



## CORRIGENDUM No. 01

**“Request for Proposal for Selection of an Agency for Conducting Doorstep Screening of Population by POC Confirmatory Testing for Sickle Cell Anaemia in 89 blocks of Madhya Pradesh for NHM-MP” (Corrigendum No - 01 - to RFP Ref. No.: S. No. N.H.M./Store/2022/7531 & Tender ID: 2022\_DHS\_229764\_1)**

1. This is regarding the NIT issued on 01/11/2022 for Selection of an Agency for Conducting Doorstep Screening of Population by POC Confirmatory Testing for Sickle Cell Anaemia in 89 blocks of Madhya Pradesh for NHM-MP, in leading newspaper and uploaded on MP Tender Website <https://mptenders.gov.in>.
2. In lieu of the released RFP, the Technical Committee after due consideration recommends following amendments in the Tender document for now:

S. No.	Tender Reference	Reference	Amendments
1.	NIT	<b>Dates (as published in the RFP)</b> <ul style="list-style-type: none"><li>- Document Download/ Sale End Date: 22<sup>nd</sup> November 2022, Tuesday, 03:00 PM</li><li>- Bid Submission End Date: 22<sup>nd</sup> November 2022, Tuesday, 03:00 PM</li><li>- Bid Opening Date: 23<sup>rd</sup> November 2022, Wednesday, 04:00 PM</li></ul>	<b>Amendment</b> <p>“After the publication of the Corrigendum No. 01, the revised timelines/ dates for key events are as follows:</p> <ul style="list-style-type: none"><li>- Document Download/ Sale End Date: 05<sup>th</sup> December 2022, Monday, 03:00 PM</li><li>- Bid Submission End Date: 05<sup>th</sup> December 2022, Monday, 03:00 PM</li><li>- Bid Opening Date: 06<sup>th</sup> December 2022, Tuesday, 04:00 PM</li></ul>

3. All changes/ modifications in Tender document as above are binding to all Bidder(s)
4. Other terms and conditions of the Tender document shall remain the same

**Mission Director**  
National Health Mission, Madhya Pradesh



**CORRIGENDUM No. 02**

**“RFP for Selection of an Agency for Conducting Doorstep Screening of Population by POC Confirmatory Testing for Sickle Cell Anaemia in 89 blocks of Madhya Pradesh for NHM-MP” (Corrigendum No - 02 - to RFP Ref. No.: S. No. N.H.M./Store/2022/7531 & Tender ID: 2022\_DHS\_229764\_1)**

1. This is regarding the NIT issued on 01/11/2022 for Selection of an **Agency for Conducting Doorstep Screening of Population by POC Confirmatory Testing for Sickle Cell Anaemia in 89 blocks of Madhya Pradesh for NHM-MP**, in leading newspaper and uploaded on MP Tender Website <https://mptenders.gov.in>.
2. In lieu of the released RFP, the Technical Committee after due consideration recommends following amendments in the Tender document for now:

S. No.	Tender Reference	Reference	Amendments
1.	NIT	<b>Dates (as published in the Corrigendum 1)</b> <ul style="list-style-type: none"><li>- Document Download/ Sale End Date: 05<sup>th</sup> December 2022, Monday, 03:00 PM</li><li>- Bid Submission End Date: 05<sup>th</sup> December 2022, Monday, 03:00 PM</li><li>- Bid Opening Date: 06<sup>th</sup> December 2022, Tuesday, 04:00 PM</li></ul>	<b>Amendment</b> <p>“After the publication of the Corrigendum No. 02, the revised timelines/ dates for key events are as follows:</p> <ul style="list-style-type: none"><li>- Document Download/ Sale End Date: 16<sup>th</sup> December 2022, Friday, 03:00 PM</li><li>- Bid Submission End Date: 16<sup>th</sup> December 2022, Friday, 03:00 PM</li><li>- Bid Opening Date: 17<sup>th</sup> December 2022, Saturday, 04:00 PM</li></ul>

3. All changes/ modifications in Tender document as above are binding to all Bidder(s)
4. Other terms and conditions of the Tender document shall remain the same

**Mission Director**  
National Health Mission, Madhya Pradesh



### CORRIGENDUM No. 03

#### Request for Proposal for Selection of an Agency for Conducting Doorstep Screening of Population by POC Confirmatory Testing for Sickle Cell Anaemia in 89 blocks of M.P (Corrigendum No – 03 - to RFP Ref. No.: S. No./ N.H.M./Store/2022/7531 & Tender ID: 2022\_DHS\_229764\_1)

1. This is regarding the NIT issued on 01/11/2022 for Selection of an Agency for Conducting Doorstep Screening of Population by POC Confirmatory Testing for Sickle Cell Anaemia in 89 blocks of M.P, in leading newspaper and uploaded on MP Tender Website <https://mptenders.gov.in>.
2. In lieu of the released RFP, the Technical Committee after due consideration recommends following amendments in the Tender document for now:

S. No.	Tender Reference	Reference	Amendments
1.	SECTION 1, Letter of Invitation, Page no. 10	While carrying out the defined scope of work under the RFP, it is envisioned that screening the individuals, an estimated 80% of the target population will turn out to be normal while 20% would require a confirmatory diagnostic test.	<b>Amendment</b>  “This line stands deleted from the RFP, henceforth”
2.	SECTION 3, SELECTION OF AGENCY, Clause No 3.1, S. No. (3) Screening, Sample Collection and pathology Testing Experience, Page No. 28	<b>Basic Requirement:</b> Screening, Sample Collection and pathology Testing Experience <b>Specific Requirements:</b> The Bidder(s) should have an experience of conducting screening/ sample collection/ pathology testing for a minimum cumulative of 2,00,000 (two lakh) population across healthcare domain in the last 05 (five) Financial Years (i.e., 2017-18, 2018-19, 2019-20, 2020-21 & 2021-22) and also up to 31 <sup>st</sup> October 2022	<b>Amendment</b>  “ <b>Basic Requirement:</b> Screening, POCT, Sample Collection and Pathology Testing Experience <b>Specific Requirements:</b> The Bidder(s) should have an experience of conducting screening/ POCT/ sample collection/ pathology testing for a minimum cumulative of 2,00,000 (two lakh) population across healthcare domain in the last 05 (five) Financial Years (i.e., 2017-18, 2018-19, 2019-20, 2020-21 & 2021-22) and also up to 31 <sup>st</sup> October 2022”

S. No.	Tender Reference	Reference	Amendments
3.	SECTION 3, SELECTION OF AGENCY, Clause No 3.1, S. No. (4) Turnover, Page No. 28	<p><b>Basic Requirement:</b> Turnover</p> <p><b>Specific Requirements:</b> The Bidder(s) should have an annual financial turnover of INR 10 Crore (INR Ten Crore) in each of the last 03 (three) Financial Years i.e., 2019-20, 2020-21 &amp; 2021-22</p> <p><b>Documents required:</b> Certificate issued by a statutory auditor (as per Annexure-2) along with Audited Financial Statements confirming the average annual turnover of the Bidder during the stated Financial Years must be submitted</p> <p>Bidder can submit unaudited financial statements certified by a statutory auditor for Financial Year 2021-22 in case Audited Financial Statements are unavailable (In case of sole Bidder, it should be met by the sole Bidder itself, whereas in case of Consortium, the Lead member should fulfil the relevant criterion)</p>	<p><b>Amendment</b></p> <p><i>“Basic Requirement: Average Annual Turnover</i></p> <p><i>Specific Requirements: The Bidder (s) should have an average annual financial turnover of INR 05 (five) Crores in the last 03 (three) Financial Years i.e., 2019-20, 2020-21 &amp; 2021-22”</i></p> <p><b>Documents required:</b></p> <p><i>Certificate issued by a statutory auditor (as per Annexure-2) along with Audited Financial Statements confirming the average annual financial turnover of the Bidder during the stated Financial Years must be submitted. Bidder can submit unaudited financial statements certified by a statutory auditor for Financial Year 2021-22 in case Audited Financial Statements are unavailable</i></p> <p><i>(In case of sole Bidder, it should be met by the sole Bidder itself, whereas in case of Consortium, the Lead member should fulfil the relevant criterion)”</i></p>
4.	SECTION 3, SELECTION OF AGENCY, Page no. 28	<b>Added</b>	<p><b>Amendment</b></p> <p><i>“Note:</i></p> <p><i>(c) Demonstration of POCT</i></p> <p><i>(i) Every qualified Bidder after Technical Proposal evaluation, but prior to opening of Financial Proposals shall be required to give a technical presentation before the Evaluation Committee in terms of understanding of scope, approach and methodology, learning from previous sickle cell anaemia screening experience, management team, project implementation plan and IT system to be used etc. This shall also include showcasing the Proof of Concept (“PoC”) of the Point of Confirmatory Test (“POCT”) to be deployed by the qualified bidder and submission of the copy of the ICMR approval granted to the POCT. The PoC would be set-up in Bhopal for presentation purposes and the technically qualified bidders would be informed about the date, time and mode of presentation by NHM-MP. There shall be no relaxation provided with respect to timelines for setting up and demonstration of the POCT in Bhopal for NHM-MP</i></p> <p><i>(ii) The Proof of Concept (“PoC”) of the Point of Confirmatory Test (“POCT”) should be in terms of how it functions, its features, and ability to demonstrate whether the POCT can differentiate between Sickle Cell</i></p>

S. No.	Tender Reference	Reference	Amendments
			<p><i>Disease/ Sickle Cell Trait/Carrier/ Sickle Cell Negative. The qualified bidder(s), POCT shall be evaluated based on the parameters as mentioned in Clause 4.1.1, (A), 1 of the RFP. To be eligible for further evaluation under the Selection Process, the qualified Bidder(s) POCT, must successfully demonstrate capability of differentiating between disease/ trait/ carrier. In case, any of the bidder's POCT is unable to differentiate between the disease/ trail/ carrier state, such bidder's proposal shall be summarily rejected from further evaluation from the bid evaluation process”</i></p>
5.	SECTION 4, SCOPE OF WORK, Clause 4.1, Page no. 32	<p>The abovementioned services have to be provided for approximately 57,57,927 population (“<b>Target Population*</b>”) in the population across 89 (eighty-nine) blocks of Madhya Pradesh over a duration of 02 (two) years. Clusters, Districts and Blocks The mapped Districts and 89 Blocks with target population in each of them have been grouped into 02 (two) clusters as mentioned below for the purpose of this RFP document</p>	<p><b>Amendment</b></p> <p><i>“The abovementioned services have to be provided for approximately 78,87,674 population (“Target Population*”) in the population across 89 (eighty-nine) blocks of Madhya Pradesh over a duration of 02 (two) years. Clusters, Districts and Blocks The mapped Districts and 89 Blocks with target population in each of them have been grouped into 02 (two) clusters as mentioned in Annexure-I of this Corrigendum No. 03”</i></p>
6.	SECTION 4, SCOPE OF WORK, Clause 4.1.1 ‘Doorstep and Community Level Screening’, Page no. 33	<p>Doorstep and Community level screening shall be done for anemia, sickle cell anemia across the specified groups of population over the Contract Period. The screening shall be done for specified population groups as mentioned below:</p> <p>(1) Group 1: consists of all Scheduled Tribes young adult up to age of 25 years (2) Group 2: consists of all Scheduled Tribes pregnant women* (3) Group 3: consists of all family members of symptomatic patients</p> <p><i>*If a pregnant women found positive post confirmatory test, all her family members (both maternal and paternal) shall require to be screened by the Selected Agency</i></p>	<p><b>Amendment</b></p> <p><i>“Community level screening including conducting of Door to Door screening, screening/ awareness camps etc. shall be organized for sickle cell anemia across the specified groups of population over the Contract Period as mentioned below:</i></p> <p><i>Group 1: consists of all Scheduled Tribes all age group upto 40 years*</i> <i>Group 2: consists of all Scheduled Tribes pregnant women**</i> <i>Group 3: consists of all family members of symptomatic patients</i></p> <p><i>*The age group may be revised by NHM-MP as per requirement in future</i> <i>**If a pregnant women found positive post confirmatory test, all her family members (both maternal and paternal) shall be required to be screened by the Selected Agency”</i></p>
7.	SECTION 4, Clause 4.1.1 (A), (1) - Equipment/ Kits, Page no. 34	The Agency may use ICMR/ any other similar Government approved/ certified device/ equipment or Kit along with all the consumables for sickle cell anemia	<p><b>Amendment</b></p>

S. No.	Tender Reference	Reference	Amendments
		<p>screening, which preferably has the following below mentioned characteristics:</p> <ul style="list-style-type: none"> <li>— The equipment with accompanying consumables or the Kit shall be easy to use for on ground deployed technician for the purpose of screening;</li> <li>— Capable of differentiating between Trait and Disease;</li> <li>— Capable of Newborn Screening (Detection of HbF &amp; Hb Bart's);</li> <li>— High Sensitivity and Specificity parameters (sensitivity more than 95% and specificity more than 90%);</li> <li>— Capable of digitalizing confirmatory screening data and with Cloud Storage</li> </ul> <p>The Agency shall be responsible for the purchase and inventory management of screening testing kits including re-agents, consumables and equipment</p>	<p><i>“The Agency must use ICMR approved POCT for confirmatory test along with all the consumables for doorstep screening of Sickle Cell Anaemia, which is easy to use, and can differentiate between Sickle Cell Disease/ Sickle Cell Trait/ Normal. The POCT for confirmatory test may preferably be:</i></p> <ul style="list-style-type: none"> <li><i>— With High Sensitivity and Specificity parameters (sensitivity more than 95% and specificity more than 95%);</i></li> <li><i>— Capable of Newborn Screening;</i></li> <li><i>— Capable of digitalizing confirmatory screening data and should have feature of uploading the data on Cloud Storage</i></li> </ul> <p><i>The Agency shall be responsible for the purchase and inventory management of screening testing kits including re-agents, consumables and equipment</i></p> <p><i>The Agency may change the POCT confirmatory test during the Contract Period only after receiving prior approval from NHM-MP. Agency shall have to submit detailed reasoning and justification in writing for requesting such change to NHM-MP. The discretion to grant/ withhold approval shall vest solely with NHM-MP”</i></p>
8.	SECTION 4, Clause 4.1.3, Genetic Inheritance Predication Counselling Card Printing, Page no. 37	Therefore, post screening of members in the community from Stage 1; Genetic Counselling Cards will be issued to every screened member, irrespective of the screening test result (In case screening test is negative, on the card against diagnosis it will be mentioned that Screening test for HbS is negative	<p><b>Amendment</b></p> <p><i>“Therefore, post screening of members in the community Genetic Counselling Cards will be issued to every screened member, irrespective of the screening test result. (On the Card, the final test report of confirmatory test will be mentioned as Sickle Cell Disease/ Sickle Cell Trait/ Sickle Cell Carrier/ Sickle Cell Negative”</i></p>
9.	Section 7, Clause 7.15, SUB-CONTRACTING, Page no. 50	Sub-contracting of the Scope of Work or any part thereof shall not be allowed under this RFP/ Contract	<p><b>Amendment</b></p> <p><i>“The Selected Agency may subcontract a third party <u>for provisioning of the Human Resources only</u>, required for deployment for carrying out the envisaged services as mentioned under the Scope of Work section in the RFP/ Contract with the understanding that there shall be no diminution in the quality or level of the overall services expected from the Selected Agency and that the Selected Agency remains fully accountable towards NHM-MP in respect of the services subcontracted. The Selected Agency alone shall</i></p>



S. No.	Tender Reference	Reference	Amendments
			<i>bear all the cost of subcontracting of any such services. NHM-MP shall not entertain or owe responsibility for any obligations/ liabilities towards the third-party vendor contracted by Selected Agency for any other reasons whatsoever including release of payment, statutory dues etc.”</i>
10.	Section 8, Annexure 17, Page No. 94	<b>Revised</b>	<b>Amendment</b>  <i>“Blockwise Target Population enclosed as Annexure-I”</i>
11.	Section 7, Annexure 20, OEM Authorization Form	<b>Added</b>	<b>Amendment</b>  <i>The Bidder’s shall provide a duly signed and stamped Original Manufacturer/ importer Authorization Form (as per Format attached as Annexure-II with this Corrigendum) for the POCT Confirmatory Test to be deployed by the Bidder, if selected under the Project; along with the Bidder’s Proposal submitted by the Proposal Due Date.</i>  <i>The designated officer of NHM-MP shall verify the details of Original Manufacturer/ importer Authorization Form submitted by the Selected Agency at the time of commencement of services and issue an inspection/ certification report post inspection regarding the deployment of the identified POCT Confirmatory Test”</i>

3. All changes/ modifications in Tender document as above are binding to all Bidder(s)
4. Other terms and conditions of the Tender document shall remain the same

**Mission Director**  
National Health Mission, Madhya Pradesh

**Prebid Query Responses under the Request for Proposal for Selection of an Agency for Conducting Doorstep Screening of Population by POC  
Confirmatory Testing for Sickle Cell Anaemia in 89 blocks of Madhya Pradesh for National Health Mission, Madhya Pradesh,  
Ref. No.: S. No. N.H.M./Store/2022/7531; Tender ID 2022\_DHS\_229764\_1  
(Prebid meeting – 07<sup>th</sup> November 2022, 03:00 PM via video conferencing)**

S. No.	Bidder's Name	RFP Reference	Clause Details	Queries with Justification	Response
1.	Neelam Traders	Section 2- INSTRUCTION TO THE BIDDERS, Clause No. 2.1.6 Consortium/ Joint Venture, Point- (d), Page No. 14	The Consortium members on whose strength a Bidder has been short-listed should have a substantial stake in the Project. The Consortium member, other than the Lead Member of the Consortium; whose technical and/or financial capacity is considered for the purpose of qualification and shortlisting herein; should hold at least 26% (twenty-six percent) of the paid up and subscribed equity in the Consortium for the entire duration of the Project.	We believe that the consortium stake should not be disclosed. This could restrict any changes and efficient working in the later course of the project. We recommend you delete it.	No change required
2.	Neelam Traders	Section 2- INSTRUCTION TO THE BIDDERS, Clause No 2.1.9 Conflict of Interest, Point-(a), Page No. 15	A Bidder may be considered to be in a Conflict of Interest with one or more Bidders in the same Selection Process under this RFP if they have a relationship with each other, directly or indirectly through a common company / entity, that puts them in a position to have access to information about or influence the Proposal of another Bidder;	(a) A Bidder may be considered to be in a Conflict of Interest with one or more Bidders in the same Selection Process under this RFP if they have a relationship with each other, directly, that puts them in a position to have access to information about or influence the Proposal of another Bidder; as two bidders can purchase POC Machine and Kit from the same OEM.	No change required  Please refer to Clause 2.1.5 and 2.1.6 of the RFP
3.	Neelam Traders	Section 2- INSTRUCTION TO THE BIDDERS, Clause No 2.1.9 Conflict of Interest, Point-(f), Page No. 16	such Bidder, or any Associate thereof, has a relationship with another Bidder, or any Associate thereof, directly or through common third party/ parties, that puts either or both	(f) such Bidder, or any Associate thereof, has a relationship with another Bidder, or any Associate thereof, directly, that puts either or both of them in a position to have access to each other's information about, or to	No change required



S. No.	Bidder's Name	RFP Reference	Clause Details	Queries with Justification	Response
			of them in a position to have access to each other's information about, or to influence the Proposal of either or each other;	influence the Proposal of either or each other; as two bidders can purchase POC Machine and Kit from the same OEM.	
4.	Neelam Traders	Section 3- SELECTION OF AGENCY, Clause No 3.1 Qualification Criteria, Point-(4) Turnover, Page No. 28	The Bidder(s) should have an annual financial turnover of INR 10 Crore (INR Ten Crore) in each of the last 03 (three) Financial Years i.e., 2019-20, 2020-21 & 2021-22	Recommendation - The Bidder(s) should have an average annual financial turnover of INR 5 crore (INR Five Crore) in the last 3 financial Years i.e., 2019-20, 2020-21 & 2021-22; this will help more prospective bidders to participate to make the bid more price competitive.	<p><b>Amendment</b></p> <p>“S. No. 07:  <b>Basic Requirement:</b> Average Annual Turnover  <b>Specific Requirements:</b> The Bidder (s) should have an average annual financial turnover of INR 05 (five) Crores in the last 03 (three) Financial Years i.e., 2019-20, 2020-21 &amp; 2021-22”  <b>Documents required:</b>  Certificate issued by a statutory auditor (as per Annexure-2) along with Audited Financial Statements confirming the average annual financial turnover of the Bidder during the stated Financial Years must be submitted”</p>
5.	Neelam Traders	SECTION 4-SCOPE OF WORK, Clause No 4.1.1 Doorstep and Community Level Screening, Point -(1), Page No. 33	(1) Group 1: consists of all Scheduled Tribes young adult up to age of 25 years	We recommend revising the groups, because this will leave a majority of population at risk, for example unmarried people above the age of 25	<p><b>Amendment</b></p> <p>“Community level screening including conducting of Door to Door screening, screening/ awareness camps etc. shall be organized for sickle cell anemia across the specified groups of population over the Contract Period as mentioned below:  Group 1: consists of all Scheduled Tribes all age group upto 40 years *  Group 2: consists of all Scheduled Tribes pregnant women**  Group 3: consists of all family members of symptomatic patients</p>

S. No.	Bidder's Name	RFP Reference	Clause Details	Queries with Justification	Response
					<p><i>*The age group may be revised by NHM-MP as per requirement in future</i></p> <p><i>**If a pregnant women found positive post confirmatory test, all her family members (both maternal and paternal) shall be required to be screened by the Selected Agency"</i></p>
6.	Neelam Traders	SECTION 4-SCOPE OF WORK, Clause No 4.1.3 Genetic Inheritance Predication Counselling Card Printing, Page No. 37	(In case screening test is negative, on the card against diagnosis it will be mentioned that Screening test for HbS is negative.)	Change: "In case the screening test is negative, on the card it will be mentioned that screening test for Sickle Cell Anaemia is negative." As POC directly is a confirmatory test and No HbS is conducted for screening.	<p><b>Amendment</b></p> <p><i>"Therefore, post screening of members in the community Genetic Counselling Cards will be issued to every screened member, irrespective of the screening test result. (On the Card, the final test report of confirmatory test will be mentioned as Sickle Cell Disease/ Sickle Cell Trait/ Sickle Cell Carrier/ Sickle Cell Negative"</i></p>
7.	HemexDx.	General		<ol style="list-style-type: none"> <li>1. What is the scope of Door-to-door screening? Qualitative/quantitative?</li> <li>2. What is the scope of Door-to-door screening? Will the testing happen at doorstep or in camps or will the sample be collected from the site and tested at the other? With the current POCTs for sickle cell also testing patients from door to door would be challenging unless the population is sensitized for it.</li> </ol>	Please refer to Clause 4.1.1 (A), (4), (i) of the RFP
8.	HemexDx.	General		Why is the beta-thalassemia test not part of the screening of the 89 blocks of MP? There are many compound heterozygous samples that might be missed if beta thalassemia testing is also not taken into consideration. With	No change required

S. No.	Bidder's Name	RFP Reference	Clause Details	Queries with Justification	Response
				Gazelle, in a single test both sickle and beta thalassemia can be detected.	
9.	HemexDx.	General		<p>The tender mentions ICMR approved/any government approved tests? What exactly does this include? Please clearly define are ICMR approved kits required or any kit will work.</p>	<p><b>Amendment</b></p> <p><i>“The Agency must use ICMR approved POCT for confirmatory test along with all the consumables for doorstep screening of Sickle Cell Anaemia, which is easy to use, and can differentiate between Sickle Cell Disease/ Sickle Cell Trait/ Normal. The POCT for confirmatory test may preferably be:</i></p> <ul style="list-style-type: none"> <li>— <i>With High Sensitivity and Specificity parameters (sensitivity more than 95% and specificity more than 95%);</i></li> <li>— <i>Capable of Newborn Screening;</i></li> <li>— <i>Capable of digitalizing confirmatory screening data and should have feature of uploading the data on Cloud Storage</i></li> </ul> <p><i>The Agency shall be responsible for the purchase and inventory management of screening testing kits including re-agents, consumables and equipment</i></p> <p><i>The Agency may change the POCT confirmatory test during the Contract Period only after receiving prior approval from NHM-MP. Agency shall have to submit detailed reasoning and justification in writing for requesting such change to NHM-MP. The discretion to grant/ withhold approval shall vest solely with NHM-MP”</i></p>

S. No.	Bidder's Name	RFP Reference	Clause Details	Queries with Justification	Response
10.	HemexDx.	General		The report sharing on the Government portal – is it automated or manual or will everything happen through the SMART app? Gazelle has its own cloud database system where reports can automatically get uploaded and synced with the government server without any manual intervention, hence zero transmission & recording error with no chance of manipulation	Please refer to Clause 4.1.1 (A), 4, (iii) and (iv) of the RFP
11.	HemexDx.	General		Why are the schools, colleges and mobile clinics not included for screening? This will cover a wider population. Moreover, through school and college screening, once a patient is detected with sickle trait or disease, his/her entire family can also be screened	The RFP envisages door-to-door screening of the specified population groups as mentioned in RFP (The age group may be revised by NHM-MP as per requirement in future). Confirmatory screening of family members of symptomatic patients is included in the Scope of Work under the RFP. Furthermore, if a pregnant women is found positive post confirmatory test, all her family members (both maternal and paternal) shall require to be screened by the Selected Agency  Also, please refer to the response in S. No. 05 above
12.	HemexDx.	General		Since it is a community screening, why not include screening at PHC, CHC and weekly bazaars as well?	Please refer to Clause 4.1.1 (A), (4), (i) of the RFP
13.	HemexDx.	General		Will there be a nodal officer for reporting at each district?	Please refer Clause 4.1.1 (A) (2), (v) of the RFP
14.	HemexDx.	General		Will authorization be required from the principal/parent company?	No change required
15.	HemexDx.	General		(1) Is HbF detection and quantification mandatory for newborn screening? Gazelle is	Please refer to response in S. No. 09 above

S. No.	Bidder's Name	RFP Reference	Clause Details	Queries with Justification	Response
				capable of detecting Hb F and Hb Bart's both. (2) Is Sickle cell Newborn Screening part of the screening?	
16.	HemexDx.	General		Does the agency have flexibility to change the testing kits/system in the middle of the screening program as this may lead to inconsistent results.	Please refer to response in S. No. 09 above
17.	HemexDx.	General		This screening project is aiming at sickle cell confirmation and quantification or just qualitative detection? Qualitative results will need reconfirmation with quantification to start patient treatment.	No change required
18.	Surgisol	Section 3- SELECTION OF AGENCY, Clause No 3.1 Qualification Criteria, Point-(4) Turnover, Page No. 28	The Bidder(s) should have an annual financial turnover of INR 10 Crore (INR Ten Crore) in each of the last 03 (three) Financial Years i.e., 2019-20, 2020-21 & 2021-22	Request you to decrease the average turnover of last three years to 5 cr. It will help more bidders to participate. Request you to include current year as well.	Please refer to the response in S. No. 04 above
19.	Surgisol	Section 2- INSTRUCTION TO THE BIDDERS, Clause No. 2.1.6 Consortium/ Joint Venture, Point-(d), Page No. 14	(d) The Consortium members on whose strength a Bidder has been short-listed should have a substantial stake in the Project. The Consortium member, other than the Lead Member of the Consortium; whose technical and/or financial capacity is considered for the purpose of qualification and shortlisting herein; should hold at least 26% (twenty-six percent) of the paid up and subscribed equity in the Consortium for the entire duration of the Project.	Recommendation- Stake or minimum holding capacity of any member should not be mentioned In the tender documents. It should be made personal to the members, by their own way of agreement	No change required

S. No.	Bidder's Name	RFP Reference	Clause Details	Queries with Justification	Response
20.	Surgisol	Section 7- GENERAL TERMS OF RFP, Clause No. 7.15, Page No. 50	Sub-contracting of the Scope of Work or any part thereof shall not be allowed under this RFP/ Contract.	Request you to allow this so that in later course, the project could be done efficiently.	<p><b>Amendment</b></p> <p><i>“The Selected Agency may subcontract a third party <u>for provisioning of the Human Resources only</u>, required for deployment for carrying out the envisaged services as mentioned under the Scope of Work section in the RFP/ Contract with the understanding that there shall be no diminution in the quality or level of the overall services expected from the Selected Agency and that the Selected Agency remains fully accountable towards NHM-MP in respect of the services subcontracted. The Selected Agency alone shall bear all the cost of subcontracting of any such services. NHM-MP shall not entertain or owe responsibility for any obligations/ liabilities towards the third-party vendor contracted by Selected Agency for any other reasons whatsoever including release of payment, statutory dues etc.”</i></p>
21.	Surgisol	Section 2- INSTRUCTION TO THE BIDDERS, Clause No 2.1.9 Conflict of Interest, Point-(a), Page No. 15	(a) A Bidder may be considered to be in a Conflict of Interest with one or more Bidders in the same Selection Process under this RFP if they have a relationship with each other, directly or indirectly through a common company / entity, that puts them in a position to have access to information about or influence the Proposal of another Bidder;	Any bidder can have a relationship through a common company somehow, but it doesn't mean they are using their relationship in regard to this tender. Request you to remove the clause 'through a common company'.	No change required



S. No.	Bidder's Name	RFP Reference	Clause Details	Queries with Justification	Response
22.	Surgisol	Section 4-SCOPE OF WORK, Clause No 4.1.1 Doorstep and Community Level Screening, Point- (1), Page No. 33	(1) Group 1: consists of all Scheduled Tribes young adult up to age of 25 years	A lot of population is being left behind untreated in this group	Please refer to the response in S. No. 05 above
23.	BIOMEDOMICS	Section 1. LETTER OF INVITATION, Clause No 1.1 Introduction	While carrying out the defined scope of work under the RFP, it is envisioned that screening the individuals, an estimated 80% of the target population will turn out to be normal while 20% would require a confirmatory diagnostic test.	What is the need for conducting confirmatory testing post POCT? POCTs have the ability to differentiate sickle cell trait and sickle cell disease with the accuracy comparable to that of HPLC. Conducting confirmatory testing will lead to wastage of resources	<b>Amendment</b> "This line stands deleted from the RFP henceforth"
24.	BIOMEDOMICS	Section 4. SCOPE OF WORK	General- Scope of Work	Counseling is the most critical tool in the management and control of sickle cell disease. The ability of POCTs to give results immediately provides a never-before opportunity to the state to provide counseling then and there, at the point of testing, to the citizens affected by the disease. Counseling should be included in the scope of the agency's work.	No change required
25.	BIOMEDOMICS	Section 4-SCOPE OF WORK, Clause No 4.1.1 Doorstep and Community Level Screening, S. No. A. Responsibility of the Agency, Point-(1) Equipment/ Kits: Page No. 33	Moreover, if the Agency requires to deploy an equipment/ device for conducting the doorstep POC confirmatory screenings, then the Agency shall have to provide all the information and documents such as make and model with serial number and relevant certification to the NHM Health dept. prior to commencement of services.	The tender envisages to utilize POCTs for the first time for sickle cell testing. However, (i) there's no requirement to provide any information on the POCTs an agency is going to use. (ii) there's no requirement for an authorization from the POCT supplier (iii) there's no requirement whether the agency has any experience using this POCTs or their ability to procure	(i) Please refer to Clause 4.1.1 (A) (1) of the RFP and Corrigendum No. 03, S. No. 04 & 09 (ii) Please refer to Corrigendum No. 03, S. No. 09 (iii) Please refer to Corrigendum no. 03, S. No. 02 & 04

S. No.	Bidder's Name	RFP Reference	Clause Details	Queries with Justification	Response
26.	BIOMEDOMICS	Section 4-SCOPE OF WORK, Clause No 4.1.1 Doorstep and Community Level Screening, S. No. A. Responsibility of the Agency, Point-(1) Equipment/ Kits: Page No. 34	<p>The Agency may use ICMR/ any other similar Government approved/ certified device/ equipment or Kit along with all the consumables for sickle cell anemia screening, which preferably has the following mentioned characteristics:</p> <ul style="list-style-type: none"> <li>— The equipment with accompanying consumables or the Kit shall be easy to use for on ground deployed technician for the purpose of screening;</li> <li>— Capable of differentiating between Trait and Disease;</li> <li>— Capable of Newborn Screening (Detection of HbF &amp; Hb Bart's);</li> <li>— High Sensitivity and Specificity parameters</li> </ul>	<p>(1) As per DO from AS &amp; MD NHM (MOHFW), reference Letter DO Z.28015/30/2022 BC/NHM-1(Part) Dated: 14<sup>th</sup> October 2022, only 2 POCTs are recommended by ICMR and NHM (Sickle Scan and Hemotype SC). Why are other POCTs considered?</p> <p>(2) The requirement specifications should be more specific to the above POCTs</p> <p>(3) Why is detection of HbF and Hb Barts a requirement. The requirement should specify instead that "the Kits should not interfere with HbF and Hb Barts." or similar</p> <p>(4) NHM MoHFW has developed a specific portal on which all data must be uploaded at the time of testing, what is the need for digitizing data by the test kits?</p>	Please refer to response in S. No. 09 above
27.	BIOMEDOMICS	Section 3- SELECTION OF AGENCY, Clause No 3.1 Qualification Criteria, Point-(3) Screening, Sample Collection and pathology Testing Experience, Page No. 28	The Bidder(s) should have an experience of conducting screening/ sample collection/ pathology testing for a minimum cumulative of 2,00,000 (two lakh) population across healthcare domain in the last 05 (five) Financial Years (i.e., 2017-18, 2018-19, 2019-20, 2020-21 & 2021-22) and also up to 31st October 2022	There's no requirement for sickle cell disease specific experience in the tender. An agency should have some experience (at least 25% of cumulative testing experience). Considering the sensitive nature of the disease, this should be a mandatory requirement	No change required
28.	Saiashish Healthcare Management Pvt. Ltd.	Section 3- SELECTION OF AGENCY, Clause No 3.1 Qualification	The Bidder(s) should have an annual financial turnover of INR 10 Crore (INR Ten Crore) in each of the last 03 (three)	Turnover should be relaxed to 4 crores instead of 10 crores.	Please refer to the response in S. No. 04 above

S. No.	Bidder's Name	RFP Reference	Clause Details	Queries with Justification	Response
		Criteria, Point-(4) Turnover, Page No. 28	Financial Years i.e., 2019-20, 2020-21 & 2021-22		
29.	Saiashish Healthcare Management Pvt. Ltd.	Section 3- SELECTION OF AGENCY, Clause No 3.1 Qualification Criteria, Point-(4) Turnover, Page No. 28	The Bidder(s) should have an annual financial turnover of INR 10 Crore (INR Ten Crore) in each of the last 03 (three) Financial Years i.e., 2019-20, 2020-21 & 2021-22  In case of sole Bidder, it should be met by the sole Bidder itself, whereas in case of Consortium, <b>the Lead member</b> should fulfil the relevant criterion	Any of the consortium partner's turnover should be considered.	Please refer to the response in S. No. 04 above
30.	Saiashish Healthcare Management Pvt. Ltd.	Section 3- SELECTION OF AGENCY, Clause No 3.1 Qualification Criteria, Point-(4) Turnover, Page No. 28	The Bidder(s) should have an annual financial turnover of INR 10 Crore (INR Ten Crore) in each of the last 03 (three) Financial Years i.e., 2019-20, 2020-21 & 2021-22	Kindly clarify the turnover should be derived from the healthcare domain or it is acceptable to have it derived from other domains.	Please refer to the response in S. No. 04 above
31.	Saiashish Healthcare Management Pvt. Ltd.	Section 3- SELECTION OF AGENCY, Clause No 3.1 Qualification Criteria, Point-(4) Turnover, Page No. 28	The Bidder(s) should have an annual financial turnover of INR 10 Crore (INR Ten Crore) in each of the last 03 (three) Financial Years i.e., 2019-20, 2020-21 & 2021-22	In the section specific requirements, the term "annual financial turnover" is used while in documents required section "average annual turnover" term is written, it should be corrected in specific requirements section as average annual turnover.	Please refer to the response in S. No. 04 above
32.	Saiashish Healthcare Management Pvt. Ltd.	Section 4-SCOPE OF WORK, Clause No 4.1.1 Doorstep and Community Level Screening, S. No. A. Responsibility of the Agency, Point-(1) Equipment/ Kits: Page No. 34	The Agency may use ICMR/ any other similar Government approved/ certified device/ equipment or Kit along with all the consumables for sickle cell anemia screening,	Kindly share the details of device/equipment or kit approved/certified by the ICMR or other similar agency. Is there any research evidence available for its accuracy, if yes kindly share it too.	Please refer to the response in S. No. 09 above

S. No.	Bidder's Name	RFP Reference	Clause Details	Queries with Justification	Response
33.	Careability Healthcare	Clause 4.1.1.A.1 Responsibility of Agency Page 34	<p>The Agency may use ICMR/ any other similar Government approved/ certified device/ equipment or Kit along with all the consumables for sickle cell anemia screening, which preferably has the following below mentioned characteristics:</p> <ul style="list-style-type: none"> <li>— The equipment with accompanying consumables or the Kit shall be easy to use for on ground deployed technician for the purpose of screening;</li> <li>— Capable of differentiating between Trait and Disease;</li> <li>— Capable of Newborn Screening (Detection of HbF &amp; Hb Bart's);</li> <li>— High Sensitivity and Specificity parameters (sensitivity more than 95% and specificity more than 90%);</li> <li>— Capable of digitalizing confirmatory screening data and with Cloud Storage</li> </ul>	<ol style="list-style-type: none"> <li>(1) Why are other institutional approvals considered when NHM recommends only ICMR approved two POCTs ( Reference: D.O letter dated 14.10.2022 from AS &amp; MD for initiating tendering process )</li> <li>(2) In order to ensure Correct and specific tests the requirement specifications should be mandatory for test kits rather than preferable.</li> <li>(3) Capable of Newborn Screening ( Detect HbF and HbF Bart) - Rather than detect HbF /HbF Bart, the kit should be Non-interfering with HbF / HbBart for Newborn screening otherwise no POCT will be applicable.</li> <li>(4) Capable of Digital Confirmatory Screening Data with cloud storage: Since Govt is already asking the data to be entered into their portal / cloud data, the test does not need have capability to digitalizing data and cloud storage</li> </ol>	Please refer to response in S. no. 09 above
34.	Careability Healthcare	Clause 4.1.1.A.1 Responsibility of Agency	Door to Door POCT	The tender warrants the agency to conduct door to door screening and upload data in a very short span of time in tribal areas. However, the specification of tests is vague and mentions equipment can be used. Would authority check the feasibility of using the test before approval of usage.	<p><b>Amendment</b></p> <p><i>Note:</i></p> <p><b>(c) Demonstration of POCT</b></p> <p><i>(i) Every qualified Bidder after Technical Proposal evaluation, but prior to opening of Financial Proposals shall be required to give a technical presentation before the Evaluation</i></p>

S. No.	Bidder's Name	RFP Reference	Clause Details	Queries with Justification	Response
					<p><i>Committee in terms of understanding of scope, approach and methodology, learning from previous sickle cell anaemia screening experience, management team, project implementation plan and IT system to be used etc. This shall also include showcasing the Proof of Concept ("PoC") of the Point of Confirmatory Test ("POCT") to be deployed by the qualified bidder and submission of the copy of the ICMR approval granted to the POCT. The PoC would be set-up in Bhopal for presentation purposes and the technically qualified bidders would be informed about the date, time and mode of presentation by NHM-MP. There shall be no relaxation provided with respect to timelines for setting up and demonstration of the POCT in Bhopal for NHM-MP</i></p> <p><i>(ii) The Proof of Concept ("PoC") of the Point of Confirmatory Test ("POCT") should be in terms of how it functions, its features, and ability to demonstrate whether the POCT can differentiate between Sickle Cell Disease/ Sickle Cell Trait/Carrier/ Sickle Cell Negative. The qualified bidder(s), POCT shall be evaluated based on the parameters as mentioned in Clause 4.1.1, (A), 1 of the RFP. To be eligible for further evaluation under the Selection Process, the qualified Bidder(s) POCT, must successfully demonstrate capability of differentiating between disease/ trait/</i></p>

S. No.	Bidder's Name	RFP Reference	Clause Details	Queries with Justification	Response
					<i>carrier. In case, any of the bidder's POCT is unable to differentiate between the disease/ trail/ carrier state, such bidder's proposal shall be summarily rejected from further evaluation from the bid evaluation process"</i>
35.	Careability Healthcare	Cause Introduction Page 10	1.1 While carrying out the defined scope of work under the RFP, it is envisioned that screening the individuals, an estimated 80% of the target population will turn out to be normal while 20% would require a confirmatory diagnostic test.	What is the rationale of 20% positive needs to be confirmed as POCT is already confirmatory test	Please refer to the response in S. No. 23 above
36.	Careability Healthcare	Clause Responsibility Agency Page 33	4.1.1.A.1 of Moreover, if the Agency requires to deploy an equipment/ device for conducting the doorstep POC confirmatory screenings, then the Agency shall have to provide all the information and documents such as make and model with serial number and relevant certification to the NHM Health dept.	(1) Can the agency use multiple tests as per their choice which fulfill during the project ? - This large quantity may not be supplied by one single company (2) Does the agency need to put in Tender which test they are going to do? (3) Do we need to give the technical demo of tests to be used before awarding the tender? (4) Does the agency need to obtain authorization from the Kit's supplier ? (5) Do we need to use only 2 of the approved POCT by MoHFW or we can use other tests as well?	(1) Please refer to the response in S. No. 16 above (2) Please refer to the Corrigendum no. 03, S. No. 04 & 09 (3) Please refer to the response in S. No. 34 above (4) Please refer to the Corrigendum no. 03, S. No. 09 (5) Please refer to the response in S. 09 above
37.	Srotas Healthcare Pvt. Ltd.	4.1.1: Doorstep and Community Screening Responsibility Agency	Level A. of Technical Specification of the Kits/Equipment	As per DO Ref. No. Z.28015/30/2022-BC/NHM-1(Part) Dated: 14 <sup>th</sup> October 2022, only 2 POCTs namely Sickle Scan and Hemotype SC are recommended. Is	Please refer to the response in S. No. 09 above



S. No.	Bidder's Name	RFP Reference	Clause Details	Queries with Justification	Response
		(1) Equipment/Kits Page 34		the agency required to procure only one of these kits? As per the technical requirements of the kits, there are other sickle cell kits that qualify the criteria, which are not covered under the aforementioned guidance from MoHFW. We request this important clarification	
38.	Srotas Healthcare Pvt. Ltd.	4.1.1: Doorstep and Community Level Screening A. Responsibility of Agency (1) Equipment/Kits Page 34	Technical Specification of the Kits/Equipment	During the Pre-Bid meeting held on 7th Nov, the committee chair had specified that no kits requiring an additional equipment for the conduct of tests shall be permitted to be used for door-to-door screening. Will the technical criteria be revised to include this specification "The kits shall not use any additional equipment" or as the committee deems appropriate	No change required
39.	Srotas Healthcare Pvt. Ltd.	Clause 4.1.1: Doorstep and Community Level Screening A. Responsibility of Agency Page 33	POCT kit approval from NHM-MP	Is the agency required to provide a technical demonstration of the POCT kit it will be using prior to the commencement of services or award of contract? If a POCT is rejected during the technical demonstration, what happens then?	Please refer to response in S. No. 34 above
40.	Srotas Healthcare Pvt. Ltd.	Clause 4.1.1: Doorstep and Community Level Screening A. Responsibility of Agency Page 33	POCT kit approval from NHM-MP	If the agency is unable to procure the POCT kits that were approved prior to commencement of services, is the agency allowed to switch to a different POCT kit during the course of the contract?	Please refer to response in S. No. 16 above

**ANNEXURE-I: BLOCKWISE TARGET POPULATION**

**Total Target population of adults up to age of 40 years & estimated pregnant women:**

District	Block	Block Name	Estimated Population up to Age of 40 Years	Pregnant Women
<b>CLUSTER 1</b>				
<b>Alirajpur</b>	1	Alirajpur	1,14,761	4,499
	2	Bhavra	71,519	2,569
	3	Jobat	82,727	3,036
	4	Kattiwada	84,550	3,134
	5	Sondwa	1,53,958	5,176
	6	Udaigarh	74,839	2,436
		<b>Total</b>	<b>5,82,353</b>	<b>20,850</b>
<b>Barwani</b>	1	Barwani	1,02,639	8,568
	2	Niwali	90,984	4,544
	3	Pansemal	97,529	6,403
	4	Pati	1,26,084	6,560
	5	Rajpur	1,33,401	8,642
	6	Sendhwa	2,50,330	14,599
	7	Thikri	55,448	6,817
		<b>Total</b>	<b>8,56,415</b>	<b>56,133</b>
<b>Burhanpur</b>	1	Khaknar		7,508
<b>Dhar</b>	1	Bagh	1,02,510	3,862
	2	Bankaner (Umarvan)	94,205	4,120
	3	Dahi	84,967	3,320
	4	Dhar	15,264	10,758
	5	Dharamपुरi	71,967	5,605
	6	Gandhwani	1,30,839	4,712
	7	Kukshi	63,734	3,324
	8	Manawar	79,300	5,191
	9	Nalchha	72,064	4,233
	10	Nisarpur	40,236	2,594
	11	Sardarpur	1,60,719	9,021
	12	Tirla	68,429	2,839
		<b>Total</b>	<b>9,84,234</b>	<b>59,579</b>
<b>Jhabua</b>	1	Jhabua	1,37,995	5,802
	2	Meghnagar	1,42,874	5,376
	3	Petlawad	1,68,091	7,374
	4	Rama	1,14,657	4,223
	5	Ranapur	90,722	3,547
	6	Thandla	1,46,413	5,698
		<b>Total</b>	<b>8,00,752</b>	<b>32,020</b>
<b>Khandwa (East Nimar)</b>	1	Khalwa	<b>1,42,207</b>	6,846
<b>Khargone (West Nimar)</b>	1	Bhagwanpura	1,55,372	6,329
	2	Bhikangaon	79,079	6,318

District	Block	Block Name	Estimated Population up to Age of 40 Years	Pregnant Women
	3	Gogaon	29,830	4,029
	4	Jhiranya	1,49,561	6,634
	5	Khargone	24,869	8,168
	6	Maheshwar	52,365	7,716
	7	Segaon	58,814	2,695
		<b>Total</b>	<b>5,49,891</b>	<b>41,889</b>
<b>Ratlam</b>	1	Bajna	1,42,560	6,396
	2	Sailana	1,00,441	5,129
		<b>Total</b>	<b>2,43,001</b>	<b>11,525</b>
<b>CLUSTER - 2</b>				
<b>Anuppur</b>	1	Anuppur	47,358	4,697
	2	Jaithari	80,332	2,999
	3	Kotma	21,424	6,174
	4	Pushparajgarh	1,59,966	7,047
		<b>Total</b>	<b>3,09,079</b>	<b>20,917</b>
<b>Balaghat</b>	1	Baihar	66,116	4,412
	2	Birsa	64,148	3,260
	3	Paraswada	52,198	2,748
		<b>Total</b>	<b>1,82,461</b>	<b>10,420</b>
<b>Betul</b>	1	Athner	46,593	2,978
	2	Betul	63,642	7,627
	3	Bhainsdehi	71,070	3,894
	4	Bhimpura	1,19,361	4,293
	5	Chicholi	51,142	2,412
	6	Ghoda Dongari	83,438	6,410
	7	Shahpur	69,514	3,194
		<b>Total</b>	<b>5,04,761</b>	<b>30,808</b>
<b>Chhindwara</b>	1	Bichhua	45,205	2,368
	2	Harrai	93,252	3,701
	3	Jamai(Junnardeo)	1,05,882	6,601
	4	Tamia	82,634	3,105
		<b>Total</b>	<b>3,26,973</b>	<b>15,775</b>
<b>Dindori</b>	1	Amarpur	46,318	2,709
	2	Bajang	51,132	3,102
	3	Dindori	73,640	5,578
	4	Karanjiya	59,604	3,176
	5	Menhadwani	58,574	3,024
	6	Samnapur	50,633	3,170
	7	Shahpura	74,437	4,901
		<b>Total</b>	<b>4,14,340</b>	<b>25,660</b>
<b>Hoshangabad</b>	1	Kesala		5,961
<b>Mandla</b>	1	Bichhiya	76,988	4,846
	2	Bijadandi	57,489	2,302
	3	Ghughari	65,581	2,869
	4	Mandla	72,658	6,564
	5	Mawai	68,497	3,033
	6	Mohgaon	45,842	2,380

District	Block	Block Name	Estimated Population up to Age of 40 Years	Pregnant Women
	7	Nainpur	67,628	4,619
	8	Narayanganj	55,649	2,624
	9	Niwas	39,674	2,139
		<b>Total</b>	<b>5,50,005</b>	<b>31,376</b>
<b>Seoni</b>	1	Chhapara	53,659	3,764
	2	Dhanora	45,511	2,614
	3	Kahnapas (Ghansaur)	80,566	4,433
	4	Kurai	52,753	3,650
	5	Lakhnadon	92,143	6,382
		<b>Total</b>	<b>3,24,633</b>	<b>20,843</b>
<b>Shahdol</b>	1	Burhar	97,954	7,497
	2	Jaisinghnagar	87,255	6,173
	3	Pali No.1 (Gohparu)	62,178	3,603
	4	Sohagpur	92,343	8,108
		<b>Total</b>	<b>3,39,730</b>	<b>25,381</b>
<b>Sidhi</b>	1	Kusmi	45,786	2,664
<b>Sheopur</b>	1	Karahal	76,039	3,770
<b>Umaria</b>	1	Pali No.2	52,657	3,642
		<b>Grand Total</b>	<b>74,54,107</b>	<b>433,567</b>

**ANNEXURE-II**

**ORIGINAL MANUFACTURER/ IMPORTER AUTHORISATION FORM (OMAF)**

*(To be submitted on the letterhead of the Original manufacturer/ importer)*

To,

Mission Director,  
National Health Mission - Madhya Pradesh (NHM-MP)  
Link Road No.03, In front of Patrakar Colony,  
Bhopal 462003 Madhya Pradesh

**Sub: RFP Ref. No. S. No. N.H.M./Store/2022/ 7531 dated 01<sup>st</sup> November 2022 for “Request for Proposal for Selection of an Agency for Conducting Doorstep Screening of Population by POC Confirmatory Testing for Sickle Cell Anaemia in 89 blocks of M.P.”**

Dear Sir/Madam,

We, \_\_\_\_\_ *(insert name of the Original manufacturer/ importer)*\_\_\_\_\_, hereby confirm and declare that:

1. M/s. \_\_\_\_\_ *(insert name and address of authorized dealer/agent)*  
\_\_\_\_\_ is our authorized dealer/agent for \_\_\_\_\_
  
2. M/s. \_\_\_\_\_ *(insert name and address of authorized dealer/agent)*  
\_\_\_\_\_ have fully trained and experienced service personnel to provide the said services.

Yours sincerely,

Authorized Signature

*[In full and initials with Seal]:*

Name and Title of Signatory:

Name of Original Manufacturer's/ importer's *(Firm/ Organization's name)*:

Address:

Telephone:

Email:

**Note:**

1. This letter of authorization should be on the letterhead of the manufacturing firm and should be signed by a Senior Executive of the manufacturing/ importer firm
2. Original letter shall be submitted with the Bidder's Proposal by the Proposal Due Date