



GOVERNMENT OF WEST BENGAL
OFFICE OF THE MEDICAL SUPERINTENDENT *cum* VICE PRINCIPAL
MJN MEDICAL COLLEGE & HOSPITAL
MJN HOSPITAL, SILVER JUBILEE ROAD, COOCH BEHAR-736101

Memo No.

Date: 15-03-2022

Corrigendum Notice

In this office EIO No. 544 dated: 02-03-22 in connection with "NICHAY YAN NOTICE" is supposed to open on 20-03-2022, but due to unavoidable official circumstances the last date of submission is on 24-03-2022 at 02:00 pm to the office of the M.S.V.P, Coochbehar and it will be open on 24/03/2022 at 3.00 pm at the office of the undersigned.

sd/-
Medical Superintendent cum vice Principal
MJN Medical College and Hospital
Coochbehar.

Memo No. : 714/1(7)

Date : 15-03-2022

Copy forwarded for information & necessary action with a request for wide circulation to:

- 1) Principal, MJNMC&H, Coochbehar.
- 2) The District Magistrate, Cooch Behar.
- 3) The Sub-Divisional Officer, Cooch Behar Sadar.
- 4) The Chief Medical Officer of Health, Cooch Behar.
- 5) The Dy-CMOH-I, Cooch Behar
- 6) District Informatic Officer, NIC, Cooch Behar, with request to publish in the district website.
- 7) Notice Board of this Office.

[Signature]
M.S.V.P. (C.M.C.H.)
Medical Superintendent cum vice Principal
MJN Medical College and Hospital
Coochbehar



GOVERNMENT OF WEST BENGAL

Office of the Medical Superintendent cum Vice Principal
MJN Medical College & Hospital
M.J.N. HOSPITAL, Silver Jubilee Road
COOCHBEHAR- 736101

EOI No. 544

Date: 02-03-2022

EXPRESSION OF INTEREST

Expressions of Interest are invited, in the proforma given in Annexure - I from the interested owners for empanelment under "NICHAY YAN SCHEME" for use by MJN Medical College and Hospital, Cooch Behar exclusively for free transportation to all pregnant women and/or sick new-born babies (Up to 1year) under JSSK. Application against Expression of Interest must be address to the M.S.V.P, Cooch Behar, by 02.00 pm on 20/03/2022 through Speed Post /Registered Post. Expression of Interest will open on 20/03/2022 at 3.00 pm at the office of the undersigned. The undersigned reserves the right of cancellation, adding, reducing of deferring the terms and condition in total or in partial without assigning any reason thereof. No conditions stipulated by the applicant will be accepted.

General Terms and Conditions:

1. Car/Ambulance must have commercial license
2. The date of Registration (Certificate of Registration) of the said Ambulance shall not be prior to
02.03.2007. It number application more than 3 (three) then selection will be according to the date of Registration.
3. a) Separate application against Expression of Interest should be furnished for engaging more than
one Vehicle.
b) Maximum No. of Vehicles to be empanelled - 10 (Ten)
4. All empanelled Vehicles will get reimbursement as per following slab :
 - i) Rs. 150/- for travel up to 10km distance.
 - ii) Rs. 250/- for travel between to 10-20 km distance.
 - iii) Rs. 350/- for travel between to 20-30 km distance.
 - iv) Rs. 450/- for travel between to 30-55 km distance.
 - v) Distance beyond 55km will be reimbursed @ Rs. 8/- per km.
Every journey will be considered on the basis to & fro distance.
5. The above mentioned slab will be inclusive of all operational costs including wages of driver,
maintenance and repair, incidental expenses and cost of fuel & lubricant.
6. The date of Registration (Certificate of Registration) of the said Ambulance shall not be prior to
02.03.2007.
7. **Supporting Documents:** Each Expression of Interest in the given proforma (Annexure - I) should be
accompanied by the following documents, duly signed by the Owner.

- a) Photocopy of the registration certificate (Bluebook) with valid fitness certificate.
- b) Photocopy of the Driving License of the Driver' s.
- c) Photocopy of the up-to date certificate of Pollution Control.
- d) Photocopy of the up-to date Insurance Certificate.
- e) Photocopy of Receipt of Income Tax Return for the financial year 2020-2021.
- f) Photocopy of PAN Card.
- g) A cancelled cheque of the bank account of the owner(s) for A/c Number, MICR No. and IFSC Code.
- g) A copy of the terms and conditions of the Expression of Interest as an evidence of acceptance of such terms and conditions.

8. The Owner of the empanelled vehicle shall have to produce in original of all the aforesaid document

to the head of the Hospital / Health care facility for which it is empanelled for verification.

SPECIAL TERMS AND CONDITIONS:

The Owner of the empanelled Vehicle shall-

1. Keep the vehicle stationed near the campus of the Hospital for which it will be empanelled, so as to attend to any emergency duty at any time (24x7) for carrying, **free of cost**, any pregnant woman for delivery or sick baby (up to One year) from the Hospital to the residence., may also be required to bring the patient from the residence / health care facility to the Hospital and move patient to higher facility.
2. Ensure that a driver, holding valid driving license, is station near the campus, being readily available at the phone call of the authority, at any hour on every day, rendering emergency transportation services as aforesaid. The owner may engage more than one driver in shifts without any claim for additional charges.
3. Prior information must be share with hospital authority in written in case replacement of driver and in that name, mobile phone number should be submitted immediately.
4. Ensure that the driver collects and retains, without fail, a specially designed voucher is to be obtained from the relatives / companions of the beneficiaries for such free transport service which should be duly signed as directed.
5. Ensure that the driver of the vehicle does 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.
6. Ensure that the driver of the vehicle maintains log-sheet for all of the aforesaid transportation in prescribed format which will be verified by the authority of the Health facility on a regular basis.
7. Submit monthly bill in prescribed format as per the rate mentioned in column 3 of General terms & conditions along with the duly signed, properly filled-in,

original log-sheet and attested photo copies to the MSVP, Cooch Behar. 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. Payment will be disbursed subject to fund available and according to outstanding bill.

8. Keep the vehicle always in well maintained condition.
9. Ensure that all legal formalities for running a vehicle given on "NICHAY 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.
10. Ensure that the driver of the vehicle is provided with a mobile phone. The Mobile number, the name of the Driver and copy of the Driver's License to be submitted at the Hospital Authority.
11. Accident or any type legal issued is raised against the empanelled car in that case hospital authority will not be liable for the same.
12. If 2 (Two) or more call refusal is reported in month then empanelment may cancel without assigned any reason thereto.
13. Ensure that "NICHAY YAN" is written on the body of the Ambulance.



Medical Superintendent cum vice Principal
MJN Medical College and Hospital
Coochbehar.

Memo No. : 544/1(7)

Date : 02-03-2022

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Medical Superintendent cum vice Principal
MJN Medical College and Hospital
Coochbehar

I / We accept and commit to abide by the aforesaid terms and conditions, if
my/our Vehicle

(Registration No.....) empanelled as "NICHAY YAN" for
rendering
transportation service to pregnant women and sick babies.

Signature of Owner(s)

Name of Owner(s)

Address of Owner(s)

FORMAT FOR EXPRESSION OF EMPANELMENT UNDER "NICHAY YAN"

To,
The MSVP
MJN Medical College and Hospital
Cooch Behar

Subject : Prayer for empanelment under "NICHAY YAN SCHME" .

1. Vehicle Registration No and Date :.....
2. Chassis No. of the Vehicle:
.....
3. Engine No. of the Vehicle:
4. Category of Vehicle ,
5. Brand and Model, Year of Manufacture: ,
6. Name of Hospital or Health care facility where the Vehicle may be posted:
.....
7. Documents enclosed:

Signature(s) of Owner(s)

Name (s) of Owner(s)

Address (s) of Owner(s)