

**OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER Cum  
DISTRICT MISSION DIRECTOR, GANJAM  
DEPARTMENT OF HEALTH AND FAMILY WELFARE.**

No. 12929

Dated: 14//08//2018

**Selection of Agency for "Operation and Management of PHC under NHM"  
Notice inviting objection**

Name of the District: Ganjam

The Summary Sheet of the selection process for the "Operation and management of PHC under NHM" based on the applications received is given below. The bidders may like to respond to the Summary Sheet if they have any points to make on or before **21<sup>st</sup> August, 2018** through e mail : dpmugan2015@gmail.com

Summary Sheet of Selection Process

Sl. No.	Name of the PHC applied	Name of the Entity applied	(Qualified/Not Qualified as per the eligibility screening process)	Marks secured as per the Scoring sheet	Remarks/Reasons
1		Citizens Association for Rural Development	Not Qualified		Rejected as per point no. 3.4 of RFP
2	Baranga	Institute of Social Action and Research Activities	Not Qualified as per the eligibility screening process		1. Not qualified as per Point no. 12 of Eligibility Check list. i.e. Fixed assets of Rs. 10 lakhs schedule of audit report 16-17 not submitted & in the 15-16 audit report submitted the fixed assets is below 10 lakhs 2. Not qualified as per Point no. 13 (meeting of minutes of last 03 Financial year till 2017-18 not submitted)
3	Pandripada	Institute of social Action and Research Activities	Not Qualified as per the eligibility screening process		-Do-
4	Rahada	Indian Management and Technical Society	Not Qualified as per the eligibility screening process		1. Not qualified as per Point no. 13 (meeting of minutes of last 03 Financial year till 2017-18 not submitted) 2. Unique ID (OR/2009/0017256) in NGO Darpan of IMTS is not validated in the web site (i.e. <a href="https://ngodarpan.gov.in/index.php/search/">https://ngodarpan.gov.in/index.php/search/</a> )
5	Pandripada	Indian Management and Technical Society	Not Qualified as per the eligibility screening process		-Do-
6	Manitara	Indian Management and Technical Society	Not Qualified as per the eligibility screening process		-Do-

Sl. No.	Name of the PHC applied	Name of the Entity applied	(Qualified/Not Qualified as per the eligibility screening process)	Marks secured as per the Scoring sheet	Remarks/Reasons
7	Goudagotha	Indian Management and Technical Society	Not Qualified as per the eligibility screening process		1. Not qualified as per Point no. 13 (meeting of minutes of last 03 Financial year till 2016-17 not submitted) 2. Unique ID (OR/2009/0017256) in NGO Darpan of IMTS is not validated in the web site (i.e. <a href="https://ngodarpan.gov.in/index.php/search/">https://ngodarpan.gov.in/index.php/search/</a> )
8	Rahada	Centre for Advanced Research on Alternative Medicine	Not Qualified as per the eligibility screening process		Not qualified as per Point no. 13 (meeting of minutes of last 03 Financial year till 2017-18 not submitted)
9	Manitara	Centre for Advanced Research on Alternative Medicine	Not Qualified as per the eligibility screening process		Not qualified as per Point no. 13 (meeting of minutes of last 03 Financial year till 2017-18 not submitted)
10	Manitara	Karuna Trust		80	The Original certificate issued by Court along with trust deed is to be verified at the final round screening
11	Baranga	Karuna Trust		80	-Do-
12	Goudagotha	Karuna Trust		80	-Do-
13	Rahada	Karuna Trust		80	-Do-
14	Pandripada	Karuna Trust		80	-Do-

Memo No. 12930

  
 CDM&PH Officer-cum-DMD, Ganjam  
 Date : 14/08/2018

Copy forwarded to the Chief Functionary, Citizens Association for Rural Development (CARD), Institute of Social Action and Research Activities (ISARA), Indian Management and Technical Society (IMTS), Centre for Advanced Research on Alternative Medicine (CARAM), Karuna Trust for information and necessary action.

  
 CDM&PH Officer-cum-DMD, Ganjam

**ELIGIBILITY CHECK LIST FOR EVALUATION OF PROPOSALS FOR PHC MANAGEMENT UNDER NHM**

**Name of the Entity : IMTS**

**Name of the PHC applied : Goudagotha PHC-N**

**District : Ganjam**

<b>Sl. No</b>	<b>Particulars</b>	<b>Status Yes / No</b>	<b>Remarks</b>
1	Copy of the Registration Certificate or equivalent certificates submitted	Yes	
2	Whether the entity is having 5 years in existence by 31 <sup>st</sup> March 2018 (To be ascertained from registration or equivalent certificate)	Yes	
3	Copy of Memorandum of Association or equivalent document of the Agency submitted	Yes	
4	Whether the entity is having provision of health care activities mentioned in its registration document.	Yes	
5	Whether the entity is one person's company (write NA if not applicable)	NA	
6	Whether the entity is having evidence of providing clinical outreach and public health services for a period of 3 yrs. (To be ascertained from MoV: MOU / Sanction order.)	Yes	
7	If registered in Society registration act; Does the entity is having the unique ID no. through the portal NGO-DARPAN of NITI Aayog. (write NA if not applicable)	Yes	Not validated through Darpan portal
8	Whether submitted annual average turnover Statement along with audit report for the last 3 years : 2014-15, 2015-16, 2016-17	Yes	
9	Whether the entities having annual turnover of at least Rs 25 lakhs per annum in the last three financial years (2014-15, 2015-16, 2016-17) as per Audited statement.	Yes	
10	Submission of Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18	Yes	
11	Document relating to fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.	Yes	
12	Whether the entity is having fixed assets of minimum Rs 10 lakhs in the name of the entity in terms of land, building and others.	Yes	

13	Meeting & minutes of the Executive Committee / Governing body / any other body meeting based on bye law / memorandum of the society / registration document submitted for the last three financial years till 2017-18	No	
14	Names of the Office Bearers along with their addresses submitted	Yes	
15	Whether the entity has ever been “blacklisted” / debarred from participating in any State Government / central Government Institutions. (to be ascertained from the certificate submitted.)	Yes	
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	Yes	
17	Whether the entity or any of its office bearers of the Organisation has been convicted by any court of law in India or abroad for any civil / criminal offences ?	Yes	
18	An undertaking that the Organisation is willing to sign the service level agreement submitted.	Yes	
19	Copy of the resolution of the competent authority in the Organisation authorizing the signatory to respond to this invitation submitted.	Yes	
20	Copy of PAN card	Yes	
21	Copy of Bank Pass Book	Yes	
22	Document containing the details of the names, addresses and educational qualifications of key personnel employed by the Organisation during the last three years including those employed at the time of submission of this bid submitted.	Yes	
23	Descriptions of activities of the Organisation in the primary health care system in any parts of India emphasizing (a) geographical area (b) outputs (c) manpower dedicated to projects (d) outcome submitted	Yes	
24	Registration under 12-A of Income tax act 1961	Yes	
25	EMD( DD or Rs. 40,000/-)	Yes	
26	Based on any adverse report against the entity from the District / NHM / Any Govt. Dept. has the partnership of the entity been discontinued or poor performance in implementation of PHC(N) Mgt. Project under NHM in the district is identified by any external evaluating agency.	No	

27	Has the services of the organizations of the organization been discontinued on the basis of the conduct of any financial irregularities.	No	
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**Recommendation of the Assessment Team**

Whether the entity is recommended for next level selection process Yes / **No**,

If No, reasons there of :

**Not qualified in point no. 13 of eligibility checklist, only meeting information regarding nos. of meeting conducted in the year 2016-17 and 2017-18 has submitted but no copy of minutes has submitted in the document.**

**ELIGIBILITY CHECK LIST FOR EVALUATION OF PROPOSALS FOR PHC MANAGEMENT UNDER NHM**

**Name of the Entity : CARAM**

**Name of the PHC applied : Manitara PHC-N**

**District : Ganjam**

<b>Sl. No</b>	<b>Particulars</b>	<b>Status Yes / No</b>	<b>Remarks</b>
1	Copy of the Registration Certificate or equivalent certificates submitted	Yes	
2	Whether the entity is having 5 years in existence by 31 <sup>st</sup> March 2018 (To be ascertained from registration or equivalent certificate)	Yes	
3	Copy of Memorandum of Association or equivalent document of the Agency submitted	Yes	
4	Whether the entity is having provision of health care activities mentioned in its registration document.	Yes	
5	Whether the entity is one person's company (write NA if not applicable)	NA	
6	Whether the entity is having evidence of providing clinical outreach and public health services for a period of 3 yrs. (To be ascertained from MoV: MOU / Sanction order.)	Yes	
7	If registered in Society registration act; Does the entity is having the unique ID no. through the protal NGO-DARPAN of NITI Aayog. (write NA if not applicable)	Yes	
8	Whether submitted annual average turnover Statement along with audit report for the last 3 years : 2014-15, 2015-16, 2016-17	Yes	
9	Whether the entities having annual turnover of at least Rs 25 lakhs per annum in the last three financial years (2014-15, 2015-16, 2016-17) as per Audited statement.	Yes	
10	Submission of Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18	Yes	
11	Document relating to fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.	Yes	
12	Whether the entity is having fixed assets of minimum Rs 10 lakhs in the name of the entity in terms of land, building and others.	Yes	

13	Meeting & minutes of the Executive Committee / Governing body / any other body meeting based on bye law / memorandum of the society / registration document submitted for the last three financial years till 2017-18	No	
14	Names of the Office Bearers along with their addresses submitted	Yes	
15	Whether the entity has ever been “blacklisted” / debarred from participating in any State Government / central Government Institutions. (to be ascertained from the certificate submitted.)	Yes	
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	Yes	
17	Whether the entity or any of its office bearers of the Organisation has been convicted by any court of law in India or abroad for any civil / criminal offences ?	Yes	
18	An undertaking that the Organisation is willing to sign the service level agreement submitted.	Yes	
19	Copy of the resolution of the competent authority in the Organisation authorizing the signatory to respond to this invitation submitted.	Yes	
20	Copy of PAN card	Yes	
21	Copy of Bank Pass Book	Yes	
22	Document containing the details of the names, addresses and educational qualifications of key personnel employed by the Organisation during the last three years including those employed at the time of submission of this bid submitted.	Yes	
23	Descriptions of activities of the Organisation in the primary health care system in any parts of India emphasizing (a) geographical area (b) outputs (c) manpower dedicated to projects (d) outcome submitted	Yes	
24	Registration under 12-A of Income tax act 1961	Yes	
25	EMD( DD or Rs. 40,000/-)	Yes	
26	Based on any adverse report against the entity from the District / NHM / Any Govt. Dept. has the partnership of the entity been discontinued or poor performance in implementation of PHC(N) Mgt. Project under NHM in the district is identified by any external evaluating agency.	No	

27	Has the services of the organizations of the organization been discontinued on the basis of the conduct of any financial irregularities.	No	
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**Recommendation of the Assessment Team**

Whether the entity is recommended for next level selection process Yes / **No**,

If No, reasons there of :

**Not qualified in point no. 13 of eligibility checklist**

**ELIGIBILITY CHECK LIST FOR EVALUATION OF PROPOSALS FOR PHC MANAGEMENT UNDER NHM**

**Name of the Entity : CARAM**

**Name of the PHC applied : Rahada PHC-N**

**District : Ganjam**

<b>Sl. No</b>	<b>Particulars</b>	<b>Status Yes / No</b>	<b>Remarks</b>
1	Copy of the Registration Certificate or equivalent certificates submitted	Yes	
2	Whether the entity is having 5 years in existence by 31 <sup>st</sup> March 2018 (To be ascertained from registration or equivalent certificate)	Yes	
3	Copy of Memorandum of Association or equivalent document of the Agency submitted	Yes	
4	Whether the entity is having provision of health care activities mentioned in its registration document.	Yes	
5	Whether the entity is one person's company (write NA if not applicable)	NA	
6	Whether the entity is having evidence of providing clinical outreach and public health services for a period of 3 yrs. (To be ascertained from MoV: MOU / Sanction order.)	Yes	
7	If registered in Society registration act; Does the entity is having the unique ID no. through the protal NGO-DARPAN of NITI Aayog. (write NA if not applicable)	Yes	
8	Whether submitted annual average turnover Statement along with audit report for the last 3 years : 2014-15, 2015-16, 2016-17	Yes	
9	Whether the entities having annual turnover of at least Rs 25 lakhs per annum in the last three financial years (2014-15, 2015-16, 2016-17) as per Audited statement.	Yes	
10	Submission of Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18	Yes	
11	Document relating to fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.	Yes	
12	Whether the entity is having fixed assets of minimum Rs 10 lakhs in the name of the entity in terms of land, building and others.	Yes	

13	Meeting & minutes of the Executive Committee / Governing body / any other body meeting based on bye law / memorandum of the society / registration document submitted for the last three financial years till 2017-18	No	
14	Names of the Office Bearers along with their addresses submitted	Yes	
15	Whether the entity has ever been "blacklisted" / debarred from participating in any State Government / central Government Institutions. (to be ascertained from the certificate submitted.)	Yes	
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	Yes	
17	Whether the entity or any of its office bearers of the Organisation has been convicted by any court of law in India or abroad for any civil / criminal offences ?	Yes	
18	An undertaking that the Organisation is willing to sign the service level agreement submitted.	Yes	
19	Copy of the resolution of the competent authority in the Organisation authorizing the signatory to respond to this invitation submitted.	Yes	
20	Copy of PAN card	Yes	
21	Copy of Bank Pass Book	Yes	
22	Document containing the details of the names, addresses and educational qualifications of key personnel employed by the Organisation during the last three years including those employed at the time of submission of this bid submitted.	Yes	
23	Descriptions of activities of the Organisation in the primary health care system in any parts of India emphasizing (a) geographical area (b) outputs (c) manpower dedicated to projects (d) outcome submitted	Yes	
24	Registration under 12-A of Income tax act 1961	Yes	
25	EMD( DD or Rs. 40,000/-)	Yes	
26	Based on any adverse report against the entity from the District / NHM / Any Govt. Dept. has the partnership of the entity been discontinued or poor performance in implementation of PHC(N) Mgt. Project under NHM in the district is identified by any external evaluating agency.	No	

27	Has the services of the organizations of the organization been discontinued on the basis of the conduct of any financial irregularities.	No	
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**Recommendation of the Assessment Team**

Whether the entity is recommended for next level selection process Yes / **No**,

If No, reasons there of :

**Not qualified in point no. 13 of eligibility checklist**

**ELIGIBILITY CHECK LIST FOR EVALUATION OF PROPOSALS FOR PHC MANAGEMENT UNDER NHM**

**Name of the Entity : IMTS**

**Name of the PHC applied : Manitara PHC-N**

**District : Ganjam**

<b>Sl. No</b>	<b>Particulars</b>	<b>Status Yes / No</b>	<b>Remarks</b>
1	Copy of the Registration Certificate or equivalent certificates submitted	Yes	
2	Whether the entity is having 5 years in existence by 31 <sup>st</sup> March 2018 (To be ascertained from registration or equivalent certificate)	Yes	
3	Copy of Memorandum of Association or equivalent document of the Agency submitted	Yes	
4	Whether the entity is having provision of health care activities mentioned in its registration document.	Yes	
5	Whether the entity is one person's company (write NA if not applicable)	NA	
6	Whether the entity is having evidence of providing clinical outreach and public health services for a period of 3 yrs. (To be ascertained from MoV: MOU / Sanction order.)	Yes	
7	If registered in Society registration act; Does the entity is having the unique ID no. through the portal NGO-DARPAN of NITI Aayog. (write NA if not applicable)	Yes	Not validated through Darpan portal
8	Whether submitted annual average turnover Statement along with audit report for the last 3 years : 2014-15, 2015-16, 2016-17	Yes	
9	Whether the entities having annual turnover of at least Rs 25 lakhs per annum in the last three financial years (2014-15, 2015-16, 2016-17) as per Audited statement.	Yes	
10	Submission of Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18	Yes	
11	Document relating to fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.	Yes	
12	Whether the entity is having fixed assets of minimum Rs 10 lakhs in the name of the entity in terms of land, building and others.	Yes	

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17	Whether the entity or any of its office bearers of the Organisation has been convicted by any court of law in India or abroad for any civil / criminal offences ?	Yes	
18	An undertaking that the Organisation is willing to sign the service level agreement submitted.	Yes	
19	Copy of the resolution of the competent authority in the Organisation authorizing the signatory to respond to this invitation submitted.	Yes	
20	Copy of PAN card	Yes	
21	Copy of Bank Pass Book	Yes	
22	Document containing the details of the names, addresses and educational qualifications of key personnel employed by the Organisation during the last three years including those employed at the time of submission of this bid submitted.	Yes	
23	Descriptions of activities of the Organisation in the primary health care system in any parts of India emphasizing (a) geographical area (b) outputs (c) manpower dedicated to projects (d) outcome submitted	Yes	
24	Registration under 12-A of Income tax act 1961	Yes	
25	EMD( DD or Rs. 40,000/-)	Yes	
26	Based on any adverse report against the entity from the District / NHM / Any Govt. Dept. has the partnership of the entity been discontinued or poor performance in implementation of PHC(N) Mgt. Project under NHM in the district is identified by any external evaluating agency.	No	

27	Has the services of the organizations of the organization been discontinued on the basis of the conduct of any financial irregularities.	No	
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**Recommendation of the Assessment Team**

Whether the entity is recommended for next level selection process Yes / **No**,

If No, reasons there of :

**Not qualified in point no. 13 of eligibility checklist, only meeting information regarding nos. of meeting conducted in the year 2016-17 and 2017-18 has submitted but no copy of minutes has submitted in the document.**

**ELIGIBILITY CHECK LIST FOR EVALUATION OF PROPOSALS FOR PHC MANAGEMENT UNDER NHM**

**Name of the Entity : IMTS**

**Name of the PHC applied : Pandripada PHC-N**

**District : Ganjam**

<b>Sl. No</b>	<b>Particulars</b>	<b>Status Yes / No</b>	<b>Remarks</b>
1	Copy of the Registration Certificate or equivalent certificates submitted	Yes	
2	Whether the entity is having 5 years in existence by 31 <sup>st</sup> March 2018 (To be ascertained from registration or equivalent certificate)	Yes	
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5	Whether the entity is one person's company (write NA if not applicable)	NA	
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7	If registered in Society registration act; Does the entity is having the unique ID no. through the portal NGO-DARPAN of NITI Aayog. (write NA if not applicable)	Yes	Not validated through Darpan portal
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9	Whether the entities having annual turnover of at least Rs 25 lakhs per annum in the last three financial years (2014-15, 2015-16, 2016-17) as per Audited statement.	Yes	
10	Submission of Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18	Yes	
11	Document relating to fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.	Yes	
12	Whether the entity is having fixed assets of minimum Rs 10 lakhs in the name of the entity in terms of land, building and others.	Yes	

13	Meeting & minutes of the Executive Committee / Governing body / any other body meeting based on bye law / memorandum of the society / registration document submitted for the last three financial years till 2017-18	No	
14	Names of the Office Bearers along with their addresses submitted	Yes	
15	Whether the entity has ever been "blacklisted" / debarred from participating in any State Government / central Government Institutions. (to be ascertained from the certificate submitted.)	Yes	
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	Yes	
17	Whether the entity or any of its office bearers of the Organisation has been convicted by any court of law in India or abroad for any civil / criminal offences ?	Yes	
18	An undertaking that the Organisation is willing to sign the service level agreement submitted.	Yes	
19	Copy of the resolution of the competent authority in the Organisation authorizing the signatory to respond to this invitation submitted.	Yes	
20	Copy of PAN card	Yes	
21	Copy of Bank Pass Book	Yes	
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24	Registration under 12-A of Income tax act 1961	Yes	
25	EMD( DD or Rs. 40,000/-)	Yes	
26	Based on any adverse report against the entity from the District / NHM / Any Govt. Dept. has the partnership of the entity been discontinued or poor performance in implementation of PHC(N) Mgt. Project under NHM in the district is identified by any external evaluating agency.	No	

27	Has the services of the organizations of the organization been discontinued on the basis of the conduct of any financial irregularities.	No	
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**Recommendation of the Assessment Team**

Whether the entity is recommended for next level selection process Yes / **No**,

If No, reasons there of :

**Not qualified in point no. 13 of eligibility checklist, only meeting information regarding nos. of meeting conducted in the year 2016-17 and 2017-18 has submitted but no copy of minutes has submitted in the document.**

**ELIGIBILITY CHECK LIST FOR EVALUATION OF PROPOSALS FOR PHC MANAGEMENT UNDER NHM**

**Name of the Entity : IMTS**

**Name of the PHC applied : Rahada PHC-N**

**District : Ganjam**

<b>Sl. No</b>	<b>Particulars</b>	<b>Status Yes / No</b>	<b>Remarks</b>
1	Copy of the Registration Certificate or equivalent certificates submitted	Yes	
2	Whether the entity is having 5 years in existence by 31 <sup>st</sup> March 2018 (To be ascertained from registration or equivalent certificate)	Yes	
3	Copy of Memorandum of Association or equivalent document of the Agency submitted	Yes	
4	Whether the entity is having provision of health care activities mentioned in its registration document.	Yes	
5	Whether the entity is one person's company (write NA if not applicable)	NA	
6	Whether the entity is having evidence of providing clinical outreach and public health services for a period of 3 yrs. (To be ascertained from MoV: MOU / Sanction order.)	Yes	
7	If registered in Society registration act; Does the entity is having the unique ID no. through the portal NGO-DARPAN of NITI Aayog. (write NA if not applicable)	Yes	Not validated through Darpan portal
8	Whether submitted annual average turnover Statement along with audit report for the last 3 years : 2014-15, 2015-16, 2016-17	Yes	
9	Whether the entities having annual turnover of at least Rs 25 lakhs per annum in the last three financial years (2014-15, 2015-16, 2016-17) as per Audited statement.	Yes	
10	Submission of Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18	Yes	
11	Document relating to fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.	Yes	
12	Whether the entity is having fixed assets of minimum Rs 10 lakhs in the name of the entity in terms of land, building and others.	Yes	

13	Meeting & minutes of the Executive Committee / Governing body / any other body meeting based on bye law / memorandum of the society / registration document submitted for the last three financial years till 2017-18	No	
14	Names of the Office Bearers along with their addresses submitted	Yes	
15	Whether the entity has ever been "blacklisted" / debarred from participating in any State Government / central Government Institutions. (to be ascertained from the certificate submitted.)	Yes	
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	Yes	
17	Whether the entity or any of its office bearers of the Organisation has been convicted by any court of law in India or abroad for any civil / criminal offences ?	Yes	
18	An undertaking that the Organisation is willing to sign the service level agreement submitted.	Yes	
19	Copy of the resolution of the competent authority in the Organisation authorizing the signatory to respond to this invitation submitted.	Yes	
20	Copy of PAN card	Yes	
21	Copy of Bank Pass Book	Yes	
22	Document containing the details of the names, addresses and educational qualifications of key personnel employed by the Organisation during the last three years including those employed at the time of submission of this bid submitted.	Yes	
23	Descriptions of activities of the Organisation in the primary health care system in any parts of India emphasizing (a) geographical area (b) outputs (c) manpower dedicated to projects (d) outcome submitted	Yes	
24	Registration under 12-A of Income tax act 1961	Yes	
25	EMD( DD or Rs. 40,000/-)	Yes	
26	Based on any adverse report against the entity from the District / NHM / Any Govt. Dept. has the partnership of the entity been discontinued or poor performance in implementation of PHC(N) Mgt. Project under NHM in the district is identified by any external evaluating agency.	No	

27	Has the services of the organizations of the organization been discontinued on the basis of the conduct of any financial irregularities.	No	
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**Recommendation of the Assessment Team**

Whether the entity is recommended for next level selection process Yes / **No**,

If No, reasons there of :

**Not qualified in point no. 13 of eligibility checklist, only meeting information regarding nos. of meeting conducted in the year 2016-17 and 2017-18 has submitted but no copy of minutes has submitted in the document.**

**ELIGIBILITY CHECK LIST FOR EVALUATION OF PROPOSALS FOR PHC MANAGEMENT UNDER NHM**

**Name of the Entity : ISARA**

**Name of the PHC applied : Pandripada PHC-N**

**District : Ganjam**

<b>Sl. No</b>	<b>Particulars</b>	<b>Status Yes / No</b>	<b>Remarks</b>
1	Copy of the Registration Certificate or equivalent certificates submitted	Yes	
2	Whether the entity is having 5 years in existence by 31 <sup>st</sup> March 2018 (To be ascertained from registration or equivalent certificate)	Yes	
3	Copy of Memorandum of Association or equivalent document of the Agency submitted	Yes	
4	Whether the entity is having provision of health care activities mentioned in its registration document.	Yes	
5	Whether the entity is one person's company (write NA if not applicable)	NA	
6	Whether the entity is having evidence of providing clinical outreach and public health services for a period of 3 yrs. (To be ascertained from MoV: MOU / Sanction order.)	No	
7	If registered in Society registration act; Does the entity is having the unique ID no. through the protal NGO-DARPAN of NITI Aayog. (write NA if not applicable)	Yes	
8	Whether submitted annual average turnover Statement along with audit report for the last 3 years : 2014-15, 2015-16, 2016-17	Yes	
9	Whether the entities having annual turnover of at least Rs 25 lakhs per annum in the last three financial years (2014-15, 2015-16, 2016-17) as per Audited statement.	Yes	
10	Submission of Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18	Yes	
11	Document relating to fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.	Yes	
12	Whether the entity is having fixed assets of minimum Rs 10 lakhs in the name of the entity in terms of land, building and others.	No	

13	Meeting & minutes of the Executive Committee / Governing body / any other body meeting based on bye law / memorandum of the society / registration document submitted for the last three financial years till 2017-18	No	
14	Names of the Office Bearers along with their addresses submitted	Yes	
15	Whether the entity has ever been "blacklisted" / debarred from participating in any State Government / central Government Institutions. (to be ascertained from the certificate submitted.)	Yes	
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	Yes	
17	Whether the entity or any of its office bearers of the Organisation has been convicted by any court of law in India or abroad for any civil / criminal offences ?	Yes	
18	An undertaking that the Organisation is willing to sign the service level agreement submitted.	Yes	
19	Copy of the resolution of the competent authority in the Organisation authorizing the signatory to respond to this invitation submitted.	Yes	
20	Copy of PAN card	Yes	
21	Copy of Bank Pass Book	Yes	
22	Document containing the details of the names, addresses and educational qualifications of key personnel employed by the Organisation during the last three years including those employed at the time of submission of this bid submitted.	Yes	
23	Descriptions of activities of the Organisation in the primary health care system in any parts of India emphasizing (a) geographical area (b) outputs (c) manpower dedicated to projects (d) outcome submitted	Yes	
24	Registration under 12-A of Income tax act 1961	Yes	
25	EMD( DD or Rs. 40,000/-)	Yes	
26	Based on any adverse report against the entity from the District / NHM / Any Govt. Dept. has the partnership of the entity been discontinued or poor performance in implementation of PHC(N) Mgt. Project under NHM in the district is identified by any external evaluating agency.	No	

27	Has the services of the organizations of the organization been discontinued on the basis of the conduct of any financial irregularities.	No	
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**Recommendation of the Assessment Team**

Whether the entity is recommended for next level selection process Yes / **No**,

If No, reasons there of :

**Not qualified in point no. 12 & 13 of eligibility checklist**

**2016-17 fixed assets scheduled in audit report not submitted**

**Fixed assets less than 10 lakhs in term of land & building as per 2015-16 audit report**

**ELIGIBILITY CHECK LIST FOR EVALUATION OF PROPOSALS FOR PHC MANAGEMENT UNDER NHM**

**Name of the Entity : ISARA**

**Name of the PHC applied : Baranga PHC-N**

**District : Ganjam**

<b>Sl. No</b>	<b>Particulars</b>	<b>Status Yes / No</b>	<b>Remarks</b>
1	Copy of the Registration Certificate or equivalent certificates submitted	Yes	
2	Whether the entity is having 5 years in existence by 31 <sup>st</sup> March 2018 (To be ascertained from registration or equivalent certificate)	Yes	
3	Copy of Memorandum of Association or equivalent document of the Agency submitted	Yes	
4	Whether the entity is having provision of health care activities mentioned in its registration document.	Yes	
5	Whether the entity is one person's company (write NA if not applicable)	NA	
6	Whether the entity is having evidence of providing clinical outreach and public health services for a period of 3 yrs. (To be ascertained from MoV: MOU / Sanction order.)	No	
7	If registered in Society registration act; Does the entity is having the unique ID no. through the protal NGO-DARPAN of NITI Aayog. (write NA if not applicable)	Yes	
8	Whether submitted annual average turnover Statement along with audit report for the last 3 years : 2014-15, 2015-16, 2016-17	Yes	
9	Whether the entities having annual turnover of at least Rs 25 lakhs per annum in the last three financial years (2014-15, 2015-16, 2016-17) as per Audited statement.	Yes	
10	Submission of Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18	Yes	
11	Document relating to fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.	Yes	
12	Whether the entity is having fixed assets of minimum Rs 10 lakhs in the name of the entity in terms of land, building and others.	No	

13	Meeting & minutes of the Executive Committee / Governing body / any other body meeting based on bye law / memorandum of the society / registration document submitted for the last three financial years till 2017-18	No	
14	Names of the Office Bearers along with their addresses submitted	Yes	
15	Whether the entity has ever been “blacklisted” / debarred from participating in any State Government / central Government Institutions. (to be ascertained from the certificate submitted.)	Yes	
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	Yes	
17	Whether the entity or any of its office bearers of the Organisation has been convicted by any court of law in India or abroad for any civil / criminal offences ?	Yes	
18	An undertaking that the Organisation is willing to sign the service level agreement submitted.	Yes	
19	Copy of the resolution of the competent authority in the Organisation authorizing the signatory to respond to this invitation submitted.	Yes	
20	Copy of PAN card	Yes	
21	Copy of Bank Pass Book	Yes	
22	Document containing the details of the names, addresses and educational qualifications of key personnel employed by the Organisation during the last three years including those employed at the time of submission of this bid submitted.	Yes	
23	Descriptions of activities of the Organisation in the primary health care system in any parts of India emphasizing (a) geographical area (b) outputs (c) manpower dedicated to projects (d) outcome submitted	Yes	
24	Registration under 12-A of Income tax act 1961	Yes	
25	EMD( DD or Rs. 40,000/-)	Yes	
26	Based on any adverse report against the entity from the District / NHM / Any Govt. Dept. has the partnership of the entity been discontinued or poor performance in implementation of PHC(N) Mgt. Project under NHM in the district is identified by any external evaluating agency.	No	

27	Has the services of the organizations of the organization been discontinued on the basis of the conduct of any financial irregularities.	No	
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**Recommendation of the Assessment Team**

Whether the entity is recommended for next level selection process Yes / **No**,

If No, reasons there of :

**Not qualified in point no. 12 & 13 of eligibility checklist**

**2016-17 fixed assets scheduled in audit report not submitted**

**Fixed assets less than 10 lakhs in term of land & building as per 2015-16 audit report**

**ELIGIBILITY CHECK LIST FOR EVALUATION OF PROPOSALS FOR PHC MANAGEMENT UNDER NHM**

**Name of the Entity : Karuna Trust**

**Name of the PHC applied : Pandripada PHC-N**

**District : Ganjam**

<b>Sl. No</b>	<b>Particulars</b>	<b>Status Yes / No</b>	<b>Remarks</b>
1	Copy of the Registration Certificate or equivalent certificates submitted	Yes	Trust deed
2	Whether the entity is having 5 years in existence by 31 <sup>st</sup> March 2018 (To be ascertained from registration or equivalent certificate)	Yes	Trust deed
3	Copy of Memorandum of Association or equivalent document of the Agency submitted	NA	
4	Whether the entity is having provision of health care activities mentioned in its registration document.	Yes	
5	Whether the entity is one person's company (write NA if not applicable)	NA	
6	Whether the entity is having evidence of providing clinical outreach and public health services for a period of 3 yrs. (To be ascertained from MoV: MOU / Sanction order.)	Yes	
7	If registered in Society registration act; Does the entity is having the unique ID no. through the protal NGO-DARPAN of NITI Aayog. (write NA if not applicable)	Yes	
8	Whether submitted annual average turnover Statement along with audit report for the last 3 years : 2014-15, 2015-16, 2016-17	Yes	
9	Whether the entities having annual turnover of at least Rs 25 lakhs per annum in the last three financial years (2014-15, 2015-16, 2016-17) as per Audited statement.	Yes	
10	Submission of Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18	Yes	
11	Document relating to fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.	Yes	
12	Whether the entity is having fixed assets of minimum Rs 10 lakhs in the name of the entity in terms of land, building and others.	Yes	

13	Meeting & minutes of the Executive Committee / Governing body / any other body meeting based on bye law / memorandum of the society / registration document submitted for the last three financial years till 2017-18	Yes	
14	Names of the Office Bearers along with their addresses submitted	Yes	
15	Whether the entity has ever been “blacklisted” / debarred from participating in any State Government / central Government Institutions. (to be ascertained from the certificate submitted.)	Yes	
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	Yes	
17	Whether the entity or any of its office bearers of the Organisation has been convicted by any court of law in India or abroad for any civil / criminal offences ?	Yes	
18	An undertaking that the Organisation is willing to sign the service level agreement submitted.	Yes	
19	Copy of the resolution of the competent authority in the Organisation authorizing the signatory to respond to this invitation submitted.	Yes	
20	Copy of PAN card	Yes	
21	Copy of Bank Pass Book	Yes	
22	Document containing the details of the names, addresses and educational qualifications of key personnel employed by the Organisation during the last three years including those employed at the time of submission of this bid submitted.	Yes	
23	Descriptions of activities of the Organisation in the primary health care system in any parts of India emphasizing (a) geographical area (b) outputs (c) manpower dedicated to projects (d) outcome submitted	Yes	
24	Registration under 12-A of Income tax act 1961	Yes	
25	EMD( DD or Rs. 40,000/-)	Yes	
26	Based on any adverse report against the entity from the District / NHM / Any Govt. Dept. has the partnership of the entity been discontinued or poor performance in implementation of PHC(N) Mgt. Project under NHM in the district is identified by any external evaluating agency.	No	Discontinued for poor performance of Alasu PHC-N, which was not advertised

27	Has the services of the organizations of the organization been discontinued on the basis of the conduct of any financial irregularities.	No	
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**Recommendation of the Assessment Team**

Whether the entity is recommended for next level selection process **Yes / No**,

If No, reasons there of :

**ELIGIBILITY CHECK LIST FOR EVALUATION OF PROPOSALS FOR PHC MANAGEMENT UNDER NHM**

**Name of the Entity** : Karuna Trust

**Name of the PHC applied** : Rahada PHC-N

**District** : Ganjam

<b>Sl. No</b>	<b>Particulars</b>	<b>Status Yes / No</b>	<b>Remarks</b>
1	Copy of the Registration Certificate or equivalent certificates submitted	Yes	Trust deed
2	Whether the entity is having 5 years in existence by 31 <sup>st</sup> March 2018 (To be ascertained from registration or equivalent certificate)	Yes	Trust deed
3	Copy of Memorandum of Association or equivalent document of the Agency submitted	NA	
4	Whether the entity is having provision of health care activities mentioned in its registration document.	Yes	
5	Whether the entity is one person's company (write NA if not applicable)	NA	
6	Whether the entity is having evidence of providing clinical outreach and public health services for a period of 3 yrs. (To be ascertained from MoV: MOU / Sanction order.)	Yes	
7	If registered in Society registration act; Does the entity is having the unique ID no. through the protal NGO-DARPAN of NITI Aayog. (write NA if not applicable)	Yes	
8	Whether submitted annual average turnover Statement along with audit report for the last 3 years : 2014-15, 2015-16, 2016-17	Yes	
9	Whether the entities having annual turnover of at least Rs 25 lakhs per annum in the last three financial years (2014-15, 2015-16, 2016-17) as per Audited statement.	Yes	
10	Submission of Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18	Yes	
11	Document relating to fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.	Yes	
12	Whether the entity is having fixed assets of minimum Rs 10 lakhs in the name of the entity in terms of land, building and others.	Yes	

13	Meeting & minutes of the Executive Committee / Governing body / any other body meeting based on bye law / memorandum of the society / registration document submitted for the last three financial years till 2017-18	Yes	
14	Names of the Office Bearers along with their addresses submitted	Yes	
15	Whether the entity has ever been “blacklisted” / debarred from participating in any State Government / central Government Institutions. (to be ascertained from the certificate submitted.)	Yes	
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	Yes	
17	Whether the entity or any of its office bearers of the Organisation has been convicted by any court of law in India or abroad for any civil / criminal offences ?	Yes	
18	An undertaking that the Organisation is willing to sign the service level agreement submitted.	Yes	
19	Copy of the resolution of the competent authority in the Organisation authorizing the signatory to respond to this invitation submitted.	Yes	
20	Copy of PAN card	Yes	
21	Copy of Bank Pass Book	Yes	
22	Document containing the details of the names, addresses and educational qualifications of key personnel employed by the Organisation during the last three years including those employed at the time of submission of this bid submitted.	Yes	
23	Descriptions of activities of the Organisation in the primary health care system in any parts of India emphasizing (a) geographical area (b) outputs (c) manpower dedicated to projects (d) outcome submitted	Yes	
24	Registration under 12-A of Income tax act 1961	Yes	
25	EMD( DD or Rs. 40,000/-)	Yes	
26	Based on any adverse report against the entity from the District / NHM / Any Govt. Dept. has the partnership of the entity been discontinued or poor performance in implementation of PHC(N) Mgt. Project under NHM in the district is identified by any external evaluating agency.	No	Discontinued for poor performance of Alasu PHC-N, which was not advertised

27	Has the services of the organizations of the organization been discontinued on the basis of the conduct of any financial irregularities.	No	
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**Recommendation of the Assessment Team**

Whether the entity is recommended for next level selection process **Yes / No**,

If No, reasons there of :

**ELIGIBILITY CHECK LIST FOR EVALUATION OF PROPOSALS FOR PHC MANAGEMENT UNDER NHM**

**Name of the Entity** : Karuna Trust

**Name of the PHC applied** : Goudagotha PHC-N

**District** : Ganjam

<b>Sl. No</b>	<b>Particulars</b>	<b>Status Yes / No</b>	<b>Remarks</b>
1	Copy of the Registration Certificate or equivalent certificates submitted	Yes	Trust deed
2	Whether the entity is having 5 years in existence by 31 <sup>st</sup> March 2018 (To be ascertained from registration or equivalent certificate)	Yes	Trust deed
3	Copy of Memorandum of Association or equivalent document of the Agency submitted	NA	
4	Whether the entity is having provision of health care activities mentioned in its registration document.	Yes	
5	Whether the entity is one person's company (write NA if not applicable)	NA	
6	Whether the entity is having evidence of providing clinical outreach and public health services for a period of 3 yrs. (To be ascertained from MoV: MOU / Sanction order.)	Yes	
7	If registered in Society registration act; Does the entity is having the unique ID no. through the protal NGO-DARPAN of NITI Aayog. (write NA if not applicable)	Yes	
8	Whether submitted annual average turnover Statement along with audit report for the last 3 years : 2014-15, 2015-16, 2016-17	Yes	
9	Whether the entities having annual turnover of at least Rs 25 lakhs per annum in the last three financial years (2014-15, 2015-16, 2016-17) as per Audited statement.	Yes	
10	Submission of Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18	Yes	
11	Document relating to fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.	Yes	
12	Whether the entity is having fixed assets of minimum Rs 10 lakhs in the name of the entity in terms of land, building and others.	Yes	

13	Meeting & minutes of the Executive Committee / Governing body / any other body meeting based on bye law / memorandum of the society / registration document submitted for the last three financial years till 2017-18	Yes	
14	Names of the Office Bearers along with their addresses submitted	Yes	
15	Whether the entity has ever been “blacklisted” / debarred from participating in any State Government / central Government Institutions. (to be ascertained from the certificate submitted.)	Yes	
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	Yes	
17	Whether the entity or any of its office bearers of the Organisation has been convicted by any court of law in India or abroad for any civil / criminal offences ?	Yes	
18	An undertaking that the Organisation is willing to sign the service level agreement submitted.	Yes	
19	Copy of the resolution of the competent authority in the Organisation authorizing the signatory to respond to this invitation submitted.	Yes	
20	Copy of PAN card	Yes	
21	Copy of Bank Pass Book	Yes	
22	Document containing the details of the names, addresses and educational qualifications of key personnel employed by the Organisation during the last three years including those employed at the time of submission of this bid submitted.	Yes	
23	Descriptions of activities of the Organisation in the primary health care system in any parts of India emphasizing (a) geographical area (b) outputs (c) manpower dedicated to projects (d) outcome submitted	Yes	
24	Registration under 12-A of Income tax act 1961	Yes	
25	EMD( DD or Rs. 40,000/-)	Yes	
26	Based on any adverse report against the entity from the District / NHM / Any Govt. Dept. has the partnership of the entity been discontinued or poor performance in implementation of PHC(N) Mgt. Project under NHM in the district is identified by any external evaluating agency.	No	Discontinued for poor performance of Alasu PHC-N, which was not advertised

27	Has the services of the organizations of the organization been discontinued on the basis of the conduct of any financial irregularities.	No	
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**Recommendation of the Assessment Team**

Whether the entity is recommended for next level selection process **Yes / No**,

If No, reasons there of :

**ELIGIBILITY CHECK LIST FOR EVALUATION OF PROPOSALS FOR PHC MANAGEMENT UNDER NHM**

**Name of the Entity : Karuna Trust**

**Name of the PHC applied : Baranga PHC-N**

**District : Ganjam**

<b>Sl. No</b>	<b>Particulars</b>	<b>Status Yes / No</b>	<b>Remarks</b>
1	Copy of the Registration Certificate or equivalent certificates submitted	Yes	Trust deed
2	Whether the entity is having 5 years in existence by 31 <sup>st</sup> March 2018 (To be ascertained from registration or equivalent certificate)	Yes	Trust deed
3	Copy of Memorandum of Association or equivalent document of the Agency submitted	NA	
4	Whether the entity is having provision of health care activities mentioned in its registration document.	Yes	
5	Whether the entity is one person's company (write NA if not applicable)	NA	
6	Whether the entity is having evidence of providing clinical outreach and public health services for a period of 3 yrs. (To be ascertained from MoV: MOU / Sanction order.)	Yes	
7	If registered in Society registration act; Does the entity is having the unique ID no. through the protal NGO-DARPAN of NITI Aayog. (write NA if not applicable)	Yes	
8	Whether submitted annual average turnover Statement along with audit report for the last 3 years : 2014-15, 2015-16, 2016-17	Yes	
9	Whether the entities having annual turnover of at least Rs 25 lakhs per annum in the last three financial years (2014-15, 2015-16, 2016-17) as per Audited statement.	Yes	
10	Submission of Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18	Yes	
11	Document relating to fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.	Yes	
12	Whether the entity is having fixed assets of minimum Rs 10 lakhs in the name of the entity in terms of land, building and others.	Yes	

13	Meeting & minutes of the Executive Committee / Governing body / any other body meeting based on bye law / memorandum of the society / registration document submitted for the last three financial years till 2017-18	Yes	
14	Names of the Office Bearers along with their addresses submitted	Yes	
15	Whether the entity has ever been “blacklisted” / debarred from participating in any State Government / central Government Institutions. (to be ascertained from the certificate submitted.)	Yes	
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	Yes	
17	Whether the entity or any of its office bearers of the Organisation has been convicted by any court of law in India or abroad for any civil / criminal offences ?	Yes	
18	An undertaking that the Organisation is willing to sign the service level agreement submitted.	Yes	
19	Copy of the resolution of the competent authority in the Organisation authorizing the signatory to respond to this invitation submitted.	Yes	
20	Copy of PAN card	Yes	
21	Copy of Bank Pass Book	Yes	
22	Document containing the details of the names, addresses and educational qualifications of key personnel employed by the Organisation during the last three years including those employed at the time of submission of this bid submitted.	Yes	
23	Descriptions of activities of the Organisation in the primary health care system in any parts of India emphasizing (a) geographical area (b) outputs (c) manpower dedicated to projects (d) outcome submitted	Yes	
24	Registration under 12-A of Income tax act 1961	Yes	
25	EMD( DD or Rs. 40,000/-)	Yes	
26	Based on any adverse report against the entity from the District / NHM / Any Govt. Dept. has the partnership of the entity been discontinued or poor performance in implementation of PHC(N) Mgt. Project under NHM in the district is identified by any external evaluating agency.	No	Discontinued for poor performance of Alasu PHC-N, which was not advertised

27	Has the services of the organizations of the organization been discontinued on the basis of the conduct of any financial irregularities.	No	
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**Recommendation of the Assessment Team**

Whether the entity is recommended for next level selection process **Yes / No**,

If No, reasons there of :

**ELIGIBILITY CHECK LIST FOR EVALUATION OF PROPOSALS FOR PHC MANAGEMENT UNDER NHM**

**Name of the Entity : Karuna Trust**

**Name of the PHC applied : Manitara PHC-N**

**District : Ganjam**

<b>Sl. No</b>	<b>Particulars</b>	<b>Status Yes / No</b>	<b>Remarks</b>
1	Copy of the Registration Certificate or equivalent certificates submitted	Yes	Trust deed
2	Whether the entity is having 5 years in existence by 31 <sup>st</sup> March 2018 (To be ascertained from registration or equivalent certificate)	Yes	Trust deed
3	Copy of Memorandum of Association or equivalent document of the Agency submitted	NA	
4	Whether the entity is having provision of health care activities mentioned in its registration document.	Yes	
5	Whether the entity is one person's company (write NA if not applicable)	NA	
6	Whether the entity is having evidence of providing clinical outreach and public health services for a period of 3 yrs. (To be ascertained from MoV: MOU / Sanction order.)	Yes	
7	If registered in Society registration act; Does the entity is having the unique ID no. through the protal NGO-DARPAN of NITI Aayog. (write NA if not applicable)	Yes	
8	Whether submitted annual average turnover Statement along with audit report for the last 3 years : 2014-15, 2015-16, 2016-17	Yes	
9	Whether the entities having annual turnover of at least Rs 25 lakhs per annum in the last three financial years (2014-15, 2015-16, 2016-17) as per Audited statement.	Yes	
10	Submission of Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18	Yes	
11	Document relating to fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.	Yes	
12	Whether the entity is having fixed assets of minimum Rs 10 lakhs in the name of the entity in terms of land, building and others.	Yes	

13	Meeting & minutes of the Executive Committee / Governing body / any other body meeting based on bye law / memorandum of the society / registration document submitted for the last three financial years till 2017-18	Yes	
14	Names of the Office Bearers along with their addresses submitted	Yes	
15	Whether the entity has ever been “blacklisted” / debarred from participating in any State Government / central Government Institutions. (to be ascertained from the certificate submitted.)	Yes	
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	Yes	
17	Whether the entity or any of its office bearers of the Organisation has been convicted by any court of law in India or abroad for any civil / criminal offences ?	Yes	
18	An undertaking that the Organisation is willing to sign the service level agreement submitted.	Yes	
19	Copy of the resolution of the competent authority in the Organisation authorizing the signatory to respond to this invitation submitted.	Yes	
20	Copy of PAN card	Yes	
21	Copy of Bank Pass Book	Yes	
22	Document containing the details of the names, addresses and educational qualifications of key personnel employed by the Organisation during the last three years including those employed at the time of submission of this bid submitted.	Yes	
23	Descriptions of activities of the Organisation in the primary health care system in any parts of India emphasizing (a) geographical area (b) outputs (c) manpower dedicated to projects (d) outcome submitted	Yes	
24	Registration under 12-A of Income tax act 1961	Yes	
25	EMD( DD or Rs. 40,000/-)	Yes	
26	Based on any adverse report against the entity from the District / NHM / Any Govt. Dept. has the partnership of the entity been discontinued or poor performance in implementation of PHC(N) Mgt. Project under NHM in the district is identified by any external evaluating agency.	No	Discontinued for poor performance of Alasu PHC-N, which was not advertised

27	Has the services of the organizations of the organization been discontinued on the basis of the conduct of any financial irregularities.	No	
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**Recommendation of the Assessment Team**

Whether the entity is recommended for next level selection process **Yes / No**,

If No, reasons there of :

**SCORING SHEET FOR THE ASSESSMENT OF THE BIDDER FOR PHC MANAGEMENT PROJECT UNDER NHM,  
ODISHA**

**Name of the Organization** : Karuna Trust

**Name of the PHC applied** : Goudagotha PHC-N

**District** : Ganjam

Sl.	Areas of assessment	Maximum marks	Marks obtained	MOV
	<b>Registration &amp; establishment ( 20 marks)</b>			
1	a) Years of existence of entity registered under Society Registration Act/Indian Trust Act/Indian Religious and Charitable Act/ Company Act OR Medical College (5--10 yrs-3marks, >10 yrs-5 marks)	5	5	Registration certificate
	b) Registered under 80G (if yes-2 mark, if No-0 mark)	2	2	80 G regd. certificate
	c) Working experience on health sector in the applied district (Completion of one year-5 marks, completion of two years-7.5 marks and completion of 3 years & above-10marks)	10	10	MOU/Sanction order/Agreement
	d) Governance System: (Meeting & Minutes of the Executive Committee/ Governing body/ Any other body meeting based on bye-law/Memorandum of the Society/registration document of last three financial years till 2017-18 (Less than 50% meeting-0 mark, 50%-75% meeting - 1 mark , >75% meeting - 3 marks)	3	2	Proceeding/ Meeting register of GB/ EB/Any other body
	<b>Field level Experience (45 marks)</b>			
2	a. Years of experience in implementing projects in health sector. (>3-5 yrs=3 marks, > 5 yrs= 5 marks)	5	5	MoU/Sanction Order/Agreement
	b. Years of experience in implementing projects in health sector with the support of Govt. (>3-5 yrs=3 marks, > 5 yrs= 5 marks)	5	5	MoU/Sanction Order/Agreement
	c. Years of experience in Managing Hospitals. (1-3 years= 5 marks; > 3 to 5 years=7 marks,> 5 years=10 marks.)	10	10	MoU/Sanction Order/Agreement
	d. Experience in providing comprehensive primary health care services at institutional level (Maternal Health, Neonatal & Infant Health, Child health, Adolescent Health, Reproductive Health & Contraceptive services, Management of Chronic Communicable Diseases, Basic OPD Care, Management of Non-Communicable diseases, Management of Mental Illness, Dental Care, Eye Care/ENT Care, Geriatric care, Managing emergency Medicine store) (>3-5 yrs=5 marks, >5 to 10 yrs= 7 marks,> 10Yrs=10 marks )	10	10	MOU/Sanction order/Agreement

	e. Multistate experience in managing health Institutions. (Less than 1 yr-0 marks, 1 yr or above- 5 marks)	05	5	MoU/Sanction Order/Agreement
	f. Experience in managing/part of any Network of hospitals: 1. Period 1 to 3 years-3 marks 2. Period >3 to 5 years- 4 marks 3. Period >5 years- 5 marks	05	5	MoU/Sanction Order/Agreement
	g. Own Patient referral transport services (1-3 yrs=3 marks, > 3 yrs – 5 yrs= 4 marks & > 5 years= 5 marks)	05	0	Log book/ other relevant document
	<b>Financial strength(20 marks)</b>			
3	a. Total financial turn over for last three financial years (2014-15, 2015-16 & 2016-17) >75 lakhs-1 Crore -5 marks, > 1 Crore -1.50 Crores- 7 marks, > 1.50 Crore=10 marks)	10	10	Audit report of last three financial years.
	b. Proper maintenance of all books of accounts (Assessed through verification)Y/N: Yes-4 marks & No- 0 marks.	4	---	Record/ register verification
	c. Fixed assets in the name of the organization ( Rs. 10-12 lakhs assets-4 marks, > 12 lakhs assets-6 marks)	6	6	Balance sheet & fixed asset register
	<b>Staffing: Other strength (10 marks)</b>			
4	Agencies having all staffs such as Allopathic doctor, Staff nurses/ANM, Pharmacist & LT in the payroll of the organization. (1-3 yrs = 5 marks, >3- 5 yrs= 7 marks, >5 yrs=10 marks).	10	---	Acquaintance & HR documents
5	<b>Other Strength: (05 marks)</b>			
	If the Organization received any National/State/District Level award for significant contribution in social development sector (National level-5 marks, State Level- 4 marks, District Level- 3 marks)	05	5	
	<b>Total</b>	<b>100</b>	<b>80</b>	

**NB: The proposal will be qualified if it scores at least 50 marks or more in Technical evaluation**

**SCORING SHEET FOR THE ASSESSMENT OF THE BIDDER FOR PHC MANAGEMENT PROJECT UNDER NHM,  
ODISHA**

**Name of the Organization : Karuna Trust**

**Name of the PHC applied : Rahada PHC-N**

**District : Ganjam**

Sl.	Areas of assessment	Maximum marks	Marks obtained	MOV
<b>Registration &amp; establishment ( 20 marks)</b>				
1	e) Years of existence of entity registered under Society Registration Act/Indian Trust Act/Indian Religious and Charitable Act/ Company Act OR Medical College (5--10 yrs-3marks, >10 yrs-5 marks)	5	5	Registration certificate
	f) Registered under 80G (if yes-2 mark, if No-0 mark)	2	2	80 G regd. certificate
	g) Working experience on health sector in the applied district (Completion of one year-5 marks, completion of two years-7.5 marks and completion of 3 years & above-10marks)	10	10	MOU/Sanction order/Agreement
	h) Governance System: (Meeting & Minutes of the Executive Committee/ Governing body/ Any other body meeting based on bye-law/Memorandum of the Society/registration document of last three financial years till 2017-18 (Less than 50% meeting-0 mark, 50%-75% meeting - 1 mark , >75% meeting - 3 marks)	3	2	Proceeding/ Meeting register of GB/ EB/Any other body
<b>Field level Experience (45 marks)</b>				
2	h. Years of experience in implementing projects in health sector. (>3-5 yrs=3 marks, > 5 yrs= 5 marks)	5	5	MoU/Sanction Order/Agreement
	i. Years of experience in implementing projects in health sector with the support of Govt. (>3-5 yrs=3 marks, > 5 yrs= 5 marks)	5	5	MoU/Sanction Order/Agreement
	j. Years of experience in Managing Hospitals. (1-3 years= 5 marks; > 3 to 5 years=7 marks,> 5 years=10 marks.)	10	10	MoU/Sanction Order/Agreement
	k. Experience in providing comprehensive primary health care services at institutional level (Maternal Health, Neonatal & Infant Health, Child health, Adolescent Health, Reproductive Health & Contraceptive services, Management of Chronic Communicable Diseases, Basic OPD Care, Management of Non-Communicable diseases, Management of Mental Illness, Dental Care, Eye Care/ENT Care, Geriatric care, Managing emergency Medicine store) (>3-5 yrs=5 marks, >5 to 10 yrs= 7 marks,> 10Yrs=10 marks )	10	10	MOU/Sanction order/Agreement

	l. Multistate experience in managing health Institutions. (Less than 1 yr-0 marks, 1 yr or above- 5 marks)	05	5	MoU/Sanction Order/Agreement
	m. Experience in managing/part of any Network of hospitals: 4. Period 1 to 3 years-3 marks 5. Period >3 to 5 years- 4 marks 6. Period >5 years- 5 marks	05	5	MoU/Sanction Order/Agreement
	n. Own Patient referral transport services (1-3 yrs=3 marks, > 3 yrs – 5 yrs= 4 marks & > 5 years= 5 marks)	05	0	Log book/ other relevant document
	<b>Financial strength(20 marks)</b>			
3	d. Total financial turn over for last three financial years (2014-15, 2015-16 & 2016-17) >75 lakhs-1 Crore -5 marks, > 1 Crore -1.50 Crores- 7 marks, > 1.50 Crore=10 marks)	10	10	Audit report of last three financial years.
	e. Proper maintenance of all books of accounts (Assessed through verification)Y/N: Yes-4 marks & No- 0 marks.	4	---	Record/ register verification
	f. Fixed assets in the name of the organization ( Rs. 10-12 lakhs assets-4 marks, > 12 lakhs assets-6 marks)	6	6	Balance sheet & fixed asset register
	<b>Staffing: Other strength (10 marks)</b>			
4	Agencies having all staffs such as Allopathic doctor, Staff nurses/ANM, Pharmacist & LT in the payroll of the organization. (1-3 yrs = 5 marks, >3- 5 yrs= 7 marks, >5 yrs=10 marks).	10	---	Acquaintance & HR documents
5	<b>Other Strength: (05 marks)</b>			
	If the Organization received any National/State/District Level award for significant contribution in social development sector (National level-5 marks, State Level- 4 marks, District Level- 3 marks)	05	5	
	<b>Total</b>	<b>100</b>	<b>80</b>	

**NB: The proposal will be qualified if it scores at least 50 marks or more in Technical evaluation**

**SCORING SHEET FOR THE ASSESSMENT OF THE BIDDER FOR PHC MANAGEMENT PROJECT UNDER NHM,  
ODISHA**

**Name of the Organization** : Karuna Trust

**Name of the PHC applied** : Manitara PHC-N

**District** : Ganjam

Sl.	Areas of assessment	Maximum marks	Marks obtained	MOV
<b>Registration &amp; establishment ( 20 marks)</b>				
1	i) Years of existence of entity registered under Society Registration Act/Indian Trust Act/Indian Religious and Charitable Act/ Company Act OR Medical College (5--10 yrs-3marks, >10 yrs-5 marks)	5	5	Registration certificate
	j) Registered under 80G (if yes-2 mark, if No-0 mark)	2	2	80 G regd. certificate
	k) Working experience on health sector in the applied district (Completion of one year-5 marks, completion of two years-7.5 marks and completion of 3 years & above-10marks)	10	10	MOU/Sanction order/Agreement
	l) Governance System: (Meeting & Minutes of the Executive Committee/ Governing body/ Any other body meeting based on bye-law/Memorandum of the Society/registration document of last three financial years till 2017-18 (Less than 50% meeting-0 mark, 50%-75% meeting - 1 mark , >75% meeting - 3 marks)	3	2	Proceeding/ Meeting register of GB/ EB/Any other body
<b>Field level Experience (45 marks)</b>				
2	o. Years of experience in implementing projects in health sector. (>3-5 yrs=3 marks, > 5 yrs= 5 marks)	5	5	MoU/Sanction Order/Agreement
	p. Years of experience in implementing projects in health sector with the support of Govt. (>3-5 yrs=3 marks, > 5 yrs= 5 marks)	5	5	MoU/Sanction Order/Agreement
	q. Years of experience in Managing Hospitals. (1-3 years= 5 marks; > 3 to 5 years=7 marks,> 5 years=10 marks.)	10	10	MoU/Sanction Order/Agreement
	r. Experience in providing comprehensive primary health care services at institutional level (Maternal Health, Neonatal & Infant Health, Child health, Adolescent Health, Reproductive Health & Contraceptive services, Management of Chronic Communicable Diseases, Basic OPD Care, Management of Non-Communicable diseases, Management of Mental Illness, Dental Care, Eye Care/ENT Care, Geriatric care, Managing emergency Medicine store) (>3-5 yrs=5 marks, >5 to 10 yrs= 7 marks,> 10Yrs=10 marks )	10	10	MOU/Sanction order/Agreement

	s. Multistate experience in managing health Institutions. (Less than 1 yr-0 marks, 1 yr or above- 5 marks)	05	5	MoU/Sanction Order/Agreement
	t. Experience in managing/part of any Network of hospitals: 7. Period 1 to 3 years-3 marks 8. Period >3 to 5 years- 4 marks 9. Period >5 years- 5 marks	05	5	MoU/Sanction Order/Agreement
	u. Own Patient referral transport services (1-3 yrs=3 marks, > 3 yrs – 5 yrs= 4 marks & > 5 years= 5 marks)	05	0	Log book/ other relevant document
	<b>Financial strength(20 marks)</b>			
3	g. Total financial turn over for last three financial years (2014-15, 2015-16 & 2016-17) >75 lakhs-1 Crore -5 marks, > 1 Crore -1.50 Crores- 7 marks, > 1.50 Crore=10 marks)	10	10	Audit report of last three financial years.
	h. Proper maintenance of all books of accounts (Assessed through verification)Y/N: Yes-4 marks & No- 0 marks.	4	---	Record/ register verification
	i. Fixed assets in the name of the organization ( Rs. 10-12 lakhs assets-4 marks, > 12 lakhs assets-6 marks)	6	6	Balance sheet & fixed asset register
	<b>Staffing: Other strength (10 marks)</b>			
4	Agencies having all staffs such as Allopathic doctor, Staff nurses/ANM, Pharmacist & LT in the payroll of the organization. (1-3 yrs = 5 marks, >3- 5 yrs= 7 marks, >5 yrs=10 marks).	10	---	Acquaintance & HR documents
5	<b>Other Strength: (05 marks)</b>			
	If the Organization received any National/State/District Level award for significant contribution in social development sector (National level-5 marks, State Level- 4 marks, District Level- 3 marks)	05	5	
	<b>Total</b>	<b>100</b>	<b>80</b>	

**NB: The proposal will be qualified if it scores at least 50 marks or more in Technical evaluation**

**SCORING SHEET FOR THE ASSESSMENT OF THE BIDDER FOR PHC MANAGEMENT PROJECT UNDER NHM,  
ODISHA**

**Name of the Organization** : Karuna Trust

**Name of the PHC applied** : Pandripada PHC-N

**District** : Ganjam

Sl.	Areas of assessment	Maximum marks	Marks obtained	MOV
<b>Registration &amp; establishment ( 20 marks)</b>				
1	m) Years of existence of entity registered under Society Registration Act/Indian Trust Act/Indian Religious and Charitable Act/ Company Act OR Medical College (5--10 yrs-3marks, >10 yrs-5 marks)	5	5	Registration certificate
	n) Registered under 80G (if yes-2 mark, if No-0 mark)	2	2	80 G regd. certificate
	o) Working experience on health sector in the applied district (Completion of one year-5 marks, completion of two years-7.5 marks and completion of 3 years & above-10marks)	10	10	MOU/Sanction order/Agreement
	p) Governance System: (Meeting & Minutes of the Executive Committee/ Governing body/ Any other body meeting based on bye-law/Memorandum of the Society/registration document of last three financial years till 2017-18 (Less than 50% meeting-0 mark, 50%-75% meeting - 1 mark , >75% meeting - 3 marks)	3	2	Proceeding/ Meeting register of GB/ EB/Any other body
<b>Field level Experience (45 marks)</b>				
2	v. Years of experience in implementing projects in health sector. (>3-5 yrs=3 marks, > 5 yrs= 5 marks)	5	5	MoU/Sanction Order/Agreement
	w. Years of experience in implementing projects in health sector with the support of Govt. (>3-5 yrs=3 marks, > 5 yrs= 5 marks)	5	5	MoU/Sanction Order/Agreement
	x. Years of experience in Managing Hospitals. (1-3 years= 5 marks; > 3 to 5 years=7 marks,> 5 years=10 marks.)	10	10	MoU/Sanction Order/Agreement
	y. Experience in providing comprehensive primary health care services at institutional level (Maternal Health, Neonatal & Infant Health, Child health, Adolescent Health, Reproductive Health & Contraceptive services, Management of Chronic Communicable Diseases, Basic OPD Care, Management of Non-Communicable diseases, Management of Mental Illness, Dental Care, Eye Care/ENT Care, Geriatric care, Managing emergency Medicine store) (>3-5 yrs=5 marks, >5 to 10 yrs= 7	10	10	MOU/Sanction order/Agreement

	marks,> 10Yrs=10 marks )			
	z. Multistate experience in managing health Institutions. (Less than 1 yr-0 marks, 1 yr or above- 5 marks)	05	5	MoU/Sanction Order/Agreement
	aa.Experience in managing/part of any Network of hospitals: 10. Period 1 to 3 years-3 marks 11. Period >3 to 5 years- 4 marks 12. Period >5 years- 5 marks	05	5	MoU/Sanction Order/Agreement
	bb. Own Patient referral transport services (1-3 yrs=3 marks, > 3 yrs – 5 yrs= 4 marks & > 5 years= 5 marks)	05	0	Log book/ other relevant document
	<b>Financial strength(20 marks)</b>			
3	j. Total financial turn over for last three financial years (2014-15, 2015-16 & 2016-17) >75 lakhs-1 Crore -5 marks, > 1 Crore -1.50 Crores- 7 marks, > 1.50 Crore=10 marks)	10	10	Audit report of last three financial years.
	k. Proper maintenance of all books of accounts (Assessed through verification)Y/N: Yes-4 marks & No- 0 marks.	4	---	Record/ register verification
	l. Fixed assets in the name of the organization ( Rs. 10-12 lakhs assets-4 marks, > 12 lakhs assets-6 marks)	6	6	Balance sheet & fixed asset register
	<b>Staffing: Other strength (10 marks)</b>			
4	Agencies having all staffs such as Allopathic doctor, Staff nurses/ANM, Pharmacist & LT in the payroll of the organization. (1-3 yrs = 5 marks, >3- 5 yrs= 7 marks, >5 yrs=10 marks).	10	---	Acquaintance & HR documents
5	<b>Other Strength: (05 marks)</b>			
	If the Organization received any National/State/District Level award for significant contribution in social development sector (National level-5 marks, State Level- 4 marks, District Level- 3 marks)	05	5	
	<b>Total</b>	<b>100</b>	<b>80</b>	

**NB: The proposal will be qualified if it scores at least 50 marks or more in Technical evaluation**

**SCORING SHEET FOR THE ASSESSMENT OF THE BIDDER FOR PHC MANAGEMENT PROJECT UNDER NHM,  
ODISHA**

Name of the Organization : Karuna Trust

Name of the PHC applied : Baranga PHC-N

District : Ganjam

Sl.	Areas of assessment	Maximum marks	Marks obtained	MOV
<b>Registration &amp; establishment ( 20 marks)</b>				
1	q) Years of existence of entity registered under Society Registration Act/Indian Trust Act/Indian Religious and Charitable Act/ Company Act OR Medical College (5--10 yrs-3marks, >10 yrs-5 marks)	5	5	Registration certificate
	r) Registered under 80G (if yes-2 mark, if No-0 mark)	2	2	80 G regd. certificate
	s) Working experience on health sector in the applied district (Completion of one year-5 marks, completion of two years-7.5 marks and completion of 3 years & above-10marks)	10	10	MOU/Sanction order/Agreement
	t) Governance System: (Meeting & Minutes of the Executive Committee/ Governing body/ Any other body meeting based on bye-law/Memorandum of the Society/registration document of last three financial years till 2017-18 (Less than 50% meeting-0 mark, 50%-75% meeting - 1 mark , >75% meeting - 3 marks)	3	2	Proceeding/ Meeting register of GB/ EB/Any other body
<b>Field level Experience (45 marks)</b>				
2	cc. Years of experience in implementing projects in health sector. (>3-5 yrs=3 marks, > 5 yrs= 5 marks)	5	5	MoU/Sanction Order/Agreement
	dd. Years of experience in implementing projects in health sector with the support of Govt. (>3-5 yrs=3 marks, > 5 yrs= 5 marks)	5	5	MoU/Sanction Order/Agreement
	ee. Years of experience in Managing Hospitals. (1-3 years= 5 marks; > 3 to 5 years=7 marks,> 5 years=10 marks.)	10	10	MoU/Sanction Order/Agreement
	ff. Experience in providing comprehensive primary health care services at institutional level (Maternal Health, Neonatal & Infant Health, Child health, Adolescent Health, Reproductive Health & Contraceptive services, Management of Chronic Communicable Diseases, Basic OPD Care, Management of Non-Communicable diseases, Management of Mental Illness, Dental Care, Eye Care/ENT Care, Geriatric care, Managing emergency Medicine store) (>3-5 yrs=5 marks, >5 to 10 yrs= 7 marks,> 10Yrs=10 marks )	10	10	MOU/Sanction order/Agreement

	gg. Multistate experience in managing health Institutions. (Less than 1 yr-0 marks, 1 yr or above- 5 marks)	05	5	MoU/Sanction Order/Agreement
	hh. Experience in managing/part of any Network of hospitals: 13. Period 1 to 3 years-3 marks 14. Period >3 to 5 years- 4 marks 15. Period >5 years- 5 marks	05	5	MoU/Sanction Order/Agreement
	ii. Own Patient referral transport services (1-3 yrs=3 marks, > 3 yrs – 5 yrs= 4 marks & > 5 years= 5 marks)	05	0	Log book/ other relevant document
	<b>Financial strength(20 marks)</b>			
3	m. Total financial turn over for last three financial years (2014-15, 2015-16 & 2016-17) >75 lakhs-1 Crore -5 marks, > 1 Crore -1.50 Crores- 7 marks, > 1.50 Crore=10 marks)	10	10	Audit report of last three financial years.
	n. Proper maintenance of all books of accounts (Assessed through verification)Y/N: Yes-4 marks & No- 0 marks.	4	---	Record/ register verification
	o. Fixed assets in the name of the organization ( Rs. 10-12 lakhs assets-4 marks, > 12 lakhs assets-6 marks)	6	6	Balance sheet & fixed asset register
	<b>Staffing: Other strength (10 marks)</b>			
4	Agencies having all staffs such as Allopathic doctor, Staff nurses/ANM, Pharmacist & LT in the payroll of the organization. (1-3 yrs = 5 marks, >3- 5 yrs= 7 marks, >5 yrs=10 marks).	10	---	Acquaintance & HR documents
5	<b>Other Strength: (05 marks)</b>			
	If the Organization received any National/State/District Level award for significant contribution in social development sector (National level-5 marks, State Level- 4 marks, District Level- 3 marks)	05	5	
	<b>Total</b>	<b>100</b>	80	

**NB: The proposal will be qualified if it scores at least 50 marks or more in Technical evaluation**