

**Assam Cancer Care Foundation (ACCF)**  
**Guwahati, Assam**

**EXPRESSION OF INTEREST (EOI) FORM FOR PREQUALIFICATION & VENDOR REGISTRATION**  
*(To be submitted by eligible firms willing to provide specified categories of goods & services)*  
[www.assamcancercarefoundation.org](http://www.assamcancercarefoundation.org)

**No. Eol/ACCF/2021-22/Sourcing/20      Dated 02.06.2021**

- i. The Expression of Interest and accompanying documents should be email to [procurement@accf.in](mailto:procurement@accf.in) no later than: 28.6.2021 **latest by 17:00 hours.**
- ii. Submissions received late may be rejected.

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## **1. BACKGROUND**

### **1.1. About ACCF**

- a) Assam Cancer Care Foundation (ACCF) is the collaboration of Tata Trusts and Government of Assam ("GoA") in view to optimally plan, design and implement distributed cancer care facilities across the States of Assam through a need-based approach. ACCF is mandated to create patient-centric cancer hospitals across the state to deliver standardized, high-quality and affordable care closer to patients' homes and thereby to mitigate the financial burden.
- b) In addition to Cancer Care, ACCF is embarked on preventive strategies to reduce the incidence of cancer in the State.
- c) ACCF is a Company registered under Section 8 of the Companies Act 2013 having its Registered Office in Guwahati, Assam.

### **1.2 About this EoI.**

- a) ACCF, through this EoI process, intend to empanel (prequalify) eligible parties (i.e. service providers or suppliers), for a period of one & half year (1.5 years) to facilitate supply and provisioning of different categories of goods and services of small value in a short notice to meet routine requirements for its offices in different locations in Assam. The parties with established supply chain network or having a strong base in Assam shall be preferred.
- b) This Expressions of Interest (EOI) is invited from eligible parties (i.e. service providers or suppliers) willing to be prequalified for one or more of the specified categories service(s) to ACCF in Guwahati or its offices in various districts in the State of Assam.
- c) Firms are at liberty to submit EoI for one or for more than one items of goods or services under each category(s) or for multiple categories in a single EoI. The applicant has to clearly mention the item(s) it expresses its intent for supply or provisioning in prescribed terms.

## 2. SCOPE OF THIS EOI

### 2.1. Categories of Goods and Services Covered\*

| <b>A. GOODS</b> |   |  |  |
|-----------------|---|--|--|
| <b>Code</b>     | <b>Categories of Goods and Services</b>   | <b>Minimum average Turnover requirement (INR) for the firms based at Guwahati and other states of India</b><br><br>(In Lakh) | <b>Minimum average Turnover requirement (INR) for the firms based at other towns of Assam such as Tezpur, Dibrugarh, Barpeta, Jorhat, Silchar, Diphu, Lakhimpur, Darrang, Kokrajhar etc. (i.e. except Guwahati)</b><br>(In Lakh) |
| <b>1.</b>       | <b>Office Equipment &amp; Furniture :</b><br>a) IT Hardware & Software<br>b) Electrical installations<br>c) Electronics Items<br>d) Audio-visual Equipment<br>e) Office Furnitures                              | Rs. 25 Lakh  | Rs. 10 Lakh  |
| <b>2.</b>       | <b>Office Stationaries :</b><br>a) Computer Papers<br>b) Letter Heads, Visiting Cards, Envelops, printing etc.<br>c) Stapler and stapler pin, pen, pencil, scale, marker, erasers, etc.<br>d) Files and folders | Rs. 10 Lakh  | Rs. 5 Lakh   |
| <b>3.</b>       | <b>Hospital Equipment and Furniture and Tools :</b><br>a) Hospital Equipment<br>b) Hospital Furniture ;   | Rs. 50 Lakh  | Rs. 25 Lakh  |
| <b>4</b>        | <b>Hospital Consumables and medicines :</b><br>a) Chemicals, Consumables & Reagents for Hospital  | Rs. 25 Lakh  | Rs. 10 Lakh  |

|                    |   |              |             |
|--------------------|---|--------------|-------------|
|                    | b) Surgical Sutures and surgical instruments<br>c) Medicine   |              |             |
| <b>5</b>           | <b>Linen :</b><br>a) Hospital Linen<br>b) General Linen   | Rs. 10 Lakh  | Rs. 5 Lakh  |
| <b>B. SERVICES</b> |   |              |             |
| <b>6.</b>          | <b>Repair &amp; Maintenance :</b><br>a) Hospital equip. & Furniture<br>b) Office Furniture<br>c) IT Equipment<br>d) Electrical Installations<br>e) Electronics Items<br>f) Audio-visual Equipment | Rs. 10 Lakh  | Rs. 5 Lakh  |
| <b>7</b>           | <b>Housekeeping Services</b>  | Rs. 100 Lakh | Rs. 50 Lakh |
| <b>8</b>           | <b>Security Services</b>  | Rs. 75 Lakh  | Rs. 40 Lakh |
| <b>9</b>           | <b>HR Agency for supply of Manpower</b>   | Rs. 100 Lakh | Rs. 50 Lakh |
| <b>10</b>          | <b>Transport Service/Travel Agency (Passenger &amp; Goods)</b><br>a) Commercial Passenger Taxi services<br>b) Cargo services  | Rs. 50 Lakh  | Rs. 25 Lakh |
| <b>10</b>          | <b>Hotel/Hospitality &amp; Catering services</b><br>a) Hotel for accommodation<br>b) Catering Services<br>c) Laundry Services<br>d) Conference Hall   | Rs. 40 Lakh  | Rs. 10 Lakh |
| <b>11</b>          | <b>Courier and postage services</b>   | Rs. 25 Lakh  | Rs. 10 Lakh |
| <b>12</b>          | <b>Civil Works</b>  | Rs. 100 Lakh | Rs. 30 Lakh |

**\*Those agencies which are already empanelled, need not to apply afresh. However, for other categories for which they are not empanelled, can apply.**

## **2.2. Submission & Evaluation**

2.2.1. The Applicant shall submit all information as given below along with EoI:

| Sl. No | Annexure/Document Details  |
|--------|--|
| 1      | Annexure-1: Letter of Expression of Interest   |
| 2      | Annexure-2: Firm Profile   |
| 3      | Annexure-3: Evidence of Similar Experience/ Client Satisfaction  |
| 4      | Annexure-4: Evidence of Financial Capability   |
| 5      | Annexure-5: Details of Goods and Services for which interest has been shown.   |
| 6      | EOL Processing Fees (proof of payment)   |
| 7      | Turnover Certificate with UIDN by a Chartered Account  |
| 8      | Firm Incorporation Document (i.e Company Incorporation Certificate, Partnership Deed, Registration Certificate, Gumashta)                    |
| 9      | Dealership or authorisation certificate, Licence or authorisation certificate to provide service or supply of relevant goods (as applicable) |
|        |  |

2.2.2. Details for each category of goods or services required to be furnished separately in the form and manner as given under **Annexure-5**. The Applicant shall fill the form for the items it intends to EoI.

2.2.3. ACCF will evaluate EOI applications based on the evaluation criteria as set out in this EoI;

### 2.3. Conflict of Interest

2.3.1 The situation of “conflict of interest” between two or more applicants or between the procurement official(s) and the applicant may arise by virtue of their relationship and position.

2.3.2 A participant shall not have conflict of interest with other Applicants. Such conflict of interest can lead to anti-competitive practices to the detriment of Procuring Entity’s interests. The Applicant found to have a conflict of interest shall be disqualified. An Applicant may be considered to have a conflict of interest with one or more parties in this EoI process, if:

- a) they have controlling partner (s) in common; or
- b) they receive or have received any direct or indirect subsidy/financial stake from any of them; or
- c) they have the same legal representative/agent for purposes of this EoI; or
- d) they have relationship with each other, directly or through common third parties, that puts them in a position to have access to information about or influence on the EoI of another Applicant; or
- e) Applicant submitting more than one EoI in this EoI process (Clarity: Applicant can participate for more than one category but cannot submit two or more EoIs separately for same category). Participation by an Applicant in more than one EoI will result in the disqualification of all EoIs in which the parties are involved. However, this does not limit the inclusion of the components/sub-assembly/assemblies from one applicant/ manufacturer in more than one EoI.

## 2.4. EoI Processing Fee

- a) The applicant (participating firm) is required to pay processing fee of Rs. 1000/- along with the EoI application through DD/NEFT/RTGS in favour of 'Assam Cancer Care Foundation', payable at Guwahati. Non-submission of processing fee within due date shall amount to rejection. Account Number- 37754113832, A/c Holder Name: Assam Cancer Care Foundation, IFSC Code- SBIN0003030, Type of Account- Current Account

## 2.5. Method of Submission & Deadline

### 2.5.1. Electronic Submission of EoI (By Email)

- b) Last date of submission is 23<sup>rd</sup> June 2021 latest by 5 PM through e-mail.
- c) All e-mailed submissions must be sent to **procurement@accf.in** the ONLY ACCEPTABLE E-MAIL ADDRESS for receipt of Proposals. No other recipient should be "Cc" or "Bcc" in the e-mail submission.
- d) Submissions can be sent in batches not to exceed ACCF's e-mail size quota of ten **(10) megabytes** per e-mail.
- e) All e-mail communication in relation to the submission must clearly indicate "EOI for ....." (*pls mention name of the category*) in the "Subject" line of the e-mail.
- f) All responses to EoI by e-mail must be submitted as PDF (Portable Document Format) files. Email links (e.g. to documents to be downloaded from cloud-based folders) are not acceptable unless otherwise specifically requested. Proposals submitted as a link or through a link will be invalidated.
- g) Account Number- 37754113832, A/c Holder Name: Assam Cancer Care Foundation, IFSC Code- SBIN0003030, Type of Account- Current Account
- h) Please mention UTR no. in the EoI to trace the payment.

### 2.5.2. Doubts and Clarifications

- a) Interested Companies are encouraged to contact ACCF during the EOI stage should they have any queries regarding any aspect of this EoI. Requests for clarification shall be in writing by email and ACCF will respond to the queries in writing by email.
- b) All enquiries in relation to this EoI submission must be sent by email to :  
E-Mail: [procurement@accf.in](mailto:procurement@accf.in)  
Subject: **Enquiry: "EOI – Procurement of Goods/Services – ....."** (*pls mention name of category*) [Company Name].

## 3. ELIGIBILITY & EVALUATION CRITERIA

### 3.1 Eligibility Criteria

- a) The company should have active experience in selling the goods or provisioning of the services being applied for at-least 2 years as on 31<sup>st</sup> March 2021;

- b) The applicant should be registered entity and having appropriate authorisation or licensing to provide the selected services in India.
- c) The applicant should have achieved average annual turnover, as mentioned in the table against each applied category in the Table at Clause 2.1, in at-least last three completed financial years from similar business (i.e. 2017-18 , 2018-19 & 2019-20).
- d) It may be noted that applicant are required to furnish a certificate (with UIDN) for average annual turnover from a registered Chartered Account. However, ACCF reserves the right to ask Audited (if applicable) Balance Sheets for the last three financial years, if required at any stage.
- e) General Eligibility Criteria

The Applicant should not have abandoned any work in the last five years; should not be blacklisted; should not have had any of its contracts terminated for failure to perform; should not have suffered from bankruptcy / insolvency or been a subject of any legal proceedings for these matters; should not have been involved in frequent litigations in the last five years.

### 3.2. Evaluation Criteria

All submissions shall be evaluated in accordance with the following criteria. In order to qualify, the parties should meet the eligibility criteria and secure a minimum score of 75 marks **out of total score of 100 marks as detailed below.**

| S. No. | Parameters  | Maximum Marks |
|--------|---|---------------|
| 1.     | Experience in supplying of goods or service to reputed institutes in India.                                   |               |
|        | i. For more than 20 clients with order value of Rs 100000 for Goods & Rs 50000 for Services                   | 35            |
|        | ii. For more than 10 and less than 20 clients with order value of Rs 100000 for Goods & Rs 50000 for Services | 30            |
|        | iii. For more than 5 and less than 10 clients with order value of Rs 100000 for Goods & Rs 50000 for Services | 25            |
|        | iv. For less than 5 Clients with order value of Rs 100000 for Goods & Rs 50000 for Services                   | 20            |
| 2.     | Satisfactory Services Certificate by Clients (Should be current and valid)                                    |               |
|        | i. Satisfactory Services Certificate by > 5 Clients   | 20            |
|        | ii. Satisfactory Services Certificate by > = 3 Clients  | 15            |
|        | iii. Satisfactory Services Certificate by < 3 Clients   | 10            |



|    |  |            |
|----|--|------------|
| 3. | Number of years in similar business  |            |
|    | i. Similar Business experience > 7 Years   | 20         |
|    | ii. Similar Business experience > =4 Years   | 15         |
|    | iii. Similar Business experience > =2 Years  | 10         |
| 4. | Evidence of Financial Capability (Turnover)  |            |
|    | i. Exceeds the Minimum Eligible Turnover for the concerned Category by 50% or More   | 25         |
|    | ii. Exceeds the Minimum Eligible Turnover for the concerned Category by 40% or More  | 20         |
|    | iii. Exceeds the Minimum Eligible Turnover for the concerned Category by 20% or More | 15         |
|    | iv. Exceeds the Minimum Eligible Turnover for the concerned Category by 10% or More  | 12         |
|    | v. Meets the Minimum Eligible Turnover for the concerned Category                    | 10         |
|    | <b>TOTAL</b>   | <b>100</b> |

### 3.3. Other Empanelment Terms & Conditions

- (a) The EoI Submissions must be completed in all respect as mentioned herein this document including duly filled Annexures.
- (b) Submission and acceptance of EoI application will not constitute a contract or part of a contract between ACCF and the Applicant;
- (c) Any conflict of interest or potential conflict of interest either with ACCF employees/ex-employees or any other conflict of interest must be fully disclosed to ACCF in this EoI or as soon as such conflict or potential conflict becomes apparent. In the event of any conflict or potential conflict of interest ACCF shall, in its absolute discretion, decide on the appropriate course of action. ACCF reserves the right to evaluate individual or organizational conflict of interest of the applicant vis-à-vis ACCF's own employees;
- (d) The Applicant by responding to this EoI agree to be bound by the decision of ACCF;
- (e) ACCF reserves the following rights for this EoI:-
  - 1) To request any additional information, which is considered relevant for the evaluation;
  - 2) Visit and inspect the firm's premises and its clients;
  - 3) Contact of clients of the applicant provided;
  - 4) Request additional supporting or clarification or supplementary information or technical presentation;
  - 5) Arrange interviews with the applicants' management team or any other relevant staff as appropriate;

- 6) Reject any or all of the EoI or Accept any EoI in whole or in part;
- (f) Any costs related to the EoI submission will be borne by the Applicant responding to this EoI;
  - (g) This EoI is purely an expression of interest by the applying agencies and doesn't guarantee any formal contract with ACCF.
  - (h) After submission of EoI for various categories, ACCF shall evaluate the offers and ACCF selection of agencies in a particular category shall be final and binding to the participating firms.
  - (i) A firm can participate in one or more categories of Service/Goods.
  - (j) Sister concern(s) in which a participating firm for a particular category, having more than 20% shares, can not participate for same category. This will be construed as collusion and all such participating firms shall be disqualified. If the same is found after selection of the firms for same category, such firms shall be blacklisted. ACF reserves the right to ask MoA, AoA or share/partnership pattern of the participating firms.
  - (k) ACCF, after empanelment of qualified agencies, may call quotations/limited tenders for the items which are required at that point of time. Empanelled agencies reserves the right to participate in the procurement process.
  - (l) ACCF reserves the right to call quotations from other agencies which are not empanelled depending upon cost, quality, supply time etc.
  - (m) This empanelment of agencies under various categories shall be one and half year (1.5 years) from the date of empanelment letter to be issued from ACCF. The same can be extended for another 3 months with mutual consent.
  - (n) In a procurement process of ACCF through these empanelled agencies, final selection of an agency for that particular procurement shall depend upon the cost, quality, supply time etc. ACCF is not bound to place order with lowest price Applicant.
  - (o) By participating in this EoI, firm agrees to all terms and conditions of this EoI.

**ANNEXURE -1: LETTER OF EXPRESSION OF INTEREST**

*[On Letterhead of the Applicant Firm including full postal address, and telephone, facsimile and electronic mail]*

Date:

To: The Head Operations,  
Assam Cancer Care Foundation  
3<sup>rd</sup> Floor, V K Trade Center, Opp. Down Town Hospital  
Guwahati (Assam)-

1. Being duly authorized to represent and act on behalf of \_\_\_\_\_ (hereinafter referred to as “the Company/firm/proprietor-registered”), and having reviewed and fully understood all of the prequalification requirements and information provided, I the under
2. Attached to this letter are copies of original documents defining:
  - a) Firm registration certificate and license to provide following goods/services under:
    - i. ....
    - ii. ....
    - iii. .... (*mention categories for which EoI is being submitted*)
  - b) Authorized Signatory legal status.
3. ACCF and its authorized representatives are hereby authorized to conduct any inquiries or investigations to verify the statements, documents, and information submitted in connection with this application, and to seek clarification from other agencies and clients regarding any financial and technical aspects. This Letter of Expression of Interest will also serve as authorization to any individual or authorized representative of any institution referred to in the supporting information referred by the company to provide such information deemed necessary and as requested by your selves to verify statements and information provided in this application, such as the resources, experience, and competence of the Company.
4. ACCF and its authorized representatives may contact the following persons for reference check:

|           |                                      |
|-----------|--------------------------------------|
| Contact 1 | Address and communication facilities |
| Contact 2 | Address and communication facilities |
| Contact 3 | Address and communication facilities |

5. This application is made with the full understanding that ACCF reserves the right to:-
  - a. Request any additional information, which is considered relevant for the evaluation;
  - b. Visit and inspect the company's premises and its clients;
  - c. Contact clients of the company/referees provided;
  - d. Request additional supporting or clarification or supplementary information or technical presentation;
  - e. Arrange interviews with the company's management team or any other relevant staff as appropriate;
  - f. Reject any all of the EoI or Accept any EoI in whole or in part;
6. Any conflict of interest or potential conflict of interest either with ACCF employees/ex-employees or any other conflict of interest must be fully disclosed to ACCF in this EoI or as soon as such conflict or potential conflict becomes apparent. In the event of any conflict or potential conflict of interest ACCF shall, in its absolute discretion, decide on the appropriate course of action. ACCF reserves the right to evaluate individual or organizational conflict of interest of the Applicant vis-à-vis ACCF it's employees.
7. No sister or associated company/firm of ours are participating for the same category of services in this EoI. If found, action may be initiated against us including debarment.
8. The company by responding to this EoI agree to be bound by the decision of ACCF;
9. We hereby declare that we are not blacklisted/debarred either by ACCF/any deptt. Of Govt. of Assam/UN organisation(s) or by any department/office of the Government of India and eligible to participate in this EoI for providing required services.
10. The undersigned declare that the statements made and the information provided in the duly completed application and its annexures are complete, true, and correct in every detail.

Name of Company:

Address:

Date:

Undersigned by:

Designation of Undersigned:

Seal:

**ANNEXURE - 2: FIRM PROFILE****General Information:**

Name of the Company:

Full Address:

Telephone:

Fax:

Email:

Webpage:

Authorized Signatory Name &amp; Title:

Authorized Signatory Telephone:

E-mail:

**Company Details:**Company's registration No\*:  
*registration certificate*

Expire Date:

License Class/Category:

*\*Attach*

Legal Status : Private Limited Company, Public Limited Company, other(Firm/Proprietorship):

Is the firm participating to this EOI as a consortium/joint venture?    Yes    ☐    No    ☐Attach a copy of Trade license along with the English translated copy?    Yes    ☐    No    ☐Attach a copy of GST Registration?    Yes    ☐    No    ☐**Quality Control:**

Indicate with which recognised Quality Control Systems Standards the Company is registered.

*Please include a currently valid copy of the registration documentation. (if applicable)*ISO9001    ☐    Environmental Management    ☐    Other Standard    ☐Internal Procedures    ☐    None    ☐

**ANNEXURE -3: EVIDENCE OF SIMILAR EXPERIENCE (Goods/Services)/ Past Performance Format**

*(Separate for each category quoted)*

**Name of the Category: .....**

**SUPPLY/SERVICE EXPERIENCE IN LAST 3 YEARS**

|  |  |
|--|--|
| Assignment Name  |  |
| Approximate value of the contract/PO                                   |  |
| Country  |  |
| Location within the country  |  |
| Duration of assignment/ Month Of supply (months)                       |  |
| Name of the client   |  |
| Address of the client  |  |
| Approximate value of services provided by your firm under the contract |  |
| Start Date (month/year)  |  |
| Completion Date (month/year)   |  |
| Description of actual services provided in the assignment              |  |

*(Insert additional rows where needed)*

**ANNEXURE -4: EVIDENCE OF FINANCIAL CAPABILITY****Annual Turnover***On the letter head of Chartered Accountant/Statutory Auditor*

We have verified the Audited Financial statements and other documents of..... having registered office at ..... pertaining to the financial year 2017-18,2018-19 &2019-20. Based on our verification of the afore said statements and records, we certify that the following details are true to the best of our information and according to the explanation given to us.

*(Amount in INR Lakh)*

| Financial Information               | Financial Year |         |         | Average |
|-------------------------------------|----------------|---------|---------|---------|
|                                     | 2019-20        | 2018-19 | 2017-18 |         |
| Total Annual Turnover from Business |                |         |         |         |
| Profit Before Tax                   |                |         |         |         |
| Profit After Tax                    |                |         |         |         |

1. The Firm should state the annual turnover, in terms of the amounts billed to clients for each year for work in progress or completed at the end of the period reported. The annual periods should be the last Three(3) completed financial years.
2. Attach a certificate of average annual turnover (with UIDN) by Chartered Accountant for last 3 financial years? Yes ☐ No ☐  
*Preferably signed by the auditor or any practising Chartered Accountant.*  
*Failure to demonstrate the specified level of turnover averaged over the three specified years may result in the firm being excluded from further consideration.*

**Banking Details:**

3. Company's Bank Name:
4. Company's Bank Address:
5. Company's Bank Account and IFSC:

**ANNEXURE - 5: CATEGORIES OF GOODS/SERVICES APPLIED FOR**

Participating firm to fill the required details for their concerned service area:

**1. IT & AUDIO VISUAL EQUIPMENT, OFFICE FURNITURES, ETC**

| <b>BASIC DETAILS</b>         |   |   |                        |
|------------------------------|---|---|------------------------|
| <b>1</b>                     | <b>Does the firm have any Branch Offices?</b>   | <b>Yes/No</b>   |                        |
| <b>2</b>                     | <b>If yes, kindly provide the names of States/Districts where the Branch Offices are located.</b>   |   |                        |
| <b>3</b>                     | <b>Full Address and Contact Details of Branch Offices specified in (2) above.</b>   |   |                        |
| <b>4</b>                     | <b>What are the working days in a week? Kindly specify work timings for weekdays and weekends.</b>  |   |                        |
| <b>FUNCTIONAL DETAILS</b>    |   |   |                        |
| <b>1</b>                     | <b>Does the organization deal with multi brands white goods such as (i) Computers, Laptops, Tablets, UPS ; (ii) Multimedia projectors, Multi Function Products (photocopiers, scanner &amp; Printer) (iii) Paper Shredders, Spiral Binders (iv) Sound and Video (v) TV and Broadcast.</b> | <b>Yes/No</b>   |                        |
| <b>2</b>                     | <b>Does the organisation have the requisite autorisation from the manufacturer(s) to sell its products ?</b>  | <b>Yes/No (mention intention to procure autorisation for some items, if not having)</b> |                        |
| <b>3</b>                     | <b>Does the organisation itself have after sales services i.e. repairing or the manufacturer(s) having after sales service ? Provide full details for prompt after sales services.</b>  | <b>(Yes/No)</b>   |                        |
| <b>4</b>                     | <b>Kindly provide a list of the latest 3 reputed clients of the firm.</b>   |   |                        |
| <b>BRANCH OFFICE DETAILS</b> |   |   |                        |
| <b>S.No.</b>                 | <b>District</b>   | <b>Full Address</b>   | <b>Contact Details</b> |
|                              |   |   |                        |
|                              |   |   |                        |
|                              |   |   |                        |
|                              |   |   |                        |
|                              |   |   |                        |



**2. OFFICE SUPPLIES, STATIONARY AND GENERAL UTILITY/SPECIAL ITEMS :**

| BASIC DETAILS         |   |  |                 |
|-----------------------|---|--|-----------------|
| 1                     | Does the firm have any Branch Offices?  | Yes/No   |                 |
| 2                     | If yes, kindly provide the names of States/Districts where the Branch Offices are located.  |  |                 |
| 3                     | Does the organization deal with multi or single brands goods such as (i) Stationary (ii) Educational Play Materials and Stationaries. | Yes/No and give name of brand/company dealing with |                 |
| 4                     | Full Address and Contact Details of Branch Offices specified in (2) above.  |  |                 |
| FUNCTIONAL DETAILS    |   |  |                 |
| 1                     | Does the organisation itself have after sales services i.e. repairing or the manufacturer(s) having after sales service facilities ?  | (Yes/No)   |                 |
| 2                     | Provide a list of the latest 3 reputed clients of the firm.   |  |                 |
| BRANCH OFFICE DETAILS |   |  |                 |
| S.No.                 | District  | Full Address                                       | Contact Details |
|                       |   |  |                 |
|                       |   |  |                 |
|                       |   |  |                 |
|                       |   |  |                 |
|                       |   |  |                 |

**3. HOSPITAL EQUIPMENT, INSTRUMENTS, HOSPITAL FURNITURE :**

| BASIC DETAILS      |   |  |
|--------------------|---|--|
| 1                  | Does the firm have any Branch Offices?  | Yes/No   |
| 2                  | Is the firm a manufacturer or dealer or both.   |  |
| 3                  | If yes, kindly provide the names of States/Districts where the Branch Offices are located.  |  |
| 4                  | Full Address and Contact Details of Branch Offices specified in (2) above.  |  |
| FUNCTIONAL DETAILS |   |  |
| 1                  | Does the organization deals with multi or single brand equipment, furniture, consumables Fire Safety equipments, Extinguishers etc. | Yes/No and give name of brand/company dealing with |

|                              |  |  |
|------------------------------|--|--|
| 2                            | Does the organisation have the requisite autorisation from the manufacturer(s) to sell its products ?                  | Yes/No (mention intention to procure autorisation for some items, if not having) |
| 3                            | Does the organisation keeps stock of equipment, consumables, hospital furniture etc. for sell.                         | (Yes/No)   |
| 4                            | Does the organisation having after sales service facilities ?<br>Provide full details for prompt after sales services. | (Yes/No)   |
| 5                            | Provide a list of the latest 3 reputed clients of the firm.  |  |
| <b>BRANCH OFFICE DETAILS</b> |  |  |
| <b>S.No.</b>                 | <b>District</b>  | <b>Full Address</b>  |
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#### 4. HOSPITAL DRUGS, MEDICINES, CONSUMABLES ETC :

|                              |  |  |
|------------------------------|--|--|
| <b>BASIC DETAILS</b>         |  |  |
| 1                            | Does the firm have any Branch Offices?   | Yes/No   |
| 2                            | If yes, kindly provide the names of States/Districts where the Branch Offices are located.                               |  |
| 3                            | Full Address and Contact Details of Branch Offices specified in (2) above.   |  |
| 4                            | What are the working days in a week? Kindly specify work timings for weekdays and weekends.                              |  |
| <b>FUNCTIONAL DETAILS</b>    |  |  |
| 1                            | Does the organization deal with multi or single brands drugs and medicine.   | Yes/No and give name of brand/company dealing with                               |
| 2                            | Does the organisation have the requisite autorisation from the manufacturer(s) to sell its products, wherever required ? | Yes/No (mention intention to procure autorisation for some items, if not having) |
| 3                            | Does the organisation keeps stock of Cancer medicines for selling purpose.   | Yes/No   |
| 4                            | Does the firm possesses requisite Drug Licence to sell the drugs.  | Yes/No (if Yes, pls attach)  |
| 5                            | Provide a list of the latest 3 reputed clients of the firm.  |  |
| <b>BRANCH OFFICE DETAILS</b> |  |  |

| S.No. | District | Full Address | Contact Details |
|-------|----------|--------------|-----------------|
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**5. HOSPITAL LINEN:**

| BASIC DETAILS         |  |  |                 |
|-----------------------|--|--|-----------------|
| 1                     | Does the firm have any Branch Offices?   | Yes/No   |                 |
| 2                     | If yes, kindly provide the names of States/Districts where the Branch Offices are located.   |  |                 |
| 3                     | Does the organization deal with multi or single brands goods such as (i) Hospital Linen (ii) General Linen                           | Yes/No and give name of brand/company dealing with |                 |
| 4                     | Full Address and Contact Details of Branch Offices specified in (2) above.   |  |                 |
| FUNCTIONAL DETAILS    |  |  |                 |
| 1                     | Does the organisation itself have after sales services i.e. repairing or the manufacturer(s) having after sales service facilities ? | (Yes/No)   |                 |
| 2                     | Provide a list of the latest 3 reputed clients of the firm.  |  |                 |
| BRANCH OFFICE DETAILS |  |  |                 |
| S.No.                 | District   | Full Address                                       | Contact Details |
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**6. REPAIR & MAINTENANCE:**

| <b>BASIC DETAILS</b>         |   |  |                        |
|------------------------------|---|--|------------------------|
| <b>1</b>                     | <b>Does the firm have any Branch Offices?</b>   | <b>Yes/No</b>  |                        |
| <b>2</b>                     | <b>If yes, kindly provide the names of States/Districts where the Branch Offices are located.</b>   |  |                        |
| <b>3</b>                     | <b>Full Address and Contact Details of Branch Offices specified in (2) above.</b>   |  |                        |
| <b>4</b>                     | <b>What are the working days in a week? Kindly specify work timings for weekdays and weekends.</b>  |  |                        |
| <b>FUNCTIONAL DETAILS</b>    |   |  |                        |
| <b>1</b>                     | <b>Please specify the categories in which organisation is able to repair :</b> <ul style="list-style-type: none"> <li>a) Hospital Equipment</li> <li>b) Hospital Furniture</li> <li>c) Office Furniture</li> <li>d) IT Equipment</li> <li>e) Electrical Installations</li> <li>f) Electronics Items</li> <li>g) Audio-visual Equipment</li> </ul> | <b>Yes/No</b>  |                        |
| <b>2</b>                     | <b>Does the organisation have the requisite authorisation from the manufacturer(s) to repair products ?</b>   | <b>Yes/No (mention intention to procure authorisation for some items, if not having)</b> |                        |
| <b>3</b>                     | <b>Specify no. of Service Engineers the organisation having and what are the tools it has. Provide full details for prompt after sales services.</b>  | <b>(Yes/No)</b>  |                        |
| <b>4</b>                     | <b>Kindly provide a list of the latest 3 reputed clients of the firm.</b>   |  |                        |
| <b>BRANCH OFFICE DETAILS</b> |   |  |                        |
| <b>S.No.</b>                 | <b>District</b>   | <b>Full Address</b>  | <b>Contact Details</b> |
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**7. HOUSEKEEPING SERVICES:**

| <b>BASIC DETAILS</b>         |  |                     |                        |
|------------------------------|--|---------------------|------------------------|
| <b>1</b>                     | <b>Does the firm provide Housekeeping Services all over Assam?</b>   | <b>Pls specify</b>  |                        |
| <b>2</b>                     | <b>Does the firm have any Branch Offices?</b>  | <b>Yes/No</b>       |                        |
| <b>3</b>                     | <b>Is the firm having valid license for providing Housekeeping Services.</b>   |                     |                        |
| <b>4</b>                     | <b>If yes, kindly provide the names of States/Districts where the Branch Offices are located.</b>                          |                     |                        |
| <b>5</b>                     | <b>Full Address and Contact Details of Branch Offices specified in (2) above.</b>  |                     |                        |
| <b>FUNCTIONAL DETAILS</b>    |  |                     |                        |
| <b>1</b>                     | <b>Does the organisation provide training to their Housekeeping personnel for providing efficient services to clients.</b> | <b>(Yes/No)</b>     |                        |
| <b>2</b>                     | <b>Does the organisation is registered with ESIC/EPF etc.</b>  |                     |                        |
| <b>3</b>                     | <b>Does the organisation having any monitoring tool (MIS software etc.) to monitor the services being provided.</b>        | <b>(Yes/No)</b>     |                        |
| <b>4</b>                     | <b>Provide a list of the latest 3 reputed clients of the firm.</b>   |                     |                        |
| <b>BRANCH OFFICE DETAILS</b> |  |                     |                        |
| <b>S.No.</b>                 | <b>District</b>  | <b>Full Address</b> | <b>Contact Details</b> |
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**8. SECURITY SERVICES:**

| <b>BASIC DETAILS</b>         |  |                     |                        |
|------------------------------|--|---------------------|------------------------|
| <b>1</b>                     | <b>Does the firm provide Security Services all over Assam?</b>   | <b>Pls specify</b>  |                        |
| <b>2</b>                     | <b>Does the firm have any Branch Offices?</b>  | <b>Yes/No</b>       |                        |
| <b>3</b>                     | <b>Is the firm having valid license for providing Security Services.</b>   |                     |                        |
| <b>4</b>                     | <b>If yes, kindly provide the names of States/Districts where the Branch Offices are located.</b>                      |                     |                        |
| <b>5</b>                     | <b>Full Address and Contact Details of Branch Offices specified in (2) above.</b>                                      |                     |                        |
| <b>FUNCTIONAL DETAILS</b>    |  |                     |                        |
| <b>1</b>                     | <b>Does the organisation provide training to their Security personnel for providing efficient services to clients.</b> | <b>(Yes/No)</b>     |                        |
| <b>2</b>                     | <b>Does the organisation is registered with ESIC/EPF etc.</b>  |                     |                        |
| <b>3</b>                     | <b>Does the organisation having any monitoring tool (MIS software etc.) to monitor the services being provided.</b>    | <b>(Yes/No)</b>     |                        |
| <b>4</b>                     | <b>Provide a list of the latest 3 reputed clients of the firm.</b>   |                     |                        |
| <b>BRANCH OFFICE DETAILS</b> |  |                     |                        |
| <b>S.No.</b>                 | <b>District</b>  | <b>Full Address</b> | <b>Contact Details</b> |
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**9. HR AGENCY FOR SUPPLY OF MANPOWER:**

| BASIC DETAILS         |  |              |                 |
|-----------------------|--|--------------|-----------------|
| 1                     | Does the firm provide both skilled and non-skilled workers?  | Pls specify  |                 |
| 2                     | Does the firm have any Branch Offices?   | Yes/No       |                 |
| 3                     | Is the firm having valid license for providing Manpower Services.  |              |                 |
| 4                     | If yes, kindly provide the names of Districts in Assam where the Branch Offices are located.                       |              |                 |
| 5                     | Full Address and Contact Details of Branch Offices specified in (4) above.   |              |                 |
| FUNCTIONAL DETAILS    |  |              |                 |
| 1                     | Does the organisation provide initial training to recruited personnel for providing efficient services to clients? | (Yes/No)     |                 |
| 2                     | Does the organisation is registered with ESIC/EPF etc.   |              |                 |
| 3                     | Does the organisation having any monitoring tool (MIS software etc.) to monitor the services being provided?       | (Yes/No)     |                 |
| 4                     | Provide a list of the latest 3 reputed clients of the firm.  |              |                 |
| BRANCH OFFICE DETAILS |  |              |                 |
| S.No.                 | District   | Full Address | Contact Details |
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**10. TRANSPORT SERVICES (Passengers/ Cargo)**

| BASIC DETAILS |  |        |
|---------------|--|--------|
| 1             | Does the firm have any Branch Offices?   | Yes/No |
| 2             | If yes, kindly provide the names of Districts in Assam where the Branch Offices are located. |        |
| 3             | Full Address and Contact Details of Branch Offices specified in (2) above.                   |        |
| 4             | What are the working days in a week? Kindly specify work                                     |        |

|                              |   |                     |
|------------------------------|---|---------------------|
|                              | timings for weekdays and weekends.  |                     |
| <b>FUNCTIONAL DETAILS</b>    |   |                     |
| 1                            | Does the organization having its own vehicles or hired one.                       | Pls specify         |
| 2                            | Does the agency having sufficient no. of vehicles to cater the need of client(s). |                     |
| 3                            | Can the firm arrange 5 or 7 seaters vehicle(s) on short notice ?                  |                     |
| 4                            | Provide a list of the latest 3 reputed clients of the firm.                       |                     |
| <b>BRANCH OFFICE DETAILS</b> |   |                     |
| <b>S.No.</b>                 | <b>District</b>   | <b>Full Address</b> |
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#### 11. HOTEL/HOSPITALITY & CATERING SERVICES:

|                              |   |                     |
|------------------------------|---|---------------------|
| <b>BASIC DETAILS</b>         |   |                     |
| 1                            | Pls specify the name of Districts of Assam wherein the organisation can provide services of Hotel and/or Catering Services? |                     |
| 2                            | Full Address and Contact Details of places specified in (2) above.  |                     |
| <b>FUNCTIONAL DETAILS</b>    |   |                     |
| 1                            | Please specify the details of services which organisation is able to provide under this category :                          |                     |
| 2                            | Kindly provide a list of the latest 3 reputed clients of the firm.  |                     |
| <b>BRANCH OFFICE DETAILS</b> |   |                     |
| <b>S.No.</b>                 | <b>District</b>   | <b>Full Address</b> |
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**12. COURIER & POSTAGE SERVICES:**

| <b>BASIC DETAILS</b>         |   |              |                 |
|------------------------------|---|--------------|-----------------|
| 1                            | Pls specify whether firm is able to cater the services on all India basis ?.  |              |                 |
| 2                            | Does the firm is having branch offices located all over India. Pls give details in separate sheet.  |              |                 |
| <b>FUNCTIONAL DETAILS</b>    |   |              |                 |
| 1                            | Please specify how fast the courier packages/parcels can be delivered intra state and inter -state with TAT for Metro & Non -Metro Cities |              |                 |
| 2                            | Is the firm ready to provide POD and/or Online tracking of packages/parcels?  |              |                 |
| 3                            | Kindly provide a list of the latest 3 reputed clients of the firm.  |              |                 |
| <b>BRANCH OFFICE DETAILS</b> |   |              |                 |
| S.No.                        | District  | Full Address | Contact Details |
|                              |   |              |                 |
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|                              |   |              |                 |

**13. CIVIL WORKS :**

| <b>BASIC DETAILS</b>      |  |        |
|---------------------------|--|--------|
| 1                         | Does the firm have any Branch Offices?   | Yes/No |
| 2                         | If yes, kindly provide the names of States/Districts where the Branch Offices are located.   |        |
| 3                         | Full Address and Contact Details of Branch Offices specified in (2) above.   |        |
| 4                         | What are the working days in a week? Kindly specify work timings for weekdays and weekends.  |        |
| <b>FUNCTIONAL DETAILS</b> |  |        |
| 1                         | Please specify the categories in which organisation is competent for civil works:<br>i) Construction engineering<br>ii) Environmental engineering<br>iii) Geotechnical engineering<br>iv) Site development and planning<br>v) Structural engineering | Yes/No |

|                              |  |   |
|------------------------------|--|---|
|                              | <b>vi) Surveying</b>   |   |
| <b>2</b>                     | <b>Does the organisation have the requisite autorisation from the requisite authorities?</b>   | <b>Yes/No (mention intention to procure autorisation for some items, if not having)</b> |
| <b>3</b>                     | <b>Specify no. of Civil Engineers the organisation having and what are the tools it has. Provide full details for prompt after services.</b> | <b>(Yes/No)</b>   |
| <b>4</b>                     | <b>Kindly provide a list of the latest 3 reputed clients of the firm.</b>  |   |
| <b>BRANCH OFFICE DETAILS</b> |  |   |
| <b>S.No.</b>                 | <b>District</b>  | <b>Full Address</b>   |
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