

## Notice Inviting Tenders (NIT)



Director, Department of Hospital Administration  
South Delhi Municipal Corporation,  
E-1 Block, 18th Floor, Dr. S.P.M. Civic center,  
J.L.N. Marg, New Delhi 110002;  
Tel: 011-23226824; 011-23226859  
Website: <http://tenderwizard.com/SOUTHDMCETENDER>  
Email: [addl.dha.medsdmc@gmail.com](mailto:addl.dha.medsdmc@gmail.com)

Tender. No. Addl. DHA/2020-21/ 03

Dated: 29.09.2020

1. The Director Hospital Administration, on behalf of Commissioner, South Delhi Municipal Corporation invites online tenders through e-procurement platform <http://tenderwizard.com/SDMCETENDER> for supply of services as given in Section-V of this document.

### 2. Schedule of Events

Sl. No	Description	Schedule
1	Date of release of tender through e-procurement solution (Web site as mentioned above.)	29.09.2020 ; 10.00 AM
2	Cost of Tender	Rs. 1000/-
3	Pre-tender Meeting (Date & Time)	Pre Bid meeting on 01/10/20 at 11.30AM
4	Pre-Tender Meeting Venue	Conference Hall, 23rd floor, Office of Addl. Commissioner (health), E-1, 23rd floor, Dr. S.P.M. Civic Center, JLN Marg, New Delhi 110002 <i>( in case of change of venue the same shall be notified by website)</i>
5	Date/Time for submission/receipt of tenders through e-procurement solution	Start date & time- 29.09.2020 10.00 AM End date & time- 14.10.2020 , On or before 3.00 PM
6	Date/Time for submission of EMD and completed bids on Line.	Start date & time- 29.09.2020; 10.00 AM End date & time-14.10.2020 ; 3.00 PM
7	Date/time of Opening of Bids	14.10.2020 , 03.30 PM

3. Bidders may download the tender enquiry documents (a complete set of document is available on website) from the web site <http://tenderwizard.com/SOUTHDMCETENDER> and submit tender by using the downloaded document. The tender paper will be rejected if the bidder changes any clause or Annexure of the bid document downloaded from the website.
4. All prospective bidders may attend the Pre Tender/ Pre Bid meeting. The venue, date and time are indicated in Schedule of Events as in Para 2. above.
5. All tender documents complete in all respects and scanned must be uploaded on the website <http://tenderwizard.com/SOUTHDMCETENDER> well before the last date and time of submission of tender well before the closing date and time, failing which the tenders will be treated as late tender and rejected.
6. In the event of any of the above mentioned dates being declared as a holiday /closed day for the purchase organization, the tenders will be uploaded/received/opened on the next working day at the appointed time.
7. Cost of Tender Document is Rs. 1000/- (One Thousand only) payable through online Payment mode available at <http://tenderwizard.com/SOUTHDMCETENDER> without Tender Fees, Bids shall be rejected.
8. Tender Enquiry Documents are not transferable.
9. Total Project Cost is Rs. 2.5 Crore (Rs. 1.25 Crore each) for two centres. All Tenders must be accompanied by EMD of Rs.5,00,000/- (Five lakh only), (2% of the Total Project Cost).
10. EMD of the Requisite amount is payable through online payment mode available on e-Tendering portal of SDMC <http://tenderwizard.com/SOUTHDMCETENDER> Tenders without EMD shall be rejected
11. Any subsequent amendment, change of date, Venue etc. will be notified in website of MCD <http://tenderwizard.com/SOUTHDMCETENDER> only.

## **Section - III**

### **Instructions to Bidders**

1. General Instructions

- a) The bidder should prepare and submit its offer as per instructions given in this section.
- b) The tenders shall be complete with all documents and to be submitted electronically on e-Tendering portal of SDMC. Those submitted by e-mail with attachments shall not be considered.
- c) The tenders which are for only a portion of the components of the job /service shall not be accepted. (The tenders /bids should be for all components of the job /service.)
- d) The prices fixed shall be firm and shall include all applicable taxes and duties. This shall be quoted in the format as per attached Appendix 'F' only. {Tariff rate provided above include lump sum cost of treatment/procedure, diagnostic investigations, registration charges, admission charges, bed charges, procedure charges, injection charges, dressing charges, doctor's consultation and visit charges, monitoring charges, transfusion charges, cost of disposables, including catheters and all sundries required as a part of the procedure, cost of medicines required during the procedure, related routine and essential investigations, nursing care and charges for its services}.
- e) The bid shall be submitted (with a covering letter as per Appendix 'E') before the last date of submission. Late tenders / bids shall not be considered.

## **2. Inspection of Site and Equipment**

The interested bidder may inspect the location where the services are to be rendered during 9.00 AM TO 3.00 PM on all working days till last date of sale of tender as given in the tender schedule. The Director, Hospital Administration, SDMC shall not be liable for any expenditure incurred in such inspection or in the preparation of the bid(s).

## **3. Earnest Money Deposit (EMD)**

The tender shall be accompanied by Earnest Money Deposit (EMD) as specified in the Notice Inviting Tender (NIT) online through Payment portal <http://tenderwizard.com/SOUTHDMCETENDER>

- a) It may be noted that no tendering entity is exempt from deposit of EMD. Tenders submitted without EMD shall be rejected.
- b) The EMD of unsuccessful bidder will be returned to them without any interest, after conclusion of the resultant contract. The EMD of the successful bidder will be returned without any interest, after receipt of performance security as per the terms of contract.

c) EMD of a bidder may be forfeited without prejudice to other rights of the Authority, if the bidder withdraws or amends its tender or impairs or derogates from the tender in any respect within the period of validity of its tender or if it comes to notice that the information /documents furnished in its tender is incorrect, false, misleading or forged. In addition to the aforesaid grounds, the successful bidders' EMD will also be forfeited without prejudice to other rights of Authority, if it fails to furnish the required performance security within the specified period.

#### **4. Preparation of Tender**

4.1 The tender is to be submitted electronically on e-Tendering portal of SDMC. <http://tenderwizard.com/SOUTHDMCETENDER> as mentioned in tender document well before the stipulated date and time.

#### **All documents are essential.**

4.2 Details of tender can be seen on the website and forms can be downloaded

4.3 All documents required in the tender should be serially numbered and duly signed by the bidder, with the rubber stamp of the firm on each page before scanning and uploading. No cutting or overwriting is allowed.

4.4 No additional document shall be accepted after last date of submission of bids but the Authority may demand to see the original document or submission of attested/certified copy of any document which has been submitted online.

4.5 Submission of the tender is deemed to be agreeing to the terms and conditions of this tender and shall act, if approved, as a contract to supply as per the conditions of the tender and according to the given schedule or on subsequent orders of the Director Hospital Administrations or his representatives.

4.6 No tender will be accepted unless accompanied by necessary EMD.

4.7 If the last day for receiving tenders is declared a holiday, the next working day at the same time will be the last date and time for the receipt of tenders.

4.8 Each bidder shall submit only one tender either by himself or as a partner.

4.9 The bidder shall bear all costs associated with the preparation and submission of his bid and the Department will in no case shall be responsible or liable for those costs, regardless of the conduct or outcome of the tender process.

4.10 The bid along with necessary document should be uploaded in the site <http://tenderwizard.com/SOUTHDMCETENDER> as per guidelines mentioned in the portal.

I. The “TECHNICAL BID” with forwarding letter “Appendix-E” and shall include the following:

- 1) Original tender document duly stamped and signed in each page along with the Forwarding Letter confirming the performing the assignment as per “Appendix E”.
- 2) Particulars of the bidder as per “Appendix-D”.
- 3) Copy of the Income Tax Returns acknowledgement for last three financial years i.e. 2016-17, 2017-18, 2018-19.
- 4) Copy of audited accounts statement for the last three financial years i.e. 2016-17, 2017-18, 2018-19.
- 5) Power of attorney in favour of authorized signatory on behalf of the firm/bidder and signatory to Manufacturer’s Authorization letter.
- 6) Copy of the certificate of registration of GST, with the appropriate authority valid as on date of submission of tender documents.
- 7) A duly notarized declaration from the bidder or a self declaration in view of ‘Lockdown’ in the format given in the “Appendix-H” to the effect that the firm has neither been declared as defaulter or black-listed by any competent authority of Government of India OR Government of any State.
- 8) Certificate of annual turnover from CA for past three years.
- 9) Document in support of India or Global presence
- 10) Submission of Certificate / Undertaking declaring experience in running dialysis services for past three years or more.
- 11) Declaration regarding number of dialysis machines run by the bidder (Documents in support of the same)
- 12) Document in support of running similar project in Central Govt./State Govt./PSU/ Local Bodies etc.
- 13) Proof of having office in Delhi NCR.

II. The Bidder should give acceptance as per **Appendix ‘F’**

**5. Contract Validity Period and Renewal of contract**

The contract shall remain valid for a period of 5 (five) years and the prices quoted shall remain for the duration of the contract. However if CGHS Delhi (Non NABH) revises its rate, the same rate will be applicable. The contract may be extended for another 2 (Two) years based on review of performance and with mutual consent as per existing ‘Terms & conditions’.

**6. Opening of Tenders:**

The bid will be opened at the time & date specified in the schedule. The bidders may attend the bid opening, if they so desire.

## **S e c t i o n – I V**

### **Evaluation of Tenders**

#### **1. Scrutiny of Tenders**

The tenders will be scrutinized by the selection committee appointed by the authority to determine whether they are complete and meet the essential and important requirements, conditions and whether the bidder is eligible and qualified as per criteria laid down in the Tender Enquiry Document. The bids, which do not meet the aforesaid requirements, are liable to be treated as non-responsive and may be ignored. The decision of the Authority as to whether the bidder is eligible and qualified or not and whether the bid is responsive or not shall be final and binding on the bidders. Financial bids of only those bidders, who qualify on technical bid, will be considered and opened.

#### **2. Infirmary / Non-Conformity**

The Authority may waive minor infirmity and/or non-conformity in a tender, provided it does not constitute any material deviation. The decision of the Authority shall be final and binding on the bidders. As to whether the deviation is material or not,

#### **3. Bid Clarification**

Wherever necessary, the Authority may, at its discretion, seek clarification from the bidders seeking response by a specified date (21/10/2020). If no response is received by this date, the Authority shall evaluate the offer as per available information

#### 4. Evaluation Criteria:

S.No.	Criteria	Maximum Marks **	Marks obtained
1.	Entity: manufacturer/, consortium or sole Provider*	<b>Manufacturer &amp; or its subsidiary :</b> 2 <b>Consortium/Sole Provider:</b> 1	
2.	Annual Turnover (Average for past 3 years, 2016-17,17-18,18-19)	<b>TO &gt; Rs.10 Crore P.A :</b> 3 <b>T.O= Rs. 5-10 Cr. PA:</b> 2 <b>T.O = Rs. 3-5 Cr. PA :</b> 1	
3.	Presence: India or Global	<b>Global :</b> 4 <b>India:</b> 1	
4.	Experience in running/managing Dialysis centres (No. of Years)	<b>Experience : &gt;5 Years:</b> 2 <b>3-5 Years:</b> 1	
5	No. of Dialysis Machines (operational) being run/managed by the Concessionaire	<b>More than 300 Machines :</b> 3 <b>100-300 Machines :</b> 2 <b>Less than 100 machine: :</b> 1	
6.	Running similar Project with Central Govt., State Govt., PSU, and Local Body.	<b>If, yes :</b> 2 <b>No :</b> 0	
7.	Having Office for tech Support in Delhi/NCR	<b>If Yes :</b> 2 <b>No :</b> 0	
8.	Whether consumables used for dialysis are made in India	<b>If, yes :</b> 2 <b>No :</b> 0	
	Max. marks Total	20	

*\*In this document, Sole provider means single proprietor while group provider means a group including consortium.*

*\*\*Please furnish Documents in support of your claim.*

If two firms have identical scores, the firm with higher turnover will be given preference; however if their turnover also matches, the bid winner will be decided by draw of lots.

#### Section - V

##### Scope of the Work

1. The Service Provider shall be responsible for operationalization of Dialysis facility at PSMS Hospital, Kalkaji and Tilak Nagar Colony Hospital. Ownership status of all movable assets created from the investments made by the Service Provider shall remain with the Service Provider.

2. The service provider is allotted a space (@ 120 sq. ft. per machine (on an average) by the authority and the service provider shall make complete arrangements to make the dialysis facility operational. The service provider should factor all required infrastructure including AC, TV, Furniture, Dialysis Bed/Chair, HR (trained Nephrologists, Medical officers, Nurses, Skilled technicians, supportive infrastructure, laboratory tests, dialyzer and all other consumables etc., operational and maintenance cost for the project including consumables and facility for paediatric patients. No refurbished machine/equipment will be allowed.
3. The service provider should install Ten machines (a minimum of 9 (nine) Dialysis machines plus 01 (one) dedicated machine for infective cases (Hepatitis B, Hepatitis C, HIV etc) at both the Centres. This can be further increased if mutually agreed subject to availability of space. The Dialysis shall be performed with single use dialyzer and blood tubing only.
4. The decision to refer a patient for dialysis in hospital should originate from a qualified Nephrologist with minimum MD Medicine or equivalent qualification. However subsequent dialysis can be under taken as per advice of Medical Officers of SDMC
5. The facilities such as observation rooms, recovery rooms among other should be provided.
6. Provide dashboard for monitoring of service delivery with due diligence to patient privacy for administrative Staff. Treating Nephrologists/ MS of the hospital should have complete access to the dashboard.
7. Service Provider should offer Haemodialysis Data Management System that can store Dialysis data of every treatment and must have facility to able to view data remotely with security.
8. SMS based appointment system for all patients enrolled for services.
9. Service provider may offer one Dialysis Machine per Centre that can do online HDF, (optional)
10. The obligations of the service provider/firm under this service contract shall include all service activities and commitments. The details of various services required at different locations and type of facilities is given in Appendix 'A'. The Service Provider shall not be entitled to levy any charge on the patients except where it is specifically mentioned.



11. Bidder shall be exempted or not be responsible for the following:
- Undertaking First Dialysis of Patient at the centre.
  - Refusing to admit the patients who are not fit for Dialysis or Haemodynamically Stable.
  - Not undertaking the AV Fistula preparation work
  - Not undertake acute Dialysis treatments

## Section - VI

### Eligibility Criteria

The instant tender is for hiring of a highly specialized service, therefore the Technical requirement has been designed so as to see:

- We are procuring a specialized 'Service' and not goods.
- It is desired only Bidders of repute with proven track record, expertise & experience should participate.
- The service involves a life saving procedure on patients with End Stage Renal Disease or such critically ill patients where quality cannot be compromised.

1. The Bidder shall be a manufacturer (or its subsidiary) of dialysis Machines, or a sole provider or a group of providers (maximum 3) coming together as Consortium to implement the Project, represented by a lead partner. A bidder cannot bid as a sole provider as well as a partner in a consortium. No bidder can place more than one bid in any form. In support of this, the bidder's letter shall be submitted as per Performa in Appendix 'B'. The Service provider should be registered as a legal entity.

2. The Bidder shall have a minimum of three years of experience in carrying out similar type of assignment / service in private or public sector. In support of this, a statement regarding assignments of similar nature successfully completed during last three years should be submitted as per Performa in **Appendix 'C'**. Users' certificate regarding satisfactory completion of assignments should also be submitted. The assignment of Govt. Depts. / Semi Govt. Depts. should be specifically brought out. (The decision of the Authority as to whether the assignment is similar or not and whether the bidders possess adequate experience or not, shall be final and binding on the bidders.)

3. Operated & managed dialysis facilities, having at least a total of 50 Haemodialysis machines during last 3 years.

4. The above experience could be demonstrated by the single bidder be a manufacturer or sole provider or the lead member of the consortium. In case of consortium bidding, aggregate financial

turnover of only those members of consortium would be considered who qualify the technical eligibility independently.

5. The facilities should have operational Haemodialysis facility for at least 3 years prior to the submission date.

6. The Bidders are not presently blacklisted/ debarred by the Authority or by any State Govt. or its organizations by Govt. of India or its organizations .or should not have been blacklisted/ debarred by the Authority in last 5 years.

7. The bidder shall declare all ongoing litigations it is involved in with any government agency/state/central department

8. The principal bidder/lead partner shall have an average turnover of not less than Rs. 3.0 Crore per annum in last three financial years.

9. The principal bidder/lead partner shall be legally responsible and shall represent all consortium members, if any, in all legal matter.

10. However Selection Criteria/ evaluation will be done as per parameters mentioned in Clause 4. of section IV.

## **Section - VII**

### **Terms and Conditions**

#### **1. Signing of Contract**

The Authority shall issue the Notice for Award of Contract to the successful bidder within the bid validity period/extended Bid validity period and the successful bidder will be required to sign and submit the contract unconditionally within 15 days of receipt of such communication.

#### **2. Modification to Contract**

The contract when executed by the parties shall constitute the entire contract between the parties in connection with the jobs / services and shall be binding upon the parties. Modification, if any, to the contract shall be in writing and with the consent of the parties.

#### **3. Performance Security**

a) The successful bidder shall furnish a performance security in the shape of a Bank Guarantee issued by a Nationalized Bank in favor of Tender Inviting Authority for an amount equal to **10% of the total contract value i.e. Rs 17.00 Lakh. (for Two Centres)**. The Bank guarantee shall be as per Performa at “Appendix: G” and remain valid for a period, which is six months beyond the date of expiry of the contract. This shall be submitted within 15 days (minimum) of receiving of Notice for Award of Contract, failing which the EMD may be forfeited and the contract may be cancelled.

b) If the firm / contractor violate any of the terms and conditions of contract, the Performance Security shall be liable for forfeiture, wholly or partly, as decided by SDMC and the contract may also be cancelled.

c) The Authority will release the Performance Security without any interest to the firm / contractor on successful completion of contractual obligations.

#### **4. Compliance of Minimum Wages Act and other statutory requirements**

The bidder shall comply with all the provisions of Minimum Wages Act and other applicable labor laws. The bidder shall also comply with all other statutory provision including but not limited to provisions regarding medical education and eligibility criteria of human resources used by the bidder for providing the services, biomedical waste management, bio-safety, occupational and environmental safety.

Legal liability of the services provided by the bidder shall remain with the service provider. The Service provider shall maintain confidentiality of medical records of patients and shall make adequate arrangement for cyber security.

#### **5. Income Tax**

The Concessionaire shall abide by the Income Tax Rules as applicable.

#### **6. Damages for Mishap/Injury**

The Authority shall not be responsible for damages of any kind or for any mishap/ injury/accident caused to any personnel/property of the bidder while performing duty in the purchaser's / consignee's premises. All liabilities, legal or monetary, arising in that eventuality shall be borne by firm/ concessionaire.

#### **7. Termination of Contract:**

The Authority may terminate the contract, if the successful bidder withdraws its tender after its acceptance or fails to submit the required Performance Securities for the initial contract and or fails

to fulfil any other contractual obligations, and the earnest money and the performance security deposited by the defaulting firm shall be forfeited.

Either party can mutually terminate the contract with 03 (three) months advanced notice from either side for the same.

However the Authority can annul the Tender at any stage without assigning any reason.

#### **8. Dispute Resolution:**

All the disputes shall be resolved through mutual discussion between the parties, if discussions between the parties' authorized representatives do not resolve the dispute the same shall be referred to DHA for resolution. The disputes, if any through discussion & reference shall have to be resolved within 15 days of first information of the same in writing. In case the disputes are not resolved within 15 days or any party to the dispute is not satisfied with the dispute resolution process he/it may file appeal before the first Appellate Authority i.e. the Addl. Comm. (Health), SDMC, who in turn shall resolve the disputes between the parties with in a further period of 15 days. In case the disputes are still not resolved then either of the party can approach court at **New Delhi only** for adjudication of disputes which could not be resolved through dispute resolution mechanism.

#### **9. Applicable Law and Jurisdiction of Court:**

The contract shall be governed by and interpreted in accordance with the laws of India and instructions issued by Govt. of India and Govt. of NCT of Delhi/ South Delhi Municipal Corporation for the time being in force. The Court located at Delhi, the place of issue of contract shall have jurisdiction to decide any dispute arising out of in respect of the contract. It is specifically agreed that no other Court shall have jurisdiction in the matter.

#### **10. Other Terms & Conditions**

a) The Project will be awarded for a period of 05 years and the Service Provider will be obliged to establish, manage and operate the Project in accordance with the provisions of a Contract Agreement and terms and conditions therein. It could be cancelled at any time after providing an opportunity of hearing by the Authority, in case the contractor does not follow the rules, regulations and terms and condition of the contract.

b) The Authority may provide the required space, for establishing the Project. A Possession Certificate in plain paper shall be issued while handing over the above mentioned space.

c) New Installation & continuation: The service provider shall commission the Dialysis facility within 90 days of the signing of the contract by both parties. (In case of continuation of the service provider for the subsequent contract period, this time period shall not be valid.) Failing to do so, the penalty to the extent of 0.05% of the Performance Security for each day of delay shall be imposed. In any case, refurbished Dialysis machine is not allowed.

d) Technology Up gradation: The machine shall be suitably upgraded by the service provider under following conditions:

I) Review by a board appointed by Authority (DHA) upon assessing the need for a technology up gradation. Such reviews should not be made in less than one year upon declaration of any national or international guideline accepted by the Government prohibiting the use of earlier (currently installed) technology .

II) After completion of 7 years, the dialysis machine shall be replaced and after the completion of 10 years the complete water treatment system shall be replaced. No refurbished machine/equipment will be allowed.

e) The list of hospitals as provided by SDMC is attached as **Appendix A**.

f) All the pre-requisites such as civil, electrical, air-conditioning, computer or any other changes in the site for installation of machine will be executed by the service provider at its own cost, with due permission of the Authority (permission required only if the space is provide by the administration). The hospital administration will not be responsible for any loss/ damage to the machine/ property due to natural hazard and licensee will take adequate insurance cover at his own risk & liability for all damages arising out due to any unprecedented reasons. The service provider shall provide round the clock security services for the Dialysis facility at its own cost for the entire period of contract. The contract and terms thereof shall be governed by indemnification clause.

g) All expenses on account of man power, and other maintenance of premises and the machine, security or any other expenses incurred in the day to day running of the machine shall be borne by the provider.

h) The service provider shall be responsible, at his own cost, for the overall maintenance and management of each Dialysis facility including:

i. Routine maintenance and repair works and minor alterations;

ii. Maintenance, repair and renewal/ replacement of the Equipments;

iii. Cleaning and sanitization of the Facilities and infectious disease control within the Facilities;

iv. Safety and security of persons and property within the Project Facility; and

v. Management and disposal of all medical and other waste produced in the Facilities at its own cost & risk, as per the applicable guidelines and laws and with particular regard to the protocols and obligations set out under the following:

1. Bio-Medical Waste (Management and Handling Rules), 1998;

2. Bio-Medical Waste (Management and Handling) (Amendment) Rules, 2003; ;  
And

3. All other applicable rules and regulations, amended from time to time.

vi. The service provider shall arrange for proper drainage and waste water management system.

i) The service provider shall be responsible to carry-out the medical services (the "**Medical Services**"/ "**Haemo-dialysis Services**") i.e. Haemo dialysis & Allied services including laboratory tests to All Patients (Paying as well as BPL Patients) and provide readings/ parameters of the dialysis session and laboratory test result(s) for all Patients (Paying as well as BPL Patients), in the form of a written report and electronic Medical record. In the course of the administration of the procedure/ medical services to all Patients, all arrangements for sedation and anesthesia procedure shall be the sole responsibility of the service provider.

- j) The Service provider shall be solely and fully responsible for any complication during the process of dialysis or out of dialysis. SDMC shall have no liability/responsibility in this regard.
- k) The service provider shall provide for storage of soft copy and hard copy of all records at the Hospital and to the Authority at its own cost. In case of change of service provider for any reason, the stored data must be transferred to the new provider for continuation of storage.
- l) Service Provider shall ensure best quality of tests and protocols and shall submit a half yearly report of clinical audit done by a third party or as nominated by the authority. **Service provider will provide the Kt/v and standardized Kt/v report for each patient to the committee.**
- m) Annual review of performance and observance of terms & conditions shall be carried out by a committee which shall include MS/CAMO/Addl. DHA (M&TB & Specialist (Medicine)/Nephrologist of SDMC along with other members nominated by the authority. The report of this annual review shall form the basis for extension of the contract annually within the contract period.
- n) The service provider will have to maintain an uptime of 90% with maximum 7 days of downtime at a stretch of any single dialysis machine of the facility. In case the service provider fails to do so, the provider shall pay a sum equivalent to cost of a single dialysis multiplied by total number of dialysis done per day during the given month, for each day of shutdown beyond 7 days. If shut down extends beyond 30 days due to technical and/or administrative reasons on the part of service provider, the contract may be cancelled. Concessionaire shall make alternative arrangements for provision of dialysis (including free transportation of patients) in case the machine is out of order/ broken down for period greater than 24 hours. The rates at which the Authority has engaged the service provider shall not change in any case.
- o) Receipt shall be issued in Triplicate. The patient must be provided receipt by the service provider. A copy of all such receipts shall be submitted with MS of the Hospital on a monthly basis by the service provider to the Hospital. All receipts shall be subjected to a third party annual audit.
- p) The following records shall be maintained on a daily basis by the service provider:

- (i) Daily patients register of patients referred by the Hospital to be separately maintained, to be shown to MS or any other competent Authority.
  - (ii) Log book for record of any breakdown/shut down of the machine/facility.
11. The service provider shall not sell or transfer any proprietary right or entrust to any other third party for running the facility. The service provider may however refer the test to another center in case of breakdown/shutdown ensuring all other conditions pertaining such as services, reports, records, patient transport and safety of processes and procedures in the referred center. No subletting will be allowed.
12. The provider shall take a third party insurance policy to cover the patients sent by the Hospital against any mishap during patient transport, inside the dialysis facility and for consequences arising due to reporting error. Conforming to the provision of the consumer protection act shall be the sole and absolute responsibility/liability of the service provider. The service shall be liable to pay compensation for any negligence committed by the Concessionaire or his assigns.
13. After closure of the contract agreement between the service provider and the authority, the service provider shall vacate the space occupied within a period of 30 days. The Dialysis Facilities along-with all the assets (equipment, supplies, fixtures, furniture, fittings, consumables, spares, repair & maintenance tools, software, information management system, any other tool, RO plant, autoclave, needle destroyer, any other big or small equipment, instrument or accessory etc.), in good and operational condition, shall revert to the Authority/ Hospitals without any obligation to Authority and/or Hospitals to pay or adjust any consideration or other payment to the Service provider.
14. Availability of Space, shall be made by SDMC at a token License fee of Re1/- PM. and Water & Electricity charges will also be borne by SDMC.
15. The service provider shall provide a resuscitation facilities with crash cart for providing lifesaving support if required by patients within the dialysis facility.
16. Provider shall arrange for appropriate and adequate signage and IEC (Information-education- communication) activities for facility as decided by the authority.



17. The provider shall abide by all the guidelines issued by the Authority and statutory bodies. In case of violation the contract could be terminated after providing an opportunity of hearing to the contractor, at one month's notice. Dispute resolution shall be as per dispute resolution clause given in the contract.

18. The Authority shall receive Bids pursuant to this RFP in accordance with the terms set forth herein as modified, altered, amended and clarified from time to time by the Authority, and all Bids shall be prepared and submitted in accordance with such terms on or before the date specified in Clause for submission of Bids.

19. The Service provider shall be obligated to provide minimum of two shifts of Hemodialysis on all working days and 24X7(round the clock) dialysis services, if required, to meet the work load ensuring that no patient has a wait time of more than 24 hours from the scheduled dialysis session.

20. The Service provider must provide interiors( air conditioning to maintain 22 degree, Flooring, wall tiles, False ceiling – if necessary, lighting ), furnishing - curtains / blinds, mattress, bed sheets, Dialysis machines, dialysis consumables, Non dialysis equipment such as bed, TV, Resuscitation Crash cart, Webcam, Washing machine, drinking water station, RO with pre-treatment, electrical / plumbing work with human resources such as dialysis technicians, dialysis nurses and resident medical doctor. The concessionaire shall be responsible for the power back-up system (Inverter etc.) of dialysis centre.

Further, the increase in dialysis units shall be according to space availability and in case of space constraint the service provider shall create a facility within vicinity of PSMS hospital and or Tilak Ngar Colony Hospital to meet patient load.

**APPENDIX - A**

**LOCATION OF FACILITY AND FACILITY WISE DESCRIPTION OF SERVICES REQUIRED**

Name of District/ Sub-District Hospital & bed strength	No. of Dialysis Machines required	Land/space to be provided by the corresponding Hospital (Yes/No)
Purnima Sethi Multi Specialty Hospital, Kalkaji	10	Yes
Tilak Nagar Colony Hospital, Tilak Nagar	10	Yes

**APPENDIX -B**

**BIDDER'S AUTHORISATION LETTER**

*(To be submitted by authorized agent)*

To  
Director, Hospital Administration  
South Delhi Municipal Corporation,  
E-1 Block, 18th Floor, Dr. S.P.M. Civic center,  
J.L.N. Marg, New Delhi 110002; Tel: 011-23226824; 011-23226859

Ref. Your TE document No. -----, dated-----

Dear Sir,  
We,.....are the suppliers of -----

----- (name of services(s) and hereby conform that;

1. Messrs ----- (name and address of the agent) is our authorized agents for -----
2. Messrs ----- (name and address of the agent) have fully trained and experienced service personnel to provide the said services.

Yours faithfully,

\_\_\_\_\_  
Signature with date, name and designation] for and on behalf of Messrs

\_\_\_\_\_  
[Name & Address of the Manufacturers]

**Note:**

- 1. This letter of authorization should be on the letterhead of the manufacturing firm and should be signed by a senior executive of the manufacturing firm.**
- 2. Original letter shall be attached to the tender.**

**APPENDIX - C**

**ASSIGNMENT OF SIMILAR NATURE SUCCESSFULLY COMPLETED DURING  
LAST THREE YEARS**

1. Attach users' certificates (in original) regarding satisfactory completion of assignments.

Sr.No	Assignment contract No & date	Description of work /services provided	Contract price of assignment	Date of commencement	Date of completion	Was assignment satisfactorily completed	Address of organization with Phone No. where assignment done
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Note: Attach extra sheet for above Performa if required.

Signature.....

Name .....

**APPENDIX -D**

**PARTICULARS OF THE BIDDER'S COMPANY**

(To be submitted by all bidders)

- 1. Name :
- 2. Registered Address:
- 3. Local Address (In Delhi NCR):
- 4. Phone:
- 5. E-Mail id:
- 4. Type of Organization: Sole P r o p. /P a r t n e r s h i p/ C o m p a n y including Manufacturer /Consortium/Trust/ Non- Profit Organization.
- 5. Address of Service centres in the region:
  - a) Total No. of services personnel at the existing centres:
  - b) Total No. of locations where organization currently has centres:
- 6. Number of service personnel:

Name	Qualification	Experience (Similar Service)
		(use extra sheet if necessary)

- 7. Whether the bidder has NABL/NABH/ISO or any other accreditation? (If yes/ whether documents attached with techno commercial bid)
- 8. Copy of the Income Tax Returns acknowledgement for last three financial years 2016-17, 2017-18, 2018-19 & 2019-20.
- 9. Copy of audited accounts statement for the last three financial years 2016, 2017-18, 2018-19.
- 10. Power of attorney in favour of signatory to tender documents and signatory to Manufacturer's Authorization Letter.
- 11. Copy of the certificate of registration of CST, VAT and Service Tax with the appropriate authority valid as on date of submission of tender documents.
- 12. Experience certificate of Bidder regarding existing Dialysis services

13. Details regarding managing/running similar project with Central Govt./ State Govt./ PSU/Local Bodies etc.

14. Brief write-up about the firm / company. (use extra sheet if necessary)

Signature of Bidders

Place, Date:

Name

Official Seal

## **APPENDIX -E**

### **Forwarding Letter for Technical Bid**

**(To be submitted by all bidders in their letterhead)**

Date: .....

To

Director Hospital Administration  
South Delhi Municipal Corporation,  
E-1 Block, 18th Floor, Dr. S.P.M. Civic center,  
J.L.N. Marg, New Delhi 110002;

Sub: Tender for supply of services under Tender No....

Sir,

We are submitting, herewith our tender for providing Dialysis services for PSMS Hospital, Kalkaji and Tilak Nagar Colony Hospital of SDMC.

We agree to accept all the terms and condition stipulated in your tender enquiry. We also agree to submit performance security as per clause No. 3 of Section VII of Tender Enquiry document.

We agree to keep our offer valid for the period for the period stipulated in your tender enquiry.

Enclosures:

- 1.
- 2.
- 3.
- 4.
- 5.

Signature of the Bidder.....

Seal of the  
Bidder.....

## APPENDIX -F

### FINANACING OF PROGRAM

Bidder need not quote any price as the rate admissible has been decided as given subsequently.

1. Name of the Firm/Bidder: .....
2. The rate is for per session cost of Haemo-dialysis and factors all the infrastructure with Single use Dialyser for both Sero-negative & Sero-Positive, single use blood tubing, HR (trained & qualified Nephrologist, medical officers, Nurses, technicians, supportive infrastructure, dialyzer and all other consumables etc.), operational and maintenance cost for the project.
3. The firm/bidder is expected to deliver the services for a minimum period of seven years.
4. The successful bidder/firm has to deposit 10% of the contract value\* as performance security in form of Irrevocable Bank Guarantee/DD/FDR issued by a Nationalized Bank with validity six months beyond the duration of the contract.

*(\* Contract Value will be calculated @ say Rs. 1400/- per Dialysis X 20 ( 2 shift per bed)x 25 days x12= Rs. 84 Lakh annually)*

*For Two Centers: 84x2= 168 Lakh, say 170 lakh; 10% of 170 Lakh = Rs. 17.00 lakh)*

The cost per Haemodialysis per session will be Rs 1400/- (in word) **Rs. One thousand four hundred only** i.e. at present CGHS Delhi (Non NABH rate)

The prices finalized are firm and inclusive of all taxes and duties presently in force.

**The patients will pay the charges for dialysis directly to the service provider.**

**I/We agree to the above mentioned rates.**

Signature .....

Name with Seal .....

Proforma for Bank Guarantee.

To  
Director Hospital Administration  
South Delhi Municipal Corporation,  
E-1 Block, 18th Floor, Dr. S.P.M. Civic center,  
J.L.N. Marg, New Delhi 110002;

WHEREAS.....(Name and address of the Service Provider) (Hereinafter called “the Service provider” has undertaken, in pursuance of contract No..... dated ..... (here in after “the contract”) to provided Dialysis services.

AND WHEREAS it has been stipulated by you in the said contract that the service provider shall furnish you with a bank guarantee by a scheduled commercial bank recognized by you for the sum specified therein as security for compliance with its obligations in accordance with the contract;

AND WHEREAS we have agreed to give such a bank guarantee on behalf of the service provider; NOW THEREFORE we hereby affirm that we are guarantors and responsible to you, on behalf of the service provider, up to a total of..... (Amount of the guarantee in words and figures), and we undertake to pay you, upon your first written demand declaring the service provider to be in default under the contract and without cavil or argument, any sum or sums within the limits of (amount of guarantee) as aforesaid, without your needing to prove or to show grounds or reasons for your demand or the sum specified therein.

We hereby waive the necessity of your demanding the said debt from the service provider before presenting us with the demand.

We further agree that no change or addition to or other modification of the terms of the contract to be performed there under or of any of the contract documents which may be made between you and the service provider shall in any way release us from any liability under this guarantee and we hereby waive notice of any such change, addition or modification.

This guarantee shall be valid up to 6 months after the contract termination date  
..... (Indicate date)

.....

(Signature with date of the authorized officer of the Bank)  
.....

Name and designation of the officer  
.....

Seal, name & address of the Bank and address of the Branch

**Declaration by Bidder**

I/We ..... agree that the rate fixed by SDMC (CGHS Delhi rates, Non NABH we shall remain valid for the period of contract from the date of approval. I/We will abide by all the terms & conditions set forth in the tender documents No. .... /

**I/We do hereby declare, I/We have not been de- recognized / black listed by any State Govt./ Union Territory / Govt. of India / Govt. Organization / Govt. Health Institutions.**

**Signature of the bidder:**

**Date:**

**Name & Address of the Firm:**

*Affidavit before Executive Magistrate / Notary Public in Rs.100.00 stamp paper.*

**Records for Procedure**

Dialysis centre shall maintain a record system to provide readily available information on:

**1. Patient care**

- a. Dialysis charts
- b. Standing order for haemodialysis – updated quarterly
- c. Physician’s order
- d. Completed consent form
- e. Patient’s monitoring sheet
- f. Standing order for medication
- g. Laboratory results
- h. Confinements with corresponding date and name of hospital
- i. History and physical examination
- j. Complication list
- k. Transfer/referral slip (for patients that will be transferred or referred to another health facility)

**2. Incident and accident (in logbooks)**



- a. Complications related to dialysis procedure
  - b. Complications related to vascular access
  - c. Complications related to disease process
  - d. Dialysis adequacy of patients on thrice weekly treatments
  - e. Outcomes
  - f. Staff/patient's hepatitis status
3. **Staff and patient vaccination and antibody titer status as applicable**
- a. Hepatitis B (double dose) – 0, 1, 2, 6 months
  - b. Influenza – annually
  - c. Pneumococcal – every 5 years
4. **Water treatment**
- a. Bacteriological
  - b. Endotoxin
  - c. Chemical
5. **Facility and equipment maintenance schedule**
- a. Preventive maintenance
  - b. Corrective measures

## APPENDIX -J

### Equipment List

Emergency equipment: The following equipment should be provided for by the service provider:

1. Resuscitation equipment including Laryngoscope, endo-tracheal tubes, suction equipment, Xylocaine spray, oro-pharyngeal and nasopharyngeal airways, Ambu Bag- Adult & Paediatric (neonatal, if indicated)
2. Oxygen cylinders with flow meter/ tubing/catheter/face mask/nasal prongs
3. Suction Apparatus
4. Defibrillator with accessories
5. Equipment for dressing/bandaging/suturing
6. Basic diagnostic equipment- Blood Pressure Apparatus, Stethoscope,, weighing machine, thermometer
7. ECG Machine
8. Pulse Oxymeter
9. Nebulizer with accessories
10. Dialyzer reprocessing unit

11. ACT machine
12. Cardiac monitors
13. Vein finder
14. All required consumables for adult and pediatric patients
15. Adequate Power back- up facility
16. CCTV monitoring system
17. Television for patients

## **APPENDIX -K**

### **Records for Procedure**

It is recommended to have the following minimum standards and staffing pattern for the Dialysis unit.

#### Sl. No. Staff Ratio

1. Qualified Nephrologist / MD Medicine with one year dialysis training from recognized center performing one visit at least every week and clinical review for all patients
2. Medical Officers (on duty) – One doctor (MBBS) per shift for a maximum of 10 machines.  
3 Dialysis technicians/ nurses: One technician for every 3 machines and one dedicated for dialysis machine for patients with blood borne infections per shift
3. Dialysis technician (qualified) should be in ratio of 1 person to 3 machines per working shift covering two dialysis treatment. (For 10 machine center it be 3 Technicians). Each Center should have one medical nurse conversant with Dialysis Procedures
4. Dietician (optional)
5. Sweepers 1 for every five machine per shift
6. Hospital attendant 1 for every five machines per shift

**Hemodialysis Machine & associated Systems**

1. Bidders must supply Dialysis Machines, Dialyzer, BT and AVF that have approval of US FDA or European CE or MOH Japan or MOH Canada or MOH Australia. All remaining consumables supplies must have India Drug license approval. This entire machine must be brand new and should be supported by documentary proof.
2. The concessionaire shall provide dialysis service to both sero-positive and sero-negative patients with **“single use dialyzer and blood tubing”** for every session of dialysis

**A. HD machine: Mandatory**

1. Blood pump to achieve a unidirectional flow up to 400ml/min
2. Heparin pump
3. Arterial line and venous line pressure monitors
4. Functional air bubble detector
1. Mixing proportion of unit with bicarbonate dialysis facility, rate of Dialysate delivery from 300 to 500 ml/min or more.
2. Conductivity meter
3. Functional blood leak detector
4. Dialysate temperature regulator that has a range of temperature 35 to 39 0C
5. Volumetric UF control
6. Safety devices functioning alarms, venous blood clamp
7. Dialysate filter
8. Machine should be US FDA or European CE or MOH Japan or MOH Canada or MOH Australia. Machine should capture all error logs such as operations errors, alarms and disinfection history. It should be compatible to connect central delivery of Dialysate if needed.
9. Machine should be adaptable with universal blood tubing.
10. Dialysis Adequacy of Kt /v should be available along with standardized Kt/v report for each patient Blood pump rate must be minimum 30 ml /min up to 600ml/min.

**B. HD machine: Optional**

1. On line blood volume monitor

2. On line urea clearance
3. Sodium profiling of dialysate
4. Single needle dialysis facility
5. Hemodiafiltration
6. Optical detector

**C. Monitoring and Evaluation of HD machine**

1. Conductivity of the final dialysate being delivered to the dialyzer should be checked before every treatment. According to manufacturers' instructions, the conductivity should be checked with an independent reference meter which is known to be properly calibrated.

Conductivity must be within the manufacturer's stated specifics. The frequency of checking with independent reference meter should be as per manufacturer's guideline and also every time the machine is calibrated and repaired.

2. When used, the pH of bicarbonate dialysate should also be confirmed before each treatment. Variable Sodium, Acetate, Bicarbonate, regulated Ultra Filtration and sequential dialysis

If the pH is below 6.5 or above 7.5, dialysis should not be started, even when conductivity within limits acceptable. The pH can be checked with a similar pH meter.

3. Temperature should also be within the manufacturer's specifications. Temperature may be checked with an independent reference meter or with a reference thermometer.

4. Absence of residual germicide should be verified on all delivery systems connected to a single water treatment "loop" before dialysis begins. Such testing must be performed with an assay known to detect the minimum standard level.

5. A test of proper functioning of the air/foam detector should be performed before dialysis is initiated. This test should be a direct test of function of the alarm, causing interruption of the blood pump an actuation of the blood line clamp, either by introducing air into the venous level detector or by removing the tubing so that air is sensed by the detector as recommended by the device manufacturer.

6. The blood detector must be checked for proper armed status according to the method recommended by the manufacturer.

7. The user should perform applicable tests of the UF control system as prescribed by the manufacturer.

8. All other alarms must be tested according to the manufacturer's instructions for use before every treatment including low and high conductivity alarm, low and high temperature alarm, dialysate pressure alarm, water pressure alarm, etc. Documentation of that testing should be performed. If the particular delivery system is equipped with a "self-alarm check" mode, it is important that the user understand that, most often, it is a check of the electronic circuitry, and not a confirmation of some of the vital functions of specific alarms.

9. Observation of dialysate flow should be made while the machine is in a "dialyzing" mode. Absence of dialysate flow should be confirmed when the machine is in "bypass" mode actuated by both manual setting of the machine to bypass or via any of the alarm functions that will cause the machine to enter a bypass mode.

10. The automatic "self-test" should be performed if this facility is available prior to each HD treatment to confirm proper performance of operative and protective functions of the machine and should never be bypassed.

11. Dialysis Adequacy of  $Kt/v$  should be available along with standardized  $Kt/v$  report for each patient. Blood pump rate must be minimum 30 ml /min up to 600ml/min.

Recommendation for once monthly evaluation and monitoring: (D)

12. Periodic (Monthly) Microbiological monitoring: water for production of dialysate and actual dialysate proportioned and exiting the dialyzer should be monitored for bacterial levels on no less than a monthly basis. Microbiological monitoring is performed to establish ongoing validation of proper disinfection protocols. The sampling should be done at the termination of dialysis at the point where dialysate exits the dialyzer. Results for total microbial counts shall not exceed 2,000 colony forming units per ml.

13. Assessing trends: Pertinent information, i.e., bacterial levels, conductivity and pH readings, etc., should be logged on a chart across a page so that readings can be examined and compared over an extended period of time. This tool makes it possible to compare current readings to those taken during the past several days/weeks/months.

#### **D. Dialyzer (filter) specifications:**

The hollow fiber dialyzer forms the central component of dialysis deliver system, where in actual process of transfer of solutes and water occurs across a semi-permeable membrane.

A large array of dialyzers is available for clinical use with several permutations and combinations based on biocompatibility, flux and surface area of the dialyzer. Most often a single type of dialyzer may be sufficient in most patients in a dialysis unit. However, some patients may have specific

needs and may require change in the dialyzer specifications. Hence, dialyzers with specifications other than that generally used in the dialysis unit may also be routinely stocked or should be made available at a short notice when the need arises.

Bidder should supply Dialysate powder 100% acetate free; IP grade solution with proper documents, triple layer package; dilution ratio should be 1: 1.83: 34; separate pack of dextrose need to be available.

Bidder should specify that Dialyzer used in the treatment package must be of Non Openable Caps and should be either Gamma or Steam sterilized, Bisphenol A free, with Minimum size of 1.3/ 1.5/ 1.7 sq. meter with either mid flux or high flux with KUF greater or equivalent to 20 and must be of synthetic membrane such Polyethersulphone or Polysulphone

**E. Recommendations for dialyzer use in HD:**

1. Biocompatible, synthetic (e.g., Polysulfone, Polyacrylonitrile, Polymethyl methacrylate) or modified cellulose membrane (e.g., cellulose acetate) should be preferred over unmodified. Bidder should specify that Dialyzer used in the treatment package must be of Non openable Caps and should be either Gamma or Steam sterilized, Bisphenol A free, with Minimum size of 1.3/ 1.5/ 1.7 sq. meter with either mid flux or high flux with KUF greater or equivalent to 20 and must be of synthetic membrane such Polyethersulphone or Polysulphone
2. Cellulose membranes (e.g., cupraphan). Cupraphane membranes should only be used when patient is intolerant to other biocompatible membranes.
3. Either low flux or high flux biocompatible membrane may be used for regular HD.
4. An allergic reaction to a specific dialyzer is rarely encountered in some patients. In such situation, the particular dialyzer should be avoided and this should be specifically written in bold letters on the dialysis folder of the patient to prevent its inadvertent use.
5. Dialyzer will be single use for both Seronegative as well as sero-positive cases
6. Blood Tubing, Transducer Protectors, IV sets, Catheters any other disposables should not be should NOT be reused.
7. Bidders must specify and declare that Blood Tubing used are Gamma or ETO Sterilized and have inner surface of the tubing should be siliconized. Necessary documentation should be submitted

**F. Dialysis fluid specifications:**

Dialysate, or dialysis fluid, is a non-sterile aqueous solution with an electrolyte composition near that of normal extracellular fluid. Its electrolyte composition is designed to correct the metabolic imbalance that occurs as a result of azotemia. Dialysate concentrates are manufactured commercially in liquid or powder form. The chemicals present in the dialysate have access, via the dialyzer, to the bloodstream of patients undergoing dialysis. Hence, the proper concentration of all of these chemicals as well as the quality of the concentrate and the water used to dilute the concentrate is critical. The following is to be ensured:

1. Electrolyte content of dialysate includes sodium, potassium, chloride, magnesium, calcium, glucose (optional), and bicarbonate as a buffer. The concentration of HD solutions should be such that after dilution to the stated volume the final concentrations of the ions expressed as mmol/L are usually in the following ranges: Sodium 135-145, 40 Potassium 0-4, Calcium 1.0-1.25, Magnesium 0.25-1.0, bicarbonate (32-40, Chloride 95-110. 42; Sodium concentration may be adjusted to levels outside the range of 135-140 mmol/L by HD machines with variable sodium capabilities only when prescribed by physician in charge.
2. Commercially produced concentrates are classified as medical devices and should be approved for clinical use by appropriate authority. The dialysate should contain bicarbonate as the buffer
3. The final diluted dialysate should be analyzed every 6 months, with every new batch of dialysate and after each major servicing/repair of dialysis machine.
4. Water used to prepare the dialysate must have a bacteriological colony count of less than 200 CFU/ml. Bacteriological analysis of the dialysate shall be carried out at least 2 monthly, preferably every 15 days. The colony count in dialysate samples collected at the termination of dialysis a) in a single pass system or b) in a re-circulating single pass system at the periphery of the re-circulating chamber containing the dialyzer shall be less than 2000 colony-forming units/ml. Dialysate containing glucose at 100- 200 mg/dl concentration should be used.

**G. Recommendations for storing and mixing dialysis concentrate:**

1. Store and dispense dialysate concentrates as though they were drugs. Ensure that all personnel in the facility are aware of the types of dialysate concentrates available, even if currently only one type is being used.
2. Develop a policy, management, and storage system that will effectively control the mixing and dispensing of all concentrates. Storing concentrates according to type, composition, and

proportioning ratios should reduce the risk of mismatching concentrates. Prohibit access to storage areas and allow only authorized, specially trained personnel to mix and dispense concentrates.

3. Double-check and record concentrate formulas on the patient's record. Consider a procedure for countersigning patient and storage records. Do not dispense concentrates from large containers into smaller ones without a "keyed" dispensing system. Whenever possible, purchase concentrates in single-treatment (2½-4 gallon) containers (optional).

4. Always dispose of concentrates remaining from the previous treatment. Do not pour remaining concentrate into another container or use in the next treatment. Replace empty or partially full containers with full ones. Whenever possible, standardize equipment so that only one bicarbonate concentrate system is used.

#### H. **Water Treatment System:**

1. Dual water treatment system is mandatory.

2. Each water treatment system includes reverse osmosis membranes.

3. The water treatment system components are arranged and maintained so that bacterial and chemical contaminant level in the product water does not exceed the standards for Hemodialysis water quality.

4. Proper function of water treatment system is continuously monitored during patient treatment and be guarded by audible or visual alarm that can be heard or seen in the dialysis treatment area in case performance of the water treatment system drops below specific parameters.

5. Written logs of the operation of the water treatment system for each treatment day are in place.

6. Procedure guidelines for Disinfection of Reverse Osmosis Machine and Loop as recommended by the manufacturer are in place.

7. No Haemodialysis procedure is performed during disinfection of the water treatment system and the loop.

8. Microbiological testing of the treated water from the water treatment system and the loop is done regularly and preferably monthly.

9. For dialysis unit performing HDF, testing of treated water for endotoxin at regular interval is needed.

10. Written record and results of microbiological and chemical testing of water are in place and reviewed. Corrective action is recorded if indicated.



11. Bidder must provide RO that produces AAMI grade quality water, have CE mark, must have heat disinfection, have capability of remote Maintenance and use PEX material for plumbing and Centre should have oxygen pipeline. All equipment should be new and unused.
12. The RO System must have either EU/CE/US FDA/MOH japan/MOH Australia/ MOH Canada Certification.
13. It should dialysis grade which can deliver double AAMI standard water quality for Dialysis Treatment. System should be sufficient for online operation for minimum 10 machines and maximum 20 machines
- 14 System should be Pre Treatment Modules, Turbidex, Activated Carbon Filter, and Iron-Manganese Filter
- 15 Dual Column Softener, Hardness control system,
- 16 All the pre-treatment module should be automatic backwash and regeneration facility
- 17 RO should be microprocessor based and it should incorporate intelligent water saving technology
- 18 RO need to work intelligently optimizing flow characteristics and noise of the pumps the overall
- 19 level of the system could be reduced to approximately 55 dB
- 20 In case of malfunction of the control board, manual emergency operation ensure continual permeate production until the system can be repaired.
- 21 Motor valves allow an easy start of single stage dialysis mode if a stage fails
- 22 All the RO module should be complete PVD
- 23 Need to use of low pressure polyamide membranes, energy savings of more than 25% can be achieved
- 24 It should be capable of remote monitoring and troubleshooting, Touch screen operation.
- 25 It should be capable of doing Hot Sanitization of entire loop
- 26 Loop design need to be multi loop design in order to save water.
- 27 It should have water leakage sensor
- 28 The loop of Dialysis water distribution loop must be made up of PEX
- 29 It should have 0.2 micron Filter before water distribution loop
- 30 It should be capable for up-gradation of capacity without changing major component

I. **Use of Haemodialyzers and related devices**

1. Procedure guidelines for dialyzer reprocessing are in place.

2. Dialysis on patient shall be performed with single use dialyzer and blood tubing for both Sero-negative as well as Sero-positive patients.

3. Routine disinfection of active and backup dialysis machines are performed according to defined protocol. i.e. HD Machine shall be disinfected after every dialysis session with 20 minutes of Citric Acid, to avoid cross contamination. Also end of the day 1hour of Citric and thermal disinfection shall be done to all HD machines. The same shall be documented

**J. Other Activities for patient care**

1. Blood chemistry and haematocrit (or hemoglobin) of each dialysis patients are checked at regular interval (preferably every month) to ensure patient's well being and viral markers be tested every 3 months (HIV/HBs Ag/HCV). PTH and vitamin-D should be done every 6 monthly.
2. Contingency plan or procedures are available in case of equipment failure, power outages, or fire so that the patient health or safety can be ensured.
3. Drill for CPR and emergency conditions outlined are performed regularly.
4. Routine disinfection of active and backup dialysis machines are performed according to defined protocol. Documentation of absence of residual disinfectants is required for machines using chemical disinfectant.
5. Samples of dialysate from machines chosen at random are cultured monthly. Microbial count shall not exceed 200 colony forming units per milliliter (cfu/ml) for HD and shall not exceed 10 –1 cfu/ml for online HDF before IV infusion into the patient's circulation. Periodic testing of inorganic contaminant is performed.
6. Repair, maintenance and microbiological testing results of the haemodialysis machine are recorded with corrective actions where indicated.
7. All staff including janitorial staff is educated with clear instruction on handling blood spillage on equipment and the floor.
8. All blood stained surface shall be soaked and cleaned with 1:100 sodium hypochlorite if the surface is compatible with this type of chemical treatment.
9. All new dialysis patients or patients who return to the dialysis unit after treatment from high-or unknown-risk areas are tested for HbsAg and Anti-HCV etc.
10. HBsAg/HCV-positive patient should be treated in a segregated area with designated Haemodialysis machines.
11. Carrier of HCV receives haemodialysis using designated machines.

12. Patient with unknown viral status is dialyzed using designated haemodialysis machines until the status is known.
13. Bidder should include cost of disinfectant, heparin , syringes , gauze , IV sets, Saline , Betadine , Gloves , on/off kit
14. Heparin pump syringe capacity be minimum 10 ml up to maximum 30ml and should be able change the settings of syringe size without changing hardware and software of the machine

#### **K. Exemptions**

Bidder shall be exempted or not be responsible for the following:

- Undertaking First Dialysis of Patient at the centre.
- Refusing to admit the patient who are not fit for Dialysis or Haemodynamically Stable.
- Not undertaking the AV Fistula preparation work
- Not undertake acute Dialysis treatments

**CONTRACT FORMAT**  
*Contract Form for Providing Dialysis Facility*

**Director, Hospital Administration**  
**South Delhi Municipal Corporation,**  
**E-1 Block, 18th Floor, Dr. S.P.M. Civic center,**  
**J.L.N. Marg, New Delhi 110002;**

CM Contract No. \_\_\_\_\_ dated \_\_\_\_\_

This is in continuation to this office's Notification for Award of contract No ..... dated.....

Name & address of the Service Provider: .....

Reference: (i) Tender Enquiry Document No ..... Dated .....and subsequent Amendment No ....., dated ..... (if any), issued by the Tender Inviting Authority (ii) Service provider's Tender No ..... Dated .....and subsequent communication(s) No .....Dated ..... (if any), exchanged between the supplier and the Authority in connection with this tender.

THIS AGREEMENT made the ..... Day of ..... 2020 between (name of tender inviting authority) (*hereinafter called the **Procurer***) of one part and ..... (name of service provider) (*Hereinafter called **the Service Provider***) of the other part:

WHEREAS the Procurer is desirous that certain services should be provided by the Service Provider, viz, (brief description of services) and the Procurer has accepted a tender submitted by the Service Provider for the Services for the sum of ..... (Contract price in words and figures) (*Hereinafter called the Contract Price*),

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

1. The following documents shall be deemed to form part of and be read and constructed as integral part of this Agreement, viz.:
- (i) Terms and Conditions;
  - (ii) Location and Description of Equipment;
  - (iii) Job Description;
  - (iv) Manufacturer's Authorization Form (if applicable to this tender);
  - (v) Authority's Notification of Award.

2. In consideration of the payments to be made by the beneficiary to the Service Provider at as per rate decided for Dialysis Services for the specified facilities in conformity in all respects with the provisions of the Contract.

3. The bank guarantee/DD/FDR valid till \_\_\_\_\_ [(fill the date)] for an amount of Rs. \_\_\_\_\_ [(fill amount) equivalent to 5% (minimum) of the cost of the contract value] shall be furnished in the prescribed format given in the TE document, within a period of 15 (fifteen) days of issue of Notice for Award of Contract failing which the EMD shall be forfeited.

4. Payment terms: The payment will be made by the beneficiaries to the service provider directly as per rate decided. The payment will be made in Indian Rupees.

\_\_\_\_\_  
(Signature, name and address of authorized official)

For and on behalf of \_\_\_\_\_

Received and accepted this contract

(Signature, name and address of the supplier's executive duly authorized to sign on behalf of the Provider)

For and on behalf of \_\_\_\_\_

(Name and address of the Provider)

(Seal of the provider)

Date: \_\_\_\_\_

Place: \_\_\_\_\_”