## **NATIONAL HANDICAPPED FINANCE AND DEVELOPMENT CORPORATION**

## (A Government of India Undertaking under Department of Disability Affairs, Ministry of Social Justice and Empowerment) Red Cross Bhawan, Sector-12, Faridabad-121 007 (Haryana) Ph.: (0129)-2287512/13, 2226910, Telefax : 2284371, 2222339 Website : www.nhfdc.nic.in E-mail : nhfdc97@gmail.com

Engagement of Government/Semi Government or their sponsored agencies for inspection and evaluation of beneficiaries under schemes of National Handicapped Finance And Development Corporation (NHFDC), a Public Sector Undertaking under Department Of Disability Affairs, Ministry of Social Justice and Empowerment, Government of India.

National Handicapped Finance and Development Corporation (NHFDC) was set up by the Ministry of Social Justice & Empowerment, Government of India in 24th January 1997. The company is registered under section 25 of the Companies Act, 1956 as a company not for profit. It is wholly owned by Government of India and has an authorised capital of Rs. 400 crore.

The detailed information is available on the website of NHFDC i.e., www.nhfdc.nic.in

NHFDC would like to get its beneficiaries under various schemes verified/inspected and evaluated from specialised agencies such as Organizations/Limited Company under administrative control of Govt./Corporation/Co-operative Society/Govt. owned/Quasi Govt./PSU/Central University or owned by <u>Govt. of India.</u> The agency will be required to inspect and verify the given number of beneficiaries assisted by NHFDC through State Channelising Agencies (SCAs) of NHFDC. In the 58 districts in 11 States mentioned in Tender Document.

The agency has to verify the individual beneficiaries and fill up a format capturing all the relevant details pertaining to the beneficiary. The list of beneficiaries will be provide by NHFDC. An exhaustive performa for capturing the details may have to be devised which may also be sent along with the quote. On the basis of the physical inspection & verification, report would be submitted by the agency mainly covering the following five areas:-

- I. No. of beneficiaries inspected during the study.
- II. % of beneficiaries found during inspection to have utilized the assistance for the intended purpose.
- III. % age of benificiaries found during inspection to have possessed the assets created.
- IV. Change in the economic condition of inspected beneficiaries after availing loan facility from NHFDC.
- V. % age increase in income level in rural and urban areas (separately and combined should also be indicated)

The physical inspection & verification report should also contain good quality photographs clearly showing the beneficiary, his/her disability and the activity.

Interested Parties may submit their detailed information & Quotes **latest by 1400 Hrs of 15 July, 2014** in separate sealed cover to be Super-scribed as <u>"QUOTATION FOR</u> <u>BENEFICIARIES INSPECTION UNDER NHFDC SCHEME"</u> to :-

## The Chairman –cum- Managing Director,

National Handicapped Finance And Development Corporation

Red Cross Bhawan, Sector-12, Faridabad-121 007

Ph.: (0129) - 2287512, 2287513, 2226910, fax-2284371, 2222339

The tenders will **BE OPENED at 15.00 hrs on 15 July, 2014** in the presence of the bidder who wish to be present on that time and date.

The sealed quotes, shall consist of 2 parts – <u>**"Technical bids" & "Financial bids"**</u>. Financial bids, of only those agencies, would be unsealed who qualify in the technical bids. 100 marks have been assigned under different items in the Technical Bid document. Minimum score 50 is required to be secured overall, for qualifying in the Financial Bidding Process.

Different Agencies may be awarded work in different Districts/States based on the financial bid.

Based on the Districtwise L1 quotes, the agencies would be offered the work order for beneficiary inspection under NHFDC schemes.

## It may please be noted that in the event of any dispute, the decision of the Chairman and Managing Director, NHFDC shall be FINAL & BINDING on all the parties. Arbitrator is to be appointed by CMD, NHFDC.

For settlement of any disputes only courts in Faridabad shall be jurisdiction.

## Scope of work

Physical inspection of the individual beneficiaries to know;

- (i) Socio-economic status and personal profile of beneficiaries.
- (ii) the assets created by the beneficiary, if not created the reasons thereof.
- (iii) Utilization of loan for the purpose taken. if not used for the purpose the reasons thereof.
- (iv) beneficiaries found during inspection to have crossed poverty line after availing NHFDC loan and increase in their income level.
- (v) Impact of NHFDC schemes (Term Loan, Education Loan, Micro Financing, Training Scheme) and;
- (vi) Difficulties, if any faced by beneficiaries in obtaining the loan/assistance and time taken in obtaining the loan.
- (vii) Suggestions for improving the scheme.

## (a) <u>Terms of Reference</u>

- (i) The Evaluating agencies are required to physically inspect and verify the assigned number of the beneficiaries assisted under NHFDC schemes as per the list provided by NHFDC and seeking cooperation from respective State Channelizing Agencies.
- (ii) The objective of the study is to ascertain
  - a) % of beneficiaries found during inspection to have utilized the assistance for the intended purpose.
  - b) % age of beneficiaries found during inspection to have possessed the assets created.
  - c) % age of beneficiaries found during inspection to have crossed poverty line.
  - d) % age increase in income level in rural and urban areas (separately and combined should also be indicated)
- (iii) The draft report be submitted within 3 months of assignment of the study by NHFDC
- (iv) Final Report be submitted within one month of submission of the Draft Report.
- (v) A Demand Draft of Rs. 5,000/- (Rupees Five thousand only) towards EMD in the name of NHFDC, payable at Faridabad, should be enclosed with the financial Bid. The EMD will be refunded to unsuccessful bidders without interest within three months.

## 2) <u>Terms of Payment</u>

- (a) 50% of cost of assignment will be released on receipt of draft report alongwith accept terms and conditions mentioned in the Sanction from the inspecting agency.
- (b) Balance 50% of the cost of study will be released after submission of final report and submission of proper bill alongwith details of Tax exemption Certificate, if applicable, PAN No., TAN No., Service Tax No., RTGS Details etc.
- (c) All Questionnaire duly filled by the Evaluating agency should be sent alongwith the final report (in original).
- (d) Report should also contain documentation with photographs of inspected Beneficiaries.

## Inspection of beneficiaries is to be conducted in the following Districts-

S.No.	State	Distric	t	No. of Beneficiaries Assisted	No. of Minimum
(1)	(2)		(3)	by NHFDC (4)	Beneficiaries to be Inspected*
					(5)
1.	CHATTISGARH	1	JANJGIR-CHAMPA	66	30
		2	MAHASAMUND	25	15
		3	SARGUJA	32	20
2.	GUJARAT	4	AHMEDABAD	268	75
		5	BHARUCH	42	25
		6	BHAVNAGAR	35	20
		7	JAMNAGAR	23	20
		8	KHEDA	132	40
		9	KUTCH	21	15
		10	RAJKOT	53	25
		11	SURAT	47	25
		12	SURENDRANAGAR	21	15

3.	HARYANA	13	AMBALA	45	25
5.	11/11/11/11	14	KARNAL	49	25
		15	KURUSHETRA	26	20
		16	MAHENDERGARH	68	25
		17	YAMUNA NAGAR	29	20
4.	JAMMU &	18	ANANTNAG	30	20
	KASHMIR	19	BARAMULLA	28	20
	11110111111	20	BUDGAM	31	20
		20	POONCH	25	20
		22	PULWAMA	42	25
5.	MEGHALAYA	23	EAST KHASI HILL	23	20
0.		24	WEST GARO HILLS	38	20
	MAHRSAHTRA	25	AKOLA	42	25
6.		26	LATUR	37	20
		27	MUMBAI	52	25
		28	NAGPUR	30	20
		29	NANDED	24	15
		30	NANDURBAR	39	20
		31	OSMANABAD	43	25
		32	PARBHANI	36	20
		33	SANGLI	38	20
		34	SATARA	51	25
		35	WASHIM	31	20
7.	PONDICHERRY	36	YANAM	68	25
	PUNJAB	37	FATEHGARH SAHIB	25	20
8.		38	HOSHIARPUR	23	15
		39	ROPAR	21	15
		40	TARAN TARAN	28	20
9.	RAJASTHAN	41	JAISALMER	33	20
		42	RAJSUMUND	60	25
		43	TONK	35	20
10.	TAMIL NADU	44	ARIYALUR	47	25
		45	CHENNAI	209	75
		46	CUDDALORE	483	75
		47	DINDIGUL	172	50
		48	KARUR	85	30
		49	KRISHNAGIRI	135	40
		50	MADURAI	195	50
		51	NAGAPATTINAM	94	40
		52	NILGIRIS	56	25
		53	THANJAVUR	97	40
		54	THIRUVARUR	42	25
		55	THOOTHUKUDI	66	25
		56	TIRUNELVELI	156	50
		57	TIRUPUR	180	50
11.	UTTAR PRADESH	58	KANPUR	27	20
			Total	3959	1600

## The interested parties may submit the information in the following format:-

	Technical Bid(To be Submitted in separate Sealed Envelope)								
Sr.	Particulars	Information to be	Remarks						
Nos.		furnished							
1	Detail about the Organisation								
	Name of the Organisation								
	Address								
	Telephone/Fax Nos.								
	Website								
	E-mail Address								
	Name of the Chief Executive of the Organisation								
	Date, Month & Year of Incorporation								

#### Registration Detail (please attach Registration Agencies which are registered for more copy) ESI, EPF, Service Tax, VAT, etc. (Attach Detail) than 5 years will be given preference. Accept if registration Validity of Registration upto valid upto 31/3/2015. Else reject it. Is your Organization Exempted from IT Deduction (If Yes, Please attach a copy of exemption letter) PAN/TAN Nos. (please attach Pan/Tan copy) Scope of Work as per Article of Association The Scope of work in (AOA) of the Organisation submitting the AOA must proposal include/allow for "Undertaking Assignment to Carryout Consultancy work/ Impact Evaluation/Strategic Plan, etc)"

Authorised/Paid up share capital organisation (as on 31/3/2012)	of the
•	
Name of the Banker with address & telNos. where the organization maintains A/cType of Account with Number	

2	Profile of Core Areas of Operation of the	
	Organisation	
	(i) Domain skill in handling social welfare sector	
	schemes. (If yes, provide detail in support)	If Yes, 10 marks else
		nil.
	<ul> <li>(ii) Proven Experience in undertaking similar impact study for social sector firms/organizations. (If yes, provide detail in support).</li> </ul>	If No rejected (Mandatory Criteria)

ſ	3	Detail of Staff/Employee who will be involved	
		for the impact study have prior expertise to	
		carry out the above assignment. Please	
		indicate total Number of Employees	qualification & experience 10 marks if less
			than 40% employees have requisite
			experience. Only Graduates would be
			considered for awarding marks.

Sr Nos	Name of Employee	Designation	Educational Qualification	Period Since Employed	Detail of prior experience (nos of projects handled, years of experience)

4	Infrastructure & Support Facilities (Whether	20 marks if State/field
	State level subsidiaries are present)	level support available.
		Else Nil marks.

5	Whether any of the Board Member or	Reject the proposal if
	Employee has any legal/departmental proceeding pending against them in	Yes.
	corruption/criminal charges.	

6	Annua	al Value of Contract of	the Organisati	on	10 marks if annual value of contract is more
	(Annu	al Value of Contract sho	uld be at least	: 1	than Rs.1.0 crore in each of last 3
	crore	in each of the last 3 imme	diately precedi	ng	immediately preceding financial years. 5
	financ	ial years)		mark if Annual vale of contract if more than	
	Sr	Year	Amount o	of	Rs.1.0 crore during two out of last 3
	Nos.		Contract in Re	S.	financial years & Nil if otherwise.
	1	2010-11			
	2	2011-12			
	3	2012-13			
	4	2013-14(Audited or			
		Otherwise)			
	Please	e enclose audited Balance	e sheet as proof	f.	

7	Detail of Financial Parameters to be culled out of the Audited Financial Statements of last 3								
	financial years (2010-11, 2011-12 & 2012-13)								
Sr	Particulars 2010-11 2011-12 2012-13 Remarks								
No.	0.								
1	Net Worth 10 marks if net worth is +ve								
2	Profit/Loss				5 marks if profit earned in each of last 3				
					financial years, 3 marks if profit earned in 2				
	out of last 3 financial years & Nil if Profit in 1								
					out of 3 years				

8	Experience by way of at least 3 similar Assignments already undertaken in the last 5 years for Govt. of India/PSUs. Detail may be provided in the following format:-				complete India/PSL	if at least 3 sind d successfully Js. 8 marks in completed in the	in the p f 2 sim	ast 5 years ilar assignm	for Govt. of ents under
	Name of the Project/Study (Starting from latest work awarded) during last 3 years			Year of Completion	Value in Rs/Lacs		descrip∙ tion of	Whether project completed successfully	Contact details alongwith phone nos. of the Nodal Person of the agency for whom the assignment was undertaken.

Copy of work completion certificate may be provided atleast in 2 cases.

10	Time to be taken for beneficiary	10 marks if schedules time period is 3
	inspection work of NHFDC.	months, 5 marks if time period is 4
		months. Else nil.

# 11 Assistance Required from NHFDC

12	Any	other	item	which	may	
	appro	opriately h	nighlight	your exp	pertise	
	in preparing Inspection /Evaluation of					
	beneficiary study					

Certified that the above details are true to the best of our knowledge /Company records.

The Terms & Conditions as laid down in the Quotation Document are acceptable to the Organisation. We also accept the Arbitration by Chairman and Managing Director, NHFDC as full, final & binding in case of any dispute arising while preparing the report on beneficiary inspection work.

Signature and seal of the authorized signatory with date

## Financial Bid (To be submitted in separate Sealed Envelope)

The evaluating agency will have to verify assigned number of beneficiaries in the selected District wherein NHFDC loan has been given through State Channelising Agencies during the last five years.

The Financial Bid should include the TOTAL cost for conducting the study.(including statutory taxes & charges).

The Technical Bid & Financial Bid should be submitted in two separate envelopes.

The Financial Bid will be opened only in case of those agencies who qualify in the Technical Bid. The Bids will be evaluated by an Internal Committee in NHFDC.

The Financial Bid should contain district wise rates if the rate vary district -wise.

NHFDC reserve the right to assign/award district wise work to lowest Bidder.

Performa for financial bid is enclosed.

## Performa for financial bid:

S.No.	State	Distric	t	No. of Beneficiaries	No. of Minimum	Cost of inspection	Taxes, Service	Total inspection
(4)	(2)			Assisted by NHFDC	Beneficiaries to be	per beneficiary in	charge, levies etc	cost per beneficiary
(1)	(2)		(3)	(4)	Inspected*	the district	(7)	in the district
1	CHATTISGARH	1		66	(5)	(6)	(7)	(8) (6+7)
1.	CHAIIISGARH	1	JANJGIR-CHAMPA		30			
		2	MAHASAMUND	25	15			
	OLLIADAT	3	SARGUJA	32	20			
2.	GUJARAT	4	AHMEDABAD	268	75			
		5	BHARUCH	<u>42</u> 35	25			
		6 7	BHAVNAGAR JAMNAGAR	23	20 20			
		8	KHEDA	132	40			
		9	KHEDA KUTCH	21	15			
		10	RAJKOT	53	25			
		10	SURAT	47	25			
		11	SURAT	21	15			
3.	HARYANA	12	AMBALA	45	25			
5.	ΠΑΚΙΑΝΑ	13	KARNAL	49	25			
		15	KURUSHETRA	26	20			
		16	MAHENDERGARH	68	25			
		17	YAMUNA NAGAR	29	20			
4.	JAMMU &	18	ANANTNAG	30	20			
	KASHMIR	19	BARAMULLA	28	20			
		20	BUDGAM	31	20			
		21	POONCH	25	20			
		22	PULWAMA	42	25			
5.	MEGHALAYA	23	EAST KHASI HILL	23	20			
		24	WEST GARO HILLS	38	20			
	MAHRSAHTRA	25	AKOLA	42	25			
6.		26	LATUR	37	20			
		27	MUMBAI	52	25			
		28	NAGPUR	30	20			
		29	NANDED	24	15			
		30	NANDURBAR	39	20			
		31	OSMANABAD	43	25			
		32	PARBHANI	36	20			
		33	SANGLI	38	20			
		34	SATARA	51	25			
		35	WASHIM	31	20			
7.	PONDICHERRY	36	YANAM	68	25			
	PUNJAB	37	FATEHGARH SAHIB	25	20			
8.		38	HOSHIARPUR	23	15			
		39	ROPAR	21	15			
		40	TARAN TARAN	28	20			

9.	RAJASTHAN	41	JAISALMER	33	20		
	ſ	42	RAJSUMUND	60	25		
	ΓΓ	43	TONK	35	20		
10.	TAMIL NADU	44	ARIYALUR	47	25		
	ſ	45	CHENNAI	209	75		
	ſ	46	CUDDALORE	483	75		
	ſ	47	DINDIGUL	172	50		
	ſ	48	KARUR	85	30		
	ſ	49	KRISHNAGIRI	135	40		
	ſ	50	MADURAI	195	50		
	ſ	51	NAGAPATTINAM	94	40		
	ſ	52	NILGIRIS	56	25		
	ſ	53	THANJAVUR	97	40		
	ſ	54	THIRUVARUR	42	25		
	ſ	55	THOOTHUKUDI	66	25		
	ſ	56	TIRUNELVELI	156	50		
	,۲	57	TIRUPUR	180	50		
11.	UTTAR PRADESH	58	KANPUR	27	20		
	, <u> </u>		Total	3959	1600		

\* Minimum beneficiaries to be inspected in the district.

Signature and seal of the authorized signatory with date



### **CONFIDENTIAL**

### NATIONAL HANDICAPPED FINANCE DEVELOPMENT CORPORATION

### FORMAT FOR BENEFICIARY INSPECTION (SCA)

1	2	3
Photo's of the	Photo's of the	Photo's of the
beneficiary	beneficiary	beneficiary
alongwith	alongwith	alongwith
business	business	business
activity and	activity and	activity and
disability	disability	disability

(May Enclosed separately)

PERS	SONAL DETAILS	NHFDC Project I.D
1.	Name of the beneficiary	
2.	Father/Husband Name	
3.	Sex (Male/Female)	
4.	Type of disability (OH/VH/HH/MR)	
5.	Category to which belong (Gen/SC/ST/OBC/Min.)	
6.	Address of the beneficiary	
7.	Contact no. of beneficiary	
8.	Educational/Vocational qualification/ training	
9.	Family size a) No. of earning members b) No. of dependents	
10.	How came to know about NHFDC schemes	
BUSI	NESS ACTIVITY DETAILS	
1.	Name of the activity	
2.	Whether new/expansion of existing activity	
3.	Any deviation in the activity for which loan is sanctioned	
4.	Whether activity is operated by beneficiary/jointly by family members (if no, who is running the activity)	
5.	Whether beneficiary is involved in any other income generating activity	
6.	Location of office/work place	
7.	Date of loan applied	

	:2:	
8.	Date of loan received	
9.	Amount of loan received	
10.	Rate of interest paying on loan	
11.	Assets created under the activity by the beneficiary	
12.	Estimated cost of the assets (at the time of inspection)	
13.	Business activity area (local/outside town/state level/ international level	
14.	Present status of business	operational/non-operational
15.	In case of non-operational, specify reasons	
16.	Monthly income from activity	(Rs.per month)
17.	Monthly income before the loan	(Rs.per month)
18.	Whether NHFDC board is placed at the work place	
19.	Whether faced any difficulty in receipt of loan and suggestions, if any	
REPA	YMENT STATUS	
1.	Amount of EMI & whether he/she get receipts of payments to SCA	
2.	Frequency of SCA official visiting the beneficiary and last visit	
3.	Remarks of the visiting official	
ADDI'	TIONAL INFORMATION	·
1.	No. of photographs (soft copy and hard copy) of beneficiary (photographs covering disability and activity of beneficiary).	1/2/3/4/5/Specify
2.	Any other information or document enclosed.	

Note: 1. All the field are mandatory.

Signature:

Name \_\_\_\_\_

Date:

Designation \_\_\_\_\_

## **Observations:**-

S.No.	Particular	
1	The loan has been used for the purpose for which it has been taken.	Yes/No
2	The beneficiary is doing the business activity i.e. operational at the time of inspection.	Yes/No
3	Cost of assets observed at the time of inspection.	Rs.
4	Increase in income after availing loan and starting the business activity	
	i) Monthly Income before availing loan.	Rs.
	ii) Monthly income as on date.	Rs.
	iii) Increase /decrease in income	Rs.
5	Repayment of loan by beneficiary is regular.	Yes/No
6	Difficulty faced by beneficiary in availing loan, if any.	
7	Suggestions of beneficiaries in improving the schemes.	
8	Female beneficiary get rebate on rate of interest of NHFDC.	Yes/No
9	Any other information/observation of the inspecting official.	