

Eligibility Check List for evaluation of proposals for PHC Management under NHMName of the Entity: **KARUNA TRUST**Name of the PHC applied: **ARTAL, PHC, Bhpadra**District: **KALAHANDI**

Sl.No	Particulars	Status Yes/No	Remarks
1	Copy of the Registration Certificate or equivalent certificates submitted	Yes	Trust Act
2	Whether the entity is having 5 years in existence by 31 st 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	P-6-12
4	Whether the entity is having provision of health care activities mentioned in its registration document.	Yes	P-6-12
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	P-69-76
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	-do-
10	Submission of Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18	Yes	P-77
11	Document relating to fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.	Yes	P-73
12	Whether the entity is having fixed assets of		

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	minimum Rs 10 lakhs in the name of the entity in terms of land, building and others.	yes	P-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.	NO yes	
14	Names of the Office Bearers along with their addresses submitted.	yes	P-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	P-153 Govt. of Karnataka
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	yes	P-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	P-155
18	An undertaking that the Organization is willing to sign the service level agreement submitted.	yes	P-156
19	Copy of the resolution of the competent authority in the Organization authorizing the signatory to respond to this invitation submitted.	yes NO	P-157
20	Copy of PAN card,	yes	P-161
21	Copy of Bank Pass Book	yes	P-162
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	P-163 P-164-165
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	P-136-139
24	Registration under 12-A of Income tax act 1961.	yes	P-125
25	EMD (DD of Rs.40,000/-)	yes	P-04
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	NO	

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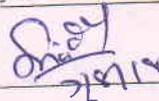
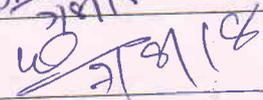
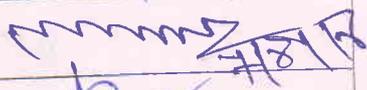
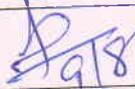
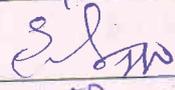
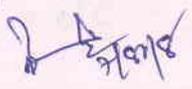
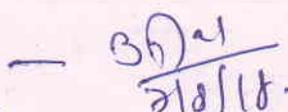
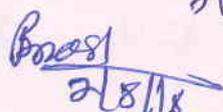
	performance in implementation of PHC (N)Mgt. Project under NHM in the district is identified by any external evaluating agency.		
27	Has the services of the organizations of the organization been discontinued on the basis of the conduct of any financial irregularities	NO.	

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. S.K Tiady	CDM & PHO, Kalahandi	
Dr. A.K Dash	ADPHO(FW)	
Mrs. Budhadev Panda	DWO, Kalahandi	
Mrs. A.R mahapatra	DPM-NHM	
Mrs. S. Mishra	DAM-NHM	
Mrs. N.R. Thakur	APM-VH, NHM	 28.18
Mrs. S. Bayh	VBD consultant	
Mr. Bikash Ku. Das	PPP co-ordinator	 28/11/18
Mr. Prswaneth Das	PPM NCP	 28/11/18

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

Name of the Entity: Kamuna Trust

Name of the PHC applied: Barabandha PHC

District: Kalahandi

Sl.No	Particulars	Status Yes/No	Remarks
1	Copy of the Registration Certificate or equivalent certificates submitted	YES	Trust Act
2	Whether the entity is having 5 years in existence by 31 st March 2018 (To be ascertained from registration or equivalent certificate)	YES	Pg. 6-12
3	Copy of Memorandum of Association or equivalent document of the Agency submitted	YES	Pg. 6-12
4	Whether the entity is having provision of health care activities mentioned in its registration document.	YES	Pg. 6-12
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	Pg. no. 69-76
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	-do-
10	Submission of Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18	YES	Pg. no. 77
11	Document relating to fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.	YES	Pg. no. 73
12	Whether the entity is having fixed assets of		

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	minimum Rs 10 lakhs in the name of the entity in terms of land, building and others.	YES	Pg. no. 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.	NO YES	
14	Names of the Office Bearers along with their addresses submitted.	YES	Pg. 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	Pg. 153 Govt. of Karnataka
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	YES	Pg. 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	Pg. 155 Not in letter pad
18	An undertaking that the Organization is willing to sign the service level agreement submitted.	YES	Pg. 156
19	Copy of the resolution of the competent authority in the Organization authorizing the signatory to respond to this invitation submitted.	YES NO	Pg. 157
20	Copy of PAN card,	YES	Pg. 161
21	Copy of Bank Pass Book	YES	Pg. 162
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	Pg. 163 Pg. 141-152
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	Pg - 136 - 139
24	Registration under 12-A of Income tax act 1961.	YES	Pg. 175
25	EMD (DD of Rs.40,000/-)	YES	Pg. 04
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	NO	Need from bidder

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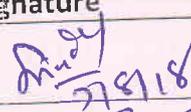
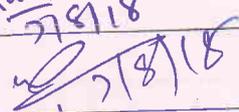
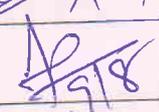
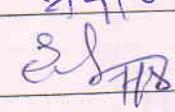
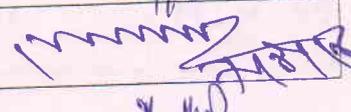
	performance in implementation of PHC (N)Mgt. Project under NHM in the district is identified by any external evaluating agency.		
27	Has the services of the organizations of the organization been discontinued on the basis of the conduct of any financial irregularities	NO	

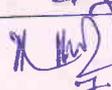
Recommendation of the Assessment Team

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

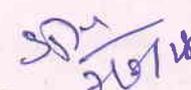
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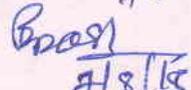
Signature of the Assessment Team

Name	Designation	Signature
Dr. S.K. Tiady	CDM & PHO	
Dr. A.K. Das	ADPHO (FW)	
Mr. A.R. Mahapatra	DPM, NHM	
Mr. S. Mohra	DAM, NHM	
Mr. Budhadev Panda	DWO, Kalahandi	

Mr. Nikar Thakur, APM-UH, NHM, — 

Mr. Santosh Bagh, VBD consultant, — 

Mr. Bikash K. Das, PPM Coordinator, — 

Mr. Praswanta Dash, DPM-NOP 

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

Name of the Entity: Karuna Trust

Name of the PHC applied: Dhanuli PHC

District: Kalahandi

Sl.No	Particulars	Status Yes/No	Remarks
1	Copy of the Registration Certificate or equivalent certificates submitted	YES	Trust Act
2	Whether the entity is having 5 years in existence by 31 st 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	Pg. 6-12
4	Whether the entity is having provision of health care activities mentioned in its registration document.	YES	Pg. 6-12
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	Pg.no-69-76
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	- do -
10	Submission of Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18	YES	Pg.no- 77
11	Document relating to fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.	YES	Pg - 73
12	Whether the entity is having fixed assets of		

X/MD
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MD
2/8/18

MD
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MD
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MD
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	minimum Rs 10 lakhs in the name of the entity in terms of land, building and others.	YES	Pg. 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.	NO YES	
14	Names of the Office Bearers along with their addresses submitted.	YES	Pg. 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	Pg. 153 Govt. of Karnataka
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	YES	Pg. 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	Pg. 155 Not in letter Pad
18	An undertaking that the Organization is willing to sign the service level agreement submitted.	YES	Pg. 156
19	Copy of the resolution of the competent authority in the Organization authorizing the signatory to respond to this invitation submitted.	YES NO	Pg. 157
20	Copy of PAN card,	YES	Pg. 161
21	Copy of Bank Pass Book	YES	Pg. 162
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	Pg. 163 Pg. 141-152
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	Pg. 136-139
24	Registration under 12-A of Income tax act 1961.	YES	Pg. 175
25	EMD (DD of Rs.40,000/-)	YES	Pg. 04
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	NO	Need form bidder

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	performance in implementation of PHC (N)Mgt. Project under NHM in the district is identified by any external evaluating agency.		
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 :

Signature of the Assessment Team

Name	Designation	Signature
Dr. S.K Teady	CDM & PHO	<i>[Signature]</i> 2/8/18
Dr. A.K Das	ADPHO (FW)	<i>[Signature]</i> 2/8/18
Mr. A.R Mahapatra	DPM, NHM	<i>[Signature]</i> 2/8/18
Mr. S. Mishra	DAM, NHM	<i>[Signature]</i> 2/8/18
Mr. Pseudhadev Panda	DWO, Kalahanda	<i>[Signature]</i> 2/8/18

- Mr. Nitesh Thakur - APM-UH, NHM — *[Signature]* 7.02.18
- Mr. Santosh Bagh - VBD consultant — *[Signature]* 2/8/18
- Mr. Bikash Ku. Das - PPM coordinator — *[Signature]* 2/8/18
- Mr. Pawanprakash Das - DPM, NHM — *[Signature]* 2/8/18

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

Name of the Entity: Kamuna Trust

Name of the PHC applied: Nakundi PHC, Th. Rampur

District: Kalahandi

Sl.No	Particulars	Status Yes/No	Remarks
1	Copy of the Registration Certificate or equivalent certificates submitted	YES	Trust Act
2	Whether the entity is having 5 years in existence by 31 st 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	Pg- 6-12
4	Whether the entity is having provision of health care activities mentioned in its registration document.	YES	Pg- 6-12
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	Pg- 69-76
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	- do -
10	Submission of Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18	YES	Pg- 77
11	Document relating to fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.	YES	Pg. 73
12	Whether the entity is having fixed assets of		

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	minimum Rs 10 lakhs in the name of the entity in terms of land, building and others.	YES	Pg. 75
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.	NO YES	
14	Names of the Office Bearers along with their addresses submitted.	YES	Pg. 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	Pg. 153 Govt. of Karnataka
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	YES	Pg. 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	Pg. 155 No in letter pad
18	An undertaking that the Organization is willing to sign the service level agreement submitted.	YES	Pg. 156
19	Copy of the resolution of the competent authority in the Organization authorizing the signatory to respond to this invitation submitted.	YES NO	Pg. 157
20	Copy of PAN card,	YES	Pg. 161
21	Copy of Bank Pass Book	YES	Pg. 162
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	Pg. 163 Pg. 141-152
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	Pg. 136-139
24	Registration under 12-A of Income tax act 1961.	YES	Pg. 175
25	EMD (DD of Rs.40,000/-)	YES	Pg. 04
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	NO	Need from bidders

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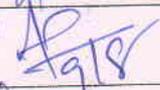
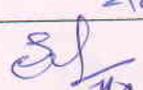
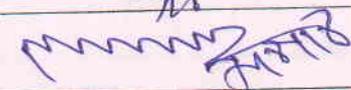
	performance in implementation of PHC (N)Mgt. Project under NHM in the district is identified by any external evaluating agency.		
27	Has the services of the organizations of the organization been discontinued on the basis of the conduct of any financial irregularities	NO	

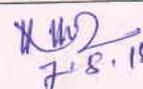
Recommendation of the Assessment Team

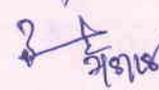
Whether the entity is recommended for next level selection process Yes/No, ✓

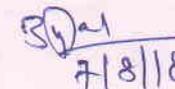
If No, reasons there of :

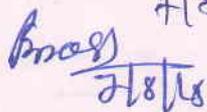
Signature of the Assessment Team

Name	Designation	Signature
Dr. S.K. Tripathy	CDM & PHO	
Dr. A.K. Das	ADPHO (FW)	
Mr. A.R. Mahapatra	DPM, NHM	
Mr. S. Mishra	DAM, NHM	
Mr. Budhadev Panda	DWO, Kalahandi	

Mr. Nihar Thakur - APM-UM, NHM -  7.8.18

Mr. Santosh Bagh - VBD consultant -  7/8/18

Mr. Bikash Ku. Das - PPM coordinator -  7/8/18

Mr. Biswanath Das - DPM, NWP -  7/8/18

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⑥Eligibility Check List for evaluation of proposals for PHC Management under NHMName of the Entity: **KARUNA TRUST**Name of the PHC applied: **AUDRI PHC, Th. Rampura, Kalahandi**District: **KALAHANDI**

Sl.No	Particulars	Status Yes/No	Remarks
1	Copy of the Registration Certificate or equivalent certificates submitted	yes	Trust Act
2	Whether the entity is having 5 years in existence by 31 st March 2018 (To be ascertained from registration or equivalent certificate)	yes	P-6-12 (1986)
3	Copy of Memorandum of Association or equivalent document of the Agency submitted	yes	P-6-12
4	Whether the entity is having provision of health care activities mentioned in its registration document.	yes	P9-7
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	P-69-76
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	-do-
10	Submission of Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18	yes	P-77
11	Document relating to fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.	yes	P-73
12	Whether the entity is having fixed assets of		

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	minimum Rs 10 lakhs in the name of the entity in terms of land, building and others.	yes	P-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.	yes yes	
14	Names of the Office Bearers along with their addresses submitted.	yes	P-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	P-153 (court of karimnagar)
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	yes	P-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	P-155
18	An undertaking that the Organization is willing to sign the service level agreement submitted.	yes	P-156
19	Copy of the resolution of the competent authority in the Organization authorizing the signatory to respond to this invitation submitted.	yes NO	P-157
20	Copy of PAN card,	yes	P-161
21	Copy of Bank Pass Book	yes	P-162
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	P-163 P-164 P-165
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	P-136-139
24	Registration under 12-A of Income tax act 1961.	yes	P-175
25	EMD (DD of Rs.40,000/-)	yes	P-04
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	NO	

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	performance in implementation of PHC (N)Mgt. Project under NHM in the district is identified by any external evaluating agency.		
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 :

Signature of the Assessment Team

Name	Designation	Signature
Dr. S.K. Tiady	EDM & PHO	<i>[Signature]</i> 7/8/18
Mr. A.R. Mahapatra	DPM - NHM	<i>[Signature]</i> 7/8/18
Mr. S. Mishra	DAM - NHM	<i>[Signature]</i> 7/8/18
Dr. A.K. Dash	ADPHO (FW)	<i>[Signature]</i> 7/8/18
Mr. Buhadev panda	DRO, Katakhandi	<i>[Signature]</i> 7/8/18
Mr. N.R. Thakur	APM-UH, NHM	<i>[Signature]</i> 7-8-18
Mr. Santosh Baly	VBD consultant	<i>[Signature]</i> 7/8/18
Mr. Bikash K. Das	PPP coordinator	<i>[Signature]</i> 7/8/18
Mr. Biswanath Das	DPM, Nop.	<i>[Signature]</i> 7-8-18

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

Name of the Entity: INSERURP

Name of the PHC applied: Dhanuli PHC

District: Korahandi

Sl.No	Particulars	Status Yes/No	Remarks
1	Copy of the Registration Certificate or equivalent certificates submitted	YES	1467/18 Pg. 5 1995-96
2	Whether the entity is having 5 years in existence by 31 st March 2018 (To be ascertained from registration or equivalent certificate)	YES	Pg. 5
3	Copy of Memorandum of Association or equivalent document of the Agency submitted	YES	Pg. 6 - 28
4	Whether the entity is having provision of health care activities mentioned in its registration document.	YES	Family welfare Population control.
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	Pg. 109 - 126
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)	YES	OR/2016/0112956
8	Whether submitted annual average turnover Statement along with audit report for the last 3 years: 2014-15, 2015-16, 2016-17	YES	2014-15: 27.18 2015-16: 28.73 2016-17: 26.50
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	↑ Pg no. 29 - 49
10	Submission of Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18	YES	Pg no. 50 - 85
11	Document relating to fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.	YES	Pg. no. 156
12	Whether the entity is having fixed assets of		

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	minimum Rs 10 lakhs in the name of the entity in terms of land, building and others.	YES	Pg no - 46
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.	YES	Pg no - 100
14	Names of the Office Bearers along with their addresses submitted.	YES	Pg - 96
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	Pg - 87
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	YES	Pg - 88
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	Pg - 89
18	An undertaking that the Organization is willing to sign the service level agreement submitted.	YES	Pg - 90
19	Copy of the resolution of the competent authority in the Organization authorizing the signatory to respond to this invitation submitted.	NO	
20	Copy of PAN card,	YES	Pg - 93
21	Copy of Bank Pass Book	YES	Pg - 94
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	Pg - 96
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	Pg - 50 - 58
24	Registration under 12-A of Income tax act 1961.	YES	Pg - 99
25	EMD (DD of Rs.40,000/-)	YES	225912
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	NO	

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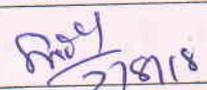
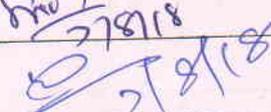
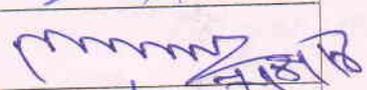
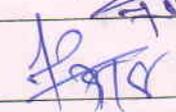
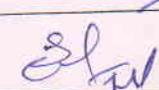
	performance in implementation of PHC (N)Mgt. Project under NHM in the district is identified by any external evaluating agency.		
27	Has the services of the organizations of the organization been discontinued on the basis of the conduct of any financial irregularities	NO	

Recommendation of the Assessment Team

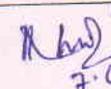
Whether the entity is recommended for next level selection process Yes/No, ✓

If No, reasons there of :

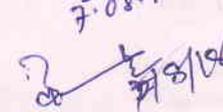
Signature of the Assessment Team

Name	Designation	Signature
Dr. S.K. Tiady	CDM & PHO	 27/8/18
Dr. A.K. Dash	ADMO (PW)	 27/8/18
Mr. Budhadev Panda	DWO, Katakhandi	 27/8/18
Mr. A.R. Mahapatra	DPM-NHM	 27/8/18
Mr. S.C. Mishra	DAM-NHM	 27/8/18

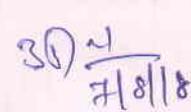
Mr. Nitai Thekur, APM-UT, XHM, —


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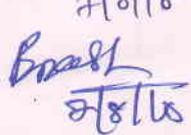
Mr. Ganesh Ku. Bagh, VBD consultant,


27/8/18

Mr. Bikash Ku. Das, PPM Coordinator, —


27/8/18

Mr. Biswanath Das DPM Nop


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

Name of the Entity: INSEVRP

Name of the PHC applied: Aatal

District: Kalahandi

Sl.No	Particulars	Status Yes/No	Remarks
1	Copy of the Registration Certificate or equivalent certificates submitted.	YES	1467/18 1995-96 - Pg. 7
2	Whether the entity is having 5 years in existence by 31 st March 2018 (To be ascertained from registration or equivalent certificate)	YES	- do -
3	Copy of Memorandum of Association or equivalent document of the Agency submitted	YES	09
4	Whether the entity is having provision of health care activities mentioned in its registration document.	YES	Family welfare Population Control
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	Pg - 129 - 154
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)	YES	OR/2016/0112956 P- 116
8	Whether submitted annual average turnover Statement along with audit report for the last 3 years: 2014-15, 2015-16, 2016-17	YES	2014-15: 27.18 2015-16: 28.73 2016-17: 26.50
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	Pg - 31 - 50
10	Submission of Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18	YES	Pg. - 51 - 98
11	Document relating to fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.	YES	Pg - 162
12	Whether the entity is having fixed assets of		

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	minimum Rs 10 lakhs in the name of the entity in terms of land, building and others.	YES	Pg. 35
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.	YES	Pg-118
14	Names of the Office Bearers along with their addresses submitted.	YES	Pg. 102 99
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	Pg. 100
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	YES	Pg. 101
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	Pg. 102
18	An undertaking that the Organization is willing to sign the service level agreement submitted.	YES	Pg. 103
19	Copy of the resolution of the competent authority in the Organization authorizing the signatory to respond to this invitation submitted.	NO	
20	Copy of PAN card,	YES	Pg. 108
21	Copy of Bank Pass Book	YES	Pg. 109
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	Pg. 110
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	Pg. 78 - 87
24	Registration under 12-A of Income tax act 1961.	YES	B-115
25	EMD (DD of Rs.40,000/-)	YES	225974
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	No	

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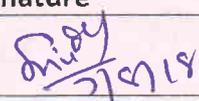
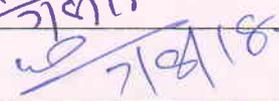
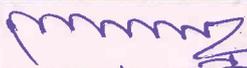
	performance in implementation of PHC (N)Mgt. Project under NHM in the district is identified by any external evaluating agency.		
27	Has the services of the organizations of the organization been discontinued on the basis of the conduct of any financial irregularities	No	

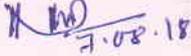
Recommendation of the Assessment Team

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

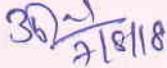
If No, reasons there of :

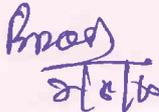
Signature of the Assessment Team

Name	Designation	Signature
Dr. S.K. Triady	CDM & PHO	 7/07/18
Dr. A.K. Dasg	ADPHO (FW)	 7/07/18
Mr. Budhadev Panda	DWO, Kalahandi	 7/07/18
Mr. A.R. Mahapatra	DPM, NHM	 7/07/18
Mr. S.C. Mishra	DAM, NHM	 7/07/18

Mr. Nihar Thakur APM-UH, NHM - 
7.08.18

Mr. Santosh Ku. Bagn, VSD Consultant - 
7/08/18

Mr. Bikash Ku. Das - 
7/08/18

Mr. Brajendra Das DPM NHM 
7/08/18

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

Name of the Entity: CARADA

Name of the PHC applied: ARTAL

District: KALAHANDI

Sl.No	Particulars	Status Yes/No	Remarks
1	Copy of the Registration Certificate or equivalent certificates submitted	yes	P-15
2	Whether the entity is having 5 years in existence by 31 st March 2018 (To be ascertained from registration or equivalent certificate)	yes	P-15
3	Copy of Memorandum of Association or equivalent document of the Agency submitted	yes	P-16-24
4	Whether the entity is having provision of health care activities mentioned in its registration document.	yes	P-18
5	Whether the entity is one person's company(write NA if not applicable)	NA	P-20
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	P-125
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)	yes	P-136
8	Whether submitted annual average turnover Statement along with audit report for the last 3 years: 2014-15, 2015-16, 2016-17	yes	P-25-62
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	P-25-62
10	Submission of Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18	yes	P-78-103
11	Document relating to fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.	yes	P-138
12	Whether the entity is having fixed assets of	yes	P-47

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	minimum Rs 10 lakhs in the name of the entity in terms of land, building and others.		
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.	yes	P-129
14	Names of the Office Bearers along with their addresses submitted.	yes	
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	P-145
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	yes	P-126
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	P-127
18	An undertaking that the Organization is willing to sign the service level agreement submitted.	yes	P-128
19	Copy of the resolution of the competent authority in the Organization authorizing the signatory to respond to this invitation submitted.	NO	
20	Copy of PAN card,	yes	P-130
21	Copy of Bank Pass Book	yes	P-131
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	P-132
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	P-134
25	EMD (DD of Rs.40,000/-)	yes	80460/(2/8/18)
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	NO	

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

Name of the Entity: BSA, Keeinga, Katakhandi.

Name of the PHC applied: Aadri, Th. Rampur, Katakhandi.

District: Katakhandi

Sl.No	Particulars	Status Yes/No	Remarks
1	Copy of the Registration Certificate or equivalent certificates submitted	YES	1532/83/ ↓ 95-96
2	Whether the entity is having 5 years in existence by 31 st March 2018 (To be ascertained from registration or equivalent certificate)	YES	Copy of RC
3	Copy of Memorandum of Association or equivalent document of the Agency submitted	YES	Page no. 4 to 23
4	Whether the entity is having provision of health care activities mentioned in its registration document.	YES	Pg no. 06
5	Whether the entity is one person's company(write NA if not applicable)	NA	Society Reg. Act
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)	YES	UID: DARPAN OR/2015/008640
8	Whether submitted annual average turnover Statement along with audit report for the last 3 years: 2014-15, 2015-16, 2016-17	YES	88.70
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	2014-15: 71.28 2015-16: 113.45 2016-17: 81.36
10	Submission of Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18	YES	Pg no 69 to 123
11	Document relating to fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.	YES	Pg no. 63
12	Whether the entity is having fixed assets of	YES	Pg no. 69

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	minimum Rs 10 lakhs in the name of the entity in terms of land, building and others.		
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.	YES	
14	Names of the Office Bearers along with their addresses submitted.	YES	Suman ka Mahapatra CE - Pg no. 2
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	Pg. no. 125
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	YES	Pg. no. 126
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	Pg. no. 127
18	An undertaking that the Organization is willing to sign the service level agreement submitted.	YES	Pg. no. 127
19	Copy of the resolution of the competent authority in the Organization authorizing the signatory to respond to this invitation submitted.	NO	
20	Copy of PAN card,	YES	Pg. no. 143
21	Copy of Bank Pass Book	YES	Pg. no. 144
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	Pg. no. 146
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	Pg. no. 153
25	EMD (DD of Rs.40,000/-)	YES	668031
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	NO	

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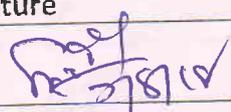
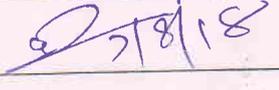
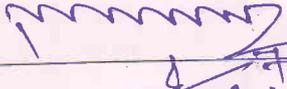
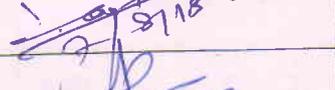
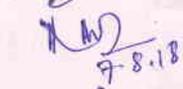
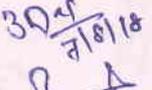
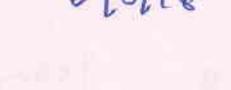
	performance in implementation of PHC (N)Mgt. Project under NHM in the district is identified by any external evaluating agency.	NO	
27	Has the services of the organizations of the organization been discontinued on the basis of the conduct of any financial irregularities	NO	

Recommendation of the Assessment Team

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

If No, reasons there of :

Signature of the Assessment Team

Name	Designation	Signature
Dr. Saroj Teadi	CDM & PHO, Kalahandi	
Dr. A.K Das	ADPHO (FW)	
Mr. Budhadev Panda	DNO, Kalahandi	
Dr. J.C. Mahapatra	ADPHO (VBD)	
Mr. Abani Raj Mahapatra	DPM, NHM	
Mr. S.C. Mishra	DAM, NHM	
Mr. N.R. Thakur	APM-UH, NHM	
Mr. Bikash Das	PPM Coordinator, NHM	
Mr. Santosh Bagh,	VBD Consultant	
Mr. Bissuwarth Dash,	DPM, NCP	

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

Name of the Entity: OVHA

Name of the PHC applied: ADRI PHC, Th. Rangur, Katakhandi

District: Katakhandi

Sl.No	Particulars	Status Yes/No	Remarks
1	Copy of the Registration Certificate or equivalent certificates submitted	YES	10354/1976-77 ↓
2	Whether the entity is having 5 years in existence by 31 st 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	Pg no. 06
4	Whether the entity is having provision of health care activities mentioned in its registration document.	YES	Pg no. 06
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	Pg. no - 169 to 251
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)	NOT submitted NO	
8	Whether submitted annual average turnover Statement along with audit report for the last 3 years: 2014-15, 2015-16, 2016-17	YES	2014-15 = 18053788.31 2015-16 = 166461660.39 2016-17 = 14578645.97
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	Pg. no. 59-92
11	Document relating to fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.	YES	Pg. no - 31 - 43
12	Whether the entity is having fixed assets of	YES	

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	minimum Rs 10 lakhs in the name of the entity in terms of land, building and others.		
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.	Not submitted YES	
14	Names of the Office Bearers along with their addresses submitted.	YES	Pg. no. 253
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	Pg. no. 257
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	YES	Pg. no. 255
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	Pg. no. 254
18	An undertaking that the Organization is willing to sign the service level agreement submitted.	YES	Pg. no-258
19	Copy of the resolution of the competent authority in the Organization authorizing the signatory to respond to this invitation submitted.	YES NO	Pg. no. 259
20	Copy of PAN card,	YES	Pg. no. 262
21	Copy of Bank Pass Book	YES	Pg. no. 267, 266
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	Pg. no. 268 to 269
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	Annual Report- 2015-16
24	Registration under 12-A of Income tax act 1961.	YES	272-273
25	EMD (DD of Rs.40,000/-)	YES	923104
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	NO	

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	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	

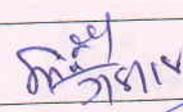
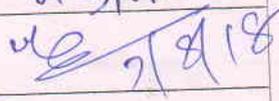
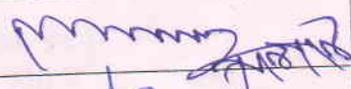
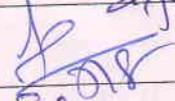
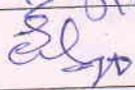
Recommendation of the Assessment Team

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

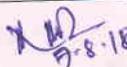
If No, reasons there of: (1) Not submitted unique Id of Nho. Darpan of NITI Aayog.

(2) Non-superscribed of envelope containing the proposal/application.

Signature of the Assessment Team

Name	Designation	Signature
Dr. S.K Tiady	CDM & PHO, Kalshandi	
Dr. A.K Dash	ADPHO(FW)	
Mr. Budhadev Panda	DHO, Kalshandi	
Mr. A.R mahapatre	DPM-NHM	
Mr. S.C Mishra	DAM-NHM	

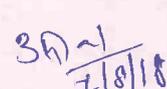
Mr. N.R Thakur APM-UH, NHM

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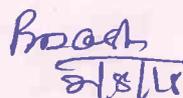
Mr. Santosh Bag VBD consultant

- 

Mr. Bikash Kumar Das PPM co-ordinator

-  7/8/18

Mr. Praswanath Das DPM inOP

 7/8/18

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

Name of the Entity: **SEBA JAWAT**

Name of the PHC applied: **BARABANDHA PHC**

District: **KALAHANDI**

Sl.No	Particulars	Status Yes/No	Remarks
1	Copy of the Registration Certificate or equivalent certificates submitted	Yes	P-3
2	Whether the entity is having 5 years in existence by 31 st March 2018 (To be ascertained from registration or equivalent certificate)	Yes	P-3
3	Copy of Memorandum of Association or equivalent document of the Agency submitted	Yes	P-6
4	Whether the entity is having provision of health care activities mentioned in its registration document.	NO Yes	P-6
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	P-161 P-205
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)	NO	
8	Whether submitted annual average turnover Statement along with audit report for the last 3 years: 2014-15, 2015-16, 2016-17	Yes	P-12
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	P-12
10	Submission of Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18	Yes	P-66
11	Document relating to fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.	Yes	P-15 P-15
12	Whether the entity is having fixed assets of	Yes	P-15

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	minimum Rs 10 lakhs in the name of the entity in terms of land, building and others.		
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.	YES	
14	Names of the Office Bearers along with their addresses submitted.	yes	P-422
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	P-428
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	yes	P-424
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	P-485
18	An undertaking that the Organization is willing to sign the service level agreement submitted.	yes	P-426
19	Copy of the resolution of the competent authority in the Organization authorizing the signatory to respond to this invitation submitted.	NO NO	
20	Copy of PAN card,	yes	P-423
21	Copy of Bank Pass Book	yes	P-431
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	P-432
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	P-433
24	Registration under 12-A of Income tax act 1961.	yes	P-450
25	EMD (DD of Rs.40,000/-)	yes	P-451
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	NO	

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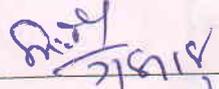
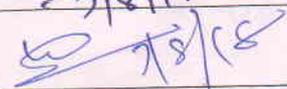
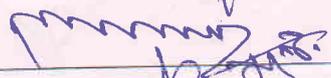
	performance in implementation of PHC (N)Mgt. Project under NHM in the district is identified by any external evaluating agency.		
27	Has the services of the organizations of the organization been discontinued on the basis of the conduct of any financial irregularities	NO	

Recommendation of the Assessment Team

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

If No, reasons there of: **Not Submitted unique ID of Nho Darpan of NITI Aayog.**

Signature of the Assessment Team

Name	Designation	Signature
Dr. S.K. Tiary	CDM & PHO, Kalshandi	
Dr. A.K. Dash	ADMO(FW)	
Mr. Budhadev Panda	DWO, Kalshandi	
Mr. A.R. Mahapatra	DPM-NHM	
Mr. S.C. Mishra	DAM-NHM	

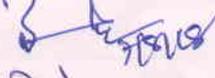
Mr. N.R. Thakur APM-UH, NHM -

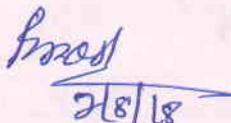
Mr. S. Bag VBD consultant -

Mr. B.K. Das PPP coordinator -

Mr. Biswanath Dash. DPM along.

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

Name of the Entity: SEVA

Name of the PHC applied: NAKRUNDI PHC , TH-RAMPUR

District: KALAHANDI

Sl.No	Particulars	Status Yes/No	Remarks
1	Copy of the Registration Certificate or equivalent certificates submitted	Yes	page no- 3
2	Whether the entity is having 5 years in existence by 31 st March 2018 (To be ascertained from registration or equivalent certificate)	Yes	page no- 3
3	Copy of Memorandum of Association or equivalent document of the Agency submitted	Yes	page no- 05
4	Whether the entity is having provision of health care activities mentioned in its registration document.	Yes	page no- 5
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	page no- 100
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)	Yes	page no- 04
8	Whether submitted annual average turnover Statement along with audit report for the last 3 years: 2014-15, 2015-16, 2016-17	Yes	Page no- 27 (14-15 Not Available)
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 NO	Page no- 27 (14-15 NA)
10	Submission of Annual Reports of the entity for the last three years; 2015-16, 2016-17, 2017-18		
11	Document relating to fixed assets in the name of the entity in terms of land, building and other fixed assets submitted.	Yes	Page no- 26
12	Whether the entity is having fixed assets of	Yes	page- 26, 10 lakh more.

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	minimum Rs 10 lakhs in the name of the entity in terms of land, building and others.		
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.	NO. YES	
14	Names of the Office Bearers along with their addresses submitted.	YES	Page no. 70
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	Page no - 66
16	Self certified willingness of an Allopathic doctor to work in the proposed PHC for which the organization is applying is submitted.	YES	Page no - 67
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	Page no - 17 (Agreement copy needed)
18	An undertaking that the Organization is willing to sign the service level agreement submitted.	YES	Page no - 69
19	Copy of the resolution of the competent authority in the Organization authorizing the signatory to respond to this invitation submitted.	YES NO	Page no - 70
20	Copy of PAN card,	YES	Page no 75
21	Copy of Bank Pass Book	YES	Page no. 76-79
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	Page no. 81
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	Page no - 80
24	Registration under 12-A of Income tax act 1961.	YES	Page no - 97
25	EMD (DD of Rs.40,000/-)	YES	D.N-612630
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	NO	

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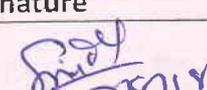
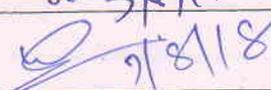
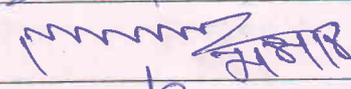
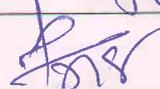
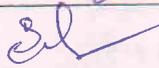
	performance in implementation of PHC (N)Mgt. Project under NHM in the district is identified by any external evaluating agency.		
27	Has the services of the organizations of the organization been discontinued on the basis of the conduct of any financial irregularities	NO	

Recommendation of the Assessment Team

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

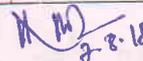
If No, reasons there of : Annual turnover is less than Rs. 25.00 lakhs in 2 years.

Signature of the Assessment Team

Name	Designation	Signature
Dr. S. K Tiady	CDM&PHO, Kalahandi	
Dr. A. K Dash	ADPHO (FW)	
Mr. Budhadev pande	DHO, Kalahandi	
Mr. A. R. Mahapatra	DPM-NHM	
Mr. S. C Mishra	DAM-NHM	

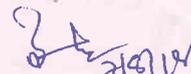
Mr. N. R. Thakur

APM-UH, NHM


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Mr. S. B. Jy

VBD consultant

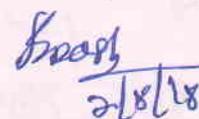


Mr. B. K. Das

PPP co-ordinator


7/8/18

Mr. Biswanath Dash, DPM, NCP.


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

Name of the Organization : CARADA, Bhawnipatna

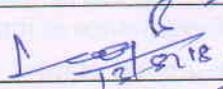
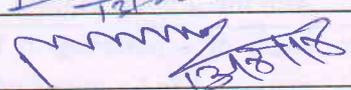
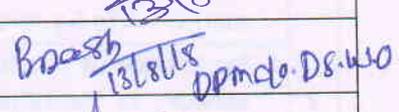
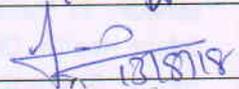
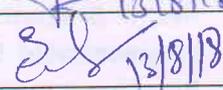
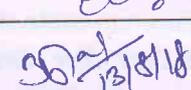
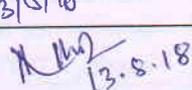
Name of the PHC applied : ARTAL, PHC

District : KALAHANDI

Sl.	Areas of assessment	Maximum marks	Marks obtained	MOV
Registration & establishment (20 marks)				
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	Society Registration
	b) Registered under 80G (if yes-2 mark, if No-0 mark)	2	0	No supporting document
	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 submitted
	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	0	No. of meetings not held as mentioned in the Bye laws.
Field level Experience (45 marks)				
2	a. Years of experience in implementing projects in health sector. (>3-5 yrs=3 marks, > 5 yrs= 5 marks)	5	0	No non-govt. aided project
	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	Govt. aided project
	c. Years of experience in Managing Hospitals. (1-3 years= 5 marks; > 3 to 5 years=7 marks,> 5 years=10 marks.)	10	0	
	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	5	Management of Maa Gruha
	e. Multistate experience in managing health Institutions. (Less than 1 yr-0 marks, 1 yr or above- 5 marks)	05	0	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	0	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	0	Log book/ other relevant document
Financial strength(20 marks)				
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	Rs.2.23 Cr
	b. Proper maintenance of all books of accounts (Assessed through verification)Y/N: Yes-4 marks & No- 0 marks.	4	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	4	Rs 10.50 Lakhs
Staffing: Other strength (10 marks)				
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	5	ANM working in Maa Gruha
Other Strength: (05 marks)				
5	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	3	District Level- For Bike Ambulance
Total		100	51	

Signature of the Assessment Team

Name	Designation	Signature
Dr. S.K Tiady	CDM&PHO, Kalahandi	 13/8/18
Dr. J.C Mahapatra	ADPHO VBD, Kalahandi	 12/8/18
Mr.B.Panda	DWO, Kalahandi	 13/8/18
Ms. J.J Patra	DSWO, Kalahandi	 13/8/18 DPMCO. DS. W.O.
Mr. A.R Mahapatra	DPM-NHM, Kalahandi	 13/8/18
Mr. S.C Mishra	DAM-NHM, Kalahandi	 13/8/18
Mr. Bikash Ku Das	PPM Co-ordinator, Kalahandi	 13/8/18
Mr. N.R Thakur	APM-NUHM, Kalahandi	 13.8.18

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

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

Name of the Organization : Brundaban Sanskrutik Anusthan (BSA), Kesinga

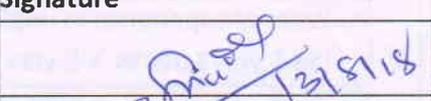
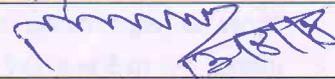
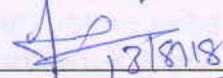
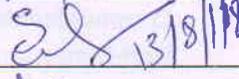
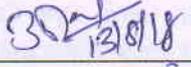
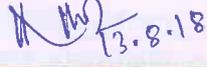
Name of the PHC applied : Adri

District : Kalahandi

Sl.	Areas of assessment	Maximum marks	Marks obtained	MOV
Registration & establishment (20 marks)				
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	Society Registration
	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	0	No. of meetings not held as mentioned in the Bye laws.
Field level Experience (45 marks)				
2	a. Years of experience in implementing projects in health sector. (>3-5 yrs=3 marks, > 5 yrs= 5 marks)	5	0	No non-govt. aided project
	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	Govt. aided project
	c. Years of experience in Managing Hospitals. (1-3 years= 5 marks; > 3 to 5 years=7 marks,> 5 years=10 marks.)	10	5	UPHC Bhawanipatna MoU
	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	7	Management of Maa Gruha & UPHC
	e. Multistate experience in managing health Institutions. (Less than 1 yr-0 marks, 1 yr or above- 5 marks)	05	0	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	0	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	0	Log book/ other relevant document
Financial strength(20 marks)				
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	Rs.2.66 Cr
	b. Proper maintenance of all books of accounts (Assessed through verification)Y/N: Yes-4 marks & No- 0 marks.	4	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	Rs.46.04 Lakhs
Staffing: Other strength (10 marks)				
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	Other Strength: (05 marks)			
	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	0	No supporting documents.
Total		100	64	

Signature of the Assessment Team

Name	Designation	Signature
Dr. S.K Tiady	CDM&PHO, Kalahandi	
Dr. J.C Mahapatra	ADPHO VBD, Kalahandi	
Mr. B.Panda	DWO, Kalahandi	
Ms. J.J Patra	DSWO, Kalahandi	
Mr. A.R Mahapatra	DPM-NHM, Kalahandi	
Mr. S.C Mishra	DAM-NHM, Kalahandi	
Mr. Bikash Ku Das	PPM Co-ordinator, Kalahandi	
Mr. N.R Thakur	APM-NUHM, Kalahandi	

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

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

ODISHA

Name of the Organization : INSERURP, Bhawanipatna

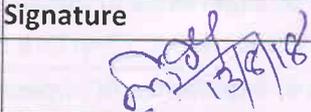
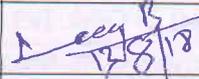
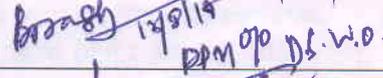
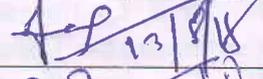
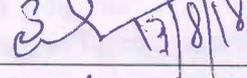
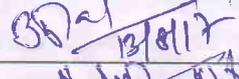
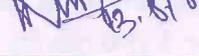
Name of the PHC applied : Artal

District : Kalahandi

Sl.	Areas of assessment	Maximum marks	Marks obtained	MOV
Registration & establishment (20 marks)				
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	Society Registration
	b) Registered under 80G (if yes-2 mark, if No-0 mark)	2	0	No supporting document
	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	0	Required documents not submitted as specified to meet the number.
Field level Experience (45 marks)				
2	a. Years of experience in implementing projects in health sector. (>3-5 yrs=3 marks, > 5 yrs= 5 marks)	5	0	No non-govt. aided project
	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	Govt. aided project
	c. Years of experience in Managing Hospitals. (1-3 years= 5 marks; > 3 to 5 years=7 marks,> 5 years=10 marks.)	10	10	PHC(N) at Dhansuli
	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	Management of PHC (N)
	e. Multistate experience in managing health Institutions. (Less than 1 yr-0 marks, 1 yr or above- 5 marks)	05	0	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	0	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	0	Log book/ other relevant document
Financial strength(20 marks)				
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	5	Rs.82.46 Lakhs
	b. Proper maintenance of all books of accounts (Assessed through verification)Y/N: Yes-4 marks & No- 0 marks.	4	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	4	Rs.11.39 Lakhs
Staffing: Other strength (10 marks)				
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	Other Strength: (05 marks)			
	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	0	No supporting document
Total		100	63	

Signature of the Assessment Team

Name	Designation	Signature
Dr. S.K Tiady	CDM&PHO, Kalahandi	
Dr. J.C Mahapatra	ADPHO VBD, Kalahandi	
Mr.B.Panda	DWO, Kalahandi	
Ms.J.J Patra	DSWO, Kalahandi	
Mr. A.R Mahapatra	DPM-NHM, Kalahandi	
Mr. S.C Mishra	DAM-NHM, Kalahandi	
Mr. Bikash Ku Das	PPM Co-ordinator, Kalahandi	
Mr. N.R Thakur	APM-NUHM, Kalahandi	

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

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

Name of the Organization : INSERURP, Bhawanipatna

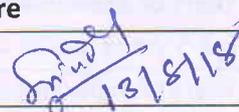
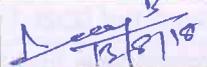
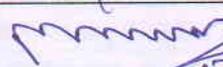
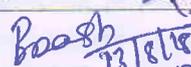
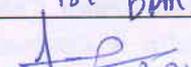
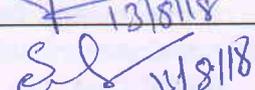
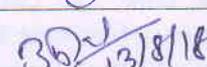
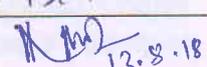
Name of the PHC applied : Dhansuli

District : Kalahandi

Sl.	Areas of assessment	Maximum marks	Marks obtained	MOV
Registration & establishment (20 marks)				
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	Society Registration
	b) Registered under 80G (if yes-2 mark, if No-0 mark)	2	0	No supporting document
	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	0	Required documents not submitted as specified to meet the number.
Field level Experience (45 marks)				
2	a. Years of experience in implementing projects in health sector. (>3-5 yrs=3 marks, > 5 yrs= 5 marks)	5	0	No non-govt. aided project
	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	Govt. aided project
	c. Years of experience in Managing Hospitals. (1-3 years= 5 marks; > 3 to 5 years=7 marks,> 5 years=10 marks.)	10	10	PHC(N) at Dhansuli
	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	Management of PHC (N)
	e. Multistate experience in managing health Institutions. (Less than 1 yr-0 marks, 1 yr or above- 5 marks)	05	0	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	0	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	0	Log book/ other relevant document
Financial strength(20 marks)				
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	5	Rs.82.46 Lakhs
	b. Proper maintenance of all books of accounts (Assessed through verification)Y/N: Yes-4 marks & No- 0 marks.	4	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	4	Rs.11.39 Lakhs
Staffing: Other strength (10 marks)				
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	Other Strength: (05 marks)			
	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	0	No supporting document
Total		100	63	

Signature of the Assessment Team

Name	Designation	Signature
Dr. S.K Tiady	CDM&PHO, Kalahandi	 13/8/18
Dr. J.C Mahapatra	ADPHO VBD, Kalahandi	 13/8/18
Mr. B.Panda	DWO, Kalahandi	 13/8/18
Ms. J.J Patra	DSWO, Kalahandi	 13/8/18 DPM o/o. D.S.WO
Mr. A.R Mahapatra	DPM-NHM, Kalahandi	 13/8/18
Mr. S.C Mishra	DAM-NHM, Kalahandi	 11/8/18
Mr. Bikash Ku Das	PPM Co-ordinator, Kalahandi	 13/8/18
Mr. N.R Thakur	APM-NUHM, Kalahandi	 13.8.18

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

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

Name of the Organization : KARUNA TRUST, Bangalore

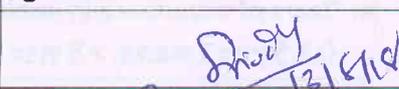
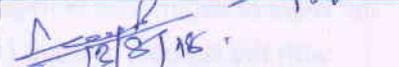
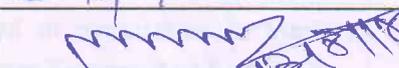
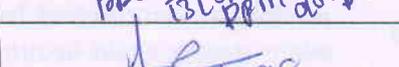
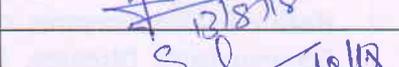
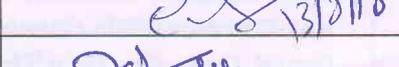
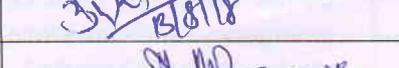
Name of the PHC applied : BARABANDHA PHC

District : KALAHANDI

Sl.	Areas of assessment	Maximum marks	Marks obtained	MOV
Registration & establishment (20 marks)				
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	Trust Reg.- (Trust Deed)
	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	0	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	0	The mandate about nos. of meeting is not specified and only proceeding of one meeting is submitted.
Field level Experience (45 marks)				
2	a. Years of experience in implementing projects in health sector. (>3-5 yrs=3 marks, > 5 yrs= 5 marks)	5	0	Non- Govt. added project
	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	Govt. added project
	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 (PHC-N Mgt in Kandhamal & Ganjam)
	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	PHC-N Mgt.
	e. Multistate experience in managing health Institutions. (Less than 1 yr-0 marks, 1 yr or above- 5 marks)	05	5	Arunachal Pradesh, Meghalaya & Karnataka

	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	0	No supporting Documents
	g. Own Patient referral transport services (1-3 yrs=3 marks, > 3 yrs – 5 yrs= 4 marks & > 5 years= 5 marks)	05	5	RC of Ambulance
Financial strength(20 marks)				
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	Rs 77.25Cr
	b. Proper maintenance of all books of accounts (Assessed through verification)Y/N: Yes-4 marks & No- 0 marks.	4	4	
	c. Fixed assets in the name of the organization (Rs. 10-12 lakhs assets-4 marks, > 12 lakhs assets-6 marks)	6	6	Rs 8.25 Cr
Staffing: Other strength (10 marks)				
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	PHC-N Management experience
5	Other Strength: (05 marks)			
	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	0	No Proof document / Certificate. Only list submitted
Total		100	72	

Signature of the Assessment Team

Name	Designation	Signature
Dr. S.K Tiady	CDM&PHO, Kalahandi	
Dr. J.C Mahapatra	ADPHO VBD, Kalahandi	
Mr. B. Panda	DWO, Kalahandi	
Ms. J.J.Patra	DSWO, Kalahandi	
Mr. A.R Mahapatra	DPM-NHM, Kalahandi	
Mr. S.C Mishra	DAM-NHM, Kalahandi	
Mr. Bikash Ku Das	PPM Co-ordinator, Kalahandi	
Mr. N.R Thakur	APM-NUHM, Kalahandi	

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

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

Name of the Organization : KARUNA TRUST, Bangalore

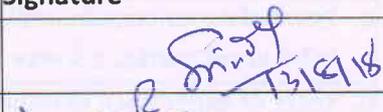
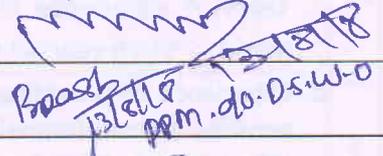
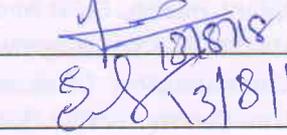
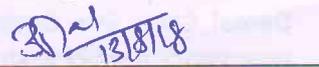
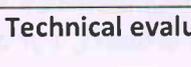
Name of the PHC applied : NAKRUNDI PHC

District : KALAHANDI

Sl.	Areas of assessment	Maximum marks	Marks obtained	MOV
Registration & establishment (20 marks)				
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	Trust Reg.- (Trust Deed)
	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	0	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	0	The mandate about nos. of meeting is not specified and only proceeding of one meeting is submitted.
Field level Experience (45 marks)				
2	a. Years of experience in implementing projects in health sector. (>3-5 yrs=3 marks, > 5 yrs= 5 marks)	5	0	Non- Govt. added project
	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	Govt. added project
	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 (PHC-N Mgt in Kandhamal & Ganjam)
	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	PHC-N Mgt.
	e. Multistate experience in managing health Institutions. (Less than 1 yr-0 marks, 1 yr or above- 5 marks)	05	5	Arunachal Pradesh, Meghalaya & Karnataka

	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	0	No supporting Documents
	g. Own Patient referral transport services (1-3 yrs=3 marks, > 3 yrs – 5 yrs= 4 marks & > 5 years= 5 marks)	05	5	RC of Ambulance
	Financial strength(20 marks)			
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	Rs 77.25Cr
	b. Proper maintenance of all books of accounts (Assessed through verification)Y/N: Yes-4 marks & No- 0 marks.	4	4	
	c. Fixed assets in the name of the organization (Rs. 10-12 lakhs assets-4 marks, > 12 lakhs assets-6 marks)	6	6	Rs 8.25 Cr
	Staffing: Other strength (10 marks)			
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	PHC-N Management experience
5	Other Strength: (05 marks)			
	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	0	No Proof document / Certificate. Only list submitted
	Total	100	72	

Signature of the Assessment Team

Name	Designation	Signature
Dr. S.K Tiady	CDM&PHO, Kalahandi	
Dr. J.C Mahapatra	ADPHO VBD, Kalahandi	
Mr. B.Patra	DWO, Kalahandi	
Ms.J.J Patra	DSWO, Kalahandi	
Mr. A.R Mahapatra	DPM-NHM, Kalahandi	
Mr. S.C Mishra	DAM-NHM, Kalahandi	
Mr. Bikash Ku Das	PPM Co-ordinator, Kalahandi	
Mr. N.R Thakur	APM-NUHM, Kalahandi	

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

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

Name of the Organization : KARUNA TRUST, Bangalore

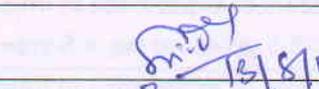
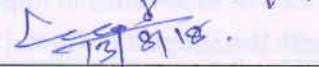
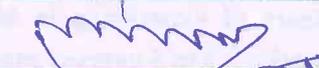
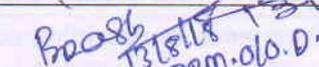
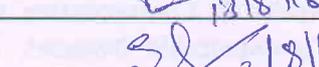
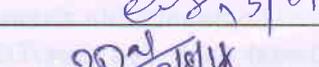
Name of the PHC applied : ARTAL PHC

District : KALAHANDI

Sl.	Areas of assessment	Maximum marks	Marks obtained	MOV
Registration & establishment (20 marks)				
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	Trust Reg.- (Trust Deed)
	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	0	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	0	The mandate about nos. of meeting is not specified and only proceeding of one meeting is submitted.
Field level Experience (45 marks)				
2	a. Years of experience in implementing projects in health sector. (>3-5 yrs=3 marks, > 5 yrs= 5 marks)	5	0	Non- Govt. added project
	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	Govt. added project
	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 (PHC-N Mgt in Kandhamal & Ganjam)
	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	PHC-N Mgt.
	e. Multistate experience in managing health Institutions. (Less than 1 yr-0 marks, 1 yr or above- 5 marks)	05	5	Arunachal Pradesh, Meghalaya & Karnataka

	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	0	No supporting Documents
	g. Own Patient referral transport services (1-3 yrs=3 marks, > 3 yrs – 5 yrs= 4 marks & > 5 years= 5 marks)	05	5	RC of Ambulance
Financial strength(20 marks)				
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	Rs 77.25Cr
	b. Proper maintenance of all books of accounts (Assessed through verification)Y/N: Yes-4 marks & No- 0 marks.	4	4	
	c. Fixed assets in the name of the organization (Rs. 10-12 lakhs assets-4 marks, > 12 lakhs assets-6 marks)	6	6	Rs 8.25 Cr
Staffing: Other strength (10 marks)				
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	PHC-N Management experience
5	Other Strength: (05 marks)			
	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	0	No Proof document / Certificate. Only list submitted
Total		100	72	

Signature of the Assessment Team

Name	Designation	Signature
Dr. S.K Tiady	CDM&PHO, Kalahandi	
Dr. J.C Mahapatra	ADPHO VBD, Kalahandi	
Mr. B.Panda	DWO, Kalahandi	
Ms. J.J Patra	DSWO, Kalahandi	
Mr. A.R Mahapatra	DPM-NHM, Kalahandi	
Mr. S.C Mishra	DAM-NHM, Kalahandi	
Mr. Bikash Ku Das	PPM Co-ordinator, Kalahandi	
Mr. N.R Thakur	APM-NUHM, Kalahandi	

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

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

Name of the Organization : KARUNA TRUST, Bangalore

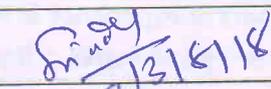
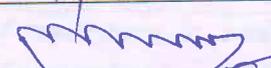
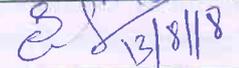
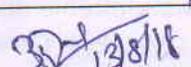
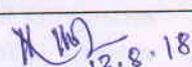
Name of the PHC applied : DHANSULI PHC

District : KALAHANDI

Sl.	Areas of assessment	Maximum marks	Marks obtained	MOV
Registration & establishment (20 marks)				
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	Trust Reg.- (Trust Deed)
	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	0	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	0	The mandate about nos. of meeting is not specified and only proceeding of one meeting is submitted.
Field level Experience (45 marks)				
2	a. Years of experience in implementing projects in health sector. (>3-5 yrs=3 marks, > 5 yrs= 5 marks)	5	0	Non- Govt. added project
	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	Govt. added project
	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 (PHC-N Mgt in Kandhamal & Ganjam)
	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	PHC-N Mgt.
	e. Multistate experience in managing health Institutions. (Less than 1 yr-0 marks, 1 yr or above- 5 marks)	05	5	Arunachal Pradesh, Meghalaya & Karnataka

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	0	No supporting Documents
g. Own Patient referral transport services (1-3 yrs=3 marks, > 3 yrs – 5 yrs= 4 marks & > 5 years= 5 marks)	05	5	RC of Ambulance
Financial strength(20 marks)			
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	Rs 77.25Cr
b. Proper maintenance of all books of accounts (Assessed through verification)Y/N: Yes-4 marks & No- 0 marks.	4	4	
c. Fixed assets in the name of the organization (Rs. 10-12 lakhs assets-4 marks, > 12 lakhs assets-6 marks)	6	6	Rs 8.25 Cr
Staffing: Other strength (10 marks)			
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	PHC-N Management experience
Other Strength: (05 marks)			
5 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	0	No Proof document / Certificate. Only list submitted
Total	100	72	

Signature of the Assessment Team

Name	Designation	Signature
Dr. S.K Tiady	CDM&PHO, Kalahandi	 13/8/18
Dr. J.C Mahapatra	ADPHO VBD, Kalahandi	 13/8/18
Mr.B.Panda	DWO, Kalahandi	 13/8/18
Ms .J.J Patra	DSWO, Kalahandi	 13/8/18 ppm .do.D.S.WO.
Mr. A.R Mahapatra	DPM-NHM, Kalahandi	 13/8/18
Mr. S.C Mishra	DAM-NHM, Kalahandi	 13/8/18
Mr. Bikash Ku Das	PPM Co-ordinator, Kalahandi	 13/8/18
Mr. N.R Thakur	APM-NUHM, Kalahandi	 13.8.18

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

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

Name of the Organization : KARUNA TRUST, Bangalore

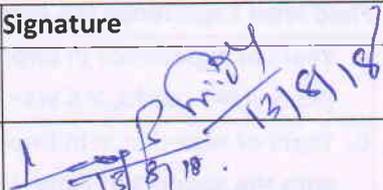
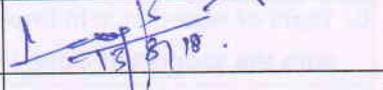
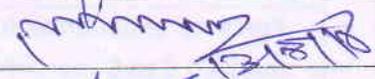
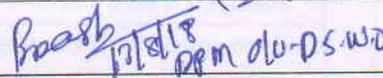
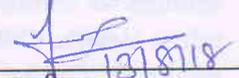
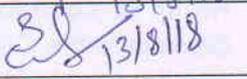
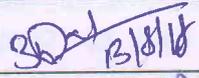
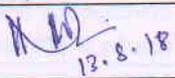
Name of the PHC applied : ADRI PHC

District : KALAHANDI

Sl.	Areas of assessment	Maximum marks	Marks obtained	MOV
Registration & establishment (20 marks)				
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	Trust Reg.- (Trust Deed)
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	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	0	MOU/Sanction order/Agreement
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	e. Multistate experience in managing health Institutions. (Less than 1 yr-0 marks, 1 yr or above- 5 marks)	05	5	Arunachal Pradesh, Meghalaya & Karnataka

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	0	No supporting Documents
g.	Own Patient referral transport services (1-3 yrs=3 marks, > 3 yrs – 5 yrs= 4 marks & > 5 years= 5 marks)	05	5	RC of Ambulance
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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	Rs 77.25Cr
	b. Proper maintenance of all books of accounts (Assessed through verification)Y/N: Yes-4 marks & No- 0 marks.	4	4	
	c. Fixed assets in the name of the organization (Rs. 10-12 lakhs assets-4 marks, > 12 lakhs assets-6 marks)	6	6	Rs 8.25 Cr
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5	Other Strength: (05 marks)			
	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	0	No Proof document / Certificate. Only list submitted
Total		100	72	

Signature of the Assessment Team

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