

**OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER,**

**KALAHANDI**

**Phone/Fax: 06670-230998    E-mail:dpmukalahandi@gmail.com**

**Expression of Interest for empanelment of Architects**

District Health Society, Kalahandi invites expression of interest from Architects (Individuals/firms) for development of master plan of each PHC-HWC for strengthening infrastructure as per IPHS norm. Firms/Individuals with a minimum of three years' experience in planning, designing and commissioning in hospital buildings are eligible to apply to the undersigned in the prescribed format within 25 (Twenty five) days of publication of this advertisement. The detailed modalities of selection ,scope of work of selected firm/individual & other details is uploaded at [www.kalahandi.nic.in](http://www.kalahandi.nic.in) The fees structure will be provided to the selected firms, for providing the service as per norms of the Office Memorandum No.49660 Dt 01.12.2010 of Finance Department, Govt of Odisha

**1.Organization Profile**

Name of individual/Firm	
Address & Contact details	
Professional Certificate (in case of individual applicant)	
Registration details in case of Firm (Attach document/s of proof)	
Total Architects associated with the firm (Attach document/s of proof)	
Total Architect/s can be mobilised for the assignment in case of firm ( Attach professional certificate for Architects proposed to be engaged for the assignment)	
No of Hospital Architectural drawing have been executed (Details)	

**2.Performance Statement**

Total nos of projects handled till date	Major projects handled in last 3 (three) years- Name wise	Nature of project –Health Infra/ other (Mention against each project)	Area of operation (Mention against each project)	Average annual turnover in last 3 years

**3. Evolution criteria for empanelling Architect Firm/individual Architect**

Parameters	Criteria
Qualifying Criteria	<p>In case of Firm</p> <ul style="list-style-type: none"> <li>• Firm is registered under relevant Act.</li> <li>• Firm has Qualified (having Architect degree) Architect/s.</li> <li>• Must have minimum 3 to 5 years working experience in the relevant field.</li> </ul>

	<p>In case of individual</p> <ul style="list-style-type: none"> <li>• She / he must be a qualified ( having Architect degree ) Architect</li> <li>• Must have minimum 3 years working experience in the relevant field.</li> </ul>
Criteria for listing priority Architect Firm/Individual Architects for empanelment	<p>Average Annual turnover in last 3 financial years (2016-17,2017-18 &amp; 2018-19)</p> <ul style="list-style-type: none"> <li>• Rs 20.00 lakhs to Rs30 lakhs :10 marks</li> <li>• Rs 31.00 lakhs to Rs 60 lakhs:15 marks</li> <li>• Rs 61.00 lakhs to Rs 80 lakhs:20 marks</li> <li>• Rs 81.00 lakhs to Rs Rs 100 lakhs :25 marks</li> <li>• More than 101 lakhs :30 marks</li> </ul> <p>Successfully completed Health Project/s (Govt/Pvt Sector) in last 3 years. There must be atleast 2 completed projects with certification by the respective Govt/Pvt Hospital authority-20 Marks</p> <p>If applicant is a Firm &amp; ready to engage more than 1 Architect in the assignment ( Undertaking to be given ) : 10 marks</p> <p>Verify document/s of proof for above given performance parameters</p>

As the assignment has to be completed within a time frame ( **Max 3 months**) district may empanel more than (1) Architect based on following norm:-

- 1 Architect for every 25 PHC:-HWCs
- Or as decided by the district authority but to complete the assignment in time.

4. Documents to be attached with the Applications:

- Relevant Registration certificate in case of individual architectural /firm
- Professional certificate in case of individual architect /firm.
- Audited Account Statement of last 3 years (2016-17,2017-18 & 2018-19) in case of firms / IT return copies of last 3 years (2016-17,2017-28 & 2018-19) in case of individuals.
- Working experience in implementing district.
- Working experience in health sector.

5. Deliverables expected form Architect firm/Individual Architect

- At least three visit to the site for discussion with stake holders/Users of the building & assess presence of existing infrastructure vis-à-vis infrastructure need as per IPHS norms.
- Provide as is report of existing infrastructure
- Provide master plan for expansion of existing building as per IPHS norm.
- Provide 3D picture of proposed building.
- Provide plan for best use of open space available at each PHC-HWC.
- Provide detail estimate of funds required for up-gradation of existing building as per master plan.

6. Professional Fees (Maximum Allowed) for developing an Architectural Plan of a PHC-HWC: Rs 25,000/- (Fixed Cost)

7. The layout plan of model PHC-HWC as per IPHS norms (with state specific modification) is annexed at **Annexure-C** and Name & detailed address of PHC-HWC attached at **Annexure-D**.

8. All applications should be submitted to the under signed by registered post/carrier services within the given timeline.

**Correspondence address**

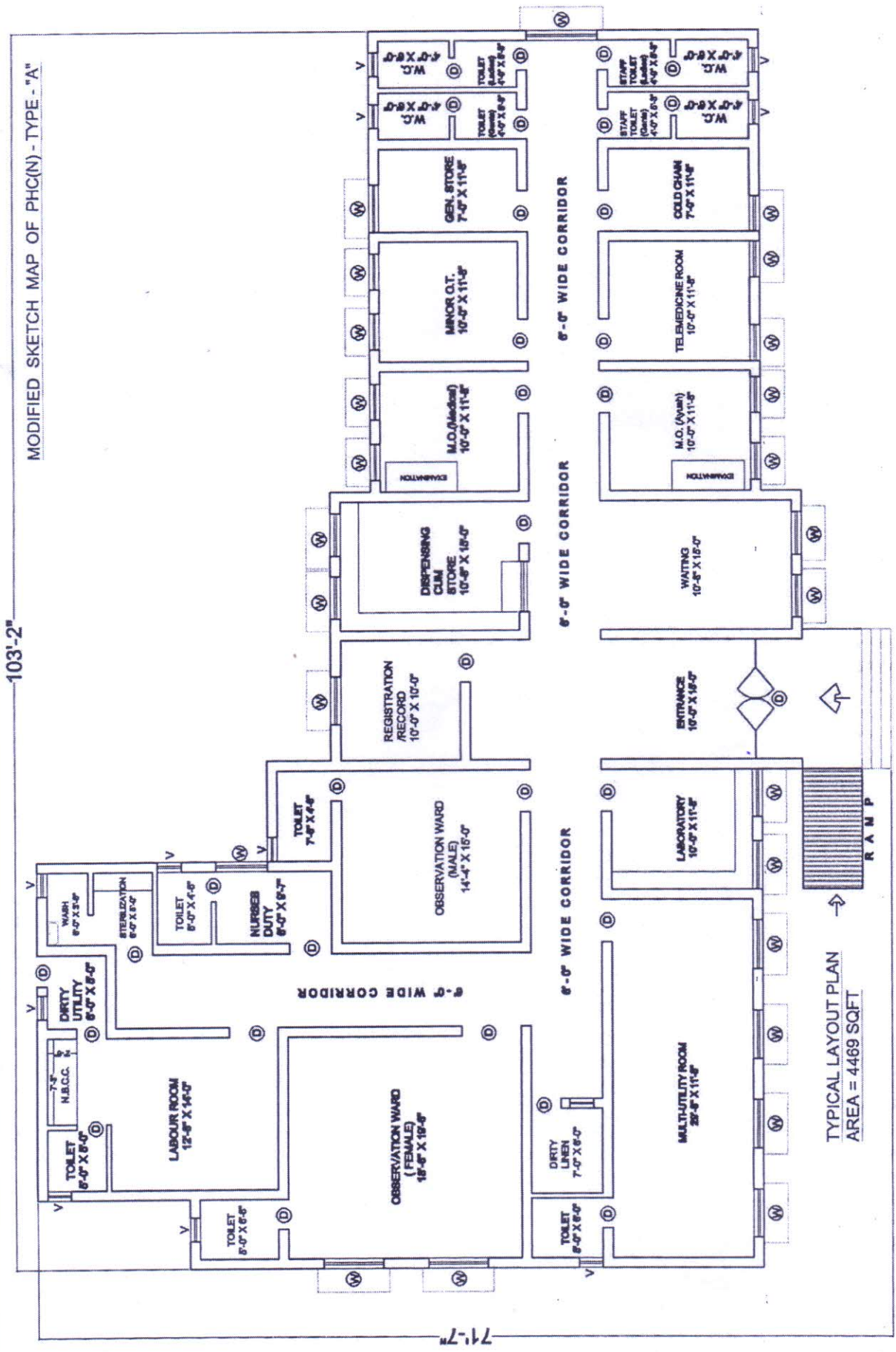
DPMU, NHM, Kalahandi  
O/o the CDM & PHO, Kalahandi  
At/Post-Bhawanipatna  
Dist-Kalahandi  
Odisha PIN-766001

*11/10/13.7*  
CDMPHO cum District Mission Director  
Kalahandi

Anexure - C

MODIFIED SKETCH MAP OF PHC(N) - TYPE - "A"

103'-2"



71'-7"

TYPICAL LAYOUT PLAN  
AREA = 4469 SQFT

DRAWING TITLE:

AREA:

DEALT BY:

LAYOUT PLAN OF PRIMARY HEALTH CENTRE

4469 SQFT

AutoCAD JE, NHM.

