



राष्ट्रीय गतिशील दिव्यांगजन संस्थान
National Institute for Locomotor Disabilities (Divyangjan)

(दिव्यांगजन सशक्तिकरण विभाग, सामाजिक न्याय एवं अधिकारिता मंत्रालय, भारत सरकार)
(Department of Empowerment of PwDs (Divyangjan), Ministry of Social Justice and Empowerment, Govt. of India)
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Ref No: OPD-REGTNS./MISC./2065/I. T SECTION/2013/NIOH/P-II

Date: 26.11.2024

Last date of submission of quotation: 17.12.2024

Ref: inviting online quotation through www.eprocure.gov.in for Engagement of manpower's for Outdoor patient's ticket registrations for OPD of NILD, Kolkata.

Sr. No.	NATURE OF WORK	AVERAGE QTY OF THE TICKET PER MONTH
1.01	Registration/Entry of New Ticket	1725 Nos.
1.02	Registration/Entry of Old Ticket	1369 Nos.

Note: -

1. L-1 rate will be considered of the firm/agency whose rate is lowest in total for new tickets and old ticket together.
2. Individual rate for new ticket and old ticket will not be considered.
3. Rate of Old Ticket should be lower than the rate of New Ticket.
4. If two or more firms quote the same rate then L-1 will be considered as per their past experiences and annual turnover.
5. Kindly online submit your quotation for the above items in two parts (Technical and Financial part) separately on Central Public Procurement Portal www.eprocure.gov.in
6. Quotation will not be considered without complete documents as per tender requirement.

GENERAL INSTRUCTION AND TERMS & CONDITIONS

1. Tender documents can only be downloaded from the web site (www.eprocure.gov.in). The cost of tender paper amounting to Rs. 500.00 have to be deposited by the tenderer directly to the bank account of National Institute for Locomotor Disabilities (Divyangjan), Kolkata through online mode, on or before the last date of bid submission date of tender. The detail of the Bank Account of National Institute for Locomotor Disabilities (Divyangjan), Kolkata is mentioned below. The original copy of the transaction slip, duly signed by the tenderer, must be up loaded along with tender document.

BANK ACCOUNT DETAIL OF NILD, KOLKATA FOR DEPOSITION OF TENDER COST

Name of the Account Holder	National Institute for the Orthopaedically Handicapped
A/c No	53015297593
Name of the Bank	State Bank of India
Name of the Branch	NIOH Campus Kolkata
IFSC	SBIN 0030468

1. The agency/firm should have minimum **3 (Three)** years' experience of similar type of operations in any governmental sector. Documentary proof must be uploaded.
2. The duration of contract is initially for a period of **2 (Two)** year and it may be extended further 01 year on satisfactory performance and on the discretion of the authority of this Institute.
3. The agency/firms should deploy **02** skilled manpower for multipurpose counters.
4. Persons engaged for the, purpose should have sufficient knowledge of computer operating and working capacity in Tally system.
5. The deployed employees should be in a proper uniform, polite, cordial, positive in nature and efficient in work while handling the assigned work and their actions shall promote goodwill and enhance the image of this Institute. The agency shall be responsible for any act of indiscipline by data entry personnel.
6. The agency shall provide substitute well in advance if there is any probability of the person leaving the job/absent due to his/her own personal reasons. The agency/firm shall withdraw/replace such employees who will not found suitable by the NILD for any reason.
7. Using the existing LAN the daily entries/data is to be stored, records can be retrieved, and soft copy/Hardcopy of report to be provided as and when asked/needed/required by the authority of the Institute.
8. The password used for service/receipt has to be informed confidentially to the authority of the Institute.
9. 10% of monthly bills will be deducted as Security Deposit and shall be released on completion of contract.
10. One month notice is required for Termination of contract from either side.
11. Quotation/proposals along with credentials signed on all pages with their seal to be submitted within the specified period.

12. The agency/Firm/Service provider shall be quoted the Rates in the prescribed attached format is enclosed.

13. If the NILD suffers any loss or damage due to negligence, default or theft on the part of deployed personnel, the agency/firm shall be liable to reimburse to loss to the NILD in full.

Payment

14. Payment would be made monthly after submission of bills and will be subject to satisfaction of service during the period as verified & certified by In-Charge, I.T of this Institute

15. Any Taxes and other statutory deductions will be made as per rules.

16. Submission of monthly bills should be as per the format along with print out of database where the entries are stored as a support of the claim.

17. No additional payment will be made if prior approval for the work is not obtained from the competent authority of the Institute. No advance or part payment will be encouraged.

Work details:

18. The agency should depute the **02 (Two)** persons to operate the OPD Registrations at the Counters from 8:30 am to 4:00 pm on all working days. However, in case of emergency or patient load, they must have to provide the service till finish the patient load.

19. The existing software incorporated in LAN system to be used for Registration new/old cases and generating the money receipts & Tally entry cash receipt should be made at NILD, Kolkata.

20. OPD entry means- all the details given in the prescription has to be entered in addition to the name & other details.

21. The amount collected towards registration fees, pathology tests, X-Ray and others as applicable must be tally with the total receipt amount and same to be handed over to the Account Section on the same day through IT Section. Any discrepancy if found, the agency will be fully liable and amount will be recovered from the agency.

22. As applicable, any work related to OPD registrations which are not mentioned as per instruction by Authority from time to time.

ANNEXTURE-I

Application format:

Sub: Providing Manpower to NILD for outdoor Patients Registration works through LAN System at NILD, Kolkata.

Sl. No.	Particulars	
01	Name of the Agency/Firm	
02	Name of the Owner/Proprietor	
03	Detailed Address of the office with Phone number. /Fax No./Mobile No.	
04	PAN Card no.	
05	Length of experience for the similar type of services, indicate the relevant copies. (if space is not sufficient additional page may be enclosed)	
06	Organization Registration number	

NOTE- Registration means –recording/retrieval of complete details, maintenance of files (record of individual patients of OPD), submitting of daily/weekly/monthly report and as and when need in soft/hard copy using the available LAN software.

I/We agree to undertake the work as per the rates quoted above.

Declaration

I have carefully read and understood all the terms and conditions of the tender and undertake to abide.

Signature of the Tenderer

With seal