

**Government of West Bengal**  
**Office of the District Magistrate & Collector**  
**North 24 Parganas**

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MemoNo. 98/A3BY

dated : 15.10.15

NOTICE INVITING EXPRESSION OF INTEREST  
FOR THE PROJECT OF OPERATIONALIZATION OF THE  
**ROGI SAHAYATA KENDRA**  
["MAYIHELP YOU" COUNTER] FROM INTERESTED NGOS

Expression of Interest is hereby invited by the undersigned on behalf of the DH & FWS, North 24 Parganas, from the eligible NGOs for selection of NGO for setting up Rogi Sahayata Kendra at different BPHCs and RHs (**Annexure-I**) running under North 24 Parganas district on purely contractual basis.

Last date of submission of EOI : 18/11/2015

Interested NGOS are requested to submit their application as per **Annexure-II** in the drop box of the office of the undersigned within the last date of submission of EOI.

Please refer the Terms & Conditions (**Annexure-III**) for more details.

  
Additional District Magistrate (General)  
North 24 Parganas

**LIST OF HEALTH UNITS**

SL. No.	Name of the Health Units	Category	Block
1	Madhyamgram Rural Hospital	RH	Barasat-II
2	Bagdah Rural Hospital	RH	Bagdah
3	Minakhan Rural Hospital	RH	Minakhan
4	Sanseshkhali Rural Hospital	RH	Sandeshkhali-II
5	Taki Rural Hospital	RH	Hasnabad
6	Baduria Rural Hospital	RH	Baduria
7	Sarapul Rural Hospital	RH	Swarupnagar
8	Amdanga BPHC	BPHC	Amdanga
9	Chhotojagulia BPHC	BPHC	Barasat-I
10	Biswanathpur BPHC	BPHC	Deganga
11	Reckjoani BPHC	BPHC	Rajarhat
12	Maslandapur BPHC	BPHC	Habra-I
13	Sabdapur BPHC	BPHC	Habra-II
14	Shibhati BPHC	BPHC	Basirhat-I
15	Dhanyakuria BPHC	BPHC	Basirhat-II
16	Haroa BPHC	BPHC	Haroa
17	Sandelarbill BPHC	BPHC	Hingalganj
18	Ghoshpur BPHC	BPHC	Sandeshkhali-I
19	Chandpara BPHC	BPHC	Gaighata
20	Nanna BPHC	BPHC	Barrackpore-I
21	Bandipur BPHC	BPHC	Barrackpore-II

APPLICATION FORM  
**EXPRESSION OF INTEREST**  
 FOR SETTING UP ROGI SAHAYATA KENDRA  
 AT

.....RH/BPHC  
 (SUPPORTING DOCUMENTS MUST BE ATTACHED)

Sl.No.	Particulars	To be filled by the NGO	
1	Name of the NGO		
2	Registration Number		
3	Postal Address		
4	Registered Office address in this district		
5	Name & Designation of the responsible person		
6	Annual Return submitted to the Registrar of the Societies for FY 2011-12, 2012-13, 2013-14, 2014-15	2011-12	
		2012-13	
		2013-14	
		2014-15	
7	Last three year External Audit done (Yes/No)		
8	No. of years of work experience in Health Sector in this district		
9	No. of years of work experience in other development works related to Health, Education, Sanitation, Nutrition, Mother & Child Welfare		
10	No. of years of work experience in similar nature/interpersonal awareness generation activities in this district		
11	Brief History of NGO detailing the work done before		
12	Details of Staff for the Programme		

**Declaration:** I do hereby declare that the aforesaid information is true and certified. I do agree to abide by the all the norms, regulations, terms & conditions as per Government Guidelines and accept the terms of reference. In any time, any situation, if the aforesaid information prove not true, I must be penalized as per the decision of the local authority. If the Organization is being selected by the concerned authority, the MoU will be signed by the concerned RKS and Organization as detailed in the document.

Name of the Signatory (In block letter) :  
 Designation of the Signatory (In block letter) :

Signature of the Head of the Organization  
 With Seal

Date :  
 Place: