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REQUEST FOR PROPOSAL(RFP)

Selection of Agency for Pest Control Services at Govt. Health Institutions of the District

RFP Reference No.: Pest Control/Rayagada/06/2026

Date: 27.04.2026



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CDMPHO, RAYAGADA

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OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, RAYAGADA

Letter No. 2819/2026

Date: 27/04/2026

NOTICE INVITING RFP FOR PROVIDING PEST CONTROL SERVICE in the OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, Rayagada from Different agencies for Providing Pest Control Service to different health facilities including DHH in the district Rayagada . The RFP document with all information relating to the RFP process such as cost of tender paper, EMD, Eligibility Criteria, Terms & Conditions, etc. are available on the district website [https://rayagada.odisha.gov.in./](https://rayagada.odisha.gov.in/), which may be downloaded for use. Interested agencies/ parties may submit their tenders super-scribing as "RFP for Providing Pest Control Service in reference to Advertisement No. 06/2026 dt.27.04.2026" to the undersigned through Speed Post/ Registered Post/ Courier only, which should reach on or before 12 Noon. of 18.05.2026 positively and the same will be opened at 12.30 P.M. on 20.05.2026 by a Committee in presence of the Participants, who wish to attend the RFP Opening Meeting. The undersigned reserves the right to reject any or all the tenders without assigning any reason thereof.

Chief District Medical & Public Health Officer,
Rayagada

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CDMPHO. RAYAGADA

NOTICE INVITING PROPOSAL

RFP No.: Pest Control/ Rayagada/ 06/2026

Dated:27/04/2026

DETAILED PROPOSALS ARE INVITED FROM ELIGIBLE AGENCIES FOR SELECTION OF THE MOST SUITABLE AGENCY TO PROVIDE ~~PEST CONTROL~~ PEST CONTROL SERVICES AT GOVT. HEALTH INSTITUTIONS OF THE DISTRICT.

1	Period of Availability of RFP Document	From 28.04.2026 to 18.05.2026. (Downloadable from district website: https://rayagada.odisha.gov.in./
2	Last date for submission of Proposal	Date : 18.05.2026 Time: 12 Noon Address:O/o CDM&PHO, Barijhol, Rayagada, Pin- 765002 <i>OFFICE OF THE CHIEF DISTRICT MEDICAL AND PUBLIC HEALTH OFFICER,</i> <i>NB : Proposals should be submitted through Speed post / Registered post / Courier only</i>
3	Date, time and place of opening of Proposal and presentation	a) Technical Proposal (Part A) opening: 20.05.2026 at 12.30 PM at Office of the CDM&PHO, Barijhol, Rayagada, Pin- 765002. b) Financial Proposal (Part B): <i>The date of opening of financial proposals will be intimated by the CDM&PHO to the agency found successful in the technical proposal evaluation.</i> (Bidders / authorized representative may remain present at the time of opening of proposal)


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SECTION 2- INSTRUCTIONS TO BIDDERS

2.1 Scope of Proposal

- (a) Interested bidders fulfilling the eligibility criteria may submit their bid ~~for~~ **to provide Pest Control Services in DHH, SDHs, CHCs, PHCs & SCs of the district.** Detailed description of the objectives, scope of services, deliverables and other requirements relating to "~~for~~ Pest Control Services at Govt. Health Institutions" are specified in this RFP. The manner in which the Proposal is required to be submitted, evaluated and accepted is explained in this RFP;
- (b) The selection of the Agency shall be on the basis of an evaluation by the tender committee of the District, through the Selection Process specified in this RFP. Bidders shall be deemed to have understood and agreed that no explanation or justification for any aspect of the Selection Process will be given and that the decision of CDM&PHO is without any right of appeal whatsoever;
- (c) The bidder shall submit its Proposal in the form and manner specified in this RFP. **The Financial Proposal (Part B) shall be submitted in the format specified in.** Upon selection, the agency shall be required to enter into an Agreement with the Chief District Medical and Public Health Officer in the form specified at **Annexure I.**

2.2 Eligibility Criteria

The bidder should fulfil the following Eligibility Criteria:

- I. Should be registered in India as a Company (Companies Act 1956 / 2013) / Partnership Firm (Indian Partnership Act 1932 / Limited Liability Partnership Act 2008) / Society (Societies Registration Act 1860) or a Trust (Indian Trust Act 1882) and it's amendment thereof.
- II. Consortium is not allowed
- III. Should have an average Annual Turnover of **Rs.1 Crore or more** during the last three financial years (2022-23, 2023-24 & 2024-25)
- IV. Should have minimum 3 years of working experience in the field of Pest Control Services in Public [State Govt. / Govt. of India Institution / Govt. undertaking] on the stipulated date of bid submission.
- V. The Bidder must not have been debarred / blacklisted either by the tender inviting authority or by any State Govt. or Govt. of India organization. The agency shall submit undertaking regarding the same on Non Judicial Stamp paper of Rs. 20/- as per Format T5.
- VI. Pest Control License from Competent Authority. (Bidder must have to furnish the valid certificate at the time of signing of contract in case it gets selected for award of contract).
- VII. Must have ISO 9001 certification
- VIII. Must be registered under EPF
- IX. Must be registered under ESI
- X. Must have a PAN
- XI. Must have GST registration number


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2.3 Proposal Submission

Interested eligible bidders may submit their bid(s) with **EMD & documents** as set forth in this RFP.

The proposal shall be submitted in two parts:

- (1) **Part A -Bid Security & Technical Proposal as per format set out in RFP.**
- (2) **Part B - Financial Proposal as per the format set out in RFP.**

2.4 Bid Document Cost

The bidders shall have to furnish a bid document cost of **Rs.1,500/-**(non-refundable) in the shape of a **Banker's cheques / Demand Draft** from any Nationalized / Schedule Bank payable at **Rayagada** and in favour of, **ZSS, Non-NRHM fund A/C, Rayagada**

In the absence of the bid document cost, the technical proposal of the bidder shall be rejected.

The bid document cost should be put in the Technical Proposal (Cover A) envelop.

2.5 Earnest Money Deposit (EMD)

The bidder along with the technical proposal shall have to furnish Earnest Money Deposit (EMD) amounting to **Rs. 50,000/-**(refundable) in the shape of Banker's cheques / Demand Draft from any Nationalized / Schedule Bank in favour of the **ZSS, non-NRHM fund A/C, Rayagada** payable at Rayagada.

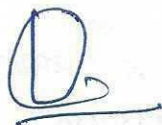
However, as per the Finance Department, Govt. of Odisha office memorandum no. 21926 dated 12.8.2015, the **local** MSEs registered with respective DICs, Khadi, Village, Cottage & Handicraft Industries, OSIC and NSIC are exempted from submission of EMD while participating in tenders of Govt. Departments and Agencies under its control. It is further clarified that the above exemption is applicable to **local MSEs registered in Odisha only**. This exemption to the local MSEs shall be applicable if the kind of service as required under this tender enquiry is clearly specified against the details of the service to be provided in their DIC / NSIC registration certificate (to be furnished in the technical bid).

2.6 Packing, Sealing and Marking of Proposal

(a) The Technical Proposal (Cover A) and Financial Proposal (Cover B) must be inserted in separate sealed envelopes, along with applicant's name and address in the left hand corner of the envelope and super scribed in the following manner.

- **Cover-A-** Technical Proposal for "~~1.1.1~~ **PEST Control Services at Health Facilities, District name**".
- **Cover-B -** Financial Proposal for "~~1.1.1~~ **PEST Control Services at Health Facilities, Distinct name**".

(b) The two envelopes, i.e. envelope for Part-A, Part-B must be packed in a separate sealed outer cover and clearly **super scribed** with the following:



➤ Proposal for "~~ANN~~ PEST Control Services at Health Facilities, District name".

(c) The inner and outer envelopes shall be addressed to the Chief District Medical and Public Health Officer, Rayagada, Pin-765002

(d) Content of the Proposal

I. Cover A (Technical Proposal)

The bidders are requested to submit a detailed technical proposal with respect to Pest Control Services at health institutions during the proposed contract period in conformity with the Terms of Reference forming part of this RFP.

1. EMD of Rs.50, 000/- (Rupees Fifty Thousand) in the shape of a Demand Draft in favour of ZSS, Non NRHM fund A/C, Rayagada
2. Bid document cost of Rs.1,500/- (Rupees One Thousand Five hundred) in the shape of a Demand Draft in favour of ZSS, Non NRHM fund A/C, Rayagada.
3. Form T1
4. Form T2
5. Photocopy of the Registration Certificate of the Agency
6. Photocopy of PAN
7. Photocopy of GST, EPF, ESI Registration
8. Photocopy of Pest Control License from Competent Authority
9. Photocopy of the ECR / Challan copy of EPF and ESI for the period of last 3 months.
10. Photocopy of ISO 9001 certification
11. Form T3 (Turnover Certificate from the Chartered Accountant) along with UDIN.
12. Photocopy of the audited Profit & Loss Statement in the last three financial years in support of the turnover certificate [2022-23, 2023-24, 2024-25].
13. Form T4 - Relevant Experience Details in managing Pest Control services in State Govt. / Govt. of India Institution / Govt. undertaking / Corporation / Banks during the last three years.
14. Photocopies of work orders / contracts executed in support of the information furnished in Form T4
15. Form T5 - Affidavit certifying that the Entity/Promoter(s)/Directors/Partner(s) of Entity are not blacklisted.
16. Any other details, the bidder like to include in the proposal.

II. Cover B (Financial Proposal)

1. The bidder must submit the Financial Proposal using Form specified in Form F with proper signature and seal of the bidder.
2. In case of any discrepancy between figures and words in the financial proposal, the one described in words shall be taken into consideration.
3. The same person signing the RFP shall sign the financial part also.

2.7 Proposal Due Date

RFP filled in all respect must reach O/o the CDM&PHO, Rayagada at the address, time and date as specified. Schedule of Proposal Submission, through Speed Post/ Regd. Post / Courier. If the specified date for the submission of RFPs is declared as a holiday, the RFPs will be received up to the stipulated time on the next working day.


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SECTION 3 - TERMS OF REFERENCE

3.1 Background

Hospitals are highly sensitive environments where pest infestations pose severe health risks to vulnerable patients and staff through the transmission of diseases and contamination of equipment and sterile areas. Pests like rodents, flies and cockroaches can carry and transmit over 30 types of bacteria including Salmonella and E.Coli, contaminating sterile equipment, food and patient areas. Patients in Hospitals often have compromised immune systems, making them highly susceptible to infections carried by pests. Pests can also trigger allergies and asthma.

Against this backdrop, plan has been chalked out for prevention and control of Pests across hospitals of the district. List of different category of Institutions to be covered is mentioned at Section 6.

3.2 General guidelines and scope of Work:

1. **Pest Control** should aim at eradication of Cockroaches, Mosquitoes, Flies, Lizards, bedbugs, other bugs, insects and Beehive removal etc. through application of permitted insecticides/pesticides as per Government of India and WHO norms.
2. A professional agency/ies has to treat all the areas inside the building, as necessary and/or as decided by appropriate Authority / Superintendents of the Hospital for treatment of ants, mosquitoes, rodents, cockroaches, bedbugs, termites, spiders, silver fish, wasps, lizards and Beehive removal etc. so as to keep the premises free from pests.
3. The Pest Control treatment in office areas/ Hospitals should cover all the places like under the tables, chairs, almirahs, on and around the pile of files, on wooden furniture, on false ceiling, on all staircases, Ducts, drains/sewage/gutter Chambers, lift lobby, on all toilets drain ducts, on all pantry rooms, in all stores and any hidden space under the furniture and should leave no space unattended. Agencies must ensure that the pest control once done shall remain effective up to next pest control failing which it shall have to be done again without any extra cost.
4. The treatment for ants, cockroaches, mosquitoes, bugs/bedbugs, spiders, silver fish, wasps, lizards, termites etc. inside the flats should be treated preferably with Gel treatment. The concentrated Mix of gel chemical with water or any other solvent (like Biflex etc.) may be used wherever necessary inside the Hospital building / office, etc.
5. **Rodent Control:** Rodent controlling should be done as per the prescribe intervals (viz. monthly) or as per orders and instructions on the subject. The treatment should be done in such a way that it remains effective up to next pest control period failing which the same shall have to be done again without any cost.

- 6. Rodent Control treatment should be carried out by trapping, poison baits, fumigation, glue pads depending on the location in and around the premises to keep it free of rats.
- 7. Subsequently, periodic visits/treatments should be made by the Contractor to continue baiting as per the specification and keep constant vigil on rodent population. A separate register shall be maintained for the same to assess the effectiveness of the treatment.
- 8. Pest/rodent control inside buildings: Contractor has to spray chemicals/ anti larvae treatment inside the drains, damp areas, manholes, sewer lines, etc. regularly to destroy the cockroach and mosquito breeding.
- 9. For treatment of White ants/termite, extra payment will be made as and when required (as per approved rate).

10. Nature of Work and Periodicity

Sl. No.	Particulars	Periodicity	Method, Chemicals & Usage Bayer/ Soumitomo/ Hindustan Unilever
1	General Pest Control including cockroach treatment and Rodent Control in whole Hospital / office including common area	Monthly – DHH, SDH, CHC, PHC Quarterly – Sub Centre	Water based deltamethrin/ Alphacypermethrin / betacyfluthin / cyphenothrin, emulsion spraying. For cockroach treatment – Only Gel to be used. No spraying of chemicals. For Rodent Control – Baiting by bromodialone cake and loose baiting.
2	Anti-Termite Treatment	Quarterly/Half yearly/ Annually/ As and when required	Drilling the wall and applying suitable chemicals
3	Removal of beehive	As and when required	-

Instructions:

- i) **Pest Control Treatment:** Carrying out bait treatment in the Hospital buildings by using non-toxic (harmless to human beings) products. Keeping sufficient nos. of baits in each room which should be effective till next treatment falls due. The treatment shall aim to control household pests like cockroaches, silver fish, bed bugs, red and black ants, spiders, flies, fleas, mosquitoes, termites, similar other crawling/flying insects and lizards etc.
- ii) **Rodent Control Treatment:** For controlling rats, mice and bandicoots at Hospital as well as Office Buildings.
- iii) The job card should get filled in and signed by the end users and should be enclosed with the bills for making payments.

11. Broad Specifications:

- a) Pest Management is an integrated approach to tackling a pest problem, which includes control (either physical or chemical) and prevention. The contractor should have knowledge and skills along with the latest products and equipment in order to provide effective solutions for pest control in our office and Hospital. Knowledge of local and international Regulatory Hygiene & Safety Standards and conforming to these forms an integral part of Contractors responsibility.
- b) Safety is a key when using various pesticides/ other products. Ensure that the workers wear appropriate protective clothing, rubber gloves, face masks, follow the directions on the label of any product, follow the instructions of the qualified pest Management Supervisor and ventilate the room when using strong chemicals. Use biocides safely. Always read the label and product information before use.

12. **Materials:** All the pesticides, insecticides, rodent repellents, other required materials and equipment will be provided by the agency. No products which are banned should be used by the agency and it will be the sole responsibility of the agency. All chemicals sprayed or gas generated out of spraying at the time of treatment shall not contain any banned chemicals which are harmful to human health.

13. **Quality:** It is the essence in these works and the best possible chemicals should be used in the Hospital. Ultimate objective will be the complete pest control treatment irrespective of the method of treatment. The quality of treatment/s shall not be sacrificed at any cost by the agency. In spite of the treatment, it is not found effective within the warranty period, appropriate terms and condictions to be kept for penalty/ the agency may asked to repeated the task again without any additional cost..

3.3 Data Management:

- a) The agency needs to manage the data obtained from the hospitals on a regular basis and share as & when required as desired by the Hospital.

3.6 Performance Review Criteria and Penalty from Bill Payment:

The performance evaluation will be done on the basis of parameters as illustrated in matrix given below and will be the basis for the penalty clauses.

- a) Evaluation of the area.

Sl. No	Evaluation parameter	Yes / No	Remarks
1	Applying chemicals as per schedule		
2	Attend emergency calls - whenever required within 24hrs of intimation		

NOTE: - A leniency for up- to 5% of adverse comments of the total entry comments from all areas on these two domains will be tolerated. Any number more than that will result in penalization of the entire adverse comments being charged at the rate of Rs 1000- /- per adverse comment.

b) Pest Control Evaluation (Rating will be done by the user area representative)

Sl. No	Pest involved	Standard of Pest Control (Good / Average / Poor)	Remarks if Any
1	Rat		
2	Cockroach		
3	Flies		
4	Bed Bug		
5	Termite		
6	Other (Specify)		

NOTE: - The reports of "poor control" only will be considered for this penalty. The performance of the selected vendor must not fall below 95% under any circumstances in the pest control evaluation reports as given below. In case it falls short of the benchmark, imposition of penalty shall be made in proportion with the percentage of defaults. For example if there are 10 user areas then there will be a total of 60 entries. Hence the tolerable maximum limit for poor entries/remarks is 3 poor reports. if the total poor comment number is more than 3, say for e.g. 5, then 8% of total entries fall under poor group. In the example of 10 areas and hence the penalty will be imposed on all 5 entries i.e. 8% from the total monthly bill (subject to maximum 10 percent of the monthly contract value).

Deduction on account of laxity of operation at „para a" will be added to the penalty illustrated at „para b" and deducted from monthly bill.

3.7 Responsibilities of the Implementing Agency & Hospital Administration

3.7.1 Following are the responsibilities of the Agency (Service Provider):

- The Pest Control services shall be provided **monthly / quarterly Institution wise as per the periodicity mentioned above** without any deviation.
- All the personnel engaged by the Agency to provide the services in the hospital have to be in proper uniform during duty hour.
- All the personnel shall bear photo identity cards during the duty hour. (The Photo Identity Card shall be duly verified and countersigned by the designated Official of the

In case the Agency fails to commence/execute the work as stipulated in the agreement or gives unsatisfactory performance or does not meet the statutory requirements of the contract, CDM& PHO reserves the right to impose the penalty as detailed below:

During Implementation

i. Disincentive/ Penalty:

If as per the assessment sheet, the agency is continued to under-performed (Average/Poor) continuously for 50% or more Institutions without any valid reasons, the contract shall not be renewed.

4.4 General Conditions of the Contract

- a) The personnel engaged for Pest Control Services shall be the employees of the service provider and all statutory liabilities will be paid by the service provider such as ESI, PF, Workmen's Compensation Act, etc.
- b) The persons deployed by the service provider should be properly trained, have requisite experience and having the skills for carrying out a wide variety of Pest Control services using appropriate materials and tools/ equipment.
- c) The service provider at their end should ensure the Health and Safety measures of the outsourced staffs, deputed for the works.
- d) The staff deployed through the service provider in the health facility (ies) shall not claim any benefit, compensation, absorption or regularization of their services in the Govt. establishment either under the provision of Industrial Disputes Act. or Contract Labour (Regulation & Abolition) Act.
- e) All liabilities arising out of accident or death of the personnel provided by the service provider while on duty shall be borne by the service provider.
- f) The service provider and its staff shall take proper and reasonable precautions to prevent loss, destruction, waste or misuse of the areas of the Hospital premises.
- g) That in the event of any loss occasioned to the Hospital, as a result of any lapse on the part of the service provider as may be established after an enquiry conducted by the hospital, such loss will be made good from the amount payable to the service provider. The decision of the district / institution authority in this regard will be final and binding on the service provider.
- h) Any damage or loss caused by service provider's persons to the hospital in whatever form, would be recovered from the service provider.
- i) If as a result of post payment audit any overpayment is detected in respect of any work done by the service provider or alleged to have been done by the service provider under the tender, it shall be recovered by the authority of the concerned health institution from the service provider.
- j) If any underpayment is discovered, the amount shall be duly paid to the service provider by the authority of the concerned health institution.
- k) The service provider shall be blacklisted if miserably performed as per assessment based on score card even after repeated notice for improving performance i.e. minimum 3 times. The service provider shall also be blacklisted if found indulging in such activity which will affect name & fame of the implementing agency.

l) The contract can be terminated at any time prior to its completion by either Party with 30 days of notice period following due procedure.

4.5 Right to Accept and Reject any Proposal

The District Authority / Institution / Tender Inviting Authority reserve the right to accept or reject any proposal at any time without any liability or any obligation for such rejection or annulment and without assigning any reason.

SECTION 5 - CRITERIA FOR EVALUATION

5.1 Evaluation of Technical Proposals

Evaluation of proposals shall be made at the distinct level by the district authority.

In the first stage, the Technical Proposal will be evaluated on the basis of bidder's fulfillment of **eligibility criteria**. Only those bidders whose Technical Proposals becomes **responsive** based on the eligibility criteria, shall qualify for further detail technical evaluation for presentation and awards of marks based on the following Criteria :

Sl. No	Evaluation of Parameters	Total Mark	Criteria for award of Mark
1	Experience: No. of years of Experience Experience in providing General Pest Control Services in Govt. Sector (State Govt, Central Govt., Bank, PSUs) – Details to be furnished in Form T4 .	10	>3 year ≤ 5 years : 3 marks >5 years ≤ 10 years : 5 marks >10 years : 10 marks
2	Experience: No. of Contracts Executed during the last three years in Govt. Sector Experience in execution of contracts related to provisioning of General Pest Control Services in Govt. Sector (State Govt, Central Govt., Bank, PSUs) during the last three financial years: 2022-23, 2023-24, 2024-25 (To be determined from the Work Order, Contract Copies and Performance/ Completion Certificate) – Details to be furnished in Form T4 . [Renewal of a contract / continuation of a contract during the above financial years is to be considered once for calculation of no. of contracts. The contract duration must be at least one year duration].	25	<ul style="list-style-type: none"> • 1 no ≤ 4 nos : 10 marks • >4 nos ≤ 7 nos : 15 marks • >7 nos ≤ 10 nos : 20 marks • >10 nos : 25 marks
3	Total Average Annual turnover (In last 3 financial years 2022-23, 2023-24 & 2024-25)	20	> 1 ≤ 3 crores : 5 Marks > 3 ≤ 5 crores : 10 Marks > 5 ≤ 7 crores: 15 Marks

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			> 7 crores : 20 Marks
4	Quality Certification of Bidder	5	ISO 9001:2015 OR ISO 45001:2018 - 2.5 marks ISO 9001:2015 AND ISO 45001:2018 - 5 marks
	Total Marks	60	

Financial proposal shall be opened after the technical evaluation is completed and **only those bidders** who score **at least 42 marks or more** in technical evaluation shall qualify for **financial bid opening**.

In the financial bid, the genuine bidder with the **lowest price** shall be awarded the contract.

SECTION 6

LIST OF GOVT. HEALTH INSTITUTIONS & APPROXIMATE AREA TO BE COVERED

Sl. No	Type of Institution	No. of Institution	Level of Location	Approx build-up Area of each Institution (In Sqft)
1	DHH	1	District HdQtr	1,00,000 - 1,50,000
2	SDH		Sub-Division	30,000 - 50,000
3	CHC		Block	10,000 - 15,000
4	PHC		Sub-Block	3,000 - 5,000
5	SC		Panchayat	1,000 - 2,000

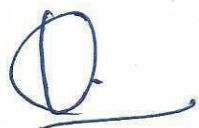
NOTE: Intending Bidders are advised to inspect and examine the site and its surroundings and satisfy themselves before submitting their tenders with reference to the nature of the site. The nature of the site implies the means of access to the site, the accommodation they may require and in general shall themselves obtain all necessary information as to risks, contingencies and other circumstance which may influence or effect their tender. A bidder shall be deemed to have full knowledge of the site whether he inspects it or not and no extra charges consequent on any misunderstanding or otherwise shall be allowed. Submission of tender by a bidder implies that he has read this notice and all other contract documents and has made himself aware of the scope and specifications of the work to be done.

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Check List (Technical Proposal)

Please check whether following have been enclosed in the respective cover namely, Technical Proposal: *(please arrange the documents serially in the following order & do the page numbering of the entire bid document and mention the page no. in the column "page No" against the particulars in the check list as mentioned below for ease of scrutiny else this office will not be responsible for any mistake during Technical evaluation)*

Sl.	Particulars	Whether Submitted (Yes / No)	Page No.
1	EMD (DD of Rs. 50,000/-)		
2	Bid document Cost (DD of Rs. 1,500/-)		
3	Form T1		
4	Form T2		
5	Photocopy of the company/Agency Registration certificate		
6	Photocopy of the GST registration certificate		
7	Photocopy of the EPF registration certificate		
8	Photocopy of the ESI registration certificate		
9	Photocopy of the ECR of EPF and Challans of ESI for the last 3 months.		
10	Copy of PAN		
11	Photocopy of ISO 9001 certification		
12	Form T3		
13	Photocopies of the audited P/L account of each year highlighting the turnover in support of that.		
14	Form T4		
15	Copies of Work Order/Contract certificates from the clients in support of Pest Control services executed in support of the information provided in Form T4		
16	Form T5		
17	Any other document		



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FORM - T1

(to be furnished in the technical proposal)

TECHNICAL TENDER SUBMISSION FORM

(On the letterhead of the agency)

To

The Chief District Medical and Public Health Officer,

Re. : RFP Reference no. _____ dated _____

Dear Sir / Madam,

We, the undersigned, offer to provide the Pest Control Services at different Health Institutions of your district. We are hereby submitting our Proposal, which includes this Technical Proposal and a Financial Proposal sealed under a separate envelope.

We hereby declare our Confirmation of acceptance of the Conditions of Contract mentioned in the RFP document under reference cited above.

We hereby declare that all the information and statements made in this Proposal are true and accept that any of our misrepresentations contained in it may lead to our disqualification.

Our proposal shall be binding upon us for a period of 180 days from the date of bid opening, subject to the modifications resulting from Contract negotiations you may subsequently carry out with us to accept our bid. If we are assigned the work during the period of validity of the Proposal, we undertake to carry out the same as per the terms and conditions of this tender document.

I hereby declare that my company has not been debarred / black listed by any Government/ Semi Government organizations. I further certify that I am the competent authority in my company authorized to make this declaration.

We understand you are not bound to accept any Proposal you receive.

Yours sincerely,

Authorized Signatory [*In full and initials*]: _____

Name and Title of Signatory: _____

Name of Agency: _____

Address: _____

CDMPHO, RAYAGADA

(Organization Seal)

FORM - T2*(to be furnished in the technical proposal)***PROFILE OF THE AGENCY**

Name of the Agency	
Office Address	
Status of the Agency (Whether registered under Company / Firm / Society / Trust)	
Name of the Chief Executive and authorized signatory	
Telephone Nos.: Landline	
Mobile	
Fax	
Email id (Official email id for correspondence if any)	
Date of Establishment	(furnish copy of the Registration Certificate of the Agency)
GST Registration No.	(furnish copy of the GST Registration of the Agency)
EPF Registration No.	(furnish copy of the EPF registration certificate of the Agency)
ESI Registration No.	(furnish copy of the ESI registration certificate of the Agency)
Income Tax No. (PAN)	(furnish copy of the PAN)
No. of branch offices in Odisha with location details	
Bank Details of the Bidder: The bidders have to furnish the Bank Details as mentioned below for return of EMD /Payment for services if any (if selected)	a. Name of the Bank : b. Name of the Account & Full address of the Branch concerned c. Account no. of the bidder : d. IFS Code of the Bank :

Authorized Signatory/Signature [In full and initials]: _____

Name and Title of Signatory: _____



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(Organization Seal)

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FORM T3

(to be furnished in the technical proposal)

ANNUAL AVERAGE TURN OVER STATEMENT

*(To be furnished in the **letter head** of the Chartered Accountant)*

The Annual Turnover of M/s _____ for the last 3 financial years are given below and certified that the statement is true and correct.

Sl.	Financial Year	Turnover in Rs.
1	2022-23	
2	2023-24	
3	2024-25	
Average Annual Turnover in Rs.		

*Provisional audited statement shall not be considered.

Date:

Signature of Chartered Accountant

Place:

(Name in Capital)

Seal

Membership No.

UDIN No.

Note:

- 1) To be issued in the **letter head** of the Chartered Accountant with membership & UDIN No.
- 2) Also attach photocopies of the audited P/L account of **each year high lighting** the **turnover** in support of that

CDMPHO, RAYAGADA

FORM T4
(to be furnished in the technical proposal)
PAST EXPERIENCE IN PEST CONTROL SERVICES
(Attach separate sheets if the space provided is not sufficient)

A) Experience in State / Central Govt Institutions / PSUs / Bank

Sl.	*Name /address of the Govt. Institution/ PSU etc for which Pest Control services assignments were undertaken	Year of award of contract	Date of award of Assignment	Date of completion of assignment	Value of the Assignment	Role of your agency	Performance Certificate enclosed (Yes / No) and mention the Page No. where placed in the bid	Page No. of the copy of the work order	Page No. of the copy of the contract agreement
1									
2									
..									

* Please furnish the **Work order and Contract copies** of the works executed in support of the information mentioned above **along with the performance certificate** of the client (current document in case of continuing project), **serially** in the **same order** as mentioned in the above format for ease of scrutiny.

Authorized Signatory/Signature [In full and initials]: _____

Name and Title of Signatory: _____

(Organization Seal)



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FORM T5

(to be furnished in the technical proposal)

**Format for Affidavit certifying that Entity / Promoter(s)
/Director(s)/Partners of Entity are not blacklisted
(On a Stamp Paper of relevant value)**

Affidavit

I, M/s. (the name of the agency with address of the registered office) hereby certify and confirm that we or any of our promoter(s) / Director(s) are not barred by Department of Health & FW, Govt. of Odisha/ or any other entity of GoO or blacklisted by any State Government or Central Government / Department / Organization in India from participating in Tenders as on the _____ (Date of Signing of this proposal). Also, this Agency hasn't been terminated / withdrawn service (any assignment) before maturity of contract period from any Govt. Organization during last 3 years.

We further confirm that we are aware that, our proposal for the captioned Project would be liable for rejection in case any material misrepresentation is made or discovered at any stage of the Bidding Process or thereafter during the agreement period.

Dated thisDay of, 2025

Authorized Signatory/Signature [*In full and initials*]: _____

Name and Title of Signatory: _____

(Organization Seal)

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FORM - F
(To be submitted with Financial Proposal)
PRICE SCHEDULE

Name of the District:

Bidder must submit financial bid in the format given below only.

Sl. No.	Particulars	Activity	Rate per SqFt Exclusive of GST (In Rs.)	Lump-sum Rate Exclusive of GST (In Rs.)
1	General Pest Control including Rodent Control at DHH.	Monthly		
2	General Pest Control including Rodent Control at SDH level.	Monthly		
3	General Pest Control including Rodent Control at CHC / PHC/UPHC	Monthly		
4	General Pest Control including Rodent Control at Sub Centre / Arogya Mandir	Quarterly		
5	Anti-termite treatment at any level (DHH/SDH/CHC/)	Annually		
6	Anti-termite treatment at any level (PHC/UPHC/SC)	As & When Required		
7	Beehive removal at any level (DHH/SDH/CHC/PHC/SC)	As & When Required	(Rate per Case)	

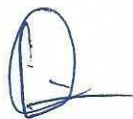
Authorized Signatory [In full and initials]: _____

Name and Title of Signatory: _____

Name of Agency: _____

Address: _____

(Organization Seal)



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