

Travel & Vacations Scope Complex, Core 8, 4th Floor, 7 Lodhi Road, NEW DELHI 110 003

Email ID: nr.admin@balmerlawrie.com

| M/s | Enquiry Ref.No RHRNR//AHC/19-20/0016 Enquiry Date : 30.01.2020 Enquiry Due Date: 10.02.2020 by 02.00 PM |
|-----|---|
| | Opening Date : 10.02.2020 at 04.00 PM |
| | |

Sub: Empanelment of Reputed & Experienced Pathological Lab for carrying out

Annual health check up of Executives in the age group of 40 years & above Officers

in the age group of 42 years & above

- 1] Balmer Lawrie & Co Ltd (BL) is a Government of India Enterprise and is under the administrative control of Ministry of Petroleum & Natural Gas. We have network of our Offices in Delhi & NCR including other parts in the Northern Region.
- As a part of welfare measures, our Company provides an Annual health check facility for the Executives of our Company who fall in the age group of 40 Years & above and Officers who fall in the age group of 42 years & above.. It is proposed to facilitate health-check up to our executives/officers under the supervision of Competent Medical Practitioner for which we propose to empanel renowned local Pathological Lab/Hospital. The total number of executives/officers would be approximately in-between 45 to 47 numbers [approximately]. Details of medical/pathological tests to be conducted are given in the attached Annexures I & II..
- The executives/officers of the Company are staying in a scattered manner in Delhi/NCR and Northern Region and hence it would be desirable that successful Pathological Lab/Hospital must have their presence all over DELHI/NCR, so as to facilitate the health check-up smoothly and Executives/officers can visit to their nearest Lab/Hospital.
- 4] The Company reserves the right to empanel any Pathological Lab/Hospital depending on the reputation, experience, medical facilities and the medical professionals available. No representation of any bidder would be entertained.

EARNEST MONEY DEPOSIT - (EMD)
You are advised to enclose a Pay Order or Demand Draft of Rs. 3000/- (Rupees Three Thousand Only) in favour of BALMER LAWRIE & CO LTD, payable at NEW DELHI along with Offer. The Offer received without EMD would be treated as in-valid. As such, due care be taken while submitting the Offer.

The EMD of unsuccessful bidders would be refunded only after finalization and acceptance of order by the successful bidder. However, the EMD amount of the successful bidder would be converted into Security **Deposit amount of Rs. 3000/- [Rupees Three Thousand Only].** The EMD /SD will not bear any interest. In case of failure to comply with enquiry terms, the Company reserves the right to cancel order/forfeit EMD /SD amount.

EMD is liable to forfeiture in the event of -

- a) Withdrawal of offers during validity period of the order.
- b) Non acceptance of the order
- c) Non Confirmation of acceptance of order within the stipulated time after placement.
- d) Any unilateral revision made by the bidder during the validity period of the offer.
- e) Non execution of tests after acceptance of the order due to any dispute of the bidder or any reason whatsoever.

TERMS AND CONDITIONS

- 1] Your offer should specify all the elements, mentioned in the price bid, as has been asked for, and be valid for our acceptance for a period of 30 days (excluding the due date) from the due date.
- 2] The contract would be for the year 2019-2020 which may be extended for further period on the same rates and terms subject to getting satisfactory services.
- 3] The sealed / closed bids may be submitted at the above address on or before the due date and time, addressing to The Administration Department super-scribing on the envelop Enquiry date, due date and OFFER FOR ANNUAL HEALTH CHECK-UP.
- 4] The successful bidder would submit duly verified bill for payment after confirmation from the RHR-Department. The payment would be released within 15 days from the date of receipt of duly verified bill.
- 5] The bidders are specifically advised to note that the Company normally would not carry out any negotiations except with such parties who is / are the lowest bidder originally. As such, it would be in the interest of the bidders to quote lowest possible rates.

The bidder would be required to confirm the negotiations in writing within the time stipulated. If the bidder fails to comply with this requirement, the Company reserves the right to evaluate his tender at its discretion on their original rates.

- The Company reserves the right to relax any tender conditions at its discretion, if felt necessary, during the process of tender finalization. No bidder will have any claim for making any representation in this regard.
- 7] In case a conflict of interest is arisen between the bidder and the Company at any stage during finalization of order processing, the Company reserves the right to reject the bids of the concerned bidder.

- 8] In case of any dispute is arisen during validity of contract, the same will fall under the jurisdiction of Delhi Court.
- 9] In case any clarification is required by any of the prospective bidders, they may contact Shri Suresh Chandra Gairola at his mob no.9818439470 or at mail id –gairola.sc@balmerlawrie.com

10] Procedure of Arbitration

Any dispute or difference arising out of this Contract shall be referred for adjudication at Kolkata to a sole arbitrator to be appointed by the Chairman &Managing Director of Balmer Lawrie & Co Ltd. The fees of the arbitrator, if any, shall be shared equally by both the parties.

| For BALMER LAWRIE & CO. LTD | |
|-----------------------------|---|
| ADMINISTRATION DEPTT. | Signatures of the tenderer with official seal/stamp |

Continued

FORMAT FOR OFFER FOR ANNUAL HEALTH CHECK UP

| 1] | Name of the Pathological Lab/Hospital | |
|------|--|--------------------------------------|
| 2] | Address | |
| 3] | Phone /Mob No & Mail-id | |
| 4] | Contact person name & mob. no | |
| 5] | Addresses, Phone no & E-mail of testing/check up f Centres in Northern Region | acility at Delhi/NCR Centres & other |
| 6] | The details of tests proposed to be carried out | |
| 7] | If own facility not available, name and address and | phone no of the franchise/tie-up |
| | | |
| | | |
| | | · |
| Date | | Signature |
| | | (with office seal) |
| | | |

PRICE BID

Quote Lumpsum Rate per person for annual health check up as per = Rs.______ per person details given below including consultation and complimentary breakfast

MEDICAL/PATHOLOGICAL TESTS TO BE CONDUCTED – EXECUTIVES IN THE AGE GROUP OF 40 YEARS & ABOVE

| | | THE AGE GROUP OF 40 YEARS & ADOVE |
|------|----------------------|---|
| [1] | <u>Haemogram</u> | [Hb%/TLC/DLC/Peripheral Smear] |
| [2] | Blood Sugar | [F/P.P] |
| [3] | <u>Lipid Profile</u> | [Total Cholesterol/HDL Cholesterol/LDL Cholesterol / VLDL Cholesterol / Triglyceride] |
| [4] | TSH | |
| [5] | PSA/PAP Sme | |
| [6] | Liver Function | <u>Test</u> [Total Bilirubin/Direct Bilirubin/Indirect Bilirubin/SOOT/SGPT/ALK Phosphatase] |
| [7] | <u>Kidney Functi</u> | on Test [Urea/Creatinine/Uric Acid] |
| [8] | Electrolytes [| Na+ / K / Calcium / Inorganic Phosphates] |
| [9] | TMT [Options | al] or Echocardiography |
| [10] | Cardiac Profil | <u>e</u> |
| | СРК | |
| | ск-МВ | |
| | LDH | |
| | SOOT | |
| [11] | <u>Urine</u> | |
| | Routine | Microscopic |
| | Sugar | |
| | Albumin | |
| | <u>E.C.G.</u> | |
| | <u>X Ray</u> | |
| | <u>Ultra Sound</u> | Abdomen |
| | Eve and Phy | sician Consultation |
| | Any other in | nvestigation |

ANNEXURE II

PRICE BID

Quote Lumpsum Rate per person for annual health check up as per = Rs._____ per person details given below including consultation and complimentary breakfast

MEDICAL/PATHOLOGICAL TESTS TO BE CONDUCTED – OFFICERS IN THE AGE GROUP OF 42 YEARS & ABOVE

| [1] | Complete <u>Haemogram</u> [Hb%/TLC/DLC/Peripheral Smear] |
|------|--|
| [2] | Blood Sugar [F/P.P] |
| [3] | Blood Grouping + Rh typing |
| [3] | <u>Lipid Profile</u> [Total Cholesterol/HDL Cholesterol/LDL Cholesterol / VLDL Cholesterol / Triglyceride] |
| [4] | TSH |
| [5] | <u>Liver Profile</u> [Total Bilirubin/Direct Bilirubin/Indirect Bilirubin/SOOT/SGPT/ALK Phosphatase] |
| [6] | Kidney Profile [Urea/Creatinine/Uric Acid] |
| [7] | <u>Urine Complete</u> |
| | Routine Microscopic |
| | Sugar |
| | Albumin |
| [8] | <u>E.C.G.</u> |
| [9] | X Ray |
| [10] | <u>Ultra Sound Abdomen</u> |
| [11] | Eye and Physician Consultation |
| [12] | Any other Investigation |
| | |