

# **EXPRESSION OF INTEREST DOCUMENT**

## **PART-I**

**Package CS-1:  
CONSULTANT (Facilities and Equipment)  
for  
Tamil Nadu Urban Health Care Project (ID-P251)  
(Supported by Japan International Cooperation Agency)**

Tamil Nadu Urban Health Care Project  
DMS Annex Building, DMS Campus,  
259 Anna Salai, Teynampet  
CHENNAI - 600 006, TAMIL NADU  
INDIA.

### **Time Schedule**

<b>Event</b>	<b>Date</b>
<b>Downloading of EOI Document begins</b>	<b>02/03/2017</b>
<b>Last Date for submission of Document Queries</b>	<b>04/04/2017 upto 03.00 PM</b>
<b>Last Date for submission of completed EOI Document</b>	<b>06/04/2017 at 05.00 PM</b>

## NOTICE OF INVITATION TO APPLICANTS

This Instruction to Tenderers is being issued for the **Consultant (Facilities and Equipment)** to help in implementation of the Tamil Nadu Urban Health Care Project. The consultant will be engaged by Project Management Unit (PMU).

**1.** The Project activities and scope of the work is given below.

1.1 The Project: The Project consists of the following five components:

- (i) Upgrading Tertiary Hospitals (Facility and Medical Equipment)
- (ii) Strengthening Referral Hospitals (Medical equipment)
- (iii) Strengthening Secondary care Hospitals (Facility and Medical Equipment)
- (iv) Capacity Development
- (v) Strengthening Primary Health Care on Non Communicable Diseases (NCD).

1.2 Health facilities to be covered:

- (i) The Project intends to upgrade the Govt. Rajaji Hospital, Madurai, Govt. Kilpauk Medical College Hospital, Chennai and Govt. Coimbatore Medical College Hospital, Coimbatore with additional buildings and equipment.
- (ii) The Project intends to strengthen the Govt. Medical college Hospitals (Referral Hospitals) at Salem, Vellore, Thanjavur, Tirunelveli, Trichy, Thoothukudi and Nagercoil (Asaripallam) and seven District Head Quarters Hospitals at Erode, Tirupur, Cuddalore, Dindigul, Pudukkottai (now upgraded as Medical College Hospital), Krishnagiri and Periyakulam with Medical Equipment.
- (iii) The Project also intends to construct hospital building and provide equipment to Govt. Hospital, Avadi (Tiruvallur District), Velampalayam (Tiruppur District), Maniyanoor (Salem District) and Kandiaperi (Tirunelveli District).

1.3 Funding: The total cost of the Tamil Nadu Urban Healthcare project as per the Detailed Project Report is Rs.1633.695 Crores.

1.4 Scope of the work : The Consultant shall provide the following services:

Part 1	Consulting Services (Facility) (Hospital Building Construction)
Activity 1	Preparatory Survey and Designing
Activity 2	Assisting in the Procurement of Works
Activity 3	Construction Supervision
Activity 4	Reporting Completion of work and usage

- Part 2 Consulting Services (Medical Equipment supply)
- Activity 5 Preparatory Survey and Designing
  - Activity 6 Assisting in the Procurement of Equipment
  - Activity 7 Installation Supervision / Inspection
  - Activity 8 Reporting Completion of work and usage

Applications for this Contract are being called for by the Tamil Nadu urban Health Care Project (hereinafter referred to as TNUHP).

## **2. General**

The aim of this contract is to obtain Consultancy Services for providing consulting services for Health facilities and Hospital medical equipment for designing, construction supervision of major hospital building constructions and specifications for procurement of Hi- Tech medical equipment and monitoring of their installation and commissioning.

## **3. Purpose of the EOI**

This EOI is being issued by Tamil Nadu Urban Health Care Project and seeks expression of interest from suitably qualified respondents for Consultancy (Facilities and Equipment) services for Tamil Nadu Urban Health Care Project. The purpose of this EOI is to select a consultant to achieve the efficient, proper and timely implementation of the Project through

- 3.1 Design and construction supervision for hospital building and related Civil / Architectural works (Consulting Services for Facilities)
- 3.2 Assist the Medical Equipment Procurement through the provision of specification of the equipment and installation supervision (Consulting services for Equipment)
- 3.3 Coordinate with Project Management Unit (PMU) for Project Management, Public Works Department (PWD) for designing, construction and supervision of hospital building construction and Tamil Nadu Medical Services Corporation Limited (TNMSC) for medical equipment specifications, installation/ commissioning or any other statutory Govt. bodies.
- 3.4 Assist in the Project Management Unit in Project Management, project implementation planning, coordinating with relevant agencies, supervising performance of relevant parties, monitoring progress of implementation and provide recommendations to implement the project on time and within the budget.
- 3.5 Through implementation of the project as well as the above activities the consultant is expected to transfer the concept and ability of designing patient oriented hospitals and knowledge of medical equipment for international level patient treatment.

#### **4. Instructions to the Applicants**

- 4.1 The Consultant shall submit one original and one duplicate of the EOI and a soft copy in CD-R in a sealed envelope marked with "EOI for Consulting Services (Facilities and Equipment) for Tamil Nadu Urban Healthcare Project".
- 4.2 All costs incurred by Applicant for preparing and submitting the EOI, in providing clarification or attending discussion/pre-bid meeting or for site visits, stationery, or any other expenses whatsoever **shall be borne by Applicants themselves.**
- 4.3 Incomplete Schedules/Forms of EOI and without necessary details and enclosures **are liable to be rejected.**
- 4.4 The language for submission of document shall be **English.** The enclosed Annexures shall be filled in completely and wherever not applicable it should be written as "Not Applicable".
- 4.5 The person signing the document submitted on behalf of the Applicant shall enclose **Power of Attorney duly authorized.**
- 4.6 Financial data should be given in **Indian Rupees** only. In case the financial data is in any other currency, the same should be converted in Indian Rupees and certified by the Auditor.
- 4.7 For any clarification the Applicants may contact the Project Director, **Tamil Nadu Urban Health Care Project (TNUHP)** as specified in this document.
- 4.8 The information furnished with the EOI must be sufficient for processing and evaluation of Pre-qualification.
- 4.9 This Expression of Interest document is not transferable.
- 4.10 In case the Applicant intends to give additional information for which specified space in the given format is not sufficient, it can be furnished in an **enclosed** sheet.
- 4.11 **All the pages** of the EOI and Annexure **should be signed** and corrections and over writings should be **countersigned** by the authorized signatory.
- 4.12 Tamil Nadu Urban Health Care project reserves the right to cross check and confirm the information, details furnished by the applicants in the document.
- 4.13 **The EOI incomplete** in any respect or without supporting documents will be treated as **non-responsive** and is liable for rejection.

## 5. TIME TABLE

A summary of the proposed bidding time table is shown below. The Tamil Nadu Urban Health Care Project **reserves the right to amend** the bidding process and **amend the time table** at any stage.

Event	Date
Downloading of EOI Document begins	02/03/2017
Last Date for submission of Document Queries	04/04/2017 upto 03.00 PM
Last Date for submission of completed EOI Document	06/04/2017 at 05.00 PM

## 6. ELIGIBILITY CRITERIA OF APPLICANTS

6.1 The Applicants may be a single entity or a consortium, coming together to offer their services as Consultants to Tamil Nadu Urban health Care Project. In case of a consortium, the number of consortium **partners shall be limited to 3** (Three) and the consortium as a whole must satisfy **both Technical and Financial eligibility criteria**.

6.2 In the case of Applicant being a consortium, the consortium members shall also identify the **Lead Member**, which should be supported by a **Power of Attorney** as per Annexure 2 signed by all the members. The members of the consortium shall also submit a **Memorandum of Understanding** for the purpose of submitting the proposal.

6.3 Subject to the above, the term **Applicant** shall apply to both a single entity and a consortium. The minimum eligibility criteria for prequalification will be as under

### 6.4 Technical Eligibility Criteria

(a) The Applicants must be of National/international repute having prior experience of working as **General / Project Consultants** for a **Health project** involving the works of designing buildings, supervising building constructions, procurement of hi-tech equipment, project management and supervision including inspection, safety and quality testing and commissioning. If it is a **consortium / JV**, they shall satisfy the above criteria together with the lead member having a major share.

(b) The Applicant should have done **One similar consultancy** work costing not less than **Rs.75/- million OR Two similar consultancy** works each costing not less than **Rs.50/- million** during the **last 10 years** (from 2006-2007 to 2015-2016). **Client reference and certificate** must also be enclosed in support of the claim.

### 6.5 Financial Eligibility Criteria

(a) The Applicant must have an **annual turnover** of more than **Rs.50 million** from General/Project consultancy services only, in any one of the last 5 years duly supported by documents in support of annual turnover. He should be able to fulfill this criteria based on **audited annual reports** of last five years **(from 2011-2012 to 2015-2016)**

(b) Net Worth minimum **Rs.30 million** of 2015-2016.

All documentary evidence of experience including client's references and certificates must be enclosed in support of the same. For financial qualification, in case of **consortium** only those members shall be considered who hold **10% or greater** share.

## **7. Disqualification**

Tamil Nadu Urban Health Care Project requires that applicants for this EOI observe the highest standard of ethics throughout the tendering process. In pursuance of this policy, the Tendering Authority:

a) defines, for the purpose of these provisions, the terms set forth below as follows:

(i) "**Corrupt practice**" means the offering, giving, receiving or soliciting of **anything of value** to influence the action of a public official in awarding the contract or thereafter at any time including construction and/or operation / management of the Tamil Nadu urban Health Care Project

(ii) "**Fraudulent practice**" means a **misrepresentation of facts** in order to influence the tendering process to the detriment of the Tender Awarding Authority or and includes **collusive practice** among Applicants (prior to or after bid submission) designed to establish a non competitive situation and to deprive Tamil Nadu Urban Health Care project of the benefits of free and open competition.

b) will reject the application for award of contract if he determines that the Bidder recommended for award has engaged in corrupt or fraudulent practices in competing in the tendering process.

In addition, the following will be additional grounds for disqualification:

- a) Submitted the EOI **after the response deadline**
- b) Submitted an EOI **which is not accompanied by required documentation**
- c) **Failed to provide clarifications** related thereto, when sought
- d) Submitted **more than one EOI**. This will cause disqualification of all the EOIs submitted by such Applicant.
- e) A consortium member who is found to participate **as a member of more than one consortium** will be disqualified to participate in the Project. Each consortium, of which such disqualified member is a part, **will be evaluated without consideration of the disqualified member**.
- f) In case of **dissolution of the consortium** prior to the submission of bids, any of the constituent firms may prequalify, if they meet all of the prequalification requirements, **subject to the 'written' approval** of the Tamil Nadu Urban Health Care project.

- g) If information which would have entitled Tamil Nadu Urban Health Care project to reject or disqualify the Applicant or consortium member becomes known **after the Applicant has been qualified**, it **reserves the right to reject the Applicant** at that time or at any time after such information becomes known.

## **8. EVALUATION OF THE APPLICATION**

- 8.1 The evaluation of the application shall be done to establish the capability of the applicant as brought out in para 6.4 and 6.5 above.
- 8.2 Applicants are required to submit the relevant information in connection with para 6.4, 6.5 in the relevant format only. The Tamil Nadu Urban Health Care project may not evaluate the applications received with the information in different format. In case the desired information is not submitted in the prescribed format and instead the companies' profiles, reports etc. are only annexed with the application. Tamil Nadu Urban Health Care project **may not extract the information** from these documents in order to evaluate the application. **It is, therefore, advised that all the relevant information should be furnished in the prescribed format only.**
- 8.3 For the purpose of evaluation of capability against para 6.4 and 6.5, the evaluation of a joint venture applicant shall be done in respect of members having participation of 10% or more and the total capabilities of the evaluated members of joint venture should meet the limits prescribed in the criteria 6.4 and 6.5.
- 8.4 The evaluation shall be done based on the information furnished by the applicant along with the application and it is not intended to ask any supplementary information. Tamil Nadu Urban Health Care project, however, reserves the right to make enquiries from relevant authorities / parties in relation with the information furnished.
- 8.5 In order to get pre-qualified, applicant has to fulfill all the eligibility criteria as enumerated above in para 6 and also should not invite disqualifications as provided in para 7 above.
- 8.6 Before the detailed evaluation is taken up, the **initial filter** shall be applied to see that the application received is **complete** in all respects and all the documents are submitted along with the application in the **prescribed format**.

## **9. Applicant's Responsibility**

It is expressly clarified that before submitting the EOI, the Applicant must examine carefully the contents of all the documents and any failure to comply with any of the requirements, of EOI document **will be at Applicant's risk**.

9.1 While submitting the proposal, the Applicant would submit a certification that they have:

(i) Made a complete and careful examination of requirements and other information set forth in this EOI Document

(ii) Made a complete and careful examination of the various aspects of the Project including but not limited to:

- The Project site

- All matters that might affect the Applicant's performance during the Construction of the buildings, supply of equipment etc. if awarded Tamil Nadu Urban Health Care project shall not be liable for any mistake or error or neglect by the Applicant in respect of the above.

9.2 Each Applicant shall submit only one Proposal in response to this EOI document. **Submission of more than one Proposal** by any Applicant shall be a sufficient ground for **disqualification** of the Applicant. In case, **any entity is part of more than one Applicant** (either a sole Applicant or a Consortium), this shall lead to **disqualification of all the Applicants** in which such an entity is participating.

## 10. CLARIFICATION ON EOI

Upon receipt of EOI documents, the Applicant shall verify the EOI document issued and the number of pages contained in each document and **if any are found to be missing or duplicated or any figures or words indistinct**, the Applicant shall apply to **Tamil Nadu Urban Health Care project** at once to get the same **rectified**. No liability shall be entertained by Tamil Nadu Urban Health Care project in respect of errors therein.

The prospective Applicant requiring any clarification of the EOI document may inform Tamil Nadu Urban Health Care Project in writing by post, courier, facsimile, or electronic mode to the address given in the advertisement/letter of invitation so as to reach Tamil Nadu Urban Health Care Project on or before 23/03/2017.

## 11. AMENDMENT

Tamil Nadu Urban Health Care Project may modify the EOI by issuing an **addendum** before the last date of submission of the Application. **Any addendum** thus issued shall **be part of EOI** and shall be communicated in writing to all the prospective bidders who have downloaded the document and shall be available on the websites from which documents can be downloaded.

To give Applicants reasonable time to **take addendum** into account in preparing their Applications, Tamil Nadu Urban Health Care Project may at its sole discretion, **extend the last date of submission of Application**.

## 12. LANGUAGE



The EOI application prepared by the Applicant and all correspondence and documents related to the EOI, and exchange by the Applicant and Tamil Nadu Urban Health Care Project shall be written in **English**. Any printed literature furnished by the Applicant may be written in another language as long as such literature is accompanied by a translation of its pertinent passages in **English**, in which case, for purpose of interpretation of the EOI, the **English translation** shall govern.

### **13. GOVERNING LAW**

The governing law for the purpose of the concessioning process including this prequalification process is the laws of India and courts of Chennai shall have full jurisdiction considering any matter arising out of this EOI.

### **14. SIGNATURE AND SUBMISSION**

- 14.1 All the Applications must be submitted, duly signed by the Applicant (In case of a consortium by the authorized representative or the lead member) under the letter of application the format for which is provided at Annexure 1 of this document.
- 14.2 The signed proposal along with all the documentary evidence required of technical and financial capability and with all the Annexures filled and signed must be submitted on or before the prescribed date and time for the submission of EOI in this document.

### **15. RIGHT TO ACCEPT OR REJECT APPLICATION**

Notwithstanding anything contained in this EOI, Tamil Nadu Urban Health Care Project reserves the right to accept or reject any application and annul the prequalification process and reject all applications at any time without any liability or any obligation for such acceptance, rejection or annulment without any reasons.

### **16. VALIDITY OF APPLICATION**

Application shall be valid for the period of **180 days** from the Application due date. In exceptional circumstances, prior to expiry of original validity period, Tamil Nadu Urban Health Care Project may request Applicant to extend the Application validity period to a specified additional period. Application submitted by any Applicant who fails to extend the period of validity of its E.O.I in line with the provisions of this clause may be rejected by the Tamil Nadu Urban Health Care Project.

The Project Director  
Tamil Nadu Urban Health Care Project,  
Chennai – 600 006  
Tamil Nadu, India

**Annexure 1**

(Applicant to provide date and reference)

Dear Sir,

LETTER FOR APPLICATION - EOI FOR CONSULTANCY (Facilities and Equipment)  
Tamil Nadu Urban Health Care Project (ID-P 251)

We, the undersigned, apply to be prequalified for the referenced Project and declare the following:

- (a) We are duly authorized to represent and act on behalf of \_\_\_\_\_  
(hereinafter the "Applicant")
- (b) We have examined and **have no reservations to the EOI** Document including Addenda No(s)\_\_\_\_\_.
- (c) We are **attaching** with this letter, the copies of original documents defining: -  
i. the Applicant's **legal status**;  
ii. its principal place of business; and  
iii. its place of incorporation (if Applicants are corporations); or its place of registration (if Applicants are partnerships or individually owned firms).

***For applicants by joint ventures / consortium, all information requested in the EOI documents is to be provided for the joint venture, if it already exists and for each joint venture partner separately. The lead partner should be clearly identified. Each member of Group shall sign the letter.***

(d) We further declare that we have not engaged **any agent or middleman** for this EOI process or any other part of this concessioning process arising from it. We have not paid / will not be paying any commissions, gratuities or fees with respect to the prequalification process.

(e) Tamil Nadu Urban Health Care Project and/or 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 our bankers and clients. This Letter of Application will also serve as authorized one for any individual or authorized representative of any institution referred to in the supporting information, to provide such information deemed necessary and as requested by Tamil Nadu Urban Health Care Project.

(f) Tamil Nadu Urban Health Care Project and/or its authorized representatives may contact the following nodal persons for further information on any aspects of the Application:

Contact 1	Name	Telephone 1	E Mail
	Address	Mobile	

(g) This application is made in the full understanding that:

- i. EOI process will be subject to verification of all information submitted at the discretion of Tamil Nadu Urban Health Care Project.
- ii. Tamil Nadu Urban Health Care Project reserves the right to:
  - reject or accept any or all applications, cancel the EOI process without any obligation to inform the applicant about the grounds of the same.

(h) Appended to this application, we give details of the participation of each party, including respective roles and responsibilities

(i) The undersigned declare that the statements made and the information provided in the duly completed application are complete, true, and correct in every detail. We also understand that in the event of any information furnished by us being found later on to be incorrect or any material information having been suppressed, Tamil Nadu Urban Health Care Project may delete our name from the list of qualified Applicants:

Our Application is valid till (date in figures and words)

**NAME**.....

**In the Capacity of**.....

**Signed**.....

**Duly authorized to sign the Application for and on behalf of**.....

**Date**.....

**POWER OF ATTORNEY**

Know all men by these presents, we \_\_\_\_\_ (name and address of the registered office of the Sole Applicant / Lead Member) do hereby constitute, appoint and authorize Mr. / Ms. \_\_\_\_\_ resident of \_\_\_\_\_ (name and address of residence) who is presently employed with us and holding the position of \_\_\_\_\_ as our attorney, to do in our name and on our behalf, all such acts, deeds and things necessary in connection with or incidental to the Application of the consortium consisting of \_\_\_\_\_, and \_\_\_\_\_ (please state the name and address of the members of the consortium) for the Consultancy (Facilities and Equipments) Contract for Tamil Nadu Urban Health Care Project (the "Project"), including signing and submission of all documents and providing information / responses to the Tamil Nadu Urban Health Care Project (TNUHP) , India, representing us in all matters in connection with our Application for the Tamil Nadu Urban Health Care Project.

We hereby agree to ratify all acts, deeds and things lawfully done by our said attorney pursuant to this Power of Attorney and that all acts, deeds and things done by our aforesaid attorney shall and shall always be deemed to have been done by us.

For  
(Signature)  
(Name, Title and Address)

Accept

..... (Signature)

(Name, Title and Address of the Attorney)

Notes:

- To be executed by the **sole Applicant** or the **Lead Member in case of a Consortium.**
- The mode of execution of Power of Attorney should be in accordance with the procedure, if any, laid down by the applicable law and the charter documents of the executant(s) and when it is so required the same should be under common seal affixed in accordance with the required procedure.
- Also, wherever required, the executant(s) should submit for verification the extract of the charter documents and documents such as a resolution / Power of attorney in favour of the Person executing this Power of Attorney for the delegation of power hereunder on behalf of the executant(s).

Whereas the Tamil Nadu Urban Health Care Project (TNUHP) has invited applications from interested parties for Consultancy (Facilities and Equipment) of Tamil Nadu Urban Health Care Project.

Whereas, the member of the consortium are interested in applying for the Project and providing the consultancy in accordance with the terms and conditions of the

Expression of the Interest (EOI), and other subsequent documents such as the request of the Project, and

Whereas, it is necessary under the EOI for the members of the Consortium to designate one of them as the Lead Member with all necessary power and authority to do for and on behalf of the Consortium, all acts, deeds and things as may be necessary in connection with the Consortium's Application for the Project or in the alternative to appoint one of them as the Lead Member who, acting jointly, would have all necessary power and authority to do all acts, deeds and things on behalf of the Consortium, as may be necessary in connection with the Consortium's Application for the Project.

NOW THIS POWER OF ATTORNEY WITNESSETH THAT:

We, M/s \_\_\_\_\_ , M/s \_\_\_\_\_ , and M/s \_\_\_\_\_ (the respective names of the members along with address of their registered offices) do hereby designate M/s \_\_\_\_\_ (name along with address of the registered office) being one of the members of the Consortium, as **the Lead Member of the Consortium**, to do on behalf of the Consortium, all or any of the acts, deed or things necessary or incidental to the Consortium's Application for the Project, including submission of Application, participating in conference, responding to queries, submission of information / documents and generally to represent the Consortium in all its dealings with Tamil Nadu Urban Health Care Project, any other Government Agency or any person, in connection with Project until culmination of the process of application, pre-qualification, short listing of Applicant and thereafter till the Agreement is entered into with Tamil Nadu Urban Healthcare Project.

OR

We, M/s..... M/s..... and M/s..... (the respective names and addresses of the registered office) do hereby designate M/s \_\_\_\_\_ (name and address of registered office) being one of the members of the Consortium **as the Lead Member of the Consortium** who, acting jointly, shall do, all or any of the acts, deeds or things necessary or incidental to the Consortium's Application for the Project including submission of application, participating in conferences, responding to queries, submission of information / documents and generally to represent the Consortium in all its dealings with Tamil Nadu Urban Health Care Project, any other Government Agency or any person in connection with the Project until culmination of the process of application, pre-qualification, short listing of Applicant and thereafter till the Agreement is entered into with Tamil Nadu Urban Health Care Project.

We hereby agree to ratify all acts, deeds and things lawfully done by Lead Member our said attorney pursuant to this Power of Attorney and that all acts, deeds and things done by our aforesaid attorney.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 201\_.  
[Executant(s)]

(To be executed by all the members in the Consortium)

Note:

- The mode of execution of the Power of Attorney should be in accordance with the procedure, if any, laid down by the applicable law and the charter documents of the executant(s) and when it is so required the same should be under common seal affixed in accordance with the required procedure.
- Also wherever required, the executed(s) should submit for verification the extract of the charter documents and documents such as resolution/Power of attorney in favour of the person executing this Power of Attorney for the designation of power hereunder on behalf of the applicant.

**This Memorandum of Understanding (MoU)** entered into this \_\_\_\_\_ day of \_\_\_\_\_ 2017 at \_\_\_\_\_

**Among**

(hereinafter referred as " \_\_\_\_\_ ") and having office at \_\_\_\_\_, India  
**Party of the First Part**

**And**

(hereinafter referred as " \_\_\_\_\_ ") and having office at \_\_\_\_\_, India  
**Party of the Second Part**

**And**

(hereinafter referred as " \_\_\_\_\_ ") and having office at \_\_\_\_\_, India  
**Party of the Third Part**

The parties are individually referred to as **Party** and collectively as **Parties**.

**WHEREAS** the Tamil Nadu Urban Healthcare Project has invited applications from interested parties for Consultancy (Facilities and Equipments) Services for design, assist in procurement and construction supervision and technical specifications for equipment and installation supervision etc. and commission of the complete Tamil Nadu Urban Health Care Project civil works and equipment

**AND WHEREAS** the Parties have had discussions for formation of a consortium for applying for the said Project and have reached an understanding on the following points with respect to the Parties' rights and obligations towards each other and their working relationship.

**IT IS HEREBY AS MUTUAL UNDERSTANDING OF THE PARTIES AGREED AND DECLARED AS FOLLOWS:**

1. That the Parties will form a **Special Purpose Company (SPC)** to ascertain on the legal status of their entity with the shareholding commitments expressly stated. The said SPC shall not undertake any other business during the Consultancy Period, to domicile the Project prior to the start of implementation of the Project.
2. That the shareholding commitments shall be recorded in the agreement and no changes shall be allowed thereof, except in accordance with the provisions of the agreement and the Bidding Document.
3. That the Parties shall carry out all responsibilities in terms of the agreement.
4. That the roles and the responsibilities of each Party at the stage of Application shall be as follows:

.....

5. That the minimum equity holding of each Party (in percentage term) in the SPC shall be as follows:

<b>Name of the Party</b>	<b><u>% of equity capital</u></b>
.....	.....
.....	.....

6. That the Parties shall be jointly and severally liable for the execution of the Project in accordance with the terms of the Concession agreement.

7. That the Parties affirm that they shall implement the Project in good faith and shall take all necessary steps to see the Project through expeditiously. They shall not negotiate with any other party for this Project.

8. That this MoU shall be governed in accordance with the laws of India and courts in Chennai shall have exclusive jurisdiction to adjudicate disputes arising from the terms herein.

In witness whereof the Parties affirm that the information provided is accurate and true and have caused this MoU to be duly executed on the date and year above mentioned.

\_\_\_\_\_  
(party of the first part)

\_\_\_\_\_  
(party of the second part)

\_\_\_\_\_  
(party of the third part)

Witness:

1.

2.



**Annexure 4**

**(In case of Consortium to be given separately by each partner)**

1. I, the undersigned, do hereby certify that all the statements made in the required attachment are correct.
2. The undersigned also furnish(es) undertaking that none of the directors / constituent partners of our firm have been declared by any court of law as proclaimed offenders and also that neither our firm nor any of its directors / constituent partners have been convicted under any law for the offences punishable under Indian Penal Code, Negotiable Instruments Act or any Labour / employee beneficial legislation.
3. The undersigned hereby authorize(s) and request(s) any bank, person, firm or corporation to furnish pertinent information deemed necessary and requested by Tamil Nadu Urban Health Care Project to verify this statement or regarding my (our) competence and general reputation.
4. The undersigned understands and agrees that further qualifying information may be requested, and agrees to furnish any such information at the request of the Tamil Nadu Urban Health Care Project

\_\_\_\_\_  
Signed by an authorized officer of the firm

\_\_\_\_\_  
Title of Officer

\_\_\_\_\_  
Name of Firm

Date

# **EXPRESSION OF INTEREST DOCUMENT**

## **PART-II**

### **Package CS-1**

#### **CONSULTANT (Facilities and Equipment)**

**for**

**Tamil Nadu Urban Health Care Project (ID-P 251)**

**(Supported by Japan International Cooperation Agency)**

**Tamil Nadu Urban Health Care Project**

**DMS Annex Building, DMS Campus,**

**259 Anna Salai, Teynampet,**

**CHENNAI-600 006, Tamil Nadu,**

**INDIA.**

## Part II - QUESTIONNAIRE

### Notes:

- a) This part of the document provides various proformae for providing the information. Applicants must sign each page of this part of the document issued by Tamil Nadu Urban Health Care Project and provide all the required information on separate sheets but strictly as per the given proformae. **Each information sheet must also be duly signed.**
- b) In the 

Y	N
---	---

 box 'Y' denotes Yes and 'N' denotes No. Please tick-mark whichever is applicable in the document issued by Tamil Nadu Urban Health Care Project.
- c) The pages of the **EOI Document** submitted shall be **numbered sequentially** and the page number of each answer should be noted against the respective item below on this original document issued by Tamil Nadu Urban Health Care Project.

### PRO-FORMA - SECTION 1

<b>1</b>	<b>Title: Document for Expression of interest for Consultancy (Facilities and Equipment) Services</b> for designing and construction supervision for hospital building and related Civil / Architectural works (Consulting Services for Facilities), Assisting the Medical Equipment Procurement through the provision of specification of the equipment and installation supervision (Consulting services for Equipment), Coordinating with Project Management Unit (PMU) for Project Management, Public Works Department (PWD) for designing and construction supervision of hospital building construction and Tamil Nadu Medical Services Corporation Limited (TNMSC) for medical equipment specifications, installation / commissioning, Assisting in the Project Management Unit in Project Management, project implementation planning coordinating with relevant agencies, supervising performance of relevant parties monitoring progress of implementation and advising to implement the project on time and in the budget and to transfer the concept and ability of designing patient oriented hospitals and knowledge of medical equipment for international level patient treatment.
<b>2</b>	State the structure of the applicant's organization (applicants to complete/delete as appropriate)  Individual company  Joint venture  Consortium

**3** For applicants who are individual companies or firms, state the following:

Name of Company or firm:.....

Legal status: (e.g. incorporated private company, unincorporated business, etc.)  
 .....

Registered address: .....

Year of Incorporation.....

Principal place of business: .....

Contact person: .....

Contact person's title: .....

Address, telephone, facsimile number and e-mail ID of contact person :  
 .....  
 .....

**4** Applicants who are in a group, State the following:

Names of members (Lead member first	Legal Status	Registered address and principal place of business:	Percentage participation (equity)	Country of incorporation or Domicile
(1) .....	.....	.....	.....	.....
(2) .....	.....	.....	.....	.....
(3) .....	.....	.....	.....	.....

Authorized Contact person (from lead member)  
 .....

Contact person's title: .....

Address, telephone, facsimile and e-mail ID of contact person  
 .....

A non-Indian firm is encouraged to associate an Indian firm in the Pre-qualification Process.

5	<p>Applicants are to present this information in Section 1 on sheets which are to be clearly referenced as being in response to this Question- 5.</p> <p>For the applicant, (in case of group, for each group member), state the following information in</p> <p>section 1</p> <ul style="list-style-type: none"> <li>• Date of incorporation of organization. <span style="float: right;"><input type="checkbox"/> Y <input type="checkbox"/> N</span></li> <li>• Names and titles of Directors or partners. <span style="float: right;"><input type="checkbox"/> Y <input type="checkbox"/> N</span></li> <li>• In Case of non-Indian company, does the company or firm have an office or branch office in India</li> <li>• If so, provide address(es)</li> <li>• Please provide details of pending Litigation cases in Annexure-I. Applicants found to be habitual of repeated litigation are liable to be disqualified.</li> <li>• Has the company or firm or any partner of the group ever failed to complete any work awarded or has been levied liquidated damage for delay in completion of work? If Yes give explanation (Annexure 2). <span style="float: right;"><input type="checkbox"/> Y <input type="checkbox"/> N</span></li> <li>• Has the firm or company or any partner of the group been blacklisted by any Government Department / PSU in last five years and such black listing continue to subsist. <span style="float: right;"><input type="checkbox"/> Y <input type="checkbox"/> N</span></li> </ul>
---	--

## ANNEXURE- 1: Pending Litigation

Applicant's legal name..... Date.....  
 Group Members Legal Name ..... Page..... of .....pages

**Each Applicant or member of a JV must fill in this form**

<b>PENDING LITIGATION</b>			
<ul style="list-style-type: none"> <li>• <b>No.of pending litigation</b> <input style="width: 40px; height: 25px; margin-left: 100px;" type="text"/></li>   <li>• <b>Pending Litigation in terms of arbitration, litigation etc. is indicated below</b> <input style="width: 40px; height: 25px; margin-left: 100px;" type="text"/></li> </ul>			
<b>Year</b>	<b>Assignment Identification and Matter in Dispute</b>	<b>Value of Assignment</b>	<b>Value of Pending Claim in INR or any other currency</b>
	Contract Name: Name of Employer Address of Employer Matter in Dispute		
	Contract Name: Name of Employer Address of Employer Matter in Dispute		
	Contract Name: Name of Employer Address of Employer Matter in Dispute		

Note: Exchange rate as buying rate of RBI as **on 31st March 2016** shall be taken for calculating Equivalent INR of any foreign currency.

**PRO-FORMA SECTION - 2**

6	Name of Group Members 1. (Lead Member)..... 2. .... 3. .... Have you enclosed the following? If so, indicate page numbers.	
	• Letter of application duly signed by authorized representative of every member of JV as per proforma	<input type="checkbox"/> Y <input type="checkbox"/> N Page no.....
	• <b>AOA (Articles of Association)</b> of each member	<input type="checkbox"/> Y <input type="checkbox"/> N Page no.....
	• Power of Attorney to own employee by each member and to Authorized representative of Lead Member	<input type="checkbox"/> Y <input type="checkbox"/> N Page no.....
	• Undertaking for "Joint and Several Responsibility" signed	<input type="checkbox"/> Y <input type="checkbox"/> N Page no.....
	• MOU/ Joint Venture agreement	<input type="checkbox"/> Y <input type="checkbox"/> N Page no.....
	• Functional Division of Work between the members of the Group	<input type="checkbox"/> Y <input type="checkbox"/> N Page no.....
	• Details of previous collaborations if any, between Group members	<input type="checkbox"/> Y <input type="checkbox"/> N Page no.....
7	In case of International applicants, is an Indian partner(s) experienced in the appropriate discipline a member of the Group? • If yes, provide list of disciplines and percentage of work. • If yes mention the discipline and percentage contribution to the whole work.	<input type="checkbox"/> Y <input type="checkbox"/> N
8	In the case of applications from groups, does Section -2 contain details of Proposed equity participation by each member for the proposed work? • Areas of specialization/responsibility of each member of the consortium? • Extent of participation (including deployment of key Personnel) by each member? • If the answer to any question is No, please give reasons. .....	<input type="checkbox"/> Y <input type="checkbox"/> N  <input type="checkbox"/> Y <input type="checkbox"/> N

**PRO-FORMA SECTION -3**

9	<p>State the number of years the applicant (or each group member) has been undertaking work similar in scope and nature to the works for which pre-qualification is sought</p> <table border="1"> <thead> <tr> <th data-bbox="261 491 906 527">Name</th> <th data-bbox="906 491 1453 527">No. of years</th> </tr> </thead> <tbody> <tr> <td data-bbox="261 554 906 590">(1).....</td> <td data-bbox="906 554 1453 590">.....</td> </tr> <tr> <td data-bbox="261 617 906 653">(2) .....</td> <td data-bbox="906 617 1453 653">.....</td> </tr> <tr> <td data-bbox="261 680 906 716">(3).....</td> <td data-bbox="906 680 1453 716">.....</td> </tr> </tbody> </table>	Name	No. of years	(1).....	.....	(2) .....	.....	(3).....	.....
Name	No. of years								
(1).....	.....								
(2) .....	.....								
(3).....	.....								
10	<p><b>Performance Record</b></p> <p><b>Applicants</b> should carefully scrutinise the <b>Technical Criteria</b> as elaborated in Part I - Instruction to Applicants in this EOI document and compile a detailed list indicating their previous experience of Consultancy to a similar nature of work and each costing <b>INR 75 million</b> or <b>INR 50 million</b> and <b>INR 50 million</b> or above at 31.03.2016 price level.</p> <p>Information and documentary evidence associated with the performance and relevant experience of the applicant or each constituent member shall be clearly referenced and enclosed in <b>Section -3</b>. The applicant will give the above details in <b>descending order of financial year</b> for each Group member. Use Annexure 2 and 2(A) of the document for the purpose of providing the information of performance record.</p> <p><b>(Use a separate sheet for each Assignment and Include In the Questionnaire)</b></p>								
11	<p><b>Work in Hand.</b> Applicants or each group member should indicate details for each contract/commitment which is anticipated to be in hand as on the <b>31.03.2017</b> and the expected year-wise value of completion of the balance works in the <b>next three years</b> on the proformas given in Annexure 3 and a Summary in Annexure 3A of the document.</p>								

Applicant's Name: .....



## ANNEXURE-2

Projects costing **INR 75 million** or **INR 50 million and INR 50 million** or above only in last 10 years.

Project Title:	Location:
Scope: (Give salient features of the work)	Address:
Client:	
Client's Representative:	Tel.:
Was an Indian Government standard form of contract used?	<input type="checkbox"/> Y <input type="checkbox"/> N
Was an International standard form of contract used?	<input type="checkbox"/> Y <input type="checkbox"/> N
Was the work carried out as alone?	<input type="checkbox"/> Y <input type="checkbox"/> N
Was the work carried out as a member of a group? If a group, indicate percentage participation and area/s of participation.	<input type="checkbox"/> Y <input type="checkbox"/> N
Date of commencement of work	Date of completion of work
Was the date of completion given in the original contract extended? If so, how much and why?	<input type="checkbox"/> Y <input type="checkbox"/> N
Were any penalties imposed? If yes, give details <span style="float: right;"><input type="checkbox"/> Y <input type="checkbox"/> N</span>	Was arbitration / litigation <span style="float: right;"><input type="checkbox"/> Y <input type="checkbox"/> N</span>
Were any penalties imposed for Reasons other than delay. If yes, give details. <span style="float: right;"><input type="checkbox"/> Y <input type="checkbox"/> N</span>	Commenced? a) During execution <span style="float: right;"><input type="checkbox"/> Y <input type="checkbox"/> N</span>
	b) After Completion of work <span style="float: right;"><input type="checkbox"/> Y <input type="checkbox"/> N</span>
	c) During operation and maintenance
	d) If answer to (a) or (b) is Yes, then give number of arbitration cases & details thereof.
	Was litigation commenced? <span style="float: right;"><input type="checkbox"/> Y <input type="checkbox"/> N</span> If yes, give details.
Contract Value (in INR adjusted to 31.03.2007 prices, assuming 5.0% inflation for INR every year and 2.0% for foreign currency portion every year).	
<b>Details of works undertaken,</b>	
Were <b>Quality Assurance obligations</b> required in the contract? If Yes whether they were fulfilled? If not, why?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
Has the applicant or any member of the group who executed the Consultancy work been blacklisted by a client? If Yes Why?	<input type="checkbox"/> Y <input type="checkbox"/> N
Project Description: (Clearly indicate, the part of the work assigned to the applicants(s))	

**ANNEXURE - 2A: Summary of Information provided in Annexure-2**

**Applicant's legal name ..... Date .....**  
**Group Member's legal name ..... Page..... of ..... pages**

Name of Applicant (each member in case of group)	Total Number of Works Each Costing more than <b>INR 75 million or INR 50 million &amp; INR 50 million</b>	No. of contracts delayed, i.e., completed beyond the original date of completion	Total value of all works completed in the <b>last 10 Years</b> <b>(cost as on 31.03.2016)</b>

### Annexure 3 : Ongoing Projects in hand

**Applicants legal name .....**                      **Date .....**

**Group Member's legal name .....**                      **Page ..... of ..... pages**

Reference Q 11(b)

Name and brief particulars of Consultancy contract (clearly indicate the part of the work assigned to the applicant(s))	Name of client with telephone number and fax number	Contract Value in INR or in any other Currency (Give only the value of work assigned to the applicant(s) (Assume inflation as given in Annexure)	Value of balance work yet to be done in Rupee equivalent as on 31.03.2016 (Assume inflation as given in Annexure 1)	Original completion date	Estimated completion date	Delay, if any, with reason	Value of work to be done in 2016-17. (as on 31.03.16)	Value of work to be done in 2017-18. (as on 31.03.16)	Value of work to be done in 2018-19. (as on 31.03.16)

Note: Exchange rate as buying rate of RBI as on 31st March 2016 shall be taken for calculating Equivalent INR of any foreign currency.

**ANNEXURE-3A: Summary Information of Ongoing Projects**

**Applicant's legal name .....**

**Date .....**

**Group Member's legal name ..... Page..... of .....pages**

Name of the applicant (constituent member in case of group)	Total number of works In hand	No. of contracts In which date of completion given In the original has already burst	Total value of balance works yet to be done in Rupee equivalent as on 31.03.16		
			2016-17	2017-18	2018-19

This information should be for all the Consultancy works in progress including those listed in Annexure-3.

Applicant (each member of the group) should provide information on their current commitments or all contracts that have been awarded or for which a letter of intent or acceptance has been received or for contracts approaching completion but for which a completion certificate is yet to be issued.

**This figure should also include the year-wise break-up of part value of works to be executed in the three years period (2017-2020) even if completion of such works spills over beyond this period (2017-2020).**

**PRO-FORMA SECTION - 4**

12.	<p><b>Staff:</b> Applicants (and each group member) should indicate the number of staff employed (total and at specified offices) by each applicant or each member of the group. Specify number of each member's managerial, technical and supervisory staff at each location. This Information should be only in respect of regular employees who are for more than six month with the applicant and are specifically relevant and going to be employed on the Tamil Nadu Urban Health Care Project.</p> <p>Name of Applicant (Each member of the group) .....</p>				
	Location	Managerial <b>(1)</b>	Technical & Engineers <b>(2)</b>	Supervisory (other than (1) and (2)) <b>(3)</b>	
	1. .... 2. .... 3. .... etc.				
	Total				
13(a)	Name of Applicant: (Member in case of Group):		Number of International experts to be made available for the proposed project		
			<b>Post Graduate and above</b>	<b>Graduates and equivalent</b>	<b>Others (Technical Staff only)</b>
Facility Design Team Leader Senior Architect Hospital Design Specialist Tender Document Specialist Cost Expert Senior Structural Engineer Senior Electrical Engineer Senior Mechanical Engineer Environment & Social Monitoring Specialist Equipment Planning Team Leader Equipment Specialist Facility Engineer Project Monitoring & Evaluation Specialist Others (give details) (The Staff Pattern may be re-worked based on need.)					

13(b)	<ul style="list-style-type: none"> <li>Which member of the Applicant (in case of group) will be the Lead Member?</li> <li>Name (of the member). Also provide which person on behalf of lead member will be the Project Leader -.....</li> <li>Has the applicant provided the academic and professional qualifications and experience of the proposed Project Leader in <b>Section 4</b>.</li> </ul> <table border="1" data-bbox="1279 296 1372 352"> <tr> <td>Y</td> <td>N</td> </tr> </table>	Y	N		
Y	N				
14	<ul style="list-style-type: none"> <li>For the specific key positions essential to the Project implementation, the applicant should provide CVs incorporating, detailed data on their experience, and academic and professional qualifications. Such candidates should have been regular employees with the applicant (or member concerned in case of group) for at least 6 months. The key staff proposed should cover disciplines mentioned in Q13a.</li> </ul>				
15	<p>Have you provided in <b>Section -4</b> the following:</p> <p>Details of your current management organization as the applicant or, if a group,</p> <ul style="list-style-type: none"> <li>of each member</li> </ul> <p>If not, why?</p> <p>.....</p> <p>Proposed management organization for the project indicating which position</p> <ul style="list-style-type: none"> <li>will be manned by which member of the Group.</li> <li>If not, why?</li> <li></li> <li>.....</li> </ul> <table border="1" data-bbox="1279 625 1372 682"> <tr> <td>Y</td> <td>N</td> </tr> </table> <table border="1" data-bbox="1279 972 1372 1029"> <tr> <td>Y</td> <td>N</td> </tr> </table>	Y	N	Y	N
Y	N				
Y	N				

## Annexure 4

Applicant's legal name .....

Date.....

Group Member's legal name, .....

Page ..... of, ..... pages

### Key Staff Bio-data (Provide information for all key staff)

<b>Name of Applicant</b>		
Position		
<i>Candidate Information</i>	Name of Candidate	Date of Birth
	Professional Qualifications	
Professional Qualifications	Name of Employer	
	Address of Employer	
	Telephone	Contact (manager / personnel officer)
	Fax	Email ID
	Job title of candidate	Years with present employer

*Summarize professional experience over the last 15 years, In reverse chronological order.*

*Indicate particular technical and managerial experience relevant to the Project.*

<i>From</i>	<i>To</i>	<i>Company / Project / Position / Relevant technical and managerial experience</i>

## PRO-FORMA SECTION- 5

16	Include in <b>Section</b> -5 details of ownership and control of applicant or if a group, of each constituent member		
17	<p>Have you in <b>Section</b> -5 enclosed documents, including Banking Reference, to demonstrate that you have access to, or have available, liquid assets, lines of credit and other financial means sufficient to meet the required cash flow, after meeting your commitments for other contracts and other liabilities.</p> <p style="text-align: right;"><table border="1" data-bbox="1133 625 1226 688"><tr><td>Y</td><td>N</td></tr></table></p> <p>Financial information to be provided as per requirement in Annexure 5</p>	Y	N
Y	N		



## ANNEXURE 5

### Financial DATA

**Applicant's legal name** .....

**Date** .....

**Group Member's legal name** . .....

**Page** ..... of ..... **pages**

Each Applicant or member of a JV must fill in this form

S. No		Financial Data for Latest Last 5 Years (In INR or any other Currency)				
		YEAR 2011-12	YEAR 2012-13	YEAR 2013-14	YEAR 2014-15	YEAR 2015-16
1.	TOTAL ASSETS					
2.	CURRENT ASSETS					
3.	TOTAL LIABILITIES					
4.	CURRENT LIABILITIES					
5.	PROFITS BEFORE TAXES					
6.	PROFITS AFTER TAXES					
7.	NET WORTH [=1-3]					
8.	WORKING CAPITAL [=2-4]					
9.	ANNUAL TURNOVER					
10.	AVERAGE ANNUAL CASH ACCRUAL					
<ul style="list-style-type: none"> <li>▪ Attached copies of the audited balance sheets, including all related notes, income statements for the last five years, as indicated above, complying with the following conditions.                             <ul style="list-style-type: none"> <li>○ All such documents reflect the financial data of the Applicant or partner to a JV, and not sister or parent company.</li> <li>○ Financial statements must be audited by a certified accountant.</li> <li>○ Financial statements must be complete, including all notes to the financial statements.</li> <li>○ Financial statements must correspond to accounting periods already completed and audited (no statements for partial periods will be accepted).</li> <li>○ Annexure 5 to be certified by qualified Chartered Accountant.</li> </ul> </li> <li>▪ Financial data of each year submitted in foreign currency shall be converted to Equivalent INR at the exchange rate of RBI prevailing on 31" March of the respective year or the date of closing of financial year.</li> </ul>						