

Minutes of Pre-bid Meeting of the Tender published for Providing X-ray services in District Hospitals, Sub-Divisional Hospitals & Referral Hospitals, and Tele-radiology services for DHS operated X-ray centres on Hub and Spoke model under Public Private Partnership (PPP) mode in the state of Bihar

1. With reference to the Notice Inviting Tender (NIT) Reference No.: - 12/SHSB/PPP(X-ray)/2018-19 for Providing X-ray services in District Hospitals, Sub-Divisional Hospitals & Referral Hospitals and Tele-radiology services for DHS operated X-ray centres on Hub and Spoke model under Public Private Partnership (PPP) mode in the state of Bihar, published in leading newspapers and uploaded on the website "<http://www.eproc.bihar.gov.in/BELTRON>", the Pre-Bid meeting was held on 14/03/2019 at 02.00 PM in the Conference Hall of the 'State Health Society, Bihar (SHSB), Pariwar Kalyan Bhawan, Sheikhpura, Patna'.

2. The following members of the Technical Committee were present in the Pre-bid Meeting:-

(i) Dr. R. D. Ranjan, Director-in-Chief, Health Services, Dept. Of Health, Govt. Of Bihar, Patna	Chairman
(ii) Shri Khalid Arshad, Administrative Officer, State Health Society, Bihar	Member
(iii) Shri V.N. Chaoudhary, Deputy Director (Representative of Regional Director, Ministry of Health, Govt. Of India, Patna)	Member
(iv) Dr. Kishore Kumar Sinha, Additional Director- Finance, State Health Society Bihar	Member
(v) Shri Ravish Kishore, Deputy Secretary-cum- In-charge-PPP, State Health Society, Bihar	Member Secretary
(vi) Dr. Sanjay Kumar Suman, HOD, Radiology Department, IGIMS Patna	Member
(vii) Dr. Ajay Kumar (Representative of HOD, Radiology Department, PMCH, Patna)	Member
(viii) Shri Neeraj Kumar, Representative of SRU, Patna	Member

3. The officer/employee/representative of the following interested bidders participated in the Pre-bid meeting:

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| 1) M/s Medion Healthcare Pvt. Ltd., Mumbai, Maharashtra | 2) M/s Doyen Diagnostic & Research Foundation, Kolkata |
| 3) M/s Krsnaa Diagnostics Pvt. Ltd., Pune, Maharashtra | 4) M/s BPL Medical Technologies, Bangalore, Karnataka |
| 5) M/s Vibgyor Photo Technologies Ltd., Mumbai, Maharashtra | 6) M/s Vision Medicaid Equipment Pvt. Ltd., Pune, Maharashtra |
| 7) M/s Pashupatinath Distributors Pvt. Ltd., Patna, Bihar | 8) M/s Prognosys Medical Systems Ltd., Bangalore, Karnataka |
| 9) M/s HLL Lifecare Ltd., Kerala, India | 10) M/s Siksha Infotech Pvt. Ltd., Bangalore, Karnataka |
| 11) M/s Calcutta Heart Research Centre, Kolkata | 12) M/s Evanta Global Pvt. Ltd., Patna, Bihar |
| 13) M/s Bankura Scan Centre, West Bengal | |

4. The following queries were raised during the Pre-bid meeting/ submitted via email on dxserviceshs@gmail.com :-

Sl. No	NIT Reference	As published in NIT	Query/ Request of interested agencies	Clarifications/ Amendments Recommended by Technical Committee
1	Page 15 Clause 7	<i>"The financial bids, of the shortlisted bidder(s), from technical evaluation (matching eligibility criteria), will be opened, and the bidder, who quotes the lowest absolute price (highest discount or lowest increase in percentage terms (%) on the Central Government Health Scheme (CGHS) rates applicable for Patna, Bihar), shall be selected as the service provider for providing X-ray services in DH, SDH & RH, and for providing tele-radiology services for DHS operated X-ray centres on Hub and Spoke model under Public Private Partnership (PPP) mode, in the state of Bihar"</i>	Requested amendment that CGHS NABL 2014 rates of Patna will be applicable. Requested to make single rate in financial bid because the rates mentioned in NABL list are very low as compared to investment & non-viability of the project; OR the Authority can give minimum assurance of 1,500 X-ray image reporting per day per cluster for viability of the project. Bidder highlighted that this is not a Win-Win situation PPP partners	<i>"The financial bids... ..lowest absolute price (highest discount or lowest increase in percentage terms (%) on the Central Government Health Scheme (CGHS) NABL rates applicable in Patna), shall be selected...."</i> <i>(The committee recommends above amendment)</i> In view of the high investment expected in this project (Infrastructure upgradation as per AERB guideline, machine installation, Operations and maintenance) bidders are allowed to bid with a variance over the CGHS NABL rate for Patna; therefore, bidders can also choose to bid even higher than CGHS rates, based on financial viability of the project. <i>(The committee recommends above clarification)</i>
2	Page 12 Clause 2.2	<i>"The bidder must have minimum turnover of Rs. 10.00 Crores per annum (sole bidder, and cumulative of all members in case of a consortium) in each of the last three financial years (FY 2015-16, FY 2016-17 and FY 2017-18), as evidenced by the audited accounts of the bidder"</i>	Requested to consider "...average minimum turnover of Rs. 10 Crore"	<i>"The bidder must have average annual turnover of Rs. 10.00 Crores (sole bidder, and cumulative of all members in case of a consortium) during the last three financial years (FY 2015-16, FY 2016-17 and FY 2017-18), as evidenced by the audited accounts of the bidder"</i>
3	Page 12 Clause 2.2	<i>"The bidder must have minimum turnover of Rs. 10.00 Crores per annum (sole bidder, and cumulative of all members in case of a consortium) in each of the last three financial years (FY 2015-16, FY 2016-17 and FY 2017-18), as evidenced by the audited accounts of the bidder"</i>	Requested to increase the minimum turnover to INR 50 Crore; along with net-worth of INR 50 Crore	<i>(The committee recommends above amendment)</i>

Sl. No	NIT Reference	As published in NIT	Query/ Request of interested agencies	Clarifications/ Amendments Recommended by Technical Committee
4	Page 12 Clause 2.3	<i>"The bidder must have experience (sole bidder, or cumulative of all partners in case of a consortium) of installing and operating & managing minimum 5 Digital X-ray machines or 2 CT Scan/ MRI machines per annum (or combined, where every CT Scan/ MRI machine shall be considered as equal to 2.5 X-Ray machines) for atleast 12 months in public or private sector, between April 2016 to Dec 31, 2018"</i>	Requested to increase the tele-radiology experience to minimum 50-100 locations	<i>(The bidder's request is not acceptable)</i>
5	Page 19: Clause 1.8	<i>"The agency might also be required to install and operate X-ray units at some PHCs/ CHCs, upon mutual agreement between both the parties (agency and authority), at the same contract rate and terms and conditions defined in this tender document for a Sub-Divisional Hospital (except the manpower requirement - single shift of operations at such PHCs/CHCs). However, such extension of services shall be based only on mutual consent of both the parties"</i>	Requested further clarity on this clause	<p>Project Overview:</p> <p>a. DH/SDH/RH: The agency will install and operate X-ray units, AND;</p> <p>b. PHC/CHC: The SHSB/DHS/RKS will install and operate X-ray units, and the private agency will only provide tele-radiology service (analysis of reports transmitted to its centralised tele-radiology centre) as per the terms defined in the tender document, and install related software at facilities (for transmission of images), and train the Govt. X-ray technicians at these facilities regarding use of this software.</p> <p>c. Optional Section: Agency may have to install and operate X-ray units at few PHC/ CHC, only upon mutual agreement with the SHSB. If applicable, the service delivery at these PHC/ CHC will be as per the service terms defined for SDH (Computerized Radiography machines). However, the operations at these PHC/ CHC will be limited to single shift operation, i.e. agency will need to depute only single X-ray technician.</p> <p><i>(The committee recommends above clarification)</i></p>

Sl. No	NIT Reference	As published in NIT	Query/ Request of interested agencies	Clarifications/ Amendments Recommended by Technical Committee
6	Page 12 Clause 2.4	<i>"The bidder must have experience (sole bidder, or cumulative of all partners in case of a consortium) of minimum 12 months, between April 2016 to Dec 31, 2018, of Operating and managing at-least 5 radiology diagnostic centre, having fully trained service professional and jointly reporting minimum 1,500 radiological images (CT, X-Ray & MRI or Combined) per annum"</i>	Requested to increase the minimum imaging experience to atleast 10,000 radiological images per annum	<i>"The bidder must have experience (sole bidder, or cumulative of all partners in case of a consortium) of minimum 12 months, between April 2016 to Dec 31, 2018, of Operating and managing at-least 5 radiology diagnostic centre with Digital X-rays, or 2 Radiology diagnostic centres with CT Scan/ MRI machines, having fully trained service professional and jointly reporting minimum 10,000 radiological images (CT, X-Ray & MRI or Combined) per annum"</i> <i>(The committee recommends above amendment)</i>
7	Page 19 Clause 2.2	<i>"Based on study findings, the service provider shall upgrade the infrastructure in all the healthcare facilities on its own cost, as mentioned in the tender document..."</i>	More clarification requested in this regard, because service provider has to invest huge amount of upgradation of centre and procurement of equipment and which will be not viable. It requires huge amount, permissions and time-consuming procedure to start the project	Selected agency will be provided rooms at the allotted facilities, and expected to provide X-ray services, while ensuring legal and related compliances, which would include obtaining X-ray operation license from AERB. Therefore, concerned agency will upgrade the facility enclosure to access AERB X-ray operation license for concerned facility. Bidders may choose to visit DH, SDH & RH across Bihar to assess the facilities' requirement. <i>(The committee recommends above clarification)</i>
8	Page 21 Clause 3.6	<i>"It shall be the responsibility of the Agency to complete the civil work requirement for installation of equipment and machine(s) and radiation structural shielding (for walls, doors, ceiling, and floor of the provided room housing the X-ray equipment as per AERB guidelines as amended time to time) of healthcare facilities"</i>		
9	Page 20 Clause 3.3	<i>"For obtaining licence, of each X-ray unit at the government healthcare facility(s), the agency/bidder shall enter healthcare facility details in AERBs' e-governance application e-LORA (e-licensing of Radiation Applications) system and follow the steps mentioned below... ..Radiological Safety Officer (RSO)"</i>	The registration should be in the name of concerned hospitals and we require hospital document/ NOC for institution registration with AERB. For registration of RSO with AERB, we require Govt. Medical Officer educational and experience certificates of concerned hospitals. For above, we have to deploy separate team, which costs more to us.	The concerned agency will register the concerned facilities for operation of X-ray machines, as per AERB. SHSB/DHS will provide necessary support required in the process. <i>(The committee recommends above clarification)</i>

Sl. No	NIT Reference	As published in NIT	Query/ Request of interested agencies	Clarifications/ Amendments Recommended by Technical Committee
10	Page 21 Clause 3.7	<i>"The agency will ensure uninterrupted power supply to ensure continuous service, even during the power failure; thereby avoiding down-time under any circumstances"</i>	Basic amenities like required electricity load, water and power back-up is to be provided upto the site by Authority.	<i>"The Authority will provide water and power supply of required load till the site, and agency will make the applicable monthly payments for the consumption. Agency will take the applicable commercial connection, and install applicable meters. Further, agency will undertake any/ all internal wiring/ fitting requirements at the site"</i> (The committee recommends above amendment)
11	Page 37 Clause 6	<i>"Generator back-up: The bidder/ agency shall provide power back-up adequate for at least 80% of the designed power load of the project facility. The generator shall be equipped to have a switch-over mechanism so as to be activated automatically in the event of power failure. The generator shall be installed in a separate sound-proof enclosure"</i>		<i>"Power Supply: The agency shall provide uninterrupted power supply, and ensure availability of power back-up in the event of power failure. The agency shall not be necessarily required to install generators to ensure power-back, and may in fact choose to provide power back-up through alternate sources, such as agreement with local generator vendor at the facility (if available) or outside the facility."</i> (The committee recommends above amendment)
12	Page 22 Clause 4.11	<i>"Ensuring maintenance of equipment within 24 hours"</i>	Requested equipment maintenance timeline to be increased to 48 hours	<i>"Ensuring maintenance of equipment within 48 hours"</i> (The committee recommends above amendment)
13	Page 23 Clause 5.5	<i>"The Agency will be required to submit monthly reports in the format shared by SHSB and DHS, at the time of signing of the contract, or anytime during the currency of the contract"</i>	Requested more clarification in this regard	<i>"The Agency will be required to submit monthly reports in the format shared by SHSB and DHS. These formats shall be shared after signing of the contract, or anytime during the currency of the contract"</i> (The committee recommends above amendment)
14	Page 25 Clause 11	<i>"Ensure that all results shall be interpreted, diagnosed and reported within 4 hours of the image transmission/ uploading. However, in case of cases marked as emergency, this Turn-Around-Time (TAT) should be less than 2 hours"</i>	Requested to increase the reporting time to 8 hours	<i>"Ensure that all results shall be interpreted, diagnosed and reported within 6 hours of the image transmission/ uploading. However, in case of cases marked as emergency, this Turn-Around-Time (TAT) should be less than 2 hours"</i> (The committee recommends above amendment)

Sl. No	NIT Reference	As published in NIT	Query/ Request of Interested agencies	Clarifications/ Amendments Recommended by Technical Committee
15	Page 38 Clause 4	KPIs: "Turnaround time (TAT) for interpreting, diagnosing and reporting of the (X-ray tests) For tests done: 4.1 All regular test reports – 4 hrs 4.2 For emergency cases – 2 hrs"		"Turnaround time (TAT) for interpreting, diagnosing and reporting of the (X-ray tests) For tests done: 4.1. All regular test reports – 6 hrs 4.2. For emergency cases – 2 hrs" (The committee recommends above amendment)
16	Page 26 Clause 14	"The agency/ bidder shall store the images for entire contract period at centralised tele-radiology server. In case of change of service provider for any reason, the stored data including reports, images etc., shall be provided to the "new" service provider, DHS, government healthcare facility and SHSB."	The bidder shall provide reported image data every year in form of CD/ Hard Disc to concerned hospital authority. Justification: This will help control the load on central tele-radiology server.	"The agency/ bidder shall store the images at centralised tele-radiology server, and share the same facility-wise with the SHSB/DHS on yearly basis, in CD/ Hard Disc. In case of change of service provider for any reason, the stored data including reports, images etc., shall be provided to the "new" service provider/ SHSB/ DHS" (The committee recommends above amendment)
17	Page 37 Clause 5	"The central server should have enough storage capacity that can store the data throughout the contract period and for one-year post contract"		"The central server should have enough storage capacity that can store the data for minimum 18 months" (The committee recommends above amendment)
18	Page 28 Clause 5.1	"The Project will be awarded for a period of 5 years from the date of agreement and may be extended for one or more years based on the requirements, availability of funds under National Health Mission (NHM) or any source and satisfactory performance of work done by the agency and any other conditions mutually agreed by the service provider and SHSB. Any extension shall not be the right of the agency"	Looking at huge investment in the project, the initial tenure of the project should be 10 years (7+3) from the date of Agreement and extendable for another 5 years	"The Project will be awarded for a period of 5 years from the date of agreement and may be extended for three years, which may be further extended by two more years (maximum upto total of 10 years' project duration) based on the requirements, availability of funds under National Health Mission (NHM) or any source and satisfactory performance of work done by the agency and any other conditions mutually agreed by the service provider and SHSB. Any extension shall not be the right of the agency." (The committee recommends above amendment)

Sl. No	NIT Reference	As published in NIT	Query/ Request of interested agencies	Clarifications/ Amendments Recommended by Technical Committee
19	Page 30 Clause 10.2	<i>"The service provider shall commission and start the 24X7 (round the clock) X-ray services in full conformity to the contract, across all the DH, SDH and RH in assigned clusters, within 120 days from the date of signing of the contract/ handover of space in respective facilities"</i>	Requested extension from 120 days to 180 days period for commencement of services	<i>"The service provider shall commission and start the 24X7 (round the clock) X-ray services in full conformity to the contract, across all the DH, SDH and RH in assigned clusters, within 180 days from the date of signing of the contract. The space at concerned facilities will be handed over to the agency within 30 days of signing of the contract."</i> <i>(The committee recommends above amendment)</i>
20	Page 28 Clause 7.3	<i>"The payments will be made through RTGS/NEFT by 20th of the month, after necessary verifications & deducting penalties (if any). In case the payment is delayed in document verification, beyond 20th of the month, after receipt of claims with relevant documentary evidences as accepted by the concerned officials, 70% of the payment shall be released by default on 21st day of the month, and the remaining payment shall be released within 45 days of the receipt of invoices and supporting documents after verification of the documents, after deductions of any applicable penalties"</i>	a. Requested release of 80% of payment by default immediately, and remaining payment to be released within 30 days of submission of invoice. b. Also, requested for centralised release of payments.	<i>"The payments will be made through RTGS/ NEFT by 20th of the month, after necessary verifications & deducting penalties (if any). In case the payment is delayed in document verification, beyond 20th of the month, after receipt of claims with relevant documentary evidences as accepted by the concerned officials, 80% of the payment shall be released by default on 21st day of the month, and the remaining payment shall be released within 45 days of the receipt of invoices and supporting documents after verification of the documents, and after deductions of any applicable penalties"</i> <i>(The committee recommends above amendment)</i>
21	Page 28 Clause 7.2	<i>"The bidder/agency will raise its invoices (As prescribed under GST Act) on completion of services during the month and the invoices must be submitted to respective District Health Society till 7th of the next month, along-with supporting documents. The payment will be subject to TDS as per Income Tax Rules and other statutory deductions as per applicable laws."</i>		<i>"The bidder/agency will raise its invoices (As prescribed under GST Act) on completion of services during the month and the invoices must be submitted to respective District Health Society till 7th of the next month, along-with supporting documents. Any submissions after the 7th day of the month will be considered in the next billing cycle (following month). All payment will be subject to TDS as per Income Tax Rules and other statutory deductions as per applicable laws"</i> <i>(The committee recommends above amendment)</i>

Sl. No	NIT Reference	As published in NIT	Query/ Request of interested agencies	Clarifications/ Amendments Recommended by Technical Committee
22	Page 29 Clause 7.6	<i>"However, the agency must directly charge and receive the amount (As per CGHS Patna rate) from the patients who are not referred the concerned government healthcare facility where the agency has installed the X-ray unit"</i>	Please allow the bidder to charge and receive the amount on its own rates from the patients who are not referred by the concerned hospital	<i>"However, the agency must directly charge and receive the amount (As per rate discovered through this tender) from the patients who are not referred by the concerned government healthcare facility, where the agency has installed the X-ray unit. Further, the agency shall not entertain these private patients (patients not referred by concerned Govt. healthcare facility) during OPD hours at the concerned facility, and priority should always be given to the patients referred by concerned Govt. healthcare facility. Further, along with the monthly report, agency will also submit a separate consolidated report of private patients served during the month"</i> <i>(The committee recommends above amendment)</i>
23	Page 34 Clause 8	<i>"The bidder/ agency shall prepare the quarterly training calendar and shall submit the same to the SHSB for approval at least one quarter before the training for all planned trainings except at the time of commencement of service"</i>	Training will be provided at centralized location	Trainings can be conducted at Patna, district level or even facility level. <i>(The committee recommends above clarification)</i>
24	Page 29 Clause 7.7	<i>"The percentage variance quoted on CGHS rates, applicable in Patna, shall remain valid for the entire duration of the contract. In case of change in CGHS rate list (applicable for Patna), same contracted variance will be applied on the updated CGHS rate list (resulting in price increase in absolute terms);however, in case of any such change during the first 2 years of the contract will be imposed only from the 3rd year onwards"</i>	Requested fixed annual escalation of 10% per annum	<i>"The percentage variance quoted on CGHS NABL rates, applicable in Patna, shall remain valid for the entire duration of the contract, irrespective of any change in CGHS NABL Patna rates. A fixed escalation of 5% per annum will be applicable on the contracted rates. This escalation will be applicable only from 3rd year onwards, from the date of signing of the contract"</i> <i>(The committee recommends above amendment)</i>

Sl. No	NIT Reference	As published in NIT		Query/ Request of interested agencies	Clarifications/ Amendments Recommended by Technical Committee								
25	Page 30 Clause 10.4	"If bidder/agency fails to start the services beyond 240 days, the contract may be terminated, and the selected bidder/agency may be blacklisted and might result in forfeiture of performance security to which, the selected bidder/agency shall have no claims"			"If bidder/agency fails to start the services beyond 300 days, the contract may be terminated, and the selected bidder/agency may be blacklisted and might result in forfeiture of performance security to which, the selected bidder/agency shall have no claims" (The committee recommends above amendment)								
26	Page 38 Clause 3	<table><tr><th>Clause</th><th>Penalty</th></tr><tr><td>Failure to commission and start the X-ray units in the DH, SDH& RH facilities within 120 days of signing of the contract/ handover of land, without any genuine reason</td><td>Rs. 10,000/- per X-ray unit per day.....</td></tr></table>	Clause	Penalty	Failure to commission and start the X-ray units in the DH, SDH& RH facilities within 120 days of signing of the contract/ handover of land, without any genuine reason	Rs. 10,000/- per X-ray unit per day.....		Requested to reduce the applicable penalty to INR 1,000/- per day; and Requested to increase the commissioning timeline to 240 days	<table><tr><th>Clause</th><th>Penalty</th></tr><tr><td>Failure to commission and start the X-ray units in the DH, SDH & RH facilities within 180 days of signing of the contract, without any genuine reason.</td><td>Rs. 5,000/- per X-ray unit per day.....</td></tr></table> (The committee recommends above amendment)	Clause	Penalty	Failure to commission and start the X-ray units in the DH, SDH & RH facilities within 180 days of signing of the contract, without any genuine reason.	Rs. 5,000/- per X-ray unit per day.....
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27	Page 35 Clause 4	"In case of connection drops system should ask user to re-authenticate and re--download images"		In what context the download of images is required?	The radiologists on the tele-radiology network will download and access the images to study and submit reports based on these images. (The committee recommends above clarification)								
28	Page 35 Clause 13	"SMS Integration: Should able to send SMS and email alerts"		Requested clarification	"SMS Integration: Should be able to send SMS alerts to notify the patients about receipt of Radiologist signed X-ray reports at the facility." (The committee recommends above amendment)								
29	Page 37 Clause 5	"Adequate capacity central server, uploading H/W, radiologist workstation shall be provided. The central server should have enough storage capacity that can store the data throughout the contract period and for one-year post contract."		If tele-radiology is allowed, what is requirement for radiologist workstation	"Adequate capacity central server and uploading H/W shall be provided. The central server should have enough storage capacity that can store the data of minimum 18 months." (The committee recommends above amendment)								
30	Page 38 Clause 1	Penalty "Absence of X-ray technicians in the X-ray units established in concerned healthcare facilities – Rs. 1,500/- per X-ray Technician per day"		Requested to reduce this to Rs. 500/- per day	"Absence of X-ray technicians in the X-ray units established in concerned healthcare facilities – Rs. 1,000/- per X-ray Technician per shift" (The committee recommends above amendment)								

Sl. No	NIT Reference	As published in NIT	Query/ Request of interested agencies	Clarifications/ Amendments Recommended by Technical Committee
31	Page 41	INFORMATION REGARDING FINANCIAL BID	Requested clarification, if it's required to submit technical & financial bids cluster-wise on e-portal	Bidders need to submit separate technical and financial bids for each cluster(s) they wish to bid on the eproc portal (eproc.bihar.gov.in). Different clusters are named as Work C1, C2, C3 and C4, as per group of districts mentioned in Appendix D . Further, if a multi-cluster bidder is found to be technically qualified for any one of the clusters (based on submitted technical bid), it will be considered technically qualified for all its other cluster biddings. <i>(The committee recommends above clarification)</i>
32	Page 5 Clause 13	<i>"Tender Processing Fee (TPF) amount for the sum of Rs. 1,180/- (One thousand one hundred and eighty rupees) to be paid by the agency through e-Payment mode (i.e. NEFT-RTGS, Internet Banking, Credit/ Debit Card) only, to the agency empanelled by Government of Bihar for centralized e-Procurement"</i>		<i>"Tender Processing Fee (TPF) amount for the sum of Rs. 1,180/- (One thousand one hundred and eighty rupees) per cluster to be paid by the agency through e-Payment mode (i.e. NEFT-RTGS, Internet Banking, Credit/ Debit Card) only, to the agency empanelled by Government of Bihar for centralized e-Procurement"</i> <i>(The committee recommends above amendment)</i>
33	Page 21 Clause 3.11	<i>"High Frequency X-ray generator delivering min 50kW power (500 mA or higher)"</i>	Requested amendment to "X-ray generator delivering minimum 40 kW"	<i>(The bidder's request is not acceptable)</i>
34	Page 22 Clause 4.4	<i>"The agency shall provide film of X-ray to the patient."</i>	Requested clarification on cases where patient requests for extra film?	<i>"The agency shall provide film of X-ray to the patients free of cost, and all tests will be printed on film of size not less than 10"X12". However, in case of request from patients to issue duplicate X-ray film, the agency may directly charge Rs. 35/- per film from the concerned patient. However, the agency also needs to ensure that a notification of visible size is painted/pasted in the X-ray room, stating that 'Any X-ray test prescribed by doctors of this Facility are FREE for patients. However, in case of request for duplicate X-ray film, it will be chargeable from patient at Rs. 35/- per film"</i> <i>(The committee recommends above amendment)</i>

Sl. No	NIT Reference	As published in NIT	Query/ Request of interested agencies	Clarifications/ Amendments Recommended by Technical Committee
35	Page 21 Clause 3.11	"District Hospitals (DH): - High Frequency X-ray generator delivering min 50kW power (500 mA or higher) - Rotating anode with anode heat storage capacity of min 300 KHU - Retrofit DR System having Flat Panel detector size 41cmX41cm or more. Detector spatial resolution of 200µm or less - US FDA/ European CE approved"	Requested to reduce the Digital X-ray machine capacity from of 32 kW (400 mA) instead of 50 kW (500 mA), considering its low power consumption	Bidder's request is not acceptable.
			Requested to reduce the Digital X-ray capacity to 40 kW Justification: - Power supply factor in Bihar is not so good and stable and higher KW may always create problems and result in breakdown. - Globally 40KW generators are offered as maximum 500mA where 40KW generator is 500mA @ 80KV & 32KW generator is 500mA @ 64KW. Which is more than sufficient. - 50KW generators are 630/640mA as maximum capacity - 40 kW serves the requirements and considering power factor it is more ideal for power environment prevailing in Bihar.	Bidder's request is not acceptable.
36	Page 21 Clause 3.11	"District Hospitals (DH): - High Frequency X-ray generator delivering min 50kW power (500 mA or higher) - Rotating anode with anode heat storage capacity of min 300 KHU - Retrofit DR System having Flat Panel detector size 41cmX41cm or more. Detector spatial resolution of 200µm or less - US FDA/ European CE approved"	Requested to reduce rotating anode tube specification to 140 KHU Justification: - 300KHU is used only where there is high workload of 150-200 X-rays per day. - Cost of 300KHU tube is 3 times and also it requires high speed started. The Tube cost is higher because 300KHU has maximum rating for use upto 800mA - Ideally 140KHU tube is more suitable for use for x-ray Load of around 100 X-rays per day. - 140KHU tube has maximum rating of use upto 600mA. - 80% of the x-ray systems operational in India are using 140KHU. - Attached technical data sheet of 140KHU & 300KHU x-ray tube where you can see the maximum usage capacity of the tube.	Bidder's request is not acceptable.

Sl. No	NIT Reference	As published in NIT	Query/ Request of interested agencies	Clarifications/ Amendments Recommended by Technical Committee
37	Page 21 Clause 3.11	"SDH & RH: X-Ray 300 mA (Computerized Radiography) – High Frequency"	<p>Requested to consider 300 mA Line Frequency X-ray machines with Retrofit Digital Radiography to increase the working capacity to attend 250 Plus patients in a day. Also, the quality of Retrofit Digital Radiography is 40% better than Computed Radiography.</p> <p>Requested to replace CR system with DR System</p> <p>Justification:</p> <ul style="list-style-type: none"> - DR can take higher workload with no waiting time. - DR offers 3 times higher DQE than CR which results in 3 times better image quality at lower radiation . - DR has lower breakdown versus CR 	<p>Technology upgradation is allowed based on project's financial feasibility; therefore, the selected agency may choose to install Retrofit Digital Radiography, or even DR System of 300 mA or higher at SDH & RH, at the same contract price.</p> <p><i>(The committee recommends above clarification)</i></p>
38	NA	General	Requested existing data on IPD/ OPD data of each facility	<p>Data can be accessed on HMIS website – URL: https://nrhm-mis.nic.in/SitePages/Home.aspx</p> <p><i>(The committee recommends above clarification)</i></p>
39	Page 27 Clause 3.1	"The Service Provider shall be responsible for insuring all the machines, plant, equipment, furniture, etc. for accident, theft, damage, burglary etc."	Requested the hospital authority to ensure the availability of security guards.	<p>Security guards are already deployed/ being deployed at Govt. healthcare facilities, for general security of the facility; however, the agency will still be responsible for insuring all the machines, equipment etc.</p> <p><i>(The committee recommends above clarification)</i></p>
40	Page 5 Clause 19	"...No bidder is exempted from submitting of EMD as mentioned in the tender document"	Requested exemption of EMD for SSI/ MSME	<p>Special provisions for SSI/ MSME are applicable for supply of goods; however, this is a supply of services project.</p> <p><i>(Bidder's request is not acceptable)</i></p>

Sl. No	NIT Reference	As published in NIT	Query/ Request of Interested agencies	Clarifications/ Amendments Recommended by Technical Committee
41	Page 4 Clause 12	<i>"The tender must be accompanied by Earnest Money Deposit (EMD) of Rs. 10,00,000/- (Ten lakh Rupees only) per cluster (of districts), in the shape of Demand Draft from any Schedule Bank in favour of State Health Society, Bihar payable at Patna"</i>	Requested allowing receipt of EMD in the form of Bank Guarantee	<i>Bidder's request is not acceptable.</i>