

	BHARAT HEAVY ELECTRICALS LIMITED HIGH PRESSURE BOILER PLANT TIRUCHIRAPPALLI – 620 014. WORKS CONTRACTS MANAGEMENT	AN ISO 9001 COMPANY
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Ref: BHE: WCM: MED: 01

Date: 16.11.2015

TO

Sub: Tender documents for “**Outsourcing of Hormonal Investigation Tests Contract for BHEL Hospital & RSK Dispensary of BHEL at Trichy for a period of ONE year**” – Reg.

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We are pleased to attach the detailed Tender documents (Tender Ref: BHE: WCM: MED: 01 Date: 16.11.2015 ) for Outsourcing of Hormonal Investigation Contract for BHEL Hospital & RSK Dispensary of BHEL for a period of ONE year from the date of commencement of contract by the contractor.

Labs are requested to go through the Tender documents carefully and thoroughly and submit their offers as detailed below:-

1. The duly filled in **Annexure III** should be placed in one cover (cover No.1) with superscription “**Technical Bid for “Outsourcing of Hormonal Investigation Tests Contract for BHEL Main Hospital & RSK Dispensary of BHEL at Trichy”**” for a period of ONE year .
2. Duly filled in **Annexure II** should be placed in a **separate cover** (cover No.2) with superscription “**Price Bid for “Outsourcing of Hormonal Investigation Tests Contract for BHEL Main Hospital & RSK Dispensary of BHEL at Trichy”**”.
3. DD for EMD should be placed in **another cover** (cover No.3) with superscription **DD for EMD for “Outsourcing of Hormonal Investigation Tests Contract for BHEL Hospital & RSK Dispensary of BHEL at Trichy”**.

All the three covers should be neatly sealed and placed in one cover with superscription “**Tender for “Outsourcing of Hormonal Investigation Tests Contract for BHEL Main Hospital & RSK Dispensary of BHEL at Trichy”**” and should be sent by **Register post / Speed Post / Courier or submitted in person** so as to reach **Sr. Manager / Works Contracts Management Department, 53 Building, First Floor, BHEL, Trichy – 620 014 ON OR BEFORE 14.00 hrs. 11.12.2015** along with the required enclosures.

**The Technical bid will be opened on 11.12.2015 at 14.30 hrs.** in the presence of tenderers who have responded to this tender. The date and time for price bid opening of those who are successful in the Technical bid will be intimated separately.

For Bharat Heavy Electricals Ltd.,

Enc: Annexure – I, II & III

Sr. Engineer / Works Contracts Management,  
Building 53, First Floor, BHEL, Trichy – 14.

Note: All the covers should have the tender No. neatly written on top.

## I. SCOPE OF WORK.

1. Your representative should visit our Main Hospital in all working days except on our company holidays for collection of blood samples and the results have to be given within 48 hours. (Local collection centre if any has to be specified) for which to and fro charges will not be entertained. For any delayed results irrespective of reasons, 5% penalty will be imposed.
2. You must depute one Lab Technician to our Town Dispensary in 7<sup>th</sup> cross, Thillai Nagar, Trichy-17 every Wednesday morning 8 am to 11 am to collect Blood Samples for Hormonal analysis.
3. Vacutainer tubes for blood collections and thermocool packs have to be provided by the agency for transporting the blood samples.

## II. CONTRACT PERIOD

The contract period is for ONE year. Further extension of Contract period (beyond ONE year) shall be mutually agreed. However, the contract may be terminated due to violations or non-performance of the Contract conditions or deficiency of service by giving one month's notice in writing by either side.

## III. EMD

The EMD for the said work is **Rs. 60,000/-** (Rupees Sixty Thousand only) and it should be furnished in the form of **DD in favour of BHEL/Trichy-620 014**. One time EMD is also acceptable subject to certification of validity by Finance and approval by AGM/WCM. **Offers without EMD will be rejected.**

EMD by the Tenderer will be forfeited as per Tender Documents if:

- i) After opening the tender, the tenderer revokes his tender within the validity period or increases his earlier quoted rates.
- ii) The tenderer does not commence the work within the period as per LOI /Contract.

EMD given by all unsuccessful tenderers shall be refunded normally within fifteen days of acceptance of award of work by the successful tenderer. EMD shall not carry any interest.

## IV. SECURITY DEPOSIT

Security Deposit shall be collected from the successful tenderer. The rate of Security Deposit will be as below:

- Up to Rs. 10 lakhs: 10%
- Above Rs. 10 lakhs up to Rs.50 lakhs: Rs.1 lakh + 7.5% of the amount exceeding Rs. 10 lakhs.
- Above Rs. 50 lakhs: Rs 4 lakhs + 5% of the amount exceeding Rs. 50 lakhs.

The Security Deposit shall be collected before start of the work by BHEL. The security deposit can be paid only in the form of DD drawn in favour of BHEL Trichy or in the form of bank guarantee of a Scheduled Bank.

The security deposit will be refunded,

- (a) On successful and satisfactory completion of the contract by production of no due certificate from the competent authority and deduction of recoveries of any.
- (b) If the contract is terminated by BHEL due to deficiency of service, after deducting the penal charges as decided by BHEL from the Security Deposit, the balance amount will be paid.
- (c) Security Deposit is not refundable if the contract is terminated by the contractor by giving notice before the stipulated period.

**V. FRAUD PREVENTION POLICY:**

The Bidder along with its associate / collaborators / sub – vendors / consultants / service providers shall strictly adhere to BHEL Fraud Prevention Policy displayed on BHEL website <http://www.bhel.com> and shall immediately bring to the notice of BHEL Management about fraud or suspected fraud as soon as it comes to their notice”.

Fraud Prevention policy and List of Nodal Officers shall be hosted on BHEL website, vendor portals of Units / Regions intranet.

**The last date and time for receipt of the tender cover with superscription “Tender for “Outsourcing of Hormonal Investigation Tests Contract for BHEL Main Hospital & RSK Dispensary of BHEL at Trichy” (Technical bid, Price bid and DD for EMD in three different covers, neatly sealed with suitable superscription on the top of the sealed covers should be placed in one cover) at the Office of the undersigned (address furnished below) is on or before 11.12.2015.**

**The Tender Box is available at WCM Department, 53 Building, First Floor, BHEL, Trichy.**

The Technical Bids of the Contractors will be evaluated first and only of such contractor who are found suitable will be considered for Price Bid opening and the successful contractors will be informed by email the Date, Venue & Time of Price Bid opening.

For Bharat Heavy Electricals Ltd.,

Sr. Engineer / Works Contracts Management  
BLDG.53, First Floor,  
Bharat Heavy Electricals Ltd,  
TRICHY – 620 014.  
Tel No. 0431-2577054 & 2575347

**BHARAT HEAVY ELECTRICALS LIMITED**  
TIRUCHIRAPPALLI – 620 014

**WORKS CONTRACTS MANAGEMENT**

**BHEL: WCM: MED: 01**

**Date: 16.11.2015**

**TERMS & CONDITIONS FOR HORMONAL INVESTIGATION TESTS**

1. The Outsourced Laboratory must be NABL certified.
2. Hormonal Analysis should be done by **Chemiluminescence Immuno Assay Method** using Fully automated analyzer.
3. Your representative should visit our Main Hospital in all working days except on our company holidays for collection of blood samples and the results have to be given within 48 hours. (Local collection centre if any has to be specified) for which to and fro charges will not be entertained. For any delayed results irrespective of reasons, 5% penalty will be imposed.
4. You must depute one Lab Technician to our Town Dispensary in 7<sup>th</sup> cross, Thillai Nagar, Trichy-17 every Wednesday morning 8 am to 11 am to collect Blood Samples for Hormonal analysis.
5. Vacutainer tubes for blood collections and thermocool packs have to be provided by the agency for transporting the blood samples.
6. Rates should be inclusive of service charges and firm throughout the contract period.
7. Additional investigations if any required have to be done at the mutually agreed rate.
8. Bills in duplicate may be submitted once in a month in the name of MEDICAL SUPDT. Your Invoice should contain the patients name, investigations done and the rate etc., Payment will be made by means of EFT payment. Income tax will be deducted in each and every bill as per rules and the TDS will be issued at the end of the financial year.
9. BHEL reserves the right to visit and inspect your laboratory to ensure the availability of the equipments and the facilities for the tests cited.
10. Advance intimation to be given for closure due to holidays or other reasons including break down of the equipments etc.,
11. Termination of the contract will be made only after giving 30 days' notice in writing on either side.
12. BHEL reserves the right to process/close this enquiry and the decision of BHEL is final and binding.
13. The comparison of rates quoted, lowest bidder finalization will be based on the total package value of all the tests for the approximate quantities specified per year as per Annexure-II.
14. BHEL reserves the right to negotiate or to refloat the tender opened if L1 price is not the lowest acceptable price to BHEL inter-alia other reasons.
15. Vendors shall attach the signed and sealed copy of the Terms & Conditions along with offer for acceptance of Terms & Conditions.

16. Vendors shall submit the offer in a sealed cover to the following address mentioned below. The cover has to be super scribed as **“Tender for “Outsourcing of Hormonal Investigation Tests Contract for BHEL Main Hospital & RSK Dispensary of BHEL at Trichy”..**

**ADDRESS TO WHOM THE TENDERS ARE TO BE SENT:**

**Senior Manager  
Works Contracts Management,  
53 Building, First Floor  
BHEL,  
Trichy-620014**

**ANNEXURE - II**

BHEL: WCM: MED: 01

Date: 16.11.2015

**PRICE BID FORMAT**

| <b>HORMONAL INVESTIGATION TESTS FOR 2015-16</b> |                                                                |                                        |                             |                           |
|-------------------------------------------------|----------------------------------------------------------------|----------------------------------------|-----------------------------|---------------------------|
| <b>Sl. No.</b>                                  | <b>Name of the test</b>                                        | <b>No. of Tests per year (Approx.)</b> | <b>Rate per test in Rs.</b> | <b>Value for year Rs.</b> |
| 1                                               | T3,T4, TSH (CLIA)                                              | 6360                                   |                             |                           |
| 2                                               | Free T4 TSH                                                    | 1080                                   |                             |                           |
| 3                                               | Thyroglobulin                                                  | 3                                      |                             |                           |
| 4                                               | Total PSA                                                      | 360                                    |                             |                           |
| 5                                               | LH, FSH, Prolactin Profile Rate & individual test Rates (CLIA) | 180                                    |                             |                           |
| 6                                               | Total Testosterone (CLIA)                                      | 24                                     |                             |                           |
| 7                                               | Free Testosterone                                              | 24                                     |                             |                           |
| 8                                               | Serum Cortisol                                                 | 60                                     |                             |                           |
| 9                                               | Serum Estradiol                                                | 24                                     |                             |                           |
| 10                                              | DHEAS                                                          | 60                                     |                             |                           |
| 11                                              | S aldosterone                                                  | 1                                      |                             |                           |
| 12                                              | Serum Insuline (Fasting)                                       | 180                                    |                             |                           |
| 13                                              | Serum Progesterone                                             | 12                                     |                             |                           |
| 14                                              | Vitamin B12                                                    | 480                                    |                             |                           |
| 15                                              | Serum Folic acid                                               | 60                                     |                             |                           |
| 16                                              | Vit A level                                                    | 0                                      |                             |                           |
| 17                                              | Vit D-(1-25 Hydroxy Vit-D)                                     | 240                                    |                             |                           |
| 18                                              | Serum Parathyroid Hormone                                      | 36                                     |                             |                           |
| 19                                              | Serum Beta HCG (Quantitative)                                  | 120                                    |                             |                           |
| 20                                              | D-Dimer (quantitative)                                         | 120                                    |                             |                           |
| 21                                              | Ds DNA                                                         | 24                                     |                             |                           |
| 22                                              | Anti CCP                                                       | 36                                     |                             |                           |
| 23                                              | ADA (adenosine deaminase)                                      | 24                                     |                             |                           |
| 24                                              | Iron deficiency profile(S.Iron, Ferritin, TIBC)                | 96                                     |                             |                           |
| 25                                              | Coagulation Profile(Protein C,S, Factor V & VIII)              | 24                                     |                             |                           |
| 26                                              | Anti cardiolipin Antibody IgG,IgM                              | 48                                     |                             |                           |
| 27                                              | Anti Phospholipid Antibody IgG, IgM                            | 36                                     |                             |                           |
| 28                                              | Lupus anticoagulant                                            | 24                                     |                             |                           |
| 29                                              | ANCA-C&P                                                       | 24                                     |                             |                           |
| 30                                              | Serum ZINC                                                     | 12                                     |                             |                           |

| Sl. No. | Name of the test                       | No. of Tests per year (Approx) | Rate per test in Rs. | Value for year Rs. |
|---------|----------------------------------------|--------------------------------|----------------------|--------------------|
| 31      | Serum Copper                           | 12                             |                      |                    |
| 32      | Serum Magnesium                        | 24                             |                      |                    |
| 33      | CA 15.3                                | 12                             |                      |                    |
| 34      | CA - 125                               | 144                            |                      |                    |
| 35      | CA 19-9                                | 2                              |                      |                    |
| 36      | CEA                                    | 36                             |                      |                    |
| 37      | Alpha foeto protein                    | 36                             |                      |                    |
| 38      | CD4 Count (Flow cytometry)             | 36                             |                      |                    |
| 39      | CD4-CD8 Count (Flow cytometry)         | 1                              |                      |                    |
| 40      | C peptide                              | 12                             |                      |                    |
| 41      | Complement C3,C4                       | 12                             |                      |                    |
| 42      | IgE level                              | 144                            |                      |                    |
| 43      | IgG, IgM for TB                        | 1                              |                      |                    |
| 44      | HBeAg                                  | 24                             |                      |                    |
| 45      | Anti HBc                               | 24                             |                      |                    |
| 46      | Anti HBs                               | 12                             |                      |                    |
| 47      | Anti HBA                               | 12                             |                      |                    |
| 48      | HbsAg Elisa                            | 0                              |                      |                    |
| 49      | Torch Panel 10( IgG, IgM)              | 24                             |                      |                    |
| 50      | Dengue Elisa IgG, IgM                  | 60                             |                      |                    |
| 51      | Karyotyping                            | 5                              |                      |                    |
| 52      | HIV RNA quantitative PCR               | 1                              |                      |                    |
| 53      | HBV DNA PCR ( Quantitative) viral load | 24                             |                      |                    |
| 54      | ABL PCR for Ph-chromosome              | 2                              |                      |                    |
| 55      | TB PCR                                 | 24                             |                      |                    |
| 56      | TB Gold Quantiferon test               | 1                              |                      |                    |
| 57      | HSV PCR                                | 2                              |                      |                    |
| 58      | HLA B27 PCR                            | 24                             |                      |                    |
| 59      | Protein Electrophoresis                | 36                             |                      |                    |
| 60      | Haemoglobin Electrophoresis            | 24                             |                      |                    |
| 61      | Serum Entamoeba Histolytica AB         | 2                              |                      |                    |
| 62      | Homocystein                            | 2                              |                      |                    |
| 63      | Sci-70 Antibody                        | 5                              |                      |                    |
| 64      | LKM Antibody                           | 3                              |                      |                    |
| 65      | SM/Rnp Antibody                        | 3                              |                      |                    |

| Sl. No. | Name of the test                   | No. of Tests per year (Approx) | Rate per test in Rs. | Value for year Rs. |
|---------|------------------------------------|--------------------------------|----------------------|--------------------|
| 66      | Anti microsomal thyroid Antibodies | 36                             |                      |                    |
| 67      | Anti SS-A, SS-B Antibodies         | 3                              |                      |                    |
| 68      | Insulin Like Growth Factor (IGF-I) | 2                              |                      |                    |
| 69      | Seum Cholinesterase                | 1                              |                      |                    |
| 70      | Myo globin-serum                   | 1                              |                      |                    |
| 71      | Anti Thyroglobulin Ab              | 5                              |                      |                    |
| 72      | Anti Mullarian Hormone             | 2                              |                      |                    |
| 73      | Serum ANA                          | 12                             |                      |                    |
| 74      | ANA Blot Profile                   | 1                              |                      |                    |
| 75      | TRIPLE MARKER TEST                 | 420                            |                      |                    |
| 76      | Plasma Ammonia                     | 1                              |                      |                    |
| 77      | Thyroid Receptor Antibody          | 12                             |                      |                    |
| 78      | Free T3, T4, TSH                   | 1                              |                      |                    |
| 79      | AFB Culture for Body fluids        | 1                              |                      |                    |
| 80      | HbA1c                              | 1                              |                      |                    |
| 81      | Gene XPERT MTB/RIF                 | 1                              |                      |                    |
| 82      | Serum Haptoglobin                  | 1                              |                      |                    |
| 83      | Western Blot                       | 2                              |                      |                    |
| 84      | Plasma Metanephrin                 | 1                              |                      |                    |
|         | <b>URINE</b>                       |                                |                      |                    |
| 85      | 24 hrs Urine for VMA               | 1                              |                      |                    |
| 86      | Urine for Porphyrins Screening     | 1                              |                      |                    |
| 87      | Urine for ALA                      | 1                              |                      |                    |
| 89      | Metanephrins                       | 1                              |                      |                    |
| 90      | Urine for Mycobacterium c&s        | 2                              |                      |                    |
| 91      | Urinary Stone Analysis             | 1                              |                      |                    |
| 92      | Urine Cadmium                      | 1                              |                      |                    |
| 93      | Urine Chromium                     | 1                              |                      |                    |
| 94      | Urine Nickel                       | 1                              |                      |                    |
| 95      | Urine Lead                         | 1                              |                      |                    |

**TECHNICAL BID CRITERIA****OUTSOURCING OF HORMONAL INVESTIGATION TEST**

| <b>Sl.No.</b> | <b>CRITERIA</b>                                                              | <b>DATA TO BE FURNISHED</b>           |
|---------------|------------------------------------------------------------------------------|---------------------------------------|
| 1             | Name of the Laboratory                                                       |                                       |
| 2             | Address of the Laboratory                                                    |                                       |
| 3             | Telephone No.                                                                |                                       |
| 4             | NABL Certificate validity ( Copy to be attached )                            |                                       |
| 5             | EMD Details                                                                  | Amount :<br>Bank :<br>DD No. & Date : |
| 6             | Name of the Local Sample collection Agency                                   |                                       |
| 7             | Address of Local Sample collection Agency                                    |                                       |
| 8             | Telephone No. of Local Collection Agency                                     |                                       |
| 9             | Method by which Analysis done<br>( Refer Point No. 2 in Terms & Conditions ) |                                       |
| 10            | Email id                                                                     |                                       |
| 11            | PAN No. of the Agency                                                        |                                       |
| 12            | Service Tax Registration                                                     |                                       |
| 13            | Vendor Registration No. in BHEL if any                                       |                                       |
| 14            | Name of the Contact person with<br>Phone No.                                 |                                       |
| 15            | Acceptance of Terms & Conditions SI.No.1 to 16<br>( as per Annexure – I )    |                                       |