



सत्यमेव जयते

Office of the Superintendent

तुफानगञ्ज महकुमा हासपाताल

(Rogi-Kalayan Samiti)

Cooch Behar

Email: tfgsdh@gmail.com

Memo No.: 1039/16

Dated: 05/09/16

**EXPRESSION OF INTEREST**

Expression of Interest are invited, in the Performa given in Annexure-I, from the interested owners for empanelment under **NISCHAY YAN SCHEME(JSSK FREE REFERAL TRANSPORT)**,for use by the hospital, exclusively for free transportation to all pregnant women or sick newborn babies up to 1 Year under JSSK. **APPLICATION AGAINST EXPRESSION OF INTEREST MUST BE ADDRESSED TO THE SUPERINTENDENT & MEMBER SECRETARY ROGI KALAYAN SAMITI TUFANGANJ \$,D BY 4 PM ON 21.09.16 THROUGH \$PEED POST OR REGISTERED POST** .Expression of Interest will be **OPENED ON 22.09.16 AT 3 P.M** at the chamber of the undersigned.

**General Terms and Conditions:**

- Commercial Vehicle** (motorized 4 wheelers suitable for carrying passengers) will be allowed to be empanelled under this scheme, **COMMERCIAL LICENSE IS MANDATORY FOR EMPANELMENT (As per Order No.H/SFWB/9C-09-2016/1775 Dated 26.08.16 against Honorable High court order No.W.P.No. 105539(W) of 2016)**. All empanelled vehicles will have to agree for installation of GPS devices as and when the system will be executed.
- a) Maximum no of Vehicle to be empanelled -5 No's**(on the basis of the date of registration of the vehicle)  
**b) Separate 'Application against expression of interest should be furnished for engaging more than one vehicle.**
- All empanelled vehicles will get reimbursement as per following slab:
  - Rs.150/- for travel up to 10 Km distance,
  - Rs.250/- for travel between to 10-20 km distance,
  - Rs.350/- for travel between 20-30 km distance
  - Rs.450/- for travel between 30-55 km distance,
  - Distance beyond 55 Km will be reimbursement Rs.8/- per Km.
  - Every Journey will be considered on the basis to & fro distance.
- The above mentioned slab should be inclusive of all operation cost including wages of driver maintenance and repair, incidental expenses and cost of fuel & lubricant.
- Undertaking:** The empanelled owner will have to sign and furnish an undertaking to the undersigned in the Performa given in annexure-III
- Supporting Documents:** Each Expression of Interest in the given Performa (Annexure-I) should be accompanied by the following documents, **duly signed by the owner and in case of New Vehicle Documentary Proof(Quotation for Purchase of new vehicle is required)**.
  - Photocopy of the **registration certificate** (Bluebook) with valid fitness certificate.
  - Photocopy of **Driving License** of the Driver's
  - Photocopy of the **up-to-date** certificate Pollution Control
  - Photocopy of the **up to date** insurance Certificate
  - Photocopy of **PAN Card**
  - A cancellation cheque of the bank account of the Owner's for A/C Number ,MICR and IFSC Code

For Further details contact to office of the undersigned during working hours

## **Special Terms and Condition:**

### **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 any emergency duty at any time ,for carrying ,free of cost , any pregnant women for delivery or sick new born baby (up to 1(one) year)from residence or nearest motor able point ,to any pre-fixed health care facility and/or to any other higher grade ,or for returning a new mother or sick newborn baby to residence ,as may be directed by either the head of the hospital ,or by the District Control Unit (DCU) over mobile phone /telephone;
2. Ensure that a driver, holding valid driving license ,is stationed within or near the campus ,being readily available at the back 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 clam for additional charges ;
3. Ensure that the driver collects and retains ,without fail ,a specially designed voucher to be obtained from the relatives/ companions of the beneficiaries for such free transport service ,and signed by the head of the destination hospital/health care facility ,for each and every category of trips viz.(a) from home to facility,(b) referrer to higher facility in case of need ,and (c) drop back from facility to home. However, the drop back will be allowed to the same place from where the pregnant women and sick neonates had been originally picked up;
4. **Ensure the driver of the vehicle dose not collect any money or any gratification in any form from the relatives of the pregnant women or sick new born babies, for rendering such transportation;**
5. Ensure that the driver of the vehicle maintains log –sheet for all of the aforesaid transportation in prescribed for mate which will be verified by the authority of the health facility (Superintendent)on a regular basis;
6. Submit monthly bill in prescribed format as per the rate mentioned in point 2 along with the duly signed, properly filled in original log-sheet. The owner of the Vehicle will also submit the duly signed utilized vouchers for every transportation conducted, collected by the drivers from the beneficiaries ,in support of the claims, along with the monthly bill;
7. Keep the vehicle always in well –maintained condition.
8. Ensure that all legal formalities for running a vehicle given on Nischay Yan, like renewal of registration, fitness testing payment of due taxes ,etc . as prescribed under the West Bengal Motor Vehicles Act ,and other relevant Acts and rules, including the directions of the WB Pollution Control Board, are duly observed and discharged from time to time without fail.
9. **ENSURE THAT "NISCHAY YAN" UNDER NHM WITH LOGO (NHM) IS WRITTEN ON THE BODY OF THE VEHICLE.**

*Sd/-*

(Dr.M.K Adhikari)  
Superintendent Member Secretary  
Rogi Kalayan samiti  
Tufanganj S.D Hospital  
Cooch Behar

MemoNo.1039/1(5)/16

Dated 05.09.16

Copy forwarded for information and with are quest to display in the same in the office NOTICE Board for Publicity:

1. The Chief Medical Officer of Health, Cooch Behar
2. The Sub-Divisional Officer Tufanganj
3. Assistant Chief Medical Officer of Health,Tufanganj
4. DIO,NIC,Cooch Behar requested to upload the express of interest in the Cooch Behar.gov.in Website
5. Office Notice Board.

  
(Dr.M.K Adhikari)

Superintendent Member Secretary  
Rogi Kalayan samiti  
Tufanganj S.D Hospital  
Cooch Behar

**SUBMIT ALONG WITH APPLICATION FORM)**

I/We accept and commit to abide by the aforesaid terms and conditions,(mentioned in EOI) of my /our vehicle (Registration No-----) empanelled as "NISCHAY YAAN" for rendering transportation service to pregnant women and sick new born babies.

Signature of Owner(S) -----

Name of Owners (S) -----

Address of Owner(S) -----

**Format for Expression of Empanelment Under Nischay Yan**

Annexure-I

To  
The Superintendent & Member Secretary  
Rogi Kalayan Samiti  
Tufanganj Sub-Divisional Hospital  
Cooch Behar

Date \_\_\_\_\_

**Sub: Prayer for Empanelment under Nischay Yan Scheme**

1. Vehicle Registration No. and Date \_\_\_\_\_
2. Chassis No. of the Vehicle \_\_\_\_\_
3. Engine No. of the Vehicle \_\_\_\_\_
4. Category of Vehicle(in terms of Mass Emission Standard) \_\_\_\_\_
5. Brand and Model ,Year of Manufacture: \_\_\_\_\_
6. Name of Hospital where the vehicle may be posted \_\_\_\_\_
7. Whether agree for installation of GPS devices as and when the system will be executed \_\_\_\_\_
8. Document Enclosed.(must mention specifically)

Signature of Owner(S) -----

Name of Owners (S) -----

Address of Owner(S) -----