
 <p><b>Chinta se Mukti</b></p>	<p align="center"><b>EMPLOYEES' STATE INSURANCE CORPORATION HOSPITAL</b> (Under Ministry of Labour &amp; Employment, Govt. of India)</p> <p align="center"><i>Address: Sy.No.11-55-1, Plot No.1, Zarakabande kaval, (Foreman Training Institute campus), Peenya, Bengaluru - 560 058</i></p>	 <p align="center"><b>Diamond Jubilee Year</b> 24.02.2011 to 24.02.2012</p>
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No.492/D/27/12/11-12

Date : 21/02/2012

**TENDER NOTIFICATION**

Sealed tenders are invited from Ambulance and Hearse van operators / owners in the prescribed format for providing Ambulance and Hearse Van Services for the use of this Hospital as mentioned below.

SL No.	Particulars of Service	Description
01	Ambulance with driver & stretcher bearer	Ordinary Ambulance WITH OXYGEN CYLINDER & MASK - ON 24x7x365 PARKING BASIS
02	Ambulance with driver & stretcher bearer	ICU Ambulance - ON CALL BASIS
03	Hearse Van with driver	ON CALL BASIS
04	Dead body / Part Embalming	PER CASE BASIS
05	Freezer Box	PER CASE BASIS

- 1) Interested bidders should submit their bids alongwith their EMD of Rs.10,000/- (Rupees Ten Thousand only) for categories 1 & 2 each and Rs.1,000/- each (Rupees One Thousand Only) for other categories by way of Demand Draft/Banker's Cheque payable at Bangalore, drawn in favour of "ESIC A/c No. 1", refundable without any interest after finalization of the tender or within 6 months from the date of this advertisement, whichever is earlier.
- 2) Tender application forms & terms and conditions can be downloaded from our regional website [www.esickar.gov.in](http://www.esickar.gov.in).
- 3) Last date for receipt of completed applications is **08.03.2012, 3.00 PM**. The applications should be accompanied with the requisite application fees of Rs200/- (non-refundable) & EMD (refundable without any interest) by way of Demand Draft/Banker's Cheque payable at Bangalore, drawn in favour of "ESIC A/c No. 1", payable at Bangalore.
- 4) Envelopes should be superscribed "Bid for Ambulance and Hearse Van Services"
- 5) **Date of opening of the tender is on 09.03.2012, at 11.00 a.m. in the 1<sup>st</sup> Floor, Conference Hall of the Hospital** or next working day if it happens to be a holiday.
- 6) The undersigned reserves the right to postpone the date of opening or accept or reject any or all the bids without assigning any reason at any stage.

MEDICAL SUPERINTENDENT

TERMS AND CONDITION OF AMBULANCE AND HEARSE VAN SERVICES

- 1) Cashless Ambulance Service should be provided to ESI beneficiaries on call basis/parking basis and Hearse van should be provided on call basis.
- 2) The vehicle registration book, Insurance copy and Driver license should be available with the vehicle at all times.
- 3) Ambulance should be provided, on demand, on 24X7X365 days basis within 10 Minutes and Hearse van should be provided within 1 hour from the time of booking / calling. However free open parking within hospital premises is permitted for 2 ambulances at a time (One Ordinary type and one ICU ambulance)
- 4) The Contractor /Service provider, will have to enter into an agreement with ESIC Hospital, on selection.
- 5) The successful tenderer is required to deposit performance guarantee (Non-interest bearing) with the Corporation of Rs.20,000/- (Rupees Twenty Thousand Only) for ambulance service and Rs.3000/- (Rupees Three thousand only) for item 3, 4 & 5 immediately along with the agreement.
- 6) Other than the rate quoted on trip basis, no extra charges are paid nor difference to be collected from patients / relatives.
- 7) In case, the vehicles are not provided within the time, the cost of alternative arrangements made will be deducted from the payments.
- 8) Payments will be made after the satisfactory completion of service every month.
- 9) Successful Tender shall bear the costs of fuel, salaries of his driver / stretcher bearer, repair and maintain of all the vehicles provided and shall also maintain the vehicles in good working condition fit for 24X&X365 days use by patients.
- 10) Under extreme exigencies, if more than one patient has to be carried simultaneously in one Vehicle, the charges shall be considered as one trip only.
- 11) Only patients along with authorized attendants / staff referred in writing by Casualty Medical Officer on duty shall be transported and required types of ambulance i.e, ordinary or with oxygen or ICU ambulance shall be as per request by Casualty Medical Officer on duty.
- 12) The staff provided by the contractor shall not be entitled to get any amount from the ESIC Hospital as allowances, wages, bonus, gratuity or retrenchment compensation etc., such persons will purely be engaged by the contractor only and this hospital will not undertake any responsibility with regard to their employment, welfare, payment of wages etc.
- 13) It shall be the responsibility of the contractor to maintain proper discipline among the staff provided by him. They shall not be under the influence of any liquor or any other intoxicating drugs while on duty. Any misconduct committed by the staff will be dealt with the contractor either suo-motu or on information given by the ESIC Hospital and the Contractor shall be responsible for changing the driver on oral/written request by the Corporation.
- 14) The contractor will be bound by all taxes recoveries as applicable and also comply with all the statutory requirements.
- 15) For claiming Service tax the ambulance provider should submit the copy of the paid Challan (along with originals for verification) quarterly.
- 16) One month notice has to be served by either parties before discontinuing this service agreement.
- 17) Medical Superintendent reserves absolute rights to cancel / reject any or all tenders without assigning any reason.

**Medical Superintendent**

**APPLICATION FORM FOR PROVIDING AMBULANCE AND HEARSE VAN SERVICES**  
**SINGLE BID SYSTEM**

1.	Name and Registered address of the Firm /Establishment	
2.	Contact Telephone No. /Mobile No. E-mail ID	
3.	Name, Designation and address of the authorized person/owners/Partners PAN / Nos of proprietors /Partners	
4.	Ambulance Operator License No., Establishment License No. etc Statutory license No. etc. details	
5.	Sales tax Registration No. KST No: Service Tax No.: CST No.:	
6.	EMD Details : DD No. Amount Date	
7.	Past Performance Details for the last three years Total Turnover as per IT return for the financial years  <b>*PLEASE ENCLOSE AUDITED BALANCE SHEETS, PROFIT &amp; LOSS ACCOUNTS &amp; IT RETURNS IN PROOF OF THE PAST PERFORMANCE</b>	<b>2008-2009</b>  <b>2009-2010</b>  <b>2010-2011</b>
8.	PAN/TAN/GIR No.	
9.	No. of years of experience in the field	
10.	Any Other Information	
11.	Name and address of the authorized local service provider at Bangalore along with Tel No. (Mobile and Land line)	

Signature & Seal of  
Owner/Director /Authorized Signatory

## Detailed Description of requirements

### AMBULANCE ON CLASS BASIS / PARKING BASIS (24X7X365 DAYS SERVICE)

**TYPE A:**

SL No.	Ambulance Type	Description	On Call Basis		On Parking Basis	
			Per KM	Per trip in BBMP Limit	Per KM	Per trip in BBMP Limit
01.	Ordinary ambulance with driver, stretcher bearer & oxygen cylinder with mask					
A		Ambulance per Trip drop within Bangalore City Corporation limit				
B		To and Fro Charges				
C		Waiting charges after one hour				
D		Rate beyond Corporation Limit				
E		Oxygen Charges (As per CGHS Rate)				

**Type - B**

SL No.	Ambulance Type	Description	On Call Basis		On Parking Basis	
			Per KM	Per trip in BBMP Limit	Per KM	Per trip in BBMP Limit
01.	ICU Ambulance with driver & stretcher bearer					
A		Ambulance per Trip drop within Bangalore City Corporation limit				
B		To and Fro Charges				
C		Waiting charges after one hour				
D		Rate beyond Corporation Limit				
E		Oxygen Charges (As per CGHS Rate)				

2. Hearse van on call basis (To be provided within one hour)  
Within BBMP Limit :  
Beyond Corporation Limit :
3. Dead Body shifting (Per case basis) :  
Part Embalming (Per case basis) :
4. Freezer Box (Per case basis) :

We hereby certify that the above furnished particulars are true to the best of our knowledge & belief.

Signature & seal of  
Owner/Director/Authorized Signature