

**Tender Enquiry  
for Provision of Hemodialysis Facility  
at AIIMS, Rishikesh  
under PPP Mode.**



**Tender fees-1180 (including GST)**

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## Section - I

### Introduction

**Rationale:** Every year about 2.2 Lakh new patients of End Stage Renal Disease (ESRD) get added in India resulting in additional demand for 3.4 Crore dialysis every year. With approximately 4950 dialysis centers, largely in the private sector in India, the demand is less than half met with existing infrastructure. Since every Dialysis has an additional expenditure tag of about Rs.2000, it results in a monthly expenditure for patients to the tune of Rs.3-4 Lakhs annually. Besides, most families have to undertake frequent trips, and often over long distances to access dialysis services incurring heavy travel costs and loss of wages for the patient and family members accompanying the patient.

This therefore leads to financial catastrophe for practically all families with such patients. With substantial gain in quality of life and extension of progression free survival for patients, families continue to stretch financially to make large out of pocket spends. It has been felt that both in terms of provision of this important lifesaving procedure and also for reducing impoverishment on account of out of pocket expenditure for patients, a state of art Dialysis unit at AIIMS Rishikesh is required to cater at least 30 patients at a time.

Hon'ble Prime Minister, in his address after the presentation by Secretaries Group on Health and Education, desired that a mechanism should be worked out to provide improved access to dialysis services. Accordingly, MoHFW with support from the National Health Systems Resource Centre (NHSRC) studied relevant models on Dialysis services being practiced under PPP mode. These included models of West Bengal, Kerala, Karnataka, Mumbai and Delhi NCR. Further, a consultation with experts in this field, experts from AIIMS & PGIMER as well as private service providers was held in the Ministry of Health & Family Welfare on the 16th Feb 2016 to discuss the modalities of envisaged program. Draft RFP and Service Level Agreement for the Dialysis in the PPP mode in the district hospitals were prepared and were shared with the states and valuable feedback was received. The Dialysis Program under Public Private Partnership was formally announced in the Union Budget 2016-17 by the Hon'ble Finance Minister.

### **Solution Strategy:**

There are two main types of dialysis, which are hemodialysis and peritoneal dialysis.

- a) Hemodialysis (HD, commonly known as blood dialysis): In HD, the blood is filtered through a machine that acts like an artificial kidney and is returned back into the body. HD needs to be performed in a designated dialysis center. It is usually needed about 3 times per week, with each episode taking about 3-4 hours.
- b) Peritoneal dialysis (PD, commonly known as water dialysis): In PD, the blood is cleaned without being removed from the body. The abdomen sac (lining) acts as a natural filter. A

solution (mainly made up of salts and sugars) is injected into the abdomen that encourages filtration such that the waste is transferred from the blood to the solution. There are 2 types of PD - continuous ambulatory peritoneal dialysis (CAPD) and automated peritoneal dialysis (APD). CAPD needs to be done 3 to 5 times every day, but does not require a machine. APD uses an automated cycler machine to perform 3 to 5 exchanges during the night while the patient is asleep.

Close medical supervision is not required for most PD cases, thus making it a feasible option for patients who may want to undergo dialysis in the home setting. Each treatment option has its advantages and disadvantages, which vary with the condition of the patient and presence of underlying diseases. It is therefore important for every patient with ESRD to discuss various treatment options in detail with his doctor before starting treatment.

The majority of patients in India receive renal replacement therapy in haemodialysis center. The number of patients on Haemodialysis and the number of hospital based and free standing units is steadily growing. A dialysis unit delivers patient care, and has specific requirements of treated water, electricity, medical gases and waste disposal. It additionally requires accommodating all the workers involved in patient care, allow emergency procedures, permit adequate hygiene and maintenance of specialized equipment. The design and layout of a unit must take into account all the above features in order to function smoothly and prevent development of complications. Proper planning of a dialysis unit is therefore essential.

It is to be noted that Kidney Transplantation remains the preferred mode of treatment for patients suffering from End Stage Renal Disease. However, only a fraction (<10%) of these can go for this modality and rest have to be maintained on dialysis.

#### **Public Private Partnership for Haemodialysis services:**

- (i) Service Provider should provide medical human resource, dialysis machine along with RO water plant infrastructure, dialyzer and consumables.
- (ii) AIIMS Rishikesh should provide space in its premises, Drugs, Power and water supply and pay for the cost of dialysis for the different categories of patients.

#### **Financing the program:**

Depending on the space of 30 dialysis units, the modalities of extent of coverage among patients of various economic groups would be worked out by AIIMS Rishikesh. Currently, AIIMS Rishikesh is providing 100 % free service procedure fees for patients from below poverty line (BPL) & Ayushman Bharat Scheme (ABS)/Atal Ayushman Bharat Scheme- (AABS-*only for resident of Uttarakhand*) to economic groups is proposed to be covered. However, non BPL/ABS/AABS patients would have the benefit of accessing the services close to the community at AIIMS Rishikesh at same rates as paid by the Government for the BPL patient plus administrative charges of AIIMS Rishikesh.

*Section -II***Notice Inviting Tenders(NIT)**

Administrative officer  
All India Institute of Medical Sciences, Rishikesh-  
249203

URL: [www.aiimsrishikesh.edu.in](http://www.aiimsrishikesh.edu.in)

Email: [tender@aiimsrishikesh.edu.in](mailto:tender@aiimsrishikesh.edu.in)

**NOTICE INVITING TENDER**

1. The Director, AIIMS Rishikesh invites online tenders through e-procurement platform for supply of services as given in **Section-V** of this document.
2. Schedule of Events

Sl. No.	Description	Schedule	
1.	Date of publishing of tender through e-procurement solution	<b>11/05/2019</b>	
2.	Pre-Bid Meeting (Date & Time)	<b>16/05/2019 at 03:00 PM</b>	
3.	Pre-Tender Meeting Venue	Tender office Hall, Ground floor, Hospital Block, All India Institute of Medical Sciences, Rishikesh-249203	
4.	Date/Time for submission/receipt of tenders through e-procurement solution	<b>Start date &amp; time</b>	<b>End date &amp; time</b>
		<b>11/05/2019 At 01:00PM</b>	<b>04/06/2019 At 03:00 PM</b>
5.	Date/Time for submission of EMD and completed bids in the Tender office, Ground floor, Hospital Block, All India Institute of Medical Sciences, Rishikesh-249203	<b>11/05/2019 At 01:00PM</b>	<b>04/06/2019 At 03:00 PM</b>
6.	Date/time of Opening of Technical Bids	To be informed to the administratively qualified bidders	
7.	Date/time of Opening of Financial Bids	To be informed to the technically qualified bidders	

3. Bidders may download the tender enquiry documents (a complete set of document is available on website) from the web site <http://aiimsrishikesh.edu.in> 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 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://aiimsrishikesh.edu.in> & CPPP portal (e-procurement portal of Government of India) well before the last date and time of submission of tender as well as the hard copy of all the documents indicated in the Para 2 above are submitted 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 AIIMS Rishikesh, the tenders will be uploaded/received/opened on the next working day at the appointed time.
7. The Tender Enquiry Documents are not transferable.
8. Total Project Cost is Rs. 10 Crores approximately. All Tenders must be accompanied by **EMD of Rs. 20,00,000/-** (2% of the Total Project Cost). Tenders without EMD shall be rejected.
9. **Turnover should be average Rs.20 crore during last three years.** This can be relaxed for Startups, who will produce copy of startup registration as per Government of India instructions.

## *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. Those submitted by fax or by email 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 quoted shall be **firm** and shall excluding Goods & Service Tax (GST) being changes in slabs **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 tenders (technical and financial) 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 8.00 AM TO 6.00 PM on all working days till last date of sale of tender as given in the tender schedule. The Director AIIMS Rishikesh 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) in the shape of Bank Draft / Bankers cheque from any Schedule Bank in favour of Director, AIIMS Rishikesh payable at Rishikesh.

- a) It may be noted that no tendering entity is exempted 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 AIIMS Rishikesh and on CPPP as well as the hard copy of all the documents as mentioned in tender document shall be submitted well before the stipulated date and time.
- 4.2 Details of tender can be seen on the website/CPPP and forms can be downloaded free of charge. Bidding shall be through two bid system.
- 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. However, as an exceptional, cutting should be single line crossed in red ink pen with duly attestation by bidder.
- 4.4 Scanned copy of EMD is to be submitted online and original instrument is to be submitted in an envelope superscripted as: -  
**“EMD for Tender for Provision of Haemodialysis Facility at AIIMS Rishikesh”**  
Director, AIIMS Rishikesh-249203,
- 4.5 No additional document shall be accepted after last date of submission of bids but the Authority may demand original document or submission of attested/certified copy of any document which has been submitted online.
- 4.6 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 AIIMS Rishikesh or his representatives.
- 4.7 No tender will be accepted unless accompanied by necessary EMD along with checklist.
- 4.8 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.
- 4.9 Each bidder shall submit only one tender either by himself or as a partner.
- 4.10 The bidder shall bear all costs associated with the preparation and submission of his bid and the AIIMS Rishikesh will in no case shall be responsible or liable for those costs, regardless of the conduct or outcome of the tender process.
- 4.11 The bids shall be made in TWO SEPARATE SEALED ENVELOPES as follows:
  - I. The **first envelope** shall be marked in bold letter as **“TECHNICAL BID”** with forwarding letter  

**(“Appendix-E”)** and shall include the following:

    - 1) Bank Draft /Bankers Cheque towards **E.M.D.** to be attached in original.
    - 2) Confirmation regarding furnishing **Performance Security** in case of award of contract.
    - 3) Original tender document duly stamped and signed in each page along with the Forwarding Letter confirming the performing the assignment as per **“Appendix E”**.
    - 4) Particulars of the bidder as per **“Appendix-D”**.



- 6) Copy of the Income Tax Returns acknowledgement for last three financial years i.e. 2015-16, 2016-17 & 2017-18.
- 7) Copy of audited accounts statement for the last three financial years i.e. 2015-16, 2016-17 & 2017-18.
- 8) Power of attorney in favour of signatory to tender documents and signatory to Manufacturer's Authorization letter.
- 9) Copy of the certificate of registration of GST, EPF, ESI with the appropriate authority valid as on date of submission of tender documents.
- 10) A duly notarized declaration from the bidder 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.

*In addition to the above documents,*

- 1) The tender of the Authorized Agent shall include the manufacturer's authorization letter as per perform given in "**Appendix -B**".
- 2) The tender of others (i.e. those who are neither manufacturers nor authorized agents) shall include a statement regarding similar services performed by them in last three years and user's certificate regarding satisfactory completion of such jobs as per proforma given in "**Appendix -C**".

**II.** The **second envelope** shall contain the financial proposal and shall be marked in bold letters as "**FINANCIAL BID**". The bidder is bound to submit his particulars as per **Appendix 'F'**.

## **5. Tender Validity Period and renewal of contract**

The tenders shall remain valid for 5 years for acceptance and the prices quoted shall remain for the duration of the contract with 3% escalation on the quoted financial bid per annum with respect to the preceding year. The contract may be extended for another term based on review of performance and with mutual consent.

## **6. Opening of Tenders:**

The technical 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 Store Purchase Committee (SPC) 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 as to whether the deviation is material or not, shall be final and binding on the bidders.

#### 3. Bid Clarification

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

## Section - V

### Scope of the Work

1. The Service Provider shall be responsible for operationalization of Dialysis facility at AIIMS Rishikesh. 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 (approx. 110 sq. ft. per machine, on an average or space as per national guidelines) by the authority and the service provider shall make complete arrangements to make the world class dialysis facility operational as a state of art. The service provider should factor all required infrastructure, consumables, operational and maintenance costs for the project and trained Human Resources as follows-
  - a. Medical Officer with a qualification of MBBS degree,
  - b. Nursing Officers (BSc Nursing / GNM), with valid registration with respective councils, with 01-year work experience in a clinical set-up after obtaining the requisite qualification.
  - c. Dialysis technicians having diploma in dialysis technology with at least one-year work experience in dialysis.
3. All the consumables used, including the dialyzer tubings, A-V fistula needles, HD Catheter/cannula are to be used as per standards laid down by the Nephrologist AIIMS Rishikesh only.
3. The service provider should install a minimum of 10 Dialysis machines plus one each dedicated machine for infective cases (Hepatitis B, Hepatitis C, HIV etc).
4. The decision to refer a patient for dialysis would originate from the Department of Nephrology, AIIMS Rishikesh **only** and the proposed Hemodialysis Unit would be headed by a Nephrologist of AIIMS, Rishikesh **only**.
5. Provide dashboard for monitoring of service delivery with due diligence to patient privacy for administrative Staff. Treating Nephrologist should have complete access to the dashboard.
6. The obligations of the service provider/firm under this service contract shall include all service activities and commitments. The details of various services required 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.

## Section - VI

### Eligibility Criteria

1. The Bidder shall be 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 proforma 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/Government sector. In support of this, a statement regarding assignments of similar nature successfully completed during last three years should be submitted as per proforma 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. The Bidder shall have operated & managed dialysis facility(es), having at least an average of 20 Haemodialysis machines during last 3 years.
4. The above experience could be demonstrated by the single bidder 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.
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 **Rs. 20 Crores 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 matters

## Section - VII

### Terms and Conditions

#### 1. Signing of Contract

The Authority shall issue the Letter of Award of Contract to the successful bidder within the bid validity/extended bid validity period. And the successful bidder will be required to submit Performance Security, 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/DD/FDR issued by a scheduled Indian Bank in favour of Director AIIMS Rishikesh (Tender Inviting Authority) for an amount of **Rs.50 lakh**. The Bank guarantee shall be as per proforma at “**Appendix: G**” and remain valid for a period of 66 months, 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 the Director AIIMS Rishikesh 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 labour 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 Deduction at Source**

Income tax and GST deduction at source shall be made at the prescribed rates from the bidder's bills. The deducted amount will be reflected in the requisite Form, which will be issued at the end of the financial year.

**6. Periodicity of Payment**

The payment will be made on monthly basis not extending beyond fifteenth day of the succeeding month through NEFT/RTGS through PFMS platform for all invoices raised. The Authority shall give standing instructions to the bank for implementation of this requirement. The bidder will raise its invoice on completion of services during this period duly accompanied by evidences of services provided. The payment will be subject to TDS as per Income Tax Rules, GST Rules and other statutory deductions as per applicable laws.

**7. 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/ contractor.

**8. 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 fulfill any other contractual obligations. In that event, the Authority will have the right to purchase the services from next eligible bidder and the extra expenditure on this account shall be recoverable from the defaulter. The earnest money and the performance security deposited by the defaulter shall also be recovered to pay the balance amount of extra expenditure incurred by the purchaser.

**9. Arbitration**

- a) If dispute or difference of any kind shall arise between the Authority and the firm/contractor in connection with or relating to the contract, the parties shall make every effort to resolve the same amicably by mutual consultations.
- b) If the parties fail to resolve their dispute or difference by such mutual consultations within thirty days of commencement of consultations, then either the Authority or the firm/contractor 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

arbitration of an officer to be appointed by the Director All India Institute of Medical Sciences, Rishikesh as the arbitrator. If the arbitrator to whom the matter is initially referred is transferred or vacates his office or is unable to act for any reason, he / she shall be replaced by another person appointed by the Director, AIIMS Rishikesh to act as Arbitrator. Such person shall be entitled to proceed with the matter from the stage at which it was left by his predecessor. The award of the provision that the Arbitrator shall give reasoned award in case the amount of claim in reference exceeds Rupees One Lakh (Rs.1,00,000/-)

- c) 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 / contractor shall be withheld on account of such proceedings unless such payments are the direct subject of the arbitration.
- d) Reference to arbitration shall be a condition precedent to any other action at law.
- e) Venue of Arbitration: The venue of arbitration shall be the AIIMS Rishikesh from where the contract has been issued.

#### 10. 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 for the time being in force. The Court located at Rishikesh (District Dehradun) 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.

#### 11. Other Terms & Conditions

- a) The Project will be awarded for a period of 5 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 will provide the required space, for establishing the Project. A Possession Certificate in plain paper shall be issued while handing over the above mentioned space. **In any case, refurbished Dialysis machine is not allowed.**
- 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 or may be recovered from monthly bill.

- 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 (Director AIIMS Rishikesh) 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 2 (two) contract periods each not less than 5 years, the entire Equipment machinery shall be replaced.
- e) List of tests & their associated cost may be furnished as per **Appendix F**
- f) All the pre-requisites such as civil, electrical, air-conditioning, entertainment (Television sets), CCTV, 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 (Medical Superintendent AIIMS Rishikesh). 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, electricity with arrangements for Uninterrupted Power Supply, water 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. Electricity up to sub-meter will be provided by AIIMS Rishikesh and a sub-meter will be installed, based consumption readings, electricity charges will be borne by the service provider.
- i) The service provider shall be responsible, at his own cost, for the overall maintenance and management of each Dialysis facility with 95% uptime 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.
- j) The service provider shall be responsible to carry-out the medical services (the "Medical Services"/ "Haemo dialysis Services") i.e. Haemo dialysis & Allied services to all patients and maintain readings/ parameters of the dialysis session for all Patients, in the form of a written record/electronic medical record.
- 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 to 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 any faculty & officer & Head of department of Nephrology of the AIIMS Rishikesh along with other members nominated by the Director/Medical Superintendent. 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 95% 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. Contractor 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) AIIMS Rishikesh shall make payment to the service provider for its services on monthly basis through RTGS for all invoices raised for the previous month. The payment should be made latest by fifteenth day of every month to the service provider.
  - p) A no-fee receipt shall be provided by the service provider directly to any patient. A copy of all such receipts shall be submitted on a monthly basis by the service provider to the Hospital. This will form the basis of monthly payment by the Authority to the service provider for the said services. All receipts shall be subjected to a third party annual audit and the audit report submitted as part of annual work report of the service provider for that facility.
  - q) The following records shall be maintained on a daily basis by the service provider:
    - (i) Daily record of patients being dialyzed to be maintained as per instructions by the Nephrologist.
    - (ii) Log book for record of any breakdown/shut down of the machine/facility, which may be seen randomly by HoD Nephrology/DMS/MS/ any Admn. Or Finance & Accounts departmental officer of Institute as and when desired so.
- 12.** No subletting will be allowed. The service provider shall not sell or transfer any proprietary right or entrust to any other third party for running the facility.
- 13.** 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.
- 14.** After closure of the contract agreement between the service provider and the authority, the service provider shall vacate the space occupied, if provided by the authority, within a period of 60 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 AIIMS Rishikesh without any obligation to AIIMS Rishikesh to pay or adjust any consideration or other payment to the Service provider.

15. Availability of Space, Electricity, water, shall be provided by the AIIMS Rishikesh.
16. The service provider shall provide resuscitation facilities with crash cart for providing lifesaving support if required by patients within the dialysis facility.
17. Provider shall arrange for appropriate and adequate signage and IEC (Information-education- communication) activities for facility as decided by the AIIMS Rishikesh.
18. The provider shall abide by all the instructions/guidelines issued by the AIIMS Rishikesh 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 arbitration clause given in the contract.
19. 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 AIIMS Rishikesh, 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.
20. The Service provider shall be obligated to provide a minimum of two shifts of Hemodialysis on all working days and 24X7 (round the clock) emergency 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. The total number of shifts can be increased as per requirement by the In-charge, Department of Nephrology.

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 adjacent to AIIMS Rishikesh within radius of 1 (one) Km of AIIMS Rishikesh to meet patient load.

## APPENDIX - A

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

Serial No.	No. of Dialysis Machines	Number of Dialysis Machines & accessories for world class state of Art functional dialysis unit.
1	Hemodialysis Machine	20 (8 at beginning)
2	Hemodiafiltration Machine	10 (2 at beginning)
3	RO Plant 1000 liter/per hour	01 or any other system which can cater 30 dialysis machines.
4	Dialyzer Preprocessor Machine	1
5	beds (reclining) & dialysis chairs (Ratio of beds & chairs will be 80:20)	Total-30, (10 at beginning)
6	UPS System as per requirement (with minimum ½ hour backups)	1 set
7	Manpower Service Support	To cater 10 patients at beginning and gradually up to 30 patients at a time under 24x7 basis functional
8	Dialyzers and its tubings, A-V fistula Needles and all other consumables and medicines etc., as per the standards laid down by the Nephrologist In-Charge.	To cater 10 patients at beginning and gradually up to 30 patients at a time under 24x7 basis

**APPENDIX -B**

**BIDDER’S AUTHORISATION LETTER  
(To be submitted by authorized agent)**

To  
Administrative officer,  
All India Institute of Medical Sciences  
Rishikesh-249203

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 top 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 .....

Seal of compny/firm.....

## APPENDIX -D

**PARTICULARS OF THE BIDDER'S COMPANY**  
(To be submitted by all bidders)

1. Name :
2. Registered Address
3. Phone/Fax/Mail id
4. Type of Organization: Prop. / Partnership / Company / Consortium/Trust/ Not for Profit Organization
5. Address of Service centers in the region:
  - a) Total No. of services personnel at the existing centers:
  - b) Total No. of locations where organization currently has centers:
6. Number of service personnel:

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

6. Whether the bidder has NABL/NABH/ISO or any other accreditation?  
(If yes/ whether documents attached with techno commercial bid).
7. Copy of the Income Tax Returns acknowledgement for last three financial years (2015-16, 2016-17 and 2017-18).
8. Copy of audited accounts statement for the last three financial years (2015-16, 2016-17 and 2017-18).
9. Power of attorney in favour of signatory to tender documents and signatory to Manufacturer's Authorization Letter.
10. Copy of the certificate of registration of Income Tax, GST, EPF & ESI with the

appropriate authority valid as on date of submission of tender documents.

11. Experience certificate of Bidder regarding existing Dialysis services.

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

Signature of Bidder (s)

Date:

Name

Place:

Company/firm Office Seal



**APPENDIX -E**

**Forwarding Letter for Technical Bid  
(To be submitted by all bidders in their letterhead)**

Date:.....

To  
The Administrative officer,  
All India Institute of Medical Sciences  
Rishikesh-249203.

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

Sir,

We are submitting, herewith our tender for providing Dialysis services at AIIMS Rishikesh. We agree to accept all the terms and condition stipulated in your tender enquiry. We also agree to submit Performance Security as per ClauseNo.3 of Section VI of Tender Enquiry document.

4. We agree to keep our offer valid for the period for the period of 180 days.

**Enclosures:**

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

Signature of the Bidder.....

Seal of the  
Bidder.....

## APPENDIX -F

## FINANCIAL BID

1. Name of the Bidder:.....
2. **The Quote is for per session cost of Haemodialysis and factors all the infrastructure, HR (trained & qualified medical officers, Nurses, technicians, supportive infrastructure, dialyzer and all other consumables etc.), operational and maintenance cost for the project.**
3. The bidder is expected to deliver the services for a minimum period of five years
4. The bidder has to deposit Rs.50 lakh as performance security in form of Irrevocable Bank Guarantee/DD/FDR issued by a Scheduled Bank of India with validity throughout the duration of the contract plus 6 (six)months i.e. total 66 months.

Serial No.	Type of dialysis	Frequency of dialysis	Financial quote**	
			In Rupees	In words
1.	Hemodialysis	First time		
		Second & subsequent time on same dialyzer.		
2.	Hemodiafiltration	First time		
		Second & subsequent time on same dialyzer.		
<b>Optional procedures</b>				
1	Insertion of temporary single lumen femoral HD catheter			
2	Insertion of temporary double lumen femoral HD catheter			
3	Insertion of temporary double lumen jugular/sub-clavian HD catheter			
4	Insertion of permanent double lumen jugular/sub-clavian HD catheter			
	Creation of AV fistula			
	Creation of AV graft			

**\*\*L-1 will be decided on the basis of Hemodialysis & Hemodiafiltration quoted at serial no (1) & (2) above.**

GST will be paid extra, based on frequent changes in tax slabs. Rest all taxes & duties shall be inclusive of any taxes in force.

Signature.....

Name.....

APPENDIX -G

Proforma For Bank Guarantee/DD/FDR

To  
Administrative officer,  
AIIMS Rishikesh-249203

WHEREAS.....(Name and address of the Service Provider)  
(Hereinafter called “ the Service provider” has undertaken, in pursuance of contract No..... dated  
..... (Herein 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/DD/FDR 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/DD/FDR 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/DD/FDR 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

**APPENDIX -H**

**Declaration By Bidder**

I / We ..... agree that we shall keep our price valid for a period of one year 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. Organisation / 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 vaccination and antibody titer status as applicable
  - a. Hepatitis B– 0, 1,6 months
4. Patient Vaccination Status as per Prescription by Nephrologist.
5. Water treatment
  - a. Bacteriological
  - b. Endotoxin
  - c. Chemical
6. Facility and equipment maintenance schedule
  - a. Preventive maintenance
  - b. Corrective measures

### Equipment List

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

- 1 Resuscitation equipment including Laryngoscope, endotracheal tubes, suction equipment, xylocaine spray, oropharyngeal and nasopharyngeal airways, Ambu Bag-Adult & Paediatric, Bain circuit etc.
- 2 Oxygen cylinders with flow meter/ tubing/catheter/face mask/nasalprongs
- 3 Suction Apparatus-04.
- 4 Automated Defibrillator with accessories-02.
- 5 Equipments for dressing/bandaging/suturing
- 6 Basic ward equipment- Blood Pressure Apparatuses -4, Stethoscopes-04, weighing machines-02, thermometers-10.
- 7 Digital dialysis weighing scale-02.
- 8 ECG Machines -02.
- 9 Pulse Oximeters -10.
- 10 Nebulizer with accessories-04.
- 11 Cardiac monitors- one for each bed/chair
- 12 Vein viewer/finder
- 13 Mechanical Ventilators (at least mobile ventilator)-02 as per standards laid down by AIIMS Rishikesh
- 14 Portable ultrasound machine -01 as per standards laid down by AIIMS Rishikesh
- 15 All required consumables and drugs for adult and pediatric patients as per standards laid down by the In-charge Nephrologist.

### Staffing Pattern

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

#### Sl.No Staff Ratio

- 1 Medical Officers (on duty) – One doctor (MBBS) per shift. The M.O. must be present during any procedure including dialysis.
- 2 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 Dietician (optional)
- 4 sweepers -1 for every five machine per shift
5. Hospital attendant - 1 for every five machines per shift

### Specification for Haemodialysis Machine

S.No	Specification	Remark (Yes/No)
01	The Machine should be of latest technology with microprocessor controlled.	
02	Machine should have at least 10” Colour TFT display operated by soft touch buttons or touch screen.	
03	Machine should have Acetate & Bicarbonate dialysis facility.	
04	Machine should have Sequential/Isolation Ultra filtration facility.	
05	It should have Arterial, Venous & Transmembrane pressure monitoring facility.	
05(a)	Arterial Pressure Monitoring: -300mmHg to +300mmHg	
05(b)	Venous Pressure Monitoring: -60mmHg to +500mmHg	
05(c)	Transmembrane Pressure Monitoring: -60mmHg to +500mmHg	
06	Treatment parameters should be displayed by trend curve and digital both.	
07	Blood pump flow rate should be from 20 ml/min. to 600 ml/min. Blood tubing pump segment should be operator changeable for use of different types of blood tubing sets (Blood Pump Tubing Pump segment 4mm to 10mm)	
08	Machine should have Volumetric Ultrafiltration System.	
09	Machine should have inbuilt on-line Dialysate fluid filter system for ultrapure Dialysate delivery.	
10	Machine should have In-line Bicarbonate mixing and solution preparation facility with sterile dry powder cartridge during dialysis.	
11	Machine should have Air bubble detector facility with level adjustment facility for Venous chamber by up-down keys.	
12	Machine should have Optical Sensor to check the presence of blood/saline in the extracorporeal blood circuit system.	
13	Machine should have Heparin Infusion Pump with rate 0 to 10 ml/min. and Bolus Infusion up to 5 ml/min.	
14	Machine should have Blood leak Sensor. Alarm will be activated for blood loss rate not greater than 0.5ml/min at max. dialysate flow of 800ml/min.	
15	Machine Should accept different concentrate formulation, different Dialyzers and blood tubing sets.	
16	Machine should have Variable Dialysate flow from 300 to 800 ml/min.	
17	Machine Should have dialysate temperature setting range 35°C to 39°C.	
18	Ultrafiltration rate should be from 0 to 4.00 L/Hr.	
19	Machine should have In house water filter assembly with cartridge filter.	
20	Machine should have facility for priming and rinsing of dialyzer and blood lines.	
21	Machine should have Hot Rinsing and Hot Chemical Disinfection facility (Temp. above 80 deg. Celsius) with recirculation system. Also, it should have various chemo Thermal cleansing and disinfection programs.	
22	Machine should have Ultrafiltration and Sodium Profiling facility.	
23	Machine should have Automatic Battery backup of 15 to 20 minutes for complete Extracorporeal blood system during power failure.	
24	Machine should have Inbuilt online Non-Invasive patient blood pressure monitoring. (Optional)	
25	Machine should be upgradable to future software developments and can be	



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	linked with Patient Data Management System (Optional)	
26	Machine should be US FDA approved OR CE certified.	
27	Power supply - 230VAC, 50Hz	
28	Should work on AC mains without batteries.	
29	Operating & service manual with detail circuit diagram should be provided.	
30	Machine should have real time clearance surveillance for urea & Kt/V to assess adequacy of dialysis. It should display real time Urea clearance, Plasma Sodium, Current Kt/V and Time required to achieve Target Kt/V.	
31	Training to MEC Engineer.	
32	Should have strong service support back up. Give details of after sales service network.	
33	Machine should have Comprehensive warranty for 2 years.	
34	Demonstration of the quoted model should be given with all above technical specifications.	
35	User's list of quoted model with the addresses & contact Nos. to be provided.	
36	Demonstration compulsory.	
37	Tropicalization:	
38(a)	Operating room Temp.15°C up to 35°C	
38(b)	Storage room temp 5°C up to 60°C	
38(c)	Relative humidity 30%upto 75% non-condenser	

APPENDIX –L(ii)

**Specifications for Hemodiafiltration Machine**

General Requirements			Remark(Yes/No)
	Microprocessor Based Control	Should be microprocessor controlled & capable of providing therapies such as Conventional HD, Online HDF, HF & features such as Online priming, Acetate & Bicarb dialysis, Volumetric UF, Sodium/UF profiling, Online help options (in case of alarm cond.), BPM,OCM	
	Graphical User Interface (Display)	High resolution TFT touch screen with functional keys & provide cumulative graphical display of treatment data & physiological trends including sodium & UF profiles. Freely rotatable & adjustable design. Should display different menus (preferably 9) indicating blood system, preparation, dialysate, UF, Treatment, Reinfusion, Cleaning, System parameters, & screen saver option. Should have integrated Patient card reader system where at least 03 treatment data can be recorded.	
	Safety Features	Should be a close system design with volumetric balancing system, i.e. volume in=volume out for fresh & used dialysate. Volumetric dilution of concentrates with RO water & Volumetric UF. Self-Test after switching ON, Start-up T1 test before each treatment, to ensure functioning of all hardware components. Leak sensor & Connection test as additional safety.	
<b>Performance Requirements</b>		Last three years' experience certificates	
Blood Circuit	Vascular Access	Single Needle click clack should be available Blood pump with features such as flow range of 30-600ml/min, with 10ml increments & accuracy up to $\pm 10\%$ Effective blood rate should be displayed in accordance to the setting & tubing size with diameter 2mm – 10mm could be used. An emergency hand crank should be provided to enable reinfusion in case of power failure. Emergency button enabled bolus, UF control, BPM control. Air free pressure measurement on arterial line, in view of reducing chance of blood clot. Protective cover for whole entire EBM (Extracorporeal Blood ckt.)	
	Heparin Pump	Should be automatic or manual start/stop, with infusion rate of 0.5-10ml/hr in 0.1ml/hr increments	

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		& $\pm 5\%$ accuracy. Heparinization stop time should be user-adjustable in 1min increment, & positive/negative extracorporeal blood ckt pressure should not affect infusion rate. Auto Bolus administration should be programmable from 1-20ml/hr.	
	Pressure Monitoring & Alarms	Venous pressure monitoring & adjustment in case of alarm condition. (Range: -100 to +500mmHg, Accuracy: $\pm 7\%$ ) Arterial pressure monitoring & adjustment in case of alarm condition. (Range: -300 to +300mmHg, Accuracy: $\pm 7\%$ )	
	Air Detection	Ultrasonic design & should be activated for air & micro bubbles over entire blood flow range. Sensitivity of detection mechanism should be specified in terms of air bubble size & on detection of excessive air, venous clamp should activate & blood pump stop. Reference point for level detector measurement should be about $13 \pm 4$ mm, from upper edge of venous chamber.	
Dialysis Circuit	Treatments/Therapies	Should facilitate Acetate & Bicarbonate dialysis. Variable sodium & bicarbonate options. Volumetric UF & Sodium/UF profile options.	
	Dialysate flow rates	A Range of 100-1000ml/min should be available, with resolution of 100ml/min, with Accuracy- $\pm 10\%$ , & provide good clinical outcome on EDDF therapy for acute patient Autoflow function should be available with ON/OFF feature, in view to save electricity & water consumption & synchronize with blood flow changes. Eco flow function should be available when preparation phase is finished to save dialysate, water, electricity Pre-programmed more than 10 types of concentrates should be available & its change should not be necessary for calibration.	
	Temperature Control & Alarm	Control Range: 34.0 to 39.0 deg Celsius with 0.5 increment Alarm Limits: 33.5 to 40.0 deg Celsius	
	Conductivity Control & Alarm	Range: 12.8 to 15.7 mS/cm Accuracy: $\pm 0.1$ mS/cm Dialysate conductivity should be adjustable by sodium concentration, for Acetate Dialysis-with range from 125 to 151mmol/l in increment of 1mmol/l. For Bicarbonate dialysis, range from 125 to 151mmol/l in increment of $\pm 8$ mmol/l.	
	Blood leak detection	Photo detector used, & alarm should be activated for blood loss rates $< 0.5$ ml/min, with HCT of 20-25%.	
	Volumetric UF	Control Range: 0-4L/hr, given by set values of UF volume & treatment time, with accuracy $\pm 1\%$ UF volume: 0-9.99L adjustable in 1ml increment Treatment time: adjustable up to 9 hr 59 min. in 1 min increment TMP monitoring: -100 to +400 mmHg. Isolated ultrafiltration process should be provided.	
		Equipment should be capable of on-line preparation of bicarbonate dialysis fluid & It should be handle by one hands only	
	Ultra-pure Dialysate filter	Should have hygienic connection for ultra-pure dialysate filter Should have endotoxin retention capacity not less than 106 IU. Machine should have an automatic program to change filter, including emptying & filling cycles. Filter should have life span not less than 12weeks or 100 treatments Filter	

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		should be arranged in cross flow setting & equipment should perform flushing during treatment automatically every 1hr. Filter change reminder should be available.	
Online Fluid Circuit	For HDF	Both option of Pre-dilution & post-dilution of blood should be available Automatic control substitution program with pre/post dilution identity integrate function, dialyser integrate function, Effective blood flow rate integrate, HCT integrate function, Total protein integrate & UF rate integrate functions. Equipment should have 2 ultra-pure filters to prepare the online substitution fluid Should be capable of online preparation of substitution fluid for priming & rinsing of extracorporeal ckt for HD/HDF/HF/ or as injection-bolus & reinfusion at the end of treatment. Substitution fluid delivery rate: 25 to 600ml/min in 1ml/min increment, with accuracy $\pm 0.1$ ms/cm & exchange volume -210L (max.)	
Dialysis Parameter Display	Equipment should display parameters -	Arterial Pressure, Venous Pressure, Blood flow rate, Dialysate Conductivity, TMP, UF volume, UF rate, Remaining treatment time, Heparin infusion rate, Alarm info, etc.	
Online Clearance Monitor (OCM)	Equipment should have	Inbuilt measurement & monitoring of effective Urea clearance K, Dialysis dose Kt/v, & Plasma sodium during dialysis This measurement should be done without any additional cost & disposable during each treatment Measuring accuracy: Clearance +/-6% Kt/V +/-9% OCM conductivity evaluation should be 12 bit with 2 channels & 2 CD cells (1 cell for basic machine function) & Measuring range: 12.8 – 15.7 mS/cm, Accuracy: 0.05 mS/cm OCM temperature evaluation should be 12 bit with 2 channels & 2 NTC (1 NTC for basic machine function) & Measuring range: 33.5 – 41 °C, Accuracy: 0.2 °C	
Blood Pressure Monitor (BPM)	Equipment should have	Should be Build in non-invasive device for measuring the patient blood pressure automatically Measuring Range should be Cuff pressure range: 10-325 mmHg or wider choice Systolic range: 30-280 mmHg or wider choice MAP range: 20-255 mmHg or wider choice Diastolic range: 10-240 mmHg or wider choice Pulse rate range: 20-245 1/min or wider choice Alarm values should be Systolic range: 90 & 165 mmHg MAP range: 70 & 120 mmHg Diastolic range: 50 & 100 mmHg Pulse range: 40 & 150 1/min	
Battery Backup		The equipment should be able to operate and monitor the extracorporeal circuit without interruption for 20- 30 min. in case of AC power failure by backup battery	
Disinfection and Cleaning		Both chemical and heat disinfections should be performed Sodium hypochlorite should be used as cleansing disinfectant Various Programmable Cleansing Cycles should be provided with different phases and timings in accordance with different disinfectants. Should be One-touch fully automatic operation including pre-rinse, chemical-intake for combined disinfection & decalcification, post-chemical mandatory rinse, and automatic power-off; without the need of any end-user handling during this whole disinfection process.	

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	<b>APPENDIX- M</b>	Remark(Yes/No)
<b>S.No.</b>	<b>SPECIFICATIONS FOR R.O PLANT</b>	
<b>1</b>	<b>Pre-Treatment</b>	
1-1	System should have raw water mesh filter with 50-200micron, to prevent big dust/sand particles, along with backwash control.	
1-2	System should have vertical raw water tank (HDPE) with automatic float for filling and dry run protection.	
1-3	System should have raw water pump of Grundfos make with automatic pressure control & run dry protection.	
1-4	System should have sand/Iron Filter and 20 Micron particle filter, with sample valve	
1-5	System should have a duplex (Double) Softener one will be in operation and another in standby and vice-versa, with sample valve.	
1-6	System Should have double activated carbon filter to remove Chlorine and chloramine, with sample valve.	
1-7	System should be protected with 5 Micron particle filter, after activated Carbon filter.	
1-8	All pre-treatment modules should have programmable back wash and regeneration facility. These stages should be designed to handle water flow of 3000 litres/hour.	
1-9	Pressure monitoring for all filter stages along with sample valve option should be provided	
<b>2</b>	<b>R O unit Main Treatment</b>	
2-1	The system should be sufficient for online operation of 30 dialysis machines OR number of machines as per requirement, with pure reverse osmosis water capacity of up to 1500 liters per hour OR as per requirement & as per both ISO 13959/23500 & AAMI 13959 standards for dialysis. The control unit should be microprocessor/ microcontroller controlled dual stage RO system.	
2-2	System should be able to support Online and offline operation.	
2-3	R.O. Unit should have fully integrated, compact design and Housing mounted system with wheels, housing membrane, high pressure pump and bypass mechanism. A 5-micron filter should protect the membrane.	
2-4	R.O.Unit should have adequate monitoring of input and output water conductivity , feed water pressure and rejection flow rate.	
2-5	The system should have protection alarm against low feed water, high output conductivity and high temperature of pump motor.	
2-6	The system should include online water distribution to 30 machines OR number of machines as per requirement, in loop so that the unused water may be feedback to R.O.Unit , thus saving on water rejection.	
2-7	The unit should have programmable and automatic rinsing/flushing facility, at regular intervals, when system is not in use, to prevent drying of filter media R.O. Membrane.	
2-8	The unit should be designed for maximum saving of raw water, with efficiency of 55-75%	
2-9	conductivity / permeate flow / Reject flow/ temperature / Pressure monitoring should be displayed digitally.	
2-10	Sample valve for soft water and permeate.	
2-11	Low pressure thin film composite polyamide membrane should be used	
2-12	Large display.	
2-13	Easy two-finger operation for the user.	
2-14	Separate service access for the technician.	
2-15	Simple and intuitive menu.	

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2-16	Information desk.	
2-17	Data collection including daily protocols in '.txt-files'.	
2-18	Analysis via service software possible.	
2-19	Signal and control lights.	
2-20	Operation modes of the reverse osmosis clearly visible.	
2-21	Possibility to connect external signal lights.	
2-22	Efficiency	
2-23	Adjustable yield between 55 – 75%	
2-24	Facilitated service (e.g. change of modules)	
2-25	Less documentation for cleaning and operating data logging	
2-26	Small rinsing volume	
2-27	Economical modular concept	
2-28	Small space requirements	
2-29	Software update via SD-card or Ethernet	
2-30	Service and maintenance via network access possible	
2-31	Optional ring safety group	
2-32	Regular check of all safety-relevant actuators and sensors	
2-33	Emergency operation (optional) in case of electronic failure which may support yield o/p as 50%	
2-34	Should have fully automatic volume-controlled heat and chemical disinfection cycle with complied to ISO 15883	
2-35	RS232 and Ethernet interfaces	
2-36	2 Gigabyte mass storage device (industrial SD-card)	
2-37	Well-arranged, illuminated graphical display	
2-38	Integrated communication concept based on Ethernet standards	
2-39	Remote control via web server	
2-40	FTP server	
3	<b>Post Treatment</b>	
3-1	Booster pump should be made up of stainless steel, storage water tank -750ltr or above & should be vertical (HDPE) tank with automatic float control for filling and dry run protection.	
3-2	Direct or Indirect feed for full close loop distribution piping system, which can support online Hemodiafiltration machine.	
3-3	Semi-Automated chemical Disinfection & decalcification	
3-4	The permeate should be supplied to distribution loop through a 0.2 micron bacteria filter (applicable in case of Off-line system) using pex piping and high grade SS316 push pull connectors.	
3-5	The distribution loop should contain wall mounted flow indicator with loop pressure regulator to maintain the desired loop pressure.	

## APPENDIX-N

### Specifications for Dialyzer Reprocessing Unit

• Automated Reprocessing Cycle
• Venous Line Clamp – Secure venous outlet line
• Colour coding – Provides visual cues to dialyzer orientation
• Header Integrity Test (optional) – Diagnostic test to verify that the header is on securely with O-ring in place
• Failed Volume Test – Limits the number of volume retests to two
• Culture Sample Cycle – Separate cycle for ease of taking water samples
• Dedicated Clean/Rinse Cycle – cycle for heavily deposited lines and machine.
Indicator and Residual Test Strips

### Water Requirements for a Single Reprocessing Station

<b>Feed Line Flow</b>	0.46 gallons/minute (1.75 liters/minute) at average pressure of 20-55 psig
<b>Peak Flow</b>	1.6 gallons/minute (6 liters/minute). This peak flow is for 15-35 seconds in duration.
<b>Quality</b>	Must meet ANSI/AAMI RD-62 and RD-47
<b>Temperature</b>	59°F-75°F (15°C-24°C)
<b>Static Pressure</b>	Should not be in excess of 55 psig (379 K Pa, 3.79 Bars)
<b>Drain</b>	Minimum flow requirement is 1.6 gallons/minute (6 liters/minute) per reprocessing station.

## APPENDIX-O

### Specifications for Dialyzers

S.No.	
1.	Ultrafiltration coefficient (ml/hr x mmHg)= 13-16
2.	Urea clearance (Qb 200ml/min) = 185-190
3.	Creatinine clearance (Qb 200ml/min) = 170-175
4.	Effective surface area (m <sup>2</sup> ) = 1.3-1.6
5.	Blood priming volume (ml) = 75-95
6.	Membrane material = Polysulfone
7.	Sterilization method = inline steam/irradiation/ETO



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

1. Dialyzers not to be reused for more than 01 month from the date of first use, irrespective of the number of dialysis, or until found technically unfit for reuse whichever is earlier.
2. Dialyzer tubings NOT to be reused.

**J. Other Activities for patient care**

3. 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.
4. Drill for CPR and emergency conditions outlined are performed regularly.
5. 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.
6. Samples of dialysate from machines chosen at random are to be tested (microbiological and chemical) at regular intervals as per instructions by the In-charge Nephrologist. The test reports should confirm to the standards set by the Association for the advancement of Medical Instrumentation (AAMI) standards. These reports to be submitted to the In-charge Nephrologist.
7. Repair, maintenance and microbiological testing results of the haemodialysis machine are recorded with corrective actions where indicated.
8. All staff including janitorial staff is educated with clear instruction on handling blood spillage on equipment and the floor.
9. 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.
10. All new dialysis patients or patients who return to the dialysis unit after treatment from high- or unknown-risk areas are tested for HbsAg, Anti-HCV and HIV.
11. HBsAg/HCV-positive/HIV positive patients should be treated in a segregated area with designated Haemodialysis machines.

**CONTRACT FORMAT**

**Contract Form for Providing Dialysis Facilities**

**Administrative officer,  
AIIMS, Rishikesh-249203**

**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 ..... 2017 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 (as per financial bid/re-offered price in each categories of dialysis) ..... (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 Procurer the Service Provider hereby covenants to provide the Dialysis Services for the specified facilities in conformity in all respects with the provisions of the Contract.

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3. The Procurer hereby covenants to pay the Service Provider in consideration of the services , the Contract Price or such other sum as may become payable under the provisions of the Contract at the times and in the manner prescribed in the Contract.
4. The bank guarantee (scheduled Indian Bank)/DD/FDR (validity of 66 months) valid till\_\_\_[(fill the date)] for an amount of Rs. fifty lakh [(Rupees fifty lakh) 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.
5. Payment terms: The payment will be made against the bills raised to the Procurer by the Provider on monthly basis after satisfactory completion of said period, duly certified by the designated official. The payment will be made in Indian Rupees.
6. Paying authority: \_\_\_\_\_(name of the Procurer i.e. Office, Authority)  
  
\_\_\_\_\_
7. The Service provider will provide technical cover by employing adequate operating staff for operating and maintaining the machines and a Safaiwala/Safaiwali for cleaning and maintaining the Unit. Further 6 qualified Dialysis Technicians, 4 Assistant Technicians and 6 Attendants will be provided by the Service provider. The qualification of the said staff will be reviewed and approved by the Department of Nephrology/Hospital Administration, AIIMS Rishikesh.
8. The required employee for running the Unit like technical staff and Safaiwala/Safaiwali will be paid from the establishment of the service provider. However, the administrative controls over the staff will be that of HoD Nephrology & Medical Superintendent.
9. The Service provider shall furnish to AIIMS Rishikesh a list of its employees indicating names, parentage, age, residential address, specimen signature along with two photographs for each of them as on date or engaged in future.
10. In the event of complaint on malpractice, AIIMS Rishikesh shall be entitled to seek such information from the service provider as it deems fit to satisfy itself. The service provider shall furnish the required information to AIIMS Rishikesh immediately on receiving a communication to that effect from AIIMS Rishikesh in writing.
11. In case of inefficiency, misconduct, misbehavior, negligence, omission, or any illegal or criminal act of Technician and/or Safaiwala/Safaiwali appointed by the service provider, AIIMS Rishikesh will have the right to instruct service provider for removing them and will be removed immediately. In such cases, the Service provider shall be under duty to provide another technician/operator and/or Safaiwala/Safaiwali within a week from such removal of the above said Technician/Operator and/or Safaiwala/Safaiwali.
12. The Service provider shall be liable to pay compensation for any negligence committed by the employees appointed by them.
13. In case of removal of technician and Safaiwala/Safaiwali mentioned in the preceding paragraph, the Service provider shall be liable to pay AIIMS Rishikesh the factual amount on technician and/or Safaiwala/Safaiwali if engaged by AIIMS Rishikesh. The salary for engaging those personnel will be paid by the service provider.

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14. The Dialysis Unit will be under overall administrative control of the Department of Nephrology & Hospital Administration for all practical purposes. However, the day to day administrative affairs will be under the control of the Medical Superintendent & AIIMS Rishikesh Administration.
15. The entire infrastructure requirement will be managed by the service provider on its expenses.
16. The service provider will provide adequate number of computer systems in the Dialysis Unit area interconnected by LAN for indenting, payment collection and monitoring purpose. At least One system will be with the service provider's staff for indenting, the second system with the Cash Collection Counter, AIIMS OPD fees counters for payment collection validation and the third system with the Department of Nephrology, AIIMS Rishikesh as standby and monitoring purpose.
17. Patients will have to deposit the required fee at the AIIMS Rishikesh Cash Collection Counters and to show receipt in the Dialysis Unit to avail the facilities of dialysis without any hassle.
18. If the number of dialysis is less than 300 per month consecutively for a period of three calendar months, the service provider may be permitted to leave the MoU.
19. In case of sub-standard supply, consumable materials of less than six months of expiry date, intermittent or frequent non-supply or delay in the package mentioned in the preceding paragraphs, the AIIMS Rishikesh will be at liberty not to accept any step of the supply of package by the service provider and will negotiate for the supply of package with any other service provider with mutual consent. In that case actual difference in price will be paid by the service provider.
20. In view of sub-standard supply, AIIMS Rishikesh may authorize the service provider to bring the approved material/package at the rate applicable for hospital supply for the use of patients in the Dialysis Unit of the Hospital. The package will include provision of linen, instruments, artificial kidneys, tubing and other required medicines for dialysis. The Service provider will have to provide appropriate proof of procurement of package.
21. The service provider may get its stocks stores, valuables third party loss and employees insured for and against all possible losses. AIIMS RISHIKESH will not be liable for the losses occurred to the Service provider, their employees, stocks, stores and other valuables due to any reason/eventualities. The Service provider will take all security steps, as deemed fit by them after taking prior approval from AIIMS RISHIKESH.
22. The Service provider will ensure serviceability of all the machines for the period of contract. The Service provider will also operate and do the routine maintenance such as de-calcification and disinfection of water treatment plant.
23. The Department of Nephrology, AIIMS RISHIKESH will check good quality of R.O. water and clean hygienic place of operation of machines installed by service provider. The facility like electric and water supply to Dialysis Unit will be provided by AIIMS RISHIKESH. The electricity bills will be borne by the Service provider as per actual monthly consumption based on sub-meter reading.

The package will be reviewed every March, and implemented/made applicable from the first day of April every year by a Standing Committee constituted by the Medical Superintendent for this purpose, to consist of the Head of the Department of Nephrology as Chairman, representative of the Service provider and DMS, Admn & Finance officers, AIIMS Rishikesh & the Head of the Department of Urology/Renal Transplant as members

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1. The medical management and the care of patients will be sole responsibility of the doctors of the Department of Nephrology, AIIMS RISHIKESH. These patients shall be looked after by the Department of Nephrology as any other patient admitted under that Department.
2. The payment will be made on recommendation & verification from Nephrology Department and through office of the Medical Superintendent of the AIIMS Rishikesh at monthly basis by raising a bill from Department of Nephrology as per rule with countersigned by the Medical Superintendent, AIIMS Rishikesh, along with documentary proof of the number of dialysis done and duly certified by the Head of the Department of Nephrology, AIIMS RISHIKESH. Payment will be released by AIIMS RISHIKESH preferably within 15 days of submission of the bill complete in all respect.
3. On the recommendation of the Medical Superintendent, AIIMS Rishikesh, the Head of the Department of Nephrology will, on behalf of the First Party, allow at his discretion a maximum of TEN Dialysis free of cost per month on cumulative basis, performance of which shall be obligatory on the service provider.
4. The Service provider shall be under an obligation not to indulge in sub-letting of the services promised under tender/agreement.
5. The contract will be initially for Five years from the date of signature. It may be renewed for a further period as agreed between the parties.
6. If a Force Majeure situation arises, in which the event is beyond the control of the service provider and not involving the service provider's fault on negligence and which is not foreseeable such as war, revolution, fire, flood, quarantine restrictions and freight embargo, the service provider shall promptly notify the AIIMS Rishikesh in writing of such conditions and the cause thereof. Unless otherwise directed by the AIIMS Rishikesh in writing, the service provider shall continue to perform its obligations under the tender agreement as far as reasonably practical and shall seek all reasonable alternative means for performance not prevented by the Force Majeure event.
7. That the Service provider shall apply for the renewal of agreement at least 12 calendar months before expiry of agreement. If the Service provider fails to do so, AIIMS RISHIKESH shall be free to negotiate with the enter into the agreement with any other party and in such case, the Service provider shall have no right whatsoever to raise any objection. However, the Service provider will also have right to leave the agreement with a notice of minimum 60 days.
8. In case, the Service provider fails or omits its liability mentioned in paragraphs above, AIIMS RISHIKESH shall issue a written warning in the first instance, and in the second instance, it will have right to terminate the agreement by giving 60 days' notice in writing to the service provider.
9. In the event of breach of the agreement because of non-compliance of its terms and conditions or unsatisfactory service the Service provider may be allowed, only with the approval of the Standing Committee, to take away the installed equipment by the Service provider, and the bank guarantee will be forfeited by the AIIMS Rishikesh.

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10. No amendment or modification of the agreement shall be valid unless the same is made by the Mutual Consent of both the parties. The modifications/changes shall be effective from the date on which they are made/executed, unless otherwise agreed to.
11. In the event of any question, dispute or difference whatsoever arising of between the parties to the agreement out of or relating to meaning, scope, operation of effect of the agreement or the validity of the breach thereof shall be referred to an Arbitrator to be appointed by mutual consent of both the parties herein. If the parties cannot agree on the appointment the Arbitrator within a period of one month from the notification by one party to the other of the existence of such dispute, then the Arbitrator shall be nominated by the Director, AIIMS Rishikesh. The provisions of the Arbitration and Conciliation Act, 1996 will be applicable and the award made thereunder shall be final and binding upon the parties, subject to legal remedies available under the law. However, the jurisdiction will be that of the Court in Rishikesh district Dehradun, Uttarakhand.

**(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: \_\_\_\_\_