



महाराष्ट्र MAHARASHTRA

2024

DH 790220

महाराष्ट्र शासनाच्या अधीन असलेल्या कोणत्याही खात्याच्या कार्यवाहीत या नोंदीचा वापर होऊ नये.

अनु. क्र. २०६५ दि. २९/४/२५ पु. नु. राकम. ५००

वस्तुची प्रकृत कुरारनामा

वस्तू नोंदणी कालावधीसाठी कायदा ? होय/नाही

मिळकतीचे वर्णन

मुद्रांक १ प्रबलक हेल्थ डिपार्टमेंट गव्हर्नमेंट ऑफ महाराष्ट्र

पत्ता पि.डि. मसो रोड मुंबई

दुपट्ट्या वस्तुची प्रकृत सुमात एसएसजी विल्डीजी महाराष्ट्र

हस्ताक्षर आकाश अराडे

सौ. व्ही. सी. शिंदे

परवाना क्र. २२०११५७

विजलवादी, CONCESSIONAIRE AGREEMENT

सरित् कोषामार अधिकारी
पुणे
11 APR 25
प्रथम मुद्रांक लिपीक
कोषामार पुणे कर्तित

This Concessionaire Agreement ("Agreement") is made and entered into at 06th May 2025 on this day of 2025 ("Effective Date").

BY AND BETWEEN: FIRST PARTY

Government of Maharashtra through Public Health Department represented by Commissioner, Health Service & Mission Director, NHM, Mumbai, MAHARASHTRA STATE, a government authority of having its address at Arogya Bhavan, 8th Floor, St. George's Hospital Compound, Near C.S.T. Station, Mumbai-400 001, Maharashtra (also referred to as "Authority" or "Purchaser" or "CHS" hereunder).

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AND SECOND PARTY

M/S SUMEET SSG BVG MAHARASHTRA EMS PVT. LTD, a private limited company incorporated under the Companies Act 2013, bearing CIN: U86909PN2024PTC230071 and having its registered office address at: Plot No. 64/21, D-2 Block, M.I.D.C Chinchwad, P.C.M.C, Pune – 411019, (MH) INDIA. Through its authorized representative, Mr Sughosh Sowale (hereinafter referred to as the “Service Provider”, which expression shall, unless it be repugnant to the context or meaning thereof, be deemed to mean and include its representatives, directors, successors and permitted assigns) constituting,

A] M/s Sumeet Facilities Ltd, Summit House, Plot no. 64 /21 D II block, MIDC Chinchwad, Pune 400019, holding 29 % of the stake in consortium through authorized representative

B] M/s SSG Transporte Sanitario, SL, S/N Floor 4, Door A Rent building, Sevilla- 41020 (Spain) 26% of the stake in consortium through authorized representative

C] M/s BVG India ltd, BVG House, Premier Plaza, Chinchvad, Pune – 411019, holding 45 % of the stake in consortium through authorized representative

The Authority and the Service Provider shall individually be referred to as a “Party” and collectively be referred to as the “Parties”.

WHEREAS

- A. The Authority had issued a tender having Tender Reference No: E-08/MEMS/23-24 (“Tender”) to procure and operate an Emergency Response Service / Ambulance Service with the objective of providing a reliable, advanced, State of Art, trustworthy, and Quality Centric Emergency Response Ambulance Service through a fleet of 1756 Life Support Ambulances.
- B. The Consortium consisting of M/s Sumeet Facilities Limited, M/s SSG Transporte Sanitario S.L. and M/s BVG India Limited submitted its online bid to the Authority as per the terms of the Tender and after evaluating and carefully considering the bid, the Authority awarded the Tender to Consortium through its Letter of Award dated 15.03.2024 bearing reference no. E-08/CHS/PC/MEMS/LoA/3307-11/2024.
- C. In accordance with the terms of the Tender, the Consortium, which has been chosen through the Two Bid System, shall operate the fleet of 1756 ambulances 24 x 7 x 365 days, including Manpower, operation & maintenance of project as per terms and conditions of the tender, procurement of consumables and medicines, and the establishment and operation of a Control Room / Emergency Response Centre (ERC) at no cost to individuals with medical emergencies, across Maharashtra.
- D. The Authority will provide Capex & Opex cost as per the terms and conditions of the tender and Govt. Resolutions, amendments, guidelines issued from time to time, for running the services, as certified by the authority according to the norms established. Procurement of ambulances will be done by the appointed service provider based on technical specifications provided in the tender document and verified by committee under CHS.

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- E. The existing Infrastructure for Ambulance services is as follows:
Ambulance Fleet: Currently comprises 937 ambulances and 30 Bike ambulances.
ERC: Located at 2nd floor, Chest Hospital, Aundh, Pune 411007 and DRC at Nagpur.
- F. The Authority has determined that the existing infrastructure is to be replaced with new infrastructure as follows:
- Fleet:
 - Total fleet : 1756 ambulances
 - Ambulance Types: Advance Life Support – 255, Basic Life Support – 1274, Neo-Natal Ambulance – 36, Two-wheeler ambulance – 166, Water ambulance – 25.
 - Buffer Fleet: 150 and 30 Bike ambulances from old existing ambulances.
 - If ambulance is under maintenance, service provider should provide buffer ambulance within 8 hours. After completion of life of buffer vehicle as provided by NHM, The buffer vehicle arrangement will be as per agreed arrangement between the parties.
 - From the Existing fleet of 937 ambulances, 150 ambulances will be handed over to new contractor to be used as buffer ambulances for new fleet. Operation & Maintenance charges will not be paid by Public Health Department for buffer ambulances (As per tender clauses).
 - The buffer ambulance will be ALS/BLS preferably of ALS type.
 - The existing fleet of Ambulances are the property of the Public Health Dept., Govt. of Maharashtra. Therefore as and when they are unfit for use, they should be handed over to the transport section of the Public Health Dept. by the service provider for disposal as scrap and the proceeds should be paid into the Govt. account.
 - Control Room / Emergency Response Center (ERC) :
 - New ERC to be established by Service Provider.
 - In-built IT features required :
 - Computer Technology Integration, Computer Aided Dispatch (CAD);
 - Voice Logger System;
 - Geographic Information Systems (GIS) Maps;
 - Geographical Positioning System (GPS);
 - General Packet Radio Service (GPRS);
 - Automatic Vehicle Location Tracking (AVLT);
 - Surveillance System & Mobile Communication System.
 - All such things as mentioned in tender document, amendment and annexures.
- G. Therefore, in accordance with the Tender, the Parties shall hereby execute this Agreement to set out each Party's rights and responsibilities, as is stated in the Tender.

NOW THIS AGREEMENT WITNESSES AND IT IS HEREBY AGREED BY AND BETWEEN PARTIES HERETO AS FOLLOWS:

1. BRIEF:

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The Authority had invited an on line Tender in two envelope systems from the eligible bidder to Design, Build, Finance, Operate & Transfer Maharashtra Emergency Medical Services (MEMS) Project as per provision of MTW (Motor Transport Worker) Act. 1963. The Tender was awarded to the Service Provider. It is responsibility of Service Provider to Operate Maharashtra Emergency Medical Services (MEMS) 24*7*365 days in a year as per terms and conditions mentioned in the tender document and MOU made with the service provider.

OVERALL PROJECT SPECIFICATION AS PER TENDER TO BE EXECUTED BY CONSORTIUM

Schedule No.	Design, Build, Finance, Operate & Transfer Maharashtra Emergency Medical Services (MEMS-108 Ambulance service) on OPEX + CAPEX basis with fleet of 1756 ambulances and an Emergency Response Center (ERC).	No. of Fleet
1.	State of Maharashtra	1. New Fleet of 1756 Life Support Ambulances (Advance Life Support - 255, Basic Life Support - 1274, Neo- Natal Ambulance - 36, Two-Wheeler ambulance- 166 nos., Water Ambulance – 25 nos.) 2. Out of an existing Fleet, 150 ambulances should be used as buffer ambulances for New Fleet.* 3. To Design, Build, Finance, Operate & Transfer (PPP - DBFOT Hybrid Model) Maharashtra Emergency Medical Services (Mems) Project 2024.

- From the Existing fleet of 937 ambulances, 150 ambulances and 30 Bike ambulances will be handed over to new contractor to be used as buffer ambulances for new fleet. Operation & Maintenance charges will not be paid by Public Health Department for buffer ambulances. (As per tender document Clause)

2. **SPECIFIC SCOPE UNDER THIS AGREEMENT WITH THE SERVICE PROVIDER**
Scope of work would be as per annexure B of this agreement.

3. **ABBREVIATIONS & DEFINITIONS**

In this agreement, unless the context otherwise requires, the following words, expressions and abbreviations shall have the following meanings:

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EMS	Emergency Medical Services (108 EMS)/108 Ambulance services operated across the state;
ERC	Emergency Response Centre (ERC), which is the centralized call – centre for integrated operations of the project;
AIS – 125	Automotive Industry Standard - 125 and further amendments published from time to time;
AIS	Advanced Intimation System;
ALS	Advanced Life Support Ambulances;
Ambulance	Ambulance or Road Ambulance is a specially equipped and ergonomically designed vehicle for transportation / emergent treatment of sick or injured people and capable of providing out of hospital medical care during transit / when stationary, commensurate with its designated level of care when appropriately staffed;
Applicable Laws	Shall mean the laws and any other instruments having the force of law in India as they may be issued and in force from time to time or such other territorial jurisdiction outside India, by any authority, including Governmental Authority, including any revisions, amendments or re-enactments including without limitation statutes, rules, regulations, bye-laws, policies made thereunder, judgments, decrees, injunctions, writs, orders issued by any court of record or other requirement or official directive of any Governmental Authority or any person acting under Authority of any Governmental authority or statutory authority including any notification issued by the Reserve Bank of India or of any Governmental Authorities, as may be in force or effect during the subsistence of the Bidding Documents;
Associate	Associate means, in relation to the service provider/its Consortium Member, a person who controls or is controlled by, or is under the common control with such service provider/its Consortium Member;
BLS Ambulances	: Basic Life Support Ambulances;
Buffer Ambulances	Buffer ambulances would be extra ambulances or backup ambulances to be used only when procured ambulance is broken down or under preventive maintenance;
CMV(A) R,1989	Central Motor Vehicles (Amendment) Rules, 1989 as amended from time to time; (Please refer Applicable Laws definition)
COD	Commercial Operation Date means the date certified by tender committee upon successful commissioning of the project when the entire new fleet have been deployed and operationalized;
Contract/ Procurement Contract	The agreement which is the contract to be entered between the Public Health Department-MS and the Service provider for undertaking the Project;
Contract Period	Shall have the meaning as ascribed in this Agreement;
Damages	Shall have the meaning as ascribed to it in this Agreement;
Day	A calendar day as per Government of Maharashtra;

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EMD	An Earnest Money Deposit provided to the Tender inviting Authority by service provider for securing the fulfilment of any obligation in terms of the provisions of the tender documents and as defined in this Agreement;
Emergency Patient	Patient who through sickness, injury or other circumstances is in immediate or imminent danger to life unless emergency treatment and / or monitoring and suitable transport to appropriate medical facilities or medical treatment are provided;
EMS	Emergency Medical Services;
EMSO	Emergency Medical Services Officer;
EMT	Emergency Medical Technician;
Equity	Equity shall mean the sum expressed in Indian Rupees representing the paid-up equity share capital of the service provider for meeting the equity component of the Total Project Cost, and shall for the purposes of this Agreement include convertible instruments or other similar forms of capital, which shall compulsorily convert into equity share capital of the service provider, and any interest-free funds advanced by any shareholder of the service provider for meeting such equity component;
Fleet/ Ambulance Fleet	The total number of 108 ambulances ALS, BLS, Water Ambulance, Bike Service Vehicle in operation under the Project
Gol	Government of India;
GoM/State Government	Government: Commissioner of Health Services (CHS) & National Health Mission (NHM), shall be commonly termed as "Government";
Good Industry Practice	means the exercise of the highest degree of skill, diligence, prudence, and foresight in compliance with the undertakings and obligations under this Agreement which would be expected from a skilled and experienced person engaged in the implementation, operation and maintenance or supervision or monitoring thereof or any of them of works of the type, nature and scope similar to those mentioned in this Agreement;
GPS	Global Positioning System device for tracking and tracing movement of all ambulances/vehicles under the EMS
INR /Rs.	Indian Rupees
IT	Information Technology
Member	means a Member of a Consortium or SPV of service provider
NAC	National Ambulance Code;
NHM-MS	National Health Mission-Maharashtra State;
Notification	A notification published in the Official Gazette;
OEM	Original Equipment Manufacturer;

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Patient	Any sick or injured person whose condition requires appropriately trained
Service provider	Means the qualified bidder who shall be awarded the project.
Special Purpose Vehicle (SPV)	SPV shall mean the service provider which is a private limited company incorporated under the Companies Act, 2013.
Response Time	The time elapsed between time instances of the end of the emergency call at ERC (replacement of receiver on cradle or hitting the call end key on mobile phone of the caller) and the time instance of ambulance reaching the scene of emergency (nearest motor-able accessible point – the wheel stop);
Reimbursement	Shall mean the payment which is/ shall be made to the Service Provider by the Authority against the invoices submitted by the Service Provider, as per year wise rates mentioned in GR. / LOA towards the services rendered as per current agreement.
Mandatory Legal Document	Digital or Hard copy for - Vehicle RC Book, Vehicle Insurance Policy, Driving License of Pilot, PUC, RTO Fitness Certificate as acceptable/approved by competent authority.
IEC	Information Education Communication (IEC) is used for creating awareness.

4. **OBJECTIVES:**

- 4.1. To provide 24x7 hours pre-hospital emergency medical response services across Maharashtra including disaster situations in the state. This system will leverage all the stakeholders and offer comprehensive range of services extending through both pre and en-route emergency medical services and shall also serve as the point of first contact for police and fire.
- 4.2. The aim of this project is to reduce mortality and morbidity rates in an emergency.
- 4.3. Salient features of the Project Management of emergencies of serious concern in the state of Maharashtra specially in the light of increasing road accidents, health related problems, outbreak of diseases and unexpected natural calamities and manmade disasters etc. There is a need to establish emergency response services in the State of Maharashtra on a large-scale basis through PPP-DBFOT Hybrid model.
- 4.4. Emergency is the occurrence of any sudden event that threatens life, health, property, public order or daily life, and demands immediate attention, often requiring coordinated response from multiple agencies such as Health authorities, Police, Fire and Medical. Emergencies could vary vastly in scope, magnitude and management at an individual level.
- 4.5. It is an established fact that effective emergency response will significantly reduce deaths, disabilities, suffering from length of hospital stay etc. Emergency response, if planned

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scientifically, presupposes essential ingredients like one universal access number - preferably a toll free number (108) accessible from landline as well as mobile phones, well equipped Ambulances to enable essential pre hospital care, trained Para-medics providing the pre-hospital care, medical direction through call center physicians for giving pre-ambulance arrival instructions to the affected individual and finally networking of hospitals.

- 4.6. All the above components are to be well integrated in the system making it easy for providing emergency response services. A suitable system has to be developed by integrating several vendor supplied systems to create a single seamless solution including Computer Technology Integration, Computer Aided Dispatch (CAD), Voice Logger System, / A Information Systems (GIS) Maps, Geographical Positioning System; General Packet Radio Service (GPRS), Automatic Vehicle Location Tracking (AVLT), Surveillance System & Mobile Communication System. Emergency Response System should integrate with many critical third party for managing medical emergencies. It automates all the activities of the casualty and supported activities of emergency handling such as medical assistance to critical patients, health fleet management, and equipment management.
- 4.7. The ambulances should not only be State of the art but also well equipped with medical essentials. The staff to be deployed should be skilled and committed. The Emergency Response Centre (ERC) physicians and decision algorithms shall also be equally competent.
- 4.8. As per this, there is a need of a fleet of 1756 Life Support Ambulances in delivering Emergency Medical Services through an outsourced service provider. The present proposal is to continue from this to introduce new emergency medical services model for providing 24 x 7 hours pre- hospital emergency response services accessible to anyone in a medical emergency through a 24-hour toll-free number. The services will be coordinated through a 24 x 7 hours control room through a common toll-free number and GPS networking with the ambulances deployed as a part of the project. Each ambulance at any given point of time shall have one Pilot (Driver) and one EMSO (Emergency Medical Service Officer) or EMT (Emergency Medical Technician) as per type of ambulance & as directed by the Public Health Department, Maharashtra.

5. DURATION OF THE PROJECT:

The duration of the project will be Ten years from the COD (Commercial Operation Date) i.e. the date certified by the authority on total operationalization of the entire ambulance fleet along with the Emergency Response Centre (ERC). The service provider shall fully operationalize entire services in designated premises within 180 days from the date of the concessionaire agreement whichever is earlier. This means that, the duration of project will not be more than 180 days plus 10 years, from the date of Signing of this agreement.

6. SERVICE PACKAGE:

The service package for the public as large is defined as follows: Free of cost Ambulance Service to the nearest appropriate and definitive medical facility, capable of providing treatment to the affected individual/s in a medical emergency.

7. INVESTMENT AND OWNERSHIP:

- 7.1. The EMS fleet will be registered in the name of Service provider and shall be jointly owned by the Service Provider and Public Health Department, Government of Maharashtra.

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Accordingly , a separate undertaking will be submitted by the service provider. After completion of project duration, the ownership of the fleet shall be transferred fully and and thereafter the fleet shall be entirely owned by Public Health Dept, Government of Maharashtra.

- 7.2. If ambulance is under maintenance, service provider should provide buffer ambulance (as per RFP).
- 7.3. Service Provider shall operate the EMS fleet by establishing state-of-art control and command center. Service Provider will be responsible to operate with a robust software and hardware system to operate the Control Room / Emergency Response Centre (ERC) for the ambulances etc. However, the license rights and the ownership of the hardware systems shall remain entirely with the Government for the entire project tenure.
- 7.4. The ERC would be designed, built, operated, and maintained by the Service Provider and all requirements; including refurbishing, renovation, equipment etc. would be managed by the Service Provider within the project period. The existing ERC may be operated by Service Provider for operations to be carried out until full introduction of new fleet.
- 7.5. Commissioner Health Services will pay to the Service Provider the charges (as per letter of award) for services rendered in accordance with the terms of this agreement.
- 7.6. Ownership of database and software and therefore the Intellectual Property rights for the database generated shall be as per the norms and remain with Commissioner Health Services, Maharashtra, Mumbai .
- 7.7. The Service Provider shall also update the software as agreed to accommodate additional functions/ processes for effective delivery of service. For that objective, Service Provider may analyze the database without any kind of payment to the owner of Intellectual Property rights.
- 7.8. Commissioner Health Services, Mumbai may request the Service Provider to adhere to accreditation by any national / international organization from time to time. If this adherence has a cost not included in the tender document, user department will pay to the Service Provider the charges as mutually agreed.
- 7.9. Any claim on account of accident or otherwise will be governed under section 149 (2) of Motor Vehicle Act, 1988 & the provisions thereof will be binding on Service Provider to follow/observe the conditions laid therein and in any circumstances there will no breach of condition on the part of Service provider so that claims will not be defeated by the Insurance company on the ground of breach of condition or for non-compliance of conditions.
- 7.10. The bidder or in case of consortium, the Lead member or any member of the consortium should have qualification & credentials on or up to date of publication of the tender for Operating Emergency Medical Service/Patient Transportation Services/Life Support Ambulance Service / Essential Services in specialized lifesaving service requiring state of the art life support Ambulances, Fleet, trained manpower, critical operational processes, specialized software and most importantly organizational experience of having running such a critical service. Based on such specialized requirements, experienced and capable companies consortia of not more than 3 members (including lead member) formed through executing a valid and workable registered Memorandum of Understanding (MoU) / Agreement (Annexure VIII) amongst the members of the consortium specific to this

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assignment, meeting all the criteria's mentioned, may submit the Tender Document. The members of consortium shall have an equity share holding of at least 20% (twenty per cent).

8. ROLES AND RESPONSIBILITIES:

8.1. Condition precedent to GOM through PHD represented by Commissioner Health Services (CHS)

- 8.1.1. To handover the historical and existing operations and database to the Service Provider.
- 8.1.2. To handover an existing fleet of 937 ambulances and existing ERC to the Service Provider to operate the services without interruption till the deployment of new fleet. After deployment of new fleet 787 ambulances will be taken back by authority and remaining 150 ambulances and 30 bike ambulances will be used as buffer ambulances. The buffer ambulances (150 Nos.) provided by Authority will be operated by service provider without O & M charges. (Opex rates for these old 937 ambulances until they are operational will be as per GR dated 25th May 2022).
- 8.1.3. To provide access to ambulance parking stations/shelters/ Ambulance charging facility, washroom and changing room, offices and night halt facilities in suitable location as mentioned in the micro implementation operation plan as per availability.
- 8.1.4. To co-ordinate with the concerned authorities in the Transport, Highway Authorities, Medical Education and other govt. and private sector departments for required assistance and resources.
- 8.1.5. To issue suitable administrative instructions to the officers of all concerned departments in the government, to prevent diversion of the fleet for any purposes other than as health related.
- 8.1.6. To provide statutory framework to enable efficient response to emergencies and establish policies and procedures that enhance better co-ordination among the multiple government departments and agencies.
- 8.1.7. To promote public awareness in emergency response through various state agencies and departments.
- 8.1.8. To provide the data pertaining to hospitals, police stations and fire service stations.
- 8.1.9. Formats for reporting will be provided by the Commissioner Health Services.
- 8.1.10. The Service provider has to provide plan for setting up the ERC within 10 days of receiving LOA. The ERC Ownership will be entirely of Government of Maharashtra. The Service Provider can set up the ERC at its provided location based on mutual understanding however lease for the same shall be paid by service provider until the duration of contract. The aforesaid premises shall be deemed as Government bonded space and having complete control of Government Department. After completion of tenure of contract the entire ERC set up will be handed over to Government.

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notified location without any charges to Government of Maharashtra. (As per tender clause)

- 8.1.11. The ERC will be comprised of central location with main servers at customized location and Data Recovery Center facility will be established at Nagpur city of Maharashtra for storing, managing & recovering all the data of MEMS project. The DRC will have a seating capacity of 15 operators for taking the calls and can be utilized in case of pandemic and critical situations. In the event of data loss or system failure, the DRC should help retrieve and restore the data to ensure continuity of operations and patient transport.
- 8.1.12. To provide support in getting passing certificate from RTO at stipulated time duration as defined by RTO Govt. of Maharashtra time to time and provide any written representations, clarifications or No Objection Letters as may be required by the RTO.
- 8.1.13. To facilitate provide parking & cleaning facility in public health facilities owned by Commissioner Health Services to the Service Provider.
- 8.1.14. To handover existing fleet of 937 ambulances ALS/BLS ambulances and 30 Bike Ambulances to the service provider in as is where is' basis and along with fitness certificate through existing service provider.
- 8.1.15. To take review and increase fleet according to growth of population.

Disclaimer of the liability - Government of Maharashtra / Commissionerate of Health Services shall not be liable for in respect of any damages or compensation payable in law on account of injury or death arising out of accident caused to any workman/employee or other person in the employment of the service provider or any sub bidder as well as any claim made by third party against the service provider.

8.2. Condition precedent to Service Provider

- 8.2.1. To Design, Build, Finance, Operate & Maintain Emergency Medical Service Fleet Within Maharashtra as per MIOP. Draft Micro Implementation Operation Plan (MIOP) should be submitted by Service Provider within 40 days after LoA
- 8.2.2. To procure well-equipped Ambulances as per Technical Specifications mentioned in tender document and when required replacing the fleet and as advised by Public Health Service Department.
- 8.2.3. To Design, Build, Operate and maintain Control Room / Emergency Response Centre (ERC) for 24 x 7 x 365 days, including designing of software to facilitate and improve efficiency of control room.
- 8.2.4. To fulfill all the tender terms & conditions.
- 8.2.5. To operate Emergency Response Centre for 24 x 7 hours through a centrally operated toll-free telephone number 108 as explained and mentioned in Tender
- 8.2.6. To provide the Application Software for the project and the hardware components. The Service Provider shall update the software as agreed to accommodate additional functions/ processes for effective delivery of services.

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- 8.2.7. To serve as a vital emergency management information and assistance resource and raise societal awareness and capability in Emergency Management and Response mechanisms and thus save lives and reduce the economic impact to the citizens, firms and the government through appropriate awareness, education and capacity building programs, as designed or decided in MIOP with prior approval of CHS ..
- 8.2.8. To operate the health fleet and ensure that services are available on a 24x7 hours and 365 days a year basis to the people without any charges levied from the public and average response time to reach the require spot shall be equal to or less than 20 minutes in urban areas and 30 minutes in rural areas from the time instance of Emergency call ends.
- 8.2.9. To facilitate empanelment of MJPJAY Private Hospitals / Trauma Centers to deal with Medical Emergencies with the approval of the Committee to be set up by the Government if required by the Government.
- 8.2.10. To deploy all the ambulances in MEMS project, duly certified under CMVR 1989 guidelines and as per existing Government norms.
- 8.2.11. To provide full proof systems for all the important components including voice logger, call receiving, computer aided vehicle dispatch, vehicle tracking, vehicle mapping etc. to provide hassle free 24 x 7 hours and 365 days a year.
- 8.2.12. To provide Un-interrupted power supply facility to the Emergency Response Centre to ensure un-interrupted services
- 8.2.13. To provide all the ambulances which should have GIS/GPS/LBS/GPRS and Communication devices on it with connections of two different service providers with maximum local coverage. The Emergency Response Centre shall communicate with all the ambulances by means of voice data as well. The data includes the destination name, landmark and other relevant information shall flash on the GIS/GPS/LBS/GPRS device monitor kept on each of the ambulance. The map shall be displayed on this monitor/MDT with current position of ambulance, destination and all the nearest hospitals. It should highlight the shortest distance to the destination as well as the hospital on the map displayed on the monitor/MDT. The device should also have facilities to log the status of emergency calls attended by the ambulances to the control room.
- 8.2.14. Basic minimum qualification of the EMSO to be appointed by the service provider shall be —Recognized Medical Practitionersl with minimum qualification BAMS / BUMS who is eligible for prescribing allopathic medicine in Maharashtra from recognized universities and shall be registered with medical council's in Maharashtra. For Bike ambulances EMT will be considered. In future, if any policy gets modified in this regard, then decision of this will be taken by Public Health Department.
- 8.2.15. To receive all calls of medical emergency, Emergency Response Centre shall communicate with the nearest vehicle and the caller, EMSO/EMT will decide severity of the patient's condition (if required in consultation with ERC Doctors) and arrange to take the patient to the nearest hospital if necessary. On best effort basis, the concerned hospital may be informed in advance via patient arrival intimation

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system. Any call requiring assistance from police or fire fighting authorities shall be transferred accordingly. In the event of multiple causality or major accident more than one ambulance shall be deployed depending upon the condition within a shortest possible time.

- 8.2.16. To collate and store reports of patients served by the Service Provider in digital or hardcopy records.
- 8.2.17. To report monthly in the formats given by Public Health Department is mandatory for service provider and required for payment of monthly bills. The Service Provider shall have the right to propose modifications to the monthly operational report formats if necessary for clarity and effectiveness, which shall be subject to approval by the Authority.
- 8.2.18. To recruit, train and position the required Human resource (HR), which includes drivers (Pilot) and Emergency Medical Service officers (EMSO) or Emergency Medical Technician (EMT) who will accompany the patients in the ambulance while shifting an emergency case to a hospital and support resources as required.
- 8.2.19. To ensure that in every ambulance operated under this scheme, at least one Pilot and one EMSO/EMT shall be present at any given point of time to provide patient stabilization, first- aid and other pre-hospital care.
- 8.2.20. To appoint as per list of total number of personnel involved in pre-hospital emergency management with their expected skill and shall be appointed/hired by the Service Provider is attached as per (ANNEXURE- C).
- 8.2.21. To provide training to all Ambulance & support staff as per the requisite norms.
- 8.2.22. To ensure comprehensive maintenance of the Ambulance and all equipment's therein at Service Provider's cost. Any warranty claims of the vehicle shall be co-ordinated and executed by service provider.
- 8.2.23. To ensure all the fleet must be in working condition 24x7 hours and in case of breakdown replacement of Ambulance shall be provisioned at the earliest (within 8 hours) at the cost of service provider. In case of breakdown the service provider may use buffer ambulances. In any case the service must not be affected.
- 8.2.24. To replace at it's own cost all the missing tools or equipment's from the ambulance with tools and equipment's of same specification from the supplier of the ambulance equipment's and tools.
- 8.2.25. To ensure Annual Fitness certification, Maintenance, Minor & Major repairs, replacement of tyres, batteries etc.
- 8.2.26. To maintain separate records in digital format and summary of the same in manual/digital log books for vehicle and patient, stock register and status register in all ambulance with relevant details as provided by CHS. Such digital & manual records should be maintained throughout the contract period and should be made available as per instructions. The ownership of the server and server data will remain in the hands of Public Health Service Department.

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- 8.2.27. The Public Health Department & Service Provider will jointly prepare Phase-wise implementation plan for the project.
- 8.2.28. If authority wants to introduce any major additional system and services, it will be implemented with additional cost as per mutually agreed terms and conditions.
- 8.2.29. To provide daily, monthly, quarterly & annual operational reports as per the formats suggested by the Authority.
- 8.2.30. To attend periodical review meetings held by the Authority.
- 8.2.31. To maintain records of its operations in the State. These records shall be shared with CHS as and when required by them.
- 8.2.32. To maintain separate financial accounts and records of its operations in the State. These accounts shall be duly audited by a Chartered Accountant firm.
- 8.2.33. To attend every emergency call that is received at the Emergency Response Centre.
- 8.2.34. To bring in latest technology and service excellence and work towards improving delivery of emergency response of global standards over a period of time. For this purpose the Service Provider may approach the Authority to obtain approval for establishing strategic partnerships and collaborations with third parties to enhance the quality and efficiency of emergency response services.
- 8.2.35. To liaise with various departments and agencies of the Government of India and the Government of Maharashtra to facilitate easy and early establishment of Emergency Response Centre by utilizing existing 108 toll free number.
- 8.2.36. To appoint supervisors at district and division level for better coordination and monitoring
- 8.2.37. To have service stations / workshops in all districts either of its own or MOU shall be signed with authorized service providers and workshops. Documentations regarding this need to be submitted within one month of agreement or before first billing cycle.
- 8.2.38. To provide support for Biomedical equipment's there shall be in-house capacity to repair or shall have AMC with authorized service provider/manufacturer. Documentations regarding this need to be submitted within one month of agreement or before first billing cycle. All replacement of parts of biomedical equipment's and vehicles should be from OEM and authorized dealer.
- 8.2.39. The service provider should have training facilities of own or through arrangements with training institutes having capacity to train 1500 personnel in a year in Life Support Techniques. Documentary proof regarding this need to be submitted with suitable undertaking and MOU with partner agency for at least 5 years
- 8.2.40. To conduct periodic training programs for paramedics, nurses, doctors and others engaged in Emergency Response Services in the Government / private institutions. A periodic training program has also to be conducted for the operational staff including Driver and Emergency Medical Technician which will be Designed /decided in MIOP with prior approval of authority.

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- 8.2.41. To conduct periodic awareness programs to policy makers, government personnel, school and college students and others which will be Designed /decided in MIOP with prior approval of authority.
- 8.2.42. To strive for continuous improvement in emergency management through strategic partnerships, innovative programs, and collaborative policies which will be Designed /decided in MIOP with prior approval of authority.
- 8.2.43. To provide awareness through IEC activities about MEMS across the state which will be Designed /decided in MIOP with prior approval of authority.
- 8.2.44. To prepare the standard operating procedure framework (SOPF) for Emergency Response Centre in consultation with Public Health Department.
- 8.2.45. To make arrangements with telecom service providers to route the calls through a common Number 108.
- 8.2.46. Time Schedule - All the components of Contract will be completed in phase manner and made functional by the Service Provider within 180 days from the date of Concessionaire Agreement. Homologation certificate to be procured from ARAI for prototype ambulance after installation of all components and biomedical equipment, its one-time process after that inspection of vehicle will be done by CHS NHM authority for all fleet.
- 8.2.47. To get passing certificate from RTO with the support of Authority at stipulated time duration as defined by RTO Govt. of Maharashtra time to time.
- 8.2.48. To procure the ambulances as per minimum specifications and standards provided in the tender document based on motor vehicle Act of 1988 & Central Motor Vehicle rules 1989 and Maharashtra Motor Vehicle Rules 1989 or any prevailing laws and rules made by Transport Department of Govt. of Maharashtra. Procurement of Ambulances / procurement process is the responsibility of service provider based on the given specifications.
- 8.2.49. A) To set-up — Regional Representation Office with representatives and allied infrastructure in each district of Maharashtra State within 120 days from the date of Concessionaire Agreement. No extra payment will made by Authority for this facility.
B) To set up ambulance monitoring & coordination center at every district civil surgeon hospital.
- 8.2.50. To avail guidance from specialist available at central ERC, during the critical events, the facility of Video consultation should be made available at least in ALS.

9. QUALIFICATIONS OF PERSONNEL:

- 9.1. The basic minimum qualification of the EMSO to be appointed by the service provider shall be Recognized Medical Practitioners with minimum qualification BAMS/BUMS who is eligible for prescribing allopathic medicine in Maharashtra from recognized universities and shall be registered with medical council in Maharashtra for ALS, BLS, Boat ambulances. For Neonatal Ambulance the qualification of EMSO shall be MBBS / BAMS with PG qualification in Pediatrics or work experience in Pediatrics.

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- 9.2. EMTs- Person having graduation in Biology & Science with training in EMT or Nursing (BSC / GNM / ANM) qualification and relevant experience in EMS to be appointed at Bike ambulance, boat ambulance, as per the norms decided by Public Health Department. Both need to be given pre-placement training by Service provider with refresher training on regular basis.
- 9.3. Driver/Pilot: Appropriate, Valid driving license and to be given pre-placement training on his role in patient management and helping EMTs/EMSO. Ambulance driving skills to be verified and to be imparted before placement.

10. TERMS AND CONDITIONS:

- 10.1 The commissioner Health Service & MD, National Health Mission, Mumbai reserves the right to increase or decrease the fleet which need to provide service by service provider.
- 10.2 During the course of operations if the service provider fails to deliver or provide services properly without improvement within mutually agreed timeline, the Public Health Department has the rights to appoint any other agencies on condition to be stipulated by Commissioner Health Services.
- 10.3 The EMSO and Pilot behavior towards the patient should be polite, courteous and empathetic. Commissionerate of Health services reserves the right to blacklist any driver EMSO and any other HR such drivers should not be allowed to operate in the system further
- 10.4 The personnel of the Service Provider shall not be the employees of the purchaser/authority and they shall not claim any salary or allowances, compensation, damages or anything rising out of their employment/duty under this Contract to the CHS. The Service Provider shall make them aware about then position in writing before deployment under this agreement in the appointment letters itself.
- 10.5 The Service Provider must pay proper year wise minimum wages as per categories to the workers and other staff employed in the Project. All Statutory and Labor laws need to be followed by the service provider and undertaking to that regards need to be submitted on or before 20th of every month to the Authority.
- 10.6 The service provider shall follow all laws like MTW Act 1963 (Motor Transport Workers Act), Motor Vehicle Act, the contract labor (R & A) Act 1970 and rules made thereunder as well minimum wages Act strictly and all other Acts and Rules related to Drivers as defined in sec 2 (10) of the M.V. Act 1988 and all other referred under this tender.
- 10.7 In case any fleet ambulance meets with a road accident, the Service Provider's representative should visit the spot of accident immediately to take the stock of incident & cover the cost of repairs of the Ambulance in his own cost and third party insurance to the other vehicle/persons involved. In respect of each other vehicles/persons involved, the Service Provider should settle the case/ matter themselves with intimation to the Authority.
- 10.8 In case of accidents, if offence is registered by the police authorities against appointed all HR, drivers by Service Provider, the Service Provider should deal, contest and defend the concerned criminal cases by themselves. The result of such cases should be intimated to the Public Health Department along with a copy of the court order immediately.

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- 10.9 In case the Public Health Department has to pay any damages, claims / penalties/ fines etc., on account of accident, non-observance of traffic rules or any other fault of the driver/other staff provided by the tenderer, the service provider would indemnify the purchaser for such payments
- 10.10 The purchaser shall not be responsible fully or partly to any labor or other dispute that may arise between service provider and their respective staff
- 10.11 Service Provider should maintain all accurate well define records of EMTs and Pilots shall also organize medical fitness test and verification of original document like driving license etc. every year.
- 10.12 The services should be available on 24x7 basis including holidays. There is no minimum assurance of trips on any given day
- 10.13 Service Provider will be solely responsible for the employment of persons on Ambulances and payment of salaries, allowances and other benefits to its employees and CHS shall in no way be responsible for the same. He should not wait for the Purchaser's payment to pay to his EMSOs/EMTs/Pilots/Employees. The Service Provider should not depend upon the purchaser for monthly payment of its employees. The Service Provider will not stop payment of its employees irrespective of whether or not the Service Provider has received its payment from Purchaser. The payment should be made through online Bank payment system and salary slip should be issued to the Employees. EPF, if applicable should be deducted and the same should be in the name of Employees. The details of such payments shall be submitted to the authority on monthly basis along with the bill invoices.
- 10.14 The said Ambulance should be registered with the Regional Transport Authority in the name of Service provider and Government of Maharashtra after obtaining consent from the Public Health Department, Government of Maharashtra, in accordance with the provisions of the Motor Vehicles Act, 1988 and should have valid road permit and PUC. On completion of the Concession Period, the balance 51% ownership of the Fleet will be transferred fully and thereafter will be entirely owned by Public Health Dept, Government of Maharashtra.
- 10.15 Service provider shall be treated as responsible agency for providing uninterrupted services.
- 10.16 Service Provider will be responsible for all types of Ambulances repair & maintenance of ambulances.
- 10.17 The commissioner Health Service (CHS) & Mission Director or Director Health Services or any designated officers in this behalf shall not be treated as principal employer.
- 10.18 Service Provider will organize training of pilots for road safety and safe driving along with emergency support personnel to EMSO.
- 10.19 Pilot should be medically fit and should have valid and current license for vehicle driving and should not have any pending case in court against him. Certification to this effect must be provided by the service provider and the service provider must notify if any incidence with his license occurs and always be held responsible of the veracity of his license.
- 10.20 Uniform & Identity card is in the scope of service provider as approved by the Commissioner Health Services. It will be service provider responsibility to ensure that the Pilot and EMSO/EMT on duty is in proper uniform.

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- 10.21 Service provider will maintain appropriate logbook for breakdown hours and Kms running and get it duly signed by the station in-charge or its authorized representatives (Base Location Incharge).
- 10.22 Service Provider shall cover all its personnel under the relevant laws of EPF, Labour, and ESIC etc.
- 10.23 Service Provider shall issue appointment letters and identity cards / identification documents to all his employees who will be instructed by the Service Provider to display or produce the same as and when required. The Service Provider shall exercise adequate reasonably to ensure proper performance of Services in accordance with Schedule of Requirements.
- 10.24 Logo as decided by Commissioner Health Services will be displayed on the vehicles by Service Provider as per format given by Government
- 10.25 The service provider shall comply with the terms & condition relating to HR, Training, deployment as per tender document.
- 10.26 Every ambulance shall have with at least 3 EMSOs / EMTs in 24 Hours and 3 Pilots in 24 Hours with adequate reserve staff for Statutory Offs', holidays, leaves so that there shall not be the disruption in services as per the norms decided by the Commissioner Health Services.

11. SERVICE PROVIDER'S LIABILITY:

- 11.1 The Service Provider shall completely indemnify and hold harmless the CHS and its employees against any liability, claims, losses or damages sustained by it or them by reason of any wrongful act or negligence by the Service Provider or any of its employees engaged in the provision of the manpower services to the Purchaser.

12. MONITORING:

- 12.1 Emergency Medical Services (EMS) cell under the Commissioner Health services & Mission Director, National Health mission, Maharashtra, Mumbai with his Project Director EMS as nodal officer will be responsible for monitoring of day to day activity of the services, with division of components along with nodal person for the same for eg. Vehicle – DD Transport, equipment – HEMR and related subject experts and As per MIOP subject to approval of CHS
- 12.2 Monitor the transition of services/project from existing service provider to new service provider
- 12.3 Issues guidelines to newly appointed service provider,
- 12.4 Follow-up of the terms and conditions,
- 12.5 Liasoning with districts for co-ordination,
- 12.6 Tracking the activity of EMS coordinators appointed by PHD at district level,
- 12.7. Receiving, tracking and analysis of all monthly reports, verification of reports and suggestive remedial actions.
- 12.8. Ensuring all terms and conditions in MOUs and tender documents are being followed,
- 12.9. Tracking of software and dashboard,
- 12.10. Evaluation of software,

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- 12.11. Evaluation of data generated for further action,
- 12.12. Liasoning with transport-RTO/fire safety/police departments for smooth running of the program,
- 12.13. Receiving all complaints grievances from field / district committee / individuals / operator of MEMs services and remedial action on that,
- 12.14. Verification of all reports,
- 12.15. Online tracking from central level,
- 12.16. Conducting IT audit once in a year and making provisions for that,
- 12.17. Assessing satisfaction level of services periodically, issuing performance certificate,
- 12.18. Verification of all bills, audit reports, penalty calculation, and submission of bills,
- 12.19. Any other responsibility as given by PHD / CHS.
- 12.20. Verification and approval for medical equipment and instruments in the ambulances: Service Provider shall supply the standard medicines and drugs as finalized by the authority.
- 12.21. Existing Protocol for the Training of EMT/EMSO shall be followed with inclusion of changes and up gradation as done by expert committee designated Commissionerate of Health Services, Mumbai, Govt of Maharashtra, from time to time.
- 12.22. IT specifications and all hardware and software for the ERC, setting up of Control Room and ambulances as per specifications will be periodically reviewed by expert committee under Commissionerate of Health Services, Mumbai, Govt of Maharashtra.
- 12.23. Existing District level committee under the chairmanship of District Collector will monitor the activities of MEMS services in the district. It shall be a responsibility of the committee to convene and hold the committee meetings periodically. Functions of District Level Committee are as follows.
 - Conduct monthly meeting. - Review operationalization of Ambulances and placement of ambulances
 - No. of calls attended & No. of patients handled and taken to appropriate centers.
 - Redressal of grievances,
 - Interaction with all stakeholders.
 - Any such activity as directed by CHS.
- 12.24. Monitoring and evaluation of the activities will be done through the Management
- 12.25. Information System and various reporting formats developed for the purpose.
- 12.26. The monitoring committee at Commissionerate of Health Services, Mumbai, Government of Maharashtra, will look in to the updating of the software and hardware applications periodically.

13. PAYMENT TERMS †

Government of Maharashtra through Public Health Department represented by Commissioner of Health services and Mission Director, NHM, Mumbai, Maharashtra

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shall provide payment to Service Provider in following manner;

13.1. Reimbursement of Operational Expenses:

- 13.1.1 The Government of Maharashtra through Public Health Department represented by Commissioner of Health services and Mission Director, NHM, Mumbai, Maharashtra shall pay 100% of CAPEX amortization and 75% of the monthly bill of Operational expenditure against their submission of invoices with system generated proofs from ERC and referral receipts duly signed by Hospital officials for admitting the patient. The CHS which shall be initiated within 30 days of submission of invoices as per availability of funds.
- 13.1.2 The remaining 25% of operational expenditure amount will be released after analysis and verification of system generated proofs and attendance proofs on quarterly basis. Any deductions / penalties decided as per KPI parameters of this agreement and applicable in the month shall be deducted from quarterly payment of remaining 25% of such invoices. Reimbursement of operational expenses shall be done on the basis of verification & monthly certification from District Civil Surgeon.
- 13.1.3 Yearly increment & further opex payment for the next year shall be done after satisfactory service certificate submission from District civil surgeon.
- 13.1.4 The Operational expense shall include:
- Running cost per ambulance for 2000 Km per month and in case of excess run, charges @ Rs.15 per km will be paid taking into account the average running of the ambulances in the entire State and not for individual ambulance. Opex regarding water ambulance shall be mutually agreed between the parties.
 - Salary of the staff (including Training) - Operation of Control room and Ambulance,
 - Maintenance cost of ambulance, ambulance equipment's, and Control room
 - All other operational cost for running Control Room (ERC), Medicines, Surgical, Consumables, Disposables etc.
- 13.1.5 Production of delivery receipt duly signed by the receiving staff /doctor with seal/stamp of hospital/ ePCR for admitting the patient will be mandatory for every referral. Such receipt shall also be maintained digitally/manually by the Service Provider. Every month scanned patient refer receipts shall be submit during 75% of monthly payment to CHS and original shall be kept at ERC for verification at the time of 25% payment.
- 13.1.6 In case of any dispute between the parties, Service Provider shall not stop or delay the service to patients or shall not resort to stopping of services for whatsoever reason.

13.2. Procurement Funding (Capital Expenditure)

- 13.2.1 Procurement Funding of 49% of the Capex cost for Fleet procurement within 30-days of LOA subject to vehicle registration in the name of Service provider with lien of Public Health Department, Government of Maharashtra and the Government shall take any other suitable guarantee as may be deemed fit by the Government. The asset

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will be registered with the Regional Transport Authority in the name of Service provider with lien of Public Health Department, Government of Maharashtra. After completion of project the ownership will be transferred fully and will be entirely owned by Government of Maharashtra

- 13.2.2 The Government shall provide 100% Capex cost of new ERC. The successful bidder has to provide plan for setting up the ERC. The ERC Ownership will be entirely of Government of Maharashtra. The Service Provider can set up the ERC at its provided location based on mutual understanding however lease for the same shall be paid by service provider until the duration of contract. The aforesaid premises shall be deemed as Government bonded space and having complete control of Government Department. After completion of tenure of contract the entire ERC set up will be moved to Government notified location without any charges to Government of Maharashtra.
- 13.2.3 Future Capital Expenditure– The mobilization cost of future capital expenditure as stipulated in the tender document shall be paid by the authority on mutually designed & agreed terms.
- 13.2.4 Extra payment will be paid to Service Provider in Pandemic or similar situation as per agreed terms.
- 13.2.5 In case of Early Termination of Contract by the Government side; the Capital Investment as on date Market Value of Asset Cost Invested by the Concessionaire which will be certified by mutually appointed Government valuator will be refunded by the Government as per prevailing rules, The capital investment as certified by Government valuer / authority.
- 13.2.6 Capacity Enhancement and Additional other services (if any) will be taken by Service Provider for running of project under same terms and conditions of this tender. Authority will pay extra cost for these services on mutually agreed terms.
- 13.2.7 Public Health Department shall be entitled to deduct in accordance with Applicable Law, Income Tax or withholding tax or other deductions (as the case may be), from any payments made to the Service Provider, and the amount so deducted shall be deemed to be a payment made to the Service Provider. CHS shall provide a certificate certifying the deduction so made.
- 13.2.8 All payments will be through online transfer only to the authorized account of Service Provider.
- 13.2.9 All components rates for this project shall be considered as per letter of Award dated 15.03.2024 bearing reference no. E-08/CHS/PC/MEMS/LoA/3307-11/2024 as attached annexure X and as follows-

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PART A

Sr. No	Title	Description	Total Annualized Bid amount	Amount in words
1	CAPEX (Fleet)	Total cost to Design, Build, Finance, Operate & Transfer Maharashtra Emergency Medical Services (MEMS-108 Ambulance Service) CAPEX basis with fleet of 1756 ambulances (excluding GST) *Breakup of the amount in part C to match the final amount quoted here.	87,21,69,109.00	Rupees Eighty seven crore twenty one lakh sixty nine thousand one hundred nine and paise zero only
2	CAPEX (ERC)	Total cost to Design, Build, Finance, Operate & Transfer Emergency Response Call Center for 1756 ambulances (excluding GST) *Amount to match with Part-C	7,95,40,000.00	Rupees Seven crore ninety-five lakh forty thousand and paise zero only
3	OPEX	Operating cost per year to Design, Build, Operate & Transfer Maharashtra Emergency Medical Services (MEMS-108 Ambulance Service) on OPEX basis with fleet of 1756 ambulances and a Call Center. (Excluding GST) *Breakup of the amount in part B to match the final amount quoted here.	8,07,77,63,751.84	Rupees Eight hundred seven crores seventy-seven lakh sixty-three thousand seven hundred fifty-one and paise eighty-four only.
4	CAPEX + OPEX (Total of Sr.No 1,2 & 3)	Total ANNUALISED Cost to to Design, Build, Operate & Transfer Maharashtra Emergency Medical Services (MEMS-108 Ambulance Service) on OPEX + CAPEX basis with fleet of 1756 ambulances and a Call Center.	9,02,94,72,860.84	Rupees Nine hundred two crores ninety-four lakh seventy-two thousand eight hundred sixty and paise eighty-four only.

Amount in words: Rupees Nine hundred two crores ninety-four lakh seventy-two thousand eight hundred sixty and paise eighty-four only, total as per Sr No. 4







PART B

Sr. No	Vehicle Types	Numbers (A)	OPEX per vehicle per month (B)	Total cost per year (C)=(A)*(B)*12
1	Type D Ambulance (ALS)	255	4,18,063.00	1,27,92,72,780.00
2	Type C Ambulance (BLS)	1274	3.92.000.00	5,99,28,96,000.00
3	Ambulance (Neonatal)	36	5,67,901.62	24,53,33,499.84
4	River Boat Ambulances	15	7,75,230.40	13,95,41,472.00
5	Sea Boat Ambulances	10	8,50,000.00	10,20,00,000.00
6	Two-wheeler Ambulance	166	1,60,000.00	31,87,20,000.00
Total		1756		8,07,77,63,751.84

PART C

Sr. No	Asset type	Quantity (A)	Capex cost per unit (B)	Total CAPEX cost (C)=(A)*(B)	Annualized Capex Value for Contract Period (D)=((C)/10)
1	Type D Ambulance (ALS)	255	65,75,276.00	1,67,66,95,380.00	16,76,69,538.00
2	Type C Ambulance (BLS)	1274	49,13,192.00	6,25,94,06,608.00	62,59,40,660.80
3	Ambulance (Neonatal)	36	71,23,216.00	25,64,35,776.00	2,56,43,577.60
4	River Boat Ambulances	15	1,36,98,492.00	20,54,77,380.00	2,05,47,738.00
5	Sea Boat Ambulances	10	2,50,00,000.00	25,00,00,000.00	2,50,00,000.00
6	Two-wheeler Ambulances	166	4,43,831.00	7,36,75,946.00	73,67,594.60
Total (1-6) for Fleet				872,16,91,090.00	87,21,69,109.00
7	ERC(Capex)	1	NA	79,54,00,000.00	7,95,40,000.00
Total (7)				79,54,00,000.00	7,95,40,000.00

Note: Above all rates are excluding GST. GST shall be applicable as per prevailing rules from time to time.





14. **PERFORMANCE SECURITY:** -The Successful Bidder will have to pay equal to 3% (Three) of annual contract value, without taxes, as Performance Security by way of a Bank Guarantee issued by Nationalized Bank only valid for the period of 12 +3 months claim period , from the date of signing the Agreement in favor of Commissioner of Health services and Mission Director, Maharashtra, Mumbai within 30 days of award of contract. The proceeds of the Performance Security shall be payable to the Commissioner of Health services, Mumbai, Maharashtra as part of compensation for any loss resulting by failure of the Service Provider's to complete his obligations. The Performance security will be reviewed and calculated annually based on the prevailing annual contract value which will increase due to annual increment as well as if new fleet added. The performance security shall be renewed accordingly every 12 months. (As per GR 01/12/2016). In last year of the project duration performance security shall be kept valid up to next 3 months after project duration.

15. PRICES

- 15.1. The prices quoted and accepted will be binding on the service provider and valid for a period of ten years from the date of signing the contract and any increase in price will not be entertained during the contract period except applicable annual increment as per LOA and increase in cost due to additional fleet.
- 15.2. During the continuation of contract, if the price of tendered items is reduced or brought down by any Law or Act of the Central or State Government or by the service provider himself, the service provider shall be morally and statutorily bound to inform the Purchaser immediately about such reduction in the contracted prices. (The Purchaser is empowered to reduce the rates accordingly).
- 15.3. GST exemption if applicable shall be passed on to the Service Provider and If GST is applicable, the same shall be charged. In case of any enhancement in GST tax due to statutory Act of the Govt. after the date of submission of tenders and during the tender period, the quantum of additional GST tax so levied will be allowed to be charged extra as separate item without any change in price structure of the items approved under the tender. For claiming the additional cost on account of the increase in GST Tax, the service provider should produce a letter from the concerned Competent Authorities for having paid additional GST Tax on the services provided to the Purchaser or relevant documents / notification of such increase in the tax rate along with sample copies of invoices to the CHS and can also claim the same in the invoice. (GST Tax will also be considered and reimbursed.)

16. SECURITY DEPOSIT & CONTRACT AGREEMENT:

- 16.1. The service provider shall furnish the security deposit / Performance Bank Guarantee to the CHS within 30 days from the date of LOA for an amount of 3 % (Three percent) of the annual contract value, valid up to 60 days after the date of completion of warranty

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obligations and enter into Contract Agreement on Rs.500/- non-judicial stamp paper through registered agreement with applicable stamp duty. The Stamp paper registration & stamp duty cost of agreement should be borne by the service provider.

- 16.2. The Security Deposit should be in the form of Bank Guarantee in favor of the Commissioner of Health Service and MD NHM Mumbai from any Nationalized bank (Annexure -VI).
- 16.3. The Security Deposit will be discharged by the Purchaser and returned to the Supplier not later than 60 days following the date of completion of the Supplier's performance obligations, under the contract.
- 16.4. The security deposit shall be forfeited as a compensation for any willful negligence or wrongful act resulting from the proven failure to perform the obligations under the contract or in the event of termination of the contract or in any event as determined by appropriate authorities.

17. AWARD OF CONTRACT:

- 17.1. The CHS has awarded the contract to the Service Provider whose tender has been determined to be substantially responsive and has been determined as best evaluated tender, provided further that the tender is determined to be qualified to perform the contract satisfactorily.
- 17.2. The Purchaser reserves the right to increase or decrease the no. of vehicle to be supplied and also reserves the right to cancel or revise any clause of this MOU and entire tender or part of tenders without giving any reasons thereof with no cost to the service provider

18. COMMENCEMENT OF SERVICES:

- 18.1. Submission of Performance Bank Guarantee even though Service Provider need to start the procedure to operationalization of services including handing over from previous service provider from the day of acceptance of LOA so as to have minimum disruption in services.
- 18.2. The Service Provider shall fully operationalize entire services in designated premises within 180 days from the date of concessionaire agreement

19. TERMINATION OF AGREEMENT:

- 19.1. The Service Provider & the authority have the right to terminate the contract by providing a notice period of 90 days.

This Agreement may be terminated by CHS, Maharashtra by issuing prior written notice 90 days to Service Provider if any breach of the terms of Agreement is caused by Service Provider, unless such breach is cured or the service is improved to the satisfaction of CHS, Maharashtra within thirty (30) days after the written notice issued to the service provide. The performance security shall be forfeited if the agreement is terminated by CHS, Maharashtra. CHS, Maharashtra will be free to forfeit Performance security for any loss suffered by CHS, Maharashtra on account of such breach of contract

On termination of Agreement the Service provider shall cease to render services. However, service provider shall bound to provide services as per the terms and conditions set for the in the Agreement till new service provider shall be substituted/ appointed. OR Three

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months prior notice will be issued by either side, so that substitute arrangement with new service provider can be made. In the event that breach is caused or service is imposed to the satisfaction of CHS within 30 days, however in the case that CHS suffers any losses or damages it shall be recovered by forfeiting performances security to that extent.

- 19.2. The performance security shall be entitled to be refunded if the agreement is terminated by Commissioner of Health Services and MD, NHM, Mumbai, Maharashtra. Commissioner of Health Services and MD, NHM, Mumbai, Maharashtra shall be entitled to forfeit Performance security for any loss suffered by department on account of proven breach of contract.
- 19.3. Service Provider cease to work from date of termination of agreement, however, will continue to provide services till the new service provider is in position and shall be entitled to continue receiving compensation for such services.
- 19.4. Agreement will be terminated if the Service Provider goes bankrupt and becomes insolvent.

20. FORCE MAJEURE:

For purposes of this Contract, Force Majeure means an event beyond the control of the parties to the Contract and not involving either party's fault or negligence and not foreseeable events.

- 20.1. If, at any time during the existence of the Contract, either party is unable to perform in whole or in part any obligation under this contract because of an event rendering performance of obligations impossible, which include acts of God, war (whether declared or not), revolutions, hostility, civil commotions, strike, floods, earthquake, epidemics, pandemics, terrorism, cyber-attack, quarantine restrictions, freight embargoes or explosions or any situation beyond the control of either party, then the date of fulfilment of contract shall be postponed during the period when such circumstances are operative.
- 20.2. The party which is unable to perform its obligations under the present contract shall, within seven (07) days from the occurrence of Force Majeure event, inform the other party with suitable documentary evidence.
- 20.3. Any waiver / extension of time in respect of delivery or commissioning shall not be deemed to be a waiver / extension of time in respect of remaining deliveries / commissioning for events other than force majeure.
- 20.4. In such inability on account of force majeure to perform continues for a period of more than three months, each party shall have the right to be released from further performance of the contract, in which case, neither party shall have the right to claim damages from the other. However, all prior performance shall be subject to contract terms.

21. INSURANCE:

- 21.1. Service Provider shall maintain adequate general comprehensive liability insurance and insurance cover/s for his personnel engaged in performing services under MEMS.
- 21.2. Without limiting any of his other obligations or liabilities, the registered agency shall, at his own expense take and keep comprehensive insurance including third party risk for

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Ambulance with driver and machinery materials etc., brought to the site by vehicle with driver and for all the works during the execution and also for attendant. The registered agency shall arrange for workmen's Compensation Insurance as required by Law and undertake to indemnify and keep indemnified the Purchaser from against all manner of claims and demands and losses and damages and cost (including between Attorney and Purchaser) and charges and expenses that may be in regard to the same or that the Purchaser may suffer or incur with respect to and / or incidental to the same. The registered agency shall have to furnish the CHS the originals/attested copies of the policies of the Insurance taken before entering an agreement with all premium receipts and other papers related thereto which the CHS may require.

- 21.3. Warranty & Annual Maintenance Contract: Service provider shall cover all equipment's and fabrication of Advanced Life Support & Basic Life Support Ambulances (ALS & BLS), Boat Ambulance, Neonatal Ambulance, Bike Ambulance covered under comprehensive warranty for Ten years or undertake to maintain of stipulated time frame without any liability to the Commissioner of Health services and Public Health Department and Government at a large including any indemnity claim. Registered Undertaking in this regards need to be submitted.

22. **INSOLVENCY:**

- 22.1. The competent authority of the Office of the Commissioner, Health Service & Mission Director, National Health Mission, Mumbai may at any time by notice in writing summarily terminate the contract without compensation to the Service Provider in any of the following events, that is to say:-If the Service Provider at any time be adjudged insolvent or shall have a receiving order or orders for administration of his estate made against him or shall take any proceedings for liquidation or composition under any insolvency not for the time being in force or shall make any convenience or assignment of his efforts or enter into any arrangements or composition with his creditors or suspend payment of if the firm be dissolved under partnership act, or

If the Service Provider being a company shall pass a resolution or the court shall make and order for the liquidation of the affairs or a receiver of Manager on behalf of the debenture holder shall be appointed or circumstances shall have arisen which entitled the court or debenture holders to appoint a receiver or Manager.

- 22.2. If the Service Provider commits any breach of this contract not herein specifically provided for always that such determination shall not prejudice any right of action or remedy which shall have accrued or shall accrue thereafter to the purchaser and provided also that the Service Provider shall be liable to pay the purchaser for any extra expenditure, he is thereby put to but shall not be entitled to any gain on repurchased.

23. **LABOUR LAW COMPLIANCES:**

- 23.1. The engagement and employment of labors and payment of wages to them shall be as per exiting provisions of labor laws & regulations. It is the sole responsibility of the Service Provider to comply those laws strictly. Breach of these laws or regulations shall be deemed to be the breach of this contract. The Service Provider shall be bound to engage all the requisite staff for the Project strictly as per only legally acceptable employee engagement modalities governed in India. Service Provider should follow Industries, Energy and Labor

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- dept. Maharashtra state Minimum wages current notification. CHS may ask the Service Provider to produce documents to verify whether these laws are compiled or strictly followed.
- 23.2. All wages allied benefits such as Leave, ESI, PF, Gratuity, Bonus etc, if applicable, shall be paid by the Service Provider and CHS shall be not incur any liability or additional expenditure whatsoever for personnel deployed.
- 23.3. It is mandatory that the employees must be paid through bank into their individual savings accounts by electronically transfer only.
- 23.4. Service Provider has to follow labor laws in allocating shifts and hours of duty to Pilots. Sufficient number of EMSOs and Pilot's need to be deployed per ambulance, so that no violation of labor laws shall be committed. Every month Service Provider need to submit undertaking certificate regarding absolute compliance of labor laws, which will be mandatory for payment. Strict penalty will be imposed in case of disobeying of this law.
- The Service Provider shall abide to follow 8 hours shift duty as per labor laws.
 - The Service Provider shall abide by all labour laws, laws related to EPF Organization, ESI Corporation, Workmen Compensation Act., details of EPF, ESIC in respect of their deployed staff shall be submitted by the Service Provider to Purchaser every month along with the bill. The Service Provider shall abide including but not limited to, matters relating to timely payment of wages and allowances, payment of minimum wages, payment of overtime, grant of leave, payment of workmen's compensation, working hours, safety, maternity benefits, holidays, framing of standing orders, disciplinary action against employees, payment of provident fund contributions, payment of gratuities and payment of bonuses. Any noncompliance of the above-mentioned laws makes the contract liable to be terminated and the Service Provider liable to be blacklisted
- 23.5. The Service Provider shall be liable for any legal dispute / case/ claims that arises or may arise due to non-compliances of labour or other related laws during the contract.
- 23.6. The Service Provider shall be solely responsible for compliance of all the laws rules/regulations and Govt. instructions that are/will be applicable to and aimed to protect the interest of the employees/worker engaged by it and shall ensure payment of all the statutory dues/liabilities as may have arisen during the past or may arise during the course of performance of contract.
- 23.7. The Service Provider shall submit periodical returns as may be specified from time to time.
- 24. OFFICIAL RECORD (As follows but not limited to):**
- 24.1. The Service Provider shall maintain complete official records of disbursement of wages/ salary, showing specifically details of all deductions such as ESI, PF etc. In respect of all the staff deployed in this project.
- 24.2. The Service Provider shall maintain a personal file in respect of all the staff who is deployed in this project. The personal file shall invariably consist of personal details such

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as name, address, date of birth, sex, residential address (Temporary/ Permanent), copy of driving licenses and all grievances recorded by the staff vis-à-vis action taken etc.

24.3. The Service Provider should maintain:

24.3.1 List of employees with their date of engagement

24.3.2 The amount of wages (The Service Provider shall ensure that minimum wages are paid to all the employees with all the benefits (such as ESIC/EPF/Bonus etc.)

24.3.3 Copies of authenticated documents of payments of such contributions to EPFO/ESIC.

24.3.4 The Service Provider shall also prepare a register indicating all payment/dues in respect of all the employees.

25. **PENALTY CALCULATION –**

Penalty Calculation as per indicators mentioned in Key Performance Indicator (KPI), Annexure E.

26. **MISCELLANEOUS -**

Resolution of dispute: RFP Rider A

26.1 **Mutual settlement:** In the event of any question, dispute or differences in respect of contract or terms and conditions of the contract or interpretation of the terms and conditions or part of the terms and conditions of the contract arises, the parties may mutually settle the dispute amicably.

26.2 **Arbitration:** If dispute or difference of any kind shall arise between the purchaser and the firm/ Service Provider in connection with or relating to the contract, the parties shall make every effort to resolve the same amicably by mutual consultations.

26.3 If the parties fail to resolve their dispute or difference by such mutual consultations within thirty days of commencement of consultations, then either the purchaser or the firm/Service Provider may give notice to the other party of its intention to commence arbitration, as hereinafter provided. The applicable arbitration procedure will be as per the Arbitration and Conciliation Act, 1996 of India. In that event, the dispute or difference shall be referred to the sole arbitrator who shall be appointed mutually by the parties. In the event the parties do not reach a mutual agreement, then both the parties shall appoint one arbitrator each and both the arbitrators so appointed shall appoint a third arbitrator.

26.4 Work under the contract shall, notwithstanding the existence of any such dispute or difference, continue during arbitration proceedings and no payment due or payable by the Purchaser or the firm / Service Provider shall be withheld on account of such proceedings unless such payments are the direct subject of the arbitration.

26.5 Reference to arbitration shall be a condition precedent to any other action at law

26.6 **Venue of Arbitration:** The venue of arbitration shall be the place from where the contract has been executed which is Mumbai jurisdiction.

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- 26.7 **Governing Language:** English language version of the contract shall govern its interpretation.
- 26.8 **Applicable Laws:** The contract shall be governed in accordance with the law prevailing in India, Act, Rules, Amendments and orders made thereon from time to time.
- 26.9 **Following documents will be treated as part of this MoU/agreement & shall be binding on the service provider :**
- Tender document,
 - Corrigenda, if any
 - LOA
 - MIOP
- 26.10 **Indemnification:** The Service Provider shall indemnify the purchaser against all actions, suit, claims and demand or in respect of anything done or omitted to be done by Service Provider that falls under the purview of proven gross negligence or proven willful default in connection with the contract and against any losses or damages to the purchaser in consequence of any action or suit being brought against the Service Provider for anything done or omitted to be done by the Service Provider in the execution of the contract.
- 26.11 **Jurisdiction:** All the suits arising out of the contract shall be instituted in the court of competent jurisdiction situated in Mumbai only and not elsewhere.
- 26.12 **Saving clause:** No suits, prosecution or any legal proceedings shall lie against the Commissioner, Health Service, & Mission Director, NHM, Mumbai or Joint Director Procurement or any person for anything that is done in good faith or intended to be done in pursuance of tender.
27. **SPECIAL CONDITIONS OF CONTRACT**
- 27.1 The Service provider shall open Local Representation office in every district as mentioned manpower in annexure C.
- 27.2 The entire fleet, components, equipment's, devices, IT Hardware & Software should be newly procured after award of tender. Necessary proof should be submitted before COD.
- 27.3 The service provider Any international manufacturer whose components or products are made in China, but the original equipment manufacturer or the company is not based in China is allowed.
- 27.4 The OEM of the offered Contact Center Solution / ERC should be rated by 'Leaders / Challengers' in the Magic Quadrant for Contact Center Infrastructure, worldwide by Gartner report published.
- 27.5 The entire workforce has to be train & certify mandatorily. Necessary proof should be submitted before COD as per approval of CHS.
- 27.6 Branding on Ambulances shall be discussed and mutually designed by PHD & Concessioner.

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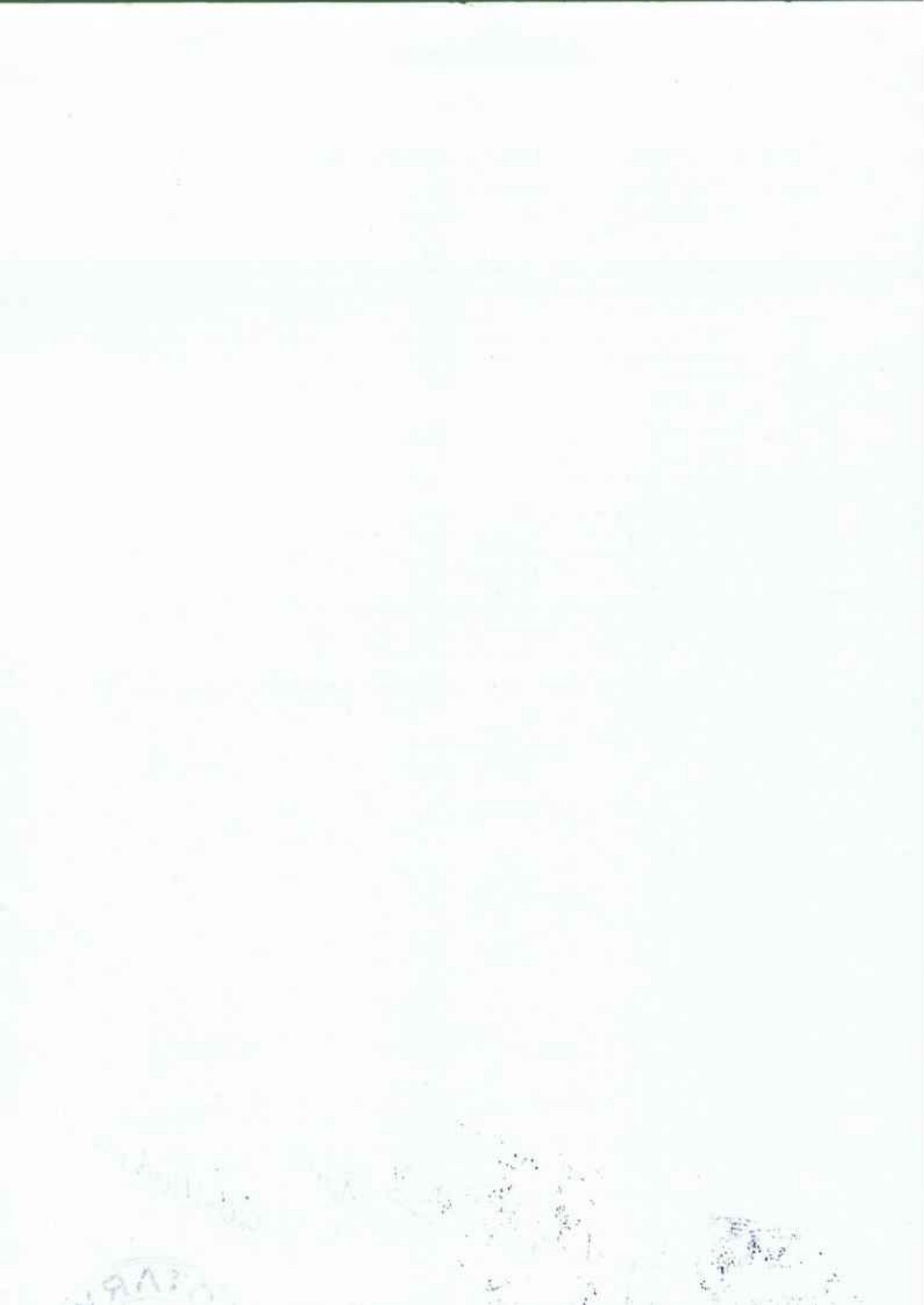
- 27.7 Upon completion of the project the entire fleet and other components shall be handed over to PHD Authority.
- 27.8 Key team members' profile shall be approved by PHD Authorities
- 27.9 Any new addition / upgradation in the scope of the same project as per the decision of Government shall be added to the scope service provider with additional cost with mutual understanding.
- 27.10 In event the Public Health Department has any objection/ observations to the details submitted by the Service Provider, it shall be promptly and without any undue delay notify by the Service Provider of its objections, seek clarifications or suggest changes or modifications or corrections thereto. Thereupon, the Service Provider shall provide necessary clarifications to the Public Health Department and/ or resubmit the details as the case may be, after incorporating the changes, modifications or corrections suggested by the Public Health Department.
- 27.11 All the Vehicles, Equipment's, Devices, Hardware & Software of MEMS-108 should be provided with MAF / OEM Certificate for as per tender document and are subject to verification and approval by competent authority designated by CHS.
- 27.12 All the terms and conditions, all specifications, all annexures etc. mentioned in the tender document RFP amendments thereof, other mutually agreed terms, Govt. Regulation issued by Government of Maharashtra and decision of Government of Maharashtra in this regard from time to time, shall be binding on the Service Provider.
- 27.13 In case of Consortium, Memorandum of Understanding (MoU) and Agreement amongst the combined entity with appropriate lead members and lead member need to be officially communicated to CHS with all authorized signatories.
- 27.14 Complete MEMS Dashboard with all access need to be provided by Service Provider to CHS/ EMS CELL.

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IN WITNESS WHEREOF THE PARTIES HERETO HAVE SET AND SUBSCRIBED THEIR RESPECTIVE HANDS TO THESE PRESENTS ON THE DAY, MONTH AND YEAR HEREIN WRITTEN:

SIGNED AND DELIVERED BY THE WITHIN NAMED "AUTHORITY"

Signature 



COMMISSIONER, HEALTH SERVICE & MISSION DIRECTOR, NHM, MUMBAI (MAHARASHTRA STATE)

SIGNED AND DELIVERED BY THE WITHIN NAMED "SERVICE PROVIDER" M/S SUMEET SSG BVG MAHARASHTRA EMS PVT. LTD

Mr Nitin Mande,



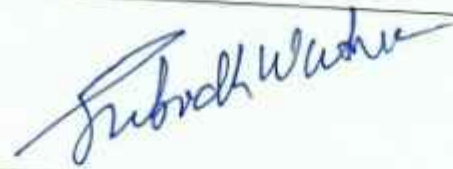


Mr Sughosh Sowale,



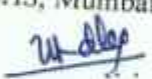



Mr Subodh Watwe,





Signature

Witness No. 1
Name: Dr. Umesh Shirodkar, PD,EMS
Address: CHS, Mumbai.
Signature: 

Witness No. 2
Name: Ms. Avantika Jadhav
Address: Pune
Signature: 



BEFORE ME

7.5.25
S.M.N. NAQVI
NOTARY
Government of India
Mumbai & Thane Dist.

No. 847 P No. 43

NOTARY Register 8/25 - 7/5/25



ANNEXURE - A SCHEDULE OF REQUIREMENTS

- 1) The service provider should operate Maharashtra Emergency Medical Services (MEMS) Project. It is responsibility of service provider to Operate Maharashtra Emergency Medical Services (MEMS) 24*7*365 days in a year as per terms and conditions mentioned in the tender document and MOU made with the Service Provider.
- 2) The Service Provider shall also ensure that for the services should meet all the required standards as specified by purchaser.
- 3) Proposed ambulances as decided by the committee under the chairmanship of Commissioner of Health services based on motor vehicle Act of 1988 & Central Motor Vehicle rules 1989 and Maharashtra Motor Vehicle Rules 1989 or any prevailing laws and rules made by Transport Department of Govt of Maharashtra.
- 4) **CODE OF CONDUCT:**
As per motor vehicle Act of 1988 & Central Motor Vehicle rules 1989 and Maharashtra Motor Vehicle Rules 1989 all the duties, Responsibilities & Conditions prescribed for the holder of the driving License shall be applicable to the driver/drivers appointed through this contract.

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Annexure – B
SCOPE OF WORK

It is responsibility of service provider to Operate Maharashtra Emergency Medical Services (MEMS) 24*7*365 days in a year as per terms and conditions mentioned in the tender document and MOU made with the Service Provider

Sr.	Technical specifications
1.	<ul style="list-style-type: none"> • To operate Maharashtra Emergency Medical Services (MEMS- 108) with a New Fleet of 1756 Life Support Ambulances (Advance Life Support - 255, Basic Life Support - 1274, Neo- Natal Ambulance 36, Two - Wheeler ambulance 166 nos., Water Ambulance– 25 nos.) as specified. • Out of Existing fleet of 937 ambulance, 150 ambulances will be handed over to new Service Provider to be used as buffer ambulances for new fleet as specified. • The existing fleet with ERC will be handed over to the Service Provider to operate the service without interruption till deployment of new fleet.
2.	Establish and operate new Control Room / Emergency Response Centre (ERC) at a suitable location which is mutually agreed by the Service Provider and the PHD and operate the existing ERC till the deployment of new fleet and ready to use new ERC.
3.	Each ambulance at any given point of time shall have one Pilot and one EMSO (Emergency Medical Service Officer), with overall 3 EMSO and 3 Pilots per ambulances for 24 hrs with sufficient reserve adequate buffer HR for replacement to be made available by Service Provider, complying with all Labor laws. The deployment of HR must be as per tender document.
4.	As required up gradation of available integrated solution including Computer Technology Integration, Voice logger system, General Packet Radio Service (GPRS), Geographic Information systems (GIS), Geographical positioning systems (GPS), Automatic Vehicle Location & Tracking (AVLT) Computer Aided Dispatch (CAD) and Mobile Communication Systems in ERC, Ambulances and additional fleet.
5.	Operate Emergency Response Centre for 24 x 7 hours through a centrally operated toll free telephone number. Shall provide services through minimum of existing parallel lines per District and later shall expand depending upon number of the calls received. The calls shall be answered in less than 5 rings in normal situations. Emergency Response Centre may receive emergency calls of the nature of medical, police and fire fighting service and to be forwarded to concerned authorities
6.	Design, develop, implement, Operate, maintain, upgrade centralized EMS dashboard with periodic up gradation.
7.	Service Provider should take approval from appropriate authority for all the ambulances to be deployed in MEMS project, certifying that ambulances satisfy CMVR rules and guidelines regarding ambulances for this project.



8.	The basic minimum qualification of the EMSO to be appointed by the service provider shall be recognized medical Practitioners from recognized universities and shall be registered with Medical council's in Maharashtra for both ALS , BLS, Boat. Must be as per tender document as per qualification of personal clause to this MoU
9.	For Neonatal Ambulance the qualification of EMSO shall be MBBS / BAMS with PG qualification in Pediatrics or work experience in Pediatrics
10.	All efforts shall be made to maintain Response time once call is ended on 108 call center is 30 min Rural area and 20 Min in urban area per ambulance per call.
11.	In addition should accept and deliver as per all the roles and responsibilities, terms & conditions mentioned in the tender document and in MIOP (which may be on mutually agreed basis)

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ANNEXURE- C

MANDATORY VEHICLE DEPLOYMENT, FACILITIES & STAFFING DETAILS

(A)	Vehicle Deployment
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Sr. No.	Vehicle Types	Numbers
1	Type C Ambulance (BLS)	1274
2	Type D Ambulance (ALS)	255
3	Ambulance (Neonatal)	36
4	Two-Wheeler Bike Ambulance	166
5	Water Ambulances	25

- The backup of 150 ambulances for ALS & BLS and 30 Bike Ambulance will be taken from existing fleet of ambulances over and above of above mentioned ALS and BLS

(B)	ERC, Operations Office and District Offices
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Sr. No.	Location	Qty
1	Emergency Response Centre	110 seats
2	District Offices	1 office per District
3	District Civil Surgeon Hospital Monitoring Centre	1 per district

(C)	Ambulance Staffing
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HR per Shift						
Sr. No.	Ambulance Type	EMT	EMSO	Pilot	Attendant	Medical Helper
1	Type C Ambulance (BLS)	-	1	1	-	-
2	Type D Ambulance (ALS)	-	1	1	-	-
3	Ambulance (Neonatal)	-	1	1	-	-
4	Buffer Ambulance while in use	-	1	1	-	-
5	Two-Wheeler Ambulance	1	-	-	-	-
6	Water (Boat) Ambulances	-	1	1	1	1
7	Number of Shift	3				

Staff deployment schedule	Round the Clock (24* 365)
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Running Per month (kms) in Contract	2000
Above 2000 kms per month - Reimbursement @ INR 15 per km (applicable for 1 to 3)	

(D)	Operation Staff Deployment
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Sr No	Particulars	Minimum
1	ERC - Head of Technology	1
2	Call Centre Head	1
3	Call Centre Team Leader	1 per shift
4	Quality & Training Manager	1
5	Quality, Training & Monitoring – Asst. Manager	1 per shift
6	Fleet Head	1
7	IT Project Lead – Dy. Manager	1
8	IT Administrator – Asst. Manager	1
9	IT Administrator- Senior Executive	1
10	Network Engineer – Asst. Manager	1
11	Support Engineer - Level 1 – Senior Executive	7
12	Support Engineer - Level 2 – Senior Executive	4
13	Support Engineer - Level 3 – Senior Executive	1
14	District Managers	1 Per District
15	Fleet Mechanics	1 Per District
16	Fleet Electricians	1 Per District
17	IEC Executives	2 Per Zone
18	Training Instructors	2 Per Zone
19	ERC - Doctors/ Specialist	3 per shift
20	ERC - Communication Agent	80 Per Shift
21	Dispatch Officer (Call Centre)	20 per shift
22	Bio-Medical Engineer	1 Per District
23	Zonal Managers	1 Per Zone
24	Full Time Project Head	1
25	Quality Personnel	1 Per Zone
26	Store Keepers	1 Per Zone
27	KPI and MIS Executives	2 Per Zone / Suggested to ERC
28	District HR Executive	1 Per District
29	ERC - Situation Room / War Room Expert Agents	6 per shift
30	Civil Surgeon Hospital Monitoring Officer	1 per District

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Annexure-D
Training for Emergency Personnel
Pre-hospital Personnel

1. Ambulance Drivers

- a. Vehicular Safety Checks
- b. Elements
- c. Ambulance Driving Techniques
- d. Accident Avoidance and Crash Procedures
- e. Basic Life Support
- f. Disaster Management Protocols

2. Emergency Medical Technician – Basic

- a. Basic & In-Depth Anatomy and Physiology
- b. Primary Care Theory
- c. Trauma Care Theory
- d. IV Administration and Theory
- e. Nasopharyngeal Suctioning
- f. D50W Administration Theory
- g. Pharmacology
- h. Cardiac Monitoring
- i. Oxygen Delivery Theory and Practical

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- j. Patient Assessments
- k. Communications
- l. Transportation
- m. Ambulance Operations
- n. Trauma
- o. CPR
- p. AED
- q. Clinical Hospital Practice
- r. Ambulance Practice
- s. Basic Life Support
- t. Disaster Management Protocols
- u. Child Birth Delivery Training (to be liaison with Local hospitals)

3. Emergency Medical Technician - Advanced

- a. In Depth Anatomy and Physiology
- b. Primary Care Theory
- c. Trauma Care Theory
- d. IV Administration and Theory
- e. Nasopharyngeal Suctioning
- f. D50W Administration Theory
- g. Pharmacology

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- h. Cardiac Monitoring
- i. Oxygen Delivery Theory and Practical
- j. Patient Assessments • Communications
- k. Ambulance Operations
- l. Trauma
- m. CPR
- n. AED
- o. Clinical Hospital Practice
- p. Ambulanced Trauma Management
- q. Advanced Cardiac Life Support
- r. Paediatric Life Support
- s. Medical Management
- t. Core issues

4. Communication Officer

- a. Priority Dispatch System
- b. Telecommunication Essentials
- c. Protocol Instruction and Practice
- d. Roles of the Communication Officer
- e. Operations
- f. Legal issues

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- g. Dispatch Stress
- h. Quality Improvement

5. Dispatch Officer

- a. The science of prioritized dispatch
- b. Ethical and Medical Legal issues
- c. Dispatch Life Support
- d. Dispatch Protocols
- e. Practice drills

6. Ambulance Control Officer

- a. The Science of prioritized dispatch
- b. Ethical and Medical Legal issues
- c. Dispatch Life Support
- d. Dispatch Protocols
- e. Practice drills
- f. GIS/GPS Navigation
- g. Vehicle Tracking
- h. Telecommunications
- i. Disaster Management
- j. Fleet Management
- k. Emergency Medical Technician issues

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l. Communication Skills

7. Online Medical Control

- a. The science of prioritized dispatch
- b. Ethical and Medical Legal issues
- c. Dispatch Life Support
- d. Dispatch Protocols
- e. Full Emergency Medicine Curriculum

8. Supervisors

- a. Administrative issues
- b. Curriculum of the respective supervisory role

Hospital Personnel

1. Emergency Physicians

- a. Core Emergency Medicine
- b. Basic Life Support
- c. Advanced Cardiac Life Support
- d. Advanced Trauma Management
- e. Airway Management
- f. Paediatric Management
- g. Disaster Management

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h. Communication Skills

2. Emergency Nurses

a. Core Emergency Nursing

b. Basic Life Support

c. Advanced Cardiac Life Support

d. Advanced Trauma Management

e. Airway Management

f. Pediatric Management

g. Disaster Management

h. Communication Skills

3. Administrative Staff

a. Emergency Medical Services

b. Emergency Department

c. Administrative issues

d. Staff Management

e. Financial Planning

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List of mandatory Medicines

Injections

1. Adrenaline
 2. Atropine
 3. Deriphyllin
 4. Debutamine 150 mg
 5. Dopamine 200 mg
 6. Nor adrenaline
 7. Hydrocortisone
 8. Phenytoin Sodium
 9. CPM
 10. Tramadol
 11. Paracetamol
 12. Nitroglycerine
 13. Metoclopramide
 14. Frusemide
 15. Ranitidine
 16. Diclofenac
 17. Midazolam
 18. Distilled Water
- Intravenous Fluids**
19. DNS
 20. Normal Saline (NS)
 21. Ringers Lactate (RL)

22. 25% Dextrose 100 ml

Tablets

23. Aspirin-325 mg non enteric coated
24. Aspirin 75mg
25. Ranitidine
26. CPM
27. GTN
28. Sorbitrate sub lingual
29. Paracetamol 500 mg
30. ORS (Sachet)
31. Antacid
32. Glucose Powder

Ointments

33. Povidone Iodine Ointment 30gms

Sprays

34. Pain relief spray

Nebulisation

35. Salbutamol Respules
36. Budesonide Respules

Medical Equipment's:- All medical equipment shall be in working condition as per list mentioned in RFP specifications.

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**ANNEXURE- E
KEY PERFORMANCE INDICATOR (KPI)**

Sr. No.	Key Performance Indicators	Compliance Benchmark	Calculation Process/Documents for Verification	Validation Frequency	Penalty (Liquidated Damages)
ERC					
1	Average speed to answer (ASA)	85%	System generated report The waiting time in Automatic Call Distributor (ACD) queue after pressing prescribed digit to talk to the agent but before being answered by the agent	Monthly	0.1% of monthly bill value for each 1% less than permissible limits of 85% calls attended within 8 (eight) seconds from the caller choosing to speak to an agent
2	Manpower availability at the 108-ERC: - a. Call center agents b. Clinicians: Physician, Gynaecologist, Paediatrician c. Team Leads d. other staff	95%	Total number of Manpower to be deployed on daily basis as per MIOIP	Monthly	120% of the proportionate minimum waged per resource per day
3	Call abandoned Rate should be less than 1%	99%	System Generated Unattended/ abandoned calls report Abandoned rate is the number of calls that are abandoned while the caller is waiting for an agent	Monthly	0.1% of each % point beyond permissible limits of 1%, calculated on monthly bill value
4	108- ERC Downtime beyond permissible limit of 0.1%, calculated in a month.	99.90%	Downtime shall include mechanical or operational related reasons and shall be non-cumulative. Average down time each month allowed upto limit of 0.1% System Generate Down Time Report	Monthly	INR 10,000/- per hour of downtime beyond permissible limits.

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108 Emergency Medical Ambulance Service					
1	<p>Complete operationalization of ALS, BLS and Bike ambulances etc across state. (Deployment of total number of ambulances mentioned in RFP for 108)</p>	98%	Milestone completion certificate issued by Authorized PHD official	As per tender document timeline within 180 days	Operational cost of per ambulance/ per day for delay in deployment post completion of timelines as per timelines provided under the RFP
2	<p>Response Time: (a) Urban- 20 minutes (b) Rural- 30 minutes</p> <p>(the response time is defined as the time elapsed between the time instance of the end of emergency call at ERC (replacement of receiver on cradle) to time instance of arrival of ambulance on the scene of emergency (wheel stop). (Response time shall be inclusive of call to dispatch and time taken for ambulance to move from base/ diversion point to scene)</p>	100%	To be calculated as monthly average over the entire fleet of vehicle ALS, BLS and Bike ambulance (As mentioned in RFP) System Generated Vehicle Response Time report. Where there is no network available such as remote & deep fringed areas, the response time filled by the Doctor/EMT with time stamp manually, instead of system generated report.	As per MIOP	0.1% of the total monthly billing amount for each 20 min of such delay for defined category

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SebatWatu



3	At any given point of time District wise more than 95% of the ambulances (ALS, BLS neonatal and Bike) shall be on road (ready to attend the emergency call with all major equipment functional including the GPS device) boat.	95%	System Generated Vehicle Off Road Report *Off Road - Vehicle not available for service at a single instance	Monthly	Operational cost per hour per vehicle.
4	The off-road days for preventive and breakdown maintenance would be accumulated @ 48 hours per vehicle per completed month.	48 hours per month per vehicle	System Generated Vehicle Activity Summary Report Allowed off-road days of 48 hours per month do not include Force Majeure cases including accident and mob violence. However, it covers all other maintenance including routine or preventive.	Monthly	Operational cost per hour per vehicle beyond permissible limit of 48 hrs. in a month
5	The devices such as GPS / MDT, etc. installed in all the deployed ambulances shall have an uptime of 96%	96%	Penalty shall be calculated on day basis for each vehicle beyond the limit of 4%. If more than 4% defunct/not reporting, then no payment shall be made for those vehicles (other than 4% limit) in which GPS system is defunct/not reporting till it becomes functional. System generated Reports from respective software's	Monthly	Beyond 4% limit, no payment (on day basis) shall be made for those ambulances in which GPS is defunct/not reporting. The 4% should be after excluding buffer vehicles.
6	Any deficiency/ shortfall/ default of service found on inspection by PHD authorized officials at State level/ Zonal level/ District level/ Block level	98%	Deficiency of service shall be considered to be inclusive of but not limited to below mentioned scenarios (i) Unavailability/ non-functioning of any medical/ non-medical equipment in the ambulance (as per norm) (ii) Unavailability of Medicines, Medical/ nonmedical consumables (as per norm)	Random onsite verification by PHD designated officials	Operational cost of identified vehicle per day.

Xrande *Bake* *Schulwach*



			(iii) Non-maintenance of cleanliness and hygiene within the ambulance (iv) Improper maintenance/ non-up-dation of logbook, stock register, PCR record, vehicle maintenance record as prescribed by PHD; (v) Non-functioning of Air-conditioning of Ambulance. vi) Non availability of HR as per tender document. vii) Any other incidence as determined by inspecting officer and approved by Nodal Officer		
7	Not availed case (Denial of Services)	100%	System Generated denial Cases Reports	Monthly	If services are denied then @ INR 50000/- per incident shall be levied after case enquiry which excludes situations which are covered under force majeure.
8	Real time availability of medical and non-medical equipment in the ambulances	100%	Inventory Management System reports	Monthly	INR 500/- per ambulance for every shortfall per day
IEC					
1	Conducting Information, Education and Communication Activities	Planned activity	Total number of IEC activities conducted and areas covered as per MIOP	Monthly	Rs.1000/- for per non conducted activity

Nandh Kumar

Subhash Kumar



MIS					
1	Provision of Monthly Reports	100%	System Generated Reports Includes 1. Call waiting time Register 2. Total number of Manpower to be deployed Register 3. Unattended/ abandoned calls Register 4. 108- ERC Downtime Register 5. Response Time Register 6. Vehicle Off Road Register 7. Vehicle GPS / MDT performance Register 8. Medical Equipment availability Register 9. Denial cases Register 10. Employee Salary, PF & ESI Register 11. Employee State Insurance Register 12. Driving license Register of all Drivers / Riders 13. Vehicle Fitness Register 14. IFC Coverage Register	Monthly	INR 1000/- per day / per each report for non-availability of report.

A detailed SOP for KPI evaluation must be prepared mutually in the MIOP.

Frank Bauer

Surbh Wadhwa



"ANNEXURE - X"



COMMISSIONERATE OF HEALTH SERVICES

(MAHARASHTRA STATE)

Arogya Bhavan, St.George's Hospital Compound, P.D'Mello Road, Mumbai-400 001.

Office: Commissioner Director(Personal) Joint Director (Procurement Cell)	Tel.No. 22620235 22621006 22611471	Website : http://maha-arogy.gov.in Email : mdnrhm09@gmail.com dhs_2005@rediffmail.com procurementcell@gmail.com
Letter of Award		E-08/CHS/PC/ MEMS/LoA/ 3307-11 /2024 Date:- 15.03.2024

To,

- 1) M/s Sumeet Facilities Ltd.,
Summit House, Plot No 64/21,
D-II block, MIDC, Chinchwad,
Pune 411019, India.
- 2) M/s BVG India Limited,
BVG House, Premier Plaza,
Chinchwad, Pune 411019, India.
- 3) M/s SSG Transporte Sanitario, S.L.,
Calle Innovacion, S/N Planta 4,
Puerta A Edificio Renta Sevilla 41020
Sevilla -Spain.

Subject: - Letter of Award for Tender E-08 to Design, Build, Finance, Operate & Transfer (PPP-DBFOT Hybrid Model) Maharashtra Emergency Medical Services (MEMS) Project.

- Reference: -**
1. Tender No. E-08/MEMS/23-24.
 2. शासन निर्णय क्र.: ईएमएस-२०२३/प्र.क्र.०२/आरोग्य-३ दि.०४ ऑगस्ट, २०२३.
 3. Tender Committee Minutes Dt.28.08.2023.
 4. Financial Bid Opening Date: 08.02.2024.
 5. 1st Negotiation Meeting Date:23.02.2024.
 6. 2nd Negotiation Meeting Date:01.03.2024.
 7. Tender Committee Minutes Dt.01/03/2024.
 8. शासन निर्णय क्र.: ईएमएस-२०२३/प्र.क्र.०२/आरोग्य-३ दि.१५ मार्च, २०२४.

With reference to the Mahatender E-Bid cited above, you are hereby informed that the offer submitted by your consortium, is accepted by Public Health Department, Government of Maharashtra as per GR dated 15.03.2024. (ref. no.8)

Manish Bhowar
Subal Wane

OTARI

You are requested to provide the above services as per the Terms and conditions mentioned in the final Tender Document as approved in the Tender Committee dated 28.08.2023 and subject to receipt of written confirmation from your consortium towards acceptance of this LoA/Contract.

With reference to the tender cited under reference no.1, you are requested to provide the services as per details mentioned below to consignee list enclosed with this order. This is with reference to the Negotiation Meeting of Tender Committee on 01st March 2024 and accordingly your final revised price offer vide letter no. SFL-SSG-BVG/MEMS2024/NEGO-C/224 Dated 01.03.2024 submitted by you and revised administrative approval given vide शासन निर्णय क्र.: ईएमएस-२०२३/प्र.क्र.०२/आरोग्य-३ dated.15.03.2024.

PART A

Sr. No	Title	Description	Total Annualized Bid amount	Amount in words
1	CAPEX (fleet)	Total cost to Design, Build, Finance, Operate & Transfer Maharashtra Emergency Medical Services (MEMS-108 Ambulance service) CAPEX basis with fleet of 1756 ambulances (excluding GST) *Breakup of the amount in part C to match the final amount quoted here.	87,21,69,109.00	Rupees Eighty seven crore twenty one lakh sixty nine thousand one hundred nine and paise zero only
2	CAPEX (ERC)	Total cost to Design, Build, Finance, Operate & Transfer Emergency Response Call center for 1756 ambulances (excluding GST) *Amount to match with Part-C	7,95,40,000.00	Rupees Seven crore ninety-five lakh forty thousand and paise zero only
3	OPEX	Operating cost per year to Design, Build, Operate & Transfer Maharashtra Emergency Medical Services (MEMS-108 Ambulance service) on OPEX basis with fleet of 1756 ambulances and a Call Center. (Excluding GST) *Breakup of the amount in part B to match the final amount quoted here.	8,07,77,63,751.84	Rupees Eight hundred seven crores seventy-seven lakh sixty-three thousand seven hundred fifty-one and paise eighty-four only.
4	CAPEX + OPEX (Total of Sr. No 1,2 & 3)	Total ANNUALISED Cost to Design, Build, Finance, Operate & Transfer Maharashtra Emergency Medical Services (MEMS-108 Ambulance service) on OPEX + CAPEX basis with fleet of 1756 ambulances and a Call Center.	9,02,94,72,860.84	Rupees Nine hundred two crores ninety-four lakh seventy-two thousand eight hundred sixty and paise eighty-four only.

Amount in words: Rupees Nine hundred two crores ninety-four lakh seventy-two thousand eight hundred sixty and paise eighty-four only, total as per Sr. No 4



PART B

Sr. No.	Vehicle Types	Numbers (A)	OPEX per vehicle per month (B)	Total cost per year (C)=(A)*(B)*12
1	Type D Ambulance (ALS)	255	4,18,063.00	1,27,92,72,780.00
2	Type C Ambulance (BLS)	1274	3,92,000.00	5,99,28,96,000.00
3	Ambulance (Neonatal)	36	5,67,901.62	24,53,33,499.84
4	River Boat Ambulances	15	7,75,230.40	13,95,41,472.00
5	Sea Boat Ambulances	10	8,50,000.00	10,20,00,000.00
6	Two-wheeler Ambulance	166	1,60,000.00	31,87,20,000.00
TOTAL		1756		8,07,77,63,751.84

PART C

Sr. No.	Asset type	Quantity (A)	Capex cost per unit (B)	Total CAPEX cost (C) = (A)*(B)	Annualized Capex Value for Contract Period (D)=((C)/10)
1	Type D Ambulance (ALS)	255	65,75,276.00	1,67,66,95,380.00	16,76,69,538.00
2	Type C Ambulance (BLS)	1274	49,13,192.00	6,25,94,06,608.00	62,59,40,660.80
3	Ambulance (Neonatal)	36	71,23,216.00	25,64,35,776.00	2,56,43,577.60
4	River Boat Ambulances	15	1,36,98,492.00	20,54,77,380.00	2,05,47,738.00
5	Sea Boat Ambulances	10	2,50,00,000.00	25,00,00,000.00	2,50,00,000.00
6	Two-wheeler Ambulance	166	4,43,831.00	7,36,75,946.00	73,67,594.60
TOTAL (1-6) for Fleet				872,16,91,090.00	87,21,69,109.00
7	ERC (Capex)	1	NA	79,54,00,000.00	7,95,40,000.00
Total (7)				79,54,00,000.00	7,95,40,000.00

Note: Above all rates are excluding GST. GST shall be applicable as per prevailing rules from time to time.


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STAC

All above mentioned approval shall be subject to the as per terms and conditions of tender, inter-alia including the following(s):

1. You have to submit original copy of acceptance of this LoA, duly stamped and signed by the competent authority agreeing to work as per the RFP terms and conditions, in the office of Commissioner of Health Services, Aarogya Bhavan, Mumbai, Maharashtra within one (1) week from the date of the issuance of this LoA.
2. It is mandatory to form a Special Purpose Vehicle (SPV) to be registered in Maharashtra state which shall be incorporated under the Indian Companies Act, 1956/2013 to execute the Concessionaire Agreement and implement the Project as per the RFP clause 9.3
3. Officers signing the LoA and entering into the agreement, on behalf of your consortium, with the Commissioner of Health Services and Mission Director, National Health Mission, Maharashtra, should be duly authorized by Resolution of the Board.
4. You have to furnish equal to 3% (Three percent) of annual contract value, without taxes, as Performance Security by way of a Bank Guarantee issued by Nationalized Bank only valid for 12 months from the date of signing the Agreement in favour of Commissioner of Health Services and Mission Director, NHM, Maharashtra, Mumbai within 30 days of award of contract.
5. The Performance security will be calculated and renewed annually based on the prevailing annual contract value which may increase due to annual increment as well as addition in fleet. The difference in Performance Security to be paid by service provider by way of a Demand Draft or Bank Guarantee issued by Nationalized Bank only, valid for remaining contract period. The performance security shall be renewed accordingly every 12 months. (As per GR 01/12/2016)
6. You have to furnish such further documents, deeds, information, guarantees etc. as may be required by this office/Government from time to time.
7. The contract will be valid for 10 years from the COD (Commercial Operation Date) with Annual increment of 8% (compounding) subject to Governments approval on OPEX cost only.
8. In case of any failure to furnish duly signed copy of acceptance of LoA, or execution of agreement, within the stipulated period it is presumed that your organization is not interested in accepting the contract and thereafter, this office will be liberty to cancel the offer and forfeit your EMD.
9. LoA is issued as per all terms and conditions set in the Final RFP as approved by Tender Committee and GR issued by Public Health Department, Government of Maharashtra dated 15.03.2024.


Commissioner of Health services
and Mission Director,
National Health Mission, Maharashtra.

Copy Submitted to-

1. Hon. Additional Chief Secretary, Finance Department and Chairman Tender Committee, Mantralaya, Mumbai.
2. Hon. Additional Chief Secretary, Public Health Department, Mantralaya, Mumbai.





सत्यमेव जयते
भारत सरकार



आधार

भारत सरकार
Government of India

भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

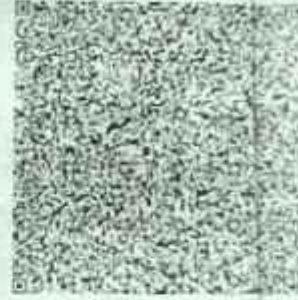
नोंदविण्याचा क्रमांक / Enrollment No. : 0222/10003/10082

To
Sughosh Bhalchandra Sowale
सुघोष भालचंद्र सोवळे
Flat No.302 3rd Floor,
Raj Residency,
Sector Number.19 Kharghar,
VTC: Kharghar, PO: Kharghar,
Sub District: Panvel, District: Raigarh,
State: Maharashtra, PIN Code: 410210,
Mobile: 9923062345

84052095



KF840520955FI



आपला आधार क्रमांक / Your Aadhaar No. :

3535 7896 8368

माझे आधार, माझी ओळख



भारत सरकार
Government of India



आधार

09/2017



सुघोष भालचंद्र सोवळे
Sughosh Bhalchandra Sowale
जन्म तारीख / DOB: 08/12/1978

Handwritten signature



भारत सरकार
GOVERNMENT OF INDIA



सुबोध सुभाष वाटवे
Subodh Subhash Watwe

जन्म वर्ष / Year of Birth : 1975
पुरुष / Male



9274 3214 2767

आधार – सामान्य माणसाचा अधिकार



भारतीय विशिष्ट ओळख प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पत्ता प्लॉट नं ८ स नं २४९/३ शिवशक्ती,
सुदर्शन नगर, दिवाकर चौक जवळ,
चिंचवड, पुणे, महाराष्ट्र, 411033

Address: plot no 8 s no 249/3
shivshakti, sudarshan nagar, near
diwakar chowk, Chinchwad, Pune,
Maharashtra, 411033



1947
1800 180 1947



help@uidai.gov.in









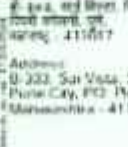
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P.O. Box No. 1947,
Bengaluru-560 001

Subodh Subhash Watwe

 	 
<p align="center">भारत सरकार Government of India</p>	<p align="center">माहिती / INFORMATION</p>
<p align="center">भारतीय विशिष्ट ओळख प्राधिकरण Unique Identification Authority of India</p>	<p>आधार हा ओळखीचा पुरावा आहे, नागरिकत्व किंवा अधिवास नाही. अल्पवयीस आधार क्रमांक घडवणे असुन केलेला नियमनाम्य विविध केलेल्या प्रभावशाली दस्तावेजांचा पुराव्याद्वारे संबंधित असावेना माहितीवर आधारित आहे.</p> <p>हा आधार पत्राची प्रस्तावना (IDUA) विपुल प्रमाणावर एकमेव अनेकदा प्रमाणीकरणाद्वारे किंवा QR कोडद्वारे उपलब्ध आहे. mAadhaar किंवा Aadhaar QR स्कॅनर आणि वापरणे किंवा www.uidai.gov.in वर उपलब्ध सुद्धा QR कोड रीडर आणि वापरणे QR कोड रीडरद्वारे साधित केले जाते.</p> <p>आधार अद्वितीय आणि सुरक्षित आहे.</p> <p>ओळख आणि पत्त्या आधार वेबशीट वर आधार वेबद्वारे भारतीय जनसंख्या बुर 10 कोटी अधारमध्ये अद्यतनीत केले जातील.</p> <p>आधार तुम्हाला विविध सरकारी आणि गैर सरकारी सेवा/संस्था साभ पोषण देत आहे.</p> <p>आधारमध्ये तुम्हाला पोषण देत आहे इमेल अडवले अडवले आहे.</p> <p>आधार वेबसाईट साभ पोषणद्वारे mAadhaar आणि डेटा नोंद करा.</p> <p>आधार वेबसाईटद्वारे भारत न्यायिक सुकिली सुकिली कॅम्पेसद्वारे साभ अनेक आधार, बायोमेट्रिकचे वेबसाईट करा.</p> <p>आधारी माहिती करावया साधनी वेबशीट पोषण देत आहे.</p> <p>Aadhaar is proof of identity, not of citizenship or date of birth. IDUA (IDU) is a single information supported by proof of DOB document to verify in regulations, submitted by Aadhaar number holder.</p> <p>This Aadhaar letter should be verified through either online authentication by UIDAI-approved authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.</p> <p>Aadhaar is unique and secure.</p> <p>Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment by Aadhaar.</p> <p>Aadhaar helps you avail of various Government and Non-Government services.</p> <p>Keep your mobile number and email id updated in Aadhaar.</p> <p>Download mAadhaar app to avail of Aadhaar services.</p> <p>Use the feature of Lock/Unlock Auth with biometrics to ensure security when not using Aadhaar biometrics.</p> <p>Enrolment using Aadhaar are obligated to work document.</p>
<p>नोंदणी क्रमांक: / Enrolment No.: 0000/00260/45694</p> <p>To: Rajiv Dhanraj Rajiv Dhanraj Munde B-303, Sai Vista, Sikharaj Nagar, Rohatara, VTD, Pune City, PCC, Pune Colony, DWS, Pune District, Maharashtra, PIN Code: 411001 Mobile: 9267965306</p>  <p align="center">Validity unknown</p> <p>आपला आधार क्रमांक / Your Aadhaar No. : 7575 1886 7322 VID: 9196 1453 5473 4045</p> <p align="center">माझे आधार, माझी ओळख</p>	<p>आधार हा ओळखीचा पुरावा आहे, नागरिकत्व किंवा अधिवास नाही. अल्पवयीस आधार क्रमांक घडवणे असुन केलेला नियमनाम्य विविध केलेल्या प्रभावशाली दस्तावेजांचा पुराव्याद्वारे संबंधित असावेना माहितीवर आधारित आहे.</p> <p>हा आधार पत्राची प्रस्तावना (IDUA) विपुल प्रमाणावर एकमेव अनेकदा प्रमाणीकरणाद्वारे किंवा QR कोडद्वारे उपलब्ध आहे. mAadhaar किंवा Aadhaar QR स्कॅनर आणि वापरणे किंवा www.uidai.gov.in वर उपलब्ध सुद्धा QR कोड रीडर आणि वापरणे QR कोड रीडरद्वारे साधित केले जाते.</p> <p>आधार अद्वितीय आणि सुरक्षित आहे.</p> <p>ओळख आणि पत्त्या आधार वेबशीट वर आधार वेबद्वारे भारतीय जनसंख्या बुर 10 कोटी अधारमध्ये अद्यतनीत केले जातील.</p> <p>आधार तुम्हाला विविध सरकारी आणि गैर सरकारी सेवा/संस्था साभ पोषण देत आहे.</p> <p>आधारमध्ये तुम्हाला पोषण देत आहे इमेल अडवले अडवले आहे.</p> <p>आधार वेबसाईट साभ पोषणद्वारे mAadhaar आणि डेटा नोंद करा.</p> <p>आधार वेबसाईटद्वारे भारत न्यायिक सुकिली सुकिली कॅम्पेसद्वारे साभ अनेक आधार, बायोमेट्रिकचे वेबसाईट करा.</p> <p>आधारी माहिती करावया साधनी वेबशीट पोषण देत आहे.</p> <p>Aadhaar is proof of identity, not of citizenship or date of birth. IDUA (IDU) is a single information supported by proof of DOB document to verify in regulations, submitted by Aadhaar number holder.</p> <p>This Aadhaar letter should be verified through either online authentication by UIDAI-approved authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.</p> <p>Aadhaar is unique and secure.</p> <p>Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment by Aadhaar.</p> <p>Aadhaar helps you avail of various Government and Non-Government services.</p> <p>Keep your mobile number and email id updated in Aadhaar.</p> <p>Download mAadhaar app to avail of Aadhaar services.</p> <p>Use the feature of Lock/Unlock Auth with biometrics to ensure security when not using Aadhaar biometrics.</p> <p>Enrolment using Aadhaar are obligated to work document.</p>
  <p>राजिव धनराज मुंदे Rajiv Dhanraj Munde B-303/Sai Vista, Sikharaj Nagar, Rohatara, VTD, Pune City, PCC, Pune Colony, DWS, Pune District, Maharashtra - 411001</p>  <p>आधार हा ओळखीचा पुरावा आहे, नागरिकत्व किंवा अधिवास नाही. अल्पवयीस आधार क्रमांक घडवणे असुन केलेला नियमनाम्य विविध केलेल्या प्रभावशाली दस्तावेजांचा पुराव्याद्वारे संबंधित असावेना माहितीवर आधारित आहे.</p> <p>Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline BSL).</p> <p align="center">7575 1886 7322</p> <p align="center">माझे आधार, माझी ओळख</p>	  <p>राजिव धनराज मुंदे Rajiv Dhanraj Munde B-303/Sai Vista, Sikharaj Nagar, Rohatara, VTD, Pune City, PCC, Pune Colony, DWS, Pune District, Maharashtra - 411001</p>  <p>आधार हा ओळखीचा पुरावा आहे, नागरिकत्व किंवा अधिवास नाही. अल्पवयीस आधार क्रमांक घडवणे असुन केलेला नियमनाम्य विविध केलेल्या प्रभावशाली दस्तावेजांचा पुराव्याद्वारे संबंधित असावेना माहितीवर आधारित आहे.</p> <p>Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline BSL).</p> <p align="center">7575 1886 7322</p> <p align="center">माझे आधार, माझी ओळख</p> <p align="center">1886 2025 www.uidai.gov.in www.aadhaar.gov.in</p> <p align="center"><i>N. Paul</i></p>