



राष्ट्रीय गतिशील दिव्यांगजन संस्थान
National Institute for Locomotor Disabilities (Divyangjan)
(दिव्यांगजन सशक्तिकरण विभाग, सामाजिक न्याय एवं अधिकारिता मंत्रालय, भारत सरकार)
Department of Empowerment of PwDs (Divyangjan), Ministry of Social Justice and
Empowerment, Govt. of India
B.T. ROAD, BON-HOOGHLY, KOLKATA-700090
बी.टी. रोड बनहुगली, कोलकाता-700090
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www.niohkol.nic.in

No.Hire-Ambulance/2680/EO/2019/NILD/882(3)

21 August, 2019

Expression of Interest

NILD is autonomous Body under Ministry of Social Justice & empowerment, Govt. of India is serving for disability rehabilitation since, 1978 in Kolkata. This Institute is having patient care services in the form of Outdoor & Indoor Patient, Operation Theatre and various Diagnostic & Laboratory Services with capacity of admission about 50 beds altogether. In addition the Institute often countenanced the medical emergencies of 500 students (Approx) and families of the employees residing at hostel and staff quarters inside Institution's campus respectively.

The NILD, Kolkata is inviting applications with quoted rates from the interested parties/ individuals for Providing 24 X 7 hours Ambulance service with Driver-(for transporting sick patient with BLS (BASIC LIFE SUPPORT FACILITY) as per specification enclosed, on call basis, contract period will be one (01) year from the issue of work order. The terms & conditions and technical specification shall be applicable as enclosed as **Annexure – I** and **Annexure – II** respectively.

The interested parties/ individual may quote their rate as per given format in the General Terms & Conditions. The interested parties/ individual may visit the Estate Section of this Institute for the detail information/ to assess the work on or before **05 September 2019**.

The interested parties/ individual shall contact for submission of application with competitive rates to Estate Section of this Institute on or before **06 September 2019**.

The competent authority of this Institute has reserve the right to reject / cancel of any or all applications/ proposals without any reason what so ever.

This is issued with the approval of the competent authority.

Dy Director (Admin)
NILD, Kolkata

Copy to information:

1. Accounts Officer, NIOH, Kolkata
2. Notice Board, NIOH, Kolkata
3. Office copy

Dy Director (Admin)
NILD, Kolkata


GENERAL TERMS & CONDITIONS

1. The Party/ Individual should have experience in doing similar nature of work Minimum of 1 years.
2. The Party/ Individual should have the Registered Office in Kolkata. Preference will be given the Party/ Individual whose Registered Office should be located within 05 Kms from the Main gate of NILD, Kolkata.
3. Complete postal address, Telephone, mobile, fax, and email address should be mentioned in their quotation clearly.
4. They should have a minimum of 05 ambulances registered in the name of the Party/ Individual or in the name of the Proprietor of the company. The model of the ambulance vehicles should be not more than 05 years old.
5. Vehicles should along with all modern facilities.
6. The ambulance should be reach the Institute within 10 minutes as when called for.
7. The Institute will not bear any expenditure regarding fuel, Driver's payment and other maintenance of the vehicle.
8. Vehicle registration book, insurance copy and driver license should be available with vehicle every time. Vehicle fitness certificate complete in all respect should be passed by the Govt.
9. The agency is bound to provide 24 X 7 hours of service to NILD, Kolkata as and when required on call basis.
10. Quote the rate along with all documents like GST.
11. Rate should be remained same for 01 year. Change in rate after finalise the tender will not be entertained.
12. Quote the rate in the given format

Details of the vehicles and facilities	No. of vehicle	Rate(Kilometre/hour)

Thanking you,

Yours faithfully



Dy Director (Admin)
NILD, Kolkata

TECHNICAL SPECIFICATIONS**1. Minimum Loading Capacity (Persons)**

Number of seats and / or stretcher facilities (in addition to driver seat)	3 Nos
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2. Minimum opening dimensions in the patient compartment

Minimum Patient compartment Length	2700mm
Minimum Patient compartment Width	1500mm
Minimum Patient compartment Height	1500 mm from floor to ceiling
Rear Opening Height	900m
Rear Opening Width	900mm

3. The ceiling, the interior side walls and the doors of the patient's compartment shall be lined with a material that is non – permeable and resistant to disinfectant. The edges of surfaces shall be designed and / or sealed in such a way that no fluid can infiltrate.

4. Number of Patient and Attendant Seats

Minimum number		Qty
Positions (s)	On one side of the stretcher	1 No
	On one side of the stretcher upper 2/3 end	1 No

- **Patient and attendant seat dimensions shall be minimum of 381 mm x 381 mm per seat.**

5. Interior Lighting

Patient Area (Stretcher) Minimum	50 Lux
Surrounding Area - Minimum	30 Lux

6. Ingress of dust and rain water

In case of all doors, windows and hatches shall not allow ingress of dust and rain water when in the fully closed position , when tested in accordance to IS:11739-1986 as amended from time to time, for recording dust ingress in automotive vehicles, and when tested in accordance to IS: 11865 – 2006 as amended from time to time , for water proofing test for automobiles.

7. Type of Patient Handling Equipment

No	Device	Standard	Qty
1	Main Stretcher / Undercarriage (If the vehicle characteristics so require , the length of the stretcher may be reduced to 1800 mm and height from the loading assembly increased to 380mm)	EN 1865	01 No

8. Type of Life SOT Equipment

No	Device	Descriptions
1	Portable Oxygen	Min. one number of 2.2L water capacity Aluminum Cylinder at max.150 kgf/Sqcm filling pressure manufactured as per IS:7285 and certified by Chief Controller of Explosives, Nagpur.
2	Mouth to mask ventilator with oxygen inlet.	01 No.
3	Portable Suction Aspirator , Manual	01 No
4	Infusion Mounting	01 No

No	Device	Descriptions
1	Bedding Equipment	01 No
2	Blanket	02 Nos
3	Material for treatment of wounds	01 No
4	Kidney Bowl	02 Nos
5	Vomiting Bag	02 Nos
6	Non – Glass Urine Bottle	02 Nos
7	Sharp Container	01 No
8	Non – Sterile Gloves for Single Use	100
9	Waste Bag	01 No
10	Non – Woven Stretcher Sheet	01 No

APPLICATION**To:**

The Director
National Institute for Locomotor Disabilities (Divyangjan)
B.T. Road, Bon-Hooghly,
Kolkata 700 090.

Sub: Application for Ambulance service on call basis

Sir,

I/We have gone through the Expression of Interest and its General Terms & Conditions. I/We hereby offer my rates as enclosed items and providing following details:

1. Name of the Party/Individual :

2. Address of the Party/Individual :
(Please enclose Proof of Address)

3. Experience of works with details :

I/We hereby declare that the details given in this application is true and correct to the best of my/our knowledge including the records and I/We also agreed with the terms and conditions as laid down in the Short Notice on Expression of Interest and signed as a token of my/our acceptance.

Date:

Place:

Signature of the Party/Individual