

Request for Proposal (RFP)

*for*

The deployment and maintenance

*of*

Queue Management System

*at*

Delhi State Cancer Institute

## Bid Detail Matrix

S.No.	Information Title	Particulars
1	Date and time of issue of this document	30 <sup>th</sup> August 2010
2	Last date and time of receipt of application for Tender	7 <sup>th</sup> September 2010 16 .00 Hrs.
3	Last date and time of acceptance of "Technical Queries"	10 <sup>th</sup> September 2010 16.00 Hrs
4	Officer to be contacted for "Technical Queries" (Between 11AM to 5PM, Monday to Friday)	Mr. Surinder Kapur, Consultant(IT) Phone: 011-22597495 Email: sk1950@gmail.com Address 2 <sup>nd</sup> Floor, Delhi State Cancer Institute, Delhi-110095.
5	Pre Bid Meeting and Demo	13 <sup>th</sup> September 2010 at 11 AM
6	Last date and time of Technical & Financial bid submission (in separate envelopes)	17 <sup>th</sup> September 2010 15 Hrs
7	Place for opening the "Submission of Bid Documents"	Office of the Chief Engineer, 2 <sup>nd</sup> Floor, Delhi State Cancer Institute, Delhi-110095
8	Date and time of opening the "Technical Bid"	20 <sup>th</sup> September 2010 16 Hrs
9	Place for opening the "Technical Bid"	Office of the Chief Engineer, 2 <sup>nd</sup> Floor, Delhi State Cancer Institute, Delhi-110095
10	Date and time of opening the "Financial Bid"	Will be intimated to the eligible bidders
11	Cost of RFP	There's no cost for RFP; the same can be downloaded from the DSCI & GNCTD websites.
12	Earnest money deposit	₹ 50,000.00 (Rupees Fifty Thousand Only) in the form of Demand Draft in favour of "DSCI" payable at "Delhi" to be submitted along with the "Technical Bid".
13	Security deposit and performance guarantee to be submitted by successful bidder	Performance guarantee of 5% of tender amount in the form of FDR or irrecoverable bank guarantee. Security deposit @ 5% of gross amount of bill shall be deducted, EMD amount will be adjusted therein
14	Place for opening the "Financial Bid"	Office of the Chief Engineer, 2 <sup>nd</sup> Floor, Delhi State Cancer Institute, Delhi-110095
15	Estimated Cost	Rs. 15 Lacs

*Note: - Technical and Financial bids will be opened in the presence of bidders.*

## 1. Purpose

Delhi State Cancer Institute (hereinafter referred to as the Hospital) with its office at Delhi proposes to implement “**Queue Management System**” at its premise.

The proposed “**Queue Management System**” should help in handling the patients in the Hospital in an orderly manner and facilitate in increasing the efficiency of the staff. In this regard Hospital is looking for selecting vendors for supply, installation, operation and maintenance of “**Queue Management System**”.

## 2. Process of Selection

- 2.1 The purpose of RFP is to invite proposals from qualified suppliers for supplying, installing, operation and maintaining “**Queue Management System**” at the Hospital as per the terms and conditions mentioned in this RFP.
- 2.2 Vendors shall be required to install the “**Queue Management System**” in the Hospital.
- 2.3 The selection of the vendors shall be done by the Director, DSCI.

## 3. Scope of Work

### Queue Management System

The system should be capable of managing the queues in the Hospital and to increase the efficiency of the officials by properly balancing the load between the counters/staff. It should help the Hospital in accomplishing the task without much disturbance.

The system should be capable of implementing the workflow as explained in **Annexure –C** and to provide all the functionalities mentioned therein.

### Generic Requirements

**Note: All requirements mentioned hereunder should be complied by the bidder.**

- The system should have all the functionalities as mentioned in Annexure-C. However, the system should be capable of being customized as per Hospital's requirement in future. Negotiations for additional customization (whenever required) will be held with the shortlisted vendor.
- Before live implementation of the system, **User Acceptance Test** (UAT) will be conducted, wherein all the functionalities will be required to be demonstrated by the shortlisted vendor. After getting User acceptance, the system will be audited by Hospital's appointed Software Audit firm/in house team. All audit points raised by the Software Auditor should be complied by the selected bidder without any extra charge and within the stipulated time frame decided between the Hospital and the vendor.
- The solution should have built in functionality to allow only authorized users to use the system.
- It shall be the responsibility of the empanelled vendor to resolve any issues related to way bill. In case of delay, penalty clause as major failure shall be applicable in such cases.

Detailed user requirements are enclosed in Annexure 'C'. Applicant should submit their response in the prescribed format, as per Annexure 'C' and an undertaking of compliance of requirements in Annexure-B,( Part-II of this document)

#### **4. Documentation**

Complete documentation of the system in hard and soft copy should be provided along with implementation of the software.

Documentation should include:

- Utilities and general software and hardware reference manuals.
- Operator Reference manuals for each operator task
- Error messages manuals.
- Documentation on troubleshooting.
- On line tutorials and help documentation.

#### **5. Training**

At the time of operationalization of the system, hand holding support (to the satisfaction of the Hospital) should be provided by the vendor to the Hospital officials. No charges shall be payable to the vendor for this hand holding support

#### **6. Audit**

Before live implementation of the system in the Hospital, it will be audited by Hospital's appointed Software Audit firm/in house team. All audit points raised by the Software Auditors should be complied by the selected bidder without any extra charge and within the stipulated time frame decided between the Hospital and the vendor.

#### **7. Cost of Bidding**

The bidder shall bear all the costs associated with the preparation and submission of bid and Hospital will in no case be responsible or liable for these costs regardless of the conduct or outcome of the bidding process.

#### **8. Bidding Document**

The bidder is expected to read carefully all instructions, forms, terms and conditions and technical specifications in the Bidding Document. Submission of a bid not in consonance with the Bidding Document in every respect will be at the bidder's risk and may result in the rejection of its bid without any further reference to the bidder. The bidder shall apprise himself with the site conditions and deemed to have quoted accordingly.

## **9. Amendments to Bidding Document**

At any time prior to the last Date and Time for submission of bids, the Hospital may, for any reason, modify the Bidding Document by amendments at the sole discretion of the Hospital. All amendments shall be conveyed through e-mail or by publishing on website to the prospective bidders.

In order to provide, prospective bidders, reasonable time to take the amendment if any, into account in preparing their bid, the Hospital may, at its discretion, extend the deadline for submission of bids.

## **10. Period of Validity**

Bids shall remain valid for initial period of 90 days or any other period decided by Hospital from the prescribed date of bid opening. A bid valid for shorter period shall be rejected by the Hospital as non-responsive.

## **11. Bid Security**

Prices shall be expressed in Indian Rupees (₹) only.

## **12. Bidding Process (Two Stages)**

For the purpose of the present job, a two-stage bidding process will be followed. The response to the RFP will be submitted in two parts:

- Technical Bid - Part I
- Financial Bid - Part II

The bidder will have to submit the Technical bid and Financial bid separately in two separate envelopes as the case may be.

### **Technical Bid (Part I)**

TECHNICAL BID will contain the bidder's information in the format given in the bid document. Technical bid will not contain any pricing or commercial information at all. There shall be a single Technical bid for all the regions.

Note: The bidder shall have to submit documentary proofs in a sealed envelope on or before the last date of bid submission.

### **Financial Bid (Part II)**

Under the second stage financial bids of only those bidders, whose Technical bids are in terms of the requirement will be opened. Successful bidder shall also quote maintenance charges for 2 years after the expiry of warranty period. This will form the part of bid amount.

### **13. Submission of Bids**

The bidders shall duly complete the formats of Technical Bid and Financial Bid and the same will be submitted to:

Chief Engineer,  
Delhi State Cancer Institute,  
Delhi - 110 095.

### **14. Deadline for Submission of Bids**

Bids must be submitted not later than the specified date and time mentioned in the Bid Document. If the specified date of submission of bids being declared a holiday for the Purchaser, the bids will be received up to the specified time in the next working day. All the correspondence/bid should be addressed to Hospital at the following address.

Consultant (IT),  
Delhi State Cancer Institute,  
Delhi - 110 095.

### **15. Late Bids**

Any bid received by the Hospital after the deadline for submission of bids or without EMD will be rejected and/or returned unopened to the Bidder, if so desired by him.

### **16. Modifications and/or Withdrawal of Bids**

- *Bids once submitted will be treated, as final and no further correspondence will be entertained on this.*
- *No bid will be modified after the deadline for submission of bids.*
- *No bidder shall be allowed to withdraw the bid, if the bidder happens to be a successful bidder.*

### **17. Payment Schedule**

The 80 % of the cost of equipment will be made at the time of delivery of hardware at site and the balance of the bill amount will be payable on successful installation and operation (including training to the staff).

### **18. Warranty**

The system shall remain under warranty (Hardware & Software for a period of 3 years, after which AMC will be signed on terms and conditions as decided mutually.

## 19. Penalty clause

### a) For delay in supply

The complete "Queue Management System" should be delivered at the Hospital within 1 month of placement of order. A penalty of `10,000/- per week shall be charged by the Committee in case of delay in supply with a maximum cap of `.50,000/- .

### b) For delay in installation

The system should be installed within 15 days from delivery. Any delay in the installation for reasons attributable to the vendor shall attract a penalty of `.2,000/- per week shall be charged with a maximum of `.50,000/-.

### c) For delay in service after operationalization

Any delay in offering services after operationalization of the system (within warranty period) shall be governed by following terms:

S.No.	Criticality Level	Response time	Penalty
1	Level-1 (Total failure of the system)	Within 24 hours of complaint lodged.	`500/- per day delay.
2	Level-2 (Partial Failure)	Within 48 hours of complaint lodged.	`1,000/- per day delay.
3	Level -3 (Minor - Operational issues)	Within 72 hours of the complaint lodged	`2,000/- per day of delay.

d) Performance guarantee equivalent to 5% of the tender amount submitted by the successful bidder shall remain valid during currency of warranty period. It will be released after successful completion of warranty period.

## 20. Bid opening and Evaluation

In the event of the specified date of bid opening being declared a holiday for purchaser, the bids shall be opened at the specified time and place on next working day. In the first stage, only TECHNICAL BID will be opened and evaluated. Those bidders satisfying the technical requirements as determined by the Hospital and accepting the terms and conditions of this document shall be short-listed and empanelled.

As part of Technical Evaluation, bidders will be required to provide proof of implementation, arrange demonstration of the solution at a place specified by the Hospital and also shall be required to arrange site visits. Hospital shall shortlist the bidders based on Technical Evaluation, Site visit & proof of implementation. Hospital reserves the right to accept or reject any technology proposed by the bidder without assigning any reason thereof. Decision of the Director, DSCI in this regard shall be final and binding on the bidders

## 21. Clarification of Bids

To assist in the examination, evaluation and comparison of bids the Hospital may, at its discretion, ask the bidder for clarification and response shall be in writing and no change in the price or substance of the bid shall be sought, offered or permitted.

## **22. Preliminary Examination**

The Hospital will examine the bids to determine whether they are complete, whether any computational errors have been made, whether required information has been provided as underlined in the bid document, whether the documents have been properly signed, and whether bids are generally in order. The bid determined as not in order as per the specifications will be rejected by the Hospital.

## **23. Contacting the Hospital**

Any effort by bidder to influence the Hospital in the Hospital's bid evaluation, bid comparison or contract award decision may result in the rejection of the Bidders' bid. Hospital's decision will be final and without prejudice and will be binding on all parties.

## **24. Hospital's Right to Accept or Reject Any Bid or All Bids**

The Hospital reserves the right to accept or reject any bid and annul the bidding process and reject all bids at any time prior to award of contract, without thereby incurring any liability to the affected bidder or bidders or any obligation to inform the affected bidder or bidders of the ground for the Hospital's action. Hospital reserves the right to select more than one bidder keeping in view its large requirements.

## **25. SIGNING OF CONTRACT**

The successful bidder(s) to be called as vendor, shall be required to enter into a Service level Agreement (SLA) with the Hospital, within 7 days of the award of the tender or within such extended period as may be specified by the Hospital

## **24. Reverse Auction**

It is to the discretion of the Hospital for going in for reverse auction in case there are two or more than two technically qualified bidders.

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## Annexure - A

### Pre Qualification Criteria

1. The turnover of bidding company (not parent company) for the last financial year must be not less than ` 1 Crore.
2. The bidder should have installed similar system and be running successfully in at least 1 Hospital/Financial Institution in India during last 3 years
3. The bidder should have its support office in New Delhi.
4. The bidder should be a manufacturer of LED based systems
5. The bidder should have in-house R & D and software development to take care of future custom modifications.
6. The product should be self designed and a demo should provide in 15 days from the date of opening of Tender.
7. The bidder should have experience of design, manufacturing, installation & support of LED based and Software based products

Note: The bidder has to give details of the support centres along with the address and the contact numbers. Hospital shall be verifying the information. Any wrong information will lead to the rejection of the bid and EMD amount liable to be forfeited.

The documentary proofs for qualifying the prequalification criteria should be submitted along with the technical bid. In case a bidder fails to provide the same the bid would be summarily rejected.

## Annexure - B

### PART - I: Bidder Information

Please provide following information on the company letter head:

S.No.	Information
1	Company Name
2	Date of Incorporation
3	Company Head Office Address
4	Company Registered Office Address
5	Company Local Office Address
6	Contact Person(s)
7	Names of all Directors/Promoters along with the names of other companies they are associated with.
8	Telephone Number(s)
9	Fax Number(s)
10	Email Address(es)
11	Website
12	Any pending or past litigation (within three years)? If yes please give details
13	Please mention turnover for last year and include the copy of Balance Sheet in support of it.
14	Whether company has been debarred or blacklisted for participating in any Government/Non-Government bid of whatsoever nature may be in the last three years.

**PART – II:**

**Letter to be submitted by bidder along with bid documents**

To

The Director,  
Delhi State Cancer Institute,  
Delhi-110095

Sir

**Reg: Our bid for the supply and implementation and maintenance of “Queue Management System”**

We submit our Bid Document herewith. If our Bid for the above job is accepted, we undertake to enter into and execute at our cost, when called upon by the Hospital to do so, a contract in the prescribed form. Unless and until a formal contract is prepared and executed, this bid together with your written acceptance thereof shall constitute a binding contract between us.

We understand that if our Bid is accepted, we are to be jointly and severally responsible for the due performance of the contract. We understand that you are not bound to accept the lowest or any bid received by you, and you may reject all or any bid; you may accept or entrust the entire work to one vendor or divide the work to more than one vendor without assigning any reason or giving any explanation whatsoever.

We understand that the names of short listed bidders after the completion of first stage (Technical Bid) and the name of the successful bidder to whom the contract is finally awarded after the completion of the second stage (Commercial Bid), shall be communicated to the bidders either over phone/e-mail/letter.

Dated at \_\_\_\_\_ / \_\_\_\_\_ day of ##### 2010.

Yours faithfully,  
For

\_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

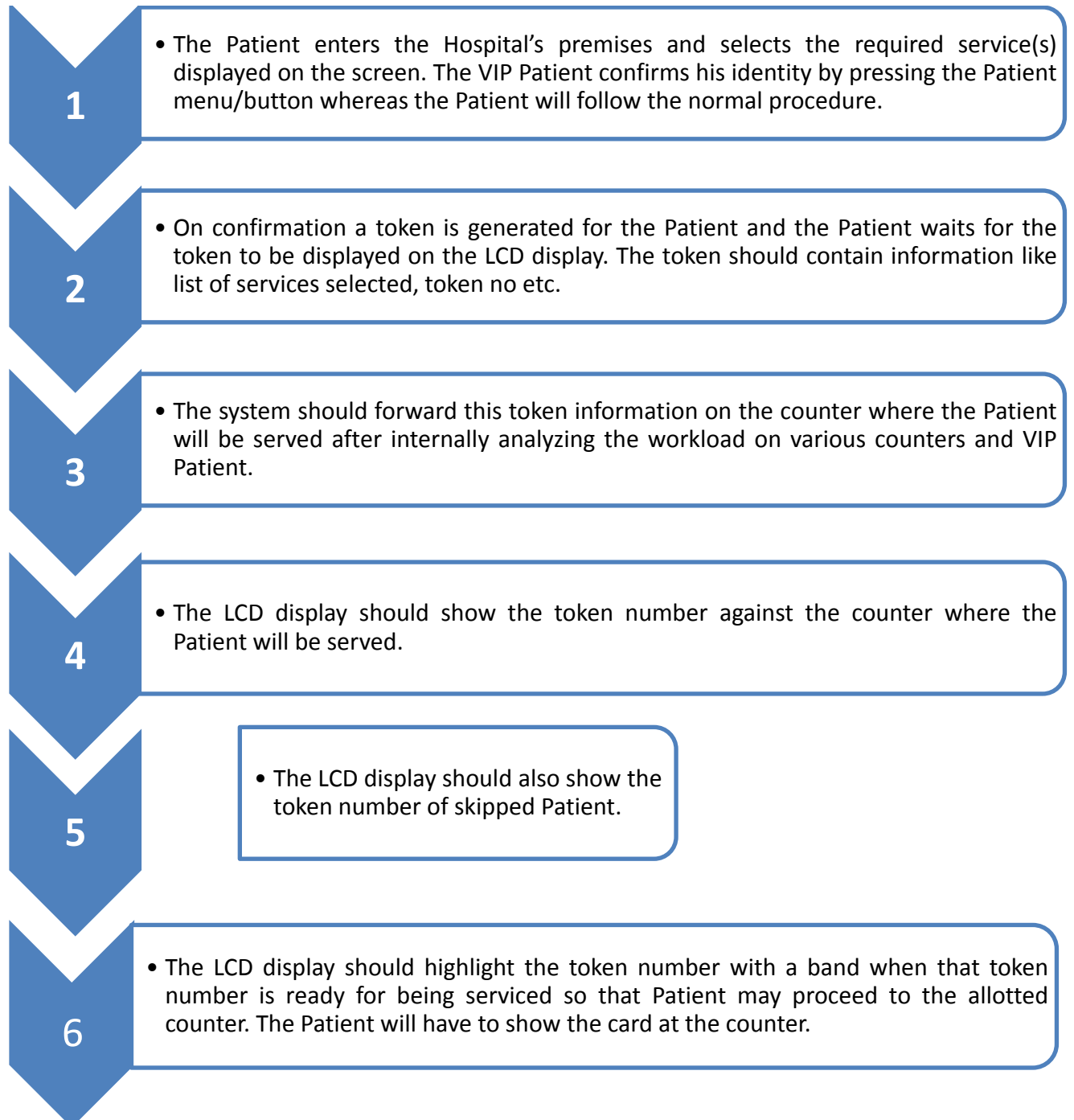
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Company Seal

## Annexure - C

The “Queue Management System” should be capable of handling the workflow mentioned as under. However, it is indicative in nature and may be changed as per the Hospital’s requirement.

### “Queue Management System”



# Functional Specifications

## “Queue Management System”

The following features should be available in the “Queue Management System”. Absence of any of the features might lead to the rejection of the bids.

- The system should manage queue in real time.
- The system should be multi-lingual (English and Hindi).
- The system should have provision of generating tokens which must contain information like time, date, token number, etc. This should be configurable.
- The system should have provision of generating print out of the tokens.
- The system should have facility of displaying the token number to be serviced.
- The system should have facility of calling a token out of turn.
- The system should have facility of categorizing the Patient/Customers.
- The system should have facility of prioritizing the services for VIP Patient/Customers.
- The system should assign token to counters after analyzing the workload across various counters.
- The system should have provision of marking a missing token.
- The system should have provision of redirecting a Patient/Customer to another counter.
- The system should allow system administrator to view the services available at any counter.
- The system should allow system administrator to monitor the workload across the counters.
- The system should have facility of assigning benchmark time for different services
- The system should have facility of generating scores for the Hospital officials on the basis of service imparted.
- The system should have provision of generating the voice based alarm for the Patient/Customer or display the information on the LCD.
- The LCD should display helpful information to the Patient/Customer like facilities available in the hospital etc. System administrator should have the permission of modifying/adding the text on the LCD display.
- The system should have provision of a dashboard for giving a graphical view on every performance parameter.
- The system should generate service and footfall trends, efficiency levels amongst employees and a complete score card of every employee.
- The system should be able to use existing PC's at the Hospital for the implementation of the software for Queue Management.
- The software should also be capable of being implemented on thin clients available at the Hospital.
- The system should be able to link with non-PC counters also through some gadget.
- There should be a provision to use the portion of the screen for display of products and services, which should be modifiable.
- The system should have provision of generating following reports:
  - OPD wise break up of tokens.
  - Service wise break-up for selected month
  - Average Service time and average wait time for selected month day-wise breakup of services offered for selected month.
  - Benchmark service time for different services.
  - Consolidated report of the total no of service availed by the Patient/Customers during the day.
- The system should have provision of generating customized reports.

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