



EMPANELMENT OF VENDORS FOR FIRE AUDITOR AND FIRE AUDIT CONSULTING FIRMS FOR ESIC HOSPITALS, DISPENSARIES, BRANCH OFFICES LOCATED ALL OVER KARNATAKA STATE.

Issued by:-

-Sd-

(Additional Commissioner)



ಕಾರ್ಮಿಕರ ರಾಜ್ಯ ವಿಮಾ ನಿಗಮ/ಕರ್ಮಚಾರಿ ರಾಜ್ಯ ಬಿಮಾ ನಿಗಮ
EMPLOYEES STATE INSURANCE CORPORATION
Ministry of Labour & Employment, Govt. of India
REGIONAL OFFICE, KARNATAKA
NO.10, BINNYFIELDS, TANK BUND ROAD
(NEAR BINNYMILL, NEXT TO ETA MALL)
BINNYPET, BENGALURU-560023
Ph: 080-26742485. Fax: 080-26741307.
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ESIC invites application from the qualified and experienced Fire safety Auditors and Consultants for the empanelment as per the following criteria, For Audit and consultancy services to Our ESIC hospitals, Branch offices, ESI Dispensaries Etc. in the Karnataka State.

Last Date of submission: 21/02/2018 upto 18.00 hrs

Eligibility Criteria

1. The Auditor and Consultancy Firm should have experience in the field of Fire safety Planning projects for different buildings like public buildings, office buildings, Hospitals etc.
2. Auditor or the key person of the consulting firm must be Bachelor in Engineering / technology in Fire /Fire & Safety from NFSC Nagpur.
3. A retired Fire Officer from State /Central Government Department.
4. The Auditor and Consultancy Firm must be a Company / Partnership Firm / individual Registered under the Indian Companies Act, 1956 / The Partnership Act, 1932 and who have Their registered offices in India should be in the Consulting business for more than 5 years as on 31-12-2018. An association or joint venture of Consulting Firms and/ or sub-Auditors Shall not be permitted.
5. The Auditor and Consultancy Firm shall submit certificate of registration for service tax (Attach a copy of service tax number).
6. The details of the Auditor or Consultancy Firm shall be submitted as per format given in "Appendix A".
7. The Auditor and Consultancy Firm shall have technical personnel in the appropriate discipline having experience in the relevant field along with necessary back up and administrative personnel.

8. The Auditor and Consultancy Firm shall have facility of computerized drawing services and facility for printing / plotting colour drawings. Information along with documentary proof in this regard shall be submitted.

9. The department reserves the right to independently verify the standing and documents submitted by visit to offices / interaction with their clients/ property owners etc.

10. Eligible Auditor and Consultancy Firm may apply on prescribed form, along with copies of relevant documents.

APPENDIX A - DETAILS OF CONSULTANTS

Eligible Auditor and Consultancy Firm may apply as per the prescribed format mentioned below vide Post/by hand and the same shall be submitted to this office within 21/02/2019, along with copies of relevant documents.

1. Name of the Fire safety Consultant or Consultancy Firm.
2. Address of Fire safety Consultant or Consultancy Firm.
3. Name of Contact Person(s) and Address.
4. Year of Establishment (Attach Proof).
5. No. of Employees.
6. Name of the key person in case of firm.
7. Qualification of the Key Person (Bachelor in engineering/technology in Fire /Fire & Safety or equivalent.)
8. Working experience of Fire safety Consultant or Consultancy Firm
9. Year wise list of Major Fire safety projects completed in last five years (with height, floor area & cost of building) please attach copies of the work order/ Completion certificate issued by client.
10. Annual turnover in last 3 years (Please attach audited account of last three financial years.)
11. Equipment/Instruments available along with software used.
12. Name of the Agencies affiliated with.
13. Fire training provided to concern department, if yes. (Attach a copy of certificate)
14. Debar or Blacklist from any department? Yes or no.
15. ISO Certificate, if any (Attach a copy of certificate)
16. Mention the details of the awards won for excellent services in the field of operation.
17. Mention and enclose certificate of merit or excellence for the services given.
18. Mention the name and details of prestigious works of National and International Levels.
19. Give at least two reference and names of the persons known to you and who recognize your work.
20. Any other relevant information

Place: Date:

Signature & Seal

Declaration

I confirm that the information given above is true to the best of my knowledge and I can produce relevant documents in support of the above information as and when required.

Further I understand that all the above information has been furnished for registration only.

Attach additional sheets if necessary

Authorized Signatory

APPENDIX – B CERTIFICATE (To be attached for each individual work)

Sl. No. Details of requirements Submittal

1. Name of work
2. Location:
3. Type of building (Commercial/Residential etc)
4. Built up area and no of floors
5. Name of owner/Consulting Architect
6. Contact details of owner/
Contact person:
Address :
Phone No. :
Fax :
E-mail :
Website :
7. Scope of work of consultant :
8. Value of services rendered (approx) :
9. Period of service (From __/__/____ To __/__/____)
10. Whether services provided are operational :

AUTHORISED SIGNATORY WITH SEAL