity is one person's company(Write NA if not applicable)	N.A	Trust Act
6	Whether the entity is having evidence of providing clinical outreach and public health services for a period of 3 yrs. (To be ascertained from MoV: MOU/Sanction order.)	Yes	
7	If registered in Society registration act; Does the entity is having the Unique ID no. through the portal NGO-DARPAN of NITI Aayog.(write NA if not applicable)	No	Trust Act
8	Whether submitted annual average turnover Statement along with audit report for the last 3 years: 2014-15, 2015-16, 2016-17	Yes	
9	Whether the entities having annual turnover of at least Rs 25 lakhs per annum in the last three financial years (2014-15, 2015-16, 2016-17) as per Audited statement.	Yes	
10	Submission of Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18	Yes	
11	Document relating to fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.	No	No such Statement attached

12	Whether the entity is having fixed assets of minimum Rs 10 lakhs in the name of the entity in terms of land, building and others.	Yes	As per the financial statement.
13	Meetings & minutes of the Executive Committee/Governing body/ any other body meeting based on bye law/memorandum of the society/registration document submitted for the last three financial years till 2017-18.	No	Only one proceeding is attached for 2018-19
14	Names of the Office Bearers along with their addresses submitted.	Yes	
15	Whether the entity has ever been "blacklisted"/ debarred from participating in any tendering process by any State Government/central Government institutions. (To be ascertained from the certificate submitted.)	Yes	Format-T-5 Enclosed without seal and signature of Notary.
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	Yes	Dr. Rajendra Prasad Majhi.
17	Whether the entity or any of its office bearers of the Organization has been convicted by any court of law in India or abroad for a civil/criminal offences?	No	Format T-7 Enclosed
18	If any undertaking that the Organization is willing sign the service level agreement submitted.	Yes	
19	Copy of the resolution of the competent authority in the Organization authorizing the signatory to respond to this invitation submitted.	Yes	
20	Copy of PAN card,	Yes	AAATK2765Q
21	Copy of Bank Pass Book	Yes	64047693629-SBI
22	Document containing the details of the names addresses and educational qualifications of key personnel employed by the Organization during The last three years including those employed at the time of submission of this bid submitted.	Yes	
23	Descriptions of activities of the Organization in the primary health care system in any parts of India emphasizing (a) geographical area b) outputs (c) manpower dedicated to projects (d) outcome submitted	Yes	Annual Report
24	Registration under 12-A of Income tax act 1961.	No	Applied for 12A
25	EMD (DD of Rs.40,000/-)	Yes	835106 datd 27.07.2018

26	Based on any adverse report against the entity from the District /NHM /Any Govt. Dept. has the partnership of the entity been discontinued poor performance in implementation of PHC(N)Mgt. Project under NHM in the district is identified by any external evaluating agency	No	
27	Has the services of the organizations of the organization been discontinued on the basis of the conduct of any financial irregularities	No	

Recommendation of the Assessment Team

Whether the entity is recommended for next level selection process. Yes/No

If No ,the reasons thereof :

1. No such documentary proof in support of Experience as per the MOV. Experience certificate and Letter of association/Recommendations are attached in support of experience which is against MOV.
2. Trust deed is enclosed. No such documents regarding Registration of the entity.
3. The only document ie the trust deed which is silent regarding EB/GB in a year.
4. No such Notary certification in the affidavit.(Form T-5).
- 5.Registration under 12A is applied. No allotted number available in the document.

Signature of the Assessment Team

Name	Designation	Signature
Dr. Ch. Sova Rani Mishra	CDM & PPO I/c	
N.C. Swarnak	DSWO.	
Sri Pabitra Mohan Pradhan	DWO.	
Susant Kumar Pradhan	DPM, NHM.	
Pranjan Deb	D.Ay, XHPW	

Manas Kumar Prasad CPM Coordinator Meghal

Eligibility Checklist for Evaluation Of PHC Management Under NHM

Name of the Entity: KARUNA TRUST, Bangalore.
 Name of the PHC applied: **Dumurimunda**
 District: Nabarangpur

Sl No	Particulars	Status (Yes/No)	Remarks
1	Copy of the Registration Certificate or equivalent certificates submitted	No	Only Trust Deed is attached. No Regn Certificate.
2	Whether the entity is having 5 years in existence by 31st March 2018 (To be ascertained from registration or equivalent certificate)	Yes	As per trust deed on 5.03.1986
3	Copy of Memorandum of Association or equivalent document of the Agency submitted	No	Only Trust Deed is attached
4	Whether the entity is having provision of health care activities mentioned in its registration Document.	Yes	As per the Trust Deed
5	Whether the entity is one person's company (Write NA if not applicable)	N.A	Trust Act
6	Whether the entity is having evidence of providing clinical outreach and public health services for a period of 3 yrs. (To be ascertained from MoV: MOU/Sanction order.)	Yes	
7	If registered in Society registration act; Does the entity is having the Unique ID no. through the portal NGO-DARPAN of NITI Aayog. (write NA if not applicable)	No	Trust Act
8	Whether submitted annual average turnover Statement along with audit report for the last 3 years: 2014-15, 2015-16, 2016-17	Yes	
9	Whether the entities having annual turnover of at least Rs 25 lakhs per annum in the last three financial years (2014-15, 2015-16, 2016-17) as per Audited statement.	Yes	
10	Submission of Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18	Yes	
11	Document relating to fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.	No	No such Statement attached

12	Whether the entity is having fixed assets of minimum Rs 10 lakhs in the name of the entity in terms of land, building and others.	Yes	As per the financial statement.
13	Meetings & minutes of the Executive Committee/Governing body/ any other body meeting based on bye law/memorandum of the society/registration document submitted for the last three financial years till 2017-18.	No	Only one proceeding is attached for 2018-19
14	Names of the Office Bearers along with their addresses submitted.	Yes	
15	Whether the entity has ever been "blacklisted"/ debarred from participating in any tendering process by any State Government/central Government institutions. (To be ascertained from the certificate submitted.)	Yes	Format-T-5 Enclosed without seal and signature of Notary.
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	Yes	Dr. Surendra.N.Dash
17	Whether the entity or any of its office bearers of the Organization has been convicted by any court of law in India or abroad for a civil/criminal offences?	No	Format T-7 Enclosed
18	If any undertaking that the Organization is willing sign the service level agreement submitted.	Yes	
19	Copy of the resolution of the competent authority in the Organization authorizing the signatory to respond to this invitation submitted.	Yes	
20	Copy of PAN card,	Yes	AAATK2765Q
21	Copy of Bank Pass Book	Yes	64047693629-SBI
22	Document containing the details of the names addresses and educational qualifications of key personnel employed by the Organization during The last three years including those employed at the time of submission of this bid submitted.	Yes	
23	Descriptions of activities of the Organization in the primary health care system in any parts of India emphasizing (a) geographical area b) outputs (c) manpower dedicated to projects (d) outcome submitted	Yes	Annual Report
24	Registration under 12-A of Income tax act 1961.	No	Applied for 12A
25	EMD (DD of Rs.40,000/-)	Yes	835106 datd 27.07.2018






26	Based on any adverse report against the entity from the District /NHM /Any Govt. Dept. has the partnership of the entity been discontinued poor performance in implementation of PHC(N)Mgt. Project under NHM in the district is identified by any external evaluating agency	No	
27	Has the services of the organizations of the organization been discontinued on the basis of the conduct of any financial irregularities	No	

Recommendation of the Assessment Team

Whether the entity is recommended for next level selection process. Yes/No
If No, the reasons thereof :

1. No such documentary proof in support of Experience as per the MOV. Experience certificate and Letter of association/Recommendations are attached in support of experience which is against MOV.
2. Trust deed is enclosed. No such documents regarding Registration of the entity.
3. The only document ie the trust deed which is silent regarding EB/GB in a year.
4. No such Notary certification in the affidavit.(Form T-5).
- 5.Registration under 12A is applied. No allotted number available in the document.
6. Self declaration by the Allopathic Doctor is repeated for both the PHC (Dumurimunda & Ichhapur)But the signature of the Doctor differs in the said Format-T-6.As per RFP (sl no:13) the same is not allowed as eligibility criteria.

Signature of the Assessment Team

Name	Designation	Signature
Dr. Ch. Sova Rani Mishra.	EDM & P+O	
N.C. Swarnakar	DSWO	
Sri Pabitra Mohan Pradhan	DWO	
Susant Kumar Pradhan	DPM, NHM	
Amarendra Chakraborty	DAy, N+ay	
Manoj Kumar Pradhan	C PPM Coordinator	

Eligibility Checklist for Evaluation Of PHC Management Under NHM

Name of the Entity: GVS
Name of the PHC applied: Ichhapur
District: Nabarangpur

Sl No	Particulars	Status (Yes/No)	Remarks
1	Copy of the Registration Certificate or equivalent certificates submitted	Yes	Society Registration
2	Whether the entity is having 5 years in existence by 31st March 2018 (To be ascertained from registration or equivalent certificate)	Yes	1993-94/ 2012-13
3	Copy of Memorandum of Association or equivalent document of the Agency submitted	Yes	
4	Whether the entity is having provision of health care activities mentioned in its registration Document.	Yes	
5	Whether the entity is one person's company (Write NA if not applicable)	N.A	Society Act
6	Whether the entity is having evidence of providing clinical outreach and public health services for a period of 3 yrs. (To be ascertained from MoV: MOU/Sanction order.)	Yes	
7	If registered in Society registration act; Does the entity is having the Unique ID no. through the portal NGO-DARPAN of NITI Aayog. (write NA if not applicable)	OR/2009/0004745	
8	Whether submitted annual average turnover Statement along with audit report for the last 3 years: 2014-15, 2015-16, 2016-17	Yes	
9	Whether the entities having annual turnover of at least Rs 25 lakhs per annum in the last three financial years (2014-15, 2015-16, 2016-17) as per Audited statement.	Yes	1.83 Cr.
10	Submission of Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18	Yes	
11	Document relating to fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.	Yes	
12	Whether the entity is having fixed assets of minimum Rs 10 lakhs in the name of the entity in terms of land, building and others.	Yes	34 lakhs





13	Meetings & minutes of the Executive Committee/Governing body/ any other body meeting based on bye law/memorandum of the society/registration document submitted for the last three financial years till 2017-18.	Yes	
14	Names of the Office Bearers along with their addresses submitted.	Yes	
15	Whether the entity has ever been "blacklisted"/ debarred from participating in any tendering process by any State Government/central Government institutions. (To be ascertained from the certificate submitted.)	Yes	
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	Yes	Dr. T.Suryanarayan
17	Whether the entity or any of its office bearers of the Organization has been convicted by any court of law in India or abroad for a civil/criminal offences?	No	Format T-7 enclosed
18	If any undertaking that the Organization is willing sign the service level agreement submitted.	Yes	
19	Copy of the resolution of the competent authority in the Organization authorizing the signatory to respond to this invitation submitted.	Yes	
20	Copy of PAN card,	Yes	AAATG7179A
21	Copy of Bank Pass Book	Yes	11357490338-SBI
22	Document containing the details of the names addresses and educational qualifications of key personnel employed by the Organization during the last three years including those employed at the time of submission of this bid submitted.	Yes	
23	Descriptions of activities of the Organization in the primary health care system in any parts of India emphasizing (a) geographical area b) outputs (c) manpower dedicated to projects (d) outcome submitted	Yes	Annual Report
24	Registration under 12-A of Income tax act 1961.	Yes	12/2007-08
25	EMD (DD of Rs.40,000/-)	Yes	712187-02.08.2018

26	Based on any adverse report against the entity from the District /NHM /Any Govt. Dept. has the partnership of the entity been discontinued poor performance in implementation of PHC(N)Mgt. Project under NHM in the district is identified by any external evaluating agency	No	
27	Has the services of the organizations of the organization been discontinued on the basis of the conduct of any financial irregularities	No	

Recommendation of the Assessment Team

Whether the entity is recommended for next level selection process. Yes/No
If No ,the reasons thereof :

Signature of the Assessment Team

Name	Designation	Signature
Dr. Ch. Sava Rani Mishra	COM & P+HO IIC	
N.C. Srivastava	D.SWO	
Soni Pabitra Mohan Pradhan	DWO	
Susant Kumar Pradhan	DPM, NHM.	
Amit Kumar Chakraborty	D.A.M. NHM	

Manoj Kumar Prasad (PPM Coordinator)



**SCORING SHEET FOR THE ASSESSMENT OF THE BIDDER FOR PHC MANAGEMENT PROJECT UNDER NHM,
ODISHA**

Name of the Organization :GVS.


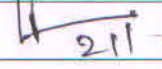


Name of the PHC applied : Ichhapur.

District : Nabarangpur.

Sl.	Areas of assessment	Maximum marks	Marks obtained	MOV	
Registration & establishment (20 marks)					
1	a) Years of existence of entity registered under Society Registration Act/Indian Trust Act/Indian Religious and Charitable Act/ Company Act OR Medical College (5--10 yrs-3marks, >10 yrs-5 marks)	5	05	Registration certificate	Society Regdn.
	b) Registered under 80G (if yes-2 mark, if No-0 mark)	2	00	80 G regd. certificate	
	c) Working experience on health sector in the applied district (Completion of one year-5 marks, completion of two years-7.5 marks and completion of 3 years & above-10marks)	10	10	MOU/Sanction Order/Agreement	Management of PHC at Ichhapur,Nabarangpur for since Apr-2008.Till date continued.
	d) Governance System: (Meeting & Minutes of the Executive Committee/ Governing body/ Any other body meeting based on bye-law/Memorandum of the Society/registration document of last three financial years till 2017-18 (Less than 50% meeting-0 mark, 50%-75% meeting - 1 mark , >75% meeting - 3 marks)	3	0	Proceeding/ Meeting register of GB/ EB/Any other body	01 GB & 02 EB as per By Law. Only statement attached for 09 meeting datewise.No copy of Proceeding/Meeting Register enclosed.
Field level Experience (45 marks)					
2	a. Years of experience in implementing projects in health sector. (>3-5 yrs=3 marks, > 5 yrs= 5 marks)	5	05	MoU/Sanction Order/Agreement	Management of PHC at Ichhapur,Nabarangpur for since Apr-2008.Till date continued.
	b. Years of experience in implementing projects in health sector with the support of Govt. (>3-5 yrs=3 marks, > 5 yrs= 5 marks)	5	05	MoU/Sanction Order/Agreement	Management of PHC at Ichhapur,Nabarangpur for since Apr-2008.Till date continued.
	c. Years of experience in Managing Hospitals. (1-3 years= 5 marks; > 3 to 5 years=7 marks,> 5 years=10 marks.)	10	10	MoU/Sanction Order/Agreement	Management of PHC at Ichhapur,Nabarangpur for since Apr-2008.Till date continued.
	d. Experience in providing comprehensive primary health care services at institutional level (Maternal Health, Neonatal & Infant Health, Child health, Adolescent Health, Reproductive Health & Contraceptive services, Management of Chronic Communicable Diseases, Basic OPD Care, Management of Non-Communicable diseases, Management of Mental Illness, Dental Care, Eye Care/ENT Care, Geriatric care, Managing emergency Medicine store) (>3-5 yrs=5 marks, >5 to 10 yrs= 7 marks,> 10Yrs=10 marks)	10	10	MOU/Sanction Order/Agreement	Management of PHC at Ichhapur,Nabarangpur for since Apr-2008.Till date continued.
	e. Multistate experience in managing health Institutions. (Less than 1 yr-0 marks, 1 yr or above- 5 marks)	05	00	MoU/Sanction Order/ Agreement	

f.	Experience in managing/part of any Network of hospitals: 1. Period 1 to 3 years-3 marks 2. Period >3 to 5 years- 4 marks 3. Period >5 years- 5 marks	05	00	MoU/Sanction Order/ Agreement	No such Hospitals
g.	Own Patient referral transport services (1-3 yrs=3 marks, > 3 yrs - 5 yrs= 4 marks & > 5 years= 5 marks)	05	00	Log book/ other relevant document	
Financial strength(20 marks)					
a.	Total financial turn over for last three financial years (2014-15, 2015-16 & 2016-17) >75 lakhs-1 Crore -5 marks, > 1 Crore -1.50 Crores- 7 marks, > 1.50 Crore=10 marks)	10	10	Audit report of last three financial years.	Rs.1.83 Cr.
3 b.	Proper maintenance of all books of accounts (Assessed through verification)Y/N: Yes-4 marks & No- 0 marks.	4	00	Record/register verification	Not feasible without physical verification.
c.	Fixed assets in the name of the organization (Rs. 10-12 lakhs assets-4 marks, > 12 lakhs assets-6 marks)	6	06	Balance sheet & fixed asset register	34.92 Lakhs
Staffing: Other strength (10 marks)					
4	Agencies having all staffs such as Allopathic doctor, Staff nurses/ANM, Pharmacist & LT in the payroll of the organization. (1-3 yrs = 5 marks, >3- 5 yrs= 7 marks, >5 yrs=10 marks).	10	07	Acquaintance & HR documents	
5	Other Strength: (05 marks)				
	If the Organization received any National/State/District Level award for significant contribution in social development sector (National level-5 marks, State Level- 4 marks, District Level- 3 marks)	05	00	National Level	
Total		100	68		

Signature of the Assessment Team

Name	Designation	Signature
Dr. Ch. Sova Devi Mishra	CDM & PHO I/c	
Dr. N.C. Swarnakar	D.S.HO	
Sri Pabitra Mohan Panda	DWO	
Susant Kumar Pradhan	DPM, NHM	
Bhadransu Behera	DAO, NHU	

Manal Kumar Pradhan (CIM Coordinator)

NB: The proposal will be qualified if it scores at least 50 marks or more in Technical evaluation



Eligibility Checklist for Evaluation Of PHC Management Under NHM

Name of the Entity: READ
 Name of the PHC applied: Dumurimunda
 District: Nabarangpur

SI No	Particulars	Status (Yes/No)	Remarks
1	Copy of the Registration Certificate or equivalent certificates submitted	Yes	Society Registration
2	Whether the entity is having 5 years in existence by 31st March 2018 (To be ascertained from registration or equivalent certificate)	Yes	1988-89
3	Copy of Memorandum of Association or equivalent document of the Agency submitted	Yes	
4	Whether the entity is having provision of health care activities mentioned in its registration Document.	Yes	
5	Whether the entity is one person's company(Write NA if not applicable)	N.A	Society Act
6	Whether the entity is having evidence of providing clinical outreach and public health services for a period of 3 yrs. (To be ascertained from MoV: MOU/Sanction order.)	Yes	
7	If registered in Society registration act; Does the entity is having the Unique ID no. through the portal NGO-DARPAN of NITI Aayog.(write NA if not applicable)	OR/2016/0 111043	
8	Whether submitted annual average turnover Statement along with audit report for the last 3 years: 2014-15, 2015-16, 2016-17	Yes	
9	Whether the entities having annual turnover of at least Rs 25 lakhs per annum in the last three financial years (2014-15, 2015-16, 2016-17) as per Audited statement.	Yes	90 Lakhs. Avarage
10	Submission of Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18	Yes	
11	Document relating to fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.	Yes	
12	Whether the entity is having fixed assets of minimum Rs 10 lakhs in the name of the entity in terms of land, building and others.	Yes	14.62 lakhs





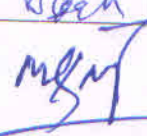
13	Meetings & minutes of the Executive Committee/Governing body/ any other body meeting based on bye law/memorandum of the society/registration document submitted for the last three financial years till 2017-18.	Yes	
14	Names of the Office Bearers along with their addresses submitted.	Yes	
15	Whether the entity has ever been "blacklisted"/ debarred from participating in any tendering process by any State Government/central Government institutions. (To be ascertained from the certificate submitted.)	Yes	Format-T-5 Enclosed
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	Yes	Dr. Surendra.N.Dash
17	Whether the entity or any of its office bearers of the Organization has been convicted by any court of law in India or abroad for a civil/criminal offences?	No	Format T-7 Enclosed
18	If any undertaking that the Organization is willing sign the service level agreement submitted.	Yes	
19	Copy of the resolution of the competent authority in the Organization authorizing the signatory to respond to this invitation submitted.	Yes	
20	Copy of PAN card,	Yes	AAAAR3863P
21	Copy of Bank Pass Book	Yes	11357494004-SBI
22	Document containing the details of the names addresses and educational qualifications of key personnel employed by the Organization during he last three years including those employed at the time of submission of this bid submitted.	Yes	
23	Descriptions of activities of the Organization in the primary health care system in any parts of India emphasizing (a) geographical area b) outputs (c) manpower dedicated to projects (d) outcome submitted	Yes	Annual Report
24	Registration under 12-A of Income tax act 1961.	Yes	12/2007-08
25	EMD (DD of Rs.40,000/-)	Yes	712207 datd 03.08.2018

26	Based on any adverse report against the entity from the District /NHM /Any Govt. Dept. has the partnership of the entity been discontinued poor performance in implementation of PHC(N)Mgt. Project under NHM in the district is identified by any external evaluating agency	No	
27	Has the services of the organizations of the organization been discontinued on the basis of the conduct of any financial irregularities	No	

Recommendation of the Assessment Team

Whether the entity is recommended for next level selection process. Yes/No
If No ,the reasons thereof :

Signature of the Assessment Team

Name	Designation	Signature
Dr. Ch. Sora Rani Mishra.	CDM & P+O I/c	
N.C. Swarnak N.	DSWO	
Sri Pabitra Mohan Pradhan	DWO	
Susant Kumar Pradhan	DPM, NHM.	
Bhuvan Datta	DAO, NHM	
Manoj Kumar Pradhan (PPM coordinator)		

**SCORING SHEET FOR THE ASSESSMENT OF THE BIDDER FOR PHC MANAGEMENT PROJECT UNDER NHM,
ODISHA**

Name of the Organization :READ.

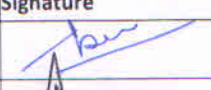

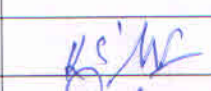
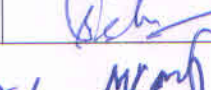
Name of the PHC applied : Dumurimunda.

District : Nabarangpur.

Sl.	Areas of assessment	Maximum marks	Marks obtained	MOV	
Registration & establishment (20 marks)					
1	a) Years of existence of entity registered under Society Registration Act/Indian Trust Act/Indian Religious and Charitable Act/ Company Act OR Medical College (5--10 yrs-3marks, >10 yrs-5 marks)	5	05	Registration certificate	Society Regdn.
	b) Registered under 80G (if yes-2 mark, if No-0 mark)	2	00	80 G regd. certificate	Expired.
	c) Working experience on health sector in the applied district (Completion of one year-5 marks, completion of two years-7.5 marks and completion of 3 years & above-10marks)	10	10	MOU/Sanction Order/Agreement	Management of PHC at Dumurimunda, Nabarangpur for -03 yrs. .MWH for 2 yrs
	d) Governance System: (Meeting & Minutes of the Executive Committee/ Governing body/ Any other body meeting based on bye-law/Memorandum of the Society/registration document of last three financial years till 2017-18 (Less than 50% meeting-0 mark, 50%-75% meeting - 1 mark , >75% meeting - 3 marks)	3	0	Proceeding/ Meeting register of GB/ EB/Any other body	04 GB & 12 EB as per By Law. Only statement attached for 48 meeting datewise.No copy of Proceeding/Meeting Register enclosed.
Field level Experience (45 marks)					
2	a. Years of experience in implementing projects in health sector. (>3-5 yrs=3 marks, > 5 yrs= 5 marks)	5	05	MoU/Sanction Order/Agreement	Management of PHC at Dumurimunda, Nabarangpur for -03 yrs. .MWH for 2 yrs
	b. Years of experience in implementing projects in health sector with the support of Govt. (>3-5 yrs=3 marks, > 5 yrs= 5 marks)	5	05	MoU/Sanction Order/Agreement	Management of PHC at Dumurimunda, Nabarangpur for -03 yrs. .MWH for 2 yrs
	c. Years of experience in Managing Hospitals. (1-3 years= 5 marks; > 3 to 5 years=7 marks,> 5 years=10 marks.)	10	05	MoU/Sanction Order/Agreement	Management of PHC at Dumurimunda, Nabarangpur for -03 yrs. .
	d. Experience in providing comprehensive primary health care services at institutional level (Maternal Health, Neonatal & Infant Health, Child health, Adolescent Health, Reproductive Health & Contraceptive services, Management of Chronic Communicable Diseases, Basic OPD Care, Management of Non-Communicable diseases, Management of Mental Illness, Dental Care, Eye Care/ENT Care, Geriatric care, Managing emergency Medicine store) (>3-5 yrs=5 marks, >5 to 10 yrs= 7 marks,> 10Yrs=10 marks)	10	05	MOU/Sanction Order/Agreement	Management of PHC at Dumurimunda, Nabarangpur for -03 yrs.
	e. Multistate experience in managing health Institutions. (Less than 1 yr-0 marks, 1 yr or above- 5 marks)	05	00	MoU/Sanction Order/ Agreement	

	f. Experience in managing/part of any Network of hospitals: 1. Period 1 to 3 years-3 marks 2. Period >3 to 5 years- 4 marks 3. Period >5 years- 5 marks	05	00	MoU/Sanction Order/ Agreement	No such Hospitals
	g. Own Patient referral transport services (1-3 yrs=3 marks, > 3 yrs - 5 yrs= 4 marks & > 5 years= 5 marks)	05	00	Log book/ other relevant document	
Financial strength(20 marks)					
	a. Total financial turn over for last three financial years (2014-15, 2015-16 & 2016-17) >75 lakhs-1 Crore -5 marks, > 1 Crore -1.50 Crores- 7 marks, > 1.50 Crore=10 marks)	10	10	Audit report of last three financial years.	Rs.2.56 Cr.
3	b. Proper maintenance of all books of accounts (Assessed through verification)Y/N: Yes-4 marks & No- 0 marks.	4	00	Record/ register verification	Not feasible without physical verification.
	c. Fixed assets in the name of the organization (Rs. 10-12 lakhs assets-4 marks, > 12 lakhs assets-6 marks)	6	06	Balance sheet & fixed asset register	14 Lakhs
Staffing: Other strength (10 marks)					
4	Agencies having all staffs such as Allopathic doctor, Staff nurses/ANM, Pharmacist & LT in the payroll of the organization. (1-3 yrs = 5 marks, >3- 5 yrs= 7 marks, >5 yrs=10 marks).	10	07	Acquaintance & HR documents	
5 Other Strength: (05 marks)					
	If the Organization received any National/State/District Level award for significant contribution in social development sector (National level-5 marks, State Level- 4 marks, District Level- 3 marks)	05	00	National Level	
Total		100	58		

Signature of the Assessment Team

Name	Designation	Signature
Dr. Ch. Sora Rani Mishra.	CDM & PHD ITC	
N.C. Swarnakar	DSWO	
Shri Pabitra Mohan Sarda	DWO	
Subant Kumar Pradhan	Dpm, NHM.	
Amrendra Behera	DAay, NHM	

Mahesh Kumar Pradhan CPM Co-ordinator
 NB: The proposal will be qualified if it scores at least 50 marks or more in Technical evaluation

