



INDIAN OIL CORPORATION LIMITED

INDIANOIL INSTITUTE OF PETROLEUM MANAGEMENT

Gurugram

Document No.:

PART – I

(TECHNO-COMMERCIAL PART)

FOR

“Hiring of services of Doctor at liPM”

Issue to

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“Hiring of services of Doctor at liPM”

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Letter Inviting Bid Document from Doctors

Vendor No.: M/S	Document No.: IIPMSS-----
Tel No. Tel No. Fax	

Subject: Hiring of services of Doctor at liPM

Dear Sirs,

The fee for this set of Document documents comprising of this letter inviting Document and its enclosures is **Nil**.

This Document is issued to you.

This document consists of ____ (____ only) pages and two booklets in Techno-commercial part and __ (____ only) pages in price part.

Yours faithfully,
For & on behalf of IOCL, liPM



Chief Manager (A&W)

General Instructions

1. Applications are invited in the prescribed format from interested Doctor as per the terms and conditions mentioned in the Bid documents along with copy of the related documents, duly self-attested with stamp.
2. Attested Documents to be submitted:-
 - a. 10th certificate/Marksheet (or PAN card/Passport/ Driving License/ Voter ID card) indicating date of birth.
 - b. MBBS degree from recognized University
 - c. Post-graduation degree in MD (Medicine) from recognized University.
 - d. Registration as a Doctor from Medical Council of India/state.
 - e. Aadhar Card
 - f. PAN Card
 - g. Cancelled cheque
 - h. GST registration (If applicable)
3. Experience shall be counted from the date of registration as medical practitioner or from the date of completing the Post-Graduation whichever is later.
4. A separate sealed cover in the prescribed format Part-II (Price Bid) quoting the per day remuneration expected should also be submitted by the applicants at the time of interview.
5. Original documents of qualifications, experience etc. shall be produce at the time of interview.

Evaluation criteria:

6. The nominated committee would interview the candidates and award marks as per a set of specified parameters and weightage, as under :

Total marks: 100

(a) Technical criteria : 70 Marks

(b) Financial Criteria (price quote) : 30 Marks

Technical Criteria:

Qualification marks:

MBBS, MD (Medicine) :40 (Maximum marks)

Experience: 10-15 years :10

More than 15 -20 years :15

More than 20 years : 20 (Maximum marks)

Technical Interview marks :10 (Maximum marks)

Total :70

Financial Criteria: 30 marks

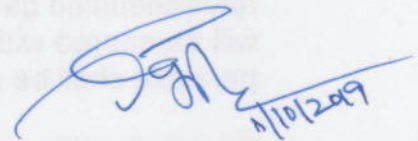
Lowest Price bid will be awarded 30 full marks and the balance price bids will be awarded proportionally reduced marks.

The final marks would be total of the marks under technical criteria (Max. =70 marks) plus Financial criteria (Max=30 marks).

7. The minimum criteria for opening of price bid is 55 Marks out of 70. Price bids shall be opened for qualified candidates only.

Yours faithfully,

For & on behalf of IOCL, liPM



Chief Manager (A&W)

Special Terms and Conditions

1. Doctor shall visit liPM Campus at 83, Institutional Area, Sector-18, Gurugram - 122001 for Indian oil employees and render medical services for one hour from Monday to Friday except declared holiday. The specified days and timings are subject to change as per liPM's requirements from time to time without making any alterations in the periodicity.
2. Working Days and Timings

Sl.No.	Day	Timings
1	Monday to Friday	1.30 PM TO 2.30 PM
3. Doctor shall give prior intimation to liPM's authorized representative (presently Chief Manager (A&W) at least two hours in advance through email of Officer Incharge and Manager (A&W) in case he/she is unable to visit liPM campus on any scheduled day, due to emergency elsewhere. Accordingly, the information will be shared with all concerned. Non intimation attract penalty of Rs. 1000/- per case shall be deducted from the monthly bill.
4. Doctor shall be available for consultation/advice/ treatment in liPM Campus to the employees and families of liPM, CO (IS) , Training Participants to meet emergencies/ to visit any sick inmate of the hostel, as & when required, on no charge basis.
5. The total visiting Fee to include Conveyance Charges for visiting at liPM .
6. The rates stated in the Schedule of Rates shall not be subject to escalation or increase on any account whatsoever, other than new taxes, duties, levies etc imposed by Central or State Government subsequent to submission of the bid.
7. Stethoscope and blood pressure measuring instrument shall be supplied by liPM for use during the contract.
8. The contract would be for a period of 24 months from the date of issue of LOA.
9. GST, if applicable as per GST act up to contractual completion date, will be paid at the rates applicable to bidder for providing services under this contract against the invoice suitable for claiming input tax credit.
10. The engagement shall be entirely contractual and temporary in nature.
11. The doctor should be based in Delhi NCR

NAME & SIGNATURE OF DOCTOR

12.0 SUBMISSION OF DOCUMENT

Documents shall be submitted in two separate parts in the following manner. Part –I and Part-II (Price bid) separate sealed envelope shall be submitted at the time of Interview.

(a) PART-I (TECHNO-COMMERCIAL PART ONLY)

NAME OF WORK: "Hiring of services of Doctor at IIPM"

DOCUMENT No. : IIPMSS-----

**ADDRESSED TO : Chief Manager (A&W)
Indian Oil Corporation Ltd., IIPM,
83 Institutional Area, Sector-18,
Gurugram-120 001, (Haryana).
Contact details:
Tel. : 0124 2342976**

FROM :

This part shall contain Original format duly filled in as required but without quoted Fees. All covering letters and information/documents as required shall be submitted. Except as provided below with reference to PART-II, this part shall contain all the documents required to be submitted with the Document.

NAME & SIGNATURE OF DOCTOR

(b) PART-II (PRICE BID ONLY)

(Separate sealed envelope)

NAME OF WORK: "Hiring of services of Doctor at IIPM"

DOCUMENT No. : IIPMSS-----

**ADDRESSED TO : Chief Manager (A&W)
Indian Oil Corporation Ltd., IIPM,
83 Institutional Area, Sector-18,
Gurugram-120 001, (Haryana).
Contact details:
Tel. : 0124 2342976**

FROM :

This part shall contain quoted fees duly filled in. It is to be noted that the sealed envelope containing this part shall contain only PRICE and no condition (i.e. deviations / assumption / stipulation / clarifications / comments / request) whatsoever. Any condition given in this part shall not be taken into account.

THE DOCUMENT OFFER / INFORMATION / DETAILS ETC. SUBMITTED BY THE DOCTOR MUST BE DULY SIGNED ON EACH PAGE WITH A STAMP OR NAME OF THE SIGNATORY.

NAME & SIGNATURE OF DOCTOR

FORMAT FOR ADVISE OF VENDOR DETAILS OF DOCTOR

(On the Letterhead of the Doctor)

To
Indian Oil Corporation Ltd - IIPM
83 Institutional Area, Sector 18,
GURUGRAM - 122001

Date:

Dear Sir,

With reference to the P.O/ W.O/ Contract Ref No _____ Dated _____ awarded to us by IOCL, we hereby give our consent to accept the related payments of our claims/bills on IOCL through Cheques or Internet based online E-payments system at the sole discretion of IOCL, Our Bank account details for the said purpose is as under:

Sr.	Particulars	Details
1	Name and address of the Beneficiary	
2	Account Number of Beneficiary	
3	Account Classification(CA/ CC-11 or 29) & SB-10 as per cheque leaf	
4	Name and address of the Bank Branch(Where payments are to be sent by IOC)	
5	Branch Name/Code	
6	The 9 digit MICR code of the Branch(as appearing on the MICR cheque)	
7	IFSC Code of the Bank Branch for RTGS mode	
8	IFSC Code of the Bank Branch for NEFT mode	
9	E mail ID of Beneficiary	
10	Any other Particulars (to be advised by Beneficiary for the E-payments purposes)	
11	Vendor Code (to be filled by IOC's Deptt only)	
12	PERMANENT ACCOUNT NUMBER	
13	MOBILE NUMBER(FIOR SMS ALERTS)	

A blank copy of a cancelled cheque/photocopy of a cancelled cheque relating to the above account Number for verifying the accuracy of the bank account details is enclosed.

A copy of PAN Card duly attested by authorized signatory for verifying the accuracy of the PAN is enclosed.

I/We hereby declare that the particulars given above are correct and complete.

Date:
Place:

Signature of Account Holder
with Company Stamp (if a Company)

Encl : one cheque/photocopy of cheque duly cancelled & copy of PAN card _____

*** We hereby confirm that the above bank account details of beneficiary are correct in all respects and the account of Beneficiary (IOCL Vendor) is maintained at our bank branch.

(Name of the Bank & Branch)
Authorised Signatory

*** Verification required only in case (a) vendors not providing a cancelled cheque leaf or if vendors name is not printed/appearing on the cancelled cheque leaf submitted to IOCL office
(b) Change in existing bank details.



IndianOil

**INDIAN OIL CORPORATION LTD.
(IIPM, GURGAON)**

Taxes and Duties format

NAME OF BIDDER: _____

VENDOR OFFER REF _____

Dated _____

Tender Reference No.:

The salient features of the offer are as below:

1. SPECIFY DESPATCH POINT	_____ _____						
2. GSTIN NO. OF DESPATCH POINT	_____						
3. SPECIFY INVOICING PLACE	_____ _____						
4. GSTIN NO. OF INVOICING PLACE	_____						
5. HSN CODE OF GOODS / SAC CODE FOR SITE WORK	<table border="0"> <tr> <td>Item Sr. No. of BoQ</td> <td>HSN Code for Goods / SAC</td> </tr> <tr> <td>for Site Work</td> <td></td> </tr> <tr> <td>1.</td> <td>_____</td> </tr> </table> <p>(add Lines if needed)</p>	Item Sr. No. of BoQ	HSN Code for Goods / SAC	for Site Work		1.	_____
Item Sr. No. of BoQ	HSN Code for Goods / SAC						
for Site Work							
1.	_____						
6. GST APPLICABLE ON QUOTED FOR DESTINATION PRICES <u>CGST plus SGST () / IGST ()</u> (✓) whichever is applicable	<table border="0"> <tr> <td>Item Sr. No. of BoQ</td> <td>GST (Extra)</td> </tr> <tr> <td>1.</td> <td>_____ %</td> </tr> </table> <p>(add Lines if needed)</p>	Item Sr. No. of BoQ	GST (Extra)	1.	_____ %		
Item Sr. No. of BoQ	GST (Extra)						
1.	_____ %						

SIGNATURE & DATE: _____

SEAL/STAMP:

<p>7. The Bidder shall submit credit note /adjustment in GST Invoice for Price Reduction Schedule (PRS), if applicable, on account of delay in delivery. This is with respect to cases wherein Bidder has not considered the applicable PRS in GST Invoice. Please confirm the same without any deviation.</p>	
<p>8. It's the obligation on the part of Bidder / Vendor / Contractor/ Consultant to discharge his liability by payment of GST to Government of India in cash OR utilisation of Input Tax credit in respect of such supply of services through GST Invoice under this Contract, so that Owner will avail Input Tax credit on such supply. In the event that the input tax credit of the GST charged by the Bidder / Vendor/Contractor / Consultant is denied by the tax authorities to Owner due to reasons attributable to Bidder / Vendor, Owner shall be entitled to recover such amount from the Bidder / Vendor/ Contractor / Consultant by way of adjustment from the next invoice or from Bank Guarantee. In addition to the amount of GST, Owner shall also be entitled to recover interest and penalty, in case same is imposed by the tax authorities on Owner. Please confirm the same without any deviation.</p>	

Note: Copy of GST registration certificate is also to be attached.

BIDDER'S SIGNATURE & DATE: _____

SEAL/STAMP:

Details of Doctor's Bio-data

- 1. Position applied : Visiting Doctor (Part time), IIPM, Gurugram, Haryana
- 2. Name :
- 3. Date of birth :
- 4. Gender :
- 5. Marital status :
- 6. Nationality :
- 7. Local Address :

8. Contact numbers: Landline: _____ Mobile- _____

9. E-mail ID: _____

10. Details of educational qualifications:

Qualification	Board/ University	Date of Passing	% Marks/Grade	Class/ Division
MBBS				
MD (Medicine)				

11. Details of experience:

Institution/ Hospital	Date (From)	Date (To)	No. of years
		Total	

12. Registration details as Doctor.

Registration no	Date of registration	State Medical Council

13. Aadhar No: _____

14. Pan card no: _____

DECLARATION

- (A) I/We have read the Conditions of Contract for appointment of Visiting Doctor at IIPM and agree to abide by all terms and conditions of same.
- (B) I/We here by state that nobody of my/our organization is/are a relative of any Director of Indian Oil Corporation Ltd. And also further state that no Director / Member of Indian Oil Corporation Ltd. Is / are a Director / Partner of my / our company / organization / partnership / proprietary concern in any way.
- (C) I hereby declare that all statements made and information furnished in this application are true and complete to the best of my knowledge and belief. I also declare that I have not concealed and material information which may debar my candidature for the position applied for. In the event of suppression or distortion of any fact or educational qualification, etc. made in my application form, I understand that I will be denied selection and if already selected to the said position in the Institute, and my services will be cancelled / terminated forthwith.

Signature of the Doctor

Name of the Doctor

Date:

Place:



INDIAN OIL CORPORATION LIMITED

INDIANOIL INSTITUTE OF PETROLEUM MANAGEMENT

Gurugram

Document No.: IIPMSS-----

PART -2

(PRICE- BID)

DOCUMENT

FOR

"Hiring of services of Doctor at IIPM"

Issue to M/s

PRICE -BID

Part - 2

**

*

"Hiring of services of Doctor at IIPM "

Tendor No. IIPMSS

Sl. No.	Item / Description	Unit	Quantity [Nos.] (A)	Rate per Unit [Rs.]		Total Amt. [Rs.] A X B = C	Total Amt. [Rs.] In Word
				In Figure	In Word		
1	Visiting charges of Doctor per day at IIPM, Gurgaon	Each	520				
2	GST (If applicable) _____%						
					Grand Total:		

Signature of Doctor:

Name of the Signatory:

Seal/Stamp of the Doctor:

Scope of work : "Hiring of services of Doctor at IIPM "

Time of completion : Time of completion this work shall be 24 (Twenty four) Month which shall be reckoned from the date of handling over the site.

Applicable Terms & Conditions :

- (i) The quoted rates should be firm and remain valid for at least One (1) month from the date of submitting the quotation. Once the order is placed, no escalation in rates will be accepted.
- (ii) In case of placement of order, above services, mentioned in the quotation format, Items to be supplied at the premises of Indian Oil Institute of Petroleum Management (IIPM), 83, Institutional Area, Sector - 18, Gurugram - 122 001.
- (iii) Rates for all the items and other required information are to be filled up in the quotation format. IIPM reserves the right for cancellation of a partially filled quotation without assigning any reason whatsoever.
- (iv) Payment will be released on monthly basis against bill / invoice within Fifteen (15) working days from the date of receipt of bill or completion mentioned jobs.
- (v) The signatory of this Quotation Format shall be either the proprietor or his / her authorised person. A letter with attestation of signature of such authorised person shall be required for the purpose.
- (vi) The evaluation of tender shall be done on overall basis.

Signature of Doctor:

Name of the Signatory:

Seal/Stamp of the Doctor: