



NATIONAL INSTITUTE OF TECHNOLOGY
TIRUCHIRAPPALLI - 620 015,
TAMIL NADU
Web site: www.nitt.edu

OFFICE OF THE DEAN (INSTITUTE DEVELOPEMENT)

NOTICE INVITING TENDER FOR OPERATION OF CLINICAL LABORATORY AT
THE NITT HOSPITAL, ON OUTSORUCING BASIS

BID SYNOPSIS	
Tender Reference Number and date	No.OS-2/2014/Clinical Lab/ Dean (ID) dated 29/10/2014
Brief Description of the Tender	Tender for Operation of Clinical Laboratory at the In house Hospital maintained by National Institute of Technology
Type of Tender	Two Bid System
Cost of Tender Document including 5% VAT (Non- refundable)	Rs.150 (Rupees One Hundred and Fifty only) payable through Demand Draft drawn in favour of The Director, NIT, Tiruchirappalli.
Web site address for downloading the tender document	The tender document can be downloaded from our website www.nitt.edu
Earnest Money Deposit (Refundable)	Rs. 10,000/- (Rupees Ten Thousand only) in the form Demand Draft drawn in favour of The Director, NITT.
Date of Pre bid meeting	Wednesday 5th November 2014 at 2.30 P.M (Venue: Administrative Building, NITT)
Last date and time for receipt of tender	Wednesday 12th November 2014 upto 3.00 P.M
Mode of submission of Tender	By Speed Post/ Register Post/ Courier or through Hand delivery at the NITT Main Office
Date, time and venue Opening of Tender	Wednesday 12th November 2014 upto 3.30 P.M
Date and time of opening of Price bids	After evaluation of technical bids, the date, time and place of opening of the Price bid will be intimated to technically qualified bidders.
Address for submission of Tender	The Director, National Institute of Technology, Tiruchirappalli-15, Tamil Nadu With a kind attention to: Dean (institute development), NIT, Trichy
Procedure for submission of Tender	Envelope 1: EMD and Cost of Tender Document Envelope 2: Technical Bid Envelope 3: Price Bid Envelope 4: Larger Size Outer Envelope (Wrapper) containing Envelope 1, 2 and 3
Contact Person for Technical queries	Dr.A.Vadivel, Associate Dean (ID) Office of the Dean (Institute Development), NIT, Trichy Phone: 0431 250 3040 (3737) Mail ID: vadi@nitt.edu

TERMS AND CONDITIONS OF THE TENDER

1. The Hospital Clinical Laboratory Service Provider herein after referred to as “Service Provider” will do all the tests / investigations specified in **Annexure 2 - Price Bid Format at Page number 5 to 9** of this tender document for a period one year from 1/12/2014 to 30/10/2014
2. The Service Provider will provide all the Clinical tests/ investigations as per tie up list on cashless basis to NITT beneficiaries.
3. No registration fee or other fee whatsoever will be charged by the Service Provider from the NITT beneficiaries referred for tests/investigations.
4. The Service Provider will provide the Laboratory facility only to referred beneficiaries (As per proper prescription/ reference from the doctors of NITT Hospital). Identity of the patient is to be confirmed in each case before conducting the Laboratory test with reference to the photo affixed identity card issued by the NITT.
5. Results will be furnished and issued to NITT beneficiaries as stipulated by the NITT doctors.
6. The Service Provider agrees that any liability arising due to any default / negligence in providing proper medical services shall be borne, by the Service Provider which shall alone be responsible for that.
7. Appropriate action may be initiated by the NITT on the basis of complaints, medical audit or inspections carried out by NITT team.
8. The Service Provider has to ensure that the reference for costly investigations, if any, are authenticated by the Chief Doctor of the NITT hospital and that eligibility certificate has been produced in each cases.
9. The lab shall depute minimum one Lab Technician in the Hospital in order to draw the sample, label, collect and transport the samples to lab. The Lab Technician so deployed by the Service Provider, should strictly hospital working hours. The working hours for the clinical lab would be 7.30AM to 1 PM and 3.00PM to 7 p.m on weekdays and on Saturdays and Sundays from 7.30AM to 3PM.
10. The Service Providers’ Personnel/ staff supplied shall have to maintain strict discipline as per Hospital requirements and maintain absolute integrity at all times.
11. The Service Provider shall be solely responsible for the payment of remuneration and other benefits to the Lab Technician and other staff deputed.
12. The report should be made available in the hospital on the next working day before 1.00PM. In case of specialized investigations the report should be supplied within three days.
13. The Service Provider has furnished a security deposit of Rs.10,000/. No interest will be paid on the security deposit and this amount will be refunded only after satisfactory fulfillment of the contract by him and all accounts thereafter will be settled.

14. Any loss to the Hospital on account of nonperformance of the contract, deficiency in performance due to lack of quality, nonperformance in time or similar deficiencies, will be recovered from the establishment and contract shall be liable for cancellation and Security Deposit forfeited.
15. Cash bill for investigations are to be submitted by the Service Provider on monthly basis. Bills are to be submitted with proper prescription / reference form with a copy of report.
16. The Service Provider should comply with all labour welfare enactments and other statutory provisions governing employment of Lab Technician, working hours, payment that shall be made to the Service Provider each time.
17. Income Tax as per Rules shall be deducted wherever applicable from payment that shall be made to the Service Provider each time.
18. It shall be the duty and responsibility of the Service Providers at all times to obtain, maintain and sustain the valid registration, recognition and high quality and standard of its services and to have all statutory and mandatory licenses. Permits or approvals of the concerned authorities under or as per the existing laws.
19. Termination for default: The NITT may , without prejudice to a other remedy for breach of agreement by written notice of default sent to the Laboratory Service Provider terminate the agreement in whole or part.
 - a. If the Service Provider fails to provide any or all services specified in the Annexure to this agreement within the period of agreement , or within any extension thereof if granted by the NITT pursuant to condition of Agreement or If the Service Provider fails to perform any other obligations under the Agreement.
 - b. If the Service Provider, in the judgment of NITT has engaged in corrupt or fraudulent practices in the Agreement.
 - c. If the Laboratory Service Provider is found to be involved in or associated with any unethical illegal or unlawful activities, the agreement will be summarily suspended by NITT without any notice and thereafter may terminate the Agreement, after giving a show cause notice and considering its reply if any, received within 10days of the receipt of show cause notice.
20. Miscellaneous: Nothing under this agreement shall be considered as establishing or creating between the parties any relationship of Master and Servant or Principal and Agent between NITT and the Laboratory Service Provider. **In simple words, there is no employer employee relationship between NITT and the Lab Technicians and other staff deployed by the Service provider.**
21. The Service Provider shall bear all expenses incidental to the preparation and stamping of this agreement.

ANNEXURE A: FORMAT FOR TECHNICAL BID
(To be submitted in a separate envelope)

Name of the Bidder Firm/ Agency	
Full Postal Address with Land line and Mobile Number	
Date of Establishment – Please attach documentary proof	
Years of experience in Clinical Laboratory Operation	
Legal status of the bidder (Whether Proprietary, Partnership Firm, Private or Public Limited Company) – Enclose Xerox copy of the documentary proof	
Details of Registration/ Trade License, if any, obtained from Competent Authorities for carrying out Clinical Laboratory Services	
Name, Address and Mobile number of the contract person	
Permanent Account Number (PAN)_under the Income Tax Act – Please enclose self-attested Xerox copy	
Details of Clinical Laboratory Operations of the bidder during the last three years – Please attach documentary proof	
Do you have any accreditation such as NABL etc.? If so, furnish the same	
Do you have Service Tax Registration Number?	
In case if you don't have Service Tax Registration Number, as on date, are you willing to register yourself with the Service Tax Authorities, in the event of award of contract under this tender?	
Do you agree with all the terms and conditions of this tender?	

Signature of the bidder with Seal

ANNEXURE B: FORMAT FOR PRICE BID
(To be submitted in a separate envelope)

Serial Number and Name of the Test/ Investigation	Rate to be Quoted/Test	
	In Figures	In Words
1. Hb		
2. TC,DC		
3. TC,DC,ESR		
4. TC,DC,ESR,HB		
5. ESR		
6. CBC +PS		
7. PLATELET COUNT		
8. CBC WITHOUT ESR		
9. CBC WITH ESR		
10. Peripheral Smear		
11. TOTAL RBC COUNT		
12. BLOOD GROUP & TYPING		
13. PCV BLOOD		
14. TOTAL RETICULOCYTE COUNT		
15. Serum iron		
16. Ferritin		
17. TIBC		
18. Direct Coombs test		
19. Folic Acid Levels		
20. B12 Levels		
21. Haptoglobin		
22. ASO TITRE (Qualitative)		
23. CRP		
24. HLA-B27		

25. S. ALP		
26. RA Factor		
27. Anti-CCP		
28. ELETROLYTES (Sodium, Potassium, chloride, Bicarb)		
29. Absolute Eosinophil Count		
30. S. IGE		
31. GLUCOSE Random		
32. GLUCOSE (F &PP)		
33. HBA1C (HPLC) with eAG		
34. C-Peptide		
35. CALCIUM		
36. PHOSPHOROUS		
37. MAGNESIUM		
38. Plasma acetone		
39. UREA		
40. CREATININE		
41. URIC ACID		
42. CHOLESTEROL		
43. LIPID PROFILE		
44. LFT		
45. SGOT		
46. SGPT		
47. BILIRUBIN (Total+Direct)		
48. PROTEIN		
49. Albumin		
50. S. PSA		
51. RA FACTOR		

52. RFT		
53. TFT		
54. Free T3, Free T4		
55. TSH		
56. TPO Antibody		
57. TG Antibody		
58. PTH		
59. LDH		
60. S. amylase/s. lipase		
61. H. Pylori antigen		
62. pANCA		
63. cANCA		
64. BLOOD C/S for Enteric/Non Enteric		
65. Dengue Serology c NS1		
66. MP/MF		
67. MPQBC		
68. HBsAG		
69. HBeAG		
70. Anti-HAV IgM		
71. Anti-HCV		
72. HCV (ELISA)		
73. MANTOUX		
74. VDRL		
75. Western Blot		
76. HIV		
77. WIDAL		
78. TB Quantiferon-GOLD		
79. PT, INR		

80. BT, CT		
81. Blood Alcohol Level		
82. Trop-T		
83. CPK-MB		
84. CPK		
85. D-Dimer		
86. Myoglobin		
87. NT Pro-BNP		
88. Lp-A		
89. Hs-CRP		
90. S. Prolactin		
91. FSH/LH		
92. Coagulation profile		
93. Beta-HCG		
94. Testosterone (Bound+Free)		
95. ANA (ELISA)		
96. Skin Biopsy		
97. FNAC		
98. HPE Small Specimen		
99. S. Insulin		
100.GAD65 Antibodies		
101.Islet Cell Antibodies		
102.Skin scraping for Fungus		
103.SPUTUM C/S		
104.SPUTUM FOR AFB (3 DAYS)		
105.Sputum XPERT-TB PCR/RIF		
106.Sputum cytology		
107.Sputum MGIT Culture for AFB		

108.URINE GRAVINDEX CARD		
109.URINE SUGAR		
110.MOTION Routine		
111.MOTION OCCULT BLOOD		
112.MOTION REDUCING SUBSTANCES		
113.Motion for ova/cyst		
114.Stool Culture		
115.URINE ACETONE		
116.URINE C/S		
117.URINE Routine		
118.URINE /BS/BP		
119.URINE ALBUMIN/sug/deposits		
120.Urine for microscopic hematuria		
121.THROAT SWAB C/S		

Signature of the bidder with Seal