

MINISTRY OF HEALTH & FAMILY WELFARE
National AIDS Control Organization (NACO)
Government of India



Government of India

National AIDS Control Programme Phase-IV
(NACP-IV)

Advertised Tender Enquiry

BID DOCUMENT

For

**HIRING OF AGENCY FOR PROVIDING HIV-1 VIRAL
LOAD TESTING SERVICES**

IFB NO.: SAMS/NACP/VLTS/SERVICES/10/2016

(Procurement Agent)



STRATEGIC ALLIANCE

Management Services Pvt. Ltd.

B 01- 03, Vardhman Diamond Plaza, Community
Centre, Motia Khan, D B Gupta Road, Paharganj,
New Delhi- 110 055, India

Phones: 011-43580626/7

Email: pronaco@samsconsult.com

Website: www.samsconsult.com

MINISTRY OF HEALTH & FAMILY WELFARE
National AIDS Control Organization
Government of India
Through
PROCUREMENT AGENT
Strategic Alliance Management Services Pvt. Ltd. (SAMS)
B 01- 03, Vardhman Diamond Plaza, Community Centre,
Motia Khan, D B Gupta Road,
Paharganj, New Delhi- 110 055, India
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Email: pronaco@samsconsult.com

Advertised Tender Enquiry

BID DOCUMENT
For
HIRING OF AGENCY FOR PROVIDING HIV-1 VIRAL LOAD
TESTING SERVICES

Name of the Project : *Fourth National AIDS Control Programme (NACP-IV)*

Source of Funding : *The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)*

BID REFERENCE : **IFB NO.: SAMS/NACP/VLTS/SERVICES/10/2016**

| | |
|---|--|
| DATE OF COMMENCEMENT OF SALE OF BID DOCUMENT | 1 st Sept, 2016 |
| TIME AND DATE FOR RECEIPT OF REQUEST FOR CLARIFICATIONS | By 1700 hours on 20 th Sept, 2016 (All such request must be submitted through mail to satyaverma68@gmail.com) |
| TIME AND DATE FOR PRE-BID MEETING | 1500 hours on 21 st Sept, 2016 |
| TIME AND DATE FOR RECEIPT OF BIDS | 1430 hours on 14 th Oct, 2016 |
| TIME AND DATE FOR OPENING OF BIDS | 1500 hours on 14 th Oct, 2016 |
| PLACE OF PRE-BID MEETING, BID SUBMISSION AND OPENING OF BIDS | Strategic Alliance Management Services Pvt. Limited (SAMS), B01-B03, Vardhman Diamond Plaza, Community Centre, Motia Khan, D.B. Gupta Road, Paharganj, New Delhi 110055, INDIA, Phone: +91-11-43580626 / 7 |
| DUE DATE OF VALIDITY OF BID | 14 th March, 2017 |
| All times shown are as per Indian Standard Time (IST) | |

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Notice Inviting Tenders (NIT)

Advertised Tender Enquiry



Government of India

**MINISTRY OF HEALTH & FAMILY WELFARE
National AIDS Control Organization
Government of India
Through**



Strategic Alliance Management Services Pvt. Ltd. (SAMS)

B01-B03, Vardhman Diamond Plaza, Community Centre,
D.B. Gupta Road, Motia Khan, Paharganj, New Delhi – 110 055
Phone: 011-43580626 / 27; E-mail: satyaverma68@gmail.com

**NOTICE INVITING TENDERS (NIT)
FOR
HIRING OF AGENCY FOR PROVIDING HIV-1 VIRAL LOAD
TESTING SERVICES**

IFB NO.: SAMS/NACP/VLTS/SERVICES/10/2016

dated 31.08.2016

- (1) National AIDS Control Organization (NACO), Ministry of Health & Family Welfare, Government of India intends to engage services of an Agency for providing HIV-1 Viral Load Testing Services to PLHIV through 527 ART Centres spread over the length & breadth of the country. Such services are currently being operated through Viral Testing Centres at 10 Govt. Healthcare Facilities. The primary objective of this service is to plan, schedule, collect blood samples of PLHIV associated with the ART Centres, transport samples under controlled conditions, test the samples at facilities established or to be established by the selected Agency, reporting the results to the concerned ART Centres and NACO and updating the test reports on IMS application software maintained by NACO. The detailed Scope of Services are given in Chapter-III of the Bid Documents.
- (2) Strategic Alliance Management Services Private Limited (SAMS), acting as Procurement Agent on behalf of NACO, now invites sealed bids from eligible bidders for providing HIV-1 Viral Load Testing Services.
- (3) Bidding will be conducted through the 'Advertized Tender Enquiry' method and procedures as set out in the 'General Financial Rule – 2005' and 'Manual of Policies and Procedure of Employment of Consultants and for Purchase of Goods' issued by Department of Expenditure, Ministry of Finance, Govt. of India.
- (4) Interested Bidders may obtain further information from the office of SAMS and inspect the Bid Documents at the address given above from 1000 to 1600 hrs. (IST) on all working days.
- (5) A complete set of Bid Documents may be purchased by interested bidders upon submission of a written application and payment of a non-refundable fee of Rs. 5,000/- from the address mentioned above from 01/09/2016 to 14/10/2016. The Bid Documents will be sent by courier on payment of an extra amount of Rs 500/-, if requested by mail.
Bidders can also download the Bid Documents from any of the websites of SAMS, NACO and Central Public Procurement Portal (CPPP) i.e. <http://www.samsconsult.com/procurement.php>, or www.naco.gov.in or <http://eprocure.gov.in/cppp/>. The bidders who have downloaded the Bid Documents from any of the above websites are also required to submit non-refundable Bid Documents fee of Rs.5,000/- along with their bid. The payment of Bid Documents fee can be made by Demand Draft/ Cashier's Cheque / Certified Cheque in favour of Strategic Alliance Management Services Pvt. Ltd. payable at Delhi (India).
- (6) SAMS will only evaluate the bids accompanied with the Bid Documents Fee, as stated in Para 5, above.

- (7) The bidders, who have downloaded the Bid Documents, shall be solely responsible for checking above websites for any addendum/amendment issued subsequent to publication of this NIT and take the same into consideration while preparing and submitting their bids.
- (8) The bidders or their official representatives are invited to attend a pre-bid meeting which will take place at 1500 hours on 21st Sept, 2016 at the address mentioned above. Please note that non-attendance at the pre-bid meeting will not be the cause of disqualification of the bidders. In case the bidder deposes an agent to attend the pre-bid meeting, the Client will be informed in writing by the bidder. In addition, the bidder will ensure that such agent does not work simultaneously for several competing bidders.
- (9) Bidders should send their written requests for clarification, if any up to 1700 hours on 20th Sept, 2016.
- (10) Bids must be delivered up to 1430 hours on 14th Oct, 2016 at the address mentioned above. The technical bids will be opened on the same day at 1500 hrs. in the presence of the bidders' representatives, who choose to attend the technical bid opening.
- (11) All bids must be accompanied by Bid Documents Fee as mentioned above in Para 5 and Bid Security as specified in ITB Para 16 of the Bid Documents. Late bids will be rejected..

Anil Kumar Bhutani
Team Leader (Procurement)

CHAPTER– I: INSTRUCTIONS TO BIDDERS (ITB)

A. PREAMBLE

1. INTRODUCTION

- 1.1 Strategic Alliance Management Services Private Limited (SAMS), acting as Procurement Agent on behalf of National AIDS Control Organization (NACO), Ministry of Health & Family Welfare, Government of India (hereinafter referred as “Client”) has issued this Bid Documents for “*Hiring of Agency for Providing HIV-1 Viral Load Testing Services*” as mentioned in Chapter – III“ Scope of Services”.
- 1.2 This Chapter provides the relevant information as well as instructions to assist the prospective bidders in preparation and submission of bids. It also includes the mode and procedure to be adopted by the Client for receipt and opening as well as scrutiny and evaluation of bids and subsequent placement of award / contract.
- 1.3 Before preparing the bid and submitting the same to the Client, the bidder should read and examine all the terms & conditions, instructions etc. contained in the Bid Documents. Failure to provide required information or to comply with the instructions incorporated in this Bid Documents may result in rejection of bids submitted by bidders.

2. AVAILABILITY OF FUNDS

- 2.1 Expenditure to be incurred for the proposed services will be met from the funds provided by The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

3. LANGUAGE OF BID

- 3.1 The bid submitted by the bidder and all subsequent correspondences and documents relating to the bid exchanged between the bidder and the Client, shall be written in English language. However, the language of any printed literature furnished by the bidder in connection with its bid may be written in any other language provided the same is accompanied by an English translation and, for purposes of interpretation of the bid, the English translation shall prevail.

4. BIDDER’S ELIGIBILITY AND QUALIFICATION

- 4.1 This invitation for bids is open to all Organizations (Proprietorship Firms, Partnership Firms, Limited Liability Partnership Firms, Companies registered under Companies Act, 1956 or Societies Act, Trusts, Societies registered under respective Act and Jurisdiction in India) who fulfil the eligibility and qualification criteria as specified below. The bidder may form Consortium with other firms to enhance their qualifications. In such a case, the lead firm / bidder along with all the Consortium members shall be jointly and severally liable for satisfactory performance of services, in case contract is awarded.
 - (a) The bidder and consortium partner(s) (as the case may be) together, should have achieved an average annual turnover of at least INR 30 Crores during last three financial years (i.e. 2013-14, 2014-15 and 2015-16).
 - (b) The bidder or consortium partner(s) (as the case may be) should have testing laboratory of its own or have a tie-up with a testing laboratory accredited by

'National Accreditation Board for Testing and Calibration Laboratories' (NABL) for performing HIV-1 Viral Load Testing.

- (c) The testing laboratory should be enrolled in an External Quality assurance (EQA) programme for the test bid for, provided by a laboratory that is certified as EQA provider as per ISO 17043 standard for the same test and should have achieved successful performance in last two cycles.
- (d) The bidder or consortium partner (if any) should have minimum 2 years' experience of carrying out viral load testing as on due date for submission of bids.
- (e) The bidder and consortium partner (if any) should not be debarred / blacklisted by MOH&FW, GOI, or any other Central Govt. Department or State Government as on the date of opening of bid for any default related to HIV/AIDS field. The bidder and consortium partners (if any) should also not be debarred by the Global Fund.
- (f) The regulatory certification for VL test proposed to be used should be WHO Pre-qualified, US FDA/CE approved and DCGI-India Licensed under In Vitro Diagnostic (IVD) tests.
- (g) The proposed testing facility/ies should be NABL accredited for performing HIV-1 Viral Load Assay using the proposed kit as per ISO 15189:2012. The accreditation should be renewed throughout the course of contract.
- (h) The proposed testing facility/ies should have in place a signatory/ies for issuing HIV-1 Viral Load Test report as per qualifications described in NABL 112 Document.
- (i) Sample Identification – Double identifier should be provided against which one of them should be Barcode (patient and test specific).

4.2 In support of the requirement given in para 4.1 above, the bidders should submit following:

- (a) Copies of audited financial statements of accounts (including balance sheet, profit and loss account, auditor's reports and IT returns) certified by the auditor of the Company for last three financial years (i.e. 2013-14, 2014-15 and 2015-16)
- (b) The complete details of testing laboratory (own or tie-up) duly accredited by NABL for performing HIV-1 Viral Load Testing along with NABL Accreditation Certificate.
- (c) Details of EQA Provider, no. of cycles /year and performance report of last two cycles.
- (d) Documentary evidence of carrying out HIV-1 viral load testing during last 2 years as on due date for submission of bids.
- (e) Notarized Affidavit giving undertaking to the effect that (a) the bidder and consortium partners (if any), is not debarred / blacklisted by MOH&FW, GOI, or any other Central Govt. Department or State Government as on the date of opening of bid for any default related to HIV/AIDS field and (b) the bidder and consortium partners (if any) is not debarred by the Global Fund
- (f) The bidder should provide supporting documents for (a) WHO Pre-qualification (b) US FDA/CE approval and (c) DCGI-India License under IVD.
- (g) The document supporting the accreditation as per para 4.1 (g) above should be provided.
- (h) The detailed CV of at least one signatory for issuing Viral Load Test report

should be provided.

(i) The Description of identifiers should be provided as per requirement given in para 4.1(i).

4.3 The bidders who do not meet the eligibility and qualification criteria specified above will be treated as non - responsive and will not be considered further.

5. BIDDING EXPENSES

5.1 The bidder shall bear all costs and expenditure incurred and/or to be incurred by it in connection with its bid including preparation, mailing and submission of its bid and subsequently processing the same. The Client will, in no case be responsible or liable for any such cost, expenditure etc. regardless of the conduct or outcome of the bidding process.

B. BIDDING DOCUMENTS

6. CONTENT OF BIDDING DOCUMENTS

6.1 The Bidding Documents include the following Chapters, in addition to the 'Notice Inviting Tenders (NIT):

- Chapter I –Instructions to Bidders (ITB)
- Chapter II –Conditions of Contract (COC)
- Chapter III – Scope of Services
- Chapter IV – Price Schedules
- Chapter V – Contract Form
- Chapter VI – Other Standard Forms

6.2 The relevant details of the required services, terms & conditions and procedure for bidding, bid evaluation, placement of contract, the applicable contract terms and also the standard formats to be used for this purpose are incorporated in the above-mentioned chapters. The interested bidders are expected to examine all such details etc. to proceed further.

7. AMENDMENTS TO BID DOCUMENTS

7.1 At any time prior to the deadline for submission of bids, the Client may, for any reason deemed fit by it, modify the Bid Documents by issuing suitable amendment(s) to it.

7.2 Such an amendment will be notified on www.samsconsult.com, www.naco.gov.in and www.eprocure.gov.in/cppp/ and the same shall be binding to all prospective Bidders.

7.3 In order to provide reasonable time to prospective bidders to take necessary action in preparing their bids as per the amendment, the Client may, at its discretion extend the deadline for the submission of bids and other allied time frames, which are linked with that deadline.

7.4 Any bidder who has purchased/downloaded the Bid Documents should watch for amendment, if any, issued on the above website and The Client will not issue separate communication to them. Client shall not be responsible in any manner if prospective Bidders miss any notifications placed on above websites

8. CLARIFICATIONS OF TENDER DOCUMENTS

- 8.1 A prospective bidder requiring any clarification regarding Scope of Services, conditions of contract, etc. given in the Bid Documents may submit written request for clarifications to SAMS by post/email up to 1700 hrs. on 20th Sept, 2016.
- 8.2 All the prospective bidders will be notified of response to clarifications only through website www.samsconsult.com , www.naco.gov.in and www.eprocure.gov.in/cppp/. Any bidder who has purchased/downloaded the Bid Documents should watch for clarifications, if any, issued on the above website and The Client will not issue separate communication to them.
- 8.3 The Client shall not be responsible in any manner if a prospective bidder fails to notice any notifications placed on above websites.

9. PRE-BID MEETING

- 9.1 In order to provide response to any doubt regarding scope of services and conditions of contract etc. given in the Bid Documents, a pre-bid meeting has been scheduled to be held in the office of the Client at 1500 hrs. on 21st Sept, 2016.
- 9.2 During the pre-bid meeting, the clarification sought by representative of prospective bidders shall be responded appropriately. However, they shall be asked to submit their written request by close of office next day. The Client shall upload written response to such requests for clarifications, without identifying its source. In case required, amendments, in terms of Para 7 above shall be issued, which shall be binding on all prospective bidders.

C. PREPARATION OF BIDS

10. DOCUMENTS COMPRISING THE BID

- 10.1 The **Two Bid System**, i.e. "Technical Bid" (Envelope-A) and "Financial Bid" (Envelope-B) prepared by the bidder, shall comprise of the following:

A) TECHNICAL BID - (ENVELOPE-A)

- i) Bid Document Fee furnished in accordance with NIT Para 5.
- ii) Earnest money furnished in accordance with ITB Para 16;
- iii) Bid Form as per Form-A of Chapter VI given in the Bid Document.
- iv) Bidder Information Form as per Form-B of Chapter VI given in the Bid Document
- v) Documents in support of para 4.1 - 'Bidders' Eligibility and Qualification', more specifically those stated in ITB Para 4.2
- vi) Para-by-Para Commentary / Compliance against the Technical Requirements given in the Chapter-III – 'Scope of Services' as per Form-B
- vii) Power of Attorney in favour of signatory of Bid.
- viii) Certificate of Incorporation/ Registration of the bidder and Consortium partner(s) (as the case may be).
- ix) Letter of Association from all Consortium Partners to associate with the prime bidder (as the case may be) issued on their letter head.
- x) Self-attested copy of Income Tax Registration Certificate / PAN card
- xi) Self-attested copy of Sales Tax / VAT registration
- xii) Checklist as per format given in Form-G of Chapter VI

B) FINANCIAL BID – (ENVELOPE-B)

Bidder should submit Financial Bid as per Format of Price Schedule given in Chapter IV.

11. BID CURRENCIES

- 11.1 The bidder providing services as per the scope of services should quote in Indian Rupees only.
- 11.2 Bids, where prices are quoted in any other currency shall be treated as non-responsive and rejected.

12. BID PRICES

- 12.1 The Bidder shall indicate on the Price Schedule provided under Chapter IV, all the specified components of prices shown therein including the unit prices and total bid prices of the goods and services as per Scope of Services given in Bid Documents. All the columns shown in the price schedule should be filled up as required. If any column does not apply to a bidder, same should be filled as "Not Applicable" by the bidder.

13. FIRM PRICE

- 13.1 The Prices quoted by the bidder shall remain firm and fixed during the currency of the contract and not subject to variation on any account.

14. ALTERNATIVE BIDS

- 14.1 Alternative Bids are not permitted. All those bidders shall be disqualified if any person (s) (i.e. partner (s) in case of a partnership firm, member (s) in case of a company or the proprietor in case of a proprietorship firm, as the case may be) holds 20% or more share (ownerships) in more than one bidding entities who have quoted for same product (s)".

15. DOCUMENTS ESTABLISHING COMPLIANCE OF SERVICES AS PER BID DOCUMENTS

- 15.1 The bidder must submit Bid Form duly signed by authorised signatory certifying compliance on the Scope of Services incorporated in the Bid Documents.
- 15.2 In case there is any variation and/or deviation between the Scope of Services prescribed by the Client and that offered by the bidder, the bidder shall list out the same in the above statement without any ambiguity.
- 15.3 If a bidder furnishes wrong and/or misguiding/misleading data, statement(s) etc. about the services offered by it, its bid will be liable to be ignored and rejected in addition to other remedies available to the Client in this regard.

16. EARNEST MONEY DEPOSIT (EMD)

- 16.1 All Bidders shall furnish along with its bid, earnest money deposit /bid security of INR 15.00 Lakhs.
- 16.2 The earnest money shall be in the form of Demand Draft / Bank Guarantee / Fixed Deposit Receipt.
- 16.3 No exemption is allowed in EMD. Without valid EMD, bid shall be rejected.

- 16.4 The Bid Security should be provided from any commercial bank and should be pledged to Strategic Alliance Management Services Private Limited, payable at New Delhi. In case bid security is submitted in the form of a Bank Guarantee, it should be as per the format given in Form-E of Chapter VI.
- 16.5 The earnest money deposited in the form of BG / FDR shall be valid for 180 days from the due date of submission of bids.
- 16.6 Unsuccessful bidders' earnest money will be returned to them without any interest, after expiry of the bid validity period, but not later than thirty days after conclusion of the resultant contract. Successful bidder's earnest money will be returned without any interest, after receipt of performance security from successful bidder.
- 16.7 Earnest Money is required to protect the Client against the risk of the Bidder's conduct, which would warrant the forfeiture of the EMD. Earnest money of a bidder will be forfeited, if the bidder withdraws or amends its bid or impairs or derogates from the bid in any respect within the period of validity of its tender or if it comes to notice that the information/documents furnished in its tender is incorrect, false, misleading or forged without prejudice to other rights of the Client. The successful bidder's earnest money will be forfeited without prejudice to other rights of the Client if it fails to furnish the required performance security within the specified period.

17. BID VALIDITY

- 17.1 The bids shall remain valid for a period of 150 days after the due date of submission of bids i.e. 14th March, 2017. Any bid valid for a shorter period shall be treated as nonresponsive and rejected.
- 17.2 In exceptional situations, the bidders may be requested by the Client to extend the validity of their bids up to a specified period. Such request(s) and responses thereto shall be conveyed by speed-post/e-mail. The bidders, who agree to extend the bid validity, are to extend the same without any change or modification of their original bids are also required to extend the validity period of the EMD accordingly. A bidder, however, may not agree to extend its bid validity without forfeiting its EMD.

18. SIGNING AND SEALING OF BIDS

- 18.1 The Bidders shall submit their tenders as per schedule indicated in Notice Inviting Tenders (NIT) and any amendments made within due date for submission of bids.
- 18.2 Bid Documents seek bid submission by following two bid System i.e. "Technical Bid (Bid Documents Fee, EMD & Technical Documents) – **Envelope-A**" and "Financial Bid" – **Envelope-B**.
- 18.3 The Technical and Financial bids shall either be typed or written in indelible ink and the same shall be signed by the bidder or by a person(s) who has been duly authorized to bind the bidder to the contract. The letter of authorization shall be by a written power of attorney, which shall also be furnished along with the bid.
- 18.4 All the pages of the bid shall be duly signed at the appropriate places as indicated in the Bid Documents and all other pages of the bid including printed literature, if any shall be initialled by the same person(s) signing the bid. The bid shall not contain any erasure or overwriting, except as necessary to correct any error made by the bidder and, if there is any such correction; the same shall be initialled by the person(s) signing the bid.

- 18.5 The bidder is to seal the Technical and Financial bids in separate envelopes duly superscripted and sealed and both these envelopes containing bids in envelopes should then be put in a bigger outer envelope, which should also be sealed and duly superscripted. The outer as well as inner envelopes should have complete address of bidder as well as the Client. In addition, the due date for submission and opening of bids should also be mentioned on outer envelope and envelope containing Technical Bids.
- 18.6 If the outer envelope is not sealed and marked properly as above, the Client will not assume any responsibility for its misplacement, premature opening, late opening etc.

D. SUBMISSION OF BIDS

19. SUBMISSION OF BIDS

- 19.1 Unless otherwise specified, bids should be delivered at the address of Client up to 1430 hrs. on 14th Oct, 2016 including amendments in dates, if any as notified on website www.naco.gov.in, www.samsconsult.com and www.eprocure.gov.in/cppp/ .

20. LATE BIDS

- 20.1 The bids submitted after due date and time for submission of bids shall not be accepted. Such bids shall be returned unopened to bidders.

21. ALTERATION AND WITHDRAWAL OF BID

- 21.1 The bids can't be withdrawn or altered after due date and time for submission of bids.
- 21.2 If a bidder withdraws the bid any time during the due date and time for submission of bids and last date of validity of bids, it will result in forfeiture of the earnest money furnished by the bidder in its bid.

E. BID OPENING

22. OPENING OF BIDS

- 22.1 The Technical Bid (Envelope-A) shall be opened at the first instance at 1300 hrs. on 14th Oct, 2016. During the Technical Bid opening, the Bid opening official(s) will read the salient features of the bids like Earnest Money Deposit and any other special features of the bids, as deemed fit by the bid opening official(s).
- 22.2 Authorized representatives of the bidders, who have submitted bids on time may attend the technical bid opening provided they bring with them letters of authority from the bidders. The bid opening official(s) will prepare a list of the representatives attending the bid opening. The list will contain the representatives' names, signatures, e-mail Id, contact no. and Bidders' names and addresses.
- 22.3 After the technical evaluation of bids are completed the Client shall notify those Bidders whose Bids did not secure the minimum marks to qualify at technical evaluation stage that their Financial Bids (Envelope-B) will be returned unopened after completing the selection process and Contract signing.

- 22.4 The Client shall simultaneously notify in writing those Bidders that have secured the minimum overall technical marks and inform them of the date, time and location for the opening of the Financial Bids (Envelope-B). The opening date should allow the Bidders sufficient time to make arrangements for attending the opening. The Bidder's attendance at the opening of the Financial Bids is optional and is at the Bidder's choice.
- 22.5 The Financial Bids (Envelope-B) shall be opened by the Client in the presence of the representatives of those Bidders whose proposals have passed the minimum technical score. At the opening, the names of the Bidders, and the overall technical scores, including the break-down by criterion, shall be read aloud. The Financial Bids will then be inspected to confirm that they have remained sealed and unopened. These Financial Bids shall be then opened, and the total prices read aloud and recorded. Copies of the record shall be sent to all Bidders who submitted Bids.

F. SCRUTINY AND EVALUATION OF BIDS

23. BASIC PRINCIPLE

- 23.1 Bids will be evaluated on the basis of the terms & conditions already incorporated in the Bid Documents, based on which bids have been received and the terms, conditions etc. mentioned by the bidders in their bids. No new condition will be brought in while scrutinizing and evaluating the bids.

24. PRELIMINARY SCRUTINY OF BIDS

- 24.1 The Client will examine the bids to determine whether they are complete, whether required securities have been furnished, whether the documents have been properly signed stamped and whether the bids are generally in order.
- 24.2 Prior to detailed evaluation of Bids, the Client will determine the substantial responsiveness of each bid to the Bid Documents. For purposes of these clauses, a substantially responsive bid is one, which conforms to all the Conditions of Contract given in the Bid Documents without material deviations. Deviations from, or objections or reservations to critical provisions such as those concerning Performance Security (COC Clause 6), EMD (ITB Clause 16), Taxes & Duties (COC Clause 14), Force Majeure (COC Clause 20) and Applicable law (COC Clause 24) will be deemed to be a material deviation.
- 24.3 The Client's determination of a Bid's responsiveness is to be based on the contents of the bid itself without recourse to extrinsic evidence.
- 24.4 The bids, which do not meet the mandatory eligibility and qualification requirements as per ITB Para 4 above, are liable to be treated as non-responsive and will be summarily ignored. In addition, the following are some of the important aspects, for which a bid shall be declared non – responsive and will be summarily ignored;
- (i) Bid Form as per format given in Form-A of Chapter VI (signed and stamped) not submitted.
 - (ii) Bid validity is shorter than the required period.
 - (iii) Required EMD have not been submitted.
 - (iv) Bidder has not agreed to give the required Performance Security.
 - (v) Bidder is not eligible and qualified as per ITB Para 4.1

25. EVALUATION OF BIDS

A. TECHNICAL EVALUATION

25.1 Subsequent to preliminary scrutiny of bids in accordance with ITB Para 24 above, the technical evaluation of substantial responsiveness of bids shall be carried out based on the criteria / sub-criteria given in the table below:

| Sr. No. | Description of Criteria / Sub-Criteria | Max. Marks |
|----------|--|------------|
| 1 | Average Annual Turnover of last three financial years (2013-14, 2014-15 and 2015-16) | 10 |
| (a) | At least Rs.30 Cr. | 7 |
| (b) | Above Rs.30 Cr. and up to Rs.40 Cr. | 8 |
| (c) | Above Rs.40 Cr. and up to Rs.50 Cr. | 9 |
| (d) | Above Rs.50 Cr. | 10 |
| 2 | Experience of carrying out HIV-1 Viral Load Testing | 10 |
| (a) | At least 2 years' experience | 7 |
| (b) | Above 2 years' and up to 4 years' | 8 |
| (c) | Above 4 years' and up to 6 years' | 9 |
| (d) | Above 6 years' | 10 |
| 3 | Sample Collection Plan¹ | 20 |
| (a) | Coverage of sample collection centres | 5 |
| (b) | Frequency of sample collection | 5 |
| (c) | Plan to make available all consumables required for specimen collection at all the sample collection centres | 5 |
| (d) | Communication plan between (a) Agency and all ART Centres; and (b) Agency and NACO | 5 |
| 4 | Specimen Preparation & Transportation² | 20 |
| (a) | Plan to make available adequate equipment viz. Plasma Separators, refrigerators etc. at select centres as per sample Collection Plan | 5 |
| (b) | Plan for specimen transportation and associated documentation | 5 |
| (c) | Plan to adhere timelines for delivery of samples to testing laboratory | 5 |
| (d) | Standard Operating Procedure (SOP) for specimen transportation | 5 |
| 5 | Analytical Testing | 25 |
| (a) | The testing laboratory should be enrolled in an External Quality Assurance (EQA) programme, for the test bidden for, provided by a laboratory that is certified as EQA provider as per ISO 17043 standard for the same test and should have achieved successful performance in last two cycles | 3 |
| (b) | Regulatory Certification for Viral Load test proposed to be used: | |
| (i) | DCGI licensed under IVD | 2 |
| (ii) | US FDA /CE approved | 2 |
| (iii) | WHO-prequalified | 2 |
| (c) | Proposed testing facility/ies has NABL accreditation for performing HIV-1 Viral Load Assay using proposed kit as per ISO 15189:2012 | 4 |

¹[excellent – 5 marks; very good – 4 marks; good – 3 marks; fair – 2 marks; substandard – 0 marks]

²[excellent – 5 marks; very good – 4 marks; good – 3 marks; fair – 2 marks; substandard – 0 marks]

| Sr. No. | Description of Criteria / Sub-Criteria | Max. Marks |
|-----------|--|------------|
| (d) | The proposed testing facility/ies has in place a signatory/ies for issuing Viral Load Test report as per qualification described in NABL 112 Document | 4 |
| (e) | Specimen identification - double identifier is provided against which one of them is with barcode (patient and test specific) | 4 |
| (f) | Plan / practice to comply with ISO 15190 and ISO 22367 | 4 |
| 6 | Post Analysis | |
| (a) | Availability of storage capacity (to store samples up to one year) including storage equipment with power backup arrangements and arrangements for regular temperature monitoring. | 3 |
| (b) | Plans for handling of Bio-Medical Wastes | 3 |
| 7. | Reporting | |
| (a) | Presentation of plan to ensure data confidentiality | 3 |
| (b) | Additional practices proposed / planned to be in place provided by the bidder in compliance with Article 4.1.1.3 of ISO 15189:2012 | 3 |
| 8. | Timeliness of Implementation | |
| (a) | Plan to operationalize services within 4 weeks of award of contract | 3 |
| | Total | 100 |

Minimum marks required to qualify at technical evaluation stage is 70 marks.

B. FINANCIAL EVALUATION:

- 25.2 The bidders are required to quote all the components of the price as per Format given in Chapter-IV: Financial Bid. The break-up of price has been sought for the purpose of making any revision in scope of services in future.
- 25.3 The financial evaluation of bids shall be carried out based on the total price for first year inclusive of applicable taxes and duties which will be contractually payable on the goods if contract is awarded.
- 25.4 If, in the price quoted by a bidder, there is discrepancy between the unit price and the total price (which is obtained by multiplying the unit price by the quantity), the unit price shall prevail and the total price shall be corrected accordingly, unless the Client feels that the bidder has made a mistake in placing the decimal point in the unit price, in which case the total price as quoted shall prevail over the unit price and the unit price corrected accordingly.
- 25.5 If there is an error in a total price, which has been worked out through addition and/or subtraction of subtotals, the subtotals shall prevail and the total corrected; and if there is a discrepancy between the amount expressed in words and figures, the amount in words shall prevail.
- 25.6 If, as per the judgement of the Client, there is any such arithmetical discrepancy in a bid, the same will be suitably conveyed to the bidder by speed post/e-mail. If the bidder does not agree to the observation of the Client, the bid is liable to be rejected.
- 25.7 The lowest Financial Bid (Fm) shall be given the maximum financial score (Sf) of 100.

- 25.8 The formula for determining the financial scores (Sf) of all other Proposals shall be calculated as follows:

$S_f = 100 \times F_m / F$, in which "Sf" is the financial score, "Fm" is the lowest price, and "F" the price of the bid under consideration.

26. COMBINED EVALUATION OF BIDS:

- 26.1 The combined evaluation of bids shall be carried out by giving weights to Technical and Financial bids in the ratios of 70:30 i.e.

- 26.2 Bids shall be ranked according to their combined technical (St) and financial (Sf) scores using the weights (T = the weight given to the Technical Bids i.e. 70%; P = the weight given to the Financial Bids i.e. 30%; as follows:

$$S = S_t \times T\% + S_f \times P\%.$$

- 26.3 The bids will be ranked in terms of total combined score. The proposal with the highest total score will be considered for award of contract and will be called for negotiations, if required.

27. MINOR INFIRMITY/IRREGULARITY/NON-CONFORMITY

- 27.1 If during the preliminary scrutiny of bids or during technical evaluation of bids, pursuant to ITB Para 24 & 25 above, the Client finds any minor infirmity and/or irregularity and/or non-conformity in a bid, the Client may waive the same provided it does not constitute any material deviation and financial impact and, also, does not prejudice or affect the ranking order of the bidders. Wherever necessary, the Client will convey its observation on such 'minor' issues to the bidder by speed post/e-mail asking the bidder to respond by a specified date. If the bidder does not reply by the specified date or gives evasive reply without clarifying the point at issue in clear terms, that bid will not be evaluated further.

28. FINAL EVALUATION: BIDDER'S CAPABILITY TO PERFORM THE CONTRACT

- 28.1 The Client, through the above process of bid scrutiny and evaluation will determine to its satisfaction whether the bidder, whose bid has been determined as the lowest evaluated responsive bid, is eligible, qualified and capable in all respects to perform the contract satisfactorily.

29. CONTACTING THE CLIENT

- 29.1 From the time of submission of bid to the time of awarding the contract, if a bidder needs to contact the Client for any reason relating to its bid, it should do so only in writing.
- 29.2 In case a bidder attempts to influence the Client in the Client's decision on scrutiny, comparison & evaluation of bid and awarding the contract, the bid of the bidder shall be liable for rejection in addition to appropriate administrative and coercive actions being taken against that bidder, as deemed fit by the Client.

G. AWARD OF CONTRACT

30. CLIENT'S RIGHT TO ACCEPT ANY BID AND TO REJECT ANY OR ALL BIDS

- 30.1 The Client reserves the right to accept in part or in full any bid or reject any bid(s) without assigning any reason or to cancel the bidding process and reject all bids at any time prior to award of contract, without incurring any liability, whatsoever to the affected bidder(s).

31. AWARD CRITERIA

- 31.1 The contract will be awarded to the lowest evaluated responsive bidder decided by the Client.

32. VARIATION IN SCOPE OF SERVICES AT THE TIME OF AWARD AND/OR DURING VALIDITY OF CONTRACT

- 32.1 The Client reserves the right at the time of Contract award and/or during validity of contract, to increase or decrease the scope of services without any change in unit price or other terms and conditions.

33. INTIMATION LETTER TO SUCCESSFUL BIDDER / NOTIFICATION OF AWARD

- 33.1 Before expiry of the bid validity period, the Client will notify the successful bidder(s) in writing, only by speed post or by e-mail that its bid has been accepted, briefly indicating therein the essential details like description of services and corresponding prices accepted. The successful bidder must furnish to the Client the required Performance Security within 21 days along with the contract agreement from the date of this notification, failing which the EMD will be forfeited and the award will be cancelled. Relevant details about the Performance Security have been provided under COC Clause 5 under Chapter II.

- 33.2 The Notification of Award shall constitute the formation of the Contract.

34. SIGNING OF CONTRACT

- 34.1 Promptly after notification of award, the Client will send the contract form (as per Format given in Chapter V) duly completed and signed, in duplicate, to the successful bidder by speed post.

- 34.2 Within twenty one days from the date of the Notification of Award as above, the successful bidder shall return the original copy of the contract, duly signed and dated, to the Client by registered / speed post.

CHAPTER– II: CONDITIONS OF CONTRACT (COC)

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CHAPTER - II

CONDITIONS OF CONTRACT (COC)

1. APPLICATION

- 1.1 The Conditions of Contract incorporated in Chapter-II, Scope of Services under Chapter III of this document shall be applicable for this contract.

2. USE OF CONTRACT DOCUMENTS AND INFORMATION

- 2.1 The Service Provider shall not, without the Client's prior written consent, disclose the contract or any provision thereof or any information furnished by or on behalf of the Client in connection therewith, to any person other than the person(s) employed by the Service Provider in the performance of the contract. Further, any such disclosure to any such employed person shall be made in confidence and only so far as necessary for the purposes of such performance for this contract.
- 2.2 Further, the Service Provider shall not, without the Client's prior written consent, make use of any document or information mentioned in COC sub-clause 2.1 above except for the sole purpose of performing this contract.
- 2.3 Except the contract issued to the Service Provider, each and every other document mentioned in COC sub-clause 2.1 above shall remain the property of the Client and, if advised by the Client, all copies of all such documents shall be returned to the Client on completion of the Service Provider's performance and obligations under this contract.

3. OBLIGATIONS OF SERVICE PRVIDER

- 3.1 **Standard of Performance:** The Service provider shall perform the Services and carry out their obligations hereunder with all due diligence, efficiency and economy, in accordance with generally accepted professional standards and practices, and shall observe sound management practices, and employ appropriate technology and safe and effective equipment, machinery, materials and methods. The Service Provider shall always act, in respect of any matter relating to this Contract or to the Services, as faithful Service Provider to the Client, and shall at all times support and safeguard the Client's legitimate interests in any dealings with Sub-Contractors or Third Parties.
- 3.2 **Conflict of Interests:** The Service Provider shall hold the Client's interests paramount, without any consideration for future work, and strictly avoid conflict of interest with other assignments or their own corporate interests. If during the period of this contract, a conflict of interest arises for any reasons, the Service Provider shall promptly disclose the same to the Client and seek its instructions.

The Service Provider is also required to comply with GFATM's policies on "Ethics and Conflict of Interest" and "Code of Conduct for suppliers" available at link <http://www.theglobalfund.org/en/governance/>

- 3.3 **Service Provider not to benefit from Commissions, Discounts, etc.:** The payment of the Service Provider shall constitute the Service Provider's only payment in connection with this Contract and the Service Provider shall not accept for its own benefit any trade

commission, discount or similar payment in connection with activities pursuant to this Contract or in the discharge of its obligations hereunder, and the Service Provider shall use its best efforts to ensure that any Sub-Contractors, as well as the Personnel and agents of either of them, similarly shall not receive any such additional payment.

3.4 Service Provider and Affiliates Not to Engage in Certain Activities:

- (a) The Service Provider agrees that, during the term of this Contract and after its termination, the Service Provider and any entity affiliated with the Service provider, as well as any Sub-Contractors and any entity affiliated with such Sub-Contractors, shall be disqualified from providing goods, works or services (other than consulting services) resulting from or directly related to the Service Provider's Services for the preparation or implementation of the project.
- (b) **Prohibition of Conflicting Activities:** The Service Provider shall not engage, and shall cause their Personnel as well as their Sub-Contractors and their Personnel not to engage, either directly or indirectly, in any business or professional activities that would conflict with the activities assigned to them under this Contract.

3.5 Confidentiality: Except with the prior written consent of the Client, the Service Provider and the Personnel shall not at any time communicate to any person or entity any confidential information acquired in the course of the Services, nor shall the Service Provider and its Personnel make public the recommendations formulated in the course of, or as a result of, the Services.

3.6 Intellectual Property Rights: The Service Provider shall, at all times, indemnify and keep indemnified the Client, free of cost, against all claims which may arise in respect of services to be provided by the Service Provider under the contract for infringement of any intellectual property rights or any other right protected by patent, registration of designs or trademarks. In the event of any such claim in respect of alleged breach of patent, registered designs, trademarks etc. being made against the Client, the Client shall notify the Service Provider of the same and the Service Provider shall, at his own expenses take care of the same for settlement without any liability to the Client.

4. Fraud and Corruption:

4.1 Definitions: It is the Employer's policy to require that Client as well as Service Provider observe the highest standard of ethics during the execution of the Contract. In pursuance of this policy, the Client defines, for the purpose of this provision, the terms set forth below as follows:

- i. "Corrupt practice" means the offering, receiving, or soliciting, directly or indirectly, of anything of value to influence the action of a public official in the selection process or in contract execution;
- ii. "Fraudulent practice" means a misrepresentation or omission of facts in order to influence a selection process or the execution of a contract;
- iii. "Collusive practices" means a scheme or arrangement between two or more consultants, with or without the knowledge of the Employer, designed to establish prices at artificial, non-competitive levels;
- iv. "coercive practices" means harming or threatening to harm, directly or indirectly, persons or their property to influence their participation in a procurement process, or affect the execution of a contract;

4.2 In addition, the Service Provider is required to comply with GFATM's policy on "Code of Conduct for Suppliers" available at link <http://www.theglobalfund.org/en/governance/>

4.3 Measures to be taken by the Client:

- (a) The Client may terminate the contract if it determines at any time that representatives of the Service Provider were engaged in corrupt, fraudulent, collusive or coercive practices during the selection process or the execution of that contract, without the Service Provider having taken timely and appropriate action satisfactory to the Client to remedy the situation;
- (b) The Client may also sanction against the Service Provider, including declaring the Service Provider ineligible, either indefinitely or for a stated period of time, to be awarded a contract if it at any time determines that the Service Provider has, directly or through an agent, engaged in corrupt, fraudulent, collusive or coercive practices in competing for, or in executing, a Client-financed contract;

5. COUNTRY OF ORIGIN

- 5.1 All goods and services to be provided under the contract shall have the origin in India or in the countries with which the Government of India has trade relations.
- 5.2 The word "origin" incorporated in this clause means the place from where the services are performed and/or goods are mined, cultivated, grown, manufactured, produced or processed or from where the services are arranged.

6. PERFORMANCE SECURITY

- 6.1 Within twenty one (21) days from date of the issue of intimation letter/ notification of award by the Client, the Service Provider, shall furnish Performance Security to the Client for an amount equal to five per cent (5%) of the contract value, valid up to one hundred and twenty (120) days after the date of completion of all contractual obligations by the Service Provider, including the warranty obligations.
- 6.2 The Performance Security as above shall be denominated in Indian Rupees and shall be in the form of Bank Guarantee issued by a Scheduled Bank in India, in the format given in Form-F of Chapter VI.
- 6.3 In the event of any failure /default of the Service Provider with or without any quantifiable loss to the government, the amount of the Performance Security is liable to be forfeited. The Client may do the needful to cover any failure/default of the Service Provider with or without any quantifiable loss to the Government.
- 6.4 In the event of any amendment issued to the contract, the Service Provider shall, within fifteen (15) days of issue of the amendment, furnish the corresponding amendment to the Performance Security (as necessary), rendering the same valid in all respects in terms of the contract, as amended.
- 6.5 The Client will release the Performance Security without any interest to the Service Provider on completion of contractual obligations including the warranty obligations.

7. SCOPE OF SERVICES AND STANDARDS

- 7.1 The Services to be provided by the Service Provider under this contract shall conform to the Scope of Services mentioned under Chapter III of the Bid Documents.

8. INSURANCE

8.1 The Service Provider shall be responsible for insuring personnel deployed to perform the services, equipment, furniture, etc. for accident, theft, damage, burglary etc. on third party risk basis.

9. CONTRACT DURATION

9.1. The contract shall be valid for the duration of 3 (three) years from the date of commencement of services. The contract may be foreclosed / extended for further period of max. 2 years based on performance of services by the Service Provider and requirement of services by the Client.

10. ASSIGNMENT

10.1 The Service Provider shall not assign, either in whole or in part, its contractual duties, responsibilities and obligations to perform the contract, except with the Client's prior written permission.

11. SUB CONTRACTS

11.1 The Service Provider shall notify the Client in writing of all sub contracts awarded under the contract if not already specified in its tender. Such notification, in its original bid or later, shall not relieve the Service Provider from any of its liability or obligation under the terms and conditions of the contract. Sub contracts shall not be inconsistent with the terms of the contract agreement.

11.2 Sub contracts shall also comply with the provisions of COC Clause 4 ("Country of Origin").

12. MODIFICATION OF CONTRACT

12.1 If necessary, the Client may, by a written order given to the Service Provider at any time during the currency of the contract, amend the contract by making alterations and modifications within the general scope of contract.

12.2 In the event of any such modification/alteration causing increase or decrease in the cost of goods and/or services to be supplied and provided, or time required by the Service Provider to perform any obligation under the contract, an equitable adjustment shall be made in the contract price and/or duration of contract, as the case may be, and the contract amended accordingly. If the Service Provider doesn't agree to the adjustment made by the Client, the Service Provider shall convey its views to the Client within twenty-one days from the date of the Service Provider's receipt of the Client's modification of the contract.

13. PRICES

13.1 Prices to be charged by the Service Provider for provision of services in terms of the contract shall not vary from the corresponding prices quoted by the Service Provider in its bid.

14. TAXES AND DUTIES

14.1 Service Provider shall be entirely responsible for all taxes, duties, fees, levies etc. incurred until delivery of the services to the Client.

15. TERMS AND MODE OF PAYMENT

- 15.1 Payment shall be made against the claim received from Service Provider on quarterly basis and upon submission of the following:
- (a) Invoice in four copies mentioning total no. of test reports submitted in the quarter.
 - (b) Monthly Status Report of the Quarter including the no. & date of samples collected / tests conducted / report submitted giving name of person, name of associated ART Centre, Patient ID and duly certified by the In-charges of ART Centres.
- 15.2 The Service Provider shall send its claim for payment, latest by 7th day of the next month preceding 3 months in the quarter.
- 15.3 The Client shall release payment within 60 days of receipt of claim as above.

16. PENALTY PROVISION AND TERMINATION OF CONTRACT

- 16.1 If the Service Provider fails to perform the services as per performance indicators given in Scope of Services, the Client shall, without prejudice to other rights and remedies available to the Client under the contract, deduct from the contract price, as penalty.
- 16.2 The Penalty, if any shall be imposed at the time of quarterly review and based on performance assessment on criteria / indicators given in the table below.

| Sr. No. | Performance criteria / Indicators | Acceptable value | Penalty Provisions |
|----------------|--|---|--|
| 1 | Providing soft copy of the test report to concerned ART Centre | 24 hours from receipt of samples at testing facility | Deduction of 2% of the testing charges for every hour of delay beyond 24 hours subject to maximum of 100% of testing charges. |
| 2 | Non-availability of sample collection facility to patient upon his / her visit to ART Centre. | 1% cases in a year (measured each quarterly performance review) | Deduction of amount equivalent to 1% of the performance security submitted by the Agency for every 1% case of default beyond 1% in a year. |
| 3 | Percentage of test results found to be inaccurate in the proficiency testing done by NACO or an organization on its behalf | Nil | Deduction of double the amount of value of tests found inaccurate. |

- 16.3 In case of serious lapse on part of Service Provider and unsatisfactory review in two consecutive quarterly reviews, as above, the Client may terminate the contract in whole or in part by giving 30 days' notice.

17. TERMINATION FOR DEFAULT

- 17.1 The Client, without prejudice to any other contractual rights and remedies available to it, may, by written notice of default sent to the Service Provider, terminate the contract in whole or in part, if the Service Provider fails to perform services as specified in the contract or any other contractual obligations within the time period specified in the contract.
- 17.2 In the event the Client terminates the contract in whole or in part, pursuant to COC clause 15.3 and 16.1 above, the Client may carry out risk purchase of services similar to those cancelled, with such terms and conditions and in such manner as it deems fit and the Service Provider shall be liable to the Client for the extra expenditure, if any, incurred by the Client for arranging such services.
- 17.3 Unless otherwise instructed by the Client, the Service Provider shall continue to perform the contract to the extent not terminated.

18. TERMINATION FOR INSOLVENCY

- 18.1 If the Service Provider becomes bankrupt or otherwise insolvent, it will inform to the Client with the request to terminate the contract. The Client reserves the right to terminate, without any compensation, whatsoever, to the Service Provider, and the Client may forfeit the Performance Security.

19. TERMINATION FOR CONVENIENCE

- 19.1 The Client, by written notice sent to the Service Provider, may terminate the Contract, in whole or in part, at any time for its convenience. The notice of termination shall specify that termination is for the Client's convenience, the extent to which performance of the Service Provider under the Contract is terminated, and the date upon which such termination becomes effective.
- 19.2 The test reports of the sample which are already taken up the date of Service Provider's receipt of notice of termination shall be accepted by the Client at the Contract terms and prices.

20. FORCE MAJEURE

- 20.1 Notwithstanding the provisions contained in COC clauses 16, 17 and 19 the Service Provider shall not be liable for imposition of any such sanction so long the delay and/or failure of the Service Provider in fulfilling its obligations under the contract is the result of an event of Force Majeure.
- 20.2 For purposes of this clause, Force Majeure means an event beyond the control of the Service Provider and not involving the Service Provider's fault or negligence and which is not foreseeable and not brought about at the instance of , the party claiming to be affected by such event and which has caused the non – performance or delay in performance. Such events may include, but are not restricted to, acts of the Client either in its sovereign or contractual capacity, wars or revolutions, hostility, acts of public enemy, civil commotion, sabotage, fires, floods, explosions, epidemics, quarantine restrictions, strikes excluding by its employees , lockouts excluding by its management, and freight embargoes.
- 20.3 If a Force Majeure situation arises, the Service Provider shall promptly notify the Client in writing of such conditions and the cause thereof within twenty one days of occurrence of such event. Unless otherwise directed by the Client in writing, the Service Provider shall continue to perform its obligations under the contract as far as reasonably practical, and

shall seek all reasonable alternative means for performance not prevented by the Force Majeure event.

- 20.4 If the performance in whole or in part or any obligation under this contract is prevented or delayed by any reason of Force Majeure for a period exceeding sixty days, either party may at its option terminate the contract without any financial repercussion on either side.
- 20.5 In case due to a Force Majeure event the Client is unable to fulfil its contractual commitment and responsibility, the Client will notify the Service Provider accordingly and subsequent actions taken on similar lines described in above sub-paragraphs.

21. GOVERNING LANGUAGE

- 21.1 The contract shall be written in English language. All correspondence and other documents pertaining to the contract, which the parties exchange, shall also be written accordingly in English language.

22. NOTICES

- 22.1 Notices, if any, relating to the contract given by one party to the other, shall be sent in writing or by e-mail or by cable or telex or facsimile and confirmed in writing. The procedure will also provide the sender of the notice, the proof of receipt of the notice by the receiver. The addresses of the parties for exchanging such notices will be the addresses as incorporated in the contract.
- 22.2 The effective date of a notice shall be either the date when delivered to the recipient or the effective date specifically mentioned in the notice, whichever is later.

23. RESOLUTION OF DISPUTES

- a. If dispute or difference of any kind shall arise between the Client and the Service Provider in connection with or relating to the contract, the parties shall make every effort to resolve the same amicably by mutual consultations.
- b. If the parties fail to resolve their dispute or difference by such mutual consultation within twenty-one days of its occurrence, then, either the Client or the Service Provider may give notice to the other party of its intention to commence arbitration, as hereinafter provided the applicable arbitration procedure will be as per the Arbitration and Conciliation Act, 1996 of India.
- c. All disputes arising out of tendering process shall be within the jurisdiction of High Court of Delhi. Arbitration proceedings shall be convened by a panel of three arbitrators, one arbitrator each shall be nominated by both the parties and the third arbitrator shall be appointed with the mutual consultation and consent of both the arbitrators.
- d. The award passed by the arbitrators shall be final and binding.
- e. Venue of Arbitration: The venue of arbitration shall be the place from where the contract has been issued, i.e., New Delhi.

24. APPLICABLE LAW

The contract shall be governed by and interpreted in accordance with the laws of India for the time being in force.

25. THIRD PARTY ASSESSMENT

The Client, at their own cost, may conduct third party assessment of services rendered and conduct of Agency during project period. The Agency will be informed about such assessment. The Client may take action on the basis of findings of third party assessment.

CHAPTER – III: SCOPE OF SERVICES FOR HIRING OF AGENCY FOR PROVIDING HIV-1 VIRAL LOAD TESTING SERVICES

1. Background

- 1.1 National AIDS Control Organization (NACO), Ministry of Health and Family Welfare (MoHFW), Govt. of India is implementing fourth phase of National AIDS Control Programme(NACP-IV) funded by Government of India, GFATM and other donor partners. The NACP-IV is currently one of the key programs of thrust of MOHFW and is aimed at alleviation of general wellbeing of the PLHIV through its implementing Unit National AIDS Control Organization (NACO). The program is run through National AIDS Control Society, State AIDS Control Society, District AIDS Control Society and Sub-district AIDS Control Society and ART Centers/ Link ART Centers across Nation.
- 1.2 In its pursuit to implement the program effectively, NACO is now planning to upscale HIV Viral Load testing for routine monitoring of all patients on first line ART since it provides early and more accurate indication of treatment failure and the consequent need to switch to second line drugs. It also improves clinical outcomes as second line ART is initiated earlier thus reducing accumulation of drug resistance mutations. The key focus area for testing being the poor PLHIV and to protect them from DRHIV. It gives priority to Patients undergoing treatment for long time, pregnant women and children.
- 1.3 At present, NACO is implementing targeted HIV Viral Load testing in the program through 10 Viral Load testing Centers in government run facilities across the country and around 10,000 tests are done annually.
- 1.4 There are 9,65,292 PLHIVs on ART at more than 528 ART sites. All patients on first line ART are monitored by six monthly CD4 count testing to see the response to ART. Those with declining CD4 count are evaluated for treatment failure and undergo a viral load testing to confirm the treatment failure and switch to second line ART if viral load (VL) is more than 1,000 copies.
- 1.5 NACO has plans to scale up the Viral Load Testing for routine monitoring of all patients on the first line ART, currently the number is about 9,50,000. It has been planned to do approximately 2,10,000 tests in the 1st year with appropriate increase in subsequent years.
- 1.6 During scale-up phase, prioritization of PLHIVs on ART for Viral Load Testing shall be in the following manner:
- a) Patients who are on ART for long time (more than 5 years),
 - b) All HIV +ve pregnant women,
 - c) All children on ART

2. Objectives:

- 2.1 To scale up Viral Load Testing Services for routine monitoring of all PLHIVs on the first line ART, starting with approx. 2,10,000 tests annually and gradually scaling up in future.

3. Brief Scope of Services:

- 3.1 The Agency should establish / operate testing center(s) complete with equipment/ system/ testing kits/ other reagents as needed with trained manpower/ technicians to perform Viral Load Testing.
- 3.2 In case, the Agency enters in to agreement or makes tie-up with third party testing laboratory, the testing laboratory should be complete with equipment/ system/ testing kits/ other reagents as needed with trained manpower/ technicians to perform Viral Load Testing.
- 3.3 The testing Laboratory(s) should establish / maintain Viral Load Testing platforms, accessories and keep inventories of all reagents/ testing kits, and other consumables etc. at all times;
- 3.4 The test proposed to be used should be WHO Pre-qualified, US FDA/CE approved and DCGI-India Licensed under IVD.
- 3.5 The testing laboratory should comply with the requirement of Article 4.1.1.3 of ISO 15189:2012, ISO 15190 regarding safe practices in medical labs and ISO 22367 regarding reduction of error in medical labs. In case, the testing laboratory is currently not complying with any one or all the above requirements, it should have clear plan to attain such compliances within 6 months of award of contract.
- 3.6 The technicians with scheduled program will visit the ART centers to collect samples (Blood sample/Dried Blood Spot), pack them properly and arrange to transport the samples under controlled temperature as required directly or through courier service to the test laboratory. ART Centres will not be responsible for drawing blood samples or for further processing at site or to arrange transportation.
- 3.7 The Agency in consultation with NACO will select ART Centre for collection of samples for the 1st, 2nd and 3rd years to get a count of 2,10,000 in first year with a provision of increase in subsequent year. The name of ART Centres and indicative number of specimen to be collected during first year is given in Annexure-A.
- 3.8 The Agency should deliver reports duly signed by the recommended signing authority as per NABL to concerned ART Center (in soft and hard copy). Additionally, soft copy of such reports should also be submitted to NACO.
- 3.9 The Agency shall upload results of tests carried out at the end of the day, every day, with all the patient details and the results as prescribed by NACO in the IMS software being maintained by NACO for which NACO will share the password.

4. Tasks to be carried out:

A. Pre-Analytical Procedure

1. SPECIMEN COLLECTION:

- (a) **Collection Sites** – Care, Service and Treatment (CST) services are provided by NACO under NACP through dedicated ART Centers established at health facilities across the country. At present, there are 528 ART centers, which are also recognized for Viral Load sample collection. **Appendix – A** includes details on specimen collection sites and their geographic distribution for 1st year. The Agency should collect samples from all ART

Centers suggested. Non-collection of specimen from a particular ART Centre / Region will be viewed seriously and may result in levy of penalty.

The Agency should submit a plan for collection of specimens considering this large service delivery network under NACP.

- (b) Consumables for Specimen Collection** – All consumables required for specimen collection including DBS cards, lancets, plasma EDTA tubes, evacuated EDTA Blood collection tubs, needles and syringes (sterile within shelf-life), single use spirit swabs, sterile gauze with sticking tape & tourniquet collection, tube holder etc. should be provided by the Agency.
- (c) Communication for Specimen Collection**– A well-defined communication mechanism should be devised by the Agency including methods like telephone, online, call center etc. to ensure proper and prompt communication between NACO staff, all ART Centres and team members of the Agency.
- (d) Frequency of collection** - Specimen collection is expected on all 6 days³ of the week excluding Sunday between the operational timings of the ART Centers. The Agency is expected to maintain sample collection frequency on 'daily' basis at ART Centers with more than 2500 eligible patients (>10 samples per day) and on 'weekly' basis at ART Centers with less than 2500 eligible patients (<10 samples per day). The Agency should submit sample collection plan for every ART Centre along with the Technical Bid.
- (e) Specimen type** – A valid specimen for the assay should be collected by the Agency for Viral Load testing. The validation for assay for the recommended sample type should be as approved by NACO for proposed HIV-1 Viral Load test. Additionally, the Bidder should have two identifiers for each sample collected, unique for a patient. Bar coding of specimens (patient & test specific) must be made available.
- (f) Long Term Storage** – The Agency should be equipped for storage of specimens up to one year at -70°C. The Agency should submit details of storage equipment with power backup arrangements and arrangements for regular temperature monitoring, along with technical bid.

2. SPECIMEN PREPARATION:

Any requirement of specimen preparation including plasma separation from Whole blood, drying and packaging will be the responsibility of the bidder.

3. SPECIMEN TRANSPORTATION:

- (a)** Specimen transportation and associated documentation is the responsibility of the Agency. A copy of documentation should also be provided to ART Centre staff for record. Alternatively, an online system of specimen tracking must be made available. Any associated training requirement will be the responsibility of the Agency;
- (b) Temperature of specimen transportation**– The Agency should mention/define temperature of transportation of specimen. In case of plasma specimen Bidder should demonstrate plan for transportation under cold chain. Sample should be transported within a predefined time period with appropriate temperature data loggers. Whole blood should be transported at 2-25°C and plasma should be transported at 2-8°C (with temperature

³This can be initial frequency and once we reach the expected numbers as per targets fixed, than frequency can be reduced to twice a week. Some small load centres may not have large numbers fitting into the prioritization criteria and daily visit may not be needed

logger). DBS may be transported at ambient temperature and dry conditions (with humidity indicator and desiccant).

Temperature data logger will be required with whole blood and plasma transportation (to identify episodes of temperature excursions) till the sample reaches the testing laboratory. NACO should be given access to software and alarms for every transport batch.

The temperature data logger should be of the temperature range -10°C to 40°C and WHO-prequalified approved. The Agency is required to provide technical specifications (and approval status as above) of temperature data logger proposed to be used during transportation of samples to the testing laboratory.

- (c) **Time stipulation from sample collection time to delivery and testing site:** This should be within the allowable limit as under:
- (i) Whole blood should be processed for plasma separation within 4-6 hours of blood-drawl when kept/transported at 2-25°C. Plasma should be transported at 2-8°C and should reach the testing laboratory within 24 hrs. of separation.
 - (ii) Plasma can be tested within 5 days when kept at 2-8°C. Plasma can be tested within 6 months – 1 year after separation from whole blood when kept at -70°C.
- (d) **Transportation Cost** - The cost of transportation (including consumables required for packaging, gel packs, courier etc.) will be borne by the Agency.
- (e) **Standard Operating Procedure (SOP)** – Well-documented specimen transportation SOP (including requirements for temporary storage) should be provided by the Agency.
- (f) **Communication** – A well-defined communication mechanism should be devised by the Agency to ensure proper and prompt communication between NACO staff and Agency for sample transportation.

B. ANALYTICAL PROCEDURE

(1) ASSAY SPECIFICATION;

The assay used for testing should meet criteria specified in table below:

| S.N. | Specification Criteria | Description | Requirement |
|------|---------------------------|--|---|
| 1 | Type of Assay | NAT | Real Time PCR/b-DNA / NASBA |
| 2 | Specimen Type | Plasma | Sample type should be as approved for proposed HIV-1 Viral Load test |
| 3 | Sensitivity & Specificity | 1000 copies/ml | Specificity:100% |
| 4 | Assay Principle | Target amplification of region of HIV-1 genome with maximum conservation | Target amplification of conserved region of the genome (pol/gag/LTR of HIV-1) |
| 5 | Sub-types Amplified | All HIV-1 sub-types including sub-type C | Group M, A-G, Group O. Group N |
| 6 | Linear Range | Copies/ml | At least 40 to 10 million copies/ml |
| 7 | License / Certification | DCGI, India License-IVD | DCGI, India License-IVD |
| | | US FDA / CE for IVD | US FDA /CE for IVD |
| | | WHO pre-qualified | WHO pre-qualified |

Note: If WHO recommends DBS then the costing of sample transportation will have to be reworked

(2) EQUIPMENT:

The Agency should submit list along with technical specifications of the equipment used for testing. In addition, the following details should also be provided:

- (a) Whether the equipment employs open or close system
- (b) Equipment's QA Certification Status for IVD DCGI, USFDA/CE, WHO-PQ
- (c) No. of test samples per run
- (d) If bar code recognition facility is there or not
- (e) LIS Capability and connectivity. Detailed plan should be submitted
- (f) Time taken per run

(3) STAFF, FACILITY AND INFRASTRUCTURE REQUIREMENTS;

- (a) The test should be performed by trained and appropriately qualified technician as per the kit protocol.
- (b) The Agency should maintain facility and infrastructure suitable to support volume of testing required under the assignment.
- (c) The Agency should not use different testing platforms at the same facility to avoid testing one patient across multiple platforms.
- (d) The Agency should keep same type of equipment as backup in case of breakdown.

C. POST ANALYTICAL PROCEDURES:

(a) Signatory Authority & Interpretation of results – Reports should be duly signed by signing authority as per recommendations of National Accreditation Board for Testing and Calibrating Laboratories (NABL). A clearly defined SOP should be available at the testing site for interpretation of results

(b) Storage and disposal of primary sample – Agency should ensure that latest national and state guidelines are followed for disposal of Biomedical Waste (BMW) generated during testing procedure.

(c) REPORTING OF RESULTS

1. **To ARTC** – Soft copies of the reports duly signed by signatory (as per NABL requirements) and in the format/software suggested by Client should be made available to ART Centres as soon as the report is available but not later than 24 hours of receipt of sample at testing facility laboratory.

A hard copy of report for patient record should also be made available to ARTC within 72 hours of receipt of sample at testing facility.

2. **To Client** – A compiled summary of daily, monthly/ quarterly/ half-yearly/ yearly testing reports of all tests in soft copy should be shared with Client in the format approved by Client through e-mail / Information Management System as per time line above. This is helpful in tracking total number of tests performed and analysis of data.

(d) BACK-UP FOR TESTING:

Bidder should ensure that back-up method/ equipment/ lab is available for VL testing in case the primary method/ equipment/ lab is not able to perform the test.

D. QUALITY MANAGEMENT SYSTEMS;

1. **IQC** – A well-defined IQC procedure should be used which includes the IQC recommendations of the kit, kit controls with every run (negative / positive controls).
2. **EQA** – The testing laboratory should be enrolled in an External Quality Assurance (EQA) programme, for the test bidden for, provided by a laboratory that is certified as EQA provider as per ISO 17043 standard for the same test. The login ID for each lab should be shared with NACO so that NACO has access to lab performance reports.
3. **Certification/accreditation** – The proposed testing facility/ies should be NABL accredited for performing HIV-1 Viral Load Assay using the proposed kit as per ISO 15189:2012
4. Supervisory visits (without prior notice) and audits by NACO may be performed for verification purpose to testing facility/ies.
5. **Retesting of samples:** NACO will have authority to select up to 1% samples randomly for repeat testing bi-annually to ensure adherence to quality standards. The Bidder must store all samples for a period of at least one year. When intimated, the agency will have to send the samples together with all testing kits and consumables to a NACO designated lab.
6. **Proficiency testing:** NACO may, on an unscheduled/randomized basis, send masked and pre-tested samples through the ART centers to the testing labs to ensure quality and adherence to required testing procedures
7. **Calibration:** Two levels armored RNA passing RNA extraction. The Agency is required to send calibration data for every new lot number of reagent to Client.

E. INVENTORY MANAGEMENT:

The Agency and testing laboratory should have a well-defined inventory management system to avoid stock-outs resulting in delay in testing.

F. CONFIDENTIALITY AND DATA STORAGE:

Data generated under VL testing should be kept confidential. Bidder should be able to present a plan to ensure data confidentiality. Data stored at the testing sites should be transferred to NACO and discarded from the lab completely.

G. NON-DISCLOSURE AGREEMENT (NDA):

The data generated by the Bidder on VL testing shall be the property of the Client. The Agency should sign a NDA with Client/NACO to safeguard data analysis and use by third party.

In delivering this assignment the Agency is expected to work proactively with the Client / NACO in collaboratively devising the required processes, scripts, MIS reports and customizing its software for all the above services. Further, such process and tools development will need to be an iterative process and will need to be continually evolved. Continual training of its staff is a key requirement to address evolving requirements. The Agency will also need to work closely with the IT agency developing the IMS System for interface.

After Award of Contract, the agency is expected to submit an inception report, within 2 weeks of signing of contract which includes, as the minimum, the following:

- a) A detailed process document for indicative list of services

- b) Detailed formats for standard reports
- c) Details of dedicated phone lines
- d) Details of connectivity including internet connectivity
- e) Details of process control, data control, fraud prevention and data security
- f) Details of assigned staff with their profile as noted in the proposal
- g) QA process within the BPO
- h) Communication and Escalation Protocol
- i) Project Plans
- j) Project Governance Protocol
- k) Any others information deemed appropriate by the Agency

H. Estimated Implementation Timelines:

- a) The Agency's testing services are expected to be operational within 4 weeks of date of notification of award.
- b) The Testing facility shall have all the required physical, infrastructure and other resources required for delivering the defined scope of work.
- c) The Agency will be responsible for all the hardware and software facilities required for smooth operation of a Testing facility.
- d) Integration of Agency's reporting system with IMS of NACO.
- e) All contemporary state of the art Business Intelligence Tools including but not limited to Automatic Roster Workforce Management Tool, Call Back Manager with Dialer, Voice Mail module (not only on IVR but for all agents across all services), Screen recording & Barging & Online Reports & Management Dashboards for NACO.
- f) Calls will be made during the standard working hours - Monday to Saturday, 9 AM to 6 PM.
- g) Calls shall be made to a toll free number to be setup by the Agency.
- h) The Agency shall have well evolved software that can be customized for NACO's scope of work and provide for call recording. The Consultant Agency shall make available all recorded calls for review by NACO officials.
- i) NACO officials should be able to concurrently listen into calls, preferably through remote access.
- j) The Agency shall provide all relevant call statistics report on a weekly, monthly and quarterly basis to NACO.
- k) The Agency shall help NACO analyze the call statistics reports.
- l) The guidelines will be provided by NACO and NACO will validate and approve the SOP and FAQs and other outputs of the Consultant Agency.
- m) Nodal Officer / Senior Medical Officer / Medical officer will also sign / validate the VL report of PLHIV.

Note: The above list is not exhaustive and the Agency need to provide complete infrastructure to meet project requirements as per the Scope of Work.

I. Performance Review and Penalty provisions:

1. Performance of the Agency shall be reviewed by the committee constituted by the Client on quarterly basis.
2. Based on the Monthly Status Report submitted by the Agency, the committee shall review performance of services based on the following performance criteria / Indicators and associated penalty provisions.

| Sr. No. | Performance criteria / Indicators | Acceptable value | Penalty Provisions |
|----------------|--|---|--|
| 1 | Providing soft copy of the test report to concerned ART Centre | 24 hours from receipt of samples at testing facility | Deduction of 2% of the testing charges for every hour of delay beyond 24 hours subject to maximum of 100% of testing charges. |
| 2 | Non-availability of sample collection facility to patient upon his / her visit to ART Centre. | 1% cases in a year (measured each quarterly performance review) | Deduction of amount equivalent to 1% of the performance security submitted by the Agency for every 1% case of default beyond 1% in a year. |
| 3 | Percentage of test results found to be inaccurate in the proficiency testing done by NACO or an organization on its behalf | Nil | Deduction of double the amount of value of tests found inaccurate. |

3. The committee shall review performance on Quarterly basis or any other frequency as deemed appropriate. After review, the Committee shall prepare Minutes of Review containing guidance / suggestions for improvement of services, if required.
4. The committee shall also recommend imposing penalty on non-performance (based on penalty provisions given in the Contract) for deduction from outstanding payment or performance security as per table above.

Annexure-A

Sample Collection sites, Frequency and Indicative No. of samples that may be collected during 1st Year

| Sr. No. | Name of States | Name of the ART Centre | Estimated Patients eligible for Viral Load Testing | | | Estimated No. of sample to be collected during 1st year | Sample Collection Frequency |
|---------|----------------|------------------------|--|----------------------------------|--|---|-----------------------------|
| | | | Estimated number of Patients under other priority group for VL | Estimated HIV +ve pregnant women | Children on ART as per March-16 Report | | |
| 1 | Andhra Pradesh | Anantapur | 1000 | 80 | 123 | 1203 | Twice a week |
| 2 | Andhra Pradesh | Anakapalli | 600 | 29 | 122 | 751 | Weekly |
| 3 | Andhra Pradesh | Chittoor | 364 | 46 | 109 | 519 | Weekly |
| 4 | Andhra Pradesh | Eluru | 900 | 35 | 258 | 1193 | Twice a week |
| 5 | Andhra Pradesh | Guntur | 900 | 32 | 206 | 1138 | Twice a week |
| 6 | Andhra Pradesh | Kadapa | 600 | 35 | 174 | 809 | Weekly |
| 7 | Andhra Pradesh | Kakinada | 1500 | 100 | 407 | 2007 | Daily |
| 8 | Andhra Pradesh | Kurnool | 800 | 78 | 208 | 1086 | Twice a week |
| 9 | Andhra Pradesh | Machilipatnam | 600 | 14 | 180 | 794 | Weekly |
| 10 | Andhra Pradesh | Nellore | 1000 | 30 | 250 | 1280 | Twice a week |
| 11 | Andhra Pradesh | Ongole | 1200 | 60 | 262 | 1522 | Twice a week |
| 12 | Andhra Pradesh | Rajahmundry | 1500 | 70 | 264 | 1834 | Twice a week |
| 13 | Andhra Pradesh | Srikakulam | 900 | 40 | 248 | 1188 | Twice a week |
| 14 | Andhra Pradesh | Tenali | 600 | 34 | 135 | 769 | Weekly |
| 15 | Andhra Pradesh | Tirupathi | 600 | 47 | 172 | 819 | Weekly |
| 16 | Andhra Pradesh | Vijayawada | 900 | 11 | 369 | 1280 | Twice a week |
| 17 | Andhra Pradesh | Visakhapatnam | 1000 | 30 | 250 | 1280 | Twice a week |
| 18 | Andhra Pradesh | Vizianagaram | 800 | 66 | 197 | 1063 | Twice a week |
| 19 | Andhra Pradesh | Marakapur | 253 | 29 | 84 | 366 | Weekly |
| 20 | Andhra Pradesh | Tadepalligudem | 900 | 42 | 129 | 1071 | Twice a week |

| Sr. No. | Name of States | Name of the ART Centre | Estimated Patients eligible for Viral Load Testing | | | Estimated No. of sample to be collected during 1st year | Sample Collection Frequency |
|---------|-------------------|-------------------------------------|--|----------------------------------|--|---|-----------------------------|
| | | | Estimated number of Patients under other priority group for VL | Estimated HIV +ve pregnant women | Children on ART as per March-16 Report | | |
| 21 | Andhra Pradesh | Narasaraopet | 800 | 81 | 276 | 1157 | Twice a week |
| 22 | Andhra Pradesh | Prodotur | 279 | 25 | 83 | 387 | Weekly |
| 23 | Andhra Pradesh | IDH-Guntur | 335 | 21 | 48 | 404 | Weekly |
| 24 | Andhra Pradesh | Kadiri | 156 | 10 | 25 | 191 | Weekly |
| 25 | Andhra Pradesh | Chest-Vizag | 325 | 10 | 25 | 360 | Weekly |
| 26 | Andhra Pradesh | NRI | 141 | 10 | 33 | 184 | Weekly |
| 27 | Andhra Pradesh | RDT | 496 | 65 | 264 | 825 | Weekly |
| 28 | Andhra Pradesh | AH Amalapuram | 306 | 24 | 89 | 419 | Weekly |
| 29 | Andhra Pradesh | OGGH Vijayawada | 800 | 87 | 167 | 1054 | Weekly |
| 30 | Andhra Pradesh | AH Bhimavaram | 543 | 35 | 94 | 672 | Weekly |
| 31 | Andhra Pradesh | AH Chirala | 334 | 11 | 55 | 400 | Weekly |
| 32 | Andhra Pradesh | AH Gudur | 222 | 10 | 27 | 259 | Weekly |
| 33 | Andhra Pradesh | DH Nandyal | 320 | 37 | 98 | 455 | Weekly |
| 34 | Andhra Pradesh | Madanapalli | 210 | 18 | 43 | 271 | Weekly |
| 35 | Andhra Pradesh | Narsipatnam | 208 | 19 | 25 | 252 | Weekly |
| 36 | Andhra Pradesh | Tuni | 191 | 10 | 48 | 249 | Weekly |
| 37 | Andhra Pradesh | Gudiwada | 15 | 10 | 25 | 50 | Weekly |
| 38 | Andhra Pradesh | Chilikaluripet | 110 | 10 | 25 | 145 | Weekly |
| 39 | Andhra Pradesh | Parvathipuram | 15 | 10 | 25 | 50 | Weekly |
| 40 | Andhra Pradesh | Tanuku | 111 | 10 | 25 | 146 | Weekly |
| 41 | Arunachal Pradesh | Arunachal State Hospital Naharlagun | 15 | 10 | 25 | 50 | Weekly |

| Sr. No. | Name of States | Name of the ART Centre | Estimated Patients eligible for Viral Load Testing | | | Estimated No. of sample to be collected during 1st year | Sample Collection Frequency |
|---------|----------------|--|--|----------------------------------|--|---|-----------------------------|
| | | | Estimated number of Patients under other priority group for VL | Estimated HIV +ve pregnant women | Children on ART as per March-16 Report | | |
| 42 | Assam | ART Plus Centre, Gauhati Medical College Hospital, Guwahati | 215 | 90 | 71 | 376 | Weekly |
| 43 | Assam | ART Centre, Assam Medical College Hospital, Dibrugarh | 50 | 10 | 25 | 85 | Weekly |
| 44 | Assam | ART Centre, Silchar Medical College Hospital, Cachar | 132 | 54 | 68 | 254 | Weekly |
| 45 | Assam | ART Centre, Fakhruddin Ali Ahamed Medical College & Hospital | 34 | 10 | 25 | 69 | Weekly |
| 46 | Assam | ART Centre, Jorhat Medical College & Hospital, Jorhat | 15 | 10 | 25 | 50 | Weekly |
| 47 | Assam | FI-ART CENTRE, B.P. CIVIL HOSPITAL, NAGAON | 15 | 12 | 25 | 52 | Weekly |
| 48 | Bihar | SH, Begusarai | 197 | 10 | 109 | 316 | Weekly |
| 49 | Bihar | JLNMCH, Bhagalpur | 196 | 19 | 185 | 400 | Weekly |
| 50 | Bihar | SH, Chapra | 388 | 29 | 177 | 594 | Weekly |
| 51 | Bihar | DMCH, Darbhanga | 305 | 26 | 124 | 455 | Weekly |
| 52 | Bihar | ANMMCH, Gaya | 386 | 23 | 140 | 549 | Weekly |
| 53 | Bihar | SH, Gopalganj | 115 | 22 | 75 | 212 | Weekly |
| 54 | Bihar | SH, Hajipur | 202 | 20 | 73 | 295 | Weekly |
| 55 | Bihar | KMC, Katihar | 260 | 10 | 116 | 386 | Weekly |
| 56 | Bihar | SH, Khagaria | 70 | 15 | 62 | 147 | Weekly |
| 57 | Bihar | SH, Madhubani | 432 | 18 | 129 | 579 | Weekly |
| 58 | Bihar | SH, Motihari | 298 | 51 | 135 | 484 | Weekly |
| 59 | Bihar | SKMCH, Muzaffarpur | 314 | 28 | 113 | 455 | Weekly |
| 60 | Bihar | PMCH, Patna | 428 | 48 | 157 | 633 | Weekly |
| 61 | Bihar | RMRI, Patna | 304 | 43 | 104 | 451 | Weekly |
| 62 | Bihar | SH, Samastipur | 185 | 10 | 55 | 250 | Weekly |
| 63 | Bihar | SH, Sitamarhi | 294 | 29 | 135 | 458 | Weekly |
| 64 | Chandiigarh | PGIMER | 554 | 40 | 369 | 963 | Weekly |
| 65 | Chattisgarh | RAIPUR | 535 | 28 | 286 | 849 | Weekly |

| Sr. No. | Name of States | Name of the ART Centre | Estimated Patients eligible for Viral Load Testing | | | Estimated No. of sample to be collected during 1st year | Sample Collection Frequency |
|---------|----------------|---|--|----------------------------------|--|---|-----------------------------|
| | | | Estimated number of Patients under other priority group for VL | Estimated HIV +ve pregnant women | Children on ART as per March-16 Report | | |
| 66 | Chattisgarh | DURG | 195 | 94 | 155 | 444 | Weekly |
| 67 | Chattisgarh | BILASPUR | 252 | 47 | 87 | 386 | Weekly |
| 68 | Chattisgarh | JAGADALPUR | 72 | 15 | 28 | 115 | Weekly |
| 69 | Chattisgarh | SARGUJA | 45 | 13 | 26 | 84 | Weekly |
| 70 | Delhi | Dr. RML Hospital | 513 | 15 | 185 | 713 | Weekly |
| 71 | Delhi | All India Institute of Medical Science | 368 | 11 | 229 | 608 | Weekly |
| 72 | Delhi | Dr, Baba SahebAmbedkar Hospital | 507 | 82 | 85 | 674 | Weekly |
| 73 | Delhi | LOK NAYAK HOSPITAL, NEW DELHI | 423 | 27 | 166 | 616 | Weekly |
| 74 | Delhi | GTB Hospital, Delhi | 465 | 93 | 89 | 647 | Weekly |
| 75 | Delhi | DDU Hospital ND. | 371 | 35 | 64 | 470 | Weekly |
| 76 | Delhi | Safdarjung Hospital | 382 | 74 | 83 | 539 | Weekly |
| 77 | Delhi | National Institute of Tuberculosis and Respiratory Diseases | 141 | 10 | 34 | 185 | Weekly |
| 78 | Delhi | Kalawati Saran Children Hospital | 50 | 21 | 221 | 292 | Weekly |
| 79 | Delhi | Deep Chand Bandhu Hospital | 48 | 10 | 25 | 83 | Weekly |
| 80 | Delhi | LalBahadurShastri Hospital | 15 | 10 | 25 | 50 | Weekly |
| 81 | Goa | Goa Medical college | 342 | 18 | 170 | 530 | Weekly |
| 82 | Gujarat | B.J. Medical College, Ahmedabad | 800 | 23 | 232 | 1055 | Weekly |
| 83 | Gujarat | GMERS General Hospital & College, Sola, Ahmedabad. | 101 | 14 | 30 | 145 | Weekly |
| 84 | Gujarat | ART Center , V.S. Hospital | 350 | 25 | 90 | 465 | Weekly |
| 85 | Gujarat | General Hospital Amreli | 143 | 10 | 36 | 189 | Weekly |
| 86 | Gujarat | SSG Hospital ART Center | 531 | 48 | 102 | 681 | Weekly |
| 87 | Gujarat | 101,OPDBuilding,ARTCenter GMERS Medical College And | 30 | 11 | 25 | 66 | Weekly |

| Sr. No. | Name of States | Name of the ART Centre | Estimated Patients eligible for Viral Load Testing | | | Estimated No. of sample to be collected during 1st year | Sample Collection Frequency |
|---------|----------------|---|--|----------------------------------|--|---|-----------------------------|
| | | | Estimated number of Patients under other priority group for VL | Estimated HIV +ve pregnant women | Children on ART as per March-16 Report | | |
| | | General Hospital Gotri,Vadodara. | | | | | |
| 88 | Gujarat | ART CentreGeneralHospital, Bharuch | 148 | 17 | 53 | 218 | Weekly |
| 89 | Gujarat | Medical College & Sir T. General Hospital, Bhavnagar | 352 | 36 | 153 | 541 | Weekly |
| 90 | Gujarat | G K General Hospital | 244 | 19 | 92 | 355 | Weekly |
| 91 | Gujarat | ART Center, Dahod | 88 | 24 | 52 | 164 | Weekly |
| 92 | Gujarat | FI ARTC, Govt. Hospital,Gondal | 15 | 11 | 25 | 51 | Weekly |
| 93 | Gujarat | GENERAL HOSPITAL MORBI | 45 | 10 | 25 | 80 | Weekly |
| 94 | Gujarat | ART CentreGandhinagar | 111 | 36 | 79 | 226 | Weekly |
| 95 | Gujarat | ART Center General Hospital, Godhra | 99 | 20 | 42 | 161 | Weekly |
| 96 | Gujarat | Himatnagar ART Centre | 204 | 37 | 126 | 367 | Weekly |
| 97 | Gujarat | G.G. Govt. Hospital, Jamnagar | 174 | 17 | 107 | 298 | Weekly |
| 98 | Gujarat | General HospitalJunagarh | 244 | 10 | 161 | 415 | Weekly |
| 99 | Gujarat | General Hospital ,Mehsana | 282 | 14 | 85 | 381 | Weekly |
| 100 | Gujarat | art center ,nadiad | 357 | 31 | 71 | 459 | Weekly |
| 101 | Gujarat | M.G. GeneralHospital , Navsari | 160 | 10 | 48 | 218 | Weekly |
| 102 | Gujarat | ART Centre, General Hospital, Palanpur | 232 | 48 | 136 | 416 | Weekly |
| 103 | Gujarat | GMERS Medical College & Hospital Dharpur,Patan | 179 | 20 | 73 | 272 | Weekly |
| 104 | Gujarat | ART CentrePorbandar, Bhavsinji GeneralHospital, Porbandar | 74 | 10 | 25 | 109 | Weekly |

| Sr. No. | Name of States | Name of the ART Centre | Estimated Patients eligible for Viral Load Testing | | | Estimated No. of sample to be collected during 1st year | Sample Collection Frequency |
|---------|------------------|---|--|----------------------------------|--|---|-----------------------------|
| | | | Estimated number of Patients under other priority group for VL | Estimated HIV +ve pregnant women | Children on ART as per March-16 Report | | |
| 105 | Gujarat | PanditDindayalUpadhyay Hospital, Rajkot. | 600 | 22 | 180 | 802 | Weekly |
| 106 | Gujarat | Reliance HIV & TB Control Center, Mora, Choryasi, Surat | 88 | 10 | 102 | 200 | Weekly |
| 107 | Gujarat | Government Medical College, Majura Gate, Surat | 700 | 39 | 242 | 981 | Weekly |
| 108 | Gujarat | SMIMER HospitalSurat | 600 | 38 | 104 | 742 | Weekly |
| 109 | Gujarat | General Hospital, Vyara | 33 | 10 | 25 | 68 | Weekly |
| 110 | Gujarat | Mahatma Gandhi Smruti General Hospital, Opp, bus Stand, Surendranagar | 206 | 17 | 90 | 313 | Weekly |
| 111 | Gujarat | ART CentreValsad | 258 | 21 | 77 | 356 | Weekly |
| 112 | Haryana | ART Centre, PGIMS, Rohtak | 1000 | 100 | 327 | 1427 | Twice a week |
| 113 | Himachal Pradesh | ARTC, DRPGMC, Kangra atTanda | 102 | 10 | 83 | 195 | Weekly |
| 114 | Himachal Pradesh | ART Centre RH Hamirpur | 148 | 10 | 75 | 233 | Weekly |
| 115 | Himachal Pradesh | IGMC, Shimla | 73 | 10 | 32 | 115 | Weekly |
| 116 | Himachal Pradesh | FI ART Centre R.H. Bilaspur(H.P.) | 15 | 10 | 25 | 50 | Weekly |
| 117 | Himachal Pradesh | FI-ART Una | 39 | 10 | 25 | 74 | Weekly |
| 118 | Himachal Pradesh | FI ART Zonal Hospital Mandi (HP) | 15 | 10 | 25 | 50 | Weekly |
| 119 | Jammu & Kashmir | ART PlusCentre GMC Jammu | 236 | 16 | 111 | 363 | Weekly |
| 120 | Jammu & Kashmir | ART Centre SKIMS | 15 | 10 | 25 | 50 | Weekly |
| 121 | Jharkhand | Patliputra Medical College and Hospital, Dhanbad | 107 | 24 | 42 | 173 | Weekly |

| Sr. No. | Name of States | Name of the ART Centre | Estimated Patients eligible for Viral Load Testing | | | Estimated No. of sample to be collected during 1st year | Sample Collection Frequency |
|---------|----------------|---|--|----------------------------------|--|---|-----------------------------|
| | | | Estimated number of Patients under other priority group for VL | Estimated HIV +ve pregnant women | Children on ART as per March-16 Report | | |
| 122 | Jharkhand | Mahatama Gandhi Memorial Medical College & Hospital, Jamshedpur | 174 | 23 | 66 | 263 | Weekly |
| 123 | Jharkhand | Rajendra Institute of Medical Sciences | 124 | 28 | 113 | 265 | Weekly |
| 124 | Jharkhand | A.R.T Centre, Sadar Hospital, Daltonganj | 64 | 28 | 34 | 126 | Weekly |
| 125 | Jharkhand | ARTC Hazaribagh | 265 | 51 | 199 | 515 | Weekly |
| 126 | Jharkhand | Sadar Hospital, Deoghar | 41 | 10 | 25 | 76 | Weekly |
| 127 | Jharkhand | Giridih | 61 | 10 | 25 | 96 | Weekly |
| 128 | Karnataka | Acc, Wadi | 27 | 10 | 25 | 62 | Weekly |
| 129 | Karnataka | Asha Kirana | 200 | 10 | 81 | 291 | Weekly |
| 130 | Karnataka | Athani | 263 | 18 | 163 | 444 | Weekly |
| 131 | Karnataka | Bagalkot | 600 | 41 | 343 | 984 | Weekly |
| 132 | Karnataka | Belgaum | 461 | 32 | 469 | 962 | Weekly |
| 133 | Karnataka | Bellary | 447 | 10 | 213 | 670 | Weekly |
| 134 | Karnataka | Bidar | 290 | 50 | 125 | 465 | Weekly |
| 135 | Karnataka | Bijapur | 551 | 32 | 296 | 879 | Weekly |
| 136 | Karnataka | Bowring | 600 | 41 | 99 | 740 | Weekly |
| 137 | Karnataka | Chamarajnagar | 262 | 22 | 60 | 344 | Weekly |
| 138 | Karnataka | Channagiri | 48 | 10 | 25 | 83 | Weekly |
| 139 | Karnataka | Chikballapura | 300 | 10 | 31 | 341 | Weekly |
| 140 | Karnataka | Chikkodi | 382 | 33 | 161 | 576 | Weekly |
| 141 | Karnataka | Chikmangalur | 276 | 10 | 77 | 363 | Weekly |
| 142 | Karnataka | Chitradurga | 386 | 27 | 87 | 500 | Weekly |
| 143 | Karnataka | Davangere | 496 | 53 | 248 | 797 | Weekly |
| 144 | Karnataka | Dharwad | 259 | 13 | 93 | 365 | Weekly |
| 145 | Karnataka | Doddaballapur | 15 | 10 | 25 | 50 | Weekly |
| 146 | Karnataka | Gadag | 404 | 10 | 200 | 614 | Weekly |
| 147 | Karnataka | Gangavathi | 240 | 28 | 147 | 415 | Weekly |
| 148 | Karnataka | Gokak | 333 | 100 | 238 | 671 | Weekly |
| 149 | Karnataka | Gulbarga | 423 | 59 | 250 | 732 | Weekly |
| 150 | Karnataka | Hassan | 572 | 18 | 108 | 698 | Weekly |
| 151 | Karnataka | Haveri | 379 | 25 | 203 | 607 | Weekly |
| 152 | Karnataka | Hospet | 401 | 44 | 202 | 647 | Weekly |
| 153 | Karnataka | Hubli | 465 | 69 | 260 | 794 | Weekly |

| Sr. No. | Name of States | Name of the ART Centre | Estimated Patients eligible for Viral Load Testing | | | Estimated No. of sample to be collected during 1st year | Sample Collection Frequency |
|---------|----------------|------------------------|--|----------------------------------|--|---|-----------------------------|
| | | | Estimated number of Patients under other priority group for VL | Estimated HIV +ve pregnant women | Children on ART as per March-16 Report | | |
| 154 | Karnataka | Hungund, BglDist | 173 | 10 | 74 | 257 | Weekly |
| 155 | Karnataka | IGICH | 50 | 10 | 596 | 656 | Weekly |
| 156 | Karnataka | Indi | 149 | 17 | 61 | 227 | Weekly |
| 157 | Karnataka | Indiranagar | 15 | 10 | 25 | 50 | Weekly |
| 158 | Karnataka | Jamakandi | 526 | 18 | 249 | 793 | Weekly |
| 159 | Karnataka | Jewargi | 69 | 10 | 26 | 105 | Weekly |
| 160 | Karnataka | JSS, Mysore | 104 | 10 | 25 | 139 | Weekly |
| 161 | Karnataka | K C General | 416 | 51 | 25 | 492 | Weekly |
| 162 | Karnataka | K R Hosp, Mysore | 900 | 22 | 144 | 1066 | Twice a week |
| 163 | Karnataka | Karwar | 163 | 10 | 60 | 233 | Weekly |
| 164 | Karnataka | KIMS, B'lore | 366 | 10 | 25 | 401 | Weekly |
| 165 | Karnataka | KMC, Mangalore | 70 | 10 | 25 | 105 | Weekly |
| 166 | Karnataka | Kodagu | 91 | 18 | 30 | 139 | Weekly |
| 167 | Karnataka | Kolar | 456 | 27 | 72 | 555 | Weekly |
| 168 | Karnataka | Kollegal | 34 | 10 | 25 | 69 | Weekly |
| 169 | Karnataka | Koppal | 322 | 30 | 297 | 649 | Weekly |
| 170 | Karnataka | Kundapur | 114 | 10 | 34 | 158 | Weekly |
| 171 | Karnataka | Lingasagur | 230 | 30 | 112 | 372 | Weekly |
| 172 | Karnataka | Mandya | 518 | 30 | 88 | 636 | Weekly |
| 173 | Karnataka | Mangalore | 291 | 15 | 291 | 597 | Weekly |
| 174 | Karnataka | Muddebihal | 133 | 13 | 66 | 212 | Weekly |
| 175 | Karnataka | Mudhol | 434 | 53 | 340 | 827 | Weekly |
| 176 | Karnataka | Raibagh | 300 | 23 | 52 | 375 | Weekly |
| 177 | Karnataka | Raichur | 268 | 28 | 183 | 479 | Weekly |
| 178 | Karnataka | Ramanagara | 215 | 10 | 29 | 254 | Weekly |
| 179 | Karnataka | Saudatti | 258 | 32 | 102 | 392 | Weekly |
| 180 | Karnataka | Shimoga | 395 | 35 | 104 | 534 | Weekly |
| 181 | Karnataka | Sindagi | 122 | 12 | 109 | 243 | Weekly |
| 182 | Karnataka | Sindanur | 206 | 16 | 84 | 306 | Weekly |
| 183 | Karnataka | Sira (FI-ART) | 15 | 10 | 25 | 50 | Weekly |
| 184 | Karnataka | Sirguppa | 96 | 10 | 72 | 178 | Weekly |
| 185 | Karnataka | Sirsi | 34 | 10 | 25 | 69 | Weekly |
| 186 | Karnataka | St. Johns,Blore | 250 | 27 | 172 | 449 | Weekly |
| 187 | Karnataka | Tiptur | 93 | 10 | 25 | 128 | Weekly |
| 188 | Karnataka | Tumkur | 700 | 39 | 128 | 867 | Weekly |
| 189 | Karnataka | Udupi | 400 | 12 | 125 | 537 | Weekly |

| Sr. No. | Name of States | Name of the ART Centre | Estimated Patients eligible for Viral Load Testing | | | Estimated No. of sample to be collected during 1st year | Sample Collection Frequency |
|---------|----------------|------------------------|--|----------------------------------|--|---|-----------------------------|
| | | | Estimated number of Patients under other priority group for VL | Estimated HIV +ve pregnant women | Children on ART as per March-16 Report | | |
| 190 | Karnataka | Victoria, Blore | 700 | 66 | 44 | 810 | Weekly |
| 191 | Karnataka | Yadgir | 225 | 61 | 189 | 475 | Weekly |
| 192 | Kerala | Trivandrum | 300 | 10 | 98 | 408 | Weekly |
| 193 | Kerala | Alappuzha | 101 | 10 | 25 | 136 | Weekly |
| 194 | Kerala | Kottayam | 194 | 10 | 63 | 267 | Weekly |
| 195 | Kerala | Thrissur | 380 | 10 | 123 | 513 | Weekly |
| 196 | Kerala | Kozhikode | 327 | 13 | 88 | 428 | Weekly |
| 197 | Kerala | Ernakulam | 97 | 10 | 25 | 132 | Weekly |
| 198 | Kerala | Palakkad | 178 | 12 | 58 | 248 | Weekly |
| 199 | Kerala | Kasargod | 103 | 10 | 25 | 138 | Weekly |
| 200 | Kerala | Kollam | 15 | 10 | 25 | 50 | Weekly |
| 201 | Kerala | Kannur | 35 | 10 | 25 | 70 | Weekly |
| 202 | Madhya Pradesh | Bhopal | 271 | 42 | 111 | 424 | Weekly |
| 203 | Madhya Pradesh | Indore | 442 | 51 | 230 | 723 | Weekly |
| 204 | Madhya Pradesh | Ujjain | 125 | 10 | 84 | 219 | Weekly |
| 205 | Madhya Pradesh | Jabalpur | 217 | 37 | 125 | 379 | Weekly |
| 206 | Madhya Pradesh | Rewa | 155 | 34 | 113 | 302 | Weekly |
| 207 | Madhya Pradesh | Gwalior | 197 | 28 | 70 | 295 | Weekly |
| 208 | Madhya Pradesh | Khandwa | 49 | 16 | 37 | 102 | Weekly |
| 209 | Madhya Pradesh | Sagar | 41 | 15 | 25 | 81 | Weekly |
| 210 | Madhya Pradesh | Mandsaur | 135 | 20 | 55 | 210 | Weekly |
| 211 | Madhya Pradesh | Seoni | 76 | 22 | 48 | 146 | Weekly |
| 212 | Madhya Pradesh | Dhar | 33 | 11 | 25 | 69 | Weekly |
| 213 | Madhya Pradesh | Barwani | 60 | 16 | 39 | 115 | Weekly |
| 214 | Madhya Pradesh | Neemuch | 73 | 17 | 37 | 127 | Weekly |
| 215 | Madhya Pradesh | Ratlam | 50 | 26 | 25 | 101 | Weekly |
| 216 | Madhya Pradesh | Burhanpur | 92 | 10 | 35 | 137 | Weekly |

| Sr. No. | Name of States | Name of the ART Centre | Estimated Patients eligible for Viral Load Testing | | | Estimated No. of sample to be collected during 1st year | Sample Collection Frequency |
|---------|----------------|--------------------------------------|--|----------------------------------|--|---|-----------------------------|
| | | | Estimated number of Patients under other priority group for VL | Estimated HIV +ve pregnant women | Children on ART as per March-16 Report | | |
| 217 | Madhya Pradesh | Balaghat | 15 | 19 | 26 | 60 | Weekly |
| 218 | Madhya Pradesh | Shivpuri | 27 | 10 | 25 | 62 | Weekly |
| 219 | Madhya Pradesh | Khargone | 15 | 10 | 25 | 50 | Weekly |
| 220 | Maharashtra | Ahmadnagar CH | 600 | 100 | 439 | 1139 | Twice a week |
| 221 | Maharashtra | Pravara Medical Trust, Loni, A'nagar | 459 | 22 | 144 | 625 | Weekly |
| 222 | Maharashtra | Akola GMC | 305 | 10 | 179 | 494 | Weekly |
| 223 | Maharashtra | Amravati GH | 365 | 29 | 146 | 540 | Weekly |
| 224 | Maharashtra | Aurangabad GMC | 495 | 24 | 297 | 816 | Weekly |
| 225 | Maharashtra | SDH Vaijapur, Aurangabad | 130 | 10 | 36 | 176 | Weekly |
| 226 | Maharashtra | Rural Health Unit, Paithan | 77 | 10 | 25 | 112 | Weekly |
| 227 | Maharashtra | SRTR Ambejogai, Beed | 446 | 12 | 162 | 620 | Weekly |
| 228 | Maharashtra | Beed CH | 344 | 15 | 161 | 520 | Weekly |
| 229 | Maharashtra | Bhandara CH | 261 | 18 | 216 | 495 | Weekly |
| 230 | Maharashtra | Buldhana DH | 229 | 14 | 96 | 339 | Weekly |
| 231 | Maharashtra | Chandrapur CH | 428 | 32 | 220 | 680 | Weekly |
| 232 | Maharashtra | BILT, Chandrapur | 107 | 10 | 41 | 158 | Weekly |
| 233 | Maharashtra | Dhule GMC | 594 | 12 | 292 | 898 | Weekly |
| 234 | Maharashtra | Sub District Hospital, Shirpur | 49 | 10 | 25 | 84 | Weekly |
| 235 | Maharashtra | Gadchiroli CH | 74 | 10 | 25 | 109 | Weekly |
| 236 | Maharashtra | Gondia CH | 144 | 12 | 107 | 263 | Weekly |
| 237 | Maharashtra | Hingoli CH | 175 | 15 | 106 | 296 | Weekly |
| 238 | Maharashtra | Jalgaon CH | 900 | 50 | 318 | 1268 | Twice a week |

| Sr. No. | Name of States | Name of the ART Centre | Estimated Patients eligible for Viral Load Testing | | | Estimated No. of sample to be collected during 1st year | Sample Collection Frequency |
|---------|----------------|----------------------------------|--|----------------------------------|--|---|-----------------------------|
| | | | Estimated number of Patients under other priority group for VL | Estimated HIV +ve pregnant women | Children on ART as per March-16 Report | | |
| 239 | Maharashtra | Rural Hospital, Amalner | 88 | 10 | 34 | 132 | Weekly |
| 240 | Maharashtra | Jalna CH | 240 | 26 | 111 | 377 | Weekly |
| 241 | Maharashtra | Kolhapur RCSM GMC | 417 | 36 | 341 | 794 | Weekly |
| 242 | Maharashtra | SDH Gadhinglaj, Kolhapur | 191 | 11 | 81 | 283 | Weekly |
| 243 | Maharashtra | Ichalkaranji IGMH, Kolhapur | 346 | 23 | 94 | 463 | Weekly |
| 244 | Maharashtra | SavitribaiPhule Corp. , Kolhapur | 405 | 28 | 122 | 555 | Weekly |
| 245 | Maharashtra | Latur GMC | 407 | 19 | 378 | 804 | Weekly |
| 246 | Maharashtra | Sub District Hospital, Udgir | 76 | 10 | 66 | 152 | Weekly |
| 247 | Maharashtra | GMC Nagpur | 1000 | 29 | 446 | 1475 | Twice a week |
| 248 | Maharashtra | IGMC, Nagpur | 508 | 44 | 262 | 814 | Weekly |
| 249 | Maharashtra | SDH Kamptee, Nagpur | 48 | 13 | 25 | 86 | Weekly |
| 250 | Maharashtra | Nanded GMC | 800 | 33 | 384 | 1217 | Twice a week |
| 251 | Maharashtra | Nandurbar CH | 276 | 10 | 125 | 411 | Weekly |
| 252 | Maharashtra | Nashik CH | 900 | 15 | 246 | 1161 | Twice a week |
| 253 | Maharashtra | SDH Malegaon | 210 | 11 | 106 | 327 | Weekly |
| 254 | Maharashtra | Osmanabad CH | 347 | 14 | 219 | 580 | Weekly |
| 255 | Maharashtra | Rural Hospital, Sastur | 57 | 10 | 59 | 126 | Weekly |
| 256 | Maharashtra | Parbhani CH | 479 | 28 | 212 | 719 | Weekly |
| 257 | Maharashtra | Sasoon G H Pune (BJMC) | 800 | 45 | 483 | 1328 | Twice a week |
| 258 | Maharashtra | AFMC,Pune | 600 | 12 | 232 | 844 | Weekly |
| 259 | Maharashtra | YCM, Pune | 700 | 57 | 278 | 1035 | Weekly |
| 260 | Maharashtra | Nari Pune | 477 | 10 | 145 | 632 | Weekly |

| Sr. No. | Name of States | Name of the ART Centre | Estimated Patients eligible for Viral Load Testing | | | Estimated No. of sample to be collected during 1st year | Sample Collection Frequency |
|---------|----------------|---------------------------------|--|----------------------------------|--|---|-----------------------------|
| | | | Estimated number of Patients under other priority group for VL | Estimated HIV +ve pregnant women | Children on ART as per March-16 Report | | |
| 261 | Maharashtra | SDH Baramati, Pune | 231 | 12 | 69 | 312 | Weekly |
| 262 | Maharashtra | BSRC Hospital, Yewada | 334 | 14 | 55 | 403 | Weekly |
| 263 | Maharashtra | District Hospital, Aundh | 242 | 17 | 58 | 317 | Weekly |
| 264 | Maharashtra | Raigad DH | 138 | 14 | 49 | 201 | Weekly |
| 265 | Maharashtra | Reliance, Raigad | 199 | 15 | 79 | 293 | Weekly |
| 266 | Maharashtra | Ratnagiri CH | 319 | 21 | 127 | 467 | Weekly |
| 267 | Maharashtra | PVPG Singli | 700 | 18 | 307 | 1025 | Weekly |
| 268 | Maharashtra | Bharti Vidyapith, Sangli | 119 | 10 | 56 | 185 | Weekly |
| 269 | Maharashtra | MirajGMC, Sangli | 260 | 24 | 123 | 407 | Weekly |
| 270 | Maharashtra | SDH Islampur, Sangli | 231 | 10 | 43 | 284 | Weekly |
| 271 | Maharashtra | Satara CH | 553 | 12 | 242 | 807 | Weekly |
| 272 | Maharashtra | SDH Karad, Satara | 381 | 10 | 187 | 578 | Weekly |
| 273 | Maharashtra | SDH Phaltan, Satara | 126 | 10 | 39 | 175 | Weekly |
| 274 | Maharashtra | Sidhudurg CH | 76 | 10 | 36 | 122 | Weekly |
| 275 | Maharashtra | Solapur GMC | 1000 | 36 | 222 | 1258 | Twice a week |
| 276 | Maharashtra | SDH Pandharpur, Solapur | 444 | 44 | 215 | 703 | Weekly |
| 277 | Maharashtra | RH Barshi , Solapur | 114 | 19 | 61 | 194 | Weekly |
| 278 | Maharashtra | Thane CH | 556 | 15 | 119 | 690 | Weekly |
| 279 | Maharashtra | NMMC Vashi, Thane | 700 | 52 | 149 | 901 | Weekly |
| 280 | Maharashtra | Kalwa CSMH, Thane | 331 | 14 | 61 | 406 | Weekly |
| 281 | Maharashtra | Ulhasnagar Central Hosp., Thane | 600 | 25 | 164 | 789 | Weekly |
| 282 | Maharashtra | Bhiwandi IGM, Thane | 373 | 33 | 87 | 493 | Weekly |

| Sr. No. | Name of States | Name of the ART Centre | Estimated Patients eligible for Viral Load Testing | | | Estimated No. of sample to be collected during 1st year | Sample Collection Frequency |
|---------|----------------|--|--|----------------------------------|--|---|-----------------------------|
| | | | Estimated number of Patients under other priority group for VL | Estimated HIV +ve pregnant women | Children on ART as per March-16 Report | | |
| 283 | Maharashtra | Corporation Hospital, Bhayander | 261 | 40 | 25 | 326 | Weekly |
| 284 | Maharashtra | Rukminibai Hospital, Kalyan, KDMC | 119 | 19 | 25 | 163 | Weekly |
| 285 | Maharashtra | Shastrinagar Hospital, Dombiwali, KDMC | 89 | 18 | 25 | 132 | Weekly |
| 286 | Maharashtra | Wardha CH | 230 | 19 | 96 | 345 | Weekly |
| 287 | Maharashtra | Washim CH | 201 | 15 | 66 | 282 | Weekly |
| 288 | Maharashtra | Yavatmal GMC | 559 | 33 | 262 | 854 | Weekly |
| 289 | Maharashtra | SDH Pusad, Yavatmal | 120 | 25 | 75 | 220 | Weekly |
| 290 | Maharashtra | SDH, Warora | 39 | 13 | 25 | 77 | Weekly |
| 291 | Maharashtra | D.H.W. AKOLA | 15 | 15 | 25 | 55 | Weekly |
| 292 | Manipur | ART RIMS | 527 | 14 | 103 | 644 | Weekly |
| 293 | Manipur | ART JNIMS | 600 | 10 | 25 | 635 | Weekly |
| 294 | Manipur | RPC JNIMS | 50 | 10 | 238 | 298 | Weekly |
| 295 | Manipur | ART Churachandpur DH | 162 | 41 | 102 | 305 | Weekly |
| 296 | Manipur | ART Ukhrol DH | 81 | 10 | 90 | 181 | Weekly |
| 297 | Manipur | ART Chanel DH | 35 | 10 | 25 | 70 | Weekly |
| 298 | Manipur | ART Bishnupur DH | 39 | 10 | 25 | 74 | Weekly |
| 299 | Manipur | ART Thoubal | 74 | 10 | 32 | 116 | Weekly |
| 300 | Manipur | ART Senapati DH | 15 | 10 | 25 | 50 | Weekly |
| 301 | Manipur | ART Tamenglong DH | 15 | 10 | 25 | 50 | Weekly |
| 302 | Manipur | MSF-Churachandpur | 78 | 10 | 62 | 150 | Weekly |
| 303 | Manipur | MSF-Moreh | 15 | 10 | 26 | 51 | Weekly |
| 304 | Manipur | ART centre, CHC Moreh | 15 | 10 | 25 | 50 | Weekly |
| 305 | Meghalaya | CIVIL HOSPITAL SHILLONG, MEGHALAYA | 81 | 76 | 50 | 207 | Weekly |
| 306 | Mizoram | ART Plus Centre, CH(Aizawl) | 465 | 58 | 156 | 679 | Weekly |
| 307 | Mizoram | ART Centre, CH | 54 | 21 | 34 | 109 | Weekly |

| Sr. No. | Name of States | Name of the ART Centre | Estimated Patients eligible for Viral Load Testing | | | Estimated No. of sample to be collected during 1st year | Sample Collection Frequency |
|---------|----------------|---------------------------------|--|----------------------------------|--|---|-----------------------------|
| | | | Estimated number of Patients under other priority group for VL | Estimated HIV +ve pregnant women | Children on ART as per March-16 Report | | |
| | | (Champhai) | | | | | |
| 308 | Mizoram | ART Centre, CH (Lunglei) | 39 | 11 | 25 | 75 | Weekly |
| 309 | Mizoram | FIART Centre, DH (Kolasib) | 15 | 12 | 25 | 52 | Weekly |
| 310 | Mizoram | FIART Centre, Kulikawn Hospital | 15 | 10 | 25 | 50 | Weekly |
| 311 | Mizoram | FIART Centre, DH (Mamit) | 15 | 10 | 25 | 50 | Weekly |
| 312 | Mumbai | Sir. J.J.ART Center | 1500 | 35 | 219 | 1754 | Weekly |
| 313 | Mumbai | KEM ART Center | 800 | 23 | 219 | 1042 | Weekly |
| 314 | Mumbai | BYL Nair ART Center | 800 | 24 | 170 | 994 | Weekly |
| 315 | Mumbai | LTMGH Sion ART Center | 600 | 21 | 25 | 646 | Weekly |
| 316 | Mumbai | Regional Pediatric ART Center | 50 | 10 | 836 | 896 | Weekly |
| 317 | Mumbai | ShatabdiGovandi ART Center | 343 | 15 | 25 | 383 | Weekly |
| 318 | Mumbai | Siddharth ART Center | 450 | 32 | 25 | 507 | Weekly |
| 319 | Mumbai | M T Agarwal ART Center | 237 | 18 | 25 | 280 | Weekly |
| 320 | Mumbai | L & T ART Center | 135 | 10 | 25 | 170 | Weekly |
| 321 | Mumbai | Godrej ART Center | 127 | 10 | 25 | 162 | Weekly |
| 322 | Mumbai | BDBA ART Center | 344 | 36 | 25 | 405 | Weekly |
| 323 | Mumbai | Dr R N Cooper ART Center | 59 | 14 | 25 | 98 | Weekly |
| 324 | Mumbai | K B Bhabha (Bandra) ART Center | 31 | 13 | 25 | 69 | Weekly |
| 325 | Mumbai | Rajawadi ART Center | 105 | 19 | 25 | 149 | Weekly |
| 326 | Nagaland | ART+C,DH, Dimapur | 409 | 43 | 155 | 607 | Weekly |
| 327 | Nagaland | ART + C, NHA Kohima | 147 | 24 | 70 | 241 | Weekly |
| 328 | Nagaland | ARTC, DH Kiphire, Nagaland | 15 | 10 | 25 | 50 | Weekly |
| 329 | Nagaland | ARTC,IMDH, Mokokchung | 42 | 25 | 25 | 92 | Weekly |
| 330 | Nagaland | ARTC,DH, Tuensang | 123 | 12 | 38 | 173 | Weekly |

| Sr. No. | Name of States | Name of the ART Centre | Estimated Patients eligible for Viral Load Testing | | | Estimated No. of sample to be collected during 1st year | Sample Collection Frequency |
|---------|----------------|--|--|----------------------------------|--|---|-----------------------------|
| | | | Estimated number of Patients under other priority group for VL | Estimated HIV +ve pregnant women | Children on ART as per March-16 Report | | |
| 331 | Nagaland | ARTC,DH ZUNHEBOTO, NAGALAND | 15 | 10 | 25 | 50 | Weekly |
| 332 | Nagaland | FI-ARTC, DH, Phek | 15 | 10 | 25 | 50 | Weekly |
| 333 | Nagaland | FI-ARTC, CHC, Jalukie | 15 | 10 | 25 | 50 | Weekly |
| 334 | Odisha | MKCG Medical College, Berhampur | 475 | 48 | 227 | 750 | Weekly |
| 335 | Odisha | SCB Medical College, Cuttack | 284 | 28 | 153 | 465 | Weekly |
| 336 | Odisha | VSS Medical College, Burla | 152 | 16 | 39 | 207 | Weekly |
| 337 | Odisha | DHH, Koraput | 89 | 22 | 64 | 175 | Weekly |
| 338 | Odisha | DHH, Angul | 75 | 29 | 54 | 158 | Weekly |
| 339 | Odisha | DHH, Balasore | 107 | 19 | 94 | 220 | Weekly |
| 340 | Odisha | DHH, Balangir | 130 | 16 | 29 | 175 | Weekly |
| 341 | Odisha | Capital Hospital, Bhubaneswar | 166 | 14 | 48 | 228 | Weekly |
| 342 | Odisha | Rourkela Govt. Hospital, Rourkela | 33 | 10 | 25 | 68 | Weekly |
| 343 | Odisha | Sub-Divisional Hospital, Bhanjanagar | 43 | 14 | 30 | 87 | Weekly |
| 344 | Odisha | DHH, Bhadrak | 41 | 10 | 25 | 76 | Weekly |
| 345 | Odisha | DHH, Puri | 15 | 10 | 25 | 50 | Weekly |
| 346 | Odisha | DHH, Nabarangpur | 15 | 10 | 25 | 50 | Weekly |
| 347 | Odisha | FI-ART Centre, DHH, Nayagarh | 15 | 10 | 25 | 50 | Weekly |
| 348 | Odisha | FI-ART Centre, DHH, Rayagada | 15 | 10 | 25 | 50 | Weekly |
| 349 | Pondicherry | Indira Gandhi Medical College & Research Institute(IGMC&RI), Pondicherry | 149 | 10 | 81 | 240 | Weekly |
| 350 | Punjab | Amritsar | 600 | 85 | 247 | 932 | Weekly |
| 351 | Punjab | Jalandhar | 405 | 38 | 127 | 570 | Weekly |
| 352 | Punjab | Patiala | 555 | 52 | 170 | 777 | Weekly |
| 353 | Punjab | Ludhiana | 429 | 39 | 95 | 563 | Weekly |
| 354 | Punjab | Pathankot | 148 | 18 | 48 | 214 | Weekly |
| 355 | Punjab | Bathinda | 280 | 48 | 79 | 407 | Weekly |

| Sr. No. | Name of States | Name of the ART Centre | Estimated Patients eligible for Viral Load Testing | | | Estimated No. of sample to be collected during 1st year | Sample Collection Frequency |
|---------|----------------|--|--|----------------------------------|--|---|-----------------------------|
| | | | Estimated number of Patients under other priority group for VL | Estimated HIV +ve pregnant women | Children on ART as per March-16 Report | | |
| 356 | Punjab | Ferozepur | 79 | 41 | 35 | 155 | Weekly |
| 357 | Punjab | Hoshiarpur | 64 | 14 | 25 | 103 | Weekly |
| 358 | Punjab | Tarn Taran | 105 | 33 | 25 | 163 | Weekly |
| 359 | Punjab | FI-ART CH MOGA | 50 | 14 | 25 | 89 | Weekly |
| 360 | Punjab | FI-ART CH Batala | 15 | 10 | 25 | 50 | Weekly |
| 361 | Punjab | FI-ART CH Ropar | 35 | 10 | 25 | 70 | Weekly |
| 362 | Rajasthan | Ajmer | 281 | 57 | 166 | 504 | Weekly |
| 363 | Rajasthan | Alwar | 137 | 24 | 59 | 220 | Weekly |
| 364 | Rajasthan | Banswara | 51 | 30 | 25 | 106 | Weekly |
| 365 | Rajasthan | Barmer | 108 | 10 | 58 | 176 | Weekly |
| 366 | Rajasthan | Bharatpur | 111 | 26 | 61 | 198 | Weekly |
| 367 | Rajasthan | Bhilwara | 175 | 51 | 115 | 341 | Weekly |
| 368 | Rajasthan | Bikaner | 123 | 10 | 53 | 186 | Weekly |
| 369 | Rajasthan | Chittorgarh | 37 | 19 | 25 | 81 | Weekly |
| 370 | Rajasthan | Churu | 15 | 10 | 25 | 50 | Weekly |
| 371 | Rajasthan | Dungarpur | 148 | 46 | 61 | 255 | Weekly |
| 372 | Rajasthan | Hanumangarh | 31 | 10 | 25 | 66 | Weekly |
| 373 | Rajasthan | Jaipur | 565 | 55 | 325 | 945 | Weekly |
| 374 | Rajasthan | Jalore | 101 | 39 | 93 | 233 | Weekly |
| 375 | Rajasthan | Jhunjhunu | 89 | 10 | 26 | 125 | Weekly |
| 376 | Rajasthan | Jodhpur | 445 | 24 | 177 | 646 | Weekly |
| 377 | Rajasthan | Kota | 162 | 21 | 85 | 268 | Weekly |
| 378 | Rajasthan | Nagaur | 104 | 10 | 51 | 165 | Weekly |
| 379 | Rajasthan | Pali | 212 | 24 | 128 | 364 | Weekly |
| 380 | Rajasthan | Rajsamand | 38 | 10 | 25 | 73 | Weekly |
| 381 | Rajasthan | Sikar | 132 | 29 | 142 | 303 | Weekly |
| 382 | Rajasthan | Sirohi | 68 | 14 | 25 | 107 | Weekly |
| 383 | Rajasthan | Sri Ganga Nagar | 62 | 10 | 25 | 97 | Weekly |
| 384 | Rajasthan | Udaipur | 294 | 91 | 153 | 538 | Weekly |
| 385 | Sikkim | Sikkim State AIDS Control Society Building | 15 | 15 | 25 | 55 | Weekly |
| 386 | Tamil Nadu | ART,GHTM, tambaram, Kancheepuram | 574 | 10 | 209 | 793 | Weekly |
| 387 | Tamil Nadu | ART, Coimbatore Medical College | 478 | 12 | 165 | 655 | Weekly |
| 388 | Tamil Nadu | ART, Madurai | 519 | 28 | 117 | 664 | Weekly |

| Sr. No. | Name of States | Name of the ART Centre | Estimated Patients eligible for Viral Load Testing | | | Estimated No. of sample to be collected during 1st year | Sample Collection Frequency |
|---------|----------------|---|--|----------------------------------|--|---|-----------------------------|
| | | | Estimated number of Patients under other priority group for VL | Estimated HIV +ve pregnant women | Children on ART as per March-16 Report | | |
| | | Medical College | | | | | |
| 389 | Tamil Nadu | ART Madras Medical College, Chennai | 423 | 10 | 76 | 509 | Weekly |
| 390 | Tamil Nadu | ART, Namakkal District Head Qtrs Hospital | 800 | 10 | 173 | 983 | Weekly |
| 391 | Tamil Nadu | ART, Salem Medical College | 700 | 19 | 242 | 961 | Weekly |
| 392 | Tamil Nadu | ART, Tirunelveli Medical College | 428 | 26 | 158 | 612 | Weekly |
| 393 | Tamil Nadu | ART, Kilpauk Medical College, Chennai | 181 | 10 | 104 | 295 | Weekly |
| 394 | Tamil Nadu | ART, Institute of Obs&Gyn, Chennai | 103 | 30 | 25 | 158 | Weekly |
| 395 | Tamil Nadu | ART, Thanjavur Medical College | 422 | 17 | 149 | 588 | Weekly |
| 396 | Tamil Nadu | ART, Kanyakumari Medical College | 185 | 10 | 45 | 240 | Weekly |
| 397 | Tamil Nadu | ART, Vellore Medical College | 518 | 16 | 135 | 669 | Weekly |
| 398 | Tamil Nadu | ART, CMC, Vellore (PPP) | 267 | 18 | 70 | 355 | Weekly |
| 399 | Tamil Nadu | ART, Theni Medical College | 420 | 12 | 169 | 601 | Weekly |
| 400 | Tamil Nadu | ART, Trichy Medical College | 800 | 54 | 191 | 1045 | Weekly |
| 401 | Tamil Nadu | ART, Karur District Head Qtrs Hospital | 354 | 15 | 72 | 441 | Weekly |
| 402 | Tamil Nadu | ART, Dharmapuri Medical College | 508 | 27 | 122 | 657 | Weekly |
| 403 | Tamil Nadu | ART, Villupuram Medical College | 309 | 24 | 109 | 442 | Weekly |
| 404 | Tamil Nadu | ART, Virudhunagar District Head Qtrs Hospital | 355 | 17 | 83 | 455 | Weekly |
| 405 | Tamil Nadu | ART, Krishnagiri District Head Qtrs Hospital | 458 | 27 | 149 | 634 | Weekly |
| 406 | Tamil Nadu | ART, Dindigul District Head Qtrs Hospital | 517 | 39 | 175 | 731 | Weekly |

| Sr. No. | Name of States | Name of the ART Centre | Estimated Patients eligible for Viral Load Testing | | | Estimated No. of sample to be collected during 1st year | Sample Collection Frequency |
|---------|----------------|---|--|----------------------------------|--|---|-----------------------------|
| | | | Estimated number of Patients under other priority group for VL | Estimated HIV +ve pregnant women | Children on ART as per March-16 Report | | |
| 407 | Tamil Nadu | ART, Perambalur District Head Qtrs Hospital | 305 | 10 | 75 | 390 | Weekly |
| 408 | Tamil Nadu | ART, Cuddalore District Head Qtrs Hospital | 290 | 10 | 140 | 440 | Weekly |
| 409 | Tamil Nadu | ART, Thoothukudi Medical College | 198 | 11 | 78 | 287 | Weekly |
| 410 | Tamil Nadu | ART, Institute of Child Health (PCoE, Chennai) | 100 | 10 | 323 | 433 | Weekly |
| 411 | Tamil Nadu | ART, Thiruvallur District Head Qtrs Hospital | 249 | 15 | 51 | 315 | Weekly |
| 412 | Tamil Nadu | ART, Thiruvannamalai Medical College | 346 | 37 | 132 | 515 | Weekly |
| 413 | Tamil Nadu | ART, Chengalpattu Medical College, Kancheepuram | 121 | 10 | 32 | 163 | Weekly |
| 414 | Tamil Nadu | ART, Stanley Medical College, Chennai | 154 | 10 | 25 | 189 | Weekly |
| 415 | Tamil Nadu | ART, Erode District Head Qtrs Hospital | 501 | 23 | 67 | 591 | Weekly |
| 416 | Tamil Nadu | ART, Nilgiris District Head Qtrs Hospital | 36 | 10 | 25 | 71 | Weekly |
| 417 | Tamil Nadu | ART, Ramanad District Head Qtrs Hospital | 149 | 10 | 31 | 190 | Weekly |
| 418 | Tamil Nadu | ART, Sivagangai Medical College | 231 | 10 | 47 | 288 | Weekly |
| 419 | Tamil Nadu | ART, Pudukottai District Head Qtrs Hospital | 335 | 22 | 63 | 420 | Weekly |
| 420 | Tamil Nadu | ART, Thiruvarur District Head Qtrs Hospital | 104 | 10 | 36 | 150 | Weekly |
| 421 | Tamil Nadu | ART, Nagapattinam District Head Qtrs Hospital | 115 | 11 | 44 | 170 | Weekly |
| 422 | Tamil Nadu | ART, ART, Jayamkondam GH (Ariyalur District) | 115 | 10 | 42 | 167 | Weekly |

| Sr. No. | Name of States | Name of the ART Centre | Estimated Patients eligible for Viral Load Testing | | | Estimated No. of sample to be collected during 1st year | Sample Collection Frequency |
|---------|----------------|---|--|----------------------------------|--|---|-----------------------------|
| | | | Estimated number of Patients under other priority group for VL | Estimated HIV +ve pregnant women | Children on ART as per March-16 Report | | |
| 423 | Tamil Nadu | ART, Tirupur District Head Qtrs Hospital | 374 | 18 | 59 | 451 | Weekly |
| 424 | Tamil Nadu | ART, Melur GH, Madurai District | 101 | 10 | 34 | 145 | Weekly |
| 425 | Tamil Nadu | ART, Attur GH, Salem District | 427 | 20 | 70 | 517 | Weekly |
| 426 | Tamil Nadu | ART, Thiruchengodu , Namakkal District | 204 | 10 | 25 | 239 | Weekly |
| 427 | Tamil Nadu | Manaparai District Head Qtrs Hospital, Trichy District | 116 | 10 | 25 | 151 | Weekly |
| 428 | Tamil Nadu | Tirupattur District Head Qtrs Hospital, Vellore District | 312 | 33 | 62 | 407 | Weekly |
| 429 | Tamil Nadu | Kallakurichi District Head Qtrs Hospital, Villupuram District | 204 | 16 | 57 | 277 | Weekly |
| 430 | Tamil Nadu | Hosur GH, Krishnagiri District | 121 | 15 | 52 | 188 | Weekly |
| 431 | Tamil Nadu | Palani GH, Dindigul District | 102 | 10 | 25 | 137 | Weekly |
| 432 | Tamil Nadu | Pollachi GH, Coimbatore District | 61 | 10 | 25 | 96 | Weekly |
| 433 | Tamil Nadu | Cumbum GH, Theni District | 122 | 10 | 25 | 157 | Weekly |
| 434 | Tamil Nadu | Virudhachalam GH, Cuddalore District | 230 | 10 | 51 | 291 | Weekly |
| 435 | Tamil Nadu | Omalur GH, Salem District | 186 | 10 | 25 | 221 | Weekly |
| 436 | Tamil Nadu | Kumbakonam GH, Thanjavur District | 15 | 10 | 25 | 50 | Weekly |
| 437 | Tamil Nadu | Thirumangalam GH, Madurai District | 148 | 10 | 38 | 196 | Weekly |
| 438 | Tamil Nadu | Rasipuram GH, Namakkal District | 58 | 10 | 25 | 93 | Weekly |
| 439 | Tamil Nadu | Tenkasi HQH, Tirunelveli District | 15 | 10 | 25 | 50 | Weekly |
| 440 | Tamil Nadu | Harur GH, Dharmapuri District | 15 | 10 | 25 | 50 | Weekly |
| 441 | Telangana | Adilabad | 203 | 31 | 60 | 294 | Weekly |
| 442 | Telangana | Chest Hyd | 900 | 18 | 61 | 979 | Weekly |
| 443 | Telangana | Gandhi | 900 | 55 | 109 | 1064 | Twice a week |

| Sr. No. | Name of States | Name of the ART Centre | Estimated Patients eligible for Viral Load Testing | | | Estimated No. of sample to be collected during 1st year | Sample Collection Frequency |
|---------|----------------|------------------------|--|----------------------------------|--|---|-----------------------------|
| | | | Estimated number of Patients under other priority group for VL | Estimated HIV +ve pregnant women | Children on ART as per March-16 Report | | |
| 444 | Telangana | Karimnagar | 900 | 50 | 314 | 1264 | Twice a week |
| 445 | Telangana | Khammam | 700 | 28 | 199 | 927 | Weekly |
| 446 | Telangana | King Koti | 267 | 22 | 25 | 314 | Weekly |
| 447 | Telangana | Mahbubnagar | 1100 | 100 | 171 | 1371 | Twice a week |
| 448 | Telangana | Nalgonda | 900 | 46 | 169 | 1115 | Twice a week |
| 449 | Telangana | Niloufer | 200 | 65 | 734 | 999 | Weekly |
| 450 | Telangana | Nizamabad | 600 | 22 | 155 | 777 | Weekly |
| 451 | Telangana | Osmania | 900 | 37 | 25 | 962 | Weekly |
| 452 | Telangana | Sangareddy | 577 | 67 | 186 | 830 | Weekly |
| 453 | Telangana | Warangal | 600 | 40 | 292 | 932 | Weekly |
| 454 | Telangana | Bhadrachalam | 198 | 22 | 45 | 265 | Weekly |
| 455 | Telangana | Tandur | 234 | 33 | 25 | 292 | Weekly |
| 456 | Telangana | Ramagundam | 295 | 23 | 51 | 369 | Weekly |
| 457 | Telangana | AH Kama Reddy | 210 | 21 | 31 | 262 | Weekly |
| 458 | Telangana | AH Jagityal | 243 | 10 | 68 | 321 | Weekly |
| 459 | Telangana | Suryapet | 209 | 23 | 28 | 260 | Weekly |
| 460 | Telangana | Janagon | 87 | 10 | 25 | 122 | Weekly |
| 461 | Telangana | Banswada | 30 | 11 | 25 | 66 | Weekly |
| 462 | Telangana | Siddipet | 60 | 10 | 25 | 95 | Weekly |
| 463 | Tripura | AGMC & GBP Hospital | 15 | 20 | 25 | 60 | Weekly |
| 464 | Tripura | FIART Dharmanagar | 15 | 10 | 25 | 50 | Weekly |
| 465 | Tripura | FIART Dhalai | 15 | 10 | 25 | 50 | Weekly |
| 466 | Uttar Pradesh | S.N.,M.C. Agra | 372 | 52 | 171 | 595 | Weekly |
| 467 | Uttar Pradesh | J.N.,M.C. Aligarh | 156 | 48 | 124 | 328 | Weekly |
| 468 | Uttar Pradesh | M.L.N, M.C, Allahabad | 483 | 31 | 212 | 726 | Weekly |
| 469 | Uttar Pradesh | D.H., Azamgarh | 331 | 15 | 146 | 492 | Weekly |
| 470 | Uttar Pradesh | D.H., Ballia | 105 | 14 | 32 | 151 | Weekly |
| 471 | Uttar Pradesh | D.H., Bareilly | 91 | 16 | 29 | 136 | Weekly |
| 472 | Uttar Pradesh | D.H., Basti | 171 | 43 | 141 | 355 | Weekly |

| Sr. No. | Name of States | Name of the ART Centre | Estimated Patients eligible for Viral Load Testing | | | Estimated No. of sample to be collected during 1st year | Sample Collection Frequency |
|---------|----------------|------------------------------|--|----------------------------------|--|---|-----------------------------|
| | | | Estimated number of Patients under other priority group for VL | Estimated HIV +ve pregnant women | Children on ART as per March-16 Report | | |
| 473 | Uttar Pradesh | IMS, BHU ,Varanasi | 600 | 52 | 437 | 1089 | Twice a week |
| 474 | Uttar Pradesh | B.R.D. M.C., Gorakhpur | 516 | 32 | 144 | 692 | Weekly |
| 475 | Uttar Pradesh | D.H, Deoria | 237 | 26 | 135 | 398 | Weekly |
| 476 | Uttar Pradesh | UP RIMS & R Saifai, Etawah | 59 | 50 | 51 | 160 | Weekly |
| 477 | Uttar Pradesh | D.H., Faizabad | 171 | 15 | 35 | 221 | Weekly |
| 478 | Uttar Pradesh | D.H., Ghazipur | 126 | 10 | 39 | 175 | Weekly |
| 479 | Uttar Pradesh | DH, Gonda | 145 | 13 | 55 | 213 | Weekly |
| 480 | Uttar Pradesh | D.H., Jaunpur | 332 | 10 | 115 | 457 | Weekly |
| 481 | Uttar Pradesh | MLB,M.C., Jhansi | 87 | 15 | 45 | 147 | Weekly |
| 482 | Uttar Pradesh | G.S.V.M., MC, Kanpur | 382 | 35 | 141 | 558 | Weekly |
| 483 | Uttar Pradesh | K.G.M.U., Lucknow | 241 | 27 | 107 | 375 | Weekly |
| 484 | Uttar Pradesh | DH, Kushinagar | 130 | 28 | 112 | 270 | Weekly |
| 485 | Uttar Pradesh | LLRM Medical College, Meerut | 379 | 27 | 136 | 542 | Weekly |
| 486 | Uttar Pradesh | DH, Mau | 139 | 10 | 25 | 174 | Weekly |
| 487 | Uttar Pradesh | DH, Moradabad | 91 | 26 | 43 | 160 | Weekly |
| 488 | Uttar Pradesh | Pt.DDU, Hospital Varanasi | 168 | 18 | 62 | 248 | Weekly |
| 489 | Uttar Pradesh | DH, Pratapgarh | 150 | 15 | 86 | 251 | Weekly |
| 490 | Uttar Pradesh | R.M.L., Lucknow | 78 | 10 | 25 | 113 | Weekly |
| 491 | Uttar Pradesh | DH, Saharanpur | 68 | 15 | 25 | 108 | Weekly |
| 492 | Uttar Pradesh | DH, Siddhart Nagar | 199 | 23 | 122 | 344 | Weekly |
| 493 | Uttar Pradesh | NTPC, UnchaharRaebareilly | 47 | 10 | 27 | 84 | Weekly |
| 494 | Uttar Pradesh | DH, Maharajganj | 97 | 10 | 25 | 132 | Weekly |

| Sr. No. | Name of States | Name of the ART Centre | Estimated Patients eligible for Viral Load Testing | | | Estimated No. of sample to be collected during 1st year | Sample Collection Frequency |
|---------|----------------|-----------------------------------|--|----------------------------------|--|---|-----------------------------|
| | | | Estimated number of Patients under other priority group for VL | Estimated HIV +ve pregnant women | Children on ART as per March-16 Report | | |
| 495 | Uttar Pradesh | DH, Muzaffar Nagar | 46 | 14 | 25 | 85 | Weekly |
| 496 | Uttar Pradesh | DH, Behraich | 15 | 10 | 25 | 50 | Weekly |
| 497 | Uttar Pradesh | DH, Mathura | 64 | 11 | 25 | 100 | Weekly |
| 498 | Uttar Pradesh | DH, Bijnor | 15 | 10 | 25 | 50 | Weekly |
| 499 | Uttar Pradesh | DH, Sultanpur | 55 | 10 | 25 | 90 | Weekly |
| 500 | Uttar Pradesh | DH, Balrampur | 39 | 10 | 25 | 74 | Weekly |
| 501 | Uttar Pradesh | DH, Jalaun | 15 | 10 | 25 | 50 | Weekly |
| 502 | Uttar Pradesh | DH, Banda | 15 | 10 | 25 | 50 | Weekly |
| 503 | Uttar Pradesh | DH, Ghaziabad | 29 | 22 | 25 | 76 | Weekly |
| 504 | Uttarakhand | ARTC, Doon Hospital Dehradun | 215 | 25 | 97 | 337 | Weekly |
| 505 | Uttarakhand | ARTC, Dr. S.T.G.M.C. Haldwani | 134 | 12 | 61 | 207 | Weekly |
| 506 | Uttarakhand | FI-ARTC, Distt. Hosp. Pithoragarh | 15 | 10 | 25 | 50 | Weekly |
| 507 | West Bengal | ARTC, BMC&H | 276 | 32 | 91 | 399 | Weekly |
| 508 | West Bengal | ARTC, MMC&H | 146 | 10 | 116 | 272 | Weekly |
| 509 | West Bengal | ARTC, R.G.Kar MC&H | 421 | 30 | 33 | 484 | Weekly |
| 510 | West Bengal | ARTC, S.S.K.M. Hospital | 297 | 24 | 35 | 356 | Weekly |
| 511 | West Bengal | ARTC, STM | 501 | 13 | 25 | 539 | Weekly |
| 512 | West Bengal | ARTC, Malda MC&H | 148 | 25 | 94 | 267 | Weekly |
| 513 | West Bengal | ARTC, M.R.Bangur Hospital | 328 | 14 | 39 | 381 | Weekly |
| 514 | West Bengal | RPAC, MC&H | 200 | 49 | 573 | 822 | Weekly |
| 515 | West Bengal | ARTC, Islampur SDH | 225 | 59 | 129 | 413 | Weekly |
| 516 | West Bengal | ARTC, NBMC&H | 413 | 35 | 125 | 573 | Weekly |

| Sr. No. | Name of States | Name of the ART Centre | Estimated Patients eligible for Viral Load Testing | | | Estimated No. of sample to be collected during 1st year | Sample Collection Frequency |
|---------|----------------|--------------------------------|--|----------------------------------|--|---|-----------------------------|
| | | | Estimated number of Patients under other priority group for VL | Estimated HIV +ve pregnant women | Children on ART as per March-16 Report | | |
| | Bengal | | | | | | |
| 517 | West Bengal | ARTC, Durjeelingng D.H. | 15 | 10 | 25 | 50 | Weekly |
| 518 | West Bengal | ARTC, Ghatal S.D.H. | 142 | 10 | 90 | 242 | Weekly |
| 519 | West Bengal | ARTC,Chinsurah .D.H. | 220 | 36 | 27 | 283 | Weekly |
| 520 | West Bengal | ART,MJN Coochbihar DH | 96 | 27 | 44 | 167 | Weekly |
| 521 | West Bengal | ART, Murshidabad MC&H | 79 | 25 | 65 | 169 | Weekly |
| 522 | West Bengal | ART Barasat DH | 190 | 13 | 25 | 228 | Weekly |
| 523 | West Bengal | FI-ARTC Tamluk D.H. | 55 | 12 | 26 | 93 | Weekly |
| 524 | West Bengal | FI-ARTC Nadia DH | 139 | 17 | 26 | 182 | Weekly |
| 525 | West Bengal | FI-ARTC BankuraSammillani MC&H | 15 | 13 | 45 | 73 | Weekly |
| | | TOTAL | 1,44,263 | 12,409 | 54,261 | 2,10,933 | |

CHAPTER – IV: FINANCIAL BID

(All prices are in INR)

| Brief Description of Services | Indicative No. of Tests during 1 st Year ⁴ | Break-up of Price per Test | | | Total Price per Test (exclusive of taxes and duties) | Total Price (exclusive of taxes and duties) | Rate of applicable taxes and duties |
|--|--|---|--------------------------------------|--|--|---|-------------------------------------|
| | | Sample Collection and Transportation ⁵ | Testing Kits & Reagents ⁶ | Conducting Viral load Test, reporting and other associated costs & profit etc. | | | |
| I | II | III | IV | V | VI = (III + IV + V) | VII = II x VI | VIII |
| A. Viral Load Testing Services as per Chapter-III - Terms of Reference | 2,10,000 | _____ | _____ | _____ | _____ | _____ | |
| B. Amount of applicable Taxes and duties payable if contract is awarded. | | _____ | _____ | _____ | _____ | _____ | |
| C. Total Bid Price (inclusive of applicable taxes and duties) (A + B) | | _____ | _____ | _____ | _____ | _____ | |

⁴ In the subsequent years, the no. of tests shall be increased appropriately.

⁵ The purpose of seeking price of sample collection and transportation is to negotiate the cost at later stage when there is a shift from whole blood to dried blood spot. In such a case NACO may use its own resource at ART Centre to collect samples send dried blood spot directly sent to laboratory.

⁶ In future, NACO may directly negotiate the cost of Kits & Reagents with Manufacturers for supply to the Agency. In such a case, the Agency should purchase the Kits & Reagents at negotiated price from such Manufacturer and contract shall be amended accordingly.

CHAPTER – V: CONTRACT FORM

Contract No _____ dated _____

This is in continuation to Notification of Award No _____ dated _____

1. Name & address of Client: _____
2. Name & address of the Service Provider: _____
3. Client's Bid Document No _____ dated _____ and subsequent Amendment No _____, dated _____ (if any), issued by the Client
4. Service Provider's Bid No _____ dated _____ and subsequent communication(s) No _____ dated _____ (if any), exchanged between the Service Provider and the Tender Inviting Authority in connection with this tender.
5. In addition to this Contract Form, the following documents etc, which are included in the documents mentioned under paragraphs 3 and 4 above, shall also be deemed to form and be read and construed as integral part of this contract:
 - i. Tender Inviting Authority's Notification of Award;
 - ii. Performance Security submitted by the Service Provider
 - iii. Conditions of Contract;
 - iv. Scope of Services;
 - v. Bidder Information Form;
 - vi. Bid Form;
 - vii. Price Schedule furnished by the Service Provider in its tender;
6. Some terms & conditions, stipulations etc. out of the above-referred documents are reproduced below for ready reference:
 - (i) Brief particulars of the services which shall be provided by the Service Provider are as under: _____
 - (ii) Total Contract Value (inclusive of services tax / sales tax / VAT: (in figure) _____ (In words) _____
 - (iii) Contract Duration: _____
 - (iv) Details of Performance Security _____

**(Signature, name and address
of the Client's authorised official)**
For and on behalf of _____

Received and accepted this contract

(Signature, name and address of the Service Provider's executive
duly authorised to sign on behalf of the Service Provider)

For and on behalf of _____

(Name and address of the Service Provider)

(Seal of the Service Provider)

Date: _____

Place: _____

CHAPTER – VI: OTHER STANDARD FORMS

FORM-A: BID FORM

Date_____

To

Team Leader (Procurement)
Strategic Alliance Management Services Pvt. Limited
B01 – B03, Vardhman Diamond Plaza,
Community Centre, D.B. Gupta Road
Paharganj, New Delhi – 110 055

Ref. Your Tender Ref. No. _____ dated _____

We, the undersigned have examined the above mentioned Bid Documents, including Amendment/Corrigendum No. _____, dated _____ (*if any*), the receipt of which is hereby confirmed.

We now offer to provide service in conformity with your above referred Bid Document as mentioned in our price bid which has been submitted separately as part of this bid.

If our bid is accepted, we undertake to perform services as mentioned above, as specified in the Scope of Services and also accepts all conditions of the Bid Documents.

We further confirm that, if our bid is accepted, we shall provide you with a performance security of required amount in an acceptable form in terms of COC clause 5, for due performance of the contract.

We agree to keep our bid valid for acceptance as required in the ITB clause 17, or for subsequently extended period, if any, agreed to by us. We also accordingly confirm to abide by this bid up to the aforesaid period and this bid may be accepted any time before the expiry of the aforesaid period. We further confirm that, until a formal contract is executed, this bid read with your written acceptance thereof within the aforesaid period shall constitute a binding contract between us.

We further understand that you are not bound to accept the lowest or any bid you may receive against your above-referred Bid Invitation.

We confirm that we do not stand debarred / blacklisted by MOH&FW, GOI, or any other Central Govt. Department or State Government and / or the Global Fund as on the date of opening of bid for any default related to HIV/AIDS field.

We confirm that we fully agree to the terms and conditions specified in above mentioned Bid Document, including amendment/ corrigendum if any

(Signature with date)

(Name and designation) Duly authorised to sign tender for and on behalf of

FORM – B: PARA-BY-PARA COMMENTARY / COMPLIANCE AGAINST THE TECHNICAL REQUIREMENTS

[Bidders are required to provide the information sought below]

| S. N. | Technical Requirements as stated in the Terms of Reference | Para-by-para commentary / Compliance against the technical requirements given in Scope of Services |
|-----------|--|--|
| A. | PRE- ANALYTICAL PROCEDURE | |
| 1. | Specimen Collection: | |
| (a) | The Agency should collect samples from all ART Centres. Specimen collection is expected on all 6 days of the week excluding Sunday during the operational timings of the ART Centres. The Agency is expected to maintain sample collection frequency on 'daily' basis at ART Centres with more than 2500 eligible patients (>10 samples per day) and on 'weekly' basis at ART Centres with less than 2500 eligible patients (<10 samples per day). | |
| (b) | The Agency should submit sample collection plan for every ART Centre along with the Technical Bid. | |
| (c) | All consumable required for specimen collection including DBS cards, lancets, plasma EDTA tubes, evacuated EDTA Blood collection tubs, needles and syringes (sterile within shelf-life), single use spirit swabs, sterile gauze with sticking tape & tourniquet collection, tube holder etc. should be provided by the Agency | |
| (d) | A well-defined communication mechanism should be devised by the Agency including methods like telephone, online, call centre etc. to ensure proper and prompt communication between (a) Agency and all ART Centres on the one hand; and (b) Agency and NACO on the other hand. | |
| (e) | A valid specimen for the assay should be collected by the Agency for Viral Load testing. | |
| (f) | The validation for assay for the recommended sample type should be as approved by NACO for proposed HIV-1 Viral Load test | |
| (g) | Additionally, the Agency should have two identifiers for each sample collected, unique for a patient. Bar coding of specimens (patient & test specific) must be made available | |
| (h) | The Agency should be equipped for storage of specimens up to one year at -70°C. The Agency should submit details of storage equipment with power backup arrangements and arrangements for regular temperature monitoring, along with technical bid. | |
| 2. | Specimen Preparation: | |
| (b) | Any requirement of specimen preparation including plasma separation from Whole blood, drying and | |

| S. N. | Technical Requirements as stated in the Terms of Reference | Para-by-para commentary / Compliance against the technical requirements given in Scope of Services |
|--------------|---|---|
| | packaging will be the responsibility of the Agency. | |
| 3. | Specimen Transportation: | |
| (a) | Specimen transportation and associated documentation is the responsibility of the Agency. A copy of documentation should also be provided to ART Centre staff for record. Alternatively, an online system of specimen tracking must be made available. Any associated training requirement will be the responsibility of the Agency | |
| (b) | The Agency should mention/define temperature of transportation of specimen. In case of plasma specimen Bidder should demonstrate plan for transportation under cold chain. Sample should be transported within a predefined time period with appropriate temperature data loggers. Whole blood should be transported at 2-25°C and plasma should be transported at 2-8°C (with temperature logger). DBS may be transported at ambient temperature and dry conditions (with humidity indicator and desiccant). | |
| (c) | Temperature data logger will be required with whole blood and plasma transportation (to identify episodes of temperature excursions) till the sample reaches the testing laboratory. NACO should be given access to software and alarms for every transport batch. | |
| (d) | The temperature data logger should be of the temperature range -10°C to 40°C and WHO-prequalified. | |
| (e) | The Agency is required to provide technical specifications (and approval status as above) of temperature data logger proposed to be used during transportation of samples to the testing laboratory. | |
| (f) | Time stipulation from sample collection time to delivery and testing site: This should be within the allowable limit as under: (i) Whole blood should be processed for plasma separation within 4-6 hours of blood-drawl when kept/transported at 2-25°C. Plasma can be transported at 2-8°C within 24 hrs. of separation. (ii) Plasma can be tested within 5 days when kept at 2-8°C. Plasma can be tested within 6 months – 1 year after separation from whole blood when kept at -70°C. | |
| (g) | The cost of transportation (including consumables required for packaging, gel packs, courier etc.) will be borne by the Agency | |
| (h) | Well-documented specimen transportation SOP (including requirements for temporary storage) should be provided by the Agency | |
| (i) | A well-defined communication mechanism should be devised by the Agency to ensure proper and prompt communication between NACO staff and Agency for | |

| S. N. | Technical Requirements as stated in the Terms of Reference | Para-by-para commentary / Compliance against the technical requirements given in Scope of Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|---|--|---|-------------|-------------|---|---------------|-----|-----------------------------|---|---------------|--------------|---|---|---------------------------|----------------|-------------------|---|-----------------|--|---|---|---------------------|--|--------------------------------|---|--------------|-----------|-------------------------------------|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------|--------------------|-----------|-----|----------|--|
| | sample transportation. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. | ANALYTICAL PROCEDURE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (1) | <p>ASSAY SPECIFICATION: The assay used for testing should meet criteria specified below in table below:</p> <table border="1" data-bbox="244 510 930 2063"> <thead> <tr> <th data-bbox="244 510 344 622">S.N.</th> <th data-bbox="344 510 520 622">Specification Criteria</th> <th data-bbox="520 510 687 622">Description</th> <th data-bbox="687 510 930 622">Requirement</th> </tr> </thead> <tbody> <tr> <td data-bbox="244 622 344 734">1</td> <td data-bbox="344 622 520 734">Type of Assay</td> <td data-bbox="520 622 687 734">NAT</td> <td data-bbox="687 622 930 734">Real Time PCR/b-DNA / NASBA</td> </tr> <tr> <td data-bbox="244 734 344 958">2</td> <td data-bbox="344 734 520 958">Specimen Type</td> <td data-bbox="520 734 687 958">Plasma / DBS</td> <td data-bbox="687 734 930 958">Sample type should be as approved for proposed HIV-1 Viral Load test.</td> </tr> <tr> <td data-bbox="244 958 344 1104">3</td> <td data-bbox="344 958 520 1104">Sensitivity & Specificity</td> <td data-bbox="520 958 687 1104">1000 copies/ml</td> <td data-bbox="687 958 930 1104">Specificity:100 %</td> </tr> <tr> <td data-bbox="244 1104 344 1473">4</td> <td data-bbox="344 1104 520 1473">Assay Principle</td> <td data-bbox="520 1104 687 1473">Target amplification of region of HIV-1 genome with maximum conservation</td> <td data-bbox="687 1104 930 1473">Target amplification of conserved region of the genome (pol/gag/LTR of HIV-1)</td> </tr> <tr> <td data-bbox="244 1473 344 1659">5</td> <td data-bbox="344 1473 520 1659">Sub-types Amplified</td> <td data-bbox="520 1473 687 1659">All HIV-1 sub-types including sub-type C</td> <td data-bbox="687 1473 930 1659">Group M, A-G, Group O. Group N</td> </tr> <tr> <td data-bbox="244 1659 344 1771">6</td> <td data-bbox="344 1659 520 1771">Linear Range</td> <td data-bbox="520 1659 687 1771">Copies/ml</td> <td data-bbox="687 1659 930 1771">At least 40 to 10 million copies/ml</td> </tr> <tr> <td data-bbox="244 1771 344 2063" rowspan="3">7</td> <td data-bbox="344 1771 520 1917">License / Certification</td> <td data-bbox="520 1771 687 1917">DCGI, India License-IVD</td> <td data-bbox="687 1771 930 1917">DCGI, India License-IVD</td> </tr> <tr> <td data-bbox="344 1917 520 2029">License / Certification</td> <td data-bbox="520 1917 687 2029">US FDA/CE for IVD</td> <td data-bbox="687 1917 930 2029">US FDA/ CE for IVD</td> </tr> <tr> <td data-bbox="344 2029 520 2063">License /</td> <td data-bbox="520 2029 687 2063">WHO</td> <td data-bbox="687 2029 930 2063">WHO pre-</td> </tr> </tbody> </table> | S.N. | Specification Criteria | Description | Requirement | 1 | Type of Assay | NAT | Real Time PCR/b-DNA / NASBA | 2 | Specimen Type | Plasma / DBS | Sample type should be as approved for proposed HIV-1 Viral Load test. | 3 | Sensitivity & Specificity | 1000 copies/ml | Specificity:100 % | 4 | Assay Principle | Target amplification of region of HIV-1 genome with maximum conservation | Target amplification of conserved region of the genome (pol/gag/LTR of HIV-1) | 5 | Sub-types Amplified | All HIV-1 sub-types including sub-type C | Group M, A-G, Group O. Group N | 6 | Linear Range | Copies/ml | At least 40 to 10 million copies/ml | 7 | License / Certification | DCGI, India License-IVD | DCGI, India License-IVD | License / Certification | US FDA/CE for IVD | US FDA/ CE for IVD | License / | WHO | WHO pre- | |
| S.N. | Specification Criteria | Description | Requirement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Type of Assay | NAT | Real Time PCR/b-DNA / NASBA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Specimen Type | Plasma / DBS | Sample type should be as approved for proposed HIV-1 Viral Load test. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Sensitivity & Specificity | 1000 copies/ml | Specificity:100 % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Assay Principle | Target amplification of region of HIV-1 genome with maximum conservation | Target amplification of conserved region of the genome (pol/gag/LTR of HIV-1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Sub-types Amplified | All HIV-1 sub-types including sub-type C | Group M, A-G, Group O. Group N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Linear Range | Copies/ml | At least 40 to 10 million copies/ml | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | License / Certification | DCGI, India License-IVD | DCGI, India License-IVD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | License / Certification | US FDA/CE for IVD | US FDA/ CE for IVD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | License / | WHO | WHO pre- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| S. N. | Technical Requirements as stated in the Terms of Reference | Para-by-para commentary / Compliance against the technical requirements given in Scope of Services | | | | |
|-----------|--|--|---------------|---------------|-----------|--|
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;">Certification</td> <td style="width: 20%;">pre-qualified</td> <td style="width: 40%;">qualified</td> </tr> </table> | | Certification | pre-qualified | qualified | |
| | Certification | pre-qualified | qualified | | | |
| (2) | EQUIPMENT: | | | | | |
| (a) | The Agency should submit list along with technical specifications of the equipment used for testing. | | | | | |
| (b) | <p>The following details should also be provided:</p> <ul style="list-style-type: none"> (a) Whether the equipment employs open or close system, (b) Equipment's QA Certification Status for IVD DCGI, USFDA/CE, WHO-PQ (c) No. of test samples per run. (d) If bar code recognition facility is there or not (e) LIS Capability and connectivity. Detailed plan should be submitted (f) Time taken per run. | | | | | |
| (3) | STAFF, FACILITY AND INFRASTRUCTURE REQUIREMENTS: | | | | | |
| (a) | The test should be performed by trained and appropriately qualified technician as per the kit protocol | | | | | |
| (b) | The Agency should maintain facility and infrastructure suitable to support volume of testing required under the assignment | | | | | |
| (c) | The Agency should not use different testing platforms at the same facility to avoid testing one patient across multiple platforms | | | | | |
| (d) | The Agency should keep same type of equipment as backup in case of breakdown | | | | | |
| C. | POST-ANALYTICAL PROCEDURE | | | | | |
| (a) | Reports should be duly signed by signing authority as per recommendations of National Accreditation Board for Testing and Calibrating Laboratories (NABL). A clearly defined SOP should be available at the testing site on interpretation of results | | | | | |
| (b) | Agency should ensure that latest national and state guidelines are followed for disposal of Biomedical Waste (BMW) generated during testing procedure | | | | | |
| (c) | REPORTING OF RESULTS | | | | | |
| (i) | <p>To ARTC – Soft copies of the reports duly signed by signatory (as per NABL requirements) and in the format/software suggested by Client should be made available to ARTC as soon as the report is available <u>but not later than 24 hours of receipt of sample at testing facility.</u></p> <p>A hard copy of report for patient record should also be</p> | | | | | |

| S. N. | Technical Requirements as stated in the Terms of Reference | Para-by-para commentary / Compliance against the technical requirements given in Scope of Services |
|--------------|--|---|
| | made available to ARTC <u>within 72 hours of receipt of sample at testing facility.</u> | |
| (ii) | To Client/NACO – A compiled summary of daily testing, monthly/ quarterly/ semi-annual/ yearly report of all tests in soft copy should be shared with Client in the format approved by Client through e-mail / Information Management System. This is helpful in tracking total number of tests performed and analysis of data | |
| (d) | BACK-UP FOR TESTING: Agency should ensure that back-up method/ equipment/ lab is available for VL testing in case the primary method/ equipment/ lab is not able to perform the test. | |
| D. | QUALITY MANAGEMENT SYSTEMS: | |
| (a) | IQC – A well-defined IQC procedure should be used which includes the IQC recommendations of the kit, kit controls with every run (negative / positive controls). | |
| (b) | EQA – The laboratory performing the testing should be enrolled in a recognized EQA program preferably international. The login ID or each lab should be shared with NACO so that NACO has access to lab performance reports. | |
| (c) | Certification/accreditation – The proposed testing facility/ies should be NABL accredited for performing HIV-1 Viral Load Assay using the proposed kit as per ISO 15189: 2012 | |
| (d) | The test proposed to be used should be WHO Pre-qualified, US FDA/CE approved and DCGI-India Licensed under IVD. | |
| (e) | The testing laboratory should comply with the requirement of Article 4.1.1.3 of ISO 15189:2012, ISO 15190 regarding safe practices in medical labs and ISO 22367 regarding reduction of error in medical labs. In case, the testing laboratory is currently not complying with any one or all the above requirements, it should have clear plan to attain such compliances within 6 months of award of contract. | |
| (f) | Supervisory visits (without prior notice) and audits by NACO may be performed for verification purpose to testing facility/ies. | |
| (g) | Retesting of samples (ILC): NACO will have authority to select up to 1% samples randomly for repeat testing bi-annually to ensure adherence to quality standards. The Bidder must store all samples for a period of at least one year. When intimated, the agency will have to send the samples together with all testing kits and consumables to a NACO designated lab. | |
| (h) | Proficiency testing: NACO may, on an unscheduled/randomized basis, send masked and | |

| S. N. | Technical Requirements as stated in the Terms of Reference | Para-by-para commentary / Compliance against the technical requirements given in Scope of Services |
|--------------|--|---|
| | pre-tested samples through the ART centers to the testing labs to ensure quality and adherence to required testing procedures. | |
| (i) | Calibration: Two levels armored RNA passing RNA extraction. The Agency is required to send calibration data for every new lot number of reagent to Client. | |
| E | INVENTORY MANAGEMENT: | |
| (a) | The Agency and testing laboratory should have a well-defined inventory management system to avoid stock-outs resulting in delay in testing | |
| F. | CONFIDENTIALITY AND DATA STORAGE | |
| (a) | Data generated under VL testing should be kept confidential. Agency should be able to present a plan to ensure data confidentiality. Data stored at the testing sites should be transferred to NACO and discarded from the lab completely | |
| G. | NON-DISCLOSURE AGREEMENT (NDA): | |
| (a) | The data generated by the Agency on VL testing shall be the property of Client. The Agency should sign a NDA with Client/NACO to safeguard data analysis and use by third party. | |
| (b) | In delivering this assignment the Agency is expected to work proactively with Client / NACO in collaboratively devising the required processes, scripts, MIS reports and customizing its software for all the above services. Further, such process and tools development will need to be an iterative process and will need to be continually evolved. Continual training of its staff is a key requirement to address evolving requirements. The Agency will also need to work closely with the IT agency developing the IMS System for interface. | |
| (c) | <p>After Award of Contract, the agency is expected to submit an inception report, within 2 weeks of signing of contract which includes, as the minimum, the following:</p> <ul style="list-style-type: none"> a) A detailed process document for indicative list of services b) Detailed formats for standard reports c) Details of dedicated phone lines d) Details of connectivity including internet connectivity e) Details of process control, data control, fraud prevention and data security f) Details of assigned staff their profile (matching with the profile) as noted in the proposal g) QA process within the BPO and also including MORD officials h) Communication and Escalation Protocol | |

| S. N. | Technical Requirements as stated in the Terms of Reference | Para-by-para commentary / Compliance against the technical requirements given in Scope of Services |
|------------------|---|---|
| | <ul style="list-style-type: none"> i) Project Plans j) Project Governance Protocol k) Any others information deemed appropriate by the Agency | |
| H | Estimated Implementation Timelines: | |
| (a) | The Agency's testing services are expected to be operational within 4 weeks of date of award of notification | |
| (b) | The Testing facility shall have all the required physical, other infrastructure and other resources required for delivering the defined scope of work | |
| (c) | The Agency will be responsible for all the hardware and software facilities required for smooth operation of a Testing facility | |
| (d) | Integration of Agency's reporting system with IMS of NACO | |
| (e) | All contemporary state of the art Business Intelligence Tools including but not limited to Automatic Roster Workforce Management Tool, Call Back Manager with Dialler, Voice Mail module (not only on IVR but for all agents across all services), Screen recording & Barging & Online Reports & Management Dashboards for NACO | |
| (f) | Calls will be made during the standard working hours - Monday to Saturday, 9 AM to 6 PM. | |
| (g) | Calls shall be made to a toll free number to be setup by the Agency. | |
| (h) | The Agency shall have well evolved software that can be customized for NACO's scope of work and provide for call recording. The Consultant Agency shall make available all recorded calls for review by NACO officials | |
| (i) | NACO officials should be able to concurrently listen into calls, preferably through remote access | |
| (j) | The Agency shall provide all relevant call statistics report on a weekly, monthly and quarterly basis to NACO. | |
| (k) | The Agency shall help NACO analyze the call statistics reports. | |
| (l) | The guidelines will be provided by NACO and NACO will validate and approve the SOP and FAQs and other outputs of the Consultant Agency | |

FORM – C: BIDDER INFORMATION FORM

[Bidders are required to provide the information sought below]

6. Tender Reference No.:
7. Date and Time of opening :
8. Name, Address, phone / email of the Bidder:

9. Name, Address, phone / email of Consortium Partner(s), if any:

10. Expertise of Organization:[In brief, not more than 500 words]

- Organization structure (e.g. service provider, hospital owner)
- Years of experience
- Areas of expertise of organization

11. Quality Management System followed by the bidder

12. Details of staff under permanent rolls of the Bidder / Consortium Partners

- a. technical
- b. skilled
- c. unskilled

13. Financial data of the organization

- Turnover of Last 3 Financial Years
 - Lead Bidder
 - F.Y. 2013-14 - Rs. _____
 - F.Y. 2014-15 - Rs. _____
 - F.Y. 2015-16 - Rs. _____
 - Consortium Partner(s) (if any)
 - F.Y. 2013-14 - Rs. _____
 - F.Y. 2014-15 - Rs. _____
 - F.Y. 2015-16 - Rs. _____

P.S. Please attach Audited financial statement, including Profit & Loss Statement, Income & Expenditure statements etc. (for the last three years as above)

- Name and Address of Banker

14. Client Reference List:

[Please provide references such as customer's details, tel. nos. etc.]

| Name of client/customer: | Description of service rendered | Client's Contact person name, telephone and e-mail Id. |
|--------------------------|---------------------------------|--|
| 1. | | |

| | | |
|----|--|--|
| 2. | | |
| 3. | | |

PS:

5. Please provide client list of load bidder and Consortium partner(s) separately as per above table
6. Please attach self attested copy of Work Order / MOU / Contract or any other document in support of above experience.

15. Contact details of persons who may contacted for requests for clarification during bid evaluation:

- Name/Surname:
- Tel Number (direct):Landline and Mobile no.
- Email address (direct):

Signature and seal of the Bidder

FORM – D: PERFORMANCE STATEMENT FORM

(For the period of last three years)

Tender Reference No. : _____

Date of opening : _____

Time : _____

Name and address of the Bidder : _____

| Contracting Authority (full address, tel.& e-mail of) | Agreement type and date ⁷ or own facility | Description of services provided | Evaluated Value of Services (if performed for owned facility / Value of contract (if provided for other clients) | Remarks, if any |
|--|--|----------------------------------|--|-----------------|
| 1 | 2 | 3 | 4 | 7 |
| | | | | |

Signature and seal of the Bidder

⁷The bidder need to provide copy of relevant agreement/ MoU

FORM – E: BANK GUARANTEE FORM FOR EMD

Whereas _____ (hereinafter called the "Bidder") has submitted its bid dated _____ for the services _____ (hereinafter called the "bid") against the Client's Bid Ref. No. _____ Know all persons by these presents that we _____ of _____ (Hereinafter called the "Bank") having our registered office at _____ are bound unto _____ (hereinafter called the "Client) in the sum of _____ for which payment will and truly to be made to the said Client, the Bank binds itself, its successors and assigns by these presents.

Sealed with the Common Seal of the said Bank this _____ day of _____ 20____. The conditions of this obligation are:

- (1) If the Bidder withdraws or amends, impairs or derogates from the bid in any respect within the period of validity of this bid.
- (2) If the Bidder having been notified of the acceptance of his tender by the Client during the period of its validity:-
 - a) fails or refuses to furnish the performance security for the due performance of the contract.
or
 - b) fails or refuses to accept/execute the contract.
or
 - c) if it comes to notice that the information/documents furnished in its bid is incorrect, false, misleading or forged

We undertake to pay the Client up to the above amount upon receipt of its first written demand, without the Client having to substantiate its demand, provided that in its demand the Client will note that the amount claimed by it is due to it owing to the occurrence of one or both the two conditions, specifying the occurred condition(s).

This guarantee will remain in force for a period 150 days after due date of opening of technical bids and any demand in respect thereof should reach the Bank not later than the above date.

(Signature of the authorised officer of the Bank)

Name and designation of the officer

Seal, name & address of the Bank and address of the Branch

FORM – F: BANK GUARANTEE FORM FOR PERFORMANCE SECURITY

To

_____ (name and address of Tender Inviting Authority)

WHEREAS _____ (Name and address of the Service Provider) (Hereinafter called "the Service Provider") has undertaken, in pursuance of contract no. _____ dated _____ to provide services (description of services) (herein after called "the contract").

AND WHEREAS it has been stipulated by you in the said contract that the Service Provider shall furnish you with a bank guarantee by a scheduled commercial bank recognised by you for the sum specified therein as security for compliance with its obligations in accordance with the contract;

AND WHEREAS we have agreed to give the Service Provider such a bank guarantee;

NOW THEREFORE we hereby affirm that we are guarantors and responsible to you, on behalf of the Service Provider, up to a total of _____ (Amount of the guarantee in words and figures), and we undertake to pay you, upon your first written demand declaring the Service Provider to be in default under the contract and without cavil or argument, any sum or sums within the limits of (amount of guarantee) as aforesaid, without your needing to prove or to show grounds or reasons for your demand or the sum specified therein.

We hereby waive the necessity of your demanding the said debt from the Service Provider before presenting us with the demand.

We further agree that no change or addition to or other modification of the terms of the contract to be performed there under or of any of the contract documents which may be made between you and the Service Provider shall in any way release us from any liability under this guarantee and we hereby waive notice of any such change, addition or modification.

This guarantee shall be valid up to 39(thirty nine) months from the date of Notification of Award i.e. up to ----- (indicate date)

.....
(Signature with date of the authorised officer of the Bank)

.....
Name and designation of the officer

.....
Seal, name & address of the Bank and address of the Branch

FORM –G: CHECKLIST FOR BIDDERS

(Bidders are required to enclose duly filled Checklist along with the Tender)

Note:

1. The bidder should furnish specific answers to all the questions mentioned in the Checklist. In case a question does not apply to a bidder, the same should be answered with the remark “not applicable”.
2. Wherever necessary and applicable, the bidder shall enclose certified copy as documentary proof/ evidence to substantiate the corresponding statement.
3. In case a bidder furnishes a wrong or evasive answer against any of the question/issues mentioned in the Checklist, its bid will not be considered for evaluation.

| SI No. | Activity | Yes/ No/ NA | Page No. in the Tender submitted by the Bidder | Remarks |
|--------|--|-------------|--|---------|
| 1.a | Have you enclosed Bid Documents Fee of the required amount? | | | |
| 1.b. | Have you enclosed EMD of required amount for the quoted schedule(s)? | | | |
| 1.c. | In case EMD is furnished in the form of Bank Guarantee, has it been furnished as per format given in Form E of Chapter VI? | | | |
| 1.d. | In case Bank Guarantee is furnished, have you kept its validity of 180 days from the due date of submission of bids | | | |
| 2. | Have you enclosed duly filled Bid Form as per format in Form-A of Chapter VI? | | | |
| 2.a. | Have you enclosed Power of Attorney in favour of the signatory? | | | |
| 3. | Have you submitted para-by-para commentary / Compliance against technical Requirement as per Form-B? | | | |

| SI No. | Activity | Yes/ No/ NA | Page No. in the Tender submitted by the Bidder | Remarks |
|---------------|--|--------------------|---|----------------|
| 4.a. | Have you furnished documents establishing your eligibility & qualification criteria as per Bid Documents? | | | |
| 4.b. | Have you submitted satisfactory performance certificate as per Performance Statement Form given in Form-D of Chapter-VI in respect of all work orders? | | | |
| 4.c. | Have you submitted copy of the MOU / order(s)? | | | |
| 5. | Have you submitted prices of Services in the Price Schedule as per Chapter IV? | | | |
| 6. | Have you kept validity of 150 days from the Technical Bid Opening date as per the Bid Documents? | | | |
| 7. | Have you furnished Income Tax Account No. as allotted by the Income Tax Department of Government of India? | | | |
| 8. | Have you intimated the name and full address of your Banker (s) along with your Account Number | | | |
| 9. | Have you fully accepted payment terms as per BidDocuments? | | | |
| 10. | Have you fully accepted service delivery as per performance indicators as per Bid Documents? | | | |
| 11. | Have you submitted the certificate of incorporation? | | | |
| 12. | Have you accepted all the terms and conditions of Bid Documents? | | | |

| SI No. | Activity | Yes/ No/ NA | Page No. in the Tender submitted by the Bidder | Remarks |
|--------|--|-------------|--|---------|
| 13. | Have you furnished Annual Report (Balance Sheet and Profit & Loss Account) for last three financial years? | | | |
| 14. | Have you submitted duly filled Bidder Information Form as per Form – C of Chapter VI? | | | |

N.B.

1. All pages of the Bid should be page numbered and indexed.
2. The Bidder may go through the checklist and ensure that all the documents/confirmations listed above are enclosed in the Bid and no column is left blank. If any column is not applicable, it may be filled up as NA.
2. It is the responsibility of bidder to go through the Bid Documents to ensure furnishing all required documents in addition to above, if any.

(Signature with date)

**(Full name, designation & address of the person duly authorised sign on behalf of the Bidder)
For and on behalf of**

(Name, address and stamp of the Bidding firm)