

Government of West Bengal
Office of the Superintendent, Garden Reach State General Hospital
Z3/103, Dr A K Road, Badartala, Kolkata – 700 044
Telephone : (033) 2489-4040, Email : gardenreachsgh@gmail.com

Memo No.: GRSGH/RKS/2020/ 177

Dated: 02.03.2020

EXPRESSION OF INTEREST

Expression of interest are invited, in the proforma given in annexure-I, from the interested owners for empanelment under “**FREE TRANSPORTATION FOR SPECTACLE PATIENTS**” for the use by Garden Reach State General Hospital & Metiabruz Super Specialty Hospital exclusively for free transportation to all Spectacle patients.

Application against expression of interest must be addresses to the Superintendent, Garden Reach State General Hospital & Metiabruz Super Specialty Hospital **by 4 P.M. on 16.03.2020 through speed post or register post or at office of the undersigned. Expression of interest will be opened on 17.03.2020 at 2.30 P.M office of the undersigned.**

General terms & conditions:

1. Any ambulance/Vehicle will be allowed to be empanelled under this scheme. Commercial license is mandatory for empanelment. All empanelment vehicles will have to agree for installation of GPS devices as and when the system will be executed.
2. A) Separate application against expression of interest should be furnished engaging more than one vehicle.
B) Maximum number of vehicle will be empanelled – 10 (Ten)
3. All empanelled vehicles will be reimbursement as per Govt. Norms:
 - a. Rs. 250/- for travel per Spectacle Patients.
4. The abovementioned rate will be inclusive of all operational costs including wages of driver, maintenance & repair, incidental expenses and cost of fuel & lubricant.
5. The date of registration (certificate of registration), of the said ambulance shall not be prior to 31.12.2012. Subject to fitness of the vehicle if required to be done by the department.
6. The empanelment will be for a period of 01 (one) year or earlier as subject to the guideline issued from time to time by the government.
7. **Undertaking:** The empanelled owner will have to sign & furnish and “undertaking” to the undersigned in the Performa given in annexure-III.
8. **Supporting documents:** Each expression of interest in the given Performa (**annexure-I**) should be accompanied by the following documents, duly signed by the owner.
 - h. Photocopy of registration certificate (blue book) with valid fitness certificate.
 - i. Photocopy of driving license of the driver/drivers.
 - j. Photocopy of updated certificate of pollution control.
 - k. Photocopy of updated insurance certificate.
 - l. Photocopy of PAN card.
 - m. A cancelled cheque leaf of the bank account of the owner/owners for A/c No. & IFSC.

- n. A copy of terms & conditions of the expression of interest as an evidence of acceptance of such terms & conditions.
9. The owner of empanelled vehicle shall have to furnish in original of the entire aforesaid document to the head of the hospital/health care facility for which it is empanelled for verification.

Special terms & conditions:

The owner of the empanelled vehicle shall –

1. Keep the vehicle stationed within or near the campus of the hospital for which it will be empanelled, so as to attend to any emergency duty at any time (24x7), for carrying free of cost, any spectacle patients from the hospital to the residence or nearest motor avail point, may also be required to bring the patient from the residence / health care facility to the hospital as may be directed by either the hospital authority.
2. Ensure that a driver, holding valid driving license, each station within or near the campus, being readily available at the beck and call of the authority, at any hour on every day, rendering emergency transportation services as aforesaid. The owner may engage more than one driver in shifts, without any claim for additional charges.
3. Ensure the driver of the vehicle does not collect any money or any gratification in any from the relatives of the spectacle patients, for rendering such transportation.
4. Ensure the driver of vehicle maintains log sheets for all of the aforesaid transportation in prescribed format which will be verified by the health authority (Asst. Superintendent) on a regular basis.
5. Submit monthly bill in prescribed format as per the rate mentioned in column-3 of general terms & conditions along with the duly signed, properly filled in, original log sheets & attested photo copy of the Superintendent, GRSGH & MSSH, in support of the claims, along with the monthly bills.
6. Keep the vehicle always in well maintained condition.
7. Ensure that all legal formalities for running a vehicle given on **FREE TRANSPORTATION FOR SPECTACLE PATIENTS**, like renewal of registration, fitness testing, payment of due taxes etc. as prescribed under the W.B Motor Vehicle act, & other relevant act and rules, including the direction of the W.B Pollution Control Board, are duly observed and discharged time to time, without fail.
8. Ensure that the driver of the vehicle is provided with a mobile phone. The mobile no, the name of driver and copy of the driving license to be submitted at the hospital authority.
9. Ensure that "**FREE TRANSPORTATION FOR SPECTACLE PATIENTS**" is written on the body of the ambulance.

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Superintendent

Garden Reach S G Hospital & MSSH, Kolkata - 44

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Copy forwarded for kind information to:

- 1) The Director of Health Services, Swasthya Bhavan, Kol-91.
- 2) The District Magistrate, South 24 Parganas.
- 3) The Chief Medical Officer of Health, South 24 Parganas.
- 4) The Sub Divisional Officer, Alipore Sadar.
- 5) The Jt. Secretary, RKS, GRSGH & MSSH.
- 6) The Asstt. Superintendent. Garden Reach SGH & MSSH.
- 7) The IT Cell of the department for publishing the notice in the dept. website.
- 8) Office Notice Board.
- 9) Office copy.

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Superintendent

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Garden Reach S G Hospital & MSSH, Kolkata - 44

ANNEXURE-I

FORMAT FOR EXPRESSION OF EMPANELMENT UNDER FREE TRANSPORTATION FOR SPECTACLE PATIENTS

To
The Superintendent
Garden Reach SGH & Metiabruz SSH
Z-3/103, Dr. A.K. Road, Kol-700044

Sub: Prayer for empanelment under "FREE TRANSPORTATION FOR SPECTACLE PATIENTS" scheme.

1. Vehicle registration no. & date:.....
2. Chassis no. of vehicle:.....
3. Engine no of vehicle:.....
4. Category of vehicle (in terms of Mass Emission Standard as given in Annexure-III):.....
5. Brand & Model, year of manufacturer:.....
6. Name of hospital or health care facility where the vehicle may be posted:.....
7. Whether agree the installation of GPS devices as and when the system will be executed:.....
8. Documents enclosed.

Signature(s) of Owner(s):.....

Name of the Owner(s):.....

Address of the owners(s):.....

ANNEXURE-II

I/We accept and commit to abide by the aforesaid terms and conditions, if my/our vehicle
(Registration no.) empanelled as "FREE
TRANSPORTATION FOR SPECTACLE PATIENTS" (vide EOI notice
no..... dated.....) for rendering
transportation service to pregnant woman & sick neonates up to one year.

In case of change of Driver of the said ambulance the authority will be informed with concerned documents.

Signature(s) of Owner(s):.....

Name of the Owner(s):.....

Address of the owners(s):.....

ANNEXURE-III

I, Sri/Smt..... the owner /driver of vehicle (ambulance) bearing registration
No.....(address).....
.....P.O.....P.S.....District.....
.....do hereby solemnly affirm and declare as follows.

1. That I have not ever been convicted of any offence making myself liable to be disqualified.
2. That no case is pending against me or against my firm in any criminal court of in the State of West Bengal or other State or States.

(If any case is pending state the details).....

3. That, I also declare that if any information subsequently found correct or false will it automatically render the tender submitted by me cancelled and make me liable for penal/legal action as per law of the country .
4. That I do further affirm that the statements made by me in this tender are true to the best of my knowledge & belief and all the documents attached are genuine and correct.

.....
Signature of the owner/driver