

Invitation of Expression of Interest (EOI)

From

Educational/Research Institutions

**For District-wise Inventorization
of Bio-medical Waste in Uttarakhand**



UTTARAKHAND ENVIRONMENT PROTECTION & POLLUTION CONTROL BOARD

Ref No: UEPPCB/BMW/EOI/2019-20/02

Date of Issue: 05.01.2020

Last date of Submission: 05.02.2020

INVITATION OF THE Expression of Interest (EOI)

Date of EOI	05.01.2020
Item Description	Expression of Interest (EOI) for District-wise Inventrization of Bio-medical Waste in Uttarakhand
Category	Technical Study
Last date &Time of submission of Tender :	05.02.2020 12:00 Noon
Place of Submission of Bids	UEPPCB, 46-B, SIIDCUL, IT Park Sahastradhara Road, Dehradun-248001
Submission of EOI	Financial Proposal to be kept in the form of Form-9 in separate sealed envelope
Pre BID Meeting Date	20.01.2020 (03:00 PM)
Opening Date &Time of tender	05.02.2020, 04;00 PM
Tender Fees	Tender Fee of Rs. 1000/- (Rs. One Thousand Only) in the form of Demand Draft in the favor of 'Member Secretary, Uttarakhand Environment Protection & Pollution Control Board, Dehradun, Payable at Dehradun.
Place of Opening EOI	UEPPCB, 46-B, SIIDCUL, IT Park Sahastradhara Road, Dehradun-248001
Any Clarification	Name : Dr. Ankur Kansal, Environment Engineer Uttarakhand Environment Protection & Pollution Control Board Email : ankurkansal.ueppcb@uk.gov.in Tel. No. : 9412992375



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UTTARAKHAND ENVIRONMENT PROTECTION & POLLUTION CONTROL BOARD

46-B, IT Park, Sahshtradhara Road, Dehradun

Notice Inviting Expression of Interest (EOI)

Ref No: UEPPCB/BMW/EOI/2019-20/02

The Uttarakhand Environment Protection & Pollution Control Board (UEPPCB) invites Expression of Interest (EOI) from reputed educational and/or research institutions for the District-wise Inventorization of Bio-Medical Waste in Uttarakhand for the following Districts

Dehradun	Haridwar	Chamoli	Rudraprayag	Tehri Garhwal	Uttarkashi	Pauri Garhwal
Almora	Pithoragarh	Champawat	Nainital	Bageshwar	Udham Singh Nagar	

The important details pertaining to the submission of the EOI are as under:

Date of issue of EOI	05.01.2020
Date of pre-bid meeting	20.01.2020 (3:00 PM)
Due date for submission of EOI	05.02.2020 (12:00 Noon)
Date of opening of EOI	05.02.2020 (04:00 PM)
Cost of EOI document	Rs 1000

The EOI document can be downloaded from UEPPCB 's website www.ueppcb.uk.gov.in free of cost.

**Member Secretary
Uttarakhand Environment Protection &
Pollution Control Board
46B IT Park, Sahstradhara Road,
Dehradun.**



A.2 About Uttarakhand Environment Protection and Pollution Control Board

The Uttarakhand Environment Protection and Pollution Control Board (UEPPCB) is a statutory Organization constituted under the section 4 of Water (Prevention and Control of Pollution) Act, 1974 to implement Environmental laws and rules within the jurisdiction of Uttarakhand having 13 Districts.

The UEPPCB came into existence on 1st May 2002 and functions through its Head Office at Dehradun along with its 4 Regional Offices, Dehradun, Roorkee, Haldwani & Kashipur. UEPPCB has always endeavoured to strike a rational balance between economic growth and environmental conservation. The Board has been entrusted with the powers and functions under the Water (Prevention and Control of Pollution) Act 1974. Subsequently the implementation of Water (Prevention and Control of Pollution) Cess Act, 1977; Air (Prevention and Control of Pollution) Act, 1981; Environment Protection Act (1986) and the Public Liability Insurance Act, 1991 was also entrusted to the State Board.

Under Environment Protection Act, 1986, Various Waste Management Rules have been framed. UEPPCB has also the responsibility to enforce the provisions the rules. These Rules related to management Plastic Waste, Bio-Medical Waste, Hazardous Waste, E-Waste, Battery Waste



B. Introduction to Bio-medical Waste Inventorization and Description of Work

The Biomedical waste means any waste, which is generated during the diagnosis, treatment or immunisation of human beings or animals or research activities pertaining thereto or in the production or testing of biological or in health camps, including the categories mentioned in Schedule I of the Biomedical Waste Management Rules, 2016. It must be properly managed to avoid the harm for the general public, specifically healthcare and sanitation workers who are continuously uncovered to biomedical waste as an occupational hazard. Appropriate handling, treatment and disposal of wastes are essential elements of health care management programme. Correct method helps protect health care personnel, patients and the local society.

Sources of Biomedical Waste

Hospitals produce waste, which is increasing over the years in its amount and type. The hospital waste, in addition to the risk for patients and personnel who handle them also poses a threat to public health and environment. The various sources of biomedical waste are enlisted below:

Major Sources

- Govt. hospitals/private hospitals/nursing homes/ dispensaries.
- Primary/urban health centers/Pathological Labs
- Medical colleges and research centers/ paramedic services.
- Veterinary colleges and animal research centers.
- Blood banks/mortuaries/autopsy centers.
- Biotechnology institutions.
- Production units

Minor Sources

- Physicians/ dentists' clinics
- Animal houses/slaughter houses.
- Blood donation camps.
- Vaccination centres.
- Acupuncturists/psychiatric clinics/cosmetic piercing.



Categories of Bio-medical Waste (Schedule-I of Bio-medical Waste Management Rules, 2016)

Category	Type of waste	Type of bag or container	Treatment and disposal option
Yellow	<p>(a) Human Anatomical Waste: Human tissues, organs, body parts and fetus below the viability period (as per the Medical Termination of Pregnancy Act 1971, amended from time to time).</p>	Yellow colored non-chlorinated plastic bags	Incineration or Plasma Pyrolysis or deep burial.
	<p>(b) Animal Anatomical Waste: Experimental animal carcasses, body parts, organs, tissues, including the waste generated from animals used in experiments or testing in veterinary hospitals or colleges or animal houses.</p>		
	<p>(c) Soiled Waste: Items contaminated with blood, body fluids like dressings, plaster casts, cotton swabs and bags containing residual or discarded blood and blood components.</p>		Incineration or Plasma Pyrolysis or deep burial. In absence of above facilities, autoclaving or micro-waving/ hydroclaving followed by shredding or mutilation or combination of sterilization and shredding. Treated waste to be sent for energy recovery.
	<p>(d) Expired or Discarded Medicines: Pharmaceutical waste like antibiotics, cytotoxic drugs including all items contaminated with cytotoxic drugs along with glass or plastic ampoules, vials etc.</p>	Yellow colored non-chlorinated plastic bags or containers	Expired cytotoxic drugs and items contaminated with cytotoxic drugs to be returned back to the manufacturer or supplier for incineration at temperature >1200 °C or to common bio-medical waste treatment facility or hazardous waste treatment, storage and disposal facility for incineration at

			>1200 °C Or Encapsulation or Plasma Pyrolysis at >1200 °C. All other discarded medicines shall be either sent back to manufacturer or disposed by incineration.
	(e) Chemical Waste: Chemicals used in production of biological and used or discarded disinfectants.	Yellow colored containers or non-chlorinated plastic bags	Disposed of by incineration or Plasma Pyrolysis or Encapsulation in hazardous waste treatment, storage and disposal facility .
	(f) Chemical Liquid Waste: Liquid waste generated due to use of chemicals in production of biological and used or discarded disinfectants, Silver X - ray film developing liquid, discarded Formalin, infected secretions, aspirated body fluids, liquid from laboratories and floor washings, cleaning, house - keeping and disinfecting activities etc.	Separate collection system leading to effluent treatment system	After resource recovery, the chemical liquid waste shall be pre - treated before mixing with other wastewater. The combined discharge shall conform to the discharge norms given in Schedule - III.
	(g) Discarded linen, mattresses, beddings contaminated with blood or body fluid.	Non-chlorinated Yellow plastic bags or suitable packing	Non - chlorinated chemical disinfection followed by incineration or Plazma Pyrolysis or for energy recovery. In absence of above facilities, shredding or mutilation or combination of sterilization and shredding. Treated waste to be sent for energy recovery or incineration or Plazma Pyrolysis .

	<p>(h)Microbiology, Biotechnology and other clinical laboratory waste: Blood bags, Laboratory cultures, stocks or specimens of micro - organisms, live or attenuated vaccines, human and animal cell cultures used in research, industrial laboratories, production of biological, residual toxins, dishes and devices used for cultures.</p>	Autoclave safe plastic bags or containers	Pre - treat to sterilize with non - chlorinated chemicals on - site as per National AIDS Control Organisation or World Health Organisation guidelines thereafter for Incineration.
Red	Contaminated Waste (Recyclable) Wastes generated from disposable items such as tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles and fixed needle syringes) and vaccutainers with their needles cut) and gloves.	Red colored non-chlorinated plastic bags or containers	Autoclaving or micro - waving/ hydroclaving followed by shredding or mutilation or combination of sterilization and shredding. Treated waste to be sent to registered or authorized recyclers or for energy recovery or plastics to diesel or fuel oil or for road making, whichever is possible. Plastic waste should not be sent to landfill sites.
White (Translucent)	<p>Waste sharps including Metals: Needles, syringes with fixed needles, needles from needle tip cutter or burner, scalpels, blades, or any other contaminated sharp object that may cause puncture and cuts. This includes both used, discarded and contaminated metal sharps</p>	Puncture proof, Leak proof, tamper proof containers	Autoclaving or Dry Heat Sterilization followed by shredding or mutilation or encapsulation in metal container or cement concrete; combination of shredding cum autoclaving; and sent for final disposal to iron foundries (having consent to operate from the State

			Pollution Control Boards or Pollution Control Committee s) or sanitary landfill or designated concrete waste sharp pit.
Blue	(a) Glassware: Broken or discarded and contaminated glass including medicine vials and ampoules except those contaminated with cytotoxic wastes	Cardboard boxes with blue colored marking	Disinfection (by soaking the washed glass waste after cleaning with detergent and Sodium Hypochlorite treatment) or through autoclaving or microwaving or hydroclaving and then sent for recycling.
	(b) Metallic Body Implants	Cardboard boxes with blue colored marking	

B.1 Objective of the Assignment

The broad objectives of the assignment are stated hereunder:

- To carry out a detailed inventory of the Bio-medical waste of all the Health Care Facilities of the given District.
- To study and document the generation, handling, management and disposal practices in different specialties of Health Care Facilities.
- To assess the knowledge, awareness and training (competency) of the staff of Health Care Facilities towards Bio-medical Waste Management.

B.2 Scope of the Work

- (a) The broad scope of work of the project includes the following activities:
- Identify and prepare list of Health Care Facilities (HCFs) as per Bio-Medical Waste Rules, 2016 within the District. The list should be obtained from the Health Department, Municipal Corporation, Uttarakhand Environment Protection and Pollution Control Board or any other concerned authority.
 - Conduct detailed survey of all the Health Care Facilities within a given District strictly as per **Appendix-1**.
 - Compile the data, information, facts and observations collected during the survey in excel sheet strictly as per the format provided by UEPPCB.
 - Submit a comprehensive report to the satisfaction of this Institute as per the format provided by UEPPCB.

- (b) Study Area:- The study areas shall be any one or more of the following Districts of Uttarakhand State as per convenience and choice of the applicant institutions:-

Dehradun	Tehri	Pouri	Chamoli
Rudraprayag	Uttarkashi	Haridwar	Udhamsingh Nagar
Almora	Nainital	Champawat	Bageshwar
Pithoragarh			

C Expression of Interest (EOI)

C.1 Pre-qualification criteria

Reputed educational and/or research institutions (hereinafter referred as institution) complying to all the below eligibility criteria shall be eligible.

C.2. Essential Criteria:

a) **Registration/Affiliation/Recognition:**

Educational institution registered under a competent statutory authority in India duly affiliated to a University under the University Grants Commission.

OR

In case of a research institution, it must be a government/semi-government/ autonomous body registered under a statutory authority in India and engaged in research activities related to environmental management, medical sciences, health sciences or any other relevant field/specialty.

NOTE:

The institution must be an individual entity. Consortium/joint-ventures shall not be permitted. However, proposal comprising of more than one Department/Streams of an Institution are permitted.

b) **Specialization (Department/Stream):**

In case of educational institution, it shall have **minimum one** of the following Departments (diploma, graduation OR post-graduation):

i. Engineering: Environmental / Bio-medical / Bio-technology / Chemical

ii. Pharmacy: Any department or discipline

iii. Science: Environmental Science / Bio Sciences / Home Sciences / Biology /Chemistry /Biotechnology /Biochemistry /Life Sciences / Forensic Science/ Microbiology /Biomedical Technology / Pharmaceutical Sciences

iv. Medical Education: Any department or discipline

v. Management: Pharmaceutical Management / Hospital Management

NOTE:

In case of an Institute other than an educational institution, the criteria (b) is not applicable.



c) Staff and Personnel:

The institution must have adequate scientific and technical staff and student strength to undertake the assignment. Besides, the following criteria needs to be complied with and the same shall be furnished in the format enclosed in **Form-6** and **Form-7**.

No.	Particulars	No. of Personnel	Qualification	Experience
1.	Project Head	01	Master's Degree in any of the specialization specified in	Minimum 10 years
2.	Project Coordinator	05 (minimum)	Bachelor's Degree in any of the specialization specified in	Minimum 5 years
			Or	
			Master's Degree in any of the specialization specified in (b) above	Minimum 3 years

NOTE:

The minimum experience should be in relevant field as specified in **Clause C.2.B**

C.3. Preferable Criteria:**a) Projects executed in relevant field:**

The institution must have executed **minimum two** projects in relevant specialization of streams specified in **Clause C.2.b** above. Ongoing projects shall be considered. Details of the same to be furnished in **Form-8**.

NOTE:

Individual PhD or Master's Degree thesis of faculty/student shall not be considered for evaluation.

C.4. Selection Method:**Expression of Interest (EOI)**

The Uttarakhand Environment Protection & Pollution Control Board (UEPPCB) invites Expression of Interest from reputed educational &/or research institutions for the District-wise Inventorization of Bio-medical Waste for any one or more Districts of Uttarakhand State specified in **Clause No. B.2.b** as per the convenience and choice of the bidder.



2. Uttarakhand Environment Protection & Pollution Control Board (UEPPCB) shall shortlist only those institutions who fulfill the “essential” pre-qualification criteria specified in **Clause 3C.1.**
3. Uttarakhand Environment Protection & Pollution Control Board (UEPPCB) shall shortlist the institutions, based on evaluation of the Expression of Interests submitted by them for further selection.

C.5. Instructions to Institutions

C.5.1. Authorized Signatory

- The ‘Applicant’ mentioned in the EOI document shall mean the one who has signed the EOI document forms. The applicant should be the duly Authorized Representative, for which a certificate of authority as per the format prescribed in **Form-3** duly authorized by the Head of the Organization should be submitted. All certificates and documents (including any clarifications sought and any subsequent correspondence) received hereby, shall, as far as possible, be furnished and signed by the Authorized Representative.
- Every sheet and all forms complete in all respects shall be signed by the person/ persons duly authorized to sign on behalf of the applicants with affixing the applicant’s rubber stamp. Any/all corrections made in the offer shall be duly authenticated by the signature of the Authorized Signatory.

C.5.2. Documents to accompany EOI

The applications shall be complete with the following documents:

- Form-1: Covering Letter to the EoI
- Form-2: Form of Particulars
- Form-3: Declaration of Authorized Signatory and Power of Attorney
- Form-4: Affidavit or Self declaration
- Form-5: Details of existing Departments/streams as per the pre-qualification criteria
- Form-6: Details of scientific and technical core staff as per pre-qualification criteria
- Form-7: CV
- Form-8: Details of projects/studies conducted by the Institution as per pre-qualification criteria
- Letter/certificate of registration/incorporation
- Letter/certificate of affiliation to a University
- Copy of the EOI Document along with corrigendum, if any, duly signed at all pages.
- **Form-9: Financial Proposal in separate Sealed Envelope**

NOTE:

- Non-submission of any one or more of the above documents including incomplete, false or misleading information shall result in disqualification.
- The applicant shall not change any details in the forms and formats of this EOI and shall strictly adhere to them.



C.5.3. Queries in EOI Document:

In case of any queries in the EOI document, a **pre-bid meeting** has been scheduled on **20.01.2020, 3:00 PM at Meeting Room, UEPPCB**. Representatives of applicant institution may attend the meeting to resolve any query regarding the EOI document.

In case the representatives of applicant institution are unable to attend the meeting, they may send their queries via e-mail latest by **20.01.2020, 12:00 Noon** to ankurkansal.ueppcb@uk.gov.in keeping the title of the EOI as subject of the e-mail. The entire proceedings of the pre-bid meeting including clarifications, changes, modifications etc. will be minuted and uploaded on UEPPCB's website www.ueppcb.uk.gov.in and will be sent through e-mail only to those institutions whose representatives attended the pre-bid meeting and to the institutions who sent their queries via e-mail.

C.5.4. Submission of EoI

All the documents as specified in **Clause C.5.2** above shall be arranged in the sequence as specified above and shall be submitted in hard-bound manner and not in the form of loose sheets. The EoI documents shall be submitted in a sealed envelope only through registered post /speed post/ courier/ hand-delivery at the below mentioned office address latest by **05.02.2020, 12:00 Noon**.

Member Secretary,
Uttarakhand Environment Protection & Pollution Control Board (UEPPCB)
(An Autonomous body of Government of Uttarakhand)
46 B IT Park, Sahastradhara Road, Dehradun, Uttarakhand.

The envelope should bear the title "**Expression of Interest (EoI) for the District-wise Inventorization of Bio-medical Waste**" on top.

The submission of all documents including correspondences should be in "English" language only.

NOTE:

- Submission of EOI through e-mail is not permitted. EOIs received through e-mail shall be straightaway rejected.
- EOI received beyond the due date and time of submission (or any extension thereof) shall be straightaway rejected.

C.5.5. Preliminary examination for the EOI

- UEPPCB shall examine the EOI to determine whether they are complete, whether the documents have been signed as indicated in this document, whether all Forms as asked have been filled in properly, whether applications are generally in order and all information as indicated under various clauses have been furnished.
- UEPPCB reserves the right to waive minor deviations in the EOI if they do not materially affect the capability of the applicant institution to perform the assignment.

C.5.6. Evaluation

- The procedure of evaluation of the applications is indicated below:
- UEPPCB has specified the pre-qualification Criteria in the EOI document with minimum qualifying requirement for each of the criteria i.e.



registration/recognition, desired departments/streams, minimum years of experience etc.

C.5.7. Presentation

As a part of Evaluation of Expression of Interests submitted by the applicants, UEPPCB may seek further information or a presentation from the Institution at a short notice for evaluation purposes.

C.5.8. Rejection of EOI

The EOI is liable to be rejected if:

- The application is not received as per the conditions specified in **Clause 3.3.4**.
- Not in prescribed forms and not containing all required details.
- Not properly sealed and signed as per requirements.
- Received after the expiry of due date and time.
- Deliberately gives incorrect or misleading information in their EOI or wrongfully creates circumstances for the acceptance of the EOI. Member Secretary, UEPPCB reserves the right to reject such a bid at any stage.
- Any breach of any condition mentioned in this document.

C.5.9. Disclaimer

- UEPPCB shall not be responsible for any late receipt of EOIs for any reasons whatsoever. The applications received late will not be considered and returned unopened to the applicant.
- UEPPCB reserves all the right to annul/reject the EOI at any stage of the procedure
- UEPPCB may reject any/all applications without assigning any reasons thereof.
- UEPPCB may relax or waive any of the conditions stipulated in this document as deemed necessary in the best interest of the Institute without assigning any reasons thereof.
- UEPPCB may include any other item in the Scope of work at any time after consultation with applicants or otherwise.

C.5.9. Project Timeline

The timeline for completion of various activities under the assignment shall be as below. The project timeline will be considered from the date of release of work order.

a.	Submission of Inspection Report containing the following : - List of HCFs to be surveyed (obtained from concerned department) - Action Plan for survey - List and details of key project personnel to be	Within 30 days from the date of issue of work order.
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	deployed	
b.	Training and capacity building of surveyors (to be conducted by UEPPCB)	Within 45 days from the date of issue of work order.
c.	Submission of dully filled questionnaires along with data analysis in excel format.	Within 120 days from (b)
d.	Submission of Draft Report for review and approval.	Within 30 days from (c)
e.	Submission of Final Report.	Within 15 days from the comments on draft report (d)

The above timeline shall be strictly adhered to in all cases and thus the resources may be deployed accordingly.

C.5.11. Amendments in EOI

- At any time prior to the deadline for submission of EOI, UEPPCB may, for any reason, whether at its own initiative or in response to clarifications requested by an Applicant, modify the EOI document by the issuance of Addendum/ Amendment and posting it on the Official Website.
- The amendments will be posted on the Official Website along with the revised EOI containing the amendments and will be binding on all Applicants.
- In order to afford the Applicants a reasonable time for taking an amendment into account, or for any other reason, the Authority may, in its sole discretion, extend the last date of submission.

C.5.12. Data Security and Data Validation:

- The Uttarakhand Environment Protection & Pollution Control Board (UEPPCB) shall have absolute and sole right on the data and output thus generated/collected in the process of the entire Project. The institution shall be responsible for security and safe custody of data and documents. In no way the information/ data/ documents shall be used/ copied/ duplicated/ published/ supplied whole or in part during and after completion of the Project without prior written permission from the Member Secretary, UEPPCB.
- The filled up questionnaire should be duly signed by the competent authority of the HCF being surveyed. Unsigned questionnaire will not be accepted.
- The cross-verification of the data filled in the questionnaire would be done by UEPPCB.
- In case of submission of false/incorrect data, delay or non-completion of work in prescribed time or any other case of non-compliance or discrepancy, the Member Secretary, UEPPCB reserves the right to charge appropriate penalty or take any action which Member Secretary, UEPPCB deems fit and suitable including permanent debarment from carrying out such works in future or blacklisting the institution. In such a case, the institution shall make no financial claim and shall

remain bound to deliver satisfactory work in stipulated time duration.

C.5.13. Confidentiality:

The data will be the ownership of UEPPCB, hence, any information pertaining to this Project shall be deemed to be confidential and the institution shall be fully responsible, for the same being kept confidential and help in trust, as also for all consequences of its concerned personnel failing to observe the same.

C.5.14. Force Majeure:

In case of delay in timely execution of the assignment caused by factors beyond the control of the institution, such as war, riot, earthquake, flood, fire or other natural disasters, restrictions imposed by the Government or other statutory bodies, the institution shall advise the Member Secretary, UEPPCB in writing at the beginning and the end of the above causes of delay, within seven days of occurrence and cessation of the force majeure conditions.

C.5.15. Agreement of Performance:

The Institution to which the work would be allotted shall execute an "Agreement of Performance" with UEPPCB as per a prescribed format on a stamp paper of value not less than Rs. 100/-

C.5.16. Termination of Assignment:

In the event the institution fails to carry out the assignment in terms of this document or the work order within the stipulated period or any extension thereof, as may be allowed by the Member Secretary, UEPPCB without any valid reasons acceptable to the Member Secretary, UEPCB, the Member Secretary, UEPPCB may terminate the assignment after giving seven days' notice. The Member Secretary, UEPPCB may give the institution a chance to put forth the reasons for delay/non-performance before deciding on the matter.

C.5.17. Completion of Assignment:

The assignment would be considered complete and completion certificate would be issued to the institution upon:

- a) Receipt of Final Report, complete in all aspects to the satisfaction of Member Secretary, UEPPCB.
- b) Payment of all dues against the services offered subject to fulfillment of the terms and conditions of this order.
- c) Settlement of all issues between both the parties to the satisfaction of Member Secretary, UEPPCB.

C.5.18. Scope not Exhaustive

The Scope of work specified in this **Clause 2.3** are not exhaustive and the institution shall undertake such other tasks as may be necessary to execute the satisfactory completion of the assignment as per the requirements of UEPPCB.

C.5.19. General Terms and Conditions:

- For all matters pertaining to this Project, the decision of Member Secretary, UEPPCB shall be final and binding on both the parties.



- For all legal matters, Dehradun shall be the jurisdiction.
- The Institution should not anywhere in the EOI quote or mention the rates/charges. This would lead to disqualification.
- The Member Secretary, UEPPCB reserves the right to prioritize the District(s) or decide the maximum number of Districts to be taken up for inventorization without giving any notice or reasons for the same.
- The Member Secretary, UEPPCB reserves the right to cancel this EOI any time during the period of assignment and is not liable to furnish any reasons or give any notice/intimation in advance.
- UEPPCB reserves the right to review/revise/update the survey questionnaire (**Appendix-1**) or the format of report or modify the scope or any other condition in the assignment before allotment of the work.

C.5.20. Financial Proposal

The EOI shall be accompanied with the Financial proposal as per form –9 in a separate sealed envelope superscripted as “Financial Proposal”

Sub-contracting of any kind of work, by any means shall not be permitted in any case.

Form-1: Covering Letter to the EoI
(To be printed on the institution's letter head)

Ref. No.

Date:

To,

The Member Secretary,
Uttarakhand Environment Protection & Pollution Control Board(UEPPCB)
46 B IT Park, Sahastradhara Road, Dehradun,
Uttarakhand.

Subject: Submission of EoI for "District-wise Inventorization of Bio-medical Waste in Uttarakhand"

Sir,

Having examined the completeness of EoI document, studied all the clauses of the same I/we, the undersigned expresses its interest to undertake the said assignment for carrying out of the above subjected works in conformity with the work order being awarded up to the stage of completion of works.

(name of the institution) hereby submits the "Expression of Interest" for consideration of our institution for undertaking the work subjected above. The submission, duly signed and stamped at all pages, comprises, separately of:

1. Form-2: Form of Particulars
2. Form-3: Declaration of Authorized Signatory and Power of Attorney
3. Form-4: Affidavit or Self declaration
4. Form-5: Details of existing Departments/streams as per the pre-qualification criteria
5. Form-6: Details of scientific and technical core staff as per pre-qualification criteria
6. Form-7: Format of CV of staff proposed in Form-6
7. Form-8: Details of projects/studies conducted by the Institution as per pre-qualification criteria
8. Letter/certificate of registration/incorporation
9. Letter/certificate of affiliation to a University
10. Copy of the EoI Document along with corrigendum, if any, duly signed at all pages.

We have not made any tampering or changes in the EoI documents and if any tampering or changes are detected at any stage, we understand the EoI will invite summary rejection / the contract will be liable to be terminated, even if work order has been issued.

I/We understand that, the Uttarakhand Environment Protection & Pollution Control Board (UEPPCB) is not bound to accept any EoI that the Institute may receive.

I/We hereby declare that my/our EOI is made in good faith and the information contained is true and correct to the best of my/our knowledge and belief.

Thanking You.

Yours faithfully,

Signature of Authorized Signatory

Name:

Designation:

Seal of Institution:



Form-2: Form of Particulars

Fill in the information as required in the form below (all fields are mandatory)

Name of the Educational/Research Institution														
Date of Registration/Incorporation/Establishment of the Institution														
Address of Communication														
Letter/certificate of Registration/Incorporation / (attach separately)														
Letter/certificate of affiliation to a University (attach separately)														
Phone:														
E-mail:														
Name of Department(s) handling the project														
Mobile No.														
District Selected for Inventorization (Please tick from the following)														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%;">Dehradun</td> <td style="width: 16.6%;">Haridwar</td> <td style="width: 16.6%;">Chamoli</td> <td style="width: 16.6%;">Rudraprayag</td> <td style="width: 16.6%;">Tehri Garhwal</td> <td style="width: 16.6%;">Uttarkashi</td> </tr> <tr> <td>Almora</td> <td>Pithoragarh</td> <td>Champawat</td> <td>Nainital</td> <td>Bageshwar</td> <td>Udham Singh Nagar</td> </tr> </table>			Dehradun	Haridwar	Chamoli	Rudraprayag	Tehri Garhwal	Uttarkashi	Almora	Pithoragarh	Champawat	Nainital	Bageshwar	Udham Singh Nagar
Dehradun	Haridwar	Chamoli	Rudraprayag	Tehri Garhwal	Uttarkashi									
Almora	Pithoragarh	Champawat	Nainital	Bageshwar	Udham Singh Nagar									

I hereby declare that the above information is true to the best of my knowledge and I am authorized by the institution to fill up and submit on its behalf.

Authorized Signatory

Institution seal

Name and Designation:



Form-3: Declaration of Authorized Signatory and Power of Attorney

(To be printed on the institution's letter head)

Ref. No.

Date:

To,

The Member Secretary,
Uttarakhand Environment Protection & Pollution Control Board (UEPPCB)
46 B IT Park, Sahastradhara Road, Dehradun,
Uttarakhand.

Subject: Declaration of Authorized Signatory for the Submission of EoI for "District-wise Inventorization of Bio-medical Waste in Uttarakhand"

Know all men by these presents, We, **(name of the institution)** do hereby constitute, nominate, appoint and authorize _____ and presently residing at _____ who is presently employed with/retained by us and holding the position of _____ as our true and lawful attorney (hereinafter referred to as the "Authorised Signatory") 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 for "**District-wise Inventorization of Bio-medical Waste in Uttarakhand**" and proposed to be executed by the Uttarakhand Environment Protection & Pollution Control Board (UEPPCB) (the "**Authority**") including but not limited to signing and submission of all applications, proposals and other documents and writings, participating in meetings and other conferences and providing information/responses to the Authority, representing us in all matters before the Authority, signing and execution of all contracts and undertakings consequent to acceptance of our EOI and proposal and generally dealing with the Authority in all matters in connection with or relating to or arising out of our proposal for the said Project and/or upon award thereof to us till the entering into of the Agreement with the Authority.

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

IN WITNESS WHEREOF WE, **(name of the institution)** THE ABOVE NAMED PRINCIPAL HAVE EXECUTED THIS POWER OF ATTORNEY ON THIS _____ DAY OF _____ (month), 2019

For **(name of the institution)**.

Signature and seal of Head of the Organization

Witnesses:

1) _____

2) _____



Form-4: Affidavit or Self declaration

Ref : Call for Expressions of Interest for “District-wise Inventorization of Bio-medical Waste in Uttarakhand”

1. I/We declare that our institution has not been banned/de-listed/debarred/blacklisted by any Authority/Agency in India.
2. I/We also agree to abide by the highest ethical standards in the profession and, in particular, have no potential conflict of interest;
3. I/We will inform the Authority immediately if there is any change in the above circumstances at any stage during the EOI/RFP procedure or during the implementation of the project;
4. I/We fully recognize and accept that any inaccurate or incomplete information deliberately provided in this tender may result in my/our exclusion from this or other assignments/projects funded by the Authority.
5. In response to your call for expression of interest, I/We hereby declare that I/We, am/are not in any of the situations that debar me/us from participation in the EOI.

Signature of Authorized Signatory
Institution seal



Form-5: Details of existing Departments/streams as per the pre-qualification criteria

Specify the details of the Departments in the institution only as per the eligibility criteria of the EoI.

Sr. No.	Name of Department	Diploma/ Graduate/ Post-Graduate/ Doctoral (specify)	Total no. of faculties	Total no. of students	Whether aspects related to biomedical waste management are included in course curriculum? (Yes/No) If yes, attach copy of curriculum/ syllabus

Signature of Authorized Signatory
Institution seal



Form-6: Details of scientific and technical core staff as per pre-qualification criteria

Specify the details of the existing scientific and technical core staff

i. Project Head (One)

S.No.	Name	Designation	Qualification	Experience

ii. Project Coordinators (Minimum Five)

S.No.	Name	Designation	Qualification	Experience

Signature of Authorized Signatory

Institution seal



Form-7: Format of CV
(enclose CVs of all personnel proposed in Form-6)

Proposed position for the assignment: (Tick whichever applicable)	Project Head/Project Coordinator
Name:	
Current Designation at the Institution:	
Department/Stream:	
Date of Birth:	
Residential Address:	
Mobile No.	
E-mail ID:	
Educational Qualification: (The years in which various qualifications were obtained must be stated)	
Trainings attended:	
Language Proficiency: (Indicate proficiency in speaking, reading and writing of each language by excellent, good, fair or poor)	
Proficiency in basic computer skills like MS-Office and other basic functions (Indicate proficiency by excellent, good, fair or poor)	
Membership in Professional Bodies:	
Employment Record: (Starting with present position; specify duration of employment, employer, designation and major duties performed)	
Publications:	
Description of Duties: (Describe the works undertaken in past that best illustrate or relates your capability to handle this assignment. In this column, list project name, location, year, position held and exact duties rendered and time spent on each project)	

I, the undersigned, certify that to the best of my knowledge and belief, this CV correctly describes my qualifications, my experience, and myself. I understand that any willful misstatement described herein may lead to my disqualification or dismissal, if engaged.

Signature

Date



Form-8: Details of projects/studies conducted by the Institution as per pre-qualification criteria

Project Name:			
Project Location within Country :			
Name of Client:			
Start Date (Month/Year):	Completion (Month/Year):	Date	Approx. Value of Services (optional)
Name of Senior Staff (Principal Investigator/Coordinator/ Research Associate etc.) involved and functions performed:			
Detailed Narrative Description of Project:			
Detailed Description of Actual Services provided:			

NOTE:

Please also note that the copies of sanction letters/work orders and satisfactory completion certificate from the funding agency/client shall be required to be submitted for all the references mentioned above.

Signature of Authorized Signatory
Institution seal



**Form-9: Financial Proposal to carry Out District Wise Inventorization
of Bio Medical Waste in Uttarakhand**
**“To be kept in a separate sealed envelope superscripted as
“Financial Proposal”**

The Financial Proposal should be submitted either for one District or more than One District in the following Table:-

S. No.	Name of District for which Inventory of Bio Medical Waste is to be carried out	Financial Proposal in Indian Rupees
1	Dehradun	
2	Haridwar	
3	Tehri	
4	Pouri	
5	Utterkashi	
6	Chamoli	
7	Rudraprayag	
8	Udham Singh Nagar	
9	Nainital	
10	Almora	
11	Bageshwar	
12	Pithoragarh	
13	Champawat	
	Taxes	

APPENDIX-1: SURVEY QUESTIONNAIRE

HEAD OFFICE
 UTTARAKHAND ENVIRONMENT PROTECTION &
 POLLUTION CONTROL BOARD
 46 B, IT PARK SEHSTRADHARA ROAD, DEHRADUN
 (Uttarakhand)



उत्तराखण्ड पर्यावरण संरक्षण एवं प्रदूषण नियंत्रण बोर्ड
 46 बी,आई.टी.पार्क, सहस्त्रधारा रोड, देहरादून
 (उत्तराखण्ड)

Phone: 0135-2658086, Fax: 0135-2718092 Web: www.ueppcb.uk.gov.in

SURVEY QUESTIONNAIRE FOR HEALTH CARE FACILITIES DEALING WITH BIO_MEDICAL WASTE

(This survey is conductedunder the project "Bio-Medical Waste Inventorization" undertaken by Uttarakhand Environment Protection & Pollution Control Board (UEPPCB) under the scheme of Forest & Environment Department of Uttarakhand)

Date of Survey: / /

Form No:

GPS coordinates of HCF	Latitude :	Longitude:
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Section : [A] General Information of Health Care Facility (HCF)

Please fill-in appropriate details in the below sections					Observations/Comments of Surveyor
Name of HCF					*(In case of multi-speciality hospital specify the specialities)
Address of HCF					
City/Village					
Taluka		District			
Type of Organization	Govt.		Private		
	Trust		Other (Specify)		
Type of HCF	Hospital		Nursing Home/Maternity		
	Laboratory		Clinic/Dispensary		
	Blood Bank		Research Center		
	Other (Specify):				
Speciality of HCF	Multi-speciality*		Surgical		
	Nursing Home/Maternity		Dermatology		
	Gynaec		Orthopaedic		
	Pathological		Dental		
	Other (Specify):				
Capacity of HCF	Bedded		Number of Beds:		
			Average Occupancy of Beds per Year :		
	Non Bedded		Average Number of patients per day :		



HEAD OFFICE
**UTTARAKHAND ENVIRONMENT PROTECTION &
 POLLUTION CONTROL BOARD**
 46 B, IT PARK SEHSTRADHARA ROAD, DEHRADUN
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 46 बी,आई.टी.पार्क, सहस्त्रधारा रोड, देहरादून
 (उत्तराखण्ड)

Phone: 0135-2658086, Fax: 0135-2718092 Web: www.ueppcb.uk.gov.in

Section : [B] Details of Bio-Medical Waste generated at HCF Quantity Wise

Please fill-in appropriate details in the below section						Observations/Comments of Surveyor
Total Quantity of Incinerable (Yellow Bag) Bio-Medical Waste generated at HCF (Kg/day)						
Total Quantity of Non-Incinerable (Blu/Other bag) Bio-Medical Waste Generated at HCF (Kg/day)						
Total Quantity of Bio-Medical Waste Generated at HCF (Kg/day)						
Details of Incinerable Bio-medical Waste						
Category of Incinerable Bio-medical Waste	In which colour bags is it stored?	Treated onsite? If yes, specify treatment given	Total Quantity of Waste generated (Kg/day)	Total Quantity of waste treated at HCF (Kg/day)	Total Quantity of Waste sent for disposal (Kg/day)	
Human Anatomical Waste						
Animal Anatomical Waste						
Soiled Waste						
Expired or Discarded Medicines						
Chemical Waste						
Chemical Liquid Waste						
Discarded Linen, mattresses, beddings etc						
Microbiology, Biotechnology & other clinical laboratory waste						
Details of Non-Incinerable Bio-Medical Waste						
Category of Non-Incinerable Bio-medical Waste	In which colour bags is it stored?	Treated onsite? If yes, specify treatment given	Total Quantity of Waste generated (Kg/day)	Total Quantity of waste treated at HCF (Kg/day)	Total Quantity of Waste sent for disposal (Kg/day)	
Contaminated Waste						

(Disposable Items)						
Waste Sharps including metals						
Glassware						
Metallic Body Implants						

HEAD OFFICE

UTTARAKHAND ENVIRONMENT PROTECTION &
POLLUTION CONTROL BOARD
46 B, IT PARK SEHSTRADHARA ROAD, DEHRADUN
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Section : [C] Details of Bio-Medical Disposal by HCF

Please fill-in appropriate details in the below section				Observations/Comments of Surveyor	
Is the HCF a member of Common Bio-Medical Waste Treatment Facility (CBWTF) Yes <input type="checkbox"/> NO <input type="checkbox"/>					
(If No, specify the mode of Disposal of Bio-medical waste by HCF):					
Name of the CBWTF handling Bio-medical Waste :					
How often does the CBWTF operator collect waste from your HCF in a week?	Daily		Weekly		
	Alternate Day				
	Other Specify:				
Please mention Last two dates and time of the collection of Bio-medical Waste by CBWTF	Date		Time		
Has the HCF obtained Authorization for Disposal of Bio-medical Waste from UEPPCB Yes <input type="checkbox"/> NO <input type="checkbox"/>					
If Yes, provide below details mentioned in CCA *: Consent No. : Date of Expiry : Consented quantity of BMW (Kg/month) : Address of HCF mentioned in CCA *					
Has the HCF given undertaking for disposal of Bio-medical Waste to UEPPCB? Yes <input type="checkbox"/> NO <input type="checkbox"/>					
Mention the facilities available with the HCF for treatment of Bio-medical Waste	Autoclaving		Deep Burial		
	Microwaving		Chemical Treatment		
	Incinerator		Other (Specify) :		
What do you do with expired medicines/drugs?	Sent for disposal to CBWTF				
	Return to Pharmacy				
	Other (Specify):				