

FORMATS FOR THE SUBMITTING EOI APPLICATION

Development of Super Speciality Hospital at Kamrup District, Assam on PPP Basis

INSTRUCTION TO BIDDERS:

- a) Applicant is required to submit its typed/ printed Eol application in the given "Format for Eol Application"
- b) Details of project(s)/experience should be provided strictly in the "Format for Eol Application" along with supporting documents/ evidence for size of the project, facilities/components, organization's role (owner/developer/operator etc), photographs, accreditations, certifications etc.
- c) In case of consortium, letter(s) of association/ Memorandum of Understanding (MoU) signed by all members, specifying the Lead Member.
- d) Details of Contact person with address/contact details should be provided
- e) Certified copy of audited annual accounts and annual reports for the last three financial years ended on March 31, 2009, along with an Auditor's Certificate specifying Net Worth and Net Cash Accrual of the Applicant and explaining the methodology adopted for calculating such figures for relevant financial years
- f) No Applicant, applying individually or as a member of a Consortium/ JV, can be member of another Applicant/ Consortium
- g) The member of consortium shall form an appropriate **Special Purpose Vehicle (SPV)** to execute the project, if project is awarded to the consortium
- h) Each page of Eol Application shall be signed by the duly authorized Signatory of the Applicant (Lead Member in the case of Consortium) and shall be legally binding on all the members of the Consortium (**Annexure 2**)
- i) All witnesses and sureties shall be person of status and probity and their full names and addresses shall be stated below their signature. All signatures in the Application documents shall be dated.
- j) Power of Attorney to be provided by other members of a consortium, authorizing the Lead Member to acts, deeds and things as may be necessary in connection with the Consortium's Eol Application for the Project (**Annexure 3**)

Development of Super Speciality Hospital at Kamrup District, Assam on PPP Basis

Letter of Application

(To be submitted with EOI Application by Applicant (Lead Member in the case of Consortium))

Director of Health Services
Hengrabari
Guwahati – 781036
Assam
Tele-Fax: 0361-2261630

Sub: - **Submission of Expression of Interest (Eoi) For Development of Super Speciality Hospital at Kamrup District, Assam on PPP Basis**

Sir,

With reference to the above invitation for Expression of Interest (Eoi), we have examined and understood the instructions, terms and conditions provided in Invitation for Eoi. We hereby enclose our Eoi Application in the prescribed format as mentioned in Invitation for Eoi.

We confirm that we agree with the instructions, terms and conditions provided in Invitation for Eoi. The undersigned declares that the statements made and the information provided in the duly completed application are complete, true, and correct in very detail.

We also understand that Department of Health, Govt. of Assam is not bound to accept the offer either in part or in full. If the Department rejects the offer in full or in part, it may do so without assigning any reasons thereof.

Yours faithfully,
Authorized Signatory (of Lead Member in case of Consortium/JV)

(Name & Designation, seal of the firm)

Date:

Place:

Development of Super Speciality Hospital at Kamrup District, Assam on PPP Basis

A. GENERAL INFORMATION

1. NAME AND LEGAL STATUS OF APPLICANT:

Name of Applicant (Lead Member in the case of Consortium)	
Legal Status of Applicant (Natural Person/Company/Non-Profit Trust/ Society/Section 25 Company/ Any Other Specify)	

2. WHETHER APPLICANT IS SINGLE ENTITY / CONSORTIUM: Please Specify?

(In case of Consortium, letter(s) of association signed by all members, specifying the Lead Member)

3. CONTACT DETAILS OF APPLICANT (LEAD MEMBER IN CASE OF CONSORTIUM/JV):

Name of the Authorized Contact Person	
Postal Address	
Telephone Number(s)	
Mobile No.	
Fax No.	
Email ID	
Website	

4. NAME AND LEGAL STATUS OF OTHER MEMBERS (IN CASE OF CONSORTIUM/JV)

(To be filled by each member of the Consortium)

Name of Other Member (in the case of Consortium)	
Legal Status of Other Member (Natural Person/Company/Non-Profit Trust/ Society/Section 25 Company/ Any Other Specify)	

NOTE: No claims related to technical and financial capability etc. shall be solicited without sufficient documentary proof

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5. CONTACT DETAILS OF OTHER MEMBERS (IN CASE OF CONSORTIUM/JV):

(To be filled by each member of the Consortium)

Name of the Authorized Contact Person	
Postal Address	
Telephone Number(s)	
Mobile No.	
Fax No.	
Email ID	
Website	

6. ORGANIZATIONAL PROFILES:

(For each member of Consortium / JV)

7. CERTIFIED COPY OF CERTIFICATION OF REGISTRATION/ INCORPORATION:

(For each member of Consortium / JV)

8. BACKGROUND OF PROMOTERS:

(For each member of Consortium / JV)

9. MANAGEMENT STRUCTURE:

(For each member of Consortium / JV)

10. DETAILS OF THE NON REFUNDABLE DEMAND DRAFT OF RS. 500 (RUPEES FIVE HUNDRED ONLY)

Name of the Bank	Date & Demand Draft No.	In the Favour of
		"Director of Health of Services, Assam" payable at Guwahati

NOTE: No claims related to technical and financial capability etc. shall be solicited without sufficient documentary proof

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B. FINANCIAL CAPABILITY (of Applicant /Lead Member)

FINANCIAL CAPABILITY(FOR LAST 3 YEARS)	NET CASH ACCRUALS (IN RS. CRORE)			NET WORTH (IN RS. CRORE)
	2007-08	2008-09	2009-10	2009-10
Single Entity Applicant or the Lead Member of Consortium				
<p>PLEASE ENCLOSE Certified Copy of Audited Annual Accounts and Annual Reports for the last Three Financial Years ended on March 31, 2010, along with the Statutory Auditor's statement certifying the Net Worth & Net Cash Accrual of the applicant.</p> <p><u>Note:</u></p> <ul style="list-style-type: none"> • Applicant is required to provide Auditor's statement specify the methodology adopted for calculating the above for the relevant financial years. • Net Worth = (Subscribed and Paid-up Equity + Reserves) – (Revaluation reserves + miscellaneous expenditure not written off + reserves not available for distribution to equity shareholders) • Net Cash Accruals = Profit after Tax + Depreciation 				

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C. OVERVIEW OF TECHNICAL CAPABILITY

Name & Address/s of Hospital (s)	Role of Applicant/ Member of Consortium	Date of Start of Operation	Total Bed Capacity as on 31 st Jan 2010	Major Facilities Available	No. of Specialists (Fulltime)	Ancillary Clinical & Laboratory Services

Note:

- The Single Entity Applicant or any single member of the Consortium is required to qualify the Technical Capability specified in the Expression of Interest (Eoi) Notice.
- Role of Applicant or Member of Consortium could be that of owner, or BOT Concessionaire, or operator or any other capacity. Please specify.
- Submit Project(s)/Experience for providing details of each hospital along with supporting documents/ evidence for size of the project, facilities/components, organization's role (owner/developer/operator etc), photographs, accreditations, certifications etc.

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PROVIDE A ONE PAGE DESCRIPTION ON CURRENT ACTIVITIES INCLUDING EXPERIENCE AND CAPABILITIES IN MAJOR SUPER SPACIALITY SURGERY/PROCEDURES ETC.

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ANNEXURE 2: FORMAT FOR POWER OF ATTORNEY FOR SIGNING OF APPLICATION

Know all men by these presents, We..... (name of the firm and address of the registered office) do hereby irrevocably constitute, nominate, appoint and authorize Mr/ Ms (name), who is presently employed with us, the Single Entity Applicant / the Lead Member of our Consortium and holding the position of , as our true and lawful attorney (hereinafter referred to as the "Attorney") to do in our name and on our behalf, all such acts, deeds and things as are necessary or required in connection with or incidental to submission of our Expression of Interest (Eoi) for the **Development of Super Speciality Hospital** project proposed or being developed by the **Department of Health, Government of Assam (GoA)** (the "Authority") including but not limited to signing and submission of all applications, bids and other documents and writings, participate in Pre-Applications and other conferences and providing information/ responses to the Authority, representing us in all matters before the Authority, signing and execution of all contracts including the Concession Agreement and undertakings consequent to acceptance of our bid, and generally dealing with the Authority in all matters in connection with or relating to or arising out of our bid for the said Project and/ or upon award thereof to us and/or till the entering into of the Concession Agreement with the Authority.

AND we hereby agree to ratify and confirm and do hereby ratify and confirm all acts, deeds and things done or caused to be done by our said Attorney pursuant to and in exercise of the powers conferred by this Power of Attorney and that all acts, deeds and things done by our said Attorney in exercise of the powers hereby conferred shall and shall always be deemed to have been done by us.

IN WITNESS WHEREOF WE,, THE ABOVE NAMED PRINCIPAL HAVE EXECUTED THIS POWER OF ATTORNEY ON THIS DAY OF, 20.....

For
(Signature, name, designation and address)

Witnesses:

- 1.
- 2.

(Notarised)

Accepted

.....
(Signature) (Name, Title and Address of the Attorney)

NOTE: No claims related to technical and financial capability etc. shall be solicited without sufficient documentary proof

Development of Super Speciality Hospital at Kamrup District, Assam on PPP Basis

Notes:

- *To be executed by the Single Applicant or the Lead Member in case of a Consortium as the case may be.*
- *The mode of execution of the Power of Attorney should be in accordance with the procedure, if any, laid down by the applicable law and the charter documents of the executant(s) and when it is so required, the same should be under common seal affixed in accordance with the required procedure.*
- *Wherever required, the Applicant should submit for verification the extract of the charter documents and documents such as a board or shareholders' resolution/ power of attorney in favour of the person executing this Power of Attorney for the delegation of power hereunder on behalf of the Applicant.*

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ANNEXURE 3 : FORMAT FOR POWER OF ATTORNEY FOR LEAD MEMBER OF CONSORTIUM

Whereas the **Director of Health Services, Government of Assam (GoA)** (“the Authority”) has invited applications from interested parties for the **Development of Super Speciality Hospital** (the “Project”).

Whereas (*name of lead member*) and (*name of first and second member*) (collectively the “Consortium”) being Members of the Consortium are interested in bidding for the Project in accordance with the terms and conditions of the Expression of Interest document (EoI)

Whereas, it is necessary for the Members of the Consortium to designate one of them as the Lead Member with all necessary power and authority to do for and on behalf of the Consortium, all acts, deeds and things as may be necessary in connection with the Consortium’s bid for the Project and its execution.

NOW, THEREFORE, KNOW ALL MEN BY THESE PRESENTS

We, M/s (*name of first member*) having our registered office at, and M/s.(*name of second member*) having our registered office at, (hereinafter collectively referred to as the “Principals”) do hereby irrevocably designate, nominate, constitute, appoint and authorise M/s. (*name of lead member*) having its registered office at, being one of the Members of the Consortium, as the Lead Member and true and lawful attorney of the Consortium (hereinafter referred to as the “Attorney”). We hereby irrevocably authorize the Attorney (with power to sub-delegate) to conduct all business for and on behalf of the Consortium and any one of us during the bidding process and, in the event the Consortium is awarded the concession/contract, during the execution of the Project and in this regard, to do on our behalf and on behalf of the Consortium, all or any of such acts, deeds or things as are necessary or required or incidental to the pre-qualification of the Consortium and submission of its EoI Application for the Project, including but not limited to signing and submission of all applications, and other documents and writings, participate in bidders and other conferences, respond to queries, submit information/ documents, sign and execute contracts and undertakings consequent to acceptance of the bid of the Consortium and generally to represent the Consortium in all its dealings with the Authority, and/ or any other Government Agency or any person, in all matters in connection with or relating to or arising out of the Consortium’s bid for the Project and/ or upon award thereof till the Concession Agreement is entered into with the Authority.

AND hereby agree to ratify and confirm and do hereby ratify and confirm all acts, deeds and things done or caused to be done by our said Attorney pursuant to and in exercise

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of the powers conferred by this Power of Attorney and that all acts, deeds and things done by our said Attorney in exercise of the powers hereby conferred shall and shall always be deemed to have been done by us/ Consortium.

IN WITNESS WHEREOF WE THE PRINCIPALS ABOVE NAMED HAVE EXECUTED THIS POWER OF ATTORNEY ON THIS DAY OF, 20.....

For
(Signature)

.....
(Name & Title)

For
(Signature)

.....
(Name & Title)

Witnesses:

- 1.
- 2.

.....
(Executants)
(To be executed by all the Members of the Consortium)

Notes:

- *The mode of execution of the Power of Attorney should be in accordance with the procedure, if any, laid down by the applicable law and the charter documents of the executant (s) and when it is so required, the same should be under common seal affixed in accordance with the required procedure.*
- *Also, wherever required, the Applicant should submit for verification the extract of the charter documents and documents such as a board or shareholders' resolution/power of attorney in favour of the person executing this Power of Attorney for the delegation of power hereunder on behalf of the Applicant.*

NOTE: No claims related to technical and financial capability etc. shall be solicited without sufficient documentary proof