



OFFICE OF THE CDM&PHO-CUM- DISTRICT MISSION DIRECTOR, NHM, KANDHAMAL
District Programme Management Unit(DPMU),NHM,DHH, Kandhamal, Phulbani - 762001 (Odisha)
Phone : 06842- 253220, e-mail reportsnrhmkan@gmail.com

Letter No. 9675 / NHM/PPP/18

Date: 20-08-18

To

The District Informatics Officer,
NIC, Collectorate, Kandhamal

Sub: Request to hoist the information on management of PHC(N) under PPP mode in the district website for objection, if any.


Sir,

In inviting a reference to the subject cited above I am to say that the detail status of the NGOs/Agencies applied for management of PHC(N) in PPP mode needs to be hoisted in the district website for information of the agencies.

You are therefore requested to hoist the enclosed information in the district website www.kandhaml.nic.in .

Yours faithfully,


Encl: As above.


CDM & PHO cum District Mission Director,
Asst. Kandhamal

Memo No. 9676 /NHM, Phulbani

Dt. 20 / 08 / 2018

1. Copy submitted to the Collector & DM, Kandhamal for favour of kind information.
2. Copy submitted to the Mission Director, NHM, Odisha for favour of kind information.


CDM & PHO cum District Mission Director,
Asst. Kandhamal



Letter No. 9631 /PPP/NHM/18

Date: 20-08-18

Selection of Agency for “Operation and Management of PHC (N) under NHM”

Notice inviting objection

Name of the District: **Kandhamal**

The Summary Sheet of the selection process for the “Operation and management of PHC (N) under NHM” based on the applications received is given below. The bidders may like to respond to the Summary Sheet if they have any points to make on or before **28st August, 2018** through e mail to reportsnrhmkan@gmail.com

Summary Sheet of Selection Process

| SL. NO. | NAME OF THE PHC (N) APPLIED | NAME OF THE ENTITY APPLIED | (QUALIFIED/NOT QUALIFIED AS PER THE ELIGIBILITY SCREENING PROCESS) | MARKS SECURED AS PER THE SCORING SHEET | REMARKS/REASONS |
|---------|--|----------------------------|--|--|--|
| 1 | LANKAGARH PHC(N) OF TUMUDIBANDA BLOCK | SEVABHARATI. | NOT QUALIFIED | | .NON SUBMISSION OF THE MINUTES OF THE EXECUTIVE COMMITTEE/GOVERNING BODY MEETING FOR THE LAST THREE YEARS. THE NGO IS HAVING ANNUAL TRNOVER LESS THAN RS. 25 LAKH DURING THE YEAR 2014-15 & 2016-17. |
| 2 | MARDIPANGA PHC(N) OF DARINGIBADI BLOCK | AMAGAM | NOT QUALIFIED | | NON SUBMISSION OF THE MINUTES OF THE EXECUTIVE COMMITTEE/GOVERNING BODY MEETING FOR THE LAST THREE YEARS. •NON SUBMISSION OF UNIQUE ID NO. THROUGH THE PORTAL NGO-DARPAN. •THE NGO IS HAVING ANNUAL TRNOVER LESS THAN RS. 25 LAKH DURING THE YEAR 2014-15. •FIXED ASSETS IS LESS THEN RS.10 LAKH AS PER THE LAST AUDIT REPORT I.E. 2016-17. •NOT SUBMITTED THE AFFIDAVIT REGARDING THE ENTITY MUST NOT NEVER HAVE BEEN “BLACK LISTED”/DEBARRED FROM PARTICIPATING IN ANY TENDERING PROCESS BY ANY STATE GOVT./ CENTRAL GOVT. INSTITUTATIONS. |



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| | | | | |
|---|--|------------------|---------------|--|
| 3 | LANKAGARH PHC(N) OF TUMUDIBANDA BLOCK, MARDIPANGA PHC(N) OF DARINGIBADI BLOCK, BILLABADI PHC(N) OF KHAJURIPADA BLOCK &KHAMANKHOLE PHC (N) OF BALIGUDA BLOCK | KARUNA TRUST. | NOT QUALIFIED | <ul style="list-style-type: none">• ADVERSE REPORT AGAINST THE NGO FOR POOR PERFORMANCE IN IMPLEMENTATION OF THE PHC(N) MANAGEMENT AT KHAMANKHOL&LANKAGARH ISSUED IN THE DISTRICT WITH REFERENCE TO SL. NO. 17 UNDER POINT NO. 3.2 (ELIGIBILITY CRITERIA) OF RFP.• NON SUBMISSION OF THE EVIDENCE OF PROVIDING CLINICAL OUTREACH AND PUBLIC HEALTH SERVICES FOR A PERIOD OF 03 YEARS.•NON SUBMISSION OF THE MINUTES OF THE EXECUTIVE COMMITTEE/GOVERNING BODY MEETING FOR THE LAST THREE YEARS.•NON SUBMISSION OF UNIQUE ID NO. THROUGH THE PORTAL NGO-DARPAN.. |
| 4 | MARDIPANGA PHC(N) OF DARINGIBADI BLOCK | OVHA | NOT QUALIFIED | |

1. Eligibility Check list for evaluation of proposals for PHC Management under NHM for all the entities applied
2. Scoring Sheet of all the entities which has qualified in the Eligibility Criteria .

Refered
16-8-18

CDM & PHO cum District Mission Director,
Kandhamal
16-8-18

Eligibility Check List for evaluation of Proposals for PHC Management Under NHM

Name of The entity:SEBA BHARATI

Name of the PHC applied: LANKAGARH PHC(N)

District: Kandhamal

| Sl.No. | Particulars | Status Yes/No | Remarks |
|--------|--|------------------|---------|
| 1 | Registration Certificate or equivalent certificate Submitted | yes | |
| 2 | Whether the entity is having 5 Years in existence by 31st March 2018 (to be ascertained from registration or equivalent Certificates). | yes | |
| 3 | Copy of the Memorandum of Association or equivalent document of the agency. | yes | |
| 4 | Whether the entity is having provision of health care activities mentioned in its registration document. | yes | |
| 5 | Whether the entity is one persons company(write NA if not applicable) | Na | |
| 6 | Whether the entity is having evidence of the providing clinically outreach and public health service for a period of 3 years. (To be ascertained from MoV:MoU/sanction order.) | yes | |
| 7 | If registered in society registration act: Does the entity is having the Unique ID no. through the portal NGO-DARPAN OF NitiAayog.(write NA if not applicable) | yes | |
| 8 | Whether submitted annual average turnover statement along with audit reports for the last 3 years:2014-15, 2015-16, 2016-17. | yes | |
| 9 | Whether the entity having annual turnover of at leastRs. 25 lakhs per annum in the last 3 years financial years(2014-15,2015-16,2016-17) as per audited statement. | No | |
| 10 | Submission of Annual Reports of the entity for the last 3 years;2015-16,2016-17,2017-18 | yes | |
| 11 | Document relating to fixed asset in the name of the entities in term of land, building and other fixed assets submitted. | yes | |
| 12 | Whether the entities is having fixed assets of the minimum Rs. 10 lakhs in the name of the entries in the term of building and others. | yes | |

| | | | |
|----|--|-----|--|
| 13 | Meetings & minutes of the executive Committee / Governing body / and other body meeting based on bye law/memorandum of the society/registration document submitted for the last three years | No | |
| 14 | Names of the office bearers along with their address submitted. | yes | |
| 15 | Whether the entities has ever been blacklisted/ debarred from participating in any tendering process by any states Government/Central Government institutions (To be ascertained from the certificates submitted), | yes | |
| 16 | Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying submitted | yes | |
| 17 | Whether the entities or any of its office bearers of the Organization has been convicted by any court law in India or abroad for any civil/criminal offences. | Yes | |
| 18 | An undertaking that the Organization is Willing to sign the service level agreement submitted. | yes | |
| 19 | Copy of the resolution of the competent authority in the Organization authorizing the signatory to respond to this invitation submitted. | yes | |
| 20 | Copy of PAN card. | yes | |
| 21 | Copy of Bank Pass Book, | yes | |
| 22 | Documents containing the details of the name, addresses and educational qualification of the key personnel employed by the Organization during the last 3 years including those employed at the time of submission of the bid submitted. | yes | |
| 23 | Description of activities of the Organization in the Primary health care system in any parts of India emphasizing (a) geographical area (b) output (c) manpower dedicated to the project (d) outcome submitted. | yes | |
| 24 | Registration under 12-A of Income tax act 1961. | yes | |
| 25 | EMD (DD of Rs. 40,000) | yes | |

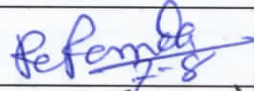

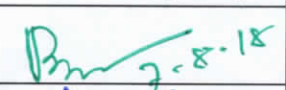




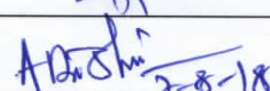
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| 26 | Based on any adverse reports against the entities from the District /NHM/Any Govt. Dept. has the partnership of the entity been discontinued or poor performance in implementation of PHC (N) Mgt. Project under NHM in the district is identified by any external evaluation agency. | No | |
| 27 | Has the services of the Organization of the Organization been discontinued on the basis of the conduct of any financial irregularities. | No | |

Recommendation of the Assessment Team.

Where the entity is recommended for next level selection process yes/no: No
If no, reason there of:

- Non submission of the minutes of the Executive Committee/Governing Body meeting for the last three years.
- The NGO is having annual turnover of **less than** Rs. 25 Lakh during the year 2014-15 & 2016-17.

Signature of the Assessment Team.

| Name | Designation | Signature |
|--------------------------|---------------------------------|---|
| Dr. Ramesh Chandra Panda | CDM&PHO, Kandhamal |  |
| Dr. Ganesh Kumar Das | ADPHO(FW), Kandhamal |  |
| Mr. Bulunath Sahu | DPM, NHM, Kandhamal |  |
| Mr. Prakash Kumar Chanda | DAM, NHM, Kandhamal |  |
| Mrs. S. Gayatri | DSWO, Kandhamal |  |
| <u>Arabinando Ray</u> | DWO, Kandhamal |  |
| Mr. Dusmanta Kumar Sutar | AM GKS & QA, NHM, Kandhamal |  |
| Mr. Amit Kumar Bisoi | PPM Coordinator, NHM, Kandhamal |  |

Eligibility Check List for evaluation of Proposals for PHC Management Under NHM

Name of The entity:AMAGAM

Name of the PHC applied:MARDIPANGA PHC (N)

District: Kandhamal

| Sl.No. | Particulars | Status Yes/No | Remarks |
|--------|---|------------------|---------|
| 1 | Registration Certificate or equivalent certificate Submitted | yes | |
| 2 | Whether the entity is having 5 Years in existence by 31st March 2018 (to be ascertained from registration or equivalent Certificates). | yes | |
| 3 | Copy of the Memorandum of Association or equivalent document of the agency. | yes | |
| 4 | Whether the entity is having provision of health care activities mentioned in its registration document. | yes | |
| 5 | Whether the entity is one persons company(write NA if not applicable) | Na | |
| 6 | Whether the entity is having evidence of the providing clinically outreach and public health service for a period of 3 years. (To be ascertained from MOV: MOU/sanction order.) | yes | |
| 7 | If registered in society registration act: Does the entity is having the Unique ID no. through the portal NGO-DARPAN OF Nitti Aayog.(write NA if not applicable) | NO | |
| 8 | Whether submitted annual average turnover statement along with audit reports for the last 3 years:2014-15, 2015-16, 2016-17. | YES | |
| 9 | Whether the entity having annual turnover of at leastRs. 25 lakhs per annum in the last 3 years financial years(2014-15,2015-16,2016-17) as per audited statement. | No | |
| 10 | Submission of Annual Reports of the entity for the last 3 years;2015-16,2016-17,2017-18 | yes | |
| 11 | Document relating to fixed asset in the name of the entities in term of land, building and other fixed assets submitted. | yes | |
| 12 | Whether the entities is having fixed assets of the minimum Rs. 10 lakhs in the name of the | NO | |

| | | | |
|----|--|-----|--|
| | entries in the term of building and others. | | |
| 13 | Meetings & minutes of the executive Committee / Governing body / and other body meeting based on bye law/memorandum of the society/registration document submitted for the last three years | No | |
| 14 | Names of the office bearers along with their address submitted. | yes | |
| 15 | Whether the entities has ever been blacklisted/ debarred from participating in any tendering process by any states Government/Central Government institutions (To be ascertained from the certificates submitted), | NO | |
| 16 | Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying submitted | yes | |
| 17 | Whether the entities or any of its office bearers of the Organization has been convicted by any court law in India or abroad for any civil/criminal offences. | Yes | |
| 18 | An undertaking that the Organization is Willing to sign the service level agreement submitted. | yes | |
| 19 | Copy of the resolution of the competent authority in the Organization authorizing the signatory to respond to this invitation submitted. | yes | |
| 20 | Copy of PAN card. | yes | |
| 21 | Copy of Bank Pass Book, | yes | |
| 22 | Documents containing the details of the name, addresses and educational qualification of the key personnel employed by the Organization during the last 3 years including those employed at the time of submission of the bid submitted. | yes | |
| 23 | Description of activities of the Organization in the Primary health care system in any parts of India emphasizing (a) geographical area (b) output (c) manpower dedicated to the project (d) outcome submitted. | yes | |
| 24 | Registration under 12-A of Income tax act 1961. | yes | |
| 25 | EMD (DD of Rs. 40,000) | yes | |

| | | | |
|----|---|----|--|
| 26 | Based on any adverse reports against the entities from the District /NHM/Any Govt. Dept. has the partnership of the entity been discontinued or poor performance in implementation of PHC (N) Mgt. Project under NHM in the district is identified by any external evaluation agency. | NO | |
| 27 | Has the services of the Organization of the Organization been discontinued on the basis of the conduct of any financial irregularities. | No | |

Recommendation of the Assessment Team.

Where the entity is recommended for next level selection process yes/no: No
If no, reason there of:

Non submission of the minutes of the Executive Committee/Governing Body meeting for the last three years.

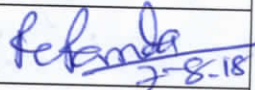

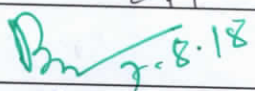


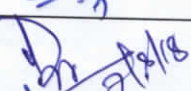


Non submission of Unique ID no. through the portal NGO-DARPAN.

The NGO is having annual turnover **less than** Rs. 25 Lakh during the year 2014-15.

Fixed Assets is **less than** Rs.10 Lakh as per the last Audit report i.e. 2016-17.

Not submitted the affidavit regarding the entity must not have been "black listed"/debarred from participating in any tendering process by any state Govt./ Central Govt. Institutions.

Signature of the Assessment Team.

| Name | Designation | Signature |
|--------------------------|---------------------------------|---|
| Mr. Ramesh Chandra Panda | CDM&PHO, Kandhamal |  7-8-18 |
| Mr. Ganesh Kumar Das | ADPHO(FW), Kandhamal |  7-8-18 |
| Mr. Bulunath Sahu | DPM, NHM, Kandhamal |  7-8-18 |
| Mr. Prakash Kumar Chanda | DAM, NHM, Kandhamal |  7-8-18 |
| Mrs. S. Gayatri | DSWO, Kandhamal |  7-8-18 |
| Mr. Arabinda Ray | DWO, Kandhamal |  7-8-18 |
| Mr. Dusmanta Kumar Sutar | AM GKS & QA, NHM, Kandhamal |  7-8-18 |
| Mr. Amit Kumar Bisoi | PPM Coordinator, NHM, Kandhamal |  7-8-18 |

Annexure-D

Eligibility Check List for evaluation of Proposals for PHC Management Under NHM

Name of The entity: KARUNA TRUST

Name of the PHC applied: MARDIPANGA PHC (N)

District: Kandhamal

| Sl.No. | Particulars | Status Yes/No | Remarks |
|--------|---|------------------|---------|
| 1 | Registration Certificate or equivalent certificate Submitted | yes | |
| 2 | Whether the entity is having 5 Years in existence by 31st March 2018 (to be ascertained from registration or equivalent Certificates). | yes | |
| 3 | Copy of the Memorandum of Association or equivalent document of the agency. | yes | |
| 4 | Whether the entity is having provision of health care activities mentioned in its registration document. | yes | |
| 5 | Whether the entity is one persons company(write NA if not applicable) | Na | |
| 6 | Whether the entity is having evidence of the providing clinically outreach and public health service for a period of 3 years. (To be ascertained from MOV: MOU/sanction order.) | NO | |
| 7 | If registered in society registration act: Does the entity is having the Unique ID no. through the portal NGO-DARPAN OF Nitti Aayog.(write NA if not applicable) | NA | |
| 8 | Whether submitted annual average turnover statement along with audit reports for the last 3 years:2014-15, 2015-16, 2016-17. | YES | |
| 9 | Whether the entity having annual turnover of at leastRs. 25 lakhs per annum in the last 3 years financial years(2014-15,2015-16,2016-17) as per audited statement. | YES | |
| 10 | Submission of Annual Reports of the entity for the last 3 years;2015-16,2016-17,2017-18 | yes | |
| 11 | Document relating to fixed asset in the name of the entities in term of land, building and other fixed assets submitted. | yes | |
| 12 | Whether the entities is having fixed assets of the minimum Rs. 10 lakhs in the name of the | YES | |

| | | | |
|----|--|-----|--|
| | entries in the term of building and others. | | |
| 13 | Meetings & minutes of the executive Committee / Governing body / and other body meeting based on bye law/memorandum of the society/registration document submitted for the last three years | No | |
| 14 | Names of the office bearers along with their address submitted. | yes | |
| 15 | Whether the entities has ever been blacklisted/ debarred from participating in any tendering process by any states Government/Central Government institutions (To be ascertained from the certificates submitted), | YES | |
| 16 | Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying submitted | yes | |
| 17 | Whether the entities or any of its office bearers of the Organization has been convicted by any court law in India or abroad for any civil/criminal offences. | Yes | |
| 18 | An undertaking that the Organization is Willing to sign the service level agreement submitted. | yes | |
| 19 | Copy of the resolution of the competent authority in the Organization authorizing the signatory to respond to this invitation submitted. | yes | |
| 20 | Copy of PAN card. | yes | |
| 21 | Copy of Bank Pass Book, | yes | |
| 22 | Documents containing the details of the name, addresses and educational qualification of the key personnel employed by the Organization during the last 3 years including those employed at the time of submission of the bid submitted. | yes | |
| 23 | Description of activities of the Organization in the Primary health care system in any parts of India emphasizing (a) geographical area (b) output (c) manpower dedicated to the project (d) outcome submitted. | yes | |
| 24 | Registration under 12-A of Income tax act 1961. | yes | |
| 25 | EMD (DD of Rs. 40,000) | yes | |

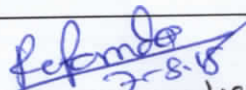
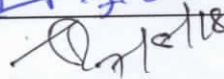
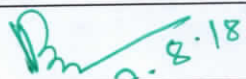
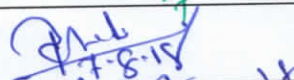
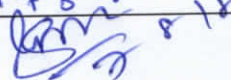
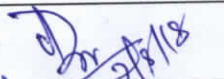
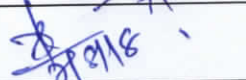
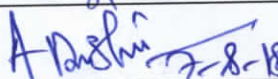
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|----|---|-----|--|
| | Based on any adverse reports against the entities from the District /NHM/Any Govt. Dept. has the partnership of the entity been discontinued or poor performance in implementation of PHC (N) Mgt. Project under NHM in the district is identified by any external evaluation agency. | yes | |
| 27 | Has the services of the Organization of the Organization been discontinued of the basis of the conduct of any financial irregularities. | No | |

Recommendation of the Assessment Team.

Where the entity is recommended for next level selection process yes/no: No
If no, reason there of:

- Adverse report against the NGO for poor performance in implementation of the PHC(N) management at Khamankhol & Lankagarh issued in the District with reference to Sl. No. 17 under Point No. 3.2 (Eligibility Criteria) of RFP.
- Non submission of the evidence of providing clinical outreach and public health services for a period of 03 years.

Signature of the Assessment Team.

| Name | Designation | Signature |
|-----------------------------|---------------------------------|---|
| Dr. Ramesh Chandra Panda | CDM&PHO, Kandhamal |  |
| Dr. Ganesh Kumar Das | ADPHO(FW), Kandhamal |  |
| Mr. Bulunath Sahu | DPM, NHM, Kandhamal |  |
| Mr. Prakash Kumar Chanda | DAM, NHM, Kandhamal |  |
| Mrs. S. Gayatri | DSWO, Kandhamal |  |
| Mr. Arabinda Roy | DWO, Kandhamal |  |
| Mr. Dusmanta Kumar Sutar | AM GKS & QA, NHM, Kandhamal |  |
| Mr. Amit Kumar Bisoi | PPM Coordinator, NHM, Kandhamal |  |

Annexure-E

Eligibility Check List for evaluation of Proposals for PHC Management Under NHM

Name of The entity: KARUNA TRUST

Name of the PHC applied: KHAMANKHOLPHC (N)

District: Kandhamal

| Sl.No. | Particulars | Status Yes/No | Remarks |
|--------|---|------------------|---------|
| 1 | Registration Certificate or equivalent certificate Submitted | yes | |
| 2 | Whether the entity is having 5 Years in existence by 31st March 2018 (to be ascertained from registration or equivalent Certificates). | yes | |
| 3 | Copy of the Memorandum of Association or equivalent document of the agency. | yes | |
| 4 | Whether the entity is having provision of health care activities mentioned in its registration document. | yes | |
| 5 | Whether the entity is one persons company(write NA if not applicable) | Na | |
| 6 | Whether the entity is having evidence of the providing clinically outreach and public health service for a period of 3 years. (To be ascertained from MOV: MOU/sanction order.) | NO | |
| 7 | If registered in society registration act: Does the entity is having the Unique ID no. through the portal NGO-DARPAN OF Nitti Aayog.(write NA if not applicable) | NA | |
| 8 | Whether submitted annual average turnover statement along with audit reports for the last 3 years:2014-15, 2015-16, 2016-17. | YES | |
| 9 | Whether the entity having annual turnover of at leastRs. 25 lakhs per annum in the last 3 years financial years(2014-15,2015-16,2016-17) as per audited statement. | YES | |
| 10 | Submission of Annual Reports of the entity for the last 3 years;2015-16,2016-17,2017-18 | yes | |
| 11 | Document relating to fixed asset in the name of the entities in term of land, building and other fixed assets submitted. | yes | |
| 12 | Whether the entities is having fixed assets of the minimum Rs. 10 lakhs in the name of the | YES | |

| | | | |
|----|--|-----|--|
| | entries in the term of building and others. | | |
| 13 | Meetings & minutes of the executive Committee / Governing body / and other body meeting based on bye law/memorandum of the society/registration document submitted for the last three years | No | |
| 14 | Names of the office bearers along with their address submitted. | yes | |
| 15 | Whether the entities has ever been blacklisted/ debarred from participating in any tendering process by any states Government/Central Government institutions (To be ascertained from the certificates submitted), | YES | |
| 16 | Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying submitted | yes | |
| 17 | Whether the entities or any of its office bearers of the Organization has been convicted by any court law in India or abroad for any civil/criminal offences. | Yes | |
| 18 | An undertaking that the Organization is Willing to sign the service level agreement submitted. | yes | |
| 19 | Copy of the resolution of the competent authority in the Organization authorizing the signatory to respond to this invitation submitted. | yes | |
| 20 | Copy of PAN card. | yes | |
| 21 | Copy of Bank Pass Book, | yes | |
| 22 | Documents containing the details of the name, addresses and educational qualification of the key personnel employed by the Organization during the last 3 years including those employed at the time of submission of the bid submitted. | yes | |
| 23 | Description of activities of the Organization in the Primary health care system in any parts of India emphasizing (a) geographical area (b) output (c) manpower dedicated to the project (d) outcome submitted. | yes | |
| 24 | Registration under 12-A of Income tax act 1961. | yes | |
| 25 | EMD (DD of Rs. 40,000) | yes | |

| | | | |
|----|---|-----|--|
| 6 | Based on any adverse reports against the entities from the District /NHM/Any Govt. Dept. has the partnership of the entity been discontinued or poor performance in implementation of PHC (N) Mgt. Project under NHM in the district is identified by any external evaluation agency. | yes | |
| 27 | Has the services of the Organization of the Organization been discontinued of the basis of the conduct of any financial irregularities. | No | |

Recommendation of the Assessment Team.

Where the entity is recommended for next level selection process yes/no: **No**

If no, reason there of:

- Adverse report against the NGO for poor performance in implementation of the PHC(N) management at Khamankhol & Lankagarh issued in the District with reference to Sl. No. 17 under Point No. 3.2 (Eligibility Criteria) of RFP.
- Non submission of the evidence of providing clinical outreach and public health services for a period of 03 years.

Signature of the Assessment Team.

| Name | Designation | Signature |
|---------------------------|---------------------------------|----------------------------|
| Dr. Ramesh Chandra Panda | CDM&PHO,Kandhamal | <i>R.Panda</i> 7-8-18 |
| Dr. Ganesh Kumar Das | ADPHO(FW),Kandhamal | <i>G.K.Das</i> 7-8-18 |
| Mr. Bulunath Sahu | DPM,NHM,Kandhamal | <i>B.Sahu</i> 7-8-18 |
| Mr. Prakash Kumar Chand | DAM, NHM,Kandhamal | <i>P.K.Chand</i> 7-8-18 |
| Mrs. S. Gayatri | DSWO, Kandhamal | <i>S.Gayatri</i> 7-8-18 |
| <i>Mr. Arabinanda Ray</i> | DWO, Kandhamal | <i>A.Ray</i> 7-8-18 |
| Mr. Dusmanta Kumar Sutar | AM GKS & QA,NHM, Kandhamal | <i>D.K.Sutar</i> 7-8-18 |
| Mr. Amit Kuamr Bisoi | PPM Coordinator, NHM, Kandhamal | <i>A.K.Bisoi</i> 7-8-18 |

Eligibility Check List for evaluation of Proposals for PHC Management Under NHM

Name of The entity: KARUNA TRUST

Name of the PHC applied: BILABADIPHC (N)

District: Kandhamal

| Sl.No. | Particulars | Status Yes/No | Remarks |
|--------|---|------------------|---------|
| 1 | Registration Certificate or equivalent certificate Submitted | yes | |
| 2 | Whether the entity is having 5 Years in existence by 31st March 2018 (to be ascertained from registration or equivalent Certificates). | yes | |
| 3 | Copy of the Memorandum of Association or equivalent document of the agency. | yes | |
| 4 | Whether the entity is having provision of health care activities mentioned in its registration document. | yes | |
| 5 | Whether the entity is one persons company(write NA if not applicable) | Na | |
| 6 | Whether the entity is having evidence of the providing clinically outreach and public health service for a period of 3 years. (To be ascertained from MOV: MOU/sanction order.) | NO | |
| 7 | If registered in society registration act: Does the entity is having the Unique ID no. through the portal NGO-DARPAN OF Nitti Aayog.(write NA if not applicable) | NA | |
| 8 | Whether submitted annual average turnover statement along with audit reports for the last 3 years:2014-15, 2015-16, 2016-17. | YES | |
| 9 | Whether the entity having annual turnover of at leastRs. 25 lakhs per annum in the last 3 years financial years(2014-15,2015-16,2016-17) as per audited statement. | YES | |
| 10 | Submission of Annual Reports of the entity for the last 3 years;2015-16,2016-17,2017-18 | yes | |
| 11 | Document relating to fixed asset in the name of the entities in term of land, building and other fixed assets submitted. | yes | |
| 12 | Whether the entities is having fixed assets of the minimum Rs. 10 lakhs in the name of the | YES | |

| | | | |
|----|--|-----|--|
| | entries in the term of building and others. | | |
| 13 | Meetings & minutes of the executive Committee / Governing body / and other body meeting based on bye law/memorandum of the society/registration document submitted for the last three years | No | |
| 14 | Names of the office bearers along with their address submitted. | yes | |
| 15 | Whether the entities has ever been blacklisted/ debarred from participating in any tendering process by any states Government/Central Government institutions (To be ascertained from the certificates submitted), | YES | |
| 16 | Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying submitted | yes | |
| 17 | Whether the entities or any of its office bearers of the Organization has been convicted by any court law in India or abroad for any civil/criminal offences. | Yes | |
| 18 | An undertaking that the Organization is Willing to sign the service level agreement submitted. | yes | |
| 19 | Copy of the resolution of the competent authority in the Organization authorizing the signatory to respond to this invitation submitted. | yes | |
| 20 | Copy of PAN card. | yes | |
| 21 | Copy of Bank Pass Book, | yes | |
| 22 | Documents containing the details of the name, addresses and educational qualification of the key personnel employed by the Organization during the last 3 years including those employed at the time of submission of the bid submitted. | yes | |
| 23 | Description of activities of the Organization in the Primary health care system in any parts of India emphasizing (a) geographical area (b) output (c) manpower dedicated to the project (d) outcome submitted. | yes | |
| 24 | Registration under 12-A of Income tax act 1961. | yes | |
| 25 | EMD (DD of Rs. 40,000) | yes | |

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|----|---|-----|--|
| 26 | Based on any adverse reports against the entities from the District /NHM/Any Govt. Dept. has the partnership of the entity been discontinued or poor performance in implementation of PHC (N) Mgt. Project under NHM in the district is identified by any external evaluation agency. | yes | |
| 27 | Has the services of the Organization of the Organization been discontinued on the basis of the conduct of any financial irregularities. | No | |

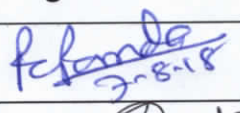
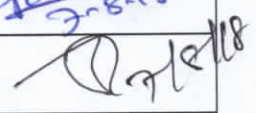
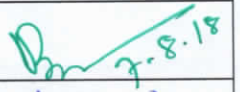
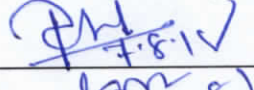
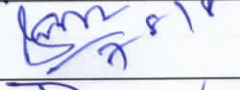
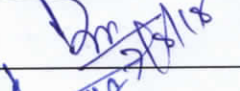

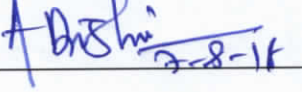
Recommendation of the Assessment Team.

Where the entity is recommended for next level selection process yes/no: No

If no, reason there of:

- Adverse report against the NGO for poor performance in implementation of the PHC(N) management at Khamankhol & Lankagarh issued in the District with reference to Sl. No. 17 under Point No. 3.2 (Eligibility Criteria) of RFP.
- Non submission of the evidence of providing clinical outreach and public health services for a period of 03 years.

Signature of the Assessment Team.

| Name | Designation | Signature |
|-----------------------------|---------------------------------|---|
| Dr. Ramesh Chandra Panda | CDM&PHO, Kandhamal |  7-8-18 |
| Dr. Ganesh Kumar Das | ADPHO(FW), Kandhamal |  7-8-18 |
| Mr. Bulunath Sahu | DPM, NHM, Kandhamal |  7-8-18 |
| Mr. Prakash Kumar Chanda | DAM, NHM, Kandhamal |  7-8-18 |
| Mrs. S. Gayatri | DSWO, Kandhamal |  7-8-18 |
| Mr. Arabinda Ray | DWO, Kandhamal |  7-8-18 |
| Mr. Dusmanta Kumar Sutar | AM GKS & QA, NHM, Kandhamal |  7-8-18 |
| Mr. Amit Kumar Bisoi | PPM Coordinator, NHM, Kandhamal |  7-8-18 |

Annexure-G

Eligibility Check List for evaluation of Proposals for PHC Management Under NHM

Name of The entity:KARUNA TRUST

Name of the PHC applied:LANKAGADAPHC (N)
Kandhamal

District:

| Sl.No. | Particulars | Status Yes/No | Remarks |
|--------|---|------------------|---------|
| 1 | Registration Certificate or equivalent certificate Submitted | yes | |
| 2 | Whether the entity is having 5 Years in existence by 31st March 2018 (to be ascertained from registration or equivalent Certificates). | yes | |
| 3 | Copy of the Memorandum of Association or equivalent document of the agency. | yes | |
| 4 | Whether the entity is having provision of health care activities mentioned in its registration document. | yes | |
| 5 | Whether the entity is one persons company(write NA if not applicable) | Na | |
| 6 | Whether the entity is having evidence of the providing clinically outreach and public health service for a period of 3 years. (To be ascertained from MOV: MOU/sanction order.) | NO | |
| 7 | If registered in society registration act: Does the entity is having the Unique ID no. through the portal NGO-DARPAN OF Nitti Aayog.(write NA if not applicable) | NA | |
| 8 | Whether submitted annual average turnover statement along with audit reports for the last 3 years:2014-15, 2015-16, 2016-17. | YES | |
| 9 | Whether the entity having annual turnover of at leastRs. 25 lakhs per annum in the last 3 years financial years(2014-15,2015-16,2016-17) as per audited statement. | YES | |
| 10 | Submission of Annual Reports of the entity for the last 3 years;2015-16,2016-17,2017-18 | yes | |
| 11 | Document relating to fixed asset in the name of the entities in term of land, building and other fixed assets submitted. | yes | |
| 12 | Whether the entities is having fixed assets of the minimum Rs. 10 lakhs in the name of the | YES | |

| | | | |
|----|--|-----|--|
| | entries in the term of building and others. | | |
| 13 | Meetings & minutes of the executive Committee / Governing body / and other body meeting based on bye law/memorandum of the society/registration document submitted for the last three years | No | |
| 14 | Names of the office bearers along with their address submitted. | yes | |
| 15 | Whether the entities has ever been blacklisted/ debarred from participating in any tendering process by any states Government/Central Government institutions (To be ascertained from the certificates submitted), | YES | |
| 16 | Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying submitted | yes | |
| 17 | Whether the entities or any of its office bearers of the Organization has been convicted by any court law in India or abroad for any civil/criminal offences. | Yes | |
| 18 | An undertaking that the Organization is Willing to sign the service level agreement submitted. | yes | |
| 19 | Copy of the resolution of the competent authority in the Organization authorizing the signatory to respond to this invitation submitted. | yes | |
| 20 | Copy of PAN card. | yes | |
| 21 | Copy of Bank Pass Book, | yes | |
| 22 | Documents containing the details of the name, addresses and educational qualification of the key personnel employed by the Organization during the last 3 years including those employed at the time of submission of the bid submitted. | yes | |
| 23 | Description of activities of the Organization in the Primary health care system in any parts of India emphasizing (a) geographical area (b) output (c) manpower dedicated to the project (d) outcome submitted. | yes | |
| 24 | Registration under 12-A of Income tax act 1961. | yes | |
| 25 | EMD (DD of Rs. 40,000) | yes | |

| | | | |
|----|---|-----|--|
| 26 | Based on any adverse reports against the entities from the District /NHM/Any Govt. Dept. has the partnership of the entity been discontinued or poor performance in implementation of PHC (N) Mgt. Project under NHM in the district is identified by any external evaluation agency. | yes | |
| 27 | Has the services of the Organization of the Organization been discontinued of the basis of the conduct of any financial irregularities. | No | |

Recommendation of the Assessment Team.

Where the entity is recommended for next level selection process yes/no: No
If no, reason there of:

- Adverse report against the NGO for poor performance in implementation of the PHC(N) management at Khamankhol & Lankagarh issued in the District with reference to Sl. No. 17 under Point No. 3.2 (Eligibility Criteria) of RFP.
- Non submission of the evidence of providing clinical outreach and public health services for a period of 03 years.

Signature of the Assessment Team.

| Name | Designation | Signature |
|--------------------------|---------------------------------|------------------------------|
| Dr. Ramesh Chandra Panda | CDM&PHO, Kandhamal | <i>Ramesh</i> 27.8.18 |
| Dr. Ganesh Kumar Das | ADPHO(FW), Kandhamal | <i>Ganesh</i> 27/8/18 |
| Mr. Bulunath Sahu | DPM, NHM, Kandhamal | <i>Bulunath</i> 27.8.18 |
| Mr. Prakash Kumar Chanda | DAM, NHM, Kandhamal | <i>Prakash</i> 27.8.18 |
| Mrs. S. Gayatri | DSWO, Kandhamal | <i>S. Gayatri</i> 27/8/18 |
| <i>Mr. Arabinda Ray</i> | DWO, Kandhamal | <i>Arabinda</i> 27/8/18 |
| Mr. Dusmanta Kumar Sutar | AM GKS & QA, NHM, Kandhamal | <i>Dusmanta</i> 27/8/18 |
| Mr. Amit Kumar Bisoi | PPM Coordinator, NHM, Kandhamal | <i>Amit</i> 27.8.18 |

Annexure-H

Eligibility Check List for evaluation of Proposals for PHC Management Under NHM

Name of The entity:OVHA

Name of the PHC applied:MARDIPANGAPHC (N)

District: Kandhamal

| Sl.No. | Particulars | Status Yes/No | Remarks |
|--------|---|------------------|---------|
| 1 | Registration Certificate or equivalent certificate Submitted | yes | |
| 2 | Whether the entity is having 5 Years in existence by 31st March 2018 (to be ascertained from registration or equivalent Certificates). | yes | |
| 3 | Copy of the Memorandum of Association or equivalent document of the agency. | yes | |
| 4 | Whether the entity is having provision of health care activities mentioned in its registration document. | yes | |
| 5 | Whether the entity is one persons company(write NA if not applicable) | Na | |
| 6 | Whether the entity is having evidence of the providing clinically outreach and public health service for a period of 3 years. (To be ascertained from MOV: MOU/sanction order.) | yes | |
| 7 | If registered in society registration act: Does the entity is having the Unique ID no. through the portal NGO-DARPAN OF Nitti Aayog.(write NA if not applicable) | NO | |
| 8 | Whether submitted annual average turnover statement along with audit reports for the last 3 years:2014-15, 2015-16, 2016-17. | YES | |
| 9 | Whether the entity having annual turnover of at leastRs. 25 lakhs per annum in the last 3 years financial years(2014-15,2015-16,2016-17) as per audited statement. | YES | |
| 10 | Submission of Annual Reports of the entity for the last 3 years;2015-16,2016-17,2017-18 | yes | |
| 11 | Document relating to fixed asset in the name of the entities in term of land, building and other fixed assets submitted. | yes | |
| 12 | Whether the entities is having fixed assets of the minimum Rs. 10 lakhs in the name of the | YES | |

| | | | |
|----|--|-----|--|
| | entries in the term of building and others. | | |
| 13 | Meetings & minutes of the executive Committee / Governing body / and other body meeting based on bye law/memorandum of the society/registration document submitted for the last three years | No | |
| 14 | Names of the office bearers along with their address submitted. | yes | |
| 15 | Whether the entities has ever been blacklisted/ debarred from participating in any tendering process by any states Government/Central Government institutions (To be ascertained from the certificates submitted), | YES | |
| 16 | Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying submitted | yes | |
| 17 | Whether the entities or any of its office bearers of the Organization has been convicted by any court law in India or abroad for any civil/criminal offences. | Yes | |
| 18 | An undertaking that the Organization is Willing to sign the service level agreement submitted. | yes | |
| 19 | Copy of the resolution of the competent authority in the Organization authorizing the signatory to respond to this invitation submitted. | yes | |
| 20 | Copy of PAN card. | yes | |
| 21 | Copy of Bank Pass Book, | yes | |
| 22 | Documents containing the details of the name, addresses and educational qualification of the key personnel employed by the Organization during the last 3 years including those employed at the time of submission of the bid submitted. | yes | |
| 23 | Description of activities of the Organization in the Primary health care system in any parts of India emphasizing (a) geographical area (b) output (c) manpower dedicated to the project (d) outcome submitted. | yes | |
| 24 | Registration under 12-A of Income tax act 1961. | yes | |
| 25 | EMD (DD of Rs. 40,000) | yes | |

| | | | |
|----|---|-----|--|
| 26 | Based on any adverse reports against the entities from the District /NHM/Any Govt. Dept. has the partnership of the entity been discontinued or poor performance in implementation of PHC (N) Mgt. Project under NHM in the district is identified by any external evaluation agency. | yes | |
| 27 | Has the services of the Organization of the Organization been discontinued on the basis of the conduct of any financial irregularities. | No | |

Recommendation of the Assessment Team.

Where the entity is recommended for next level selection process yes/no: No
If no, reason there of:

- Non submission of the minutes of the Executive Committee/Governing Body meeting for the last three years.
- Non submission of Unique ID no. through the portal NGO-DARPAN.

Signature of the Assessment Team.

| Name | Designation | Signature |
|--------------------------|---------------------------------|-------------------------------|
| Dr. Ramesh Chandra Panda | CDM&PHO, Kandhamal | <i>Ramesh Panda</i> 7-8-18 |
| Dr. Ganesh Kumar Das | ADPHO(FW), Kandhamal | <i>G. Das</i> 7-8-18 |
| Mr. Bulunath Sahu | DPM, NHM, Kandhamal | <i>B. Sahu</i> 7-8-18 |
| Mr. Prakash Kumar Chanda | DAM, NHM, Kandhamal | <i>P. Chanda</i> 7-8-18 |
| Mrs. S. Gayatri | DSWO, Kandhamal | <i>S. Gayatri</i> 7-8-18 |
| <i>Mr. Arabinda Ray</i> | DWO, Kandhamal | <i>A. Ray</i> 7-8-18 |
| Mr. Dusmanta Kumar Sutar | AM GKS & QA, NHM, Kandhamal | <i>D. Sutar</i> 7-8-18 |
| Mr. Amit Kumar Bisoi | PPM Coordinator, NHM, Kandhamal | <i>A. Bisoi</i> 7-8-18 |