



తెలంగాణ తెలంగాణ TELANGANA

N. Nageshwar V 437331

SL No. 5596 Date 30/07/2019 Rs. 100/-

NAKKA NAGESHWAR
LICENSED STAMP VENDOR

Sold to Nagaraju

Lic. No. 15-07-010/2013. R.L. No. 15-07-014/2019

S/o Lakshmaiah

Flat No. 211, 2nd Floor, Silver Oak Apts.,

For whom M/s. Mediciti Healthcare Services -

CHERLAPALLY (Medchal - Malkajgiri Dist.)

Cell : 9949 110 435

ADDENDUM

To the
**Memorandum of Understanding for
Biomedical Equipments Maintenance Services**

signed on 09/11/2016, evident in File No.F.3 (5-2957)-FWPN/SHFWS/2015

BETWEEN

Mission Director, State Health & Family Welfare Society, Tripura, SIHFW
Building, 1st Floor, Palace Compound, Agartala, West Tripura-799001

AND

Mediciti Health Care Services Pvt. Ltd. (MHSPL)

5 -9 -22, Secretariat Road

Hyderabad - 500 063

Tel: 040-23231111

80 1 5553999, 9848436961

Reference: (i) Tender Enquiry Document No F.3 (5-2957)-FWPM/SHFWS/2015 dated 7th June 2016 and subsequent Amendment/Corrigendum, vide even No. dated 13th June 2016 and 25th June 2016 issued by the Tender Inviting Authority (ii) Service Provider's bid submitted on 5th July 2016.

(Dr. Chaitan K. Yadav, AS)
Mission Director,
National Health Mission,
Govt. of Tripura.

THIS ADDENDUM, as per the DECISIONS AND WILLINGNESS OF BOTH THE PARTIES, as reflected in the Meeting Minutes of 03-April-2018 has been added after the approval of the State Government to the earlier Memorandum of Understanding (MoU) for Biomedical Equipments Maintenance Services signed on 09/11/2016, evident in File vide No.F.3 (5-2957)-FWPM/SHFWS/2015. However, this Addendum is only an addition to the EARLIER AGREEMENT and does not suspend any part or whole of the earlier agreement. In case, any part of this addendum contradicts with the earlier agreement than the clauses of this very


addendum will remain in full effect and will be considered as TRUE, CORRECT AND VALID. In some cases, detailed and elaborative explanation of the clauses beyond the meeting minutes & Govt approval has been further added up to avoid any possible controversy or differences in opinion between the parties. On this day, the 07 August 2019, we, the State Health & Family Welfare Society, Tripura and Mediciti Health Care Services Pvt. Ltd. (MHSPL) *de juri*, DO ADOPT, ENACT AND GIVE OURSELVES THIS ADDENDUM.

VERIFICATION OF FUNCTIONALITY OF EQUIPMENTS AND OTHER KEY ISSUES

- 1.13 Service Charge for the equipment which is under CAMC/AMC/warranty shall be excluded (by the service provider), if any.
- 1.14 The equipment's which are lying in the stores are presumed that they are not going to be used in the immediate future and hence they may be removed from the service contract/asset value, effective since 03-April-2018. However, the physical Tag Number shall not be removed from the equipment. In case, later on such equipment is put in use, then the facility in-charge (with assistance from the service provider) may request the MD NHM to bring these equipments under the service contract. Upon satisfaction, the authority may inform MHSPL to resume services for these equipments and their service charge may be added in the concerned subsequent month's billing.
- 1.15 Keeping the difficulties of travelling in remote areas & time requirement under consideration, henceforth the Part-II format (i.e., facility-based report as service evidence), has been deemed as 'not mandatory' for PHCs only. Hence, upon satisfaction, the district level authority may skip the Part-II format for PHCs only. However, before signing the Part-I certificate, the district level authority may ask necessary evidences/documents of maintenance activity conducted in the health facilities in the district from the service provider.
- 1.16 The equipment against which 'Standby Equipment' have been provided, for them the entire penalty slabs will shift from 7 days to 30 days, *ceteris paribus*, provided that standby equipment is continuously provided and functional.
- 1.17 The equipments which 'could not be traced' and 'would not be traced' during the verification of the functionality status, shall be removed from the asset base/contract, for billing of next month of the verification. The physical Tag Number shall not be removed from such equipment. However, if such equipment is found later on, then the service provider may forward his letter of request from the concerned facility for reinclusion. Upon satisfaction the MD NHM may inform MHSPL to resume services for these equipments and their service charge may be added in the subsequent month's billing.
- 1.18 Backlog bill upto 22nd Sept 2018 shall be processed based on earlier procedure.
- 1.19 Monthly Bill, Part-I&II, Asset value list, Penalty Certificate, bill derivation methodology, standby equipment documents & all other concerned supporting documents shall be produced on monthly basis in original & should be authenticated.
- 1.20 Authenticated documents shall be produced during the submission of bill for claiming exclusion from applicable penalty for the equipment which has been genuinely

For MEDICITI HEALTH CARE SERVICES PVT. LTD.

General Manager


(Dr. Shallesh K. Yadav, IAS)
Mission Director,
National Health Mission,
Govt. of Tripura.

damaged by electrical issue in the concerned facility. Bill shall be processed after duly confirmation of the nature of damage. In such cases, the MD, NHM will solely reserve the right to decide whether to impose penalty or not, based on the report from PWD (Internal Electrification Division) &/or M.O. I/c of the hospital.

1.21 While processing the monthly bill, verification of the equipments shall be done by the officials nominated by the MD, NHM. For this purpose 'Purposive Sampling' especially 'Judgement Sampling' of health facilities will be followed, ceteris paribus. However, prior intimation of the verification shall be given to the service provider as well as to the concerned health facilities on or before 7 (seven) days.

(i)Verification Team: While processing the monthly bill, verification of the equipments shall be done by the officials nominated by the MD, NHM in presence of the representative(s) from the service provider. There shall neither be any bar on minimum or maximum number of officials in the 'functionality verification team' nor any bar on 'designation of the nominated officials'. In addition, staffs from the districts &/or from the facility may be included, though not mandatory. After verification, competent person from the service provider shall endorse (put his/her signature on) the 'Functionality' Status Certificate' without which bill shall not be processed further.

1.22 Penalty will be imposed as per slabs, based on the functionality status in percentage, as verified by the nominated officials. The Number of equipments and the value of equipments will share equal weightage in the ratio of 50:50 respectively, while deriving the functionality status (in percentage), ceteris paribus.


(i)DETAILED EXPLANATION:

DECIDING AN EQUIPMENT AS FUNCTIONAL OR NON-FUNCTIONAL: The decision of the nominated officials in consultation with the facility in charge/ward in-charge/District Programme Manager etc, shall be deemed as final in deciding whether an equipment shall be considered functional or non-functional, given that, the same shall be duly authenticated by the facility in-charge &/or CMO and produced in the form of 'Functionality Status Certificate'. Special Conditions when equipment will be considered non-functional are:

- (a) A part of or the whole equipment is not functioning.
- (b) The equipment is functioning but a part of it is missing during verification *viz.*, power cable, connecting cable, *etc.*
- (c) The Equipment is not giving accurate results due to lack of calibration.etc.
- (d) The end user's opinion: If an end user perceives an equipment as non-functional than the representative of service provider should demonstrate the fully functional status of the equipment to the user. During the demonstration if the equipment is found 'non functional' then only it may be considered as non-functional, otherwise it may be considered as functional.

EXCLUSION OF NOT FOUND EQUIPMENT ITEMS, ITEMS PROPOSED FOR CONDEMNATION/ BER AND INACCESSIBLE ITEMS:

- (a) The Equipment's which will remain 'not-found' can neither be concluded as 'Functioning Good' nor as 'Not Functioning' and hence they shall not be included in the calculation of functionality status.
- (b) The items which would be 'proposed for condemnation, shall also be removed from the asset value by the service provider and hence they shall not be included in the calculation, the condition is, the equipment should reflect as 'proposed for condemnation/BER' in the dashboard status on the date of verification visit.


 (Dr. Shailish K. Yadav, IAS)
 Mission Director,
 National Health Mission,
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- (c) However, in case one or more equipment remains 'not found' due to inaccessibility in wards/department, then those equipments may be excluded while calculating the functionality status, if agreed by the representative(s) from the service provider; if not, then another visit may be rescheduled or as decided by the authority. The In-accessible items may not be removed from the asset value unless endorsed/desired by the MD, NHM

Finally, the calculation shall be done based on the observations/actual status observed during the visit date only and accordingly functionality status certificate duly authenticated by the Chief Medical Officer or/& Facility In-Charge or by both, shall be produced.

Calculation of penalty:

Despite existence of penalty slabs for delayed repair, additional penalty will be applied as per slabs based on the verification of the nominated officials. This additional penalty as per slabs given in clause No: 1.24, will be applied to the Final Billing Value of the concerned month (i.e., exclusive of proposed form condemnation/BER and inclusive of application of escalation the concerned month). Equipments which are under repair or equipment for which call has already been generated, they will also be included for assessment of the functionality status of equipments.

Illustrations of deriving weighted functionality status:

Equipment Name	Quantity	Value/unit	Gross Value (Rs)	Status
BP Machine	01	1000	1000	Functional
BP Machine	01	1000	1000	Functional
BP Machine	01	1000	1000	Functional
Analyzer	01	2000	2000	Non-functional

The % of equipment non functional based on Number = $(1/4)*100 = 25\%$

Hence Functional = $(100-25) = 75\%$ or 00.75

The % of equipment non functional based on Value = $(2000/5000)*100 = 40\%$

Hence Functional = $(100-40) = 60\%$ or 00.60

Assigning equal Weightage in the ratio of 50:50

Particulars	Functional Equipment	Weight (50:50)	Weighted Average
Functional % in number	00.75	$00.75*0.50$	00.375
Functional % in Value	00.60	$00.60*0.50$	00.30
Gross			00.675

Hence, % of Equipments functional = 67.5%


- 1.23 The sample size shall be 4 facilities i.e., 2 District Hospital & 2 facilities from CHC/SDH/PHCs; for accessing the functionality status of every month. However, MD NHM reserves the right to decide the sample size and sapling techniques.

DETAILED EXPLANATION:

- (i) Provisional Sampling Techniques:

Stage -I: A minimum of 4 facilities i.e., 2 District Hospital & 2 facilities from CHC/SDH/PHCs will be selected through purposive sampling especially judgement sampling from the entire state.

Stage-II: All the equipments in the facilities shall be accessed individually for accessing the functionality status. However, in certain cases viz., busy Schedule in any ward (eg. Busy OT, heavy patient load etc.), inaccessibility to the wards (Fumigation, locked room, etc.), unavailability of ward in-charge, absence of personal


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who keeps the equipment etc. the nominated officials may skip one or more equipments or even entire wards.

1.24 Henceforth, the penalty slabs based on functionality verification will be defined as follows:

Slab	Functionality of Equipments	Applicable Penalty
Slab-I	95% or more	00%
Slab-II	90% to less than 95%	05%
Slab-III	80% to less than 90%	10%
Slab-IV	70% to less than 80%	15%
Slab-V	60% to less than 70%	30%
Slab-VI	50% to less than 60%	40%
Slab-VII	Less than 50%	100%

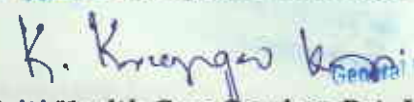
1.25 Henceforth, the training/review meeting at sate/district/facility level will be conducted by combined team of both the 'Nominated Officials' and the 'service provider' financially supported by the service provider.

Date: _____, the 07th August 2019

Place: Agartala, Tripura.


Mission Director
National Health Mission,
State Health & family Welfare Society
Govt. of Tripura
(Dr. Shailesh K. Yadav, IAS)
Mission Director,
National Health Mission,
Govt. of Tripura.

Received and accepted this Addendum
MEDICITI HEALTH CARE SERVICES PVT. LTD


General Manager
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General Manager