



**INDIAN OIL CORPORATION LIMITED  
(REFINERIES DIVISION)**

**(EOI No. PDR/EOI/17-18/01)**

**REQUEST FOR EXPRESSION OF INTEREST  
(REOI)**

FOR

**Agency/ Implementation Partner for Management, operation  
and maintenance of Paradip Refinery Hospital of Indian Oil  
Corporation Ltd (IOCL) at Paradip (Odisha) for 05 (Five) years.**

**INDIAN OIL CORPORATION LTD.**

(REFINERIES DIVISION)

**PARADIP REFINERY**

**NAME OF WORK:** Agency/ Implementation Partner for Management, operation and maintenance of Paradip Refinery Hospital of Indian Oil Corporation Ltd (IOCL) at Paradip (Odisha) for 05 (Five) years.

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**INDIAN OIL CORPORATION LTD.**

(REFINERIES DIVISION)

**PARADIP REFINERY**

**Brief Details for Expression of interest (EOI)**

<b>Name of the Project</b>	Agency/ Implementation Partner for Management, operation and maintenance of Paradip Refinery Hospital of Indian Oil Corporation Ltd (IOCL) at Paradip (Odisha) for 05 (Five) years
<b>Name of Authority</b>	Paradip Refinery Indian Oil Corporation Ltd
<b>Download Start Date</b>	29.07.2017 (from 10:00 AM)
Pre EOI Meeting/ Site Visit	07.08.2017 (11:00 AM)
<b>Last date and time for submission</b>	11.08.2017 (Upto 5:00 PM)
<b>Demographic Population</b>	The above Hospital Services would cater the requirement of an approximate Demographic population of around 8000 Nos.
<b>Brief Scope of work</b>	<p>a) The hospital is required to provide services under Mutual Aid for neighbouring Industries in cases of emergency, Medical Camps under CSR, Special Services if required by District Administration.</p> <p>b) Wages – not under Min Wages act &amp; full timer – Annexure-A</p> <p>c) Consultancy Fee for Visiting Consultants- Annexure-B</p> <p>d) Manpower – Under Minimum wages Act – Annexure- C</p> <p>e) Provision for Outside lab Test.</p> <p>f) Maintaining all Statutory provisions related to Hospital Services.</p> <p>g) Vehicle hiring charges (04 Nos. of Ambulance &amp; vehicle for Hospital)</p> <p>h) Consumables for housekeeping, laundry and Hospital Canteen Services.</p> <p>i) Hospital Gas</p> <p>j) 24 x 7 Pharmacy</p> <p>k) 24 x 7 First Aid Centre at Refinery</p> <p>l) Occupational Health Centre</p> <p>m) 22 Bed Indoor facility</p> <p>n) Provision for Emergency Medicine (In addition to Pharmacy Shop)</p> <p>o) Hospital consumables requirement for Pathology Lab, X Ray etc for (In house Medical Test as per medical equipments provided by IOCL)</p> <p>p) Hospital Lien &amp; Clothing</p> <p>q) Repair &amp; Maintenance (AMC of equipment’s spare parts)</p> <p>r) Bio Administration Expenses</p> <p><b>Note: The above list is only indicative not exhaustive</b></p>
Similar job Nature	Management, Operation and maintenance of Hospital (Minimum 20 bedded)
Pre Qualification Criteria	Hospital/ Organization having 03 years experience of management, operation, running and maintenance of Hospital (Minimum 20 Bedded) and health care services, having full time doctors minimum 10 nos. in Permanent Roll with OPD & IPD, Pathology, Radiology with First Aid Centre

**Expression of Interest Doc**

	(FAC)/ casualty ward facilities for Public Sector undertaking, Government or for Private Organization. Satisfactory completion certificate of work order, MOU or MOC to be submitted as documentary evidence.
Format for application (technical)	Annexure-I
Format for application (commercial)	Annexure-II

Note: Bidders are requested to submit this document along with all relevant inputs as required in a sealed envelope on or before 11.08.2017 at the below mentioned address:

DGM (A&W, CSR)  
Paradip Refinery, Paradip,  
PO- Jhimani, Dist: Jagatsinghpur  
Odisha - 754141  
Tel No: 06722-252046/ 252045

Email ids: [samdarshibk@indianoil.in](mailto:samdarshibk@indianoil.in); [manjushree@indianoil.in](mailto:manjushree@indianoil.in)

If the bidders are having any queries, the same can be addressed at above referred contact details.

**Expression of Interest Doc**

**Establishment**

**Annexure-A**

Sl No.	Category of Man Power	No. Of Employee	Educational Qualification	Experience
1	GDMO (4FAC+5G.M.)	9	MBBS	1 Year
2	GDMO(OHC)	1	MBBS with AFIH Certificate	2 Years in OHC
3	Administrative head	1	MBA	03 years in hospital management
4	Medical Superintendent	1	MD /MS	03 years or more
5	DMS(ENT Spl.)	1	MD /MS	02 years or more
6	O& Gynaecologist	1	PG in O&G	02 years or more
7	Pediatric	1	PG in Pediatric	02 years or more
8	Medicine	1	MD	02 years or more
9	Anesthesist	1	PG in Anathesia	02 years or more
10	Surgeon	1	MS	02 years or more
11	Pathology	1	MD Pathology	02 years or more
12	Skin Specialist for Burn Ward	1	MD/MS in Skin & Dermology	02 years or more
13	OT Technician	1		
14	Matron	1		
15	HAO	1	Post Graduate	1 Year in hospital ADMN/coordinati on
16	Physiotherapist	1		01 Years
17	Ind. Hygienist	1		2 Years
18	Pharmacist(FAC)	4		2 Years
19	Accountant	1		2 Years

HOA= Hospital Administrative Officer, AFIH =Associate Fellow of Industrial Health

**VISITING CONSULTANT**

**Annexure-B**

	<b>Spl Consultant Visit(Part Time)</b>	<b>Educational Qualification</b>	<b>Experience</b>
1	Radiologist	MD in Radiology	02 years
2	Ophthalmologist	MD/MS in Ophthalmology	02 years
3	Orthopadic	MS in Orthopadic	02 years
4	Dental	BDS	02 years
6	Cardiologist	DM in Cardiology	02 years

**Persons covered under minimum wages act**

**Annexure -C**

<b>S.n.</b>		<b>No.</b>	<b>Category</b>	<b>Experience</b>
1	Nurses	10	Highly- skilled	2 years
2	Technician(LT)	2	Highly- skilled	2 years
3	Radiographer	1	Highly- skilled	2 years
4	Office Assistant	1	Highly- skilled	2 years
5	Receptionist	2	Highly- skilled	2 years
6	Driver(7 S+1 TAXI+1 ALS)	9	Semi-skilled	1 year
7	Cook for pantry services	2	Semi-skilled	
8	Attendant(OHC-1, EMERGENCY-3, OPD-2, PHYSIOTHERAPY-1)	7	Un-skilled	
9	Multitask Worker(House keeping)	15	Un- Skilled	

**Format to be filled by bidders with relevant data (Technical)****Basic Details:**

<b>Sl No.</b>	<b>Description</b>	<b>To be filled by Agency</b>
1	Name of the Applicant:	
2	Address of Hospital / Organization	
3	Registration/license no	
4	Complete Postal address with pin code	
5	Telephone	
6	Name of the authorized Signatory of the Application	
7	Mobile Number of the Authorized Signatory	
8	Email ID	

**Format to be filled by bidders**

	<b>A. Experience Details</b>	
1	Hospital / Organization having <b>03 years experience</b> of management, operation, running and maintenance of Hospital (Minimum <b>20 Bedded</b> ) and Health Care services, having full time doctors minimum 10 nos. in Permanent Roll with OPD & IPD, Pathology, Radiology with First Aid Centre (FAC) / causality ward facilities for Public Sector Undertaking, Government or for Private Organization  <b>Satisfactory completion certificate of Work order, MOU or MOC to be submitted as Documentary evidence.</b>	
	03 Years experience in last 5 years ( between 01.07.2012 to 30.06.2017)	Yes / no
	More than 03 Years experience	Yes / no
2	<b>Experience in running Occupational Health Centre ( OHC)</b>	
	01 year Experience of OHC	Yes / no
	More than 01 Year experience of OHC	Yes / no
3	<b>Community Outreach Activities</b>	
	(I) Experience of projects / managing Healthcare Services under CSR like Health Camp 01 year Experience	Yes / no
	(II) Experience of projects / managing Healthcare Services under CSR like Mobile Medical Unit More than 01 Year experience	Yes / no

**Expression of Interest Doc**

	(III) Experience of Maintaining Burn Ward. 01 year Experience	Yes / no
	(IV) Experience of operation and maintenance of Advance Life Saving Ambulance. 01 year Experience	Yes / no

**For all above, relevant documentary proof to be submitted.**

This is to certify that the information stated in this application is true. In case at any stage the same is found incorrect, then application will be cancelled / rejected by IOCL.

**Seal & Signature of Agency**

**DETAILS OF MAJOR WORK COMPLETED DURING LAST 5 YEARS**

BIDDER TO FURNISH INFORMATION AS PER THIS PROFORMA

Name of the Project	Details of Project	Client's Name & Address Name of Officer-in-Charge with Tel. No. Fax No. & E-mail	Type of Work performed	Total value of Work	Completed value of contract	Duration of Contract in Months		Work Start Date	Work Completion Date
						Schedule	Actual		
1	2	3	4	5	6	7	8	9	10

**Note: Bidder must submit copy of Work Order, completion certificate and other relevant document as a proof of above.**

**Seal & Signature of Agency**

**Annexure-II**

**Format to be filled by bidders with relevant data (Commercial)**

**Basic Details:**

Name of the Applicant:

**Format to be filled by bidders**

Sl. No.	Commercial criteria	Submitted (Yes or No)
1	Independent ESI Code	
2	Power of Attorney in favour of person who has signed the offer in stamp paper of appropriate value submitted.	
3	PF Code Allotment letter/ PF registration.	
4	Assessment Order or copy of Income Tax Returns (duly acknowledged by Income Tax Department) for last 3(three) financial years.	
5	Copy of PAN card and GSTIN Registration Certificate	
6	Certificate of Incorporation / Partnership deed / Proprietorship affidavit.	
7	Audited Balance Sheets / Profit and Loss Account Statement for the last 3 (Three) years.  Submitted for the years:  1. 2016 -2017 _____ 2. 2015 - 2016 _____ 3. 2014 - 2015 _____	

**Note: Bidder must submit copy of all relevant documents mentioned above as a proof.**

**Seal & Signature of Agency**