

DIRECTORATE OF MEDICAL EDUCATION & TRAINING, ODISHA

Government of Odisha, Health & Family Welfare Department

No. MET-I-GA-4/2018 ___6915___ Dated 23.05.2019

Bhubaneswar

NOTICE INVITING EXPRESSION OF INTEREST

DMET, Odisha invites Expression of Interest (EOI) from Firms /Executing agencies /Trusts / Foundations / individuals, which has the required expertise and experience in working in the field of Liver Transplantation for providing the expert hands (Liver Transplant Surgeons and other ancillary team of experts) for functionalization of liver transplantation in the state involving screening and selection of patients, selection of donors, transplant surgery and post operative care and advise. Such applicants can submit their Expression of Interest to the Joint Director, Directorate of Medical Education and Training, Odisha, Heads of Departments Building, Bhubaneswar, Odisha India, 751001. The EOI must reach the authority on or before 17.06.2019 by 3.00 PM.

The details of the terms and conditions of the EOI and the forms and annexure are available in the website of DMET, Odisha i.e. www.dmetodisha.gov.in in the news and event section.

Sd/-

Director Medical Education & Training, Odisha.

NOTICE

Sub: Notice inviting Expression of Interest (Eoi) for managing the Liver Transplant in Odisha by providing the expert hands (Liver Transplant Surgeons and other ancillary team of experts) for functionalization of liver transplantation in the state.

Government of Odisha is preparing to functionalize the Liver Transplantation under the THO Act and Rules there under. For the purpose, a team of experts in the field of Liver Transplant will be required for providing technical knowledge, skill and hands to and will be vested with works as detailed below. DMET, Odisha invites Expression of Interest (Eoi) for managing the Liver Transplant in Odisha by providing the expert hands (Liver Transplant Surgeons and other ancillary team of experts) for functionalization of liver transplantation in the state.

1	Name of Work	Functionalization of the Liver Transplantation in SCB Medical College & Hospital Cuttack.
2	Tender Fee	Nil
3	Evaluation criteria	As per Eoi terms and conditions
4	Others	<ol style="list-style-type: none">1. The intending parties shall have to furnish documents along with the application in support / proof of their qualification and experience as mentioned in the terms & conditions2. Copies of documents submitted in support of the credentials shall be self-attested/digitally signed.3. Evaluation of bids shall be done based on the credentials submitted.4. Other documents to be submitted: Power of Attorney in favour of person authorized to sign the Eoi document.
5	Eoi issue/ download schedule	Eoi documents shall be downloaded from the website www.dmetodisha.gov.in up to 17.06.2019 by the bidders themselves free of charge. State Government does not take any responsibility for the correctness of Eoi documents obtained from any other source. Bidders are advised to

		visit above mentioned website before submitting their offer for official version of the Eol document including any corrigendum / amendment if any, which shall be binding to all the bidders.
6	Eol issuing and receiving authority	Joint Director, Directorate of Medical Education & Training, Odisha, Heads of Departments Building, Bhubaneswar, 751001 e-mail- dmet.bbsr@nic.in Mob No. 9348677133, 9439991170.
7	Period of submission of Eol	From 24.05..2019 to 17.06.2019 up to 3.00 PM
8	Mode of submission	By speed post/ courier and must reach the authority by 17.06.2019 by 3.00 PM
9	Earnest Money Deposit (EMD)	Nil
10	Eol opening date	19.06.2019 at 3.00 PM or a later date convenient thereafter which will be notified.

INSTRUCTIONS & GUIDELINES FOR SUBMISSION OF EOI APPLICATION FORM

1. State Government reserves the right to cancel the Eol in part or full / extend the due date of Eol submission etc. without assigning any reason.
2. Legal dispute, if any, shall only be within the jurisdiction of Local Court situated at Bhubaneswar.
3. Bidders to note that all communication will be through speed post/ courier.
4. Any Addendum/ Corrigendum/ Date of Extension in respect of above tender shall be issued in the website: www.dmetodisha.gov.in only and no separate notification shall be issued in any other media. Bidders are therefore requested to regularly visit our website to keep them updated.
5. All the applications received, will be evaluated only on the basis of information and authenticated documents provided by the respective applicants.
6. The application should be neatly written /type-written. The applicant should sign and stamp each page of the application. The Eol documents need to be submitted in sealed/closed envelope only.

7. Overwriting should be avoided. Correction, if any, should be made by neatly crossing out, initialing, dating and rewriting. Pages of the applicant documents must be numbered. Additional sheets, if any, added by the applicant, should also be numbered. The documents should be submitted as a package duly signed & stamped along with Letter of Transmittal. Envelope containing application should be super-scribed "EOI LIVER TRANSPLANT".
8. The applicant may furnish any additional information along with supporting documents which they think is necessary to establish its Techno-Financial capabilities to successfully manage the works. The applicants are however, advised not to furnish superfluous information. No information shall normally be entertained after submission of application unless it is called for by the State Govt. separately.
9. Any information furnished by the applicant found to be incorrect either immediately or at a later date, would render them liable to be debarred from Bidding Process.
10. Prospective applicants may request for any clarification seven days before the last date of receipt of application. No clarification will be entertained after that.
11. The applications shall be signed by the person(s) on behalf of the organization having necessary authorization to do so. Copies of Memorandum of Association/ Organization shall be furnished along with the application. Originals may be required subsequently for verification, if necessary.
12. Separate sheet of paper with same Performa may be used.
13. While filling up the application with regard to the list of other works only information about similar projects should be given.
14. Decision of State Govt. with regard to preparation of list for pre-qualified Executing Agency shall be final and binding on all applicants. State Govt. is not bound to assign any reasons and/or explanations thereof.
15. The application shall be submitted only as per the enclosed formats, documentary proof(s) as asked in various Forms/Annexure, in respect of the details furnished in the application form shall be submitted along-with the application. Suppression of

any information in this regard may lead to cancellation of application, even if such information comes to the notice of State Govt. after selection.

16. The assignment shall be valid for a period of 05 (five) years from the date of issue of letter of assignment. The empanelment may be extended further period of 3 years at the discretion of State Govt.
17. State Govt. reserves the rights to accept or reject any or all applications without assigning any reason. State Govt. reserves the right to call off process of selection of Executing Agency at any stage without assigning any reason.
18. State Govt. shall not be responsible for any delay/loss of document or incorrect filling of Application form and Annexure of the Application Form. Also, State Govt. shall not be responsible for delay/loss/non receipt of filled-in application form along with documentary proofs sent by post.
19. State Govt. reserves the right to modify the criteria and take its own decision if so required

Sd/-

Director Medical Education & Training, Odisha

BRIEF OUTLINE OF WORK

1. The selected agency will prepare list of activities and modalities in consultation with State Government and the Convener / Nodal officer for implementing the liver donation and transplantation at the state level. It is understood that the activities will be in consonance with the National Organ Transplant Program.
2. The agency will assist the Government in formation of regulatory framework and is part of the advisory group in these states for implementation of the transplant program.
3. The agency will execute the project according to the policy and guidelines outlined in consultation with Government and Convener/ Nodal officer.
4. The agency is allowed if required to out-source the operational aspect of this MOU to any suitable 3rd party with adequate experience in India & abroad, proven medical competence, suitable academic exposure / credentials, and excellent ethical standing, in whom they have complete confidence and are able to influence enough to ensure satisfactory completion of the goal.
5. The agency will provide education for public, doctors, nurses and other health personnel, undertake capacity building training programs, establish organ sharing registries and help in implementation of best practices as per the guidelines laid down by 1st Party.
6. The agency shall submit progress reports periodically in the formats prescribed and mutually agreed by both 1st and 2nd Party.
7. The agency shall utilize the grant, if any, according to the guidelines and terms / conditions of the scheme and as per the sanction letter, MoU and provisions under OGFR and submit Statement of Expenditure and Utilization Certificate to the 1st Party.
8. The agency if has similar MOUs with other national and international organizations and it will share best practices through these collaborations. It will also enable national and international collaborations to enable them to

improve the transplant related activities in the government and other hospitals in the state of Odisha.

ANNEXURE -A

**INFORMATION REGARDING ELIGIBILITY
LETTER OF TRANSMITAL**

From

To

The Joint Director,
Director Medical Education & Training, Odisha
Heads of Departments Building, Bhubaneswar, Odisha, India,
751001.

Subject: **Submission of EoI for the functionalization of Liver transplant at SCB MCH
Cuttack.**

Sir,

Having examined the details given in the Press Notice/website and bid document for the above work I/we hereby submit the relevant information.

1. I/we hereby certify that all the statement made and information supplied in the enclosed forms A to C and accompanying statement are true and correct.
2. I/we have furnished all information and details necessary for eligibility and have no further pertinent information to supply.
3. I/we submit the certificates in support of our suitability, technical knowledge and capability for having successfully completed the eligible similar works (*attach documents in support*)

Authorised Signatory with seal

APPLICATION FORM

1	Name of the company/entity	
2	Legal status (public/private/partnership/limited liability/sole proprietorship etc.) <i>Please enclose supportive document.</i>	
3	Country of incorporation	
4	Date of establishment	
5	Principal place of business/work	
6	Name & Contact details of designated representative (<i>please enclose the letter of authorization</i>)	
7	Credential experience in the field (detail projects/capital cost/scope of works/etc)	
8	Project and technology management (<i>please provide details to help us to understand how you will manage the project in terms of your requirement, financial implication, manpower and staffing & expectation from State Govt.</i>) Provide documents for clarity.	

Authorised Signatory with date & seal

TO WHOM SO EVER IT MAY CONCERN

1. It is certified that our organization/ agency /we Is(are) having in-house capability to work as **Executing Agency** as laid down in Notice Inviting Expression of Interest (Eoi) for “Functionalization of Liver Transplant in SCB MCH Cuttack”.
2. It is certified that our organization / agency /we are not black-listed.
3. It is certified that our organization/ agency /we are financially sound and technically competent to take up the original works in terms of existing rules, in State Govt.
4. It is further certified that all information/data furnished in the ‘Application form and Annexure are true to the best of our knowledge and belief and in case any document/s found subsequently to be false or forged, legal action as deemed fit shall be initiated against the organization.

Date:

Signature of the authorized signatory