

Eligibility Check List for evaluation of proposals for PHC Management under NHM

Name of the Entity: **KARUNA TRUST**

Name of the PHC applied: **JANGILI**

District: **RAYACHOTA**

Sl.No	Particulars	Status Yes/No	Remarks
1	Copy of the Registration Certificate or equivalent certificates submitted	yes	
2	Whether the entity is having 5 years in existence by 31 <sup>st</sup> March 2018 (To be ascertained from registration or equivalent certificate)	yes	
3	Copy of Memorandum of Association or equivalent document of the Agency submitted	yes	
4	Whether the entity is having provision of health care activities mentioned in its registration document.	yes	
5	Whether the entity is one person's company( write NA if not applicable)	NA	
6	Whether the entity is having evidence of providing clinical outreach and public health services for a period of 3 yrs. (To be ascertained from MoV: MOU/Sanction order.)	yes	
7	If registered in Society registration act; Does the entity is having the Unique ID no. through the portal NGO-DARPAN of NITI Aayog.(write NA if not applicable) -	NA	
8	Whether submitted annual average turnover Statement along with audit report for the last 3 years: 2014-15, 2015-16, 2016-17	yes	
9	Whether the entities having annual turnover of at least Rs 25 lakhs per annum in the last three financial years (2014-15, 2015-16, 2016-17) as per Audited statement .	yes	
10	Submission of Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18	yes	
11	Document relating to fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.		
12	Whether the entity is having fixed assets of		

*[Signature]*

*[Signature]*

*[Signature]*

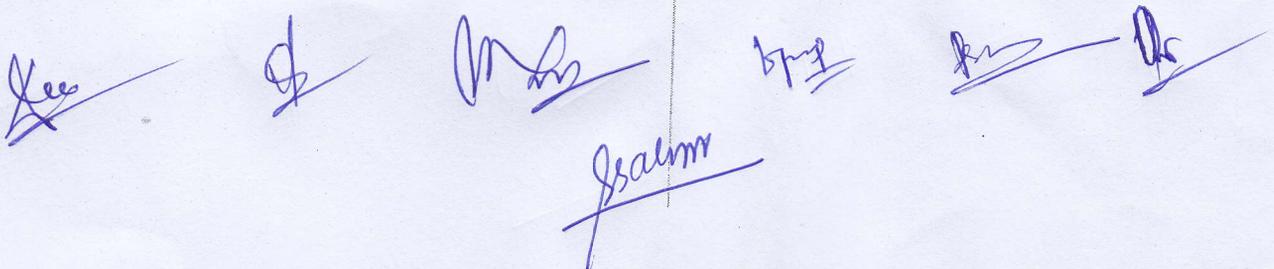
*[Signature]*

*[Signature]*

*[Signature]*

238

	minimum Rs 10 lakhs in the name of the entity in terms of land, building and others.	yes	73
13	Meetings & minutes of the Executive Committee/Governing body/ any other body meeting based on bye law/memorandum of the society/registration document submitted for the last three financial years till 2017-18.		
14	Names of the Office Bearers along with their addresses submitted.	yes	140
15	Whether the entity has ever been "blacklisted"/debarred from participating in any tendering process by any State Government/central Government institutions. (To be ascertained from the certificate submitted.)	yes	153
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	yes	154
17	Whether the entity or any of its office bearers of the Organization has been convicted by any court of law in India or abroad for any civil/criminal offences?	yes	155
18	An undertaking that the Organization is willing to sign the service level agreement submitted.	yes	156
19	Copy of the resolution of the competent authority in the Organization authorizing the signatory to respond to this invitation submitted.	yes	157
20	Copy of PAN card,	yes	
21	Copy of Bank Pass Book	yes	
22	Document containing the details of the names, addresses and educational qualifications of key personnel employed by the Organization during the last three years including those employed at the time of submission of this bid submitted.	yes	
23	Descriptions of activities of the Organization in the primary health care system in any parts of India emphasizing (a) geographical area (b) outputs (c) manpower dedicated to projects (d) outcome submitted	yes	
24	Registration under 12-A of Income tax act 1961.	yes	
25	EMD (DD of Rs.40,000/-)	yes	
26	Based on any adverse report against the entity from the District /NHM /Any Govt. Dept. has the partnership of the entity been discontinued or poor		



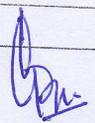
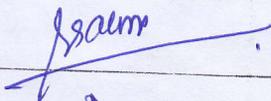
	performance in implementation of PHC (N)Mgt. Project under NHM in the district is identified by any external evaluating agency.	NO	
27	Has the services of the organizations of the organization been discontinued on the basis of the conduct of any financial irregularities	NO	

Recommendation of the Assessment Team

Whether the entity is recommended for next level selection process Yes/No,

If No, reasons there of : yes

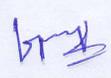
Signature of the Assessment Team

Name	Designation	Signature
Dr. VP DMD	COMPLER	
Dr. S. Jashoo	DPMD	
Dr. B.P. Jashoo	MDPMD (P&M)	
	DPMD	
	DMD	

Dr. R. Pathak DPM



Dr. P. Pathak DPM





**SCORING SHEET FOR THE ASSESSMENT OF THE BIDDER FOR PHC MANAGEMENT PROJECT UNDER NHM,  
ODISHA**

Name of the Organization : **KARUNA TRUST**  
 Name of the PHC applied : **JANGILI**  
 District : **RAYAGADA**

Sl.	Areas of assessment	Maximum marks	Marks obtained	MOV
<b>Registration &amp; establishment ( 20 marks)</b>				
1	a) Years of existence of entity registered under Society Registration Act/Indian Trust Act/Indian Religious and Charitable Act/ Company Act OR Medical College (5--10 yrs-3marks, >10 yrs-5 marks)	5	5	Registration certificate
	b) Registered under 80G (if yes-2 mark, if No-0 mark)	2	2	80 G regd. certificate
	c) Working experience on health sector in the applied district (Completion of one year-5 marks, completion of two years-7.5 marks and completion of 3 years & above-10marks)	10	10	MOU/Sanction order/Agreement
	d) Governance System: (Meeting & Minutes of the Executive Committee/ Governing body/ Any other body meeting based on bye-law/Memorandum of the Society/registration document of last three financial years till 2017-18 (Less than 50% meeting-0 mark, 50%-75% meeting - 1 mark , >75% meeting - 3 marks)	3	1	Proceeding/ Meeting register of GB/ EB/Any other body
<b>Field level Experience (45 marks)</b>				
2	a. Years of experience in implementing projects in health sector. (>3-5 yrs=3 marks, > 5 yrs= 5 marks)	5	5	MoU/Sanction Order/Agreement
	b. Years of experience in implementing projects in health sector with the support of Govt. (>3-5 yrs=3 marks, > 5 yrs= 5 marks)	5	5	MoU/Sanction Order/Agreement
	c. Years of experience in Managing Hospitals. (1-3 years= 5 marks; > 3 to 5 years=7 marks,> 5 years=10 marks.)	10	10	MoU/Sanction Order/Agreement
	d. Experience in providing comprehensive primary health care services at institutional level (Maternal Health, Neonatal & Infant Health, Child health, Adolescent Health, Reproductive Health & Contraceptive services, Management of Chronic Communicable Diseases, Basic OPD Care, Management of Non-Communicable diseases, Management of Mental Illness, Dental Care, Eye Care/ENT Care, Geriatric care, Managing emergency Medicine store) (>3-5 yrs=5 marks, >5 to 10 yrs= 7 marks,> 10Yrs=10 marks )	10	10	MOU/Sanction order/Agreement

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

	e. Multistate experience in managing health Institutions. (Less than 1 yr-0 marks, 1 yr or above- 5 marks)	05	05	MoU/Sanction Order/ Agreement
	f. Experience in managing/part of any Network of hospitals: 1. Period 1 to 3 years-3 marks 2. Period >3 to 5 years- 4 marks 3. Period >5 years- 5 marks	05	05	MoU/Sanction Order/ Agreement
	g. Own Patient referral transport services (1-3 yrs=3 marks, > 3 yrs - 5 yrs= 4 marks & > 5 years= 5 marks)	05	—	Log book/ other relevant document
	<b>Financial strength(20 marks)</b>			
3	a. Total financial turn over for last three financial years (2014-15, 2015-16 & 2016-17) >75 lakhs-1 Crore -5 marks, > 1 Crore -1.50 Crores- 7 marks, > 1.50 Crore=10 marks)	10	10	Audit report of last three financial years.
	b. Proper maintenance of all books of accounts (Assessed through verification)Y/N: Yes-4 marks & No- 0 marks.	4	—	Record/ register verification
	c. Fixed assets in the name of the organization ( Rs. 10-12 lakhs assets-4 marks, > 12 lakhs assets-6 marks)	6	6	Balance sheet & fixed asset register
	<b>Staffing: Other strength (10 marks)</b>			
4	Agencies having all staffs such as Allopathic doctor, Staff nurses/ANM, Pharmacist & LT in the payroll of the organization. (1-3 yrs = 5 marks, >3- 5 yrs= 7 marks, >5 yrs=10 marks).	10	10	Acquaintance & HR documents
5	<b>Other Strength: (05 marks)</b>			
	If the Organization received any National/State/District Level award for significant contribution in social development sector (National level-5 marks, State Level- 4 marks, District Level- 3 marks)	05	05	
	<b>Total</b>	<b>100</b>	<b>99</b>	

Signature of the Assessment Team

Name	Designation	Signature
Dr. D.P. Sharma	CDMP (M)	
Dr. S. Sharma	DP (M)	
Dr. B.P. Sharma	ADP (M)	
	DP (M)	
	DP (M)	

J.R.P. Sharma

DPM

NB: The proposal will be qualified if it scores at least 50 marks or more in Technical evaluation

H. Sharma

DAM