Government of Madhya Pradesh

SAHYOG
(Support And Help For You Of Government)
A Mental Health Counselling Helpline

Establishment of Mental Health Counselling Helpline for the state of Madhya Pradesh

EXPRESSION OF INTEREST (EOI)

Issued by:
National Health Mission, Madhya Pradesh
(Public Health and Family Welfare Department, Government of Madhya Pradesh)
8, Arera Hills, Old Jail Road, Bhopal, Madhya Pradesh 462011
Phone No.: 0755-4092552
Web Site: www.nhmmp.gov.in
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DISCLAIMER

1. This Expression of Interest document is neither an agreement nor an offer by the National Health Mission, Madhya Pradesh, (hereinafter referred to as “NHM-MP”) for the interested parties. The purpose of this document is to solicit information on behalf of NHM-MP about the interested parties/agencies working in the domain of Mental Health Counselling Helpline.

2. NHM-MP does not make any representation or warranty as to the accuracy, reliability or completeness of the information in this EOI document and it is not possible for NHM-MP to consider particular needs of each party who reads or uses this document. This EOI document includes statements which reflect various assumptions and assessments arrived at by NHM-MP in relation to the statement of work. Such assumptions, assessments and statements do not purport to contain all the information that each interested party may require. Each interested party should conduct its own assessment and analysis and check the accuracy, reliability and completeness of the information provided in this document and obtain independent advice from appropriate sources.

3. NHM-MP will not have any liability to any prospective Proposer/ Firm/ or any other person under any laws (including without limitation the law of contract and tort), the principles of equity, restitution or unjust enrichment or otherwise for any loss, expense or damage which may arise from or be incurred or suffered in connection with anything contained in this document, any matter deemed to form part of this document, the information and any other information supplied by or on behalf of NHM-MP or their employees, any agency or otherwise arising in any way from the selection process for the Assignment. NHM-MP will also not be liable in any manner whether resulting from negligence or otherwise however caused arising from reliance of any interested party upon any statements contained in this document.

4. NHM-MP will not be responsible for any delay in receiving the proposals. The issue of this EOI does not imply that NHM-MP is bound to select an agency or to appoint the selected agency, as the case may be, for the services. NHM-MP also reserves the right to withhold or withdraw the process at any stage with intimation to all who showed interest.

5. The information given is not exhaustive on account of statutory requirements and should not be regarded as a complete or authoritative statement of law. NHM-MP accepts no responsibility for the accuracy or otherwise for any interpretation or opinion on the law expressed herein.
# NOTICE FOR EXPRESSION OF INTEREST

**Project:** Establishment of Mental Health Counselling Helpline in the state of Madhya Pradesh

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Description</th>
<th>Date &amp; Time</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Release Date</td>
<td>07/01/2020</td>
</tr>
<tr>
<td>2.</td>
<td>Proposers Meeting Date</td>
<td>14/01/2020</td>
</tr>
<tr>
<td>3.</td>
<td>Meeting Place and Address</td>
<td>National Health Mission 8, Arera Hills, Old Jail Road, Bhopal 462011 Madhya Pradesh</td>
</tr>
<tr>
<td>4.</td>
<td>Last date and time for submission of EOI</td>
<td>21/01/2020, 04.00 pm</td>
</tr>
<tr>
<td>5.</td>
<td>EOI Validity</td>
<td>180 days</td>
</tr>
<tr>
<td>6.</td>
<td>Location</td>
<td>Bhopal, Madhya Pradesh</td>
</tr>
<tr>
<td>7.</td>
<td>Pin code</td>
<td>462011</td>
</tr>
<tr>
<td>8.</td>
<td>Product Category</td>
<td>Services</td>
</tr>
<tr>
<td>9.</td>
<td>Period of Work</td>
<td>365 days</td>
</tr>
<tr>
<td>10.</td>
<td>Nature of Work</td>
<td>Mental Health Counselling Helpline</td>
</tr>
<tr>
<td>11.</td>
<td>Proposals Invited By</td>
<td>Mission Director, National Health Mission 8, Arera Hills, Old Jail Road, Bhopal 462011 Madhya Pradesh</td>
</tr>
<tr>
<td>12.</td>
<td>Mode of Submission of Proposal</td>
<td>E-mail id : <a href="mailto:ddmentalhnhm@mp.gov.in">ddmentalhnhm@mp.gov.in</a></td>
</tr>
<tr>
<td>13.</td>
<td>Last date and time for submission of Queries</td>
<td>13/01/2020, 04.00 pm</td>
</tr>
<tr>
<td>14.</td>
<td>Address for Communication for Queries</td>
<td>8, Arera Hills, Old Jail Road, Bhopal 462011 Madhya Pradesh Email: <a href="mailto:ddmentalhnhm@mp.gov.in">ddmentalhnhm@mp.gov.in</a></td>
</tr>
<tr>
<td>15.</td>
<td>Website for Downloading EOI, Corrigendum/ Addendum and any other related Information</td>
<td><a href="http://www.nhmmp.gov.in">www.nhmmp.gov.in</a></td>
</tr>
</tbody>
</table>

**Note:**
- Amendments/ Corrigendum to the EOI, if any, would be published on website only, and not in newspaper.
- NHM-MP reserves all the rights to cancel the process and reject any or all the proposals at any point of time.
- No contractual obligation whatsoever shall arise from the EOI document/process unless and until a formal contract is signed and executed between NHM-MP and the Selected Agency.
- NHM-MP disclaims any factual or other errors in the EOI document (the onus is purely on each Proposer(s) to verify such information) and the information provided therein are intended only to help the Proposer(s) to prepare a proposal in accordance with the terms and conditions as set out in this document/process.

National Health Mission, Madhya Pradesh
Issuing Authority

Mission Director,
National Health Mission - Madhya Pradesh (NHM-MP),
Public Health and Family Welfare Department,
Government of Madhya Pradesh
8, Arera Hills, Old Jail Road, Bhopal, Madhya Pradesh 462011
SECTION 1. BACKGROUND

Organization Background:

The National Health Mission (NHM) was launched to provide accessible, affordable and quality health care services to the population of the country. The objective of the mission is to establish a fully functional, community owned, decentralized healthcare delivery system with inter-sectoral convergence at all levels. The National Health Mission encompasses all the National health programs which includes Maternal and child health, Communicable diseases and Non-Communicable Diseases.

The National Mental Health Program (NMHP) is being implemented in all the districts of Madhya Pradesh. The objective of the program is to ensure the availability and accessibility of minimum mental healthcare, to promote community participation, to increase the awareness regarding the mental health issues within community and to enhance human resource in mental health sub-specialties.

Background, Purpose and Goals:

According to World Health Organization, one in four people in the world will be affected by mental or neurological disorders at some point in their lives. Around 450 million people currently suffer from such conditions, placing mental disorders among the leading causes of ill-health and disability worldwide.

Mental Health Disorders and illnesses (except for severe) include depression, anxiety, psychosis, neurosis, dementia, autism, and substance abuse related disorders. As per the National Mental Health Survey, Madhya Pradesh State Report- 2015-16, the weighted prevalence of Mental Morbidity in adults was 13.9%. This prevalence is higher than the national prevalence of mental morbidity. As per the survey, an estimated 66 million adults are in need of mental health care services in the state of Madhya Pradesh.

According to The Global Burden of Diseases, Injuries, and Risk Factors Study 2017 (GBD 2017), Depression is a common mental disorder and one of the main causes of disability worldwide. Globally, an estimated 264 million people are affected by depression. As per the National Mental Health Survey, Madhya Pradesh State Report- 2015-16, the point prevalence of major depressive disorder (MDD) was 2.7% whereas in Madhya Pradesh the point prevalence of major depressive disorder (MDD) was 1.4%. The burden of any psychoactive substance use was 36.6%, and alcohol use disorder being 10.3% in Madhya Pradesh. The prevalence of psychoactive substance use is three-fold higher than the national prevalence.

Globally, suicide is the second leading cause of death among those aged between 15 and 29 years. As per the National Crime Record Bureau (NCRB) report 2014, Madhya Pradesh reported 9039 suicides which accounts for 6.9% of the total number of suicides in India. In the same year, Madhya Pradesh saw a suicide rate of 11.9 per 100,000 population compared to the national rate of 10.6 per 100,000 population. The NCRB 2014 report places Madhya Pradesh in the 17th position in the matter of rate of suicides and has placed the state in the alert category as its rate exceeds the national average.
SAHYOG (Support and Help for You of Government)
A Mental Health Counselling Helpline

SAHYOG (Support And Help For You Of Government), a Mental Health Counselling Helpline will be a platform to provide free professional counselling to anyone who are stressed, distressed, depressed, or suicidal while ensuring confidentiality.

The overall objective of this helpline will be to provide the free telephonic counselling services to any person having mental health issues, to provide the referral services and to provide the treatment/therapeutic services through the nearest health facilities.

Geographical coverage:
The Mental Health Counselling Helpline services will be started in all the districts of Madhya Pradesh.

Deliverables:
01 Setting up & Establishment Phase

The first phase of the project would involve setting up and establishment of the Mental Health Counselling Helpline.

Basic Infrastructure:
The Helpline either will be based in Bhopal or the organization can work and provide the services from the city from where they are operating and working currently using Cloud Technology.

In Bhopal, the space for the helpline will be provided in existing 108 Call center premises, inside Capitol Mall, Bhopal. The trained human resources for the helpline have to be deployed by the selected organization.

If the organization is operating from the city other than Bhopal, then the organization will need a separate number for helpline and the trained persons can take those calls using the cloud technology. The organization may keep the separate trained staff for taking calls originating from Madhya Pradesh.

Manpower Requirement:
The Selected agency will have to deploy adequate manpower for the purpose of operating and running the Counselling Services. In this regard, the following manpower has to be deployed:

<table>
<thead>
<tr>
<th>S.no</th>
<th>Name of Position</th>
<th>Number of Position</th>
<th>Tentative Work Timings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Project Manager</td>
<td>01</td>
<td>09.30 am to 05.30 pm</td>
</tr>
<tr>
<td>2</td>
<td>Clinical Psychologist (Fluent in Hindi Language)</td>
<td>06</td>
<td>02 Shifts of 07 hours each &amp; 01 Shift of 10 hours 08.00 am to 03.00 pm 03.00 pm to 10.00 pm 10.00 pm to 08.00 am</td>
</tr>
</tbody>
</table>
3 | Data Analyst | 02 | 09.30 am to 05.30 pm
4 | Support Staff | 01 | 09.30 am to 05.30 pm

- **Project Manager** - The agency will appoint a Project Manager at the State level for liaison and coordination with State level authorities and supervise the project entirely in terms of management. The Project Manager needs to coordinate and periodically conduct meetings with SPOs of NHM-MP in order to update them about the helpline.

- **Data Analyst** – To create reports, analysis of data generated from daily operations and put up to NHM for necessary action and to prepare documents, presentations etc.

**I.T. Infrastructure:**

The Infrastructure will be provided by National Health Mission, Madhya Pradesh if the helpline center is in Bhopal. The minimum infrastructure required in terms of IT at the proposed helpline center would be as follows:

i. Computer system with latest configurations

ii. Microphone, Headphone

iii. Multi-function Printer, scanner and photocopier for documents.

iv. **Connectivity:**

   Data connectivity of speed not less than two MBPS

v. Power Backup Solution comprising of an inverter with batteries and a DG genset or Solar Energy powered backup for minimum of 8 hours.

vi. Other IT equipment and consumables for carrying out the Counselling helpline successfully such as stationery, and printer refills etc.

vii. Creation of Dashboard and Management Information System specific for this Helpline.

**02. Operations and Management Phase**

A) Ensuring that the respective staffs are adequately deployed and trained in relation to the operationalization of the counselling helpline for the period of the agreement.

B) The selected Agency shall maintain books of accounts recording all its receipts, income, expenditure, payments, assets and liabilities, in accordance with this Agreement, Good Industry Practice, applicable laws and Applicable Permits with respect to the Services provided under this Agreement.

C) NHM-MP shall have the right to inspect the records of the selected Agency during office hours and request for copies of relevant extracts of books of accounts as per applicable laws.
D) The Selected agency shall submit audited annual reports at the end of each year to the NHM-MP.

E) Access to Dashboards / Reports to be provided to NHM-MP to monitor daily, weekly, monthly and annual progress reports of the project on real time basis.

F) The selected agency shall not be entitled to levy any charge on the patients. The services shall be provided completely free of cost to all patients.

G) The selected agency will be wholly responsible for ensuring compliance of labor laws in true spirit.

H) Feedback on the service shall be collected from the Patients through the feedback mechanisms. The selected agency shall collect feedback on the service from the patients after every session.

I) The selected agency will be required to follow and comply to all the laws/ policies/ guidelines related to data privacy and security in force.

J) The selected agency shall have to maintain and adhere to highest level of integrity.

03. Maintenance Phase

During the duration of agreement, the Selected Agency shall maintain the Equipment in accordance with this Agreement, for the purpose of providing uninterrupted services. The obligations of the Selected Agency shall include:

A) Ensuring safe, smooth and uninterrupted counselling services.

B) The software developed/customized for the system shall be audited by the agency from a security & controls perspective in consultation with NHM-MP. Such audit shall also include the IT infrastructure and network deployed for system.

Responsibility of National Health Mission, Government of Madhya Pradesh

- NHM-MP shall provide appropriate assistance and issuance of office orders for implementation of the project, so as to benefit maximum people of the state
- Timely settlement of claims at the agreed terms in accordance with the provisions of the agreement.
- Space/ Room/ Infrastructure (including Hardware, IT and civil) will be provided for Helpline setup for counselling services if helpline is established in Bhopal.
- To conduct regular monitoring and evaluation of the project activities based on quantifiable indicators and reports received.
- NHM-MP would reserve the rights for independent verification of the activities and do periodic assessments.
- Prescribe various formats for reporting progress of the project. The selected agency may submit their own reporting formats which could be used after due approval by NHM-MP.
Note:

- A separate helpline number will be provided by government exclusive for the residents of Madhya Pradesh.
- Trained manpower/ Counselors / Volunteers (06 trained persons, 03 shifts per day, 02 persons in each shift) for counselling will be deployed by the selected organization which can be increased as per the load of the calls.
- If the organization is operating from the city other than Bhopal, then the trained persons can take those calls using the cloud technology.
- The counsellors of organization will not prescribe any drugs. They will be providing only general counselling services and for treatment and referral, the patient will be referred to nearest psychiatrist or health facility.
- Anonymity of caller and confidentiality of information to be strictly adhered to.
- The Helpline will be functional 24 x 7.
- The Organization can develop a system for location mapping of caller in case of urgent support required.

Important:

Kindy ensure all details as requested are provided. If requested details are not provided; the proposal will be treated as incomplete and not be considered.

### Documents for Submission

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Documents to be Submitted</th>
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<tbody>
<tr>
<td>1.</td>
<td>ANNEXURE 1: COVER LETTER</td>
</tr>
<tr>
<td>2.</td>
<td>ANNEXURE 2: DETAILS OF THE PROPOSER</td>
</tr>
<tr>
<td>3.</td>
<td>ANNEXURE 3: FORMAT OF RESUME OF STAFF</td>
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<tr>
<td>4.</td>
<td>ANNEXURE 4: SELF-DECLARATION</td>
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<tr>
<td>5.</td>
<td>ANNEXURE 5: BLACK LISTING AND PENDING SUIT</td>
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</tbody>
</table>

Please Note:

i. All documents shall be submitted in complete and in the form prescribed under this EOI.

ii. NHM-MP, at its sole discretion, may cancel any submission if it appears that a proposal does not include the required documents.includes incomplete/incomprehensible/wrong documents.

iii. The aforesaid list is inclusive and not exhaustive. The proposer shall submit other relevant documents required in the EOI or requested by NHM-MP as and when required.
SECTION 2. INSTRUCTIONS FOR THE EOI

2.1 Introduction

a. The proposers are invited to submit their responses for as per the terms specified in this EOI and as per the forms given in relevant sections herewith.

b. Proposers shall bear all costs associated with the preparation and submission of their proposals, presentation including but not limited to postage, delivery fees, expenses associated with any demonstrations or presentations which may be required by NHM-MP or any other costs incurred in connection with or relating to its Proposal.

c. NHM-MP requires that the Proposer hold NHM-MP’s interests’ paramount, avoid conflicts with other assignments or its own interests.

d. It is the NHM-MP’s policy to require that the proposers observe the highest standard of ethics. In pursuance of this policy, the NHM-MP will reject the Proposal if it determines that the Proposer has engaged in corrupt or fraudulent activities in applying for the Project in question.

e. Number of Proposals: No Proposer shall submit more than one response to this EOI.

f. Right to reject any or all Proposals:

   (i) Notwithstanding anything contained in this document, the NHM-MP reserves the right to accept or reject any Proposal and reject all Proposals, at any time without any liability or any obligation for such acceptance, rejection or annulment, and without assigning any reasons thereof.

   (ii) Without prejudice to the generality of above, the NHM-MP reserves the right to reject any Proposal if:

      • at any time, a material misrepresentation is made or discovered, or
      • The Proposer does not provide, within the time specified by the NHM-MP, the supplemental information sought by the NHM-MP for evaluation of the Proposal.

 g. Acknowledgement by Proposer,

   (i) It shall be deemed that by submitting the Proposal, the Proposer has:

      • made a complete and careful examination of the EOI document;
      • received all relevant information requested from the NHM-MP;
      • accepted the risk of inadequacy, error or mistake in the information provided in the EOI document or furnished by or on behalf of the NHM-MP;
      • satisfied itself about all matters, things and information, including matters herein above, necessary and required for submitting an informed Proposal and performance of all its obligations there under;
      • acknowledged that it does not have a Conflict of Interest; and
      • agreed to be bound by the undertaking provided by it under and in terms hereof.

   (ii) The NHM-MP and/ or its advisors/ consultants shall not be liable for any omission, mistake or error on the part of the Proposer in respect of any of the above or on account
of any matter or thing arising out of or concerning or relating to the EOI, including any error or mistake therein or in any information or data given by the NHM-MP and/or its consultant.

2.2 Proposers Meeting for the EOI

a. Meeting of the Proposers will be convened as per the details set out in the EOI document regarding the designated date and place.

b. During this Meeting, the Proposers will be free to seek clarifications and make suggestions for consideration of the NHM-MP. The NHM-MP will endeavor to provide clarifications and such further information as it may, in its sole discretion, consider appropriate for facilitating the EOI process.

c. Date of Meeting and venue is mentioned in EOI. Proposers willing to attend the meeting should inform NHM-MP beforehand in writing via email. The representatives attending the EOI Meeting shall accompany with a letter or email, duly signed by the authorized signatory of his/her organization.

2.3 Clarifications about the EOI

a. Proposers may seek clarification on this EOI document within the stipulated date as set out in the EOI document.

b. Any request for clarification must be sent by standard electronic means (PDF and word file) to the NHM-MP’s email address: ddmentalhnhm@mp.gov.in

2.4 Expression of Interest Fee

a. No Fee will be charged for downloading this document.

2.5 Grounds of Estoppel

a. Any entity which has been barred by the Central Government, any State Government, a statutory authority or a Public Sector Undertaking, as the case may be, from participating in any project and the bar subsists as on the date of the submission of response to the EOI, would not be eligible to submit a Proposal.

2.6 Preparation of response to the EOI

a. Proposers are requested to submit their Proposal in English language and strictly in the formats provided in this document. The NHM-MP will evaluate only those responses that are received in the specified forms and complete in all respects.

b. In preparing their responses, the Proposers are expected to thoroughly examine the EOI document.

c. The proposal/response by the Proposer should provide the documents as prescribed in this EOI.

d. Failure to comply with the requirements spelt out in this document shall lead to NHM-MP rejecting the Proposal.

e. The Proposals must be digitally signed by the Authorized Representative.
Proposers should note the last date of submission of the EOI, as specified in this document, for submission of responses.

Except as specifically provided in this EOI, no supplementary material will be entertained by the NHM-MP, and the evaluation will be carried out only on the basis of documents received by the closing time. Proposers will ordinarily not be asked to provide additional material information or documents subsequent to the date of submission, and unsolicited material if submitted will be summarily rejected. For the avoidance of doubt, the NHM-MP reserves the right to seek clarifications in case the proposal is non-responsive on any aspects.

2.7 Submission

a. The proposal or response shall be submitted through Email (in PDF format). Email id: ddmentalhnhm@mp.gov.in

b. The Authorized Representative of the Proposer should authenticate the response/proposal.

c. No response shall be accepted after the submission date and time.

d. After the deadline for submission of responses is passed, the response shall be opened by the Evaluation Committee.

e. If any Proposer wishes to contact the NHM-MP on any matter related to its response, it should do so in writing to the issuing authority, NHM-MP at its address: 8, Jail Road, Arera Hills, Bhopal – 462011 or via email to ddmentalhnhm@mp.gov.in. Any effort by a Proposer to influence the NHM-MP during the Proposal evaluation may result in the rejection of the Proposer’s Proposal.
### SECTION 3. ELIGIBILITY CRITERIA FOR THE EOI

#### 3.1 Eligibility Criteria Required of the Proposer(s)

The Expression of Interest invitation is open to all entities registered in India who fulfil the following eligibility criteria as specified below:

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Basic Requirement</th>
<th>Specific Requirements</th>
<th>Documents Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Legal Entity</td>
<td>The Proposer(s) may be an LLP registered under LLP Act 2008 or Indian Company, registered under the Companies Act, 1956/2013 or a Trust / Organization formed under any other law applicable under the laws of India. Not for Profit Organizations registered under Societies Act, 1860 are allowed to participate in the bid.</td>
<td>Registration documents of the Agency as a company/firm or any legal entity along with: 1. Details of Board of Director/ Managing Director/ CEO/ Members 2. PAN Card 3. TAN 4. GST certificate 5. Any other supporting document, as required.</td>
</tr>
<tr>
<td>2</td>
<td>Existence of the firm</td>
<td>The Proposer(s) should be in business and operating for at least three (3) years in setting up and management of Counselling helpline services in India.</td>
<td>Registration document showing incorporation of the Proposer and Self Declaration by the Director/ Partner/ CEO or Authorized Signatory of the Proposer.</td>
</tr>
<tr>
<td>3</td>
<td>Work Experience</td>
<td>The Proposer(s) should have prior experience in end-to-end management of Mental Health Counseling Services in the last two (2) Financial Years (i.e. 2017-18 and 2018-19)</td>
<td>Company/ Organization wise Details with details of establishment, operations and management of Mental Health Counselling helpline, signed by the Authorized Signatory of the Proposer or Certificate from Statutory Auditor.</td>
</tr>
</tbody>
</table>
| 4      | Staff             | Project Manager  
Data Analysts  
Clinical Psychologists  
Support staff | Record of employment on the company letterhead and copy of payroll self-attested by the employee. |
<p>| 5      | Blacklisting      | The Proposer(s) shall not have been debarred / blacklisted till bidding period by Central Govt. /State Govt. / Public Sector Undertaking / any other Local Body or body established under or in the control of the Central or state Government on the date of submission of their proposal. | Undertaking to be submitted on a non-judicial stamp paper as per Annexure-5 |</p>
<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Basic Requirement</th>
<th>Specific Requirements</th>
<th>Documents Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Pending Petitions</td>
<td>The Proposer(s) shall inform NHM-MP of any pending suits/enquiry/investigation against the Proposer in any court of law, legal authority, paralegal authority, which may hamper the performance of this assignment in future.</td>
<td>Undertaking to be submitted on a non-judicial stamp paper as per Annexure-5</td>
</tr>
</tbody>
</table>

3.2 **Exclusion of Response to the EOI**

NHM-MP may exclude or disqualify a response to the EOI if:

a. The information submitted, concerning the qualifications of the Proposer, was false or constituted a misrepresentation; or

b. The information submitted, concerning the qualifications of the Proposer, was materially inaccurate or incomplete; and

c. The Proposer is not qualified as per eligibility criteria mentioned in the EOI document, even after seeking clarifications/additional documents by committee;

d. The Proposal materially departs from the requirements specified in the EOI or it contains false information;

e. The Proposer submitting the Proposal, his agent or any one acting on his behalf, gave or agreed to give, to any officer or employee of the NHM-MP or other governmental authority a gratification in any form or any other thing of value so as to exert undue influence;

f. A Proposer, in the opinion of the NHM-MP, has a substantial conflict of interest.

g. A Proposal shall be excluded/disqualified as soon as the cause for its exclusion/disqualification is discovered.
SECTION 04 ANNEXURES

ANNEXURE 1: COVER LETTER

Dear Sir,

With reference to your Expression of Interest (EOI) dated [date], we, having examined all relevant documents and understood their contents, hereby submit our response for your perusal.

We are submitting our Proposal as [name of the Proposer].

We understand you are not bound to accept any Proposal you receive. Further:

1. We acknowledge that NHM-MP will be relying on the information provided in the response and the documents accompanying the response for gathering data and internal assessment purposes only, and we certify that all information provided in the Proposal and in the supporting documents is true and correct, nothing has been omitted which renders such information misleading; and all documents accompanying such Proposal are true copies of their respective originals.

2. This statement is made for the express purpose of presenting our credentials as an interested agency for the aforesaid Project.

3. We shall make available to NHM-MP any additional information it may deem necessary or require for supplementing or authenticating the Proposal.

4. We acknowledge the right of NHM-MP to reject our response without assigning any reason or otherwise and hereby waive our right to challenge the same on any account whatsoever.

5. We certify that in the last 2 (two) years, we have neither failed to perform on any assignment or contract, as evidenced by imposition of a penalty by an arbitral or judicial authority or a judicial pronouncement or arbitration award against us, nor been expelled from any project, assignment or contract by any public authority nor have had any assignment or contract terminated by any public authority for breach on our part.

6. We declare that:

a) We have examined and have no reservations to the EOI, including any addendum issued by the NHM-MP;

b) We do not have any conflict of interest in accordance with the terms of the EOI;

c) We have not directly or indirectly or through an agent engaged or indulged in any corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice, in respect of any tender or Expression of Interest issued by or any agreement entered with NHM-MP or any other public sector enterprise or any
government, Central or State; and

d) We hereby certify that we have taken steps to ensure that no person acting for us or on our behalf will engage in any corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice.

7. We understand that NHM-MP may cancel the notice for Expression of Interest at any time and that NHM-MP is not bound to accept any representation that you may receive, without incurring any liability to the Proposers.

8. We declare that we are not directly or indirectly related to any other Proposer submitting their Proposal in response to this EOI.

9. We certify that in regard to matters other than security and integrity of the country, we or any of our affiliates have not been convicted by a court of law or indicted or adverse orders passed by a regulatory authority which would cast a doubt on our ability to undertake the Project or which relates to a grave offence that outrages the moral sense of the community.

10. We further certify that in regard to matters relating to security and integrity of the country, we have not been charge-sheeted by any agency of the Government or convicted by a court of law for any offence committed by us or by any of our affiliates.

11. We further certify that no investigation by a court or regulatory authority is pending either against us or against our affiliates or against our CEO or any of our Partners/Directors/Managers/employees.

12. We hereby irrevocably waive any right or remedy which we may have at any stage at law or howsoever otherwise arising to challenge or question any decision taken by NHM-MP in connection with the process of this EOI.

13. We agree and understand that the Proposal is subject to the provisions of the EOI document. In no case, shall we have any claim or right of whatsoever nature if the EOI is cancelled or our proposal is not opened or rejected.

14. We agree to keep this offer valid for 180 (one eighty) days from the EOI Submission Date specified in the EOI document.

15. We agree and undertake to abide by all the terms and conditions of the EOI Document.

Yours sincerely,

Authorized Signature [In full and initials]:

Name and Title of Signatory:

Name of Firm:

Address:

Telephone:

Fax:

(Name and seal of the Proposer)
ANNEXURE 2: DETAILS OF THE PROPOSER

[Location, Date]

To,

Mission Director

National Health Mission - Madhya Pradesh (NHM-MP)

8, Jail Rd, Arera Hills, Bhopal, Madhya Pradesh 462011, Bhopal

Notice for Expression of Interest for Establishment of Mental Health Counselling Helpline in the state of Madhya Pradesh

Dear Sir/Madam,

With reference to your Expression of Interest Document dated [date], we, having examined all relevant documents and understood their contents, hereby submit our response for [name of assignment]. The Proposal is unconditional and unqualified.

We are submitting our Proposal as [name of the Proposer].

We understand you are not bound to accept any Proposal you receive. Further:

1. We acknowledge that NHM-MP will be relying on the information provided in the Proposal and the documents accompanying the Proposal for gathering data and internal assessment purposes only, and we certify that all information provided in the Proposal and in the supporting documents is true and correct, nothing has been omitted which renders such information misleading; and all documents accompanying such Proposal are true copies of their respective originals.

2. This statement is made for the express purpose of presenting our credentials as an interested agency for the aforesaid Project.

3. We shall make available to NHM-MP any additional information it may deemed necessary or require for supplementing or authenticating the Proposal.

4. We acknowledge the right of NHM-MP to reject our Proposal without assigning any reason or otherwise and hereby waive our right to challenge the same on any account whatsoever.

5. We certify that in the last 2 (two) years, we have neither failed to perform on any assignment or contract, as evidenced by imposition of a penalty by an arbitral or judicial authority or a judicial pronouncement or arbitration award against the Proposer, nor been expelled from any project, assignment or contract by any public authority nor have had any assignment or contract terminated by any public authority for breach on our part.

6. We declare that:
   a) We have examined and have no reservations to the EOI, including any addendum issued by the NHM-MP;
   b) We do not have any conflict of interest in accordance with the terms of the EOI;
c) We have not directly or indirectly or through an agent engaged or indulged in any corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice, in respect of any tender or Expression of Interest issued by or any agreement entered into with NHM-MP or any other public sector enterprise or any government, Central or State; and

d) We hereby certify that we have taken steps to ensure that no person acting for us or on our behalf will engage in any corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice.

7. We understand that you may cancel the notice for Expression of Interest at any time and that NHM-MP is not bound to accept any representation that you may receive, without incurring any liability to the Proposers.

8. We certify that in regard to matters other than security and integrity of the country, we or any of our affiliates have not been convicted by a court of law or indicted or adverse orders passed by a regulatory authority which would cast a doubt on our ability to undertake the Project or which relates to a grave offence that outrages the moral sense of the community.

9. We further certify that in regard to matters relating to security and integrity of the country, we have not been charge-sheeted by any agency of the Government or convicted by a court of law for any offence committed by us or by any of our affiliates.

10. We further certify that no investigation by a court or regulatory authority is pending either against us or against our affiliates or against our CEO or any of our Partners/Directors/Managers/employees.

11. We hereby irrevocably waive any right or remedy which we may have at any stage at law or howsoever otherwise arising to challenge or question any decision taken by NHM-MP in connection with the EOI process in respect of the above-mentioned Project.

12. We agree and understand that the Proposal is subject to the provisions of the EOI document. In no case, shall we have any claim or right of whatsoever nature if the EOI is cancelled or our proposal is not opened or rejected.

13. We agree and undertake to abide by all the terms and conditions of the EOI Document.

Yours sincerely,

Authorized Signature [In full and initials]: Name
and Title of Signatory:

Name of Firm:
Address:
Telephone: Fax:

(Name and seal of the Proposer/Member in Charge)
Please find herein attached below details of relevant experience:

(Attach separate sheet for each Project)

<table>
<thead>
<tr>
<th>Assignment Name:</th>
<th>Approx. value of the contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country:</td>
<td>Duration of assignment (months):</td>
</tr>
<tr>
<td>Location within Country:</td>
<td></td>
</tr>
<tr>
<td>Name of Client:</td>
<td>Total number of staff-months:</td>
</tr>
<tr>
<td>Address of Client:</td>
<td>Approx. value of the Services provided by your firm</td>
</tr>
<tr>
<td>Start Date (Month/Year):</td>
<td>Completion Date (Month/Year):</td>
</tr>
<tr>
<td>Narrative Description of Project:</td>
<td></td>
</tr>
<tr>
<td>Description of Actual Services Provided by Your Staff:</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** Kindly provide supporting work order/agreement/project completion certification/auditor certificate.
ANNEXURE 3: FORMAT OF CV OF STAFF

1. Name
2. Proposed Position
3. Date of birth
4. Citizenship
5. Experience (Number of Years):
6. Medical Registration Number (If applicable)

<table>
<thead>
<tr>
<th>Education</th>
<th>Degree (Specialization)</th>
<th>Institution</th>
<th>Year in which obtained</th>
</tr>
</thead>
</table>

| Professional Certifications/ Diploma/ Training |
| Accreditation Date (If applicable) | Valid Up to Date (If applicable) |

| Certification |
| Diploma |
| Training |

7. Area of Expertise:
(The resources should have expertise/experience in the area of concerned health-related projects and their implementation in the Indian context.)

8. Employment Record:
(Starting with present position, list in reversed order every employment held for the last ten years and state the start and end dates of each employment)

<table>
<thead>
<tr>
<th>Employer</th>
<th>From</th>
<th>To</th>
<th>Position held</th>
<th>Job Responsibilities</th>
</tr>
</thead>
</table>

9. Employment Details:
(Work undertaken that best illustrates capability to handle the work and tasks performed.)

Employer Name: (Please mention the details of each employer separately. Starting from the most recent employer)
<table>
<thead>
<tr>
<th>Position held:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Duration (in years):</td>
</tr>
<tr>
<td>Roles and Responsibility:</td>
</tr>
<tr>
<td>12. I understand that my willful misstatement described herein may lead to my disqualification or dismissal, if engaged.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name &amp; Signature (Personnel)</th>
<th>Name &amp; Signature (Authorized Representative)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of signing</td>
<td></td>
</tr>
</tbody>
</table>
ANNEXURE 4: SELF-DECLARATION

{To be submitted on the letter head of the Proposer}

To, Date:

Mission Director
National Health Mission - Madhya Pradesh (NHM-MP)
8, Jail Rd, Arera Hills, Bhopal, Madhya Pradesh 462011, Bhopal

In response to the EOI Ref. No. _____________________________ dated ___________ for agencies/organizations interested in establishing the Mental Health Counselling helpline, NHM-MP, as an Owner/ Partner/ Director/ Auth. Sign. of______________________________, I/ We hereby declare that presently our Company/ firm _________________, at the time of bidding,

a) Possesses the necessary professional, technical, financial and managerial resources and competence required by the EOI document issued by the NHM-MP;

b) Have fulfilled my/ our obligation to pay such of the taxes payable to the Union and the State Government or any local authority as specified in the EOI document;

c) Have an unblemished record and is/are not declared ineligible for corrupt & fraudulent practices either indefinitely or for a particular period of time by any State/ Central government/ PSU/ UT.

d) Do not have any previous transgressions with any entity in India or any other country during the last two years.

e) Is/are not insolvent in receivership, bankrupt or being wound up, not have its affairs administered by a court or a judicial officer, not have its business activities suspended and is not the subject of legal proceedings for any of the foregoing reasons;

f) Do not have, and our directors and officers not have been convicted of any criminal offence related to their professional conduct or the making of false statements or misrepresentations as to their qualifications to enter into a contract within a period of preceding two years, or not have been otherwise disqualified pursuant to debarment proceedings;

g) Do not have a conflict of interest which materially affects the fair competition.

h) Will comply with the code of integrity as specified in this EOI.

If this declaration is found to be incorrect then without prejudice to any other action that may be taken as per the provisions of the applicable Act and Rules thereto prescribed by GoMP, our proposal, to the extent accepted, may be cancelled and the NHM-MP may choose to blacklist me/us for a period it may deem fit..

Thanking you,

Authorized Signature {In full and initials with Seal}:
Name and Title of Signatory:

National Health Mission, Government of Madhya Pradesh, India
Name of Proposer (Firm/ Company’s name):
In the capacity of:
Address:
Contact information (phone and e-mail):
Date & Time & Place: ____________________
____________________
ANNEXURE 5: BLACKLISTING AND PENDING SUIT DECLARATION
(on Non-Judicial paper of Rs. 200/-duly notarized by Notary Public / First Class Magistrate)

AFFIDAVIT

I / We……………………………………………………………………………………………………………….. (Full name in capital letters starting with surname), the Proprietor/ Partner /Managing Director ………………………………………………………………………………………………………………….. the business, establishment / firm / registered company do hereby, in continuation of the terms and conditions underlying the EOI document and agreed to by me/us, give following undertaking.

1. It is declared that the firm ………………………is not declared insolvent any time in the past. Not debarred/ black listed by either NHM-MP /Central Govt. / State Govt. / Public Sector Undertaking /any other Local body, nor convicted under the provision of IPC or Prevention of Corruption Act., nor any criminal case is pending against me/us in any court of law.

2. It is further declared that the firm……………….. shall inform NHM-MP of any such pending suits/ enquiry/ investigation against the Proposer in any court of law, legal authority, paralegal authority which may hamper the purpose of this EOI.

3. The firm……………… do hereby agree that if in future, it comes to the notice of NHM-MP/ if it is brought to the notice of NHM-MP that any disciplinary/penal action due to violation of terms and conditions of the EOI document, which amounts to cheating /depicting of malafide intention during the period of assessment by NHM-MP or either by any of Central Govt. / State Govt. / Public sector undertaking / any other Local body, NHM-MP will be at discretion to take appropriate action as its finds fit.

Full name and complete address with Signature of Proposer

WITNESS:

(1)Full Name ………………………
And Address ………………………
Signature ……………………………

(2)Full Name ………………………
And Address ………………………
Signature ……………………………

[Location, Date]
Please provide a certificate that the Agency have been in operation for a minimum of 2 years as on 01st June 2020 in the field of Mental Health Counseling Helpline related work and that the Agency has not been blacklisted by any Central/ State/ Public Sector undertaking in India.

Yours sincerely,

Authorized Signature [In full and initials]: Name
and Title of Signatory:

Name of Firm:
Address:
Telephone: Fax:

(Name and seal of the Proposer)