

**GOVERNMENT OF WEST BENGAL
HEALTH & FAMILY WELFARE DEPARTMENT
NATIONAL HEALTH MISSION (NHM)
GN -29, 4thFLOOR, Swasthya Sathi,
SWASTHYA BHAWAN PREMISES, SECTOR –V
SALT LAKE, BIDHANNAGAR, KOLKATA – 700 091**

Memo No. HFW-35099/193/2021-SFWB/3522/2021

Date: 24.11.2021

**INVITATION FOR QUOTATION FOR DEVELOPMENT OF WEB APPLICATION FOR SISHU
SAATHI PORTAL**

National Health Mission is inviting sealed quotation from reputed vendors for developing a web application for Sishu Saathi portal. Detail of job is noted in the table below,

Brief description of work	Earnest Money Deposit (EMD) (Rs) [Refundable]	Last date and time of Quotation submission	Date & time of opening of Quotation (Technical evaluation)	Date & time of financial quotation opening
Development of Web Application For Sishu Saathi Portal	Rs. 10,000.00 (In the form of DD from a scheduled bank drawn in favour of "NATIONAL HEALTH MISSION." Payable at Kolkata)	01/12/2021; 1; 02:00 PM	01/12/2021; 02:30 PM	01/12/2021; 03:30 PM
Quotation Opening Venue	Conference Hall of National Health Mission, 4 th Floor Swasthya Sathi, GN -29 , Sector – V, Salt Lake, Kolkata – 700091.			

Prospective agencies are requested to submit the quotation in a sealed cover addressed to the Mission Director, National Health Mission, 4th floor Swasthya Sathi, GN-29, Sector-V, Salt Lake, Kolkata – 700091 within the stipulated date & time.

Scope of work:

1	Features of Sishu Saathi Portal	<ol style="list-style-type: none"> 1. Responsive backend with bootstrap 4.0 or higher 2. Dynamic dashboard to monitor performance 3. Login user roles 4. Features for adding health facility and mapping facility to other tagged health facilities 5. Assign user for health facilities 6. Inbuilt Expert decision system, State approval system and online Bill submission 7. Dynamic treatment timeline for Patient and follow-up
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		8. Patient referral system from Block level to State level through proper channel 9. Customized reports generation 10.Feedback and Grievance redressal
2	Time allowed for completion of work	10 days (The delivery schedule will be effective from the date of Award of Work)
3	Eligibility of Vendor	Bonafide, reliable and resourceful agencies having credentials of same nature of work would only be accepted.
4	Earnest Money Deposit (EMD)	The EMD of unsuccessful agencies will be returned as promptly as possible upon submission of Performance Security by the successful agencies.

Submission, Sealing and Marking of Quotations:

The agencies will submit the Technical envelope and Financial envelope sealed in separate envelope and enclose together in a sealed envelope, which shall

- (a) bear the name and address of the agency as well as the NIQ reference number.
- (b) be addressed to:

Mission Director, National Health Mission, Swasthya Sathi, GN-29, Salt Lake Sector-V, Kolkata-91

- (c) The envelopes containing Technical and Financial envelope should also be similarly marked clearly stating "Technical envelope"/ "Financial envelope" as well as NIQ reference number.
- (d) If the envelope/s is not sealed and marked as required, NHM will assume no responsibility for the misplacement or premature opening of the quotation.

Deadline for Submission of Quotation:

- (a) Quotations must be submitted by the agency at NHM, Swasthya Sathi, GN-29, Salt Lake, Sector-V, Kolkata-91 latest by 14:00 hours on 30/11/2021.
- (b) NHM may, at its discretion, extend the deadline for the submission of quotations by amending the quoted documents, if felt necessary.
- (c) NHM shall not consider any quotation that arrives after the deadline for submission of quotations, or that which has not been received at the stated address within the deadline of submission for quotation. Any quotation received by NHM after the deadline for submission of quotations shall be declared late, rejected.

Documents comprising the quotation: The agencies are instructed to submit their quotation consisting of two sealed envelope called Technical envelope & Financial envelope.

The Technical envelope shall comprise the following:

NHM intends to engage a supplier having the qualifications noted hereunder,

1. Valid Trade License
2. Valid PAN Card.
3. Credential of similar work.
4. IT Return of last 1 (one) year.
5. Bank Draft of Rs. 10,000.00 (Ten thousands only) in favour of '**National health Mission**' payable at Kolkata, towards the Quotation Security. Must be submitted in separate cover.
6. Quotation must be submitted in separate cover along with all the relevant documents.

The Financial Quotation shall comprise the following:

Rate must be given in the format provided for the items enclosed under **Annexure 'A'**. Rate per unit as mentioned in the format must be inclusive of all taxes, charges. Any taxes, charges etc. shown separately will not be considered. Price in any other format will be treated as cancelled.

Quotation Opening

- (a) NHM or its duly authorized representative or committee will open quotation in the presence of intending agencies who may be present at the time of quotation opening. The technical envelope of the quotation will be will be opened first and evaluated.
- (b) The technical evaluation will be made based on the reports of the functional demonstration and corroboration of specifications mentioned in the Quotation.
- (c) The functional demonstration is purely at the discretion of the Technical Evaluation Committee. The decision of the Committee in this regard will be final.
- (d) A quotation will be considered as non responsive and will be rejected/ cancelled under the following conditions:
 - Does not have any of the documents as mentioned in Technical / Financial quotation.
 - Does not have the required technical eligibility as per documents submitted by the agency.
 - If the agency submits conditional quotation.
 - Submits incomplete quoted Price as per price format.
 - The agency does not accept important contract conditions.
- (e) Financial envelope will be opened only in case of those agency who have submitted substantially responsive quotation and who have qualified as per qualifying criteria set for the quotation. On opening of the financial envelope, the Committee will enter the amounts of the quotation in a Comparative Statement Form.

Terms and Conditions

1. Quotation must be inclusive of all charges i.e. Excise Duty, GST, Delivery, etc.
2. The price to be quoted in Indian Rupee only
3. No interest will be payable against Earnest money or Security Deposit.

4. Each agency shall submit only one quotation.
5. NHM will evaluate and compare the quotation determined to be substantially responsive i.e. which (a) are properly signed, (b) conform to the terms and conditions and (c) specifications.
6. The selection of bidder will be based on the item wise unit rates quoted against each item.
7. NHM reserves the right to accept or reject any quotation and to cancel the quotations process and reject all quotations, and does not bind to accept the lowest rate.
8. The agency whose quotation is accepted will be notified by issuing of the award of contract. The terms of accepted offer shall be incorporated in the purchase order.
9. Payment will be made within 30 (thirty) days after delivery of the goods, against submission of bills.
10. All goods should be reached in SEALED / Packed condition.

Sd/-

**Mission Director, National Health Mission &
Secretary, Health and Family Welfare Department**

Quotation for Development of Web Application For Sishu Saathi Portal

Name of the Agency:

Quoting Rate

Sl. No.	Item Name	Features	Rate per unit (INR)
1	Web application	<ol style="list-style-type: none">1. Responsive backend with bootstrap 4.0 or higher2. Dynamic dashboard to monitor performance3. Login user roles4. Features for adding health facility and mapping facility to other tagged health facilities5. Assign user for health facilities6. Inbuilt Expert decision system, State approval system and online Bill submission7. Dynamic treatment timeline for Patient and follow-up8. Patient referral system from Block level to State level through proper channel9. Customized reports generation10. Feedback and Grievance redressal	

Date:

Signature of agency

Name (in Block Letters):

Designation:

Mobile No.:

Official Seal:

