



**OFFICE OF THE JOINT DIRECTOR OF HEALTH SERVICES
NATIONAL AYUSH MISSION, KAMRUP**
Amingaon, Assam, 781031

No: DHS/NAM/Y&WC/2025-2026/03/ 7

Date:27.05.25

NOTICE INVITING TENDER

Inviting sealed quotations affixing non-refundable court fee stamp of Rs. 8.25/- from the intending reputed Service Providers for running of Yoga and Wellness Centre at Hajo BPHC, Kamrup under National Ayush Mission, DHS, Kamrup.

Preference will be given to those who have proper documents and relevant experience (preferred in Health Sector). The quotations will be valid till 31st March 2026 and may extended as per the decision of higher authority.

The quotations will be received by the undersigned on 02.06.2025 up to 11.06.2025 till 3.00 PM and will be opened on 13.06.2025 at 12 PM in the office chamber of Joint DHS, Kamrup. The proprietor of the Service Providers or their authorized agents, who submits the quotation may remain present at the time of opening of the quotations.

The detailed criteria for selection of Service Providers are mentioned below-

1. Minimum 5 years of experience of running Yoga Centre/Yoga Institute in the state of Assam under Govt. funded authorities
2. Minimum 5 years of experience of other yoga related activities like - Seminars, Yoga Awareness Camp, Medical and Health Camp etc for minimum 3 years cumulatively in the State of Assam under govt. funded authorities.
 - Minimum 5 Seminars in 3 years
 - Minimum 10 Yoga Awareness Camp in 3 years
 - Minimum 10 free Health Checkup Camps in 3 years.

Fund break up

Sl No	Particulars	Maximum Approved Rate Per Annum
1	<ul style="list-style-type: none">• Remuneration of 2 Yoga Instructors(1 male and 1 female) and 1 Assistant Cum Cleaner• Organizing Ayush Consultancy Service (Monthly Medical And Health Check Up Camp)• Other Activities (Yoga Fest/ Yoga Competition/Lectures by Eminent Yoga Person/IDY celebration etc.	Rs. 5,00,000.00
2	Contingency	Rs . 40,000.00
	Total	Rs. 5,40,000.00

Terms and Conditions:

1. If the service providers unable to provide the service as per the order issued by the Department, then the department may cancel the agreement and the order placed to next bidder.
2. If the Services are not satisfactory, the Department may cancel the agreement.

3. After completion of the services, the service providers must submit the report quarterly. The Payment shall be made quarterly based on performance and attendance reports subject to availability of fund.
4. The TDS/GST will be deducted as per the financial norms.
5. The Department will not bear any other cost except approve rate as per order copy issued by the Department.
6. It is the responsibility of the bidders to ensure that their bids are drop in the tender box of the office chamber of Jt. DHS cum Member Secretary, DHS, NAM, Kamrup, before the closing date.
7. The decision of the undersigned is final in all cases and reserves the right to accept/reject/cancel, any/all quotations without assigning any reason thereof.
8. Along with the quotation, the bidder should enclose all the relevant documents of the respective firms/NGO.

The required documents are:

- a. NGO/Agency Registration No. (as applicable)
 - b. Proof of GST registration.
 - c. Tax Clearance.
 - d. PAN card.
 - e. Labour License
 - f. Certificate of qualification of all Yoga instructors/teachers working under the organization
 - g. Experience of providing Yoga service of the Organization (Yoga centre/Yoga Institute)
9. The Bid Documents are not transferable.
 10. In case of any unavoidable circumstances if the quotation could not be open as per the stipulated time & date, then quotations will be open in the next working day, remaining all terms and conditions are same.

Evaluation Criteria-


1. Bids will be opened initially as per prescribed schedule and evaluated for technical eligibility.
2. Only those bidders scoring minimum 60% and above in technical evaluation will be declared responsive and eligible.
3. No conditional bid will be accepted.

Marking Criteria-

Sl.	Ranking Evaluation Criteria	Marks	
1	<i>Minimum Experience of running yoga centre/ yoga Institute in the state of Assam under Govt. funded authorities.</i>	40	Experience certificate of working in Govt. organization (Central/State), PSU (Central/State), Govt. aided/Govt. Funded projects.
	Above 10 years	40	
	Above 7 years to 10 years	30	
	Above 5 years to 7 years	20	
2	<i>Experience of other yoga related activities (Seminars, Yoga awareness camp. Medical and health camp etc. for minimum 03 years cumulatively in the state of Assam under Govt. funded authorities.</i>	60	Experience certificate of working in Govt. organization (Central/State), PSU (Central/State).
	a Above 20 seminars	20	
	Above 15 seminars to 20 seminars	16	

b	Above 10 seminars to 15 seminars	12	Govt. aided/Govt. Funded projects.
	1 seminar to 10 seminars	8	
	Above 20 Yoga Awareness camp	20	
	Above 15 Yoga Awareness camp to 20 Yoga Awareness camp	16	
	Above 10 Yoga Awareness camp to 15 Yoga Awareness camp	12	
	1 Yoga Awareness camp to 10 Yoga Awareness camp	8	
c	Above 20 camp of free Medical & Health Check	20	
	Above 15 camp of free Medical & Health Check to 20 camp of free Medical & Health Check	16	
	Above 10 camp of free Medical & Health Check to 15 camp of free Medical & Health Check	12	
	1 camp of free Medical & Health Check to 10 camp of free Medical & Health Check	8	
TOTAL		100	

- In case, if one or more agencies/NGOs/firms/organizations score the same marks in the ranking evaluation criteria, in that case rankings will be done on the basis of higher marks scored in the segment at SI no. 2 (*Experience of other yoga related activities (Seminars, Yoga awareness camp, Medical and health camp etc for minimum 03 years cumulatively)* in the aforementioned table.


 Joint Director of Health Services
 Cum Member Secretary, DHS, Kamrup


 Additional District Commissioner (Health)
 Kamrup

No: DHS/NAM/Y&WC/2025-2026/03/88-15

Date:27.05.25

Copy to:

- 1) The Director of AYUSH, State AYUSH Society, Assam for kind information
- 2) The District Commissioner cum Chairman, DHS, Kamrup for kind information.
- 3) The DNO, AYUSH, Kamrup for information.
- 4) The DAM, NHM, The DPM, NAM, Kamrup for information.
- 5) Notice Board, office of the District Commissioner, Kamrup/ Jt. DHS, Kamrup/ NAM, DHS, Kamrup.
- 6) The NIC, Kamrup with a request to upload in the official website.
- 7) The DIPRO, Kamrup with a request to publish.
- 8) Office Copy.


 Joint Director of Health Services
 Cum Member Secretary, DHS, Kamrup


 Additional District Commissioner (Health)
 Kamrup

Annexure – I

Sl.No.	Particulars	Information
Part – I : Bidder Information		
1	Name of the Service Provider/NGO/Agency	
2	Official Address With Contact No. of Service Provider	
3	Head Office address (with Phone No, Email ID.)	
4	Branch office address (with Phone No. Email ID.)	
5	Name and mobile number of a key person, who can be contacted at any time	
6	Date of establishment of the NGO/Agency	
7	Mention the date of each branch office since when existed at existing place (if any)	
8	Mention the date of each branch office since when existed at existing place (if any)	
9	Permanent Account Number (PAN)	
10	NGO/Agency Registration No. (as applicable)	
11	Labour License	
12	<i>No. of staff of the Organization</i> a) Administrative/Managerial b) Yoga Teacher/trainer c) Supporting staff d) Others	

Part- II : Documents submitted

13	NGO/Agency Registration Certificate (as applicable)	Enclosed at Page.....
14	Proof of GST registration	Enclosed at Page.....
15	Labour License	Enclosed at Page.....
16	Tax Clearance.	Enclosed at Page.....
17	PAN card.	Enclosed at Page
18	Certificate of qualification of all Yoga instructors/teachers working under the Organization	Enclosed at Page.....
19	Experience of providing Yoga service of the Organization (Yoga centre/Yoga Institute)	Enclosed at Page :.....
20	Experience of other yoga related activities.	Enclosed at Page :.....
21	Undertaking as per Annexure-II	Enclosed at Page :.....

SIGNATURE :
NAME & DESIGNATION :
DATE :

NAME & ADDRESS OF THE FIRM WITH SEAL :

UNDERTAKING BY BIDDER

To,

Joint Director, District Health Services cum Member Secretary
District Health Society, Kamrup

Tender No.....

For the service of

Sir/Madam,

I, Sri..... on
behalf of declare
that-

1. I/We am/are the service provider of duly recognize by the Govt.of India/State Govt./ have examined the above mentioned tender document including amendments/corrigendum(if any), the receipt of which is hereby confirmed.
2. I/We do hereby offer to provide the services as per the approved rates.
3. I/We agree to abide by my/our offer during the contract period.
4. I/We have read carefully and understood all the terms & conditions of this tender and shall abide by them.
5. I/We agree that in the event of any dispute or differences, the decision of the Joint Director of District Health Services Cum Member Secretary DHS, Kamrup, shall be final binding on me/us.

SIGNATURE :
NAME & DESIGNATION :
DATE :

NAME & ADDRESS OF THE FIRM WITH SEAL :

UNDERTAKING BY BIDDER

To,

Joint Director, District Health Services cum Member Secretary
District Health Society, Kamrup

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SIGNATURE :
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DATE :

NAME & ADDRESS OF THE FIRM WITH SEAL :