

Government of Odisha  
Social Security & Empowerment of PwDs Department  
Dist: Malkangiri

**For providing/managing services of Geriatric Disability Centre For Senior Citizens**

No: 1312

Date: 25.11.24

The EoI aims to empanel successful agencies that will undertake to provide and manage the services of Geriatric Disability Centre for Senior Citizens. The details of background, scope of work, eligibility criteria submission of details along with application form can be downloaded from website [malkangiri.odisha.gov.in](http://malkangiri.odisha.gov.in). The Last date and time for submission of the EoI documents by speed post/ Registered post / courier during all working days **on or before 05.30 PM of dated: 11.12.2024** and that shall be finalised on 12.12.2024 at **11:00 A.M** in presence of the committee members of District Level Project Appraisal Committee(DLPAC) & bidders or their authorized representatives. The bidders who will be short listed after successful evaluated in the document/papers shall represent their representation before the DLPAC at **03:00PM** of 12.12.2024.

This EoI does not entail any commitment on the part of SSEPD Section, Collectorate, Malkangiri either financial or otherwise. SSEPD Section, Collectorate, Malkangiri of Odisha reserves the right to accept or reject any or all without incurring any obligation to inform the affected applicants of the grounds. The EoI will be evaluated based on the information provided.

  
District Social Security Officer  
Malkangiri  
District Social Security Office  
Malkangiri



**EoI DOCUMENT FOR  
Empanelment for Providing/Managing Geriatric Disability Centre for Senior Citizens**

**IMPORTANT INFORMATION TO THE BIDDER**

SI	Item	Description
1	Availability of EoI document	<a href="http://www.malkangiri.nic.in">www.malkangiri.nic.in</a>
2	Date and time for submission of the EoI documents by <b>speed post/ Registered post/ courier.</b>	In all working days time from <b>10.00 AM of 26.11.2024 to 05.30 PM of 11.12.2024</b>
3	Indenting Authority	<b>District Social Security Officer, Social Security Section, Collectorate, Malkangiri</b>
4	Expected date of starting of outsourcing of all intended services	Within 30 days (Approx) from the date of agreement.

**EoI FOR EMPANELMENT FOR PROVIDING/MANAGING GERIATRIC DISABILITY CENTER FOR SENIOR CITIZENS**

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**District Social Security Officer, Malkangiri** invites **Expression of Interest (EoI)** from the registered and experienced agencies for **PROVIDING/MANAGING SERVICES FOR GERIATRIC DISABILITY CENTER FOR SENIOR CITIZENS**. The EoI aims to empanel successful agencies that will operate and manage the Centre of Geriatric Disability Center for Senior Citizen.

**1. SCOPE OF WORK AND GENERAL INSTRUCTION FOR BIDDERS:**

**a. Scope of Work**

Augmenting the quality of life during old age is central to holistic care of the elderly. Geriatric Disability Center have been devised as the points where elderly persons with musculoskeletal disease such as back pain, arthritis, and even paralysis and other age-related mobility challenges can be treated along with a range of therapy services to restore functional skills of the elderly.

The aim of this programme is to enable the elderly to support and maintain their fitness and mobility level to make daily living easier, restoring their self-confidence and self-esteem. The center will accommodate senior citizens for care and treatment of different impairments and disabilities.

**b. Objectives:**

- I. Providing drug free treatment
- II. Increase mobility of elderly who suffer due to
  - a. Sedentary life style
  - b. Chronic illness
  - c. Age related other physiological disorders.
- III. Help the elderly
  - a. Regain their self confidence and self-esteem.
  - b. Perform their activities of daily living independently
- IV. Generate awareness among the community about benefits of active ageing.

**2. Eligibility Criteria:**

- a. Should be registered either under the Societies Registration Act, 1860 or the Indian Trusts Act, 1882 or Section 8 of the Companies Act, 2013 or any other appropriate Act as may be notified by the Government of Odisha from time to time
- b. Should be registered under Section 139A& 12AA of the Income tax Act, 1961.
- c. Should be registered under the NGO Darpan Portal of Government of India
- d. Should not have been blacklisted by any Central or State Government agencies
- e. Should ordinarily have existed for a period of Two years and have resources, facilities and experience for undertaking the program.



- f. Should not discriminate against any person or group of persons on the grounds of sex, religion, caste, creed or disability; and
- g. The agency should be working in similar and allied fields with proficiency and understanding of different programmes. The agency should also have expertise and manpower in providing services.
- h. Should not have any track record of contract termination of the previous assignments or any adverse report of performance or blacklisted by any state Govt./ Central Govt. Organization.
- i. Shouldn't have blacklisted by any central & State Government agencies.

### 3. PROGRAMME COMPONENTS

The **Center for Geriatric Disability for Senior Citizens** aims to provide support to all the target groups. The scheme programme components which are offered in this EoI are:

- a. Survey, Identification & awareness.
- b. Personality Development
- c. Skill Training
- d. Self-Employment
- e. Diagnostics
- f. Therapeutics
- g. Counselling
- h. Physiotherapy
- I. Referral and follow-up
- j. any other activity as may be assigned

### 4. Operational Guidelines:

A detailed operational guideline for management of Geriatric Disability Centre as received from the Government in SS&EPD Department is enclosed as Annexure for reference and follow-up.

#### 5. Application Procedure:

- a. The interested Bidders may submit the EOI document complete in all respects and other requisite documents with a Demand Draft of Rs 1000/- ( Rupees One Thousand ) only as application fees in favour of District Social Security Officer Malkangiri on or before **11.12.2024 by 05.30 PM** & addressed to **District Social Security Officer, Collectorate, Malkangiri** (on behalf of Collector) by **registered Post/ Speed Post/ Courier**. The District Administration, Malkangiri shall not held responsible for any postal delay.
- b. The Authority may, at its discretion extend the dateline for submission of EOI by amending the EOI documents in which case all rights and obligation rest on the authority.
- c. **Late Bidders:** Any bid received by the authority after the prescribed time and dateline for submission of bids will not be considered. Thus, the same is deemed to be rejected.

#### 6. Evaluation of BID & award of Contract

- a. The DLPAC Committee will evaluate the Bid and documents submitted by the agencies on **12.12.2024 by 05:30 PM**. Firstly, the document/papers asked in bid will be evaluated. There after the bidders will be called for presentation before the committee on the same day.
- b. **Presentation by shortlisted agencies:** The shortlisted agencies are required to present their case before Evaluation Committee on **12.12.2024 by 03:00PM**. Basing on presentations by agencies and other required documents and informations the Evaluation Committee will recommend the agency/agencies.

#### 7. Approval of PIA:

The DLPAC shall submit the details of PIA/Agency selected at the district level for approval of Government.

#### 8. Signing of Contract:

- a. The District Social Security Officer, Malkangiri after receipt of Government approval will sign the contract agreement. The successful bidder/s whose bid has been accepted will sign an agreement with the concerned within 15 (fifteen) days of issue of the order and commence programmes and services within 30 (thirty) days from signing of contract agreement.
- b. Failure by the bidder to comply with the requirement of above-mentioned clause, the offer shall be rejected and the bidder shall have no claim further.
- c. The awardee shall have to fulfil the terms & conditions as laid down in EOI& Guidelines.



**9. Acceptance or Rejection of the Bids:**

- a. Authority reserves the right to accept or reject any bid and to reject all bids at any time without assigning any reason thereof.
- b. Any bid with incomplete information is liable for rejection.

**10. Bid validity period:** The bid validity period is 90 days from the date of opening of the bid. Accordingly, the bidder shall submit the Bid.

**11.** The Authority reserves the right to modify any term in the bid document at the time of execution of contract, if felt necessary.

**12.** Corrigendum/Addendum, if any, will be uploaded in the website [www.malkangiri.nic.in](http://www.malkangiri.nic.in).

**13.** The District Administration will regularly monitor & supervise the services provided by the selected bidder.

**14.** This is not a bid for any appointment or recruitment to any post.

**15.** All disputes relating to the contract is subject to the jurisdiction of the Court at District Court, Malkangiri.

**16. Documents to be submitted with bid:**

- i. Registration certificate under Societies Registration Act 1860/India Trust Act, 1882/Indian Companies Act/Any other appropriate Act.
  - ii. PAN Card and 12A (A) registration under Income Tax Act 1961 and or GST.
  - iii. Income Tax/GST returns of last year.
  - iv. Audited Statement of accounts duly certified by CA (Balance Sheet, Income Expenditure A/c) for the last three financial years.
  - v. Proof of Experience in the same field.
  - vi. Proof of existence for a period of two years and have resources and facilities to undertake the programme.
  - vii. Filled up Format-A along with documents duly signed and sealed by the authorized person of the bidder in and each page as a token of acceptance of all terms and conditions of the Bid.
  - viii. Declaration as per format B.
  - ix. Recommendations of Collector/ DSSO/Deptt.if any.
  - x. The bidder is required to furnish the audited balance sheet, Income & Expenditure Account statement of the last three financial years duly signed by a Chartered accountant.
  - xi. Detailed Work Plan & methodology along with estimated budget requirement. (Please enclose Programme component wise separately)
  - xii. Order/agreement/document in support of previous contract/project from Govt. Department /PSU/ Autonomous body etc. if any
  - xiii. Power of attorney in case of authorized signatory
- 17.** The Recommendation of PIA will be made by the DLPAC unanimously basing on the documents/reports submitted and the presentation made by the PIA.
- 18. Action Plan & Budget:** The selected PIA/ Agency shall submit Action Plan and Budget on half yearly basis per the provisions to DSSO for approval and release offunds, and shall work accordingly.
- 19. Progress Report:** The PIA/Agency shall submit monthly progress report to DSSO for review and onward transmission to Government.
- 20. Release of funds:** The selected agencies will be mapped under PFMS system and paid through State Nodal Account. Other instructions regarding operation of funds will be issued separately.



## GUIDELINE

State Action Plan for  
Functioning of Geriatric Disability Center for Senior Citizens

**Department of Social Security & Empowerment  
Of Persons with Disabilities  
Government of Odisha**

## **Draft Guideline for functioning of Geriatric Disability Center for Senior Citizens**

### **1. Rationale:**

Augmenting the quality of life during old age is central to holistic care of the elderly. Geriatric Disability Center have been devised as the points where elderly persons with musculoskeletal diseases such as back pain, arthritis and even paralysis and other age-related mobility-challenges can be treated along with a range of therapy services to restore functional skills of the elderly.

The aim of this program is to enable the elderly to support and maintain their fitness and mobility level and make daily-living easier, restoring their self-confidence and self-esteem. This center will accommodate senior citizens for care and treatment of different impairments and disabilities.

### **2. Key Objectives:**

- Providing drug free treatment
- Increasing mobility of elderly who suffer
  - a. due to sedentary lifestyle
  - b. from chronic illness
  - c. from age related other physiological disorders
- Help the elderly
  - a. regain their self-confidence and self esteem
  - b. perform their activities of daily living independently
- Generate awareness in the community about benefits of active ageing

### **3. Eligibility Criteria:**

- a. The age category of patients to be treated: 60 years and above
- b. The treatment shall be totally free of cost for all BPL patients and a nominal fee may be collected from other senior citizens depending upon the service provided.

### **4. Operational Guidelines:**

#### **4.1 Physical Infrastructure:**

- a. Location: should be preferably in IIC or DDRC campus or District Headquarters Hospital premises
- b. Living and Physical space: Situated at an easily accessible area ensuring safety and security of patients with proper ventilation and adequate area for sanitation facility,

- c. Adequate area for therapies, counseling, follow-up or OPD etc., facility for safe keeping of personal belongings of patients.

#### **4.2 Human Resources:**

- a. Trained Physiotherapist; full time (1) in number
- b. Physiotherapy Technician; full time (1) in number
- c. Counselor; full time (1) in number
- d. Multi-tasking staff or Support Services; full time (2) in number

#### **4.3 Maintenance of Records:**

- For entering Patient Details & Treatment Sessions- All the entries to be made in the "PATIENT PROFILE SHEET" and "MONTHLY SUMMARY SHEET" in given format in excel file at **Annexure-1**.
- Monthly narrative report and monthly patient summary reports shall be submitted to respective district authority within 10th of next month by the Physiotherapist/ the representative of the organization
- A daily staff attendance shall be maintained.
- Annual narrative report with success stories and Annual patient summary report shall be submitted to the district authority within 30 days of completion of the year.
- Annual Audited Utilization Certificate shall be submitted to the district authority within 30 days of completion of the financial year.
- All individual patient records shall be kept for verification at any point of time.

#### **4.4 Minimum Standards of care:**

- a. The Centre shall be open at least for 8 hours a day. The opening and closing time for the center shall be displayed outside the center and also intimated to the district authority in the monthly reports.
- b. There should not be any discrimination against any person or group of persons on the grounds of sex, religion, caste, creed or disability.

## 5. **Funding Structure:**

Grant-in-aid will be given to NGOs/VOs that have shown credible track record in running projects for the welfare of senior citizens for running Physiotherapy Clinics. Recognized Charitable Hospitals/ Nursing Homes/ Medical Institutions/ Colleges are also eligible. Grants for the programme will be the 90% of the project cost as mentioned in **Model-1**.

The organizations/ institutions other than Government bodies shall be eligible for assistance under this programme subject to fulfillment of the following criteria:

- a. Should be registered either under the Societies Registration Act, 1860 or the Indian Trusts Act, 1882 or Section 8 of the Companies Act, 2013 or any other appropriate Act as notified by the Government of Odisha from time to time;
- b. Should be registered under Section 139A & 12AA of the Income Tax Act, 1961;
- c. Should be registered under the NGO Darpan Portal of Government of India;
- d. Should ordinarily have existed for a period of two years and have resources, facilities and experience for undertaking the programme.
- e. Should not have been blacklisted by any central or state Government agencies.

## 6. **Procedure of application:**

- a. Eligible PIAs shall apply for grant-in-aid in prescribed form at **Annexure-II** to the Collector concerned along with requisite documents.
- b. The DSSO concerned shall inspect the organization and submit a report on the applicant organization.
- c. Subsequently, the proposal will be placed before the DLPAC for consideration and recommendation to SSEPD Department.
- d. On receipt of the application the Department will process the application and may call for presentation by recommended PIAs on their projects.
- e. Subsequently the Department will consider for sanction and approval thereof which will be communicated to the PIA under intimation to district administration.
- f. An MoU will be signed between the PIA and concern DSSO on behalf of the Department for management of the center and extension of GIA with the agreed terms and conditions.

**7. Conditions of Grants:**

- a. The selected PIAs will sign an agreement with the Department that they shall abide by the guidelines issued from time to time regarding implementation of the project.
- b. Grants for every financial year will be released in two installments.
- c. The PIAs will submit monthly progress report preferably on online mode to the Department for review and records.
- d. Release of grants shall be subject to availability of funds under the scheme and production of UCs in OGFR 7A (Annexure -B) for previous grants.
- e. The PIAs shall also submit an undertaking that they will raise 10% matching grant for the project activity as per guideline provisions of Government of India.
- f. Extension of project period shall be dependent on performance by PIAs and availability of funds under the State scheme.
- g. SSEPD Department may suspend grants to any PIA and may recover the grants released if the PIA fails to comply to conditions of grant and/or blacklisted for any reason.

**8. Monitoring and Inspection:**

The institutions shall be open for Inspection by SSEPD Department or such other authorities as may be appointed on behalf of the Department such as DSSO or SSSO or BSSO or State Project Monitoring Unit. The PIA should mandatorily provide utilization certificate and audit report to the District Social Security Officer every year.

**MODEL - I**

<b>Sl No.</b>	<b>Items</b>	<b>Monthly Cost</b>	<b>Annual Cost</b>
1.	<b>Recurring Expenditure</b>		
	Honorarium to Physiotherapist (Full time)	14,000	1,68,000
	Honorarium to Physiotherapy Technician (full time)	10,000	1,20,000
	Honorarium to Counselor (full time)	10,000	1,20,000
	Honorarium to Multi-Tasking Staff (full time)	8,000	96,000
	Maintenance of Equipment	4,000	48,000
	Incidental expenses (medicines, electricity, water, etc.)	11,000	1,32,000
	<b>Sub- Total</b>	<b>57,000</b>	<b>6,84,000</b>
In the staff pattern, one male and one female shall be preferred for the posts of Physiotherapist and Physiotherapy Technician			

## ANNEXURE-1

SI No	Sheet	Description/Column	Guidelines
1.01	Monthly Summary	New Patient Registered (MALE, FEMALE and TOTAL separately)	The total number of New Patient Registered in the reporting Month.
1.02		Treatment Sessions conducted (MALE, FEMALE and TOTAL separately)	The total number of treatment sessions (MALE, FEMALE and TOTAL separately) done in the reporting month.
1.03		Assistive Devices	Specify the total number of patients prescribed Assistive Devices.
1.04		Family & Client Training	Specify the total number of Training (including Ergonomics, Home program, Precautions, DO's & DONT's etc.) done for the Patient & Family members.
1.05		Geriatric Disability Center Coverage Graph	Depicts the total number of new registrations and total people covered by conducting Family & Client Trainings.
1.06		Geriatric Disability Center Workload Graph	Depicts the total number of Treatment Sessions Conducted during the reporting month.
2.01	Individual Patient Profile	Serial Number	The serial no is number of patients/ cases visited the centre during the FY.
2.02		Registered as	<b>New Case:</b> To be used for a case who is coming in the current FY for the first time. 2nd time onwards the patients will become follow up/ repeat case till end of the FY. <b>Follow-up Case:</b> 2nd time onwards the patients will become follow up/ repeat case till end of the FY.
2.03		Registration Number	The registration number will be Unique for each center and will consist of <b>following 3 parts:-</b> <b>1st part</b> is selecting the unique acronym/ code for the location form which the report is being generated. <b>2nd part</b> is selecting the FY in which the patient is being registered & when the report is being generated. <b>3rd part</b> is the entering unique number given to the patient in the order of count. For this FY 2023-24 it will <b>start from 0001</b> for each centre.
2.04		Category	Select the category according to the original activity under which the patient has been registered i.e. Geriatric Disability Center

2.05		BPL/ Not BPL	Select BPL if the patient is form Below Poverty Line and is availing free services; otherwise select Not BPL if in a position to make small donation against the physiotherapy services being offered.
2.06		Name	Mention the Full Name of the Patient Correctly.
2.08		Age	Mention the Age of the Patient (rounded to nearest whole number).
2.09		Sex	Select the sex of the Patient. For Males=M, Females= F, Other =O
2.10		Address	Mention the Address in one line.
2.11		Condition	Select the most appropriate condition out of the given list from which the patient is suffering.  If you do not find the condition on the list just select <b>OTHERS</b> and write the required in the <b>Remarks Column</b> .
2.12		Associated Disease	This may include any of the following co-morbid conditions Diabetes=DM, Hypertension=HT, Obesity=OB, Overweight=OW, Ischaemic Heart Disease=IHD, Tuberculosis=TB, Bronchial Asthma=BA, Chronic Obstructive Pulmonary Disease=COPD, etc.
2.13		Treatment Days	Specify the number of Days for which treatment is given.
2.14		% Improvement in Chief complains	Specify the % relief in the Chief Complains/ primary impairments like pain, limitation in ROM, weakness, swelling, tightness, etc.  To be calculated, for e.g., as = [(pain initial - pain final)/ Pain initial] x 100.
2.15		Remarks	Any other details about the case, worth pointing out/ reporting.

**Annexure-B**

**FORM O.G.F.R 7A**

(See Rule 172)

Form of "Utilization Certificate for the Year \_\_\_\_\_"

I hereby certify that the grant placed at my disposal/ at the disposal of \_\_\_\_\_ in the year \_\_\_\_\_ and the amount available for expenditure during the said year were as follows:-

- I. (a) Unspent balance at the end of the year : Rs. \_\_\_\_\_  
(b) Grant received during the year of \_\_\_\_\_ : Rs. \_\_\_\_\_

Quote the number and date of authorization issued by Accountant General, Odisha. Whenever it is dependent on such authority and in other cases only the number and date of sanction and designation of sanctioning authority. (FD Memo No. 30007- (144)/F dated 29<sup>th</sup> July, 1962)

**Total** : Rs. \_\_\_\_\_

- II. Expenditure during the year  
(i) Out of unspent balance as in 1(a) above : Rs. \_\_\_\_\_  
(ii) Out of the grant referred to in 1(b) above : Rs. \_\_\_\_\_

**Total** : Rs. \_\_\_\_\_

- III. Unspent balance at the end of the year :Rs. \_\_\_\_\_

2. I further certify that the expenditure of Rs. \_\_\_\_\_ shown as expenditure in the year \_\_\_\_\_ has been expended solely on \_\_\_\_\_ under my charge within the jurisdiction of \_\_\_\_\_ and for no other purpose and that the sum of Rs. \_\_\_\_\_ shown as balance at the end of the year \_\_\_\_\_ is available for expenditure and no part of it has been diverted to other purposes.

3. I further certify that a list of works on which the expenditure Rs. \_\_\_\_\_ has been incurred and the amount spent on each has been prepared and maintained in my office/ in the office of the \_\_\_\_\_

Dated, \_\_\_\_\_

Chairman/ President/ Secretary of the PIA

Dated, \_\_\_\_\_

DSSO



**APPLICATION FORM FOR FINANCIAL ASSISTANCE FOR GERIATRIC DISABILITY  
CENTER FOR SENIOR CITIZENS**

1. Name of Bidder agency/Applicant: \_\_\_\_\_
2. Type of organisation (GO/NGO/University/College/School/Any Other) \_\_\_\_\_
3. Purpose for seeking financial Assistance \_\_\_\_\_
4. Justification of the proposal \_\_\_\_\_
5. Date of establishment: \_\_\_\_\_
6. Name of Secretary/ Chairman/ Director: \_\_\_\_\_
7. Full Address of Registered Office: \_\_\_\_\_  
Telephone/Mobile No. \_\_\_\_\_ FaxNo. \_\_\_\_\_ E-Mail Address. \_\_\_\_\_
8. Name & Mobile No. of Authorized Person: \_\_\_\_\_
9. Name(s) of the district(s) applied for: \_\_\_\_\_
10. Whether Separate ProjectWise accounts have been maintained for grants sanctioned earlier (Yes/No), If yes pls give details of accounts.
11. If received any GIA under the same grant earlier pls submit the UCs in respect of last GIA.

**Check List**

Sl No	Name of the document /papers	Status (Submitted/ not submitted)	Page no (if submitted)
1	Registration certificate under Societies Registration Act 1860/India Trust Act, 1882/Indian Companies Act/Any other appropriate Act		
2	PAN Card and 12A(A) registration under Income Tax Act 1961		
4	Income Tax /GST return of last year		
5	Audited Statement of accounts duly certified by CA (Balance Sheet, Income Expenditure A/c) for the last three financial year		
	Registration Certificate NGO Darpan		
6	Document duly signed and sealed by the authorized person of the bidder in each page as a token of acceptance of all terms and conditions of the Bid		
7	Annual Turnover for the Last 03 Years		
	Details of Governing Body/Managing Committee: Name & Address, Occupation, Qualification, Contact Details to be mentioned in a tabular format.		
7	Declaration as per format B		
	Detailed Asset of the Organisation (SL No, Items, No of Units, Value) in tabular format		
8	Detailed Work Plan, methodology & estimated budget		
9	Order/agreement/document in support of previous contract/ project from Govt. Department /PSU/ Autonomous body etc. if any		
10	Power of attorney in case of authorized signatory		
11	Detailed Proposal & Budget		
12	Proof of Experience in the same field.		
13	Proof of existence for a period of ten years and have resources and facilities to undertake the programme		

14	Recommendations of Collector/ DSSO/Deptt. if any.		
15	Copy of Resolution, Bylaws, Memorandum of the organisation if any		

Declaration: - We..... (The name of agency), are agreed to work as per the terms & conditions of SSEPD Deptt., Government of Odisha.

Place:

Date:

**BIDDER'S OFFICIAL SIGNATORY**

Name & Designation with Rubber Stamp/  
Official Seal of the Firm

*Format-B*

**DECLARATION**

I, \_\_\_\_\_, Secretary/ Proprietor / Director/ Authorized Signatory of the bidder, am competent to sign this declaration and execute this EOI document;

1. I have carefully read and understood all the terms and conditions of the EOI and undertake to abide by them,
2. The information/ documents/papers furnished along with the above application are true and authentic to the best of my knowledge and belief. I /We, am/ are well aware of the fact that furnishing of any false information/ fabricated document would lead to rejection of my bid at any stage besides liabilities towards prosecution under appropriate law.
3. I also certify that our firm has not been black listed by Central / State Government / PSUs / Boards/ Corporations/ autonomous body under administrative control of Central or State Govt. etc.
4. This is also certified that neither myself nor my organization will be indulged in any corrupt practices so far as this bidding is concerned.
5. This is to certify that, the organisation doesn't have any discrimination against any person or group of persons on the grounds of sex, religion caste, creed or disability.
6. That, we do not have any track record of contract termination of the previous assignments or any adverse report of performance or blacklisted by any state Govt./ Central Govt. Organization.

Place:

Date:

**BIDDER'S OFFICIAL SIGNATORY**

Name & Designation with Rubber Stamp/  
Official Seal of the Firm

