

PC-1

Revamping of THQ Hospital, Chak Jhumra District Faisalabad

ORIGINAL APPROVED COST	PKR Million. 331.501/-
ORIGINAL APPROVED GESTATION	24 Months Till June 2021
APPROVAL FORUM	DDSC (DDSC)

Revamping of THQ Hospital, Chak Jhumra District Faisalabad

2. LOCATION OF THE PROJECT

- 2.1. DISTRICT(S)
 - I. FAISALABAD
- 2.2. TEHSIL(S)
 - I. CHAK JHUMRA

3. AUTHORITIES RESPONSIBLE FOR

3.1. SPONSORING AGENCY

• PRIMARY AND SECONDARY HEALTH CARE

3.2. EXECUTION AGENCY

• PRIMARY AND SECONDARY HEALTH CARE

3.3. OPERATIONS AND MAINTENANCE AGENCY

• PRIMARY AND SECONDARY HEALTH CARE

3.4. CONCERNED FEDRAL MINISTRY

• NATIONAL HEALTH SERVICES, REGULATIONS AND COORDINATION

3	AUTHORITIES RESPONSIBLE	
	3.1 Sponsoring	Government of the Punjab, Primary and Secondary Healthcare Department
	3.2 Execution	PMU for Revamping Program of Primary and Secondary Healthcare Department, District Health Councils and C&W Department.
	3.3 Operation & Maintenance	PMU for Revamping Program of Primary and Secondary Healthcare Department and District Health Authority
	3.4 Concerned Federal Ministry	Ministry of National Health Services, Regulation and Coordination Pakistan

4. PLAN PROVISION

Sr #	Description	
1	Source of Funding: Scheme Listed in ADP CFY	
2	Proposed Allocation: 0.000	
3	GS No: 5235	
4	Total Allocation: 0.000	
5	Funds Diverted:0.000	
6	Balance Funds:0.000	
7	Comments: Funded out of block provision reflected at G.S No.658 with an allocation of Rs. 1,800 million (Capital = Rs. 1.300 Million & Revenue = Rs. 500 Million).	

5. PROJECT OBJECTIVES

attached

5. Project objectives and its relationship with Sectorial Objectives and Components

The Government of Punjab is making strenuous efforts for a better and effective Health Care system. The Defining step in this direction was to recognize the importance of Health Care at Primary & Secondary Levels. As a first step towards better health care at primary and secondary level, the department under the guidance of Government of the Punjab has decided to launch massive revamping of 40 THQ & DHQ Hospitals in the financial year 2016-17 along with revamping of emergencies of 15 selected THQs and emergencies of all Hospitals. In addition to that, Government has assigned the task of revamping of all remaining 85 THQ Hospitals of Punjab during 2017-18. The Project Management Unit, Revamping Program, Primary and Secondary Healthcare Department has started the 2nd Phase of the said revamping program in September, 2017.

5.1 Background of Primary & Secondary Healthcare Department

Effective primary and secondary healthcare is particularly important in resource-poor countries. Effective delivery of vaccinations, maternal and child care (MCH) and treatment of common pathologies (such as malaria, gastroenteritis, respiratory tract infections and other vector borne diseases) is essential for the achievement of Sustainable Development Goals (SDGs). Effective diagnostic triage, an organized system of prescription and queue management, an effective and stringent sterilization regime, quality nursing and consultant care, implementation of minimum service delivery standards (MSDS) and delivery of care for chronic pathologies lie at the center for the provision of universal health care at a cost that the community can afford as envisaged in domains established by the 1978 Alma-Ata Declaration of WHO. Primary care serves as the cornerstone for building a strong healthcare system that ensures positive health outcomes and health equity. The deficiencies in quality of care represent neither the failure of professional compassion nor necessarily a lack of resources rather, they result from gaps in knowledge, inappropriate applications of available technology and unstructured planning. Local health care systems in our setup have practically not been able to implement department's objectives. Result is continuous lack of quality improvement to lower health outcomes.

Quality health care is actually provision of health care by timely, skillful application of medical technology in a culturally sensitive manner within the available resource constraints. Eliminating poor quality involves not only giving better care but also eliminating under provision of essential clinical services (system wide microscopy for diagnosing tuberculosis, for example); stopping overuse of some care (prenatal ultrasonography or unnecessary injections, for example); and ending misuse of unneeded services (such as unnecessary hysterectomies or antibiotics for viral infections). A sadly unique feature of quality is that poor quality can obviate all the implied benefits of good access and effective treatment. At its best, poor quality is wasteful and at its worst, it causes actual harm.

Keeping in view this basic essence of primary and secondary health care, The Government of Punjab is dedicated in making strenuous efforts for ensuring a better and effective Health Care system .The Defining step in this direction was to recognize the importance of Health Care at Primary & Secondary Levels. As a first step towards better health care at primary and secondary level, a separate department was created by bifurcating the Health department into two departments Specialized Health Care & Medical Education Department and Primary & Secondary Health Care (P&SH) Department. The principle reason for bifurcation has been to improve governance and service delivery in the spheres of health care across the province. Primary and Secondary Health Care Department has been entrusted the responsibility of primary and secondary level health facilities including preventive health services and Vertical Programs. P&SH Department accordingly has its functional responsibility in respect of 26 District Headquarter Hospitals (DHQs), 129 Tehsil Headquarter Hospitals (THQs), 322 Rural Health Centers (RHCs) and 2,504 Basic Health Units (BHUs). Moreover, specialized programs like Expanded Program for Immunization (EPI), TB Control (DOTS), Hepatitis Control Programs as well as special campaigns such as Dengue Campaign, Polio Eradication Campaigns also fall in purview of the department. The establishments like Director General Health Services (DGHS), Drug Testing Labs (DTLs) and Biomedical Engineering Workshops also assist the department in discharge of its functions efficiently. Establishment of Internal delivery Unit at Primary and Secondary Health Care Department has been aimed for institutional strengthening and capacity building of Primary and Secondary Health Care Department. Monitoring and follow up remains one of key ingredients for good governance and is at heart of all management models. Therefore, an Internal Delivery Unit, comprising well qualified and experienced persons, is being established within P&SH Department. Internal Delivery Unit shall be manned with qualified and experienced consultants. Internal Delivery Unit shall be responsible for every such task needed to strengthen the PSHD which may range from operational matters to monitoring e.g. tracking pace of all initiatives of the Department through the process such as tracking procurement of medicines by districts, procurement of vaccine by Director EPI, pace of various development schemes and performance of Drug Testing & Bio-mechanical Labs etc.

The basic mandate of Primary & Secondary Health Department is to focus on preventive health care in primary sector along with basic diagnostics and treatment facilities at secondary level. The context is to primarily lessen the load on tertiary care health establishments and to reduce treatment costs. The major challenge for Primary & Secondary Health Department is to boost the confidence of masses and raise the level of trust in the primary health care system. The reality is that most of the health care establishments at secondary level are not currently providing health care services up to the optimal level, owing to a myriad of reasons including heavy patient load, scarcity of resources, human resource constraints and dysfunctional biomedical and allied equipment.

Due to lack of structured planning and monitoring, previous efforts did not materialize into an integrated health care regime, rather these have resulted in haphazard construction, poor repair and maintenance, lack of basic amenities, absence of waiting areas, substandard diagnostics and therapeutics, shabby outlook and suboptimal level of patient care over all. Such state of affairs has severely jolted level of trust in health care system by common man and hence the patients prefer to visit tertiary level hospitals or even private health facilities for treatment of even very common pathologies. This subsequently has a cascade effect on socioeconomics of common man who has to spend more in shape of travelling from villages to district headquarters and then bearing costs of private treatment, secondly, this has also increased disease load on our tertiary health care establishments.

Keeping in view this importance of primary and secondary health care, the department decided to launch massive revamping program for all DHQs and THQs all over the Punjab.

5.2 Project Management Unit (PMU), Primary & Secondary Healthcare Department

In order to successfully complete the program objectives in the given timeframe, it is imperative to establish a dedicated Program Management Unit (PMU) having technical and administrative expertise and autonomy, as the regular machinery of the department is too busy with the routine work and cannot successfully steer the program. The PMU is responsible for the successful implementation of the Revamping Program through completion of all related projects. After the implementation of all these projects, the Primary & Secondary Healthcare network will be improved. The PMU shall ensure that the DHQ & THQ hospitals have a well-constructed physical infrastructure with vibrant management model for efficient service delivery and improved processes to focus on patient distress in prompt manner. It adheres to Minimum Service Delivery Standards (MSDS) to address the patients' needs in the most efficient and systematic manner.

In this regard, a dedicated team of Project Management Unit (PMU) has been established to execute the project. PMU's office is located at 31-E/1, Shahrahe-Imam Hussain, Gulberg-III, near Qaddaffi stadium, Lahore. It is headed by a Project Director with a committed team comprising of Deputy Project Director, Finance and Administration, ICT), Project Managers, Project Officers, Engineers, supporting administrative and technical staff, experienced and qualified Health consultants., Directors (Operations, Human Resource & Planning and infrastructure, Outsourcing) as well as Procurement Specialist.

5.3 Infrastructural Interventions

The construction of various new blocks of hospital complex is constructed without any proper planning and necessary connection to existing blocks. On the whole, the complete infrastructure of hospital is quite complex and scattered, access to various blocks of hospital is quite inadequate and there is no proper connection or link between different blocks of hospital. In the revamping program of DHQ and THQ Hospitals, the placement of various facilities of hospitals are replanned keeping in view the layout of existing blocks for facilitation of patients and some modifications/alterations were proposed in the blocks for necessary link or connection between the blocks.

Major infrastructural interventions can be divided in the following four categories

5.3.1 External Development

- 5.3.2 Internal Development
- 5.3.3 Medical Infrastructure Development
- **5.3.4 Emergencies Development**

5.3.1 External Development

5.3.1.1 External Platforms

In order to improve the communication between blocks, necessary interventions are taken to improve the existing internal metaled road network. Moreover, new internal metaled road network is also designed and proposed to access the blocks of hospital accordingly. Despite the improvement in metaled road network, external platforms except metaled road is also designed and proposed for patients to access the blocks by simply walking among the blocks.

5.3.1.2 Façade Improvement

In order to improve the aesthetics of hospital, façade uplift with aluminum composite panels with aluminum cladding, false steel structures, façade aluminum windows and aluminum doors are designed in order to give the feel of modern architectural era.

5.3.1.3 Sewerage System

The most important entity of a hospital lies in its cleanliness. Infrastructural interventions to keep the hospital clean were taken in the form of <u>improvement of</u> <u>sewerage system</u> of the hospital. These interventions include the re designing of sewerage system, construction of new manholes, laying of new sewer lines and connection between trunk sewer and hospital sewer.

5.3.1.4 Landscaping (Horticulture)

Landscaping in hospital adds aesthetic & beauty to the built environment as well as improves in reducing the pollution. Soft & hard landscape reduces dust particles moment in air, hence contributes in a clean environment. The hours spent in a hospital can be stressful for patients, staff and visitors. According to research easy access to a natural environment can contribute to stress management and potentially improve health outcomes: physiological studies indicate that 3-5 minutes spent in such Hospital Outdoor Landscape Design environments reduces anger, anxiety and pain and induces relaxation. Research also shows that "positive distractions" can reduce stress and their visual forms include gardens, scenic views and artwork, which play a critical role in modern hospital design: gardens, fountains, and water features provide patients, staff and visitors with restorative experiences of nature. In this regard complete lawns development, placement of benches, dust bins, playing equipment, fruit trees, flower plants, fruit trees and gazebos are proposed in all hospitals under revamping program

5.3.1.5 Water Filtration Plant

In the modern era, the access to clean water for everyone is becoming rare day by day. Especially in hospitals, the supply of water free from any harmful impurity is one of the most basic needs. To cope up with this problem water filtration system according to the existing nature of water is designed and <u>water filtration</u> <u>plant</u> is proposed accordingly. For ease of patients, <u>drinking water supply network</u> was designed to provide filtered water in wards and in various drinking stations within the hospital building

5.3.1.6 External Electrification

One of the major hindrances in functionality and ineffectiveness of electro medical equipment and other facilitating electrical appliances is either interrupted power supply or power supply with lesser voltage than required. This problem was solved by providing <u>express line or dual electrical supply</u> in all hospitals under revamping. Despite these two facilities based, on the current and proposed electrical load of hospital <u>new transformers were proposed</u> to step down the voltage to desired level and complete generator backup system was designed and <u>generators along with automatic transfer switches</u> were proposed accordingly. Moreover, to fully lighten up the hospital for proper utilization of all facilities of hospital during the low/no-light hours of the day, external <u>pole lights</u> to lighten up the pathways and <u>garden lights</u> to lighten up the lawns were designed and proposed.

5.3.1.7 Parking and Waiting area

Non-clinical facilitation of patients and attendants were specially considered in the revamping program. One such facilitation step is designing the parking and waiting areas on basis of daily influx of vehicles and patients/attendants during the peak hours. <u>Parking and waiting areas</u> on several places of hospital were then proposed according to the design.

5.3.1.8 External Signage

<u>Eexternal signage system</u> is designed including various signage types for complete guidance of patient attendants and to search concerned facility promptly.

5.3.2 Internal development

5.3.2.1 Aesthetic improvement

In order to improve the aesthetics of hospital wards, corridors, rooms and toilet blocks, flooring and dado design of suitable material in these areas is proposed. Despite of aesthetics, the material of flooring and dado design were chosen to provide ease in cleaning process. For further improvement in aesthetics, paint on exterior and interior part of the hospital, poly-vinyl chloride paneling to conceal the dampness damaged areas and steel cladding of columns are proposed.

5.3.2.2 Ramp and Stretcher improvement

For hospitals having more than one floor, there is a huge problem of patient transfer with stretcher. This problem is solved by proposing new ramps/stretcher ways where needed. Moreover, in order to further improve the communication between various floors of hospitals improvement of stair cases with hand rail or guard rails is proposed.

5.3.2.3 Seamless flooring and Lead Lining

To keep high risk areas like Operation theaters, I.C.U, C.C.U, and Gynecology Operation Theater bacteria free is one of the basic medical practices. In the revamping program of hospitals low epoxy paint is proposed in these areas to provide seamless flooring so that the bacterial growth within the groves can be prevented. Moreover, to make the X-Ray rooms radio-resistant and to keep the patients away from the harm of rays, interventions are taken in X-ray rooms regarding provision of lead lining in walls, ceiling and floor.

Interventions were taken regarding hazardous radiation emitting areas to make them radio-resistant in order to keep patients/attendants away from harmful radiations. These interventions were in the form of provision of lead lining in ceiling, walls and roofs of X-Ray rooms.

5.3.2.4 Aluminum doors and windows

In order to make sound and heat proof the doors and windows of wards, corridors and major health facilities are proposed as aluminum doors and windows. Which despite of above benefits are also aesthetically pleasing. Corridor wire mesh windows and rolling blinds for windows are proposed in order to invite or stop the day light within the wards according to the requirement. Moreover, existing wooden doors having shabby and dirty look are proposed to be re-polished and washroom doors are proposed to be replaced with PVC doors to make them resistant against water.

5.3.2.5 Improvement of washroom blocks

The area of hospital which can be dirty at most is its washroom or toilet blocks. To improve the cleanliness of hospital the special interventions were taken regarding the renovation of toilet block of hospital. This renovation includes the re tiling of existing damaged flooring and skirting and addition of water closets etc.

5.3.2.6 Facilitation of attendants and patients

The facilitation of attendants is also one of the most basic things to be provided in the hospital. The facilitation of attendants contributes towards the facilitation of patients. In order to facilitate the attendants, pantries are designed at that location of hospital where attendants can be effectively facilitated. These pantries include stoves and washing machines. Moreover, it is also very important to educate the patients and attendants regarding the seasonal and general diseases along with its cure and prevention. Installation of LED televisions in various locations of hospitals especially in wards and waiting areas is also proposed in the design in this regard.

5.3.2.7 Furniture and Fixtures

One more step towards the facilitation of attendants or patients is placement of benches in waiting areas. The most rush positions of hospital are chosen in this regard and placement of benches is designed according to the patient number and flow. In order to improve the efficiency of consultants or doctors, interventions regarding the renovations of doctor or consultant office are designed in this regard. The doctor room furniture is designed for this purpose keeping in view the existing area of room and necessary required equipment. To carry and dispose of the medical and general waste material of hospital, waste bin sets are designed to place at various positions of the hospital. These positions are marked by keeping in view the general circulation of the public and sensitivity of the area.

5.3.2.8 Air Conditioners, Refrigerators and LEDs

According to the different standards, there is a separate requirement of temperature to control the environment of particular place with respect to the nature of facility. In this regard, air conditioners are proposed according to the required tonnage of the specific area. For better efficiency and performance delivery, cabinet air conditioners are proposed in the wards and other facilities having larger areas. The maintenance and repair services of these air conditioners are outsourced so that uninterrupted performance can be delivered. For further facilitation of patients and attendants, placement of refrigerator is proposed on each nursing counter. These refrigerators are proposed for items requiring specific temperature for storage purposes. LEDs will also be placed at various points to facilitate the patients and attendants.

5.3.2.9 Internal Signage and Paintings

As described earlier, the information regarding the positions of major health facility especially emergency and labor room etc. is very much essential for any person entering inside the covered area of hospital. For these purposes, different types of signage are proposed including corridor hanging signage, floor map boards, room numbers and room names plaques. For general information duty rooster boards, janitorial station signage, waste bin set signage, emergency exit signage.

Different kinds of paintings are designed according to the nature of area where it is desired to be fixed. These paintings are beneficial in a sense that it improves the aesthetics of hospital and moreover, such painting patterns are designed so that it give the relaxation and soothing feelings to aid in the healing of patients. Moreover, in order to create a healthy, positive, entertaining and friendly environment for interest of children, paintings on children wards is proposed.

5.3.3 Medical Infrastructure Development

To cope with the emergency condition of clinically serious patient, oxygen supply system is designed by proposing an individual oxygen supply system for each major health facility. This oxygen supply network comprises on copper pipe line, flow meter with bed head units, cylinders and setup and individual central oxygen supply system. The contract of filling of oxygen gas in cylinders is outsourced for uninterrupted oxygen gas supply to the patients.

For patient receiving, information, guidance, appointment or for any other task, separate reception counters are proposed in various blocks so that, all necessary information regarding the block is available on the counter round the clock. In this way, utilization of clinical facilities will be optimized. For indoor patient department, complete facilitation and care of patients admitted in wards is ensured

by proposal of nursing counter in each ward. This nursing counter will be placed or constructed in such a placement that each bed can be monitored by the nurse available.

The design regarding architectural planning of above mentioned facilities are designed according to the patient facilities and architectural planning standards. These designed facilities are then designed in the existing building structure according to the patient flow and sensitivity of facility.

5.3.3.1 Emergency Department:

All THQS and DHQs are already providing emergency services to critical ill patients. As far as the existing sources including human resources & equipment are not sufficient to fulfill the requirement. Primary and secondary healthcare department is going to take the initiative to improve emergencies of hospitals by providing new equipment and human resource in form of recruitment of doctors, nurses and paramedical staff along with Infrastructure of Causality Department. Ultimate goal of revamping of emergencies is to enhance the quality of medical services to critical ill patient in golden hour to decrease the mortality and morbidity rate in causality department of each hospital.

5.3.3.1.1 General Overview of Emergency Department

In any hospital, the most important and critical area is its emergency block. Specially, if hospital is situated on a highway where there is a huge flux of rapidly moving traffic which can be a major source of causalities, if patient treatment is not proper. Besides road trauma cases, cardiac cases and burn cases etc. are also more likely to be initially treated in emergency. Proper first aid to patient reduces morbidity and mortality. The emergency department of hospital is a block where in time service delivery is so much essential that delay in proper treatment can cause lot of lives to suffer from serious diseases for rest of their life. In a nutshell, the efficiency and in time service delivery of emergency block depicts the overall efficiency of the hospital.

In order to improve the emergency department and to ensure in time service delivery of the same, special initiatives are being taken in this regard. Infrastructure of emergency department depends a lot on its service delivery and efficiency. An emergency department with all necessary medical and general equipment and equipped with all essential medical facilities but without ineffective and poorly planned infrastructure will never fulfill its need. Conclusively, such infrastructural interventions are planned in this program so that the efficiency of emergency department can be optimized. Some of the following major interventions are listed below:

5.3.3.1.2 Position of Emergency Department

It is planned that new construction of building should be avoided at most because already existing blocks with no proper utilization are existing in all of the hospitals. The emergency block should be on such a location that the distance between that department and main entrance gate should be minimum with respect to other locations or positions of complex. To fulfill this purpose, that portion of this building block is selected for re planning of emergency department which is most near to the entrance gate. The far positioning of emergency department will result the lost in time for patient during its travelling which can be crucial.

5.3.3.1.3 Access towards the Emergency Department

The route leading towards the emergency department is important in this aspect that a smooth track and a widened path will be feasible for the movement of vehicle or stretcher. Initiatives are taken in this program for construction of new pathways or renovation of existing ones leading towards the emergency department. Such material of the external platform is selected so that a smooth movement should be observed over it rather than jerks bumps. Moreover, the width of the passage from entrance gate up to emergency department is designed by keeping in view the flux of the vehicles rushing towards the emergency block.

5.3.3.1.4 Medical Infrastructure Emergency:

The existing emergency department or other block of the hospital according to its access from entrance gate, is designed and re planned according to the above described emergency facilities. The changings or amendments in the existing covered area of the hospital are proposed according space availability. Due to the rush of patients and increased number of minor surgeries performed in the emergency department make it one of the dirtiest department of the hospital. Hence, in this regards it is very much essential to keep the floors of certain area of emergency department bacteria free. Seamless flooring is proposed in this regard to avoid the groves so that the cleaning process can be made easy. Low epoxy paint is designed and proposed in this regard on Minor OT, Gurney area and specialized healthcare unit.

Provision of medical gasses is essential to facilitate the patients suffering from breathing issue due to some disease and ailment. The filling process of oxygen in the cylinders is outsourced to ensure the continuous supply of the oxygen among the beds. The oxygen system comprises on copper pipe, central oxygen supply system for pressure maintenance, oxygen cylinders and flow meter with bed head units.

5.3.3.1.5 General Building Interventions:

In order to improve the over building condition of emergency blocks following major interventions are taken:

- 1. Provision of flooring and skirting
- 2. Painting on interior and exterior side of department

- 3. Provision of false ceiling
- 4. Replacement of damaged and renovation of existing wooden doors
- 5. Provision of aluminum doors and windows
- 6. Public health work regarding supply of water and gas along with improvement of sewerage system
- 7. Provision of LED panel lights, ceiling fans, exhaust and wall bracket fans
- 8. Improvement of existing wiring and distribution including replacement of damaged equipment and proposal of new equipment

5.3.3.2 Monitoring and Quality Assurance (Process Interventions)

During construction phase, "Construction Supervision" will be carried out by the Procuring Agency (Director Infrastructure) along with Punjab Buildings department (C&W D) who will certify construction activity.

5.3.3.2.1 MSDS (Minimum Service Delivery Standards)

MSDS are minimum level of services, which the patients and service users have a right to expect. MSDS include minimum package of services, standards of care (level specific) and mandatory requirements/systems for delivery of effective health care services. The World Health Assembly in Alma-Atta in 1978 expressed the need of action to protect and promote the health for all the people of the world. Essential health is to be made universally accessible to individuals and families through their full participation and at a cost that the community and country can afford. MSDS is now being deemed to be of vital importance at Secondary HealthCare level. The THQ hospital provides promotive, preventive, curative, diagnostics, in patients, referral services and also specialist care.

THQ hospitals are supposed to provide basic and comprehensive EmONC. THQ hospital provides referral care to the patients including those referred by the Rural Health Centers, Basic Health Units, Lady Health Workers and other primary care facilities. The District Head Quarters Hospital is located at District headquarters level and serves a population of 1 to 3 million, depending upon the category of the hospital. The THQ hospital provides promotive, preventive, curative, advance diagnostics, inpatient services, advance specialist and referral services. Services package and standards of care at SHC level are also not well defined. Deficient areas include: weak arrangements to deal with non-communicable diseases, mental, geriatric problems and specialized surgical care especially at THQ. There is disproportionate emphasis on maternal and child health services at SHC facilities. Services-package being provided at PHC and SHC are also deficient in terms of Health care providers' obligations, patients' rights and obligations.

MSDS umbrella is very vast and it requires a very extensive and planned approach towards, gap analysis, planning, development, implementation,

monitoring and evaluation. MSDS comprises of 10 thematic area, 30 standards and 162 indicators. Government of Punjab has taken an initiative to standardize all hospitals of Punjab in accordance with Punjab Health Care Commission Minimum service delivery standards. PMU team segregated MSDS indicators into various targets and sub-targets to make these targets achievable. Manuals for both clinical and non-clinical specialties are being prepared comprising of departmental organizational plan, criteria for essential human resource, essential equipment, general and specialized SOPs, departmental safety guidelines etc. Standardized Medical Protocols (SMPs) are standard steps to be taken by a health facility during medical or surgical management of a patient. Standard Operating Procedure (SOPs) are detailed description of steps required in performing a task including specifications that must be complied with and are vital to ensure the delivery of these services .It requires literature review, departmental view, facility visits, consultative visits and development of action plan for implementation of MSDS. Effective MSDS implementation requires essential documentation. Documentation is a key for record keeping, monitoring and auditing. For this purpose, registers, forms, displays have to be designed with coding for effective tracking. In addition to this it also requires analysis from field from utilization point of view.

Displays constituting of public serving messages, health related information and general facility related guidelines. In order to monitor effective implementation, compliance monitoring is required to be carried out by field experts which is followed up by further planning to ensure continuous delivery of effective, accessible, continuous and quality services to masses in uninterruptable manner.

MSDS implementation is a complex procedure. Because it requires

- 1. Capacity building for understanding, development and continuous implementation of MSDS.
- 2. Ecosystem for establishing its implementation by full cooperation, collaboration, commitment of
- 3. Continuous monitoring
- 4. Continuous audit
- 5. Continuous training, refresher courses with purpose of reinforcement
- 6. Continuous quality improvement
- 7. Continuous Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis and gap identification
- 8. Continuous strategy making and implementation with backup plan for secondary options.
- 9. Responsibility designation for clinical and non-clinical procedures and activities.
- 10. Effective utilization, calibration and maintenance of equipment with record maintenance and their audit
- 11. Establishment of plans, implementation, analysis of gaps with alternate planning regarding fire evacuation plan, hospital inflectional control plan, hospital operational and

strategic plans, disaster plan both internal (partial / complete) and external.

The PDSA cycle

- 1. Developing a plan to test the change (Plan),
- 2. Carrying out the test (Do),
- 3. Observing and learning from the consequences (Study), and
- 4. Determining what modifications should be made to the test (Act).
- 5. Monitoring effective load sharing of Human resource and equipment within hospitals.
- 6. Addition of new HR/ rationalization on requirement of MSDS indicator compliance for effective departmental organization and their planned trainings by MPDD, UHS ETC
- 7. Standard optimization of Standard operating procedures and methods for their effective adoption by hospital human resource.
- 8. We have also extended our MSDS implementation in 20 more departments such as dentistry, ICU, CCU, Dialysis, mortuary, burn unit, physiotherapy, orthopedics, medicine, nursing, paeds, ophthalmology, derma, TB, urology, patient transfer system, store and purchase, audit and accounts, procurement, planning etc. We are also in process of preparing manuals, SOPS, plans, universal forms, and universal registers with universal tracking system of record.
- 9. We have developed an application for continuous monitoring of MSDS compliance.

Health managers are considered essential at both the strategic and operational levels of health systems. To gain an initial understanding of the management workforce for service deliver. Every health system desires managers who are competent and have the knowledge, skills and demeanor to be effective. The performance of health services managers will depend in part on how certain standard support systems function. Even good managers will have problems if procedures for running finances, staff, etc., are not working well. Functional systems should have clear rules and regulations, good guides and forms, effective monitoring and supervision and appropriate support staff, e.g. account staff, supplies and information staff and secretarial support A health manager is supposed to be competent in planning, budgeting, financial management systems personnel management systems, including performance management, procurement and distribution systems for drugs and other commodities, information management and monitoring systems, systems for managing assets and other logistics, infrastructure and transport. Support systems help to ensure uniformity in management practices and ensure that management and administrative systems function and get results.

5.3.3.3 Laboratory

To improve the quality of medical care of patients, primary and secondary Healthcare Department has decided to improve the Laboratory in THQ hospitals. Majority of patients are suffering problems some time life threatening phases due to delay in diagnosis and treatment according to diagnosis in case of lack of laboratory in vicinity.

5.3.3.4 <u>X-Ray</u>

To improve the quality of medical care of patients, primary and secondary Healthcare Department has decided to improve the Radiology unit in THQ hospitals. Majority of patients are suffering problems some time life threatening phases due to delay in diagnosis and treatment according to diagnosis in case of lack of Radiology unit in vicinity. A healthy human being enables not only nutrition of the physical body but also enhances social interaction and promotes self-esteem and feelings of self-esteem and feelings of wellbeing. The radiology equipment serves as a "window "to the patient treatment regarding the body.

5.3.3.5 <u>CCU</u>

Understanding these ground realities Primary and Secondary Healthcare Department, Government of the Punjab has decided to establish coronary care units (CCU) in THQ hospitals as a part of its Revamping Program. This will improve the quality of healthcare and timely provision of life saving treatment will be possible to large number of patients. A coronary care unit (CCU) is a special department of a hospital or health care facility that provide coronary care to patients. Coronary care units cater to patients with severe and life-threatening cardiac illnesses and which require constant, close monitoring and support from specialized equipment and medications in order to ensure normal bodily functions.

Coronary care units are staffed by highly trained doctors and nurses who specialize in caring for cardiac patients. They are also distinguished from normal hospital wards by a higher staff-to-patient ratio and access to advanced medical resources and equipment that are not routinely available elsewhere. Common conditions that are treated within CCUs including angina, myocardial infection, cardiac arrhythmia, cardiac shock etc. Patients may be transferred directly to coronary care unit from an emergency department or from a ward if they rapidly deteriorate, and immediately require cardiac care treatment.

5.3.3.6 Dialysis Unit

Chronic kidney disease is now a significant public health problem worldwide. Chronic kidney disease globally affects almost 10 % of general population with Incidence in prevalence of disease are still rising especially in developing countries .The rise in chronic kidney disease is by aging of the populations and growing problems of obesity, diabetes, high blood pressure and cardiovascular diseases.

Tehsil head Quarter Hospital (THQ) serve large catchment populations of the district and provide a range of specialist care in addition to basic outpatient and inpatient services. Patient who are in need of dialysis, are referred to tertiary care hospital due to non-availability or insufficient number of dialysis machines. Patient's condition not only deteriorate but also compromise the effectiveness of life saving intervention due to approaching to other cites or to costly private setups of dialysis. Primary and Secondary Healthcare Department has decided to establish & strengthening already existing 5 bedded dialysis unit at THQ hospitals. This will improve the quality of healthcare and timely provision of life saving treatment will be possible to large number of patients.

Dialysis unit is a special department of a hospital or health care facility that provides a lifesaving support to patients with chronic renal disease along with preexisting diseases like diabetes, hypertension, ischemic heart disease to ensure normal bodily functions. Dialysis units are staffed by highly trained doctors, dialysis technicians and dialysis nurses who have done specialized training in caring for such patients. Patients are usually admitted from out door and often from emergency and registered for their timing and schedule of dialysis because these patients are given regular appointments twice or thrice a week as per defined by nephrologist/physician.

5.3.3.7 Labor Rooms/Nurseries

To improve the quality of medical care of patients, primary and secondary Healthcare Department has decided to improve the Labor Rooms/Nursery unit in THQ hospitals.

5.3.3.8 Operation Theater

To improve the quality of medical care of patients, primary and secondary Healthcare Department has decided to improve the Operation Theater in THQ hospitals. Majority of patients are suffering problems some time life threatening phases due to delay in treatment according to diagnosis in case of lack of Operation Theater in vicinity.

5.3.3.9 Orthopedic unit

To improve the quality of medical care of patients, primary and secondary Healthcare Department has decided to improve the orthopedic unit in THQ hospitals. Majority of patients are suffering problems some time life threatening phases due to delay in diagnosis and treatment according to diagnosis in case of lack of orthopedic unit in vicinity.

5.3.3.10 Gynecology Department

To improve the quality of medical care of patients, primary and secondary Healthcare Department has decided to improve the gynecology unit in THQ hospitals. Majority of patients are suffering problems some time life threatening phases due to delay in diagnosis and treatment according to diagnosis in case of lack of gynecology unit in vicinity.

5.3.3.11 Surgical Unit

To improve the quality of medical care of patients, primary and secondary Healthcare Department has decided to improve the surgical unit in THQ hospitals. Majority of patients are suffering problems some time life threatening phases due to delay in diagnosis and treatment according to diagnosis in case of lack of surgical unit in vicinity.

5.3.3.12 Intensive Care Unit (ICU)

Tehsil Headquarter Hospitals (THQ) serve catchment populations of the whole Tehsil (0.5-1 million) and provide a range of specialist care in addition to basic outpatient and inpatient services. They typically have about 80 to 150 beds and a broad range of specialized services including surgery, medicine, paediatrics, obstetrics, gynaecology, ENT, ophthalmology, orthopaedics, urology, neurosurgery etc. Patient who are in need of intensive care are usually referred to tertiary care hospital but due to long distance they had to travel and time consumed on road due to heavy traffic and other unavoidable circumstance ,patient's condition not only deteriorate but also compromise the effectiveness of life saving intervention. Understanding these ground realities Primary and Secondary Healthcare Department, Government of the Punjab has decided to establish intensive care units (ICU) in THQ hospitals as a part of its Annual Development Plan. This will improve the quality of healthcare and timely provision of life saving treatment will be possible to large number of patients.

Primary and Secondary Healthcare Revamping programme (PSHRP) is the initiative by the Chief Minister of Punjab to strengthen the healthcare delivery system in the province Acquisition of licenses for all THQ Hospital by developing and implementing uniform set of standard Operating procedures (SOPs) & standard medical protocol (SMP) for compliance to MSDS of PHC is planned as a part of PSHRP.

An **intensive care unit** (**ICU**) is a special department of a hospital or health care facility that provides <u>intensive treatment medicine</u>. Intensive care units cater to patients with <u>severe and life-threatening</u> illnesses and injuries, which require constant, close monitoring and support from specialized equipment and medications in order to ensure <u>normal bodily functions</u>. Intensive care units are staffed by highly trained <u>doctors</u> and <u>nurses</u> who specialize in caring for critically ill patients. They are also distinguished from normal hospital wards by a higher staff-to-patient ratio and access to advanced medical resources and equipment that are not routinely available elsewhere. Common conditions that are treated within ICUs include <u>ARDS</u>, <u>trauma</u>, <u>multiple organ failure</u> and <u>sepsis</u>. Patients may be transferred directly to an intensive care unit from an <u>emergency department</u> if required, or from a ward if they rapidly deteriorate, or immediately after surgery if the surgery is very invasive and the patient is at high risk of complications.

5.3.3.13 Mortuary Unit

To improve the quality of medical care of patients, primary and secondary Healthcare Department has decided to improve the mortuary unit in THQ hospitals. Postmortem or autopsy is a part of medico legal investigation into a death which is conducted by a judicial medical officer. Realizing the problems countered medico legal process focusing on following important areas;

- 1. Improving quality and motivation levels of human resource conducting medico legal Examination.
- 2. Improve methods to collect and preserve samples so that so that these may best be available for further forensic analysis.
- 3. Improving physical infrastructure at tehsil level to provide enabling environment for better conduct of medico legal cases including improvement in state of mortuaries at tehsil level.
- 4. Improvement in legal framework including improved forms.

5.3.3.14 Dental Unit

To improve the quality of medical care of patients, primary and secondary Healthcare Department has decided to improve the dental unit in THQ hospitals. Majority of patients are suffering problems some time life threatening phases due to delay in diagnosis and treatment according to diagnosis in case of lack of dental unit in vicinity.

5.3.3.15 Physiotherapy Unit (33 THQ Hospitals)

To improve the quality of medical care of patients, primary and secondary Healthcare Department has decided to improve the physiotherapy unit in all THQ hospitals. Majority of patients are suffering problems some time life threatening phases due to delay in diagnosis and treatment according to diagnosis in case of lack of physiotherapy unit in vicinity.

- 1. Physiotherapy is a "science of healing and art of caring". It pertains to the clinical examination, evaluation, assessment, diagnosis and treatment of musculoskeletal, Neurological, Cardio-Vascular and Respiratory systems 'functional disorders including symptoms of pain, edema, and physiological, structural and psychosomatic ailments. It deals with methods of treatment based on movement, manual therapy, physical agents, and therapeutics modalities to relieve the pain and other complications. Hence, Physical therapy covers basic parameters of healing sciences i.e. preventive, promotive, diagnostic, rehabilitative, and curative.
- 2. Physiotherapy practice has a very long history and a modern clinical practice is heavily reliant on research and evidence based practice. The Primary and Secondary Healthcare Department Government of Punjab attests to this commitment by adopting and promoting the Standards of Practice for Physiotherapy.

Importance of Physiotherapy and Rehabilitation department

- 1. Physiotherapy provides services to individuals and populations to develop maintain and restore maximum movement and functional ability throughout the lifespan. This includes providing services in circumstances where movement and function are threatened by aging, injury, disease or environmental factors. Functional movement is central to what it means to be healthy.
- 2. Physiotherapy is concerned with identifying and maximizing quality of life and movement potential within the spheres of promotion, prevention, treatment/intervention, habilitation and rehabilitation. This encompasses physical, psychological, emotional, and social wellbeing. Physiotherapy involves the interaction between physical therapist, patients/clients, other health professionals, families, care givers, and communities in a process where movement potential is assessed and goals are agreed upon, using knowledge and skills unique to physical therapists.
- 3. The proposed project entails setting up a Physiotherapy and Rehabilitation Department. Being one of the major players in human service sector, rehabilitation Departments provide a wide range of services relating to physical impairments and disabilities of all age groups. These services range from assessment, evaluation, diagnosis, treatment and plan of care of individuals, from newborns to the very oldest, who have medical problems or other health-related conditions that limit their abilities to move and perform functional activities in their daily lives. These services will be provided by qualified Physiotherapists Consultants. Our consultants

examine each individual and develop a plan using treatment techniques to promote the ability to move, reduce pain, restore function, and prevent disability. In addition, our doctor work with individuals to prevent the loss of mobility before it occurs by developing fitness- and wellness-oriented programs for healthier and more active lifestyles. The proposed Physiotherapy and Rehabilitation Department will provide all these services under one roof.

Opportunity Rationale

Due to vast media exposure over past few years, women, as well as men, have become more conscious about their health especially youngsters. In Pakistan, Rehabilitation Clinics and Fitness Centers have grown over the years. It is easy to open GP clinic as space and skill requirement is very basic. But a Rehabilitation clinic provides more professional services with qualified staff including Physiotherapy doctors and experienced support staff and therefore, requires more planning and arrangement. Quite a few Physiotherapy and Rehabilitation Departments have opened in Lahore, Islamabad, Karachi and other relatively larger cities of Pakistan, which are catering to the demand of the people, but still there is a lot of unfulfilled demand as can be judged from excessive rush at the existing Physiotherapy Departments. The patient's ratio and problems with musculoskeletal disorders and neurological disorders are same in the tehsils and districts levels of Punjab. The business is service-oriented and carries large potential for serving poor people due to its unique nature and uncontrolled spreading of joints and muscles, and neurological problems, especially in the areas where our THQ Hospitals are located. There is lot of potential in this domain, especially for those who are committed to providing quality service.

5.3.3.16 Queue Management System (QMS)

OPD in THQ has enormous patient load, due to the only big public sector serving hospital in Tehsils. At the moment the ticket system is prevailing but there is no mechanism to handle that ticket and assign number to the ticket and its being issued in manual format. This will also create dependency on the person issuing the ticket. After getting the tickets, patient will be provided with no guidance on where to go and when his term will come to meet the doctor and get the required service. This will create confusion and delayed service delivery. On the other hand it will waste lots of time on the end of doctor and patient as patient and doctor has no direct liaison with each other. Moreover, patient will again have to be dependent on some person to check that either doctor is free or any patient sitting in his facility. Here again, human intervention and dependency will come into play.

This project basically aims to remove all the human related dependency till the patient reach the doctors. Moreover, it also includes, recording basic information

for a patient and guiding him to the doctors room from registration count to triage without any dependency on hospital staff. This will improve the transparency as per the vision of good governance and serve the patient in an efficient and transparent manner. This will also help the patient in estimating that time estimate till his term which will give him relief and more belief on the fair system. On the other hand doctor will always have an idea that how many patients will be in queue and give him direct liaison with the patient sitting outside.

The need of queue management system is evident in hospital from the fact of lack of proper mechanism of patient queue management at OPD's, human resource deficiency and non-functional equipment. The Implementation of Queue Management System will provide and streamline Patient Queue Management at OPD with Ticket Generation and Display of Numbers on the counters. This will help in maintaining the queue on First IN First OUT (FIFO) basis. The system will also provide the information counter to the general public to educate them in the use of queue management system and short description of the process. After implementation of this system, the incoming patient will be guided in a manner to get the service on his turn without any dependency or interference of an external resource. All will be handled in an automated way with patient are being served at their turn.

The system manages the patients load, organizes the patient's queues in an adequate manner and gives them the ease in waiting area; and they will be examined gracefully by doctors at their turn. Basic information of the patient is also linked with its ticket, being taken at the first counter. This will help established a unique ID against each patient. This will also lead to the establishment of Electronic Medical Record. The Process flow of Queue Management System at THQ is given as follows:

There are 25 counters at THQ level including basic registration counter, triage counter, consultant office and hospital pharmacy. There is one ticketing machine with a bifurcation of male, female and old age person. The ticket will be issued to the relevant category accordingly. After receiving the ticket the said number will be blinked on male, female and old age counter. The person will move to that counter where he will be asked about his basic details which will be entered in the basic registration form software linked with QMS and that specific token / ticket number. He will also be asked about the disease and accordingly the relevant consultant / specialty area e.g. pediatrics, ophthalmology etc. after registering, he will take the printout and give the slip to patient / attendant along with its token number.

The basic fee of OPD will be received at the registration counter and accounted for in the basic registration software linked with QMS. The same token number will be displayed on the triage counter where his vitals will be taken and written on the same registration slip available with the patient. Now, keeping in view the specialty area the token number will be displayed on the relevant consultant office and he will be checked by relevant consultant. The consultant than diagnosed the medicine or either to admit it after his examination. In case of medicine he will be sent to hospital pharmacy where again the same ticket number will be displayed. There have to be an option available with the doctor to either redirect him to the hospital pharmacy counter the patient will move to pharmacy counter along with his token number and registration slip and take prescribed medicine. Patient will be disposed from that window and process of QMS will be completed. There will be no entry in the basic registration software on the counters of triage, doctor at the moment. Detail of equipment is attached.

The process described above for THQ will be implemented. The important constraints for the systems are:

- 1. Same token number will be used at all the counters and patient will be getting the ticket from ticketing machine only once at the time of entry.
- 2. QMS will cater for missed, skipped or delayed patient at any counter.
- 3. There will be two LED displayed at different location in the waiting area to guide patients about the process details and to display token number along with announcement in URDU.
- The gap between each display panel from ticketing machine to pharmacy can be customized according to requirement e.g. 5, 10, 30, 60 seconds etc.

5.3.3.17 Electronic Medical Record (EMR)

Establishment of network infrastructure, establishing a central data center, connectivity of different building through fiber, are also the major components of the revamping project in terms of ICT. This will including provision of networking point at all nursing stations and important areas where entries regarding patients' needs to be made e.g. Radiology/Pathology, Indoor, outdoor etc. This will serve as backbone to implement the Electronic Medical Record System in the Hospital which has the key feature of generating Unique Medical Record Number for each patient.

This MR number will serve as an identity for patients during their treatment, retrieval of records and for decision making.

EMR will also be able to log the patient for treatment being provided to him in different areas of hospital i.e. OPD, Pathology, Radiology, Surgery, Indoor, etc. and their integration. This will be achieved by entering the relevant information at each department against specific MR number of a patient in the Customized / Purpose build software (EMR) for these public healthcare facilities.

This entry of MR number against each patient in hospital will build a large database for patient and relevant diseases. This will help in analysis disease / epidemic prevention and better patient care through retrieval of patient history and proper diagnoses at physician end. Implementation of patient registration, Record keeping, physical queue management, E-prescription, supporting IT interventions for EMR and medicine dispensation. Detail of equipment is attached.

5.3.3.18 Video Surveillance through CCTVs

Installation of network based CCTV cameras is an important module in the ICT part of revamping project. Scope of this component is to install 60 to 80 cameras in each hospitals at important location i.e. entry, exit, OPD, waiting areas, Parking for surveillance and security purposes. This will also serve as major input to the security services by Outsourced Security Company in the hospitals. Moreover, there will be small scale central control room at each hospital to monitor the allocated locations where the cameras have been installed. This system will also have the facility to record the video for 15 days for all the cameras so that recording of specific duration can be produced on demand. This will also have the facility of central control room which has the capacity to access the camera of THQ hospitals and to view and monitor the area of specific camera within specific hospital at any given time. Therefore, it will establish a centralized surveillance and security mechanism for these 85 public sector healthcare facilities. Detail of equipment is attached.

5.3.3.19 Medicine Store

To improve the quality of medical care of patients, primary and secondary Healthcare Department has decided to improve the medicine store in THQ hospitals.

5.3.3.20 Day Care Center

On-site (or near-site) child care would lead to improve workplace satisfaction by allowing employers more frequent contact with their children,

reducing stress and anxiety over scheduling, and potentially providing financial benefit to the hospital. Therefore, P&SH Department has decided to establish the Day Care Center at every THQ Hospital. The Medical Superintendent of the concerned hospital will be the overall in-charge of the Day Care Center.

5.4 Out Sourcing of Non Clinical Services

It was planned to provide Outsourcing of following Non-clinical services through development Budget later on decided to shift to non-development Budget as per the decision of progress review meeting chaired by the Chairman P&D Board dated 01-01-2018 w.e.f. 30-06-2018:-

- 1. Janitorial services
- 2. Laundry services (On hold)
- 3. MEPG Services
- 4. CT scan
- 5. Security

5.4.1 Janitorial services

These services include cleaning of hospitals and its roads and ROW areas. Internal cleaning comprises of complete cleaning along with washrooms cleanliness and material for these services such as hand wash/sanitizer. The Outsourcing is hereby designed keeping in view the sizes of areas assigned to each sanitary worker along with condition and nature of service. Human resources are planned after measuring the total area of hospital, built up area excluding the areas of horticultural land and residential buildings. The workers shall work in three shifts in a day. Half of the total strength of sanitary workers shall work in morning shift due to patients load in OPD. The concerned sanitary work company is bound to provide cleaning services materials and their refilling as and when required.

The companies providing janitorial services will be required to provide quality janitorial services, complete their personnel strength on daily basis which will be ensured through biometric attendance. Also, the companies will be subject to pecuniary penalties by hospital authorities if services provided are not according to the contracts.

5.4.2 Laundry Services

Different models were being applied by the hospital administrations individually which were not properly catering the basic requirement of washing and disinfection of different items used for hospitals. This model includes the initial procurement of different daily use items such as three different colors bed sheets and pillow covers and are to be changed thrice a day. Moreover, the concerned company must provide washing and cleaning services of bed sheets, pillow covers, blankets along with covers, apparels/OT clothes.

5.4.3 MEPG Services

The service of the hospitals is suffering badly due to improper functionality of the existing electrical and mechanical equipment which arises due to lack of maintenance. This model satisfies the need of proper maintenance plan which comprises of regular visits of technicians for looking after of electrical and mechanical equipment and accessories. Outsourcing company will be responsible for immediate response and above mentioned services.

5.4.4 CT Scan Services

CT Scan Services in selected Hospitals of Punjab are also being undertaken as a component of Government's decision to revamp all Secondary Healthcare. The objective of this initiative is to provide high quality CT Scan Services to widely scattered population of low socio-economic groups at their door steps. It will ensure provision of satisfactory diagnose infections, muscle disorders, and bone fractures. The imaging technique of CT Scan can help doctor to study the blood vessels and other internal structures and assess the extent of internal injuries and internal bleeding.

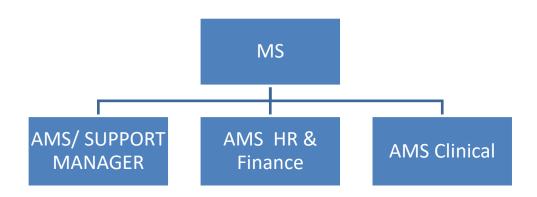
5.4.5 Security

The outsourcing model is designed due to non-provision of security arrangements and improper parking in different areas of premises of hospital. This model consists of guards who shall work in two shifts to provide security and surveillance for complete premises of hospital excluding residential areas. The devices required for this service to operate are arms, walkie talkie, Base set per unit and torch etc.

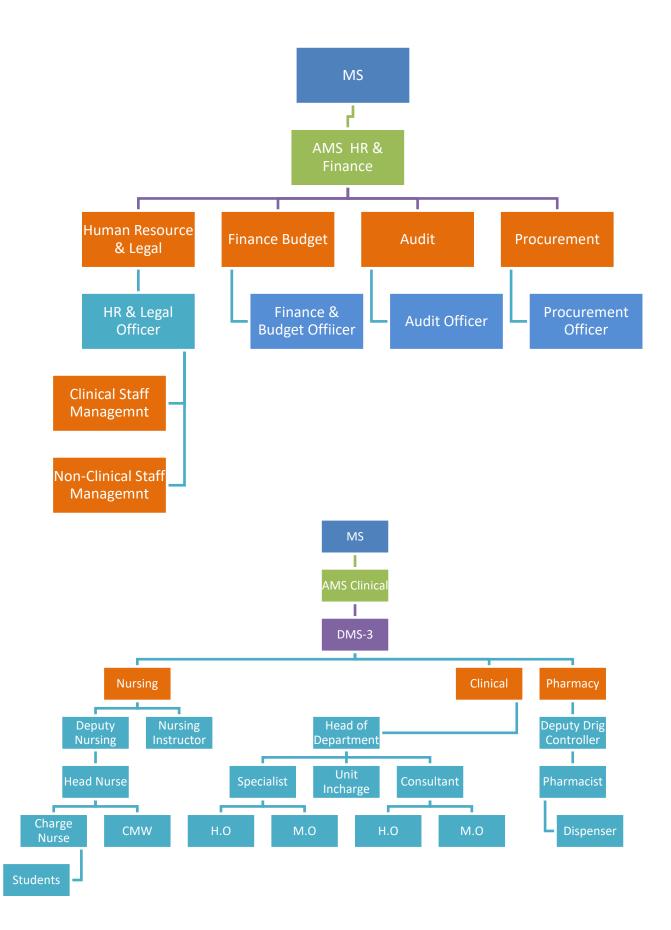
5.6 HR & Management Interventions Structure

HR Interventions can be broadly classified into introduction of New Management Structure (NMS) staff.

New Organogram of Hospital



MS	
•AMS/ SUPPORT MANAGER	
•IT/Data Analysis	
•IT/ Statistical Officer	
 4 Data Entry Operators 	
•Admin	
•Admin Officer	
•4 Monitors	
•Security	
•Transport	
• Parking	
•Janitorial	
•Canteen	
 External House Keeping 	
•Civil Works	
•Technical works	
•Electrical Works	
 Internal House Keeping 	
•Laundry	
 Stores & Supplies 	



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5.6.1 <u>Non Clinical HR Interventions (Human Resource (HR) Plan</u> <u>Management Structure)</u>

Institution will run under the administrative control of Medical Superintendent, who will control this with the collaboration and cooperation of 3 Additional Medical Superintendents including AMS (Admin), AMS (HR & Budget) and AMS (clinical), 3 Deputy Medical Superintendents (morning, evening and night) will be reporting to AMS Clinical. Each clinical facility will be further controlled by head of concerned department and 6 administrative posts of HR & Legal Officer, IT/Static Officer, Budget & Account Officer, Admin Officer, Procurement Officer and Audit Officer will be provided as supporting hands for AMS Admin and AMS HR & Budget for smooth execution of hospital tasks.

<u>Responsibilities / Job Descriptions, Eligibility & Financial</u> <u>Implications for Management Structure of Hospital</u>

5.6.2.1 Medical Superintendent

Shall be overall responsible for all the affairs of the Hospital

5.6.2.2 AMS Admin.

Shall be responsible for following functions in addition to his own duties:

- 1. General administration
- 2. IT/Data analysis/statistics keeping (biometric machines, etc.).
- 3. In case of outsourced interventions like QMS/EMR he shall be responsible for enforcement of contract and in case of violation shall ensure action has been taken as envisaged in the contract.
- 4. He shall be responsible for entry of data on Citizen Feedback Model.
- 5. He shall be responsible for ensuring collection of report of actions taken on CFM reports and entry of that on CFM.
- 6. He shall be responsible for implementation of any IT related initiative in the hospital.
- 7. He shall be responsible for better record keeping of hospital
- 8. He shall devise and implement systems for better record keeping of hospital

9. He shall ensure generation of all types of reports/information required of hospital by District Government/P&SHD/any other authorized Public agency

New Management Structure (NMS)

In place of the clerical positions, the P&SH Department has introduced a New Management Structure (NMS), in all District and Tehsil Headquarters Hospitals. The officers recruited as a part of the NMS have a minimum of 16 years of education. Their minimum qualification is MBA / B.Sc. Engineering / M.Com / Pharm-D / M.Cs / LLB / MPA / CA Inter / ACCA / ACMA / Master Degree or equivalent in relevant field etc. Their recruitments were undertaken through a competitive process by a third party testing service.

5.6.2.3 Admin Officer

Shall be responsible for general administrative affairs of hospital along with following functions:

- 1. Security
- 2. Transport
- 3. Parking
- 4. Janitorial
- 5. External housekeeping
- 6. Electrical works
- 7. Internal housekeeping
- 8. Laundry
- 9. Stores & supplies

In case these functions have been outsourced, he shall be responsible for enforcement of these contracts and shall ensure that penalties are imposed in case of violation of contract. In case he fails to enforce contract and the outsourced function is not performed at par as per contract and penalties have not been imposed he shall be liable for non-action. Moreover, only reporting of violation of contract shall not suffice but he has to ensure follow up till the penalty has been imposed and action as envisaged in contract in case of violation has been taken.

Eligibility Criteria

 Minimum qualification Masters' degree in Economics/ Public Administration/ Finance/ MBA Finance/Administration or equivalent from HEC recognized University Minimum 2 years post degree experience of administration (Additional credit may be given for hospital administration/ Public sector administration of similar nature)

5.6.2.4 Human Resource Officer

Shall be responsible for following:

- 1. Issuance of monthly Duty rosters & special duty rosters of Eid, Muhurram etc. of all clinical & non-clinical staff in hospital
- 2. Issuance of Transfer/postings orders within hospital
- 3. Taking of joining from new incumbents and charge relieving orders of relinquishing officials
- 4. File maintenance of all employees of hospital
- 5. Record of all enquires of employees of hospital
- 6. Leave record of employees
- 7. Adjustment of officials on duty during leave of concerned employee
- 8. Litigation/ legal issues of hospital (shall ensure all court cases are well attended and all legal matters of hospital are well taken care of)
- 9. Any other HR related function assigned by MS/AMS

Eigibility Criteria

- Minimum qualification Masters' degree in Economics/ Public Administration/ Finance/ MBA HR/Management/ Finance/Administration or equivalent from HEC recognized University
- 2. Minimum 1 year post degree experience of administration (Additional credit may be given for hospital administration/Public sector experience of similar nature)

5.6.2.5 IT/Statistical Officer

He shall be responsible for IT support for all IT interventions in the hospital.

He shall be in liaison with HISDU, P&SHD for proper reflection of hospital record on HISDU dashboard. In case there is any discrepancy or error he shall resolve the issue. Moreover, he shall be responsible for functionality of all IT equipment.

Eligibility Criteria

- 1. Minimum qualification Masters' degree in Computer Science or equivalent from HEC recognized University
- 2. 2 years post degree experience of IT/Data analysis(Additional credit may be given for similar assignment experience)

5.6.2.6 Finance & Budget Officer

Shall be responsible for following:

- 1. Handling of all financial matters of hospital
- 2. Petty cash handling
- 3. Preparation of budget
- 4. Budget review
- 5. Maintenance of accounts and record
- Any other function assigned by AMR HR & Finance/MS/P&SHD

Eigibility Criteria

- 1. Minimum qualification Masters' degree in Finance/ MBA Finance or equivalent from HEC recognized University (Additional credit may be given to Charter accountant/ACCA)
- Minimum 2 years post degree experience of Finance, Accounts & Budget (Additional credit may be given for Public sector experience of similar nature)

5.6.2.7 Procurement Officer

Shall be responsible for following functions:

- 1. Procurement of all kinds for hospital
- 2. Shall be in liaison with P&SHD for procurements being conducted
- 3. Any other function assigned by AMS HR & Finance /MS/P&SHD

Eigibility Criteria

- 1. Minimum qualification Masters' degree in Finance/ MBA Finance or equivalent from HEC recognized University
- 2. 2 years post degree experience of procurement (Additional credit may be given for public sector experience of procurement)

5.6.2.8 Quality Assurance Officer

He shall be responsible for quality of all things in the hospital.

Eligible Criteria

 Masters in Total Quality Management / Masters in Public Health/ Masters in Health Administration/ Masters in Hospital Management / Masters in Biochemistry / Biotechnology / Molecular Biology / Microbiology from an HEC recognized University or equivalent.

OR

16 years education along with Post graduate diploma in Total Quality Management/ Post graduate diploma in Health Safety and Environmental Management System / Post graduate diploma in Healthcare and Hospital Management / Quality Assurance or equivalent.

2. Minimum 1 Year post degree relevant experience.

5.6.2.9 Logistics Officer

He shall be responsible for Supply Chain, logistics, fleet, warehousing and inventory management, clearing and forwarding in the hospital.

Eligible Criteria

- 1. M.Sc. Supply Chain Management/ MBA or Equivalent.
- 2. One year experience in Supply Chain, logistics, fleet, warehousing and inventory management, clearing and forwarding.

5.6.2.10 Data Entry Operators (DEO)

Four Data entry operators shall help IT officer in dispensation of his responsibilities.

Eligible Criteria

 Minimum qualification BA / B.Sc / B.COM / BCS or equivalent from HEC recognized University. In case of BA/B.COM candidate must have six months computer course / Diploma.

- 2. Proficient in MS Word/ MS Excel/ MS Power point (additional credit may be given for additional relevant certified computer courses)
- 3. 1 years post degree relevant experience

5.6.2.11 Assistant Admin Officer

Shall be responsible for general administrative affairs of hospital and assist the admin officer.

Eligibility Criteria

- Minimum qualification Masters' degree in Social Sciences/Economics/ Public Administration/ Finance/ MBA Finance/Administration or equivalent from HEC recognized University
- Minimum 2 years post degree experience of administration (Additional credit may be given for hospital administration/ Public sector administration of similar nature).

5.7 <u>HR for QMS and MSDS and Day Care Center.</u> 5.7.1.1 <u>QMS Supervisor / Information Desk Officer</u>

Shall be responsible whole QMS networking

Eligible Criteria

- M.Sc. (Comp. Engineering, Electronics, Electrical Engineering, IT, Telecommunication, Com. Science, Software Engineering, MCS), BCS (Comp. Engineering, Electronics, Electrical Engineering, IT, Telecommunication, Com. Science, Software Engineering, MBA, BBA, MPA, IT related 16 years Education.
- Experience in the field of Software/Hardware/Network/DATA Quality Assurance, IT projects, IT enabled organizations, CCTV Control Room monitoring, Call Centre, Networking, Software Development will be considered as an added advantage during interview process.
- 3. Excellent communication Skill (Urdu, English) and IQ level
- 4. Age Limit of 21-28 years for Male & 21-30 years for Female
- 5. Typing Speed: 30WPM.

5.7.1.2 Computer Operators

Eight Computer operators shall help QMS Supervisor in dispensation of his responsibilities.

Eligible Criteria

- 1. Minimum qualification 14 year or Masters' degree from HEC recognized University
- 2. Proficient in MS Word/ MS Excel/ MS Power point (additional credit may be given for additional relevant certified computer courses)
- 3. 35 Word per Minute. Excellent communication in English and Urdu.

5.7.2 Consultants (MSDS) Implementation & Clinical Audit

Eligible Criteria

1. MBBS & Masters in Public Health, or equivalent qualification.

2. The consultant must have 10 years of hands on experience of third party validation, clinical audit of hospitals, Minimum Service Delivery Standards (MSDSs) implementation / hand holding; Report Writing; working knowledge of international best practices in hospital management will be preferred. Proficiency in MS Office is must. Must have strong communication skills.

5.7.2.1 <u>Terms of Reference (TORs) for Consultants Minimum Service</u> <u>Delivery Standards (MSDS) Implementation & Clinical Audit</u>

Government of the Punjab, Primary and Secondary Healthcare Department (P&SHD) is implementing multiple initiatives to improve the quality of healthcare at DHQ/THQ level across the province. One of the initiatives is Primary and Secondary Healthcare Revamping program which is being implemented by the Project Management Unit (PMU). Currently PMU is also involved in the standardization of quality of care at facility level through uniform set of Standard Operating Procedures (SOPs) & Standard Medical Protocols (SMPs) for compliance. The department intends to make all DHQs and THQ hospitals of Punjab as MSDS compliant which have been devised by Punjab Healthcare Commission.

Punjab Healthcare Commission was established under the PHC Act 2010 as an autonomous regulatory body for health sector; with the purpose of improving the quality, safety and efficiency of healthcare service delivery for all Public and Private Healthcare Establishments (including Allopaths, Homeopaths and Tibbs) in the province of Punjab. The Punjab Healthcare Commission has developed Minimum Service Delivery Standards (MSDS) for all hospitals to improve the quality of healthcare services all over the Punjab. All Healthcare Establishments are required to implement MSDS to acquire a License to deliver healthcare services in Punjab.

This standardization effort will not only ensure availability of minimum services delivery standards (MSDS), SOPs, SMPs at all levels, but also the other essential inputs for functioning of systems and processes to ensure the smooth and safe delivery of quality healthcare services. These will also create conducive working environment for healthcare providers.

5.7.2.2 Objectives

The objective of this assignment is to implement & check all SOPs, SMPs, Minimum Service Delivery Standards (MSDS) & conduct clinical audit for 125 DHQ/THQ hospitals. Furthermore, the consultant will also monitor ongoing multiple trainings at DHQ/THQ hospitals.

5.7.2.3 Scope of Work

- 1. Develop policy & strategy for clinical audit of 125 hospitals.
- 2. Develop detailed clinical audit plan, with expected deliverables from hospitals. 360 degrees clinical audit.
- 3. Visit DHQ/THQ hospitals, to assess MSDS implementation and detailed report generation with short coming & highlight areas of improvement.
- 4. Review SOPs, SMPs & ISO Standards in hospitals to identify non-compliance.
- 5. Visit DHQ/THQ hospitals to implement clinical audit as per devised strategy, as well as monitoring and implementing MSDS standards.
- 6. Prepare detailed visit reports of clinical short comings; and suggest, and implement improvement plan.
- 7. Monitoring & auditing of patient referral system, detailed report on error and recommendations on rectification of errors.
- 8. Visit DHQ/THQ hospitals to implement clinical audit as per devised strategy, as well as monitoring and implementing MSDS standards.
- 9. Prepare detailed visit reports of clinical short comings; and suggest, and implement improvement plan.
- 10. Monitoring & auditing of patient referral system, detailed report on error and recommendations on rectification of errors.
- 11. Monitoring and evaluation of multiple trainings imparted at DHQ/THQ hospitals.
- 12. Any other relevant task assigned by Project Director/Director Quality Assurance / Project Manager.

5.7.2.4 <u>Reporting Arrangements</u>

 The Consultant (MSDS & Clinical Audit) will report to the Project Director/Director Quality Assurance/Senior Project Manager, P&SHD

5.7.2.5 Duration of Assignment

• The duration of assignment will initially be for THREE MONTHS / 120 DAYS which will be extendable subject to satisfactory performance.

5.7.2.6 Outputs / Key Deliverables

- Study/desk review the relevant Minimum Service Delivery Standards (MSDS) prescribed by PHC & ISO Standards, train the hospital staff/monitor/facilitate their implementation.
- Study/desk review the existing Standard Operating Procedures (SOPs), train the hospital staff/monitor/facilitate their implementation and suggest improvements where necessary.
- Study/desk review the existing SMPs, train the hospital staff/monitor/facilitate their implementation and suggest improvements where necessary.
- Conduct hospital visits of 125 DHQ/THQ hospitals (each DHQ hospital to be visited monthly & each THQ hospital every three months).
- Conduct formal hospital survey for confirming the implementation of MSDS on the relevant Scoring Matrix.
- Submit detailed report of each hospital visit on a standard format prescribed for the purpose.
- Conduct a system, process analysis with special emphasis on clinical audit and submission of detailed report accordingly.

5.7.2.7 <u>Remunerations</u>

- The consultant will be paid amount of Rs. **4500-6500/- per day** with no other benefits.
- All logistics will be arranged/reimbursed by PMU for field visits (accommodation, refreshments etc).

5.7.2.8 Terms of Payment

• Consultant will be paid on monthly basis throughout the contract period.

5.7.3 HR for Day Care Center

5.7.3.1 Manager Day Care Center (DCC)

Shall be responsible for general administrative affairs of DCC.

Eligibility Criteria

- Minimum qualification Masters' degree in Economics/ Public Administration/ Finance/ MBA Finance/Administration or equivalent from HEC recognized University
- 2. Minimum 2 years post degree experience of administration (Additional credit may be given for hospital administration/ Public sector administration of similar nature)

5.7.3.2 Montessori Trained Teacher

Shall be responsible for basic education of children.

Eligibility Criteria

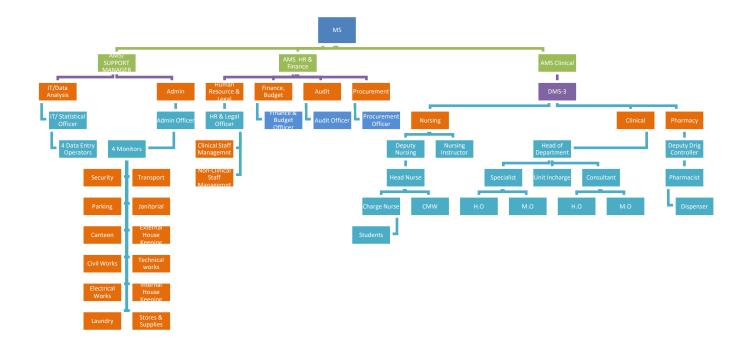
- 1. Minimum qualification BA/BSC or equivalent from HEC recognized University along with B.Ed.
- Minimum 1 years post degree experience of teaching (Additional credit may be given for Public sector teaching of similar nature)

5.7.3.3 Attendant / Care Giver

Shall be responsible for special care of the children.

Eligibility Criteria

Minimum qualification Matric or equivalent alongwith diploma in relevant field



The Planning & Development Board vide letter No.12(24)PO(COORD-II)P&D/2022 dated 14-07-2022 has informed that revised standard pay package were discussed and approved by the 83rd PDWP meeting held on 28-06-2022 under the chairmanship of Chairman P&D Board for all ADP funded Project posts of Department /Organizations working in Government of the Punjab:

Project Pay Scale (PPS)	Revised Project Pay Scales (Permissible	Annual Increment Up
	<u>Range) (PKR)</u>	to % age
PPS-1	28,000 44,800	10
PPS-2	35,00056,000	10
PPS-3	43,750 70,000	10
PPS-4	52,500 84,000	10
PPS-5	70,000112000	10
PPS-6	105,000 172,200	8
PPS-7	157,500258,300	8
PPS-8	218,750358,750	8
PPS-9	306,250502,250	8

PPS-10	437,500700,000	5
PPS-11	612,500 980,000	5
PPS-12	875,0001,400,000	5

In view of the above the Pay package of NMS staff has been revised. Financial Implications of New Management Structure Model based on revised Standard Pay Package (PPS) approved by the 83rd PDWP meeting held on 28-06-2022:

	No. of	Original Pa approved	ay package	Revised Pa	ay package
Name of Post	Employees	Per Month Salary	Salary for One Year	Per Month Salary	Salary for One Year
Admin Officer	1	80,000	960,000	105,000	1,260,000
Human Resource Officer	1	80,000	960,000	105,000	1,260,000
IT/Statistical Officer	1	80,000	960,000	105,000	1,260,000
Finance & Budget Officer	1	80,000	960,000	105,000	1,260,000
Procurement Officer	1	80,000	960,000	105,000	1,260,000
Quality Assurance Officer	1	80,000	960,000	105,000	1,260,000
Logistics Officer	1	80,000	960,000	105,000	1,260,000
Data Entry Operator (DEO)	2	35,000	840,000	44,000	1,056,000
Assistant admin Officer	2	50,000	1,200,000	70,000	1,680,000
Total	11		8,760,000	849,000	11,556,000

5.8 Other Initiatives:

There are many other initiatives which government plans to undertake in order to improve healthcare services in the province. These include:

- Rehabilitation of Emergency Ward
- Fixture of Benches
- Addition of Bracket Fans/Water Coolers/LCDs with signage
- Supply of Laboratory/ Equipment/USG/ECG etc.
- CCU Improvement
- Installation of Water filtration plants
- Replacement of Bed sheets/Pillows/Matrasses
- Installation of Transformers/Dual Connection
- Improvement of Labor rooms/Nurseries

- Maintenance and replacement of Air-conditioners through Outsourcing
- Blood Bank improvement
- Installation of CCTV Cameras
- Installation of Basic Fire-fighting Equipment
- Up gradation of Pharmacy and medicine Store
- Improvement of Internal Roads and laying of Tough pavers
- External Development
- Rehabilitation of Hepatitis/T.B Control

The PMU is essential to deliver the project end-item within budget and time limitations, in accordance with technical specifications, and, when specified, in fulfillment of project objectives.

5.9 Patient Management Protocol

5.9.1 Emergency:

- 1. Initial reception and computerization of data, issuance of medical record number and preparation of record file.
- 2. Patients seen by C.M.O. initial assessment (brief history and physical examination) is entered on the emergency slip/file initial treatment is started.
- 3. C.M.O calls the medical officer / house officer of the relevant department who takes on of the following action:
 - i. Discharges the patient from emergency department after the patient is stabilized (himself or after consultation).
 - ii. Returns the patient in emergency department and inform the consultant or call such patient is either discharged after some time i.e. 2 hours of admitted later on
 - iii. Patient is straight way admitted by the medical officer himself or in consultation with the consultant
- 4. A separate record is maintained by each department. Each patient discusses at the morning meeting and any pitfalls are any pitfalls are corrected.
- 5. The patient who is admitted is again entered into the computer in the ward, complete history and physical examination is carried out and relevant lab & radiological investigations are ordered. (If not already done in the emergency department).

- 6. The definitive management is either started by the medical officer himself or in consultation with the consultant. (Telephone or physically). The patient is prepared for surgery if required.
- 7. At the evening round of the ward, the patients admitted throughout the day (Through OPD or emergency) are seen by the specialist. Appropriate changes in the management are carried out.
- 8. During the night, medical officer & house officer will be on duty and they will remain in contact with consultant.
- 9. In the morning round all the new admissions and old patients are thoroughly discussed management / treatment changed, surgery ordered or discharge ordered.
- 10. The discharge certificate is either prepared by the house officer or medical officer. If prepared by the house officer, it is countersigned by the medical officer

Appropriate changes are made in the computer record after discharge. The file is sent to the central record.

5.9.2 <u>O.P.D:</u>

- 1. After the initial registration and issuance of computerized number patient is sent to the relevant medical officer with the OPD slip/file.
- 2. The medical officer / house officer of the relevant department performs the initial assessment. The medical officer himself advises the treatment / investigation or refers the patients to the specialist or admits the patient.
- 3. After admission. The same routine is followed which has been mentioned in the case of admission through emergency.

5.9.3 Death or End of Life Management.

- 1. The decision regarding resuscitation is made at the initial stages by the medical officer / house officer or specialist in consultation with the patient himself and / attendants.
- 2. The DNR (Do not resuscitate) patients are only seen by the medical officer/ hose officer at the time of death.
- 3. For the patients to be resuscitated, a special code (blue code) is declared when patient go onto cardiac or the terminal events.
- 4. The policy for very sick / terminal and dying patients is formulated at the hospital administration level and appropriate modifications are decided in the relevant department for each patient.

5. Every death is discussed weekly at the mortality committee at the department and at the hospital level cleared by the Medical Superintendent.

5.9.4 Inventory Control System

The stock keeping and issuance of such items shall also be controlled and monitored through closer supervision and checks and balance system built in the software. The stock and expense of durable and consumable items will be kept in the system and also as hard copies. The main stores computers will be linked with the sub stores computers through networking. The areas like emergency. Outpatient department, Indoor registration desks, Laboratory and Radiology Department, ICUs, etc., will have linkages with the main and sub stores to know about:-

- 1. Stock in hand of various items
- 2. New receipt of these items
- 3. The items which have been issued to other departments
- 4. The Items which are not available
- 5. The expenditure incurred on the purchase.

The budget and details of account shall be linked with the financial control system.

5.9.5 Project Monitoring Committee

A Project Monitoring Committee is proposed hereby as under to monitor the project regarding Revamping of THQ Hospital:

1.	Deputy Commissioner	(Chairman)
2.	District Monitoring Officer	(Member)
3.	Executive Engineer Buildings	(Member)
4.	Assistant Commissioner Concerne	ed (Member)
5.	MS THQ Hospital	(Secretary/Member)

The committee will monitor the progress of the project and will hold regular weekly meeting to review the progress.

5.10 Relationship with Sectoral Objectives

The Government of the Punjab, Primary & Secondary Healthcare Department is in the process of undertaking number of initiatives to improve health care delivery system in the province. The Government of the Punjab is firmly committed to provide health care services at the doorstep of the community through integrated approach. A number of projects to improve emergency health care service particularly targeting on the promptness and quality have been initiated. Although major focus is on disease prevention and health promotion strategies by providing specialist health care services to victims of various diseases in the patients is one of the top most priority. The instant project will be a major wing to health department with line departments.

Mainly the linkage with social welfare and human empowerment, labour and manpower, Education Department, Special Education, Home of the project will be in a vibrant environment in the holistic manner. The scope of the project itself aims to establish horizontal linkage with all the stakeholders through multisectorial approach. The health care facilities and ongoing services provided in the hospital will seek strength and viability from its linkage and public ownership.

6. DESCRIPTION AND JUSTIFICATION OF PROJECT

6.1 JUSTIFICATION OF PROJECT

attached

1. Description, Justification and Technical Parameters

The scheme has been estimated on face of the factual basic requirements and if needed, alterations and has been quoted in this PC-I. The Population of Chak Jhumra District Faisalabad is more than 0.559 million. The area of the THQ Hospital Chak Jhumra District Faisalabad is 233,236 SFT land.

6.1 Description and Justification

The Project Management Unit, Revamping Program, Primary and Secondary Healthcare Department planned to start the 2nd Phase of the said revamping program. The instant PC-I is also meant for provision of requisite biomedical and non-biomedical equipment, Electricity, Furniture & Fixture, Signage, HR and outsourcing of services for THQ Chak Jhumra District Faisalabad

Revamping of THQ Chak Jhumra District Faisalabad constitutes of value addition in all major domains of the hospital including improvement of Civil infrastructure, addition of water filtration plant facility, value addition in Emergency ward and making the health facility more equipped with modern bio-medical equipment. State of the art furniture and fixtures complemented by interior and exterior decors are also part of this revamping project backed by the thought of dedicated express line of electricity to ensure smooth operations of hospitals will bring the modern health facilities in healthy and comfortable environment at the door step of masses. Introduction of new model of outsourcing of laundry services to ensure provision of neat and clean bed sheets, pillow covers, blankets etc. round the clock is also a part of this project. Fool proof security and adequate cleanliness measures of whole health facility are also proposed in this PC-I.

Civil work component will be carried out through C&W Department instead of District Health Authority for this hospital. Value addition in Emergency block is proposed in four domains i.e. Triage, Minor O.T, Specialized care room and emergency ward. Addition of Water Filtration Plant facility where it is not available as unclean or polluted water is devastating for human health. A key consideration was made while selecting furniture and its compatibility with hospital grade cleaners, detergents and disinfectants. Signage is an effective interface between the user and intended facility. Effective signage promotes the healthcare facility in a patient friendly manner. Access is an important part of quality of care. A crucial aspect for patient satisfaction is their comfort levels with the facility itself i.e. a person's ease in navigating a facility, and the timeliness in receiving care. Clear and proper signage at strategic points helps patients in reaching their destination without losing much of their valuable time and saves lot of their efforts in unnecessary enquiring from persons. In this regard, the Equipment of Emergency, Bio-Medical, Non-Bio-Medical, Electricity, Signage, Janitorial, Security, Laundry, Maintenance of Generator and Horticulture have been added as per actual requirement of the Hospital. The Equipment of MSDS, IT, Furniture Fixture, Day Care Center, HR, Medical Gases, Cafeteria are fixed in all hospitals as per vardstick established by P& SH Department. Prior to initiation of this exercise standardization of required facilities was done by committee of experts in P & SH Department and on the basis of it, gaps were identified which would be covered under this PC-I.

Justification for 3rd Revision of PC-I

- 1. Originally the Civil work component of the scheme was planned to be executed by the Health Council of the concerned District Health Authority based on cost estimates prepared by the Infrastructure Wing of PMU and approved by the DDSC. Accordingly, funds of Rs.3, Rs.5 and Rs.10 million were provided during FY 2017-18 for the execution of work as per parameters provided to these THQ Hospitals. However, no reasonable revamping civil work was carried out and hence did not fulfil the requirement and the objectives of the Revamping Program. Now P&SHD has decided to carry out further revamping of Civil work through Communication and Works Department Punjab to accomplish the uniformity of THQ Hospitals with already revamped hospitals of Phase-I. Hence the Rough Cost Estimates of the Punjab Buildings Department has been included in the civil work cost of this scheme.
- 2. Primary & Secondary Healthcare Department (P&SHD) made a decision to shift all the clerical posts in DHQ / THQ hospitals of Punjab to District Health Authorities as per notification dated 24th October, 2017. This administrative decision was taken due to a multiplicity of reasons which were adversely affecting healthcare service delivery in the hospitals. Primarily, these clerical posts were not specialized in any particular field, and therefore, the HR hired against these posts were generalized to the extent that they were not able to perform functions of Hospitals and Health Specific tasks that any medical administration should ideally perform. Additionally, public complaints against the clerical staff on issues such as behavior, performance created an environment of malfeasance in all hospitals. In place of the clerical positions, the Department introduced a New Management Structure (NMS), in all District and Tehsil Headquarters Hospitals. The officers/officials recruited as a part of the NMS have a minimum of 16 years of education. Introduction of New Management Structures (NMS) across all secondary hospitals in the Punjab, has allowed for the overall efficiency of District and Tehsil Headquarters Hospitals. In each Tehsil Headquarter Hospital HR under MNS has been provided for smooth running of the health services. Pay Package for NMS Staff was never been revised since 2017-18, therefore it was decided to approach the P&D Department for revision of Pay package. The PDWP approved revised pay page in its meeting held on 08-02-2022 based on PPS approved in 60th PDWP meeting as under: -

	60 th PDWP Me	eting	
Name of Posts	PPS Assigned	Permissible Range (PKR) & Annual increment	Approved Pay Package
HR & Legal Officer, IT & Statistical Officer, Admin Officer, Procurement Officer, Finance & Budget Officer, Logistics Officer, Quality Assurance Officer, Audit Officer and Biomedical Engineer	PPS-6	75,000-105,000 (8% annual incr.)	75,000
Assistant Admin Officer	PPS-5	50,000-75000 (10% annual incr.)	50,000
Data Entry Operator	PPS-3	35,000-55,000 (10% annual incr.)	35,000

Now the Planning & Development Board vide letter No.12(24)PO(COORD-II)P&D/2022 dated 14-07-2022 has informed that revised standard pay package were discussed and approved by the 83rd PDWP meeting held on 28-06-2022 under the chairmanship of Chairman P&D Board for all ADP funded Project posts of Department /Organizations working in Government of the Punjab. Therefore, the revised Pay Package has been incorporated in the revised PC-I.

- As the gestation period of the PC-I till 30.06.2023, therefore, the cost of NMS has been revised for smooth running of the Tehsil Headquarter Hospitals and hence PC-I has been proposed till 30- 06-2025.
- 4. Infrastructure team has conducted the Joint visits with the team of C&W Department. During the field visits, few alterations were recommended by the technical teams which have been incorporated in the Revised Rough Cost Estimates of the subject scheme and have been attached with the PC-I along with comparative statement. Therefore, Civil works component cost has been decreased from Rs. 48.733 million to Rs. 45.800 million due to few changes in the scope and MRS rates (2nd Bi-annual 2022).

85 THQ Hospitals covered under the Program:

The location map of the 85 THQ hospitals that will be taken up for rehabilitation in this program is given below:

PROJECT MANAGEMENT UNIT PRIMARY & SECONDARY HEALTHCARE DEPARTMENT



LOCATION OF DHQ AND THQ HOSPITALS IN PUNJAB



6.2 SECTORAL SPECIFIC INFORMATION

Social Sectors, Health Department

7. CAPITAL COST ESTIMATES

Financial Components: Revenue **Cost Center:**OTHERS- (OTHERS) **Fund Center (Controlling):**N/A Grant Number:Development - (PC22036) LO NO:LO17010559 A/C To be Credited:Assan Assignment

Sr # **Object Code** 2019-2020 2020-2021 Local Foreign Local Foreign A05270-To Others 0.000 0.000 0.000 0.000 1 0.000 0.000 0.000 2 A12403-Other Buildings 0.000 Total 0.000 0.000 0.000 0.000

Financial Components: Capital **Cost Center:**OTHERS- (OTHERS) **Fund Center (Controlling):**LE4203 Grant Number:Government Buildings - (PC12042) LO NO:LO21010593 A/C To be Credited:Account-I

Sr #	Object Code	2019-	-2020	2020-2021					
		Local	Foreign	Local	Foreign				
1	A05270-To Others	0.000	0.000	0.000	0.000				
2	A12403-Other Buildings	0.000	0.000	0.000	0.000				
	Total	0.000	0.000	0.000	0.000				

PKR Million

PKR Million

Abstract of Cost

Name of THQ Hospital						THQ	Chak Jhur	nra					
						Co	st in millio	n					
Scope of work	Original		1st Revis	sed		2nd Revise	ed	Amer	nded 2nd F	Revised		3rd Revise	ed
	Total	Capital	Revenue	Total	Capital	Revenue	Total	Capital	Revenue	Total	Capital	Revenue	Total
Capital component													
Internal Development	17.367	0.000	17.367	17.367	29.249	5.000	34.249	34.025	5.000	39.025	26.288	5.000	31.288
External Development	2.628	0.000	2.628	2.628	18.074	0.000	18.074	14.708	0.000	14.708	19.512	0.000	19.512
Water filtration plant	5.600	0.000	5.600	5.600	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total Capital Component	25.594	0.000	25.594	25.594	47.323	5.000	52.323	48.733	5.000	53.733	45.800	5.000	50.800
Emergency	19.687	0.000	19.687	19.687	0.000	26.796	26.796	0.000	26.796	26.796	0.000	45.651	45.651
MSDS	8.647	0.000	8.647	8.647	0.000	9.654	9.654	0.000	9.654	9.654	0.000	13.438	13.438
Med. Machinery and Equipment	50.536	0.000	50.536	50.536	0.000	66.095	66.095	0.000	66.095	66.095	0.000	97.655	97.655
Electricity	10.961	0.000	10.961	10.961	0.000	10.961	10.961	0.000	10.961	10.961	0.000	19.961	19.961
IT & QMS & Surveillance	14.515	0.000	14.515	14.515	0.000	16.715	16.715	0.000	16.715	16.715	0.000	20.120	20.120
Furniture and Fixtures	13.504	0.000	13.504	13.504	0.000	13.504	13.504	0.000	13.504	13.504	0.000	18.788	18.788
Interior and Exterior decorations/ Signage	3.051	0.000	3.051	3.051	0.000	4.271	4.271	0.000	4.271	4.271	0.000	4.271	4.271
Day Care Center	1.600	0.000	1.600	1.600	0.000	1.600	1.600	0.000	1.600	1.600	0.000	1.600	1.600
Human resource (HR) plan	17.220	0.000	17.220	17.220	0.000	38.420	38.420	0.000	38.420	38.420	0.000	56.376	56.376
LC Deficit during procurement (currency fluctuation)						2.842	2.842		2.842	2.842		2.842	2.842
Total Revenue component	139.721	0.000	139.721	139.721	0.000	190.857	190.857	0.000	190.857	190.857	0.000	280.701	280.701
Outsourcing component													
Janitorial Services	12.107	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Security and Parking services	5.343	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Laundry Services	3.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Maintenance (Generator)	2.520	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
MEP	3.689	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Medical Gases	1.304	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Cafeteria	6.743	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Horticulture services	8.735	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total outsourcing cost	43.442	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total	208.757	0.000	165.315	165.315	47.323	195.857	243.180	48.733	195.857	244.590	45.800	285.701	331.501
Contingency (1%) only on Civil Component	0.256	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Third party monitoring (TPM) (2%)	4.175	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Grand Total	213.188	0.000	165.315	165.315	47.323	195.857	243.180	48.733	195.857	244.590	45.800	285.701	331.501

				0	Drignal		1st	Revised		2nd	Revised		3rd	Revised	
Sr. No.	Area	ITEM DESCRIPTION	Yard Stick	Required Quantity (T=5+S=0+E=5)	Actual Unit Price	Actual Total Cost(Rs)	Required Quantity (T=5+S=0+E=5)	Actual Unit Price	Actual Total Cost(Rs)	Required Quantity (T=5+S=0+E=5)	Actual Unit Price	Actual Total Cost(Rs)	Required Quantity (T=5+S=0+E=5)	Actual Unit Price	Actual Total Cost(Rs)
1	Desertion	Table	0		99,750	-		99,750	-		99,750	-		99,750	-
2	Reception Area	Chairs	0		26,775	-		26,775	-		26,775	-		30,000	-
3	7.004	Computer Data Entry With Printer	1	1	141,750	141,750	1	141,750	141,750	1	141,750	141,750	1	195,000	195,000
4	3	Table (2.5 X 4)*(N)	0	0	101,850	-	0	101,850	-	0	101,850	-	0	101,850	-
5	5	Chairs *(N)	0	0	26,775	-	0	26,775	-	0	26,775	-	0	30,000	-
6		B.p apparatus wall type*(N)	3	5	15,750	78,750	5	15,750	78,750	5	30,000	150,000	5	30,000	150,000
7	1	Gurney WITH FOOT STEP)*(N)	3	5	420,000	2,100,000	5	420,000	2,100,000	5	460,000	2,300,000	5	800,000	4,000,000
8		Mercury B.P apparatus*(N)	2	4	33,600	134,400	4	33,600	134,400	4	36,000	144,000	4	36,000	144,000
9		Laryngoscope paeds &adult each*(N)	2	4	10,500	42,000	4	10,500	42,000	4	12,000	48,000	4	20,000	80,000
10		Diagnostic set*(N)	1	2	45,150	90,300	2	45,150	90,300	2	50,000	100,000	2	85,000	170,000
1		ECG Machine (with trolley) *(N)	1	2	169,785	339,570	2	169,785	339,570	2	180,000	360,000	2	300,000	600,000
12	Triage area	Central oxygen with accessories FOR each	0	0	420,000	-	0	420,000	-	0	-	-	0	-	-
13		NEBULIZER HD*(N)	2	4	125,265	501,060	4	125,265	501,060	4	215,000	860,000	4	300,000	1,200,000
4		SUCKER MACHINE*(N)	1	2	259,350	518,700	2	259,350	518,700	2	275,000	550,000	2	300,000	600,000
5		Resuscitation Trolley (fully equipped)	1	2	244,733	489,466	2	244,733	489,466	2	400,000	800,000	2	600,000	1,200,00
6	-)*(N) INSTRUMENT CABINET*N	1	2	69,300	138,600	2	69,300	138,600	2	69,300	138,600	2	69,300	138,60
7		MEDICINE TROLLY*N	1	2	60,900	121,800	2	60,900	121,800	2	60,900	121,800	2	60,900	121,80
8		O.T table WITH foot step	1	1	1,417,500	1,417,500	1	1,417,500	1,417,500	1	2,000,000	2,000,000	1	2,500,000	2,500,00
9	1	Anesthesia Machine	1	1	2,509,554	2,509,554	1	2,509,554	2,509,554	1	3,000,000	3,000,000	1	7,000,000	7,000,00
0	-	Sucker machine	1	1	259,350	259,350	1	259,350	259,350	1	275,000	275,000	1	300,000	300,00
1	-	Portable O.T Lights	1	1	304,220	304,220	1	304,220	304,220	1	500.000	500,000	1	900.000	900.00
22	-	Ceiling o.t light	1	1	414,750	414,750	1	414,750	414,750	1	800,000	800,000	1	950,000	950,00
23	Minor O.T	Hot air oven	1	1	110,000	110,000	1	110,000	110,000	1	385,000	385,000	1	450,000	450,00
24		Autoclave	1	1	441,000	441,000	1	441,000	441,000	1	550,000	550,000	1	850,000	850,00
25	1	Instrument trolley*N	1	1	54,000	54,000	1	54,000	54,000	1	54,000	54,000	1	55,000	55,00
26	-	Defibrillator*N	1	1	310.000	310,000	1	310,000	310.000	1	650.000	650,000	1	800.000	800.00
27	1	Instrument cabinet	1	1	69,300	69,300	1	69,300	69,300	1	69,300	69,300	1	69,300	69,30
28		GURNEYS*N	4		420,000	-		420,000	-		460,000	-		850,000	-
29	-	Sucker machine *(N)	2		259,350	-		259,350	-		275,000	-		300,000	-
80	-	Nebulizer HD*(N)	2		125,265	-		125,265	-		215,000	-		300,000	
31	-	Center Oxygen supply*N	1		420.000	-		420,000	-		-	-		-	-
32	-	Resuscitation Trolley (fully equipped)	1		.,						100.000				
	Constant /)*(N)			237,618	-		237,618			400,000	-		600,000	
33	specialized	Defibrillator*N	1		302,605	-		302,605	-		650,000	-		800,000	-
4	care room	Pulse- oximeter*(N)	4		104,000	-		104,000	-		160,000	-		225,000	-
5	4	Bedside-monitor*(N)	4		301,665	-		301,665	-		550,000	-		1,200,000	-
6	-	ECG MACHINE)*(N)	1		169,785	-		169,785	-		169,785	-		300,000	-
37	4	BP APPARATUS*N	1		15,750	-		15,750	-		16,000	-		16,000	-
8	4	FOOT STEP)*(N)	1		3,150	-		3,150	-		4,000	-		5,500	-
9		ATTANDANT BENCH)*(N)	1		5,250	-		5,250	-		8,000	-		10,000	-
0	7	(MOTRIZED BEDS) with accessories (with foot steps*(N)	7	5	210,000	1,050,000	5	210,000	1,050,000	5	400,000	2,000,000	5	600,000	3,000,00
2	5	ECG machine(with trolley) *(N)	1	1	169,785	169,785	1	169,785	169,785	1	169,785	169,785	1	300,000	300,00
.2	4	Pulse- oximeter *(N) Podeide maniter*(N)	6	5	104,000	520,000	5	104,000	520,000	5	160,000	800,000	5	225,000	1,125,00
	-	Bedside-monitor*(N)	3	3	301,665	904,995	3	301,665	904,995	3	550,000	1,650,000	3	1,200,000	3,600,00
4	Emorgon	B.P apparatus wall type *(N)	6	5	26,250	131,250	5	26,250	131,250	5	30,000	150,000	5	30,000	150,00
5 6	ward	Nebulizer HD *(N) Resuscitation Trolley (fully equipped)	2	2	125,265	250,530	2	125,265	250,530	2	215,000	430,000	2	300,000	600,00
)*(N)	1	1	237,618	237,618	1	237,618	237,618	1	400,000	400,000	1	600,000	600,00
7	1	Defibrillator*N	1	1	299,153	299,153	1	299,153	299,153	1	650,000	650,000	1	800,000	800,00

Emergency Equipment

										1						
				(Drignal		1st	Revised		2nd	Revised	l	3rd Revised			
Sr.	Area	ITEM DESCRIPTION	Yard	Required Quantity	Actual Unit	Actual Total	Required Quantity	Actual Unit	Actual Total	Required Quantity	Actual Unit	Actual Total	Required Quantity	Actual Unit	Actual Total	
48		Sucker machine *(N)	2	2	259,350	518,700	2	259,350	518,700	2	275,000	550,000	2	300,000	600,000	
49		Wheal chairs *(N)	0	0	31,500	-	0	31,500	-	0	35,000	-	0	35,000	-	
50		Stretcher *(N)	0	0	69,300	-	0	69,300	-	0	69,300	-	0	69,300	-	
51		ambo bag paeds with Mask*N	5	5	15,750	78,750	5	15,750	78,750	5	19,000	95,000	5	19,000	95,000	
52	Generalized	ambo bag adult with Mask* N	5	5	15,750	78,750	5	15,750	78,750	5	19,000	95,000	5	19,500	97,500	
53		patient stool * N	2	2	4,085	8,169	2	4,085	8,169	2	4,500	9,000	2	5,000	10,000	
54		Portable x-rays (300 M.A)	1	1	3,450,350	3,450,350	1	3,450,350	3,450,350	1	4,300,000	4,300,000	1	9,800,000	9,800,000	
55		Portable ultra-sound	1	1	1,403,325	1,403,325	1	1,403,325	1,403,325	1	1,500,000	1,500,000	1	2,400,000	2,400,000	
		Total				19,687,445			19,687,445			26,796,235			45,651,200	
						19.687	-	-	19.687	-	-	26.796	-	-	45.651	

				MS	DS								
			Origina	l	1	st Revis	ed	2	nd Revis	sed	3	rd Revis	ed
Sr. No.	ITEM DESCRIPTION	Quantity Required	Actual Unit Price	Actual Total Cost(Rs)									
1	Histology slide boxes	3	3,100	9,299	3	3,100	9,299	3	4,500	13,500	3	4,500	13,500
2	Labeling Device connected with	3	60,000	180,000	3	60,000	180,000	3	80,000	240,000	3	80,000	240,000
3	Computer Safe Transportation Boxes	2	15,750	31,500	2	15,750	31,500	2	18,000	36,000	2	18,000	36,000
4	Portable Safety Exhaust Hood	1	160,000	160,000	1	160,000	160,000	1	250,000	250,000	1	450.000	450,000
5	Centrifuge Machine	0	149,336	-	0	149,336	-	0	250,000	-	0	325,000	430,000
6	Hot plates	2	26,250	52,500	2	26,250	52,500	2	45,000	90,000	2	55,000	110,000
7	Water bath	1	157,500	157,500	1	157,500	157,500	1	157,500	157,500	1	300.000	300,000
8	Complaint boxes	10	3,150	31,500	10	3,150	31,500	10	3,150	31,500	10	3,150	31,500
9	Spine boards with Neck holders	4	31,080	124,320	4	31,080	124,320	4	31,080	124,320	4	31,080	124,320
10	Sensitometer	1	137,325	137,325	1	137,325	137,325	1	137,325	137,325	1	137,325	137,325
11	Densitometer personal	2	191.391	382.782	2	191,391	382.782	2	191.391	382.782	2	191.391	382.782
12	Box of Films	2	26,250	52,500	2	26,250	52,500	2	30.000	60,000	2	30.000	60.000
13	Aluminium Step Wedge	1	26,250	26,250	1	26,250	26,250	1	26,250	26,250	1	26,250	26,250
14	Non-Mercury thermometer	10	305	3,045	10	305	3,045	10	350	3,500	10	750	7,500
14	Brass or copper mesh screen	2	5.250	10,500	2	5.250	10,500	2	5.250	10,500	2	5.250	10,500
16	Wheel Chairs	0	31,500	10,300	0	31,500	10,500	0	35,000	10,500	0	35,000	10,500
17	Statures	0	67,830	-	0	67,830	-	0	75,000	-	0	75,000	-
18	Blood Warmer	3	246,750	740.250	3	246,750	740,250	3	275,000	825,000	3	275,000	825,000
19	Sequence Compression Device	2	240,730	420.000	2	240,730	420.000	2	230,000	460,000	2	600.000	1,200,000
20	Blood Bank Refrigerators with	0	682,500	-	0	682,500	-	0	700,000		0	1,469,900	-
20	Data Coder	1	84,000	84,000	1	84,000	84,000	1	100,000	100,000	1	1,469,900	
22	Plasma Separator 1	0	4,200,000	-	0	4,200,000	-	0	4,500,000	100,000	0	4,500,000	
23	Blood Storage Cabinet	1	682.500	682.500	1	682.500	682.500	1	700.000	700,000	1	1,469,900	1,469,900
24	Resuscitation Trolley	0	244,733	-	0	244,733	-	0	400.000	-	0	491,350	-
25	Ultra sound machine gyne	0	1,403,325	-	0	1,403,325		0	1,700,000		0	2,150,000	
26	Delivery Table	0	47,250	-	0	47,250	-	0	47,250		0	48,500	
27	Height and weight scale	4	8,400	33.600	4	8,400	33,600	4	10.000	40.000	4	31.500	126,000
28	Suction Electronic	0	259,350	-	0	259,350	-	0	275,000	-10,000	0	275,000	-
29	Fetal Heart Rate Detector	1	144,375	144,375	1	144,375	144,375	1	175,000	175,000	1	275,000	275,000
30	Ambo bag	0	17,325	-	0	17,325	-	0	19,000	-	0	19,000	-
31	Neonatal size face mask	4	578	2,310	4	578	2,310	4	1,200	4.800	4	1,500	6,000
32	Exchange transfusion trays	2	10,000	20,000	2	10,000	20,000	2	10,000	20,000	2	12,000	24,000
33	Shoe racks SS	4	39,900	159,600	4	39,900	159,600	4	39,900	159,600	4	39,900	159,600
34	Sterilizer	0	2,940,000	-	0	2,940,000	-	0	3,500,000	-	0	7,800,000	-
35	Washer disinfector	0	_,= .=,= .=	-	0	_,,	-	0	-	-	0	-	-
36	Packing table	0	-	-	0	-	-	0	-	-	0	-	-
37	Digital Sealer Printer	1	420,000	420,000	1	420,000	420,000	1	480,000	480,000	1	520,000	520,000
38	Backup Auto Clave	0	441,000	-	0	441,000	-	0	550,000	-	0	789,625	-
39	Racks for Manual	10	21,000	210,000	10	21,000	210,000	10	37,500	375,000	10	56,160	561,600
40	Locked Racks for MSDS Data	2	21,000	42,000	2	21,000	42,000	2	37,500	75,000	2	56,160	112,320
41	Eye Wash Station with shower	3	300,000	900,000	3	300,000	900,000	3	350,000	1,050,000	3	350,000	1,050,000
42	Air Curtain	4	50,190	200,760	4	50,190	200,760	4	60,000	240,000	4	60,000	240,000
43	Fire Sand Buckets with stand	5	15,000	75,000	5	15,000	75,000	5	20,000	100,000	5	20,000	100,000
44	Smoke Detectors	10	7,350	73,500	10	7,350	73,500	10	8,500	85,000	10	8,500	85,000
45	Heat Detector	5	8,400	42,000	5	8,400	42,000	5	10,000	50,000	5	10,000	50,000
46	Gas Detector	5	6,300	31,500	5	6,300	31,500	5	7,500	37,500	5	7,500	37,500
47	Fire Blankets	10	2,783	27,825	10	2,783	27,825	10	3,200	32,000	10	3,200	32,000
48	Fire Alarms	10	5,250	52,500	10	5,250	52,500	10	6,500	65,000	10	6,500	65,000

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				MS	DS								
			Origina	I	1	st Revis	ed	21	nd Revis	sed	3	rd Revis	sed
Sr. No.	ITEM DESCRIPTION	Quantity Required	Actual Unit Price	Actual Total Cost(Rs)									
49	Identification Bands	100	3	315	100	3	315	100	3	300	100	3	300
50	Wet Flooring Signages	0	431	-	0	431	-	0	550	-	0	750	-
51	Key Box	6	8,190	49,140	6	8,190	49,140	6	10,000	60,000	6	10,000	60,000
52	Dehumidifier	0	58,800	-	0	58,800	-	0	70,000	-	0	100,000	-
53	Tourniquet	4	840	3,360	4	840	3,360	4	850	3,400	4	1,500	6,000
54	LAB SAFETY BOX	2	3,150	6,300	2	3,150	6,300	2	4,000	8,000	2	4,000	8,000
55	densitometer	0	210,000	-	0	210,000	-	0	210,000	-	0	210,000	-
56	vending machine	0	630,000	-	0	630,000	-	0	630,000	-	0	630,000	-
57	Automatic shoe cover machine	2	296,100	592,200	2	296,100	592,200	2	332,500	665,000	2	332,500	665,000
58	Vein Finder	2	630,000	1,260,000	2	630,000	1,260,000	2	630,000	1,260,000	2	630,000	1,260,000
59	Blood Sample Vials (BOXES)	3	13	38	3	13	38	3	15	45	3	15	45
60	Bassinets	5	21,000	105,000	5	21,000	105,000	5	22,000	110,000	5	22,000	110,000
61			200,000	2	100,000	200,000	2	100,000	200,000	2	100,000	200,000	
62	2 Digital Tempurature Humidity Guage 4 15,000 60,0		60,000	4	15,000	60,000	4	15,000	60,000	4	15,000	60,000	
63	Bio Cleaning and Disinfection System	1	650,000	650,000	1	650,000	650,000	1	650,000	650,000	1	2,200,000	2,200,000
	Total			8,647,094			8,647,094			9,653,822			13,437,942
				8.647			8.647			9.654			13.438

		Medical Equipment Original 1st Revised 2nd Revised														1				
					Orig					levised	b		2nd F	Revise	d		3rd F	Revise	d	
Sr. No.	Area	Name of Equipment	Yard Stick	Available Quantity	Required Quantity	Cost per Unit	Total Cost	Available Quantity	Required Quantity	Cost per Unit	Total Cost	Available Quantity	Required Quantity	Cost per Unit	Total Cost	Available Quantity	Required Quantity	Cost per Unit	Total Cost	
1		Semi Auto Clinical Chemistry Analyzer	1	2	0	449,295	-	2	0	449,295	-	2	0	550,000	-	2	0	550,000	-	
2		Hematology Analyzer	1	1	0	427,350	-	1	0	427,350	-	1	0	550,000	-	1	0	750,000	-	
3		Electrolyte Analyzer	1	0	1	427,350	427,350	0	1	427,350	427,350	0	1	550,000	550,000	0	1	550,000	550,000	
4		Blood Gas Analyzer	0	0	0	2,744,858	-	0	0	2,744,858	-	0	0	3,200,000		0	0	1,400,000	•	
5		Clinical Microscope	1	3	0	132,825	-	3	0	132,825	-	3	0	180,000	-	3	0	250,000	-	
6	Laboratory	Water Bath	1	1	0	60,000	-	1	0	60,000	-	1	0	157,500		1	0	325,000		
7		Hot air Oven	1	0	1	210,000	210,000	0	1	210,000	210,000	0	1	385,000	385,000	0	1	450,000	450,000	
8		Distilled water plant	1	0	1	52,500	52,500	0	1	52,500	52,500	0	1	75,000	75,000	0	1	125,000	125,000	
9		Auto pipettes	10	2	8	31,500	252,000	2	8	31,500	252,000	2	8	40,500	324,000	2	8	45,000	360,000	
10		glass wares	0	0	0	105,000	-	0	0	105,000	-	0	0	105,000	-	0	0	105,000	-	
11		Centrifuge Machine	2	1	1	149,336	149,336	1	1	149,336	149,336	1	1	250,000	250,000	1	1	400,000	400,000	
12		Static X-ray Machine	1	1	0	4,200,000	-	1	0	4,200,000	-	1	0	6,000,000	-	1	0	##########	-	
13		Mobile X-Ray Machine	0	0	0	3,850,524	-	0	0	3,850,524	-	0	0	4,300,000	-	0	0	9,800,000		
14	ļ	Computerized Radiography System	0	0	0	4,018,245	-	0	0	4,018,245	-	0	0	4,500,000	-	0	0	4,500,000	-	
15	X-Rays	Dental X-Ray	0	1	0	282,975	-	1	0	282,975	-	1	0	350,000	-	1	0	525,000	-	
16	,-	Lead apron and PPE	2	0	2	52,500	105,000	0	2	52,500	105,000	0	2	60,000	120,000	0	2	85,000	170,000	
17		Density meter personal (Add)	0	0	0	210,000	-	0	0	210,000	-	0	0	210,000	-	0	0	250,000	-	
18		Lead glass /shield	0	0	0	105,000	-	0	0	105,000	-	0	0	105,000	-	0	0	150,000	-	
19		Lead Walls	0	0	0	525,000	-	0	0	525,000	-	0	0	525,000	-	0	0	525,000	-	
20	Ultrasound	Portable/Mobile Ultrasound	0	0	0	1,371,331	-	0	0	1,371,331	-	0	0	1,500,000	-	0	0	2,400,000	-	
21		Color Doppler RADIOLOGY	1	0	1	3,698,310	3,698,310	0	1	3,698,310	3,698,310	0	1	4,500,000	4,500,000	0	1	5,500,000	5,500,000	
22		ICU MONITOR	2	0	2	301,665	603,330	0	2	301,665	603,330	0	2	900,000	1,800,000	0	2	1,250,000	2,500,000	
23		Temporary pace maker	0	0	0	315,000	-	0	0	315,000	-	0	0	315,000	-	0	0	550,000	-	
24		Defibrillator	1	0	1	299,153	299,153	0	1	299,153	299,153	0	1	650,000	650,000	0	1	800,000	800,000	
25	CCU	ECG Machine Three Channel	2	0	2	169,785	339,570	0	2	169,785	339,570	0	2	169,785	339,570	0	2	300,000	600,000	
26		ETT Machine	0	0	0	2,021,838	-	0	0	2,021,838	-	0	0	2,200,000	-	0	0	3,000,000		
27		Color doplor CARDIOLOGY	0	0	0	4,681,790	-	0	0	4,681,790	-	0	0	4,800,000	-	0	0	6,000,000	-	
28		Suction Pump	2	0	2	259,350	518,700	0	2	259,350	518,700	0	2	275,000	550,000	0	2	300,000	600,000	
29		Blood Cabinet	1	0	1	690,539	690,539	0	1	690,539	690,539	0	1	700,000	700,000	0	1	1,500,000	1,500,000	
30	Blood Bank	Centrifuge Machine	2	0	2	149,336	298,673	0	2	149,336	298,673	0	2	250,000	500,000	0	2	400,000	800,000	
31	Dioou Duine	Slide viewer	1	0	1	42,000	42,000	0	1	42,000	42,000	0	1	55,000	55,000	0	1	55,000	55,000	
32		Clinical Microscope	1	0	1	132,825	132,825	0	1	132,825	132,825	0	1	180,000	180,000	0	1	250,000	250,000	
33	Dialysis Unit (10 beds)	Computerized Hemo Dialysis Machine	5	0	5	1,050,000	5,250,000	0	5	1,050,000	5,250,000	0	5	1,600,000	8,000,000	0	5	3,200,000	16,000,000	
34		Baby Cot	10	8	2	14,669	29,337	8	2	14,669	29,337	8	2	16,000	32,000	8	2	16,000	32,000	
35		Phototherapy Unit	2	2	0	130,200	-	2	0	130,200	-	2	0	655,000	-	2	0	850,000	-	
36		Infant Warmer	2	0	2	335,638	671,276	0	2	335,638	671,276	0	2	985,000	1,970,000	0	2	1,050,000	2,100,000	
37	Nursery	Pulse Oximeter	6	0	6	104,500	627,000	0	6	104,500	627,000	0	6	160,000	960,000	0	6	225,000	1,350,000	
38		Infant Incubator	2	1	1	858,932	858,932	1	1	858,932	858,932	1	1	900,000	900,000	1	1	1,750,000	1,750,000	
39		Suction Pump	1	0	1	259,350	259,350	0	1	259,350	259,350	0	1	275,000	275,000	0	1	300,000	300,000	
40		Hospital Grade Nebulizer Heavy Duty	2	2	0	125,265	-	2	0	125,265	-	2	0	215,000	-	2	0	300,000		
41		Anesthesia Machine with Ventilator	1	1	0	2,509,554	-	1	0	2,509,554	-	1	0	3,000,000	-	1	0	7,000,000	-	
42		BED SIDE PATIENT MONITOR	2	1	1	441,000	441,000	1	1	441,000	441,000	1	1	550,000	550,000	1	1	1,200,000	1,200,000	
43		Defibrillator	2	1	1	308,713	308,713	1	1	308,713	308,713	1	1	650,000	650,000	1	1	800,000	800,000	
44		Electrosurgical Unit	1	1	0	507,530	-	1	0	507,530	-	1	0	700,000	-	1	0	900,000	-	
45		Operation Table	1	2	0	1,426,215	-	2	0	1,426,215	-	2	0	2,000,000	-	2	0	2,500,000	-	
46	O.T (04)	Ceiling Operating Light	1	1	0	413,013	-	1	0	413,013	-	1	0	800,000	-	1	0	950,000	-	
47		STEAM STERILIZER	1	0	1	3,465,000	3,465,000	0	1	3,465,000	3,465,000	0	1	4,000,000	4,000,000	0	1	7,800,000	7,800,000	
48		Suction Pump	2	0	2	259,350	518,700	0	2	259,350	518,700	0	2	275,000	550,000	0	2	300,000	600,000	
49		Resuscitation trolley With Crash Cart	2	0	2	244,733	489,466	0	2	244,733	489,466	0	2	400,000	800,000	0	2	600,000	1,200,000	
50		mayo table	4	0	4	21,000	84,000	0	4	21,000	84,000	0	4	23,000	92,000	0	4	23,000	92,000	
51		MOBILE OPERATING LIGHT	1	1	0	304,220	-	1	0	304,220	-	1	0	400,000	-	1	0	900,000	-	
52		Operation Table	0	0	0	1,426,215	-	0	0	1,426,215	-	0	0	2,000,000	-	0	0	5,000,000	-	
53		ORTHOPEDIC DRILL	0	1	0	1,108,740	-	1	0	1,108,740	-	1	0	1,500,000	-	1	0	4,000,000	-	
54	Orthopedic	Plaster Cutting Pneumatic	1	1	0	276,250	-	1	0	276,250	-	1	0	450,000	-	1	0	1,500,000	-	
55		Pneumatic Tourniquets	0	1	0	262,500	-	1	0	262,500	-	I.		262,500		1	0	300,000	-	

					Me	edical	Equip	ment											
					Orig	inal			1st R	evise	k		2nd F	Revise	d		3rd F	Revise	d
S N		Name of Equipment		Available Quantity	Required Quantity	Cost per Unit	Total Cost		Required Quantity	Cost per Unit	Total Cost	Available Quantity	Required Quantity	Cost per Unit	Total Cost	Available Quantity	Required Quantity	Cost per Unit	Total Cost
5	6	Orthopedic Instruments	0	1	0	432,623		1	0	432,623	-	1	0	550,000	-	1	0	550,000	
5	7	Portable/Mobile Ultrasound	1	1	0	1,418,958	-	1	0	1,418,958	-	1	0	1,500,000	-	1	0	2,400,000	-

					Me	edical	Equip	nent											
					Orig				1st R	evise	d		2nd F	Revise	d		3rd F	Revise	d
Sr. Ar	rea	Name of Equipment	Yard Stick	Available Quantity	Required Quantity	Cost per Unit	Total Cost	Available Quantity	Required Quantity	Cost per Unit	Total Cost	Available Quantity	Required Quantity	Cost per Unit	Total Cost	Available Quantity	Required Quantity	Cost per Unit	Total Cost
58		Autoclave	1	1	0	441,000	-	1	0	441,000	-	1	0	550,000	-	1	0	850,000	-
59		Delivery Set	10	3	7	31,500	220,500	3	7	31,500	220,500	3	7	40,000	280,000	3	7	65,000	455,000
50		Delivery Table	2	2	0	47,250	-	2	0	47,250	•	2	0	47,250		2	0	55,000	-
61		BED SIDE PATIENT MONITOR	2	0	2	294,000	588,000	0	2	294,000	588,000	0	2	550,000	1,100,000	0	2	1,200,000	2,400,000
32 Gynea ((20	D & C Set	2	1	1	34,650	34,650	1	1	34,650	34,650	1	1	40,000	40,000	1	1	60,000	60,000
beds)	(20	Vaccume Extractor	1	1	0	259,350	-	1	0	259,350	-	1	0	300,000	-	1	0	350,000	-
64 bouc		CTG Machine	1	1	0	628,049	-	1	0	628,049	•	1	0	725,000	-	1	0	900,000	-
65		ECG Machine Three Channel	1	0	1	169,785	169,785	0	1	169,785	169,785	0	1	180,000	180,000	0	1	300,000	300,000
66		Portable O.T Light	2	1	1	304,220	304,220	1	1	304,220	304,220	1	1	400,000	400,000	1	1	900,000	900,000
67 68		Baby Cot	2	0	2	14,669	29,337	0	2	14,669	29,337	0	2	16,000	32,000	0	2	16,000	32,000
		Delivery trolly	2	2	0	47,250	-	2	0	47,250	-	2	0	47,250	-	2	0	47,250	-
69 70		Desktop Fetal Heart Rate Detector	1	0	1	144,375	144,375	0	1	144,375	144,375	0	1	175,000	175,000	0	1	200,000	200,000
70		Steam Sterilizer	0	1	0	3,355,849	-	1	0	3,355,849	-	1	0	4,000,000	-	1	0	7,800,000	-
72 Surg	dical	Operation Table	0	0	0	1,426,215	-	0	0	1,426,215	-	0	0	2,000,000	-	0	0	2,500,000	-
Emerge	ency (10	MOBILE OPERATING LIGHT	0	1	0	285,466	-	1	0	285,466	-	1	0	400,000	-	1	0	900,000	-
74 bec	eds)	Suction Pump	0	1	0	259,350	-	1	0	259,350	-	1	0	275,000	-	1	0	300,000	-
75		Laryngoscope	0	0	0	9,744 141,750	-	0	0	9,744	-	0	0	12,000	-	0	0	20,000	-
76		Set of Surgical Instruments Stretcher	10	3	7	68,250	477,750	3	7	141,750 68,250	477,750	3	7	160,000 69,300	485,100	3	7	220,000	485,100
77		wheel chair	10	3	7	31,500	220,500	3	7	31,500	220,500	3	7	35,000	245,000	3	7	35,000	245,000
78		foot support	6	0	6	4.200	25,200	0	6	4,200	25,200	0	6	4,500	243,000	0	6	5,148	30.888
79		Resuscitation trolly With Crash Cart	5	0	5	237,618	1,188,091	0	5	237,618	1,188,091	0	5	400,000	2,000,000	0	5	600,000	3,000,000
30		BP Appratus	15	1	14	15,750	220,500	1	14	15,750	220,500	1	14	16,000	2,000,000	1	14	16,000	224,000
31 Oth		Ventilator	0	0	0	2,195,080	-	0	0	2,195,080	-	0	0	3,500,000	-	0	0	5.500.000	-
32		CPAP	1	0	1	1,098,510	1,098,510	0	1	1,098,510	1,098,510	0	1	2,100,000	2,100,000	0	1	2,800,000	2,800,000
33		X-RAY PROCESSOR	1	0	1	858,440	858,440	0	1	858,440	858,440	0	1	925,000	925,000	0	1	1,200,000	1,200,000
34		Hand wash Scrub Double Bay	2	0	2	94,500	189,000	0	2	94,500	189,000	0	2	100,000	200,000	0	2	140,000	280,000
35		Image Inensifier	0	0	0	4,667,460	-	0	0	4,667,460	-	0	0	4,667,460	-	0	0	#######################################	-
36		Central Medical Gass Pipe Line System	7	0	7	850,000	5,950,000	0	7	850,000	5,950,000	0	7	-	-	0	7	-	-
37		Motorized Patient bed with bed	4	0	4	210,000	840,000	0	4	210,000	840,000	0	4	400,000	1,600,000	0	4	600,000	2,400,000
38		side,Mattress,IV stand, Attendant Bench										-							
39		Sphygmomanometer wall mtd	4	0	4	15,750 244,733	63,000 489,466	0	4	15,750 244,733	63,000 489,466	0	4	30,000 400,000	120,000 800,000	0	4	35,000 600,000	140,000
90		Resuscitation trolly With Crash Cart Defibrilator	2	0	2	299,153	299,153	0	2	299,153	299,153	0	2	650,000	650,000	0	2	800,000	800,000
90		Defibrillator with Monitor	0	0	0	330,750	233,133	0	0	330,750	233,133	0	0	650,000	030,000	0	0	800,000	800,000
92		ECG Machine Three Channel	0	0	0	169,785		0	0	169,785	-	0	0	180,000	-	0	0	300,000	
93		Syringe pump	1	0	1	108,780	108,780	0	1	108,780	108,780	0	1	125,000	125,000	0	1	200.000	200,000
⁹⁴ IC	.	Suction Pump	0	0	0	259,350	-	0	0	259.350	-	0	0	275,000	-	0	0	300,000	200,000
95		ICU Monitor	0	0	0	298,200		0	0	298,200	-	0	0	900.000	-	0	0	1,250,000	
96		Instrument Trolley	1	0	1	55,000	55,000	0	1	55,000	55,000	0	1	55,000	55,000	0	1	55,000	55,000
97		Ward instruments	0	0	0	-	-	0	0	-	-	0	0	-	-	0	0	-	-
98		Ventilator intensive care	2	0	2	1,600,000	3,200,000	0	2	1,600,000	3,200,000	0	2	3,500,000	7,000,000	0	2	5,500,000	11,000,000
99		CPAP with humidifier	0	0	0	1,098,510	-	0	0	1,098,510	-	0	0	2,100,000	-	0	0	2,800,000	-
00		DELIVERY TROLLY STAINLESS STEEL	1	0	1	23,835	23,835	0	1	23,835	23,835	0	1	47,250	47,250	0	1	47,250	47,250
01		Ambu-Bag, adult	4	0	4	17,325	69,300	0	4	17,325	69,300	0	4	19,000	76,000	0	4	19,000	76,000
02		Ambu-Bag, paeds	4	0	4	17,325	69,300	0	4	17,325	69,300	0	4	19,000	76,000	0	4	19,000	76,000
	TUERY	TWO BODY REFRIGERATOR WITH CASTERS 220v 50Hz Along with Atopsy Table & Lifter Trolley	1	0	1	2,470,546	2,470,546	0	1	2,470,546	2,470,546	0	1	3,000,000	3,000,000	0	1	3,500,000	3,500,000
04		Dental Unit	2	0	2	2,190,000	4,380,000	0	2	2,190,000	4,380,000	0	2	2,820,000	5,640,000	0	2	2,820,000	5,640,000
05		Autoclave	1	0	1	441,000	441,000	0	1	441,000	441,000	0	1	550,000	550,000	0	1	850,000	850,000
06		Dental X-RAY Machine	1	0	1	282,975	282,975	0	1	282,975	282,975	0	1	350,000	350,000	0	1	525,000	525,000
07		Digital Intra Oral Camera	0	0	0	94,500	-	0	0	94,500	-	0	0	150,000	-	0	0	600,000	-
08 Denta	al Unit	DENTAL CAUTERY	0	0	0	84,000	-	0	0	84,000	-	0	0	160,000	-	0	0	900,000	-
05		Ultrasonic scaling	1	0	1	120,750	120,750	0	1	120,750	120,750	0	1	175,000	175,000	0	1	300,000	300,000
10		Curing lights	1	0	1	52,500	52,500	0	1	52,500	52,500	0	1	95,000	95,000	0	1	150,000	150,000
11		Endo motor system	1	0	1	199,601	199,601	0	1	199,601	199,601	0	1	265,000	265,000	0	1	500,000	500,000

					M	edical	Equip	ment											
					Orig	inal			1st R	evise	d		2nd F	Revise	d		3rd R	Revise	d
Sr. No.	Area	Name of Equipment			Required Quantity		Total Cost		Required Quantity	Cost per Unit	Total Cost		Required Quantity	Cost per Unit	Total Cost		Required Quantity	Cost per Unit	Total Cost
112		Dental cabinet	0	0	0	42,000	-	0	0	42,000	-	0	0	70,000	-	0	0	160,000	-
113		Dental examination/surgical instrument sets	4	0	4	157,500	630,000	0	4	157,500	630,000	0	4	175,000	700,000	0	4	175,000	700,000
114	Beds	Fowler beds with Mattress	60	0	60	70,000	4,200,000	0	60	70,000	4,200,000	0	60	110,000	6,600,000	0	60	150,000	9,000,000
		Total					50,536,124				50,536,124				66,094,920				97,655,238
							50.536				50.536				66.095				97.655

				Ele	ctricity								
			Origina	ıl	1	st Revis	sed	2	nd Revis	ed	3	rd Revis	ed
Sr. No.	Item Name	Quantity	Per Unit Cost	Total Cost	Quantity	Per Unit Cost	Total Cost	Quantity	Per Unit Cost	Total Cost	Quantity	Per Unit Cost	Total Cost
1	Transformers (200 KVA)	1	600,000	600,000	1	600,000	600,000	1	600,000	600,000	1	600,000	600,000
2	Transformers (100 KVA)	1	450,000	450,000	1	450,000	450,000	1	450,000	450,000	1	450,000	450,000
3	Transformers (50 KVA)	0	300,000	-	0	300,000	-	0	300,000	-	0	300,000	-
4	Generator (200 KVA)	0	4,000,000	-	0	4,000,000	-	0	4,000,000	-	1	9,000,000	9,000,000
5	Generator (100 KVA)	1	2,300,000	2,300,000	1	2,300,000	2,300,000	1	2,300,000	2,300,000	1	2,300,000	2,300,000
6	2 Ton air conditioners (split)	10	55,500	555,000	10	55,500	555,000	10	55,500	555,000	10	55,500	555,000
7	2 Ton air conditioners (Cabinet)	15	78,000	1,170,000	15	78,000	1,170,000	15	78,000	1,170,000	15	78,000	1,170,000
8	4 Ton air conditioners (Cabinet)	4	120,000	480,000	4	120,000	480,000	4	120,000	480,000	4	120,000	480,000
9	Ceiling Fans 56"	20	3,090	61,800	20	3,090	61,800	20	3,090	61,800	20	3,090	61,800
10	Exhaust Fans	36	3,000	108,000	36	3,000	108,000	36	3,000	108,000	36	3,000	108,000
11	Bracket Fans 18"	72	3,280	236,160	72	3,280	236,160	72	3,280	236,160	72	3,280	236,160
12	Dual Connection of Electricity / Express Line	1	5,000,000	5,000,000	1	5,000,000	5,000,000	1	5,000,000	5,000,000	1	5,000,000	5,000,000
	Total			10,960,960			10,960,960			10,960,960			19,960,960
				10.961			10.961			10.961			19.961

			Origin	al	1s	t Revis	ed	2 n	d Revis	sed	3r	rd Rev	ised
Sr. No.	Item Name	Quantity	Per Unit Cost	Total Cost	Quantity	Per Unit Cost	Total Cost	Quantity	Per Unit Cost	Total Cost	Quantit y	Per Unit Cost	Total Cost
1	Desktop, UPS, LED	30	75,000	2,250,000	30	75,000	2,250,000	30	130,000	3,900,000	30	216,000	6,480,000
2	MS Windows License	30	20,000	600,000	30	20,000	600,000	30	20,000	600,000	30	20,000	600,000
3	Scanner Flatbed with ADF	3	90,000	270,000	3	90,000	270,000	3	150,000	450,000	3	150,000	450,000
4	Heavy duty Printer	7	40,000	280,000	7	40,000	280,000	7	50,000	350,000	7	110,000	770,000
5	Multimedia Projector with Screen	1	100,000	100,000	1	100,000	100,000	1	100,000	100,000	1	100,000	100,000
6	Tabs	4	50,000	200,000	4	50,000	200,000	4	50,000	200,000	4	50,000	200,000
7	Laptop	1	100,000	100,000	1	100,000	100,000	1	100,000	100,000	1	100,000	100,000
8	MS Windows License	1	20,000	20,000	1	20,000	20,000	1	20,000	20,000	1	20,000	20,000
9	QMS System	1	3,700,000	3,700,000	1	3,700,000	3,700,000	1	4,000,000	4,000,000	1	4,000,000	4,000,000
10	Networking	1	995,000	995,000	1	995,000	995,000	1	995,000	995,000	1	1,200,000	1,200,000
11	Monitoring & Surveillance (CCTV)	1	5,000,000	5,000,000	1	5,000,000	5,000,000	1	5,000,000	5,000,000	1	5,000,000	5,000,000
12	Public Address System	1	1,000,000	1,000,000	1	1,000,000	1,000,000	1	1,000,000	1,000,000	1	1,200,000	1,200,000
	Total			14,515,000			14,515,000			16,715,000			20,120,000
				14.515			14.515			16.715			20.120

IT & OME & Survaillance

			Furr	niture a	nd Fix	tures							
			Origin	al	1s	st Revis	sed	2 n	d Rev	ised	3r	d Revis	ed
Sr. No.	Item Name	Quantity	Unit Price	Total	Quantity	Unit Price	Total	Quantity	Unit Price	Total	Quantity	Unit Price	Total
1	Benches (internal)	60	30,000	1,800,000	60	30,000	1,800,000	60	30,000	1,800,000	60	40000	2,400,000
2	Benches (external)	10	10,000	100,000	10	10,000	100,000	10	10,000	100,000	10	40000	400,000
3	Electric Water Cooler	8	45,000	360,000	8	45,000	360,000	8	45,000	360,000	8	60000	480,000
4	Doctors rooms Furniture	30	70,000	2,100,000	30	70,000	2,100,000	30	70,000	2,100,000	30	125000	3,750,000
	Examination couches	10	35,000	350,000	10	35,000	350,000	10	35,000	350,000	10	35000	350,000
6	Fire Blanket	5	2,500	12,500	5	2,500	12,500	5	2,500	12,500	5	3000	15,000
7	Fire Extinguisher (Water Based)	30	8,000	240,000	30	8,000	240,000	30	8,000	240,000	30	2500	75,000
8	Acrylic Board	150	2,200	330,000	150	2,200	330,000	150	2,200	330,000	150	2000	300,000
9	Rostrum	2	18,000	36,000	2	18,000	36,000	2	18,000	36,000	2	20000	40,000
10	Blinds for windows	6000	150	900,000	6000	150	900,000	6000	150	900,000	6000	200	1,200,000
11	Paintings	100	6,000	600,000	100	6,000	600,000	100	6,000	600,000	100	5000	500,000
12	Waste Bin Sets (3 bin)	40	6,000	240,000	40	6,000	240,000	40	6,000	240,000	40	9000	360,000
13	Printing			1,000,000			1,000,000			1,000,000			1,000,000
	Machinery and Equipment's												<u> </u>
14	Refrigerator(Domestic) front glass double door	2	160.000	320.000	2	160.000	320.000	2	160.000	320.000	2	150000	300.000
	Refrigerator glass single door	5	80.000	400.000	5	80.000	400.000	5	80,000	400.000	5	90000	450.000
	Refrigerator 16 cft	5	36.000	180,000	5	36.000	180,000	5	36,000	180.000	5	50000	250,000
	Air Curtain On Door	5	50,000	250,000	5	50,000	250,000	5	50,000	250,000	5	75000	375,000
	Washing machines for pantries	3	13.000	39,000	3	13.000	39,000	3	13.000	39,000	3	11000	33,000
	Gas Burner for pantries	10	4,800	48,000	10	4.800	48.000	10	4,800	48.000	10	80000	800,000
	Fire Extinguishers DCP	30	4,800	144.000	30	4.800	144.000	30	4,800	144.000	30	6500	195.000
21	LED TV	15	55,000	825,000	15	55.000	825,000	15	55,000	825,000	15	140000	2,100,000
22	Industrial Exhaust	5	50,000	250,000	5	50.000	250,000	5	50,000	250,000	5	60000	300,000
23	Acrylic Display Board	4	20,000	80,000	4	20.000	80,000	4	20,000	80,000	4	20000	80,000
	Laundry & Washing												
24	Bed Sheets and pillow covers	300	1,250	375,000	300	1.250	375,000	300	1,250	375,000	300	2500	750,000
	Pillows	150	400	60,000	150	400	60,000	150	400	60.000	150	500	75,000
26	Blankets with covers	100	5,000	500,000	100	5,000	500,000	100	5,000	500,000	100	4000	400,000
	Medicine Store			,			,			,			· · · ·
27	Medicine (Iron Racks) 8x6x2 (Required)	20	50.000	1.000.000	20	50.000	1.000.000	20	50.000	1.000.000	20	60000	1.200.000
	Moveable Iron Stairs (Required)	2	15.000	30.000	2	15.000	30,000	2	15.000	30.000	2	20000	40,000
	Lifters (Required)	2	37,000	74,000	2	37,000	74,000	2	37,000	74.000	2	35000	70,000
30	Pallets 3x4 (Plastic) (Required)	20	12.000	240.000	20	12.000	240,000	20	12,000	240.000	20	10000	200,000
31	Dehumidifier (Required)	1	100.000	100.000	1	100.000	100,000	1	100.000	100.000	1	125000	125.000
32	Insect Killer (Required)	25	8.000	200,000	25	8.000	200,000	25	8.000	200,000	25	6500	162,500
	Thermometer (Required)	20	16.000	320,000	20	16.000	320,000	20	16.000	320,000	20	600	12,000
33		20 7169		13.503.500	20	- /	13.503.500	20 7169		13.503.500	<u></u> 7169		18,787,500
	Total	/169	951100		/169	951100		/169	951100	.,,	/169	1288300	
L				13.504			13.504			13.504			18.788

			0	rigin	al	15	st Re	vised	2n	d Re	vised	3r	d Rev	vised
Sr No	Туре	Kinds of Sign Boards	Quantity	Rates	Cost									
		External Sign Boards												
1	A1	External Platform/Road Signage (Circular)	6	9,965	59,790	6	9,965	59,790	6	13,951	83,706	6	13,951	83,706
2	A2	External Platform/Road Signage (Triangular)	6	9,116	54,696	6	9,116	54,696	6	12,762	76,574	6	12,762	76,574
3	B1	Main Directional Board	1	110,791	110,791	1	110,791	110,791	1	155,107	155,107	1	155,107	155,107
4	C1	Directional Board (Single Sheet)	10	14,235	142,350	10	14,235	142,350	10	19,929	199,290	10	19,929	199,290
5	C2	Directional Board (Two Sheets)	1	22,154	22,154	1	22,154	22,154	1	31,016	31,016	1	31,016	31,016
6	C3	Directional Board (Three Sheets)	1	29,701	29,701	1	29,701	29,701	1	41,581	41,581	1	41,581	41,581
7	C4	Directional Board (Four Sheets)	1	36,679	36,679	1	36,679	36,679	1	51,351	51,351	1	51,351	51,351
8	C5	Directional Board (Five Sheets)	1	44,543	44,543	1	44,543	44,543	1	62,360	62,360	1	62,360	62,360
9	C6	Directional Board (Six Sheets)	1	52,007	52,007	1	52,007	52,007	1	72,810	72,810	1	72,810	72,810
10	C7	Additional Panel (For Fixation on existing Foundation & Posts)	3	7,823	23,469	3	7,823	23,469	3	10,952	32,857	3	10,952	32,857
11	D1	Departmental Signage on Building	6	46,491	278,946	6	46,491	278,946	6	65,087	390,524	6	65,087	390,524
12	E1	External Map Boards	2	40,563	81,126	2	40,563	81,126	2	56,788	113,576	2	56,788	113,576
		Internal Signage	0		-	0		-	0	-	-	0	-	-
1	F1	Internal Hanging Signage (Main Entrance)	5	89,496	447,480	5	89,496	447,480	5	125,294	626,472	5	125,294	626,472
2	F2	Internal Hanging Signage (Main Entrance 2)	5	68,140	340,700	5	68,140	340,700	5	95,396	476,980	5	95,396	476,980
3	F3	Internal Hanging Signage (Corridor)	4	50,465	201,860	4	50,465	201,860	4	70,651	282,604	4	70,651	282,604
4	F4	Internal Hanging Signage (Corridor 2)	4	51,050	204,200	4	51,050	204,200	4	71,470	285,880	4	71,470	285,880
5	G1	Internal Department Signage on wall	7	12,908	90,356	7	12,908	90,356	7	18,071	126,498	7	18,071	126,498
6	H1	Specialist Name Plaques fixed on wall	20	3,710	74,200	20	3,710	74,200	20	5,194	103,880	20	5,194	103,880
7	J1	Room Name Plaques and Numbers fixed on wall	100	853	85,300	100	853	85,300	100	1,194	119,420	100	1,194	119,420
8	K1	Internal Wall Signage	100	1,401	140,100	100	1,401	140,100	100	1,961	196,140	100	1,961	196,140
9	L1	Room Numbers Fixed on Wall	50	3,556	177,800	50	3,556	177,800	50	4,978	248,920	50	4,978	248,920
10	M1	Advance Fire Exit Sign	10	1,810	18,100	10	1,810	18,100	10	2,534	25,340	10	2,534	25,340
11	M2	Fire Exit Sign Mounted Above the Door	10	1,252	12,520	10	1,252	12,520	10	1,753	17,528	10	1,753	17,528
12	N1	Fire Safety/Equipment Signage	20	2,398	47,960	20	2,398	47,960	20	3,357	67,144	20	3,357	67,144
13	P1	Floor Map Board	5	20,768	103,840	5	20,768	103,840	5	29,075	145,376	5	29,075	145,376
14	Q1	Caution Signage	25	2,140	53,500	25	2,140	53,500	25	2,996	74,900	25	2,996	74,900
15	Q2	Caution Signage	5	644	3,220	5	644	3,220	5	902	4,508	5	902	4,508
16	Q3	Caution Signage	10	1,126	11,260	10	1,126	11,260	10	1,576	15,764	10	1,576	15,764
17	Q4	Caution Signage	15	875	13,125	15	875	13,125	15	1,225	18,375	15	1,225	18,375
		Total	1		2,961,773			2,961,773			4,146,482	1		4,146,482
		Designing and Site Supervision			88,853			88,853			124,394			124,394
		Grand Total	1		3.050.626			3.050.626			4.270.877			4.270.877

			DAY	CARE	CENT	ER]		
		Yard Stic	ck as per	Women	Dvelopmei	nt Depart	ment						
		0	riginal		1st	Revis	ed	2nd	Revis	ed	3rd	Revis	ed
Sr. No.	ITEMS	Yard Stick (DCC of 25 Kids)	Unit Cost	Total	Yard Stick (DCC of 25 Kids)	Unit Cost	Total	Yard Stick (DCC of 25 Kids)	Unit Cost	Total	Yard Stick (DCC of 25 Kids)	Unit Cost	Total
1	Cylinder Block	1	3,000	3,000	1	3,000	3,000	1	3,000	3,000	1	3,000	3,000
2	Geometrical Cabinet (36 pcs)	1	4,000	4,000	1	4,000	4,000	1	4,000	4,000	1	4,000	4,000
3	Geometrical Solids (10 pcs)	1	2,200	2,200	1	2,200	2,200	1	2,200	2,200	1	2,200	2,200
4	Base for Geometrical Solids (14 pcs)	1	2,000	2,000	1	2,000	2,000	1	2,000	2,000	1	2,000	2,000
5	Constructive Triangles (4 box)	1	400	400	1	400	400	1	400	400	1	400	400
6	Metal Insets (10 - shape)	1	1,000	1,000	1	1,000	1,000	1	1,000	1,000	1	1,000	1,000
7	Stand for metal insets	1	2,000	2,000	1	2,000	2,000	1	2,000	2,000	1	2,000	2,000
8	Paper Board for metal insets (10 Boards)	1	5,000	5,000	1	5,000	5,000	1	5,000	5,000	1	5,000	5,000
9	Sandpaper Alphabets (English)	3	2,000	6,000	3	2,000	6,000	3	2,000	6,000	3	2,000	6,000
	Sandpaper Alphabets (Urdu)	3	3,500	10,500	3	3,500	10,500	3	3,500	10,500	3	3,500	10,500
11 12	Sandpaper Number Hammer Case	3	2,000	6,000 2,000	3	2,000	6,000 2.000	3	2,000	<u>6,000</u> 2,000	3	2,000	6,000
13	Soft Reading Book	15	200	3,000	15	200	3,000	15	200	3,000	15	200	3,000
14	Shape Sorting Case	2	500	1,000	2	500	1.000	2	500	1.000	2	500	1.000
15	Transport Set (Model)	2	700	1,400	2	700	1,400	2	700	1,400	2	700	1,400
	Model Puzzles (S)	7	300	2,100	7	300	2,100	7	300	2,100	7	300	2,100
	Model Puzzles (B)	7	500	3,500	7	500	3,500	7	500	3,500	7	500	3,500
18	Storybook	20	100	2,000	20	100	2,000	20	100	2,000	20	100	2,000
	Information Book (Large)	20	350	7,000	20	350	7,000	20	350	7,000	20	350	7,000
	Basket (L)	10	1,000	10,000	10	1,000	10,000	10	1,000	10,000	10	1,000	10,000
	Basket (S)	10	600	6,000	10	600	6,000	10	600	6,000	10	600	6,000
22 23	Color table Box ABC Block	2 4	1,000 500	2,000 2,000	2 4	1,000 500	2,000	2 4	1,000 500	2,000	2 4	1,000 500	2,000
	Number Block	4	500	2,000	4	500	2,000	4	500	2,000	4 4	500	2,000
	Color Pensils (Large)	5	450	2,000	5	450	2,000	5	450	2,000	5	450	2,000
	Color Crayons (Large)	5	300	1,500	5	300	1,500	5	300	1,500	5	300	1,500
27	Marker Color (Board and Permanent)	15	395	5,925	15	395	5,925	15	395	5,925	15	395	5,925
28	Fruits Basket (Model Set)	2	1,000	2,000	2	1,000	2,000	2	1,000	2,000	2	1,000	2,000
29	Vegetables Basket (Model Set)	2	1,000	2,000	2	1,000	2,000	2	1,000	2,000	2	1,000	2,000
30	Animal Sets	2	600	1,200	2	600	1,200	2	600	1,200	2	600	1,200
	Insects sets	2	400	800	2	400	800	2	400	800	2	400	800
32	Shape Sorting House	2	1,500	3,000	2	1,500	3,000	2	1,500	3,000	2	1,500	3,000
	Flash card (Small)	10	120	1,200	10	120	1,200	10	120	1,200	10	120	1,200
	Flash card (Big)	10	325	3,250	10	325	3,250	10	325	3,250	10	325	3,250
	Sand Play	2	1,000	4,000	2	1,000	4,000	2	1,000	4,000	2	1,000	4,000
36 37	Gym Play Straight Mats	2 20	2,000 1,500	<u>3,000</u> 40,000	2 20	2,000 1,500	<u>3,000</u> 40.000	2 20	2,000 1,500	<u>3,000</u> 40,000	2 20	2,000 1,500	<u>3,000</u> 40,000
38	Folding Mats	20	2,000	6,000	20	2,000	6,000	20	2,000	6,000	20	2,000	6,000
39	Diaper Changing Mats	3	2,000	1,500	3	2,000	1,500	3	2,000	1,500	3	2,000	1,500
40	Cube Cushion	2	500	1,000	2	500	1,000	2	500	1,000	2	500	1,000
41	Square Cushion	2	500	600	2	500	600	2	500	600	2	500	600
	Baby Mirror	3	300	2,400	3	300	2,400	3	300	2,400	3	300	2,400
	Pink Tower With Stand	1	800	500	1	800	500	1	800	500	1	800	500
	Dressing Frames	10	500	8,000	10	500	8,000	10	500	8,000	10	500	8,000
	Monkey Stuffed	2	800	2,400	2	800	2,400	2	800	2,400	2	800	2,400
46	Lion Stuffed	2	1,200	3,400	2	1,200	3,400	2	1,200	3,400	2	1,200	3,400

			DAY	CARE	CENT	ER							
		Yard Stie	ck as per	Women	Dvelopme	nt Depart	ment						
		C	riginal		1st	Revis	ed	2nd	Revis	ed	3rd	Revis	ed
Sr. No.	ITEMS	Yard Stick (DCC of 25 Kids)	Unit Cost	Total	Yard Stick (DCC of 25 Kids)	Unit Cost	Total	Yard Stick (DCC of 25 Kids)	Unit Cost	Total	Yard Stick (DCC of 25 Kids)	Unit Cost	Total
47	Cater Pillar Stuffed	2	1,700	3,000	2	1,700	3,000	2	1,700	3,000	2	1,700	3,000
48	Stuffed toys (Animal shaped i.e. Moneky, lion, caterpillar etc)	6	1,500	9,000	6	1,500	9,000	6	1,500	9,000	6	1,500	9,000
49	Long Roads with Stands	1	1,500	1,500	1	1,500	1,500	1	1,500	1,500	1	1,500	1,500
50	Number Rods	1	500	500	1	500	500	1	500	500	1	500	500
51	Stand Number Rods	1	800	800	1	800	800	1	800	800	1	800	800
52	Soft toys	2	700	1,400	2	700	1,400	2	700	1,400	2	700	1,400
53	Infants Manual Weight Machine	1	1,000	1,000	1	1,000	1,000	1	1,000	1,000	1	1,000	1,000
54 55	Toddlers Manual Weight Machine Tri Cycles	1 4	1,000 3,500	1,000	1 4	1,000 3,500	1,000 14,000	1 4	1,000 3,500	<u>1,000</u> 14.000	1 4	1,000 3,500	<u>1,000</u> 14.000
55 56	Wooden Cots	4	3,500	100,000	4	3,500	14,000	4 10	3,500	100,000	4	3,500	100,000
57	Mattresses for Cots	10	1,200	12,000	10	1,200	12,000	10	1,200	12,000	10	1,200	12,000
58	Pillows	10	300	3,000	10	300	3,000	10	300	3,000	10	300	3,000
59	Bed Sheets and pillow covers	20	400	8,000	20	400	8,000	20	400	8,000	20	400	8,000
60	Nets	10	600	6.000	10	600	6.000	10	600	6.000	10	600	6.000
61	High Chairs for feeding	15	3.000	45,000	15	3,000	45,000	10	3.000	45.000	15	3.000	45.000
62	Rockers Cum Bouncer	8	2,500	20,000	8	2,500	20,000	8	2,500	20,000	8	2,500	20,000
63	Cot Mobile	10	1,500	15,000	10	1,500	15,000	10	1,500	15,000	10	1,500	15,000
64	Plastic Chairs (Round edges Animal Shapes)	7	600	4,200	7	600	4,200	7	600	4,200	7	600	4,200
65	Multi-Purpose Table	2	3,000	6,000	2	3,000	6,000	2	3,000	6,000	2	3,000	6,000
66	Writing Board	1	500	500	1	500	500	1	500	500	1	500	500
67	Electric Sterilizer	2	5,000	10,000	2	5,000	10,000	2	5,000	10,000	2	5,000	10,000
68	Electric Warmer	2	5,000	10,000	2	5,000	10,000	2	5,000	10,000	2	5,000	10,000
69	Table sets	2	4,000	8,000	2	4,000	8,000	2	4,000	8,000	2	4,000	8,000
70 71	Rocker Activity Gym (Infants)	6 5	3,200 2,000	<u>19,200</u> 10,000	6 5	3,200 2,000	19,200 10,000	6 5	3,200 2,000	<u>19,200</u> 10,000	6 5	3,200 2,000	<u>19,200</u> 10,000
72	Play Gym	5	2,000	13,500	5	2,000	13,500	5	2,000	13,500	5	2,000	13,500
73	Activity Gym (Toddlers)	5	2,000	10,000	5	2,000	10,000	5	2,000	10,000	5	2,000	10,000
74	Toiler Training Seat	10	3.000	30.000	10	3,000	30.000	10	3.000	30.000	10	3.000	30.000
75	Infant Toys	30	4,000	120,000	30	4,000	120,000	30	4,000	120,000	30	4,000	120,000
76	Bath Toys	15	1,000	15,000	15	1,000	15,000	15	1,000	15,000	15	1,000	15,000
	Fun Links Teether	15	300	4,500	15	300	4,500	15	300	4,500	15	300	4,500
	Fun Pal Teether	15	500	7,500	15	500	7,500	15	500	7,500	15	500	7,500
79	Fun Rattle	15	400	6,000	15	400	6,000	15	400	6,000	15	400	6,000
80	Mother feeding Chair	1	3,000	3,000	1	3,000	3,000	1	3,000	3,000	1	3,000	3,000
81	Soft Books (duplication)	20	500	10,000	20	500	10,000	20	500	10,000	20	500	10,000
82 List	Bottle Brushes of others Items i.e. Kitchen, Office,	3 Electric	300	900	3	300	900	3	300	900	3	300	900
LIST 1	Water Dispenser	Liectric 1	14,000	- 14,000	1	14,000	- 14,000	1	14,000	- 14,000	1	14,000	- 14,000
2	Microwave Oven	1	12,400	12,400	1	12,400	12,400	1	12,400	12,400	1	12,400	12,400
3	Fridge	1	34,000	34,000	1	34,000	34,000	1	34,000	34,000	1	34,000	34,000
4	Kitchen Accessories / Cutleries etc.	24	200	4.800	24	200	4.800	24	200	4.800	24	200	4.800
5	Sofa Set	1	40.000	40.000	1	40,000	40.000	1	40.000	40.000	1	40.000	40.000
6	Office Table	1	5,000	5,000	1	5,000	5,000	1	5,000	5,000	1	5,000	<u>40,000</u> 5,000
7	Office Chairs	5	10,000	50,000	5	10,000	50,000	5	10,000	50,000	5	10,000	50,000
8	Air Conditioner	2	42,000	84,000	2	42,000	84,000	2	42,000	84,000	2	42,000	84,000
9	LCD	1	27,000	27,000	1	27,000	27,000	1	27,000	27,000	1	27,000	27.000
-	DVD player	1	5,000	5,000	1	5,000	5,000	1	5,000	5,000	1	5,000	5,000

			DAY	CARE	CENT	ER							
		Yard Stic	ck as per	Women	Dvelopmer	nt Depart	ment						
		0	rigina	I	1st	Revis	ed	2nd	Revis	ed	3rd	Revis	ed
Sr. No.	ITEMS	Yard Stick (DCC of 25 Kids)	Unit Cost	Total	Yard Stick (DCC of 25 Kids)	Unit Cost	Total	Yard Stick (DCC of 25 Kids)	Unit Cost	Total	Yard Stick (DCC of 25 Kids)	Unit Cost	Total
11	CCTV Cameras	1	100,000	100,000	1	100,000	100,000	1	100,000	100,000	1	100,000	100,000
12	Fire Alarms	3	5,000	15,000	3	5,000	15,000	3	5,000	15,000	3	5,000	15,000
13	UPS	1	10,000	10,000	1	10,000	10,000	1	10,000	10,000	1	10,000	10,000
14	Vacuum Cleaner	1	7,000	7,000	1	7,000	7,000	1	7,000	7,000	1	7,000	7,000
15	Fire Extinguishers (Large)	2	5,000	10,000	2	5,000	10,000	2	5,000	10,000	2	5,000	10,000
16	Electric Insect Killer	2	7,800	15,600	2	7,800	15,600	2	7,800	15,600	2	7,800	15,600
17	Electric Hand Dryer	1	4,000	4,000	1	4,000	4,000	1	4,000	4,000	1	4,000	4,000
18	Electric Heater	2	5,000	10,000	2	5,000	10,000	2	5,000	10,000	2	5,000	10,000
19	Ceiling/bracket Fans	4	8,000	32,000	4	8,000	32,000	4	8,000	32,000	4	8,000	32,000
20	Curtains	2	45,000	90,000	2	45,000	90,000	2	45,000	90,000	2	45,000	90,000
21	Carpets	1	100,000	100,000	1	100,000	100,000	1	100,000	100,000	1	100,000	100,000
22	Other miscellaneous items	1	218,675	218,675	1	218,675	218,675	1	218,675	218,675	1	218,675	218,675
	TOTAL			1,600,000			1,600,000			1,600,000			1,600,000
				1.600			1.600			1.600			1.600

			Hun	nan Re	source	Model	of THC	Q Hospital									
			(Origina		1	st Revi	sed		2nd Re	evised				3rd Re	vised	
Sr. No.	NAME OF POST	No. of Employees	Per Month Salary	Per Month Salary for Person	Salary for One Year	Per Month Salary	Per Month Salary for Person	Salary for One Year	No. of Employees	Per Month Salary	Per Month Salary for Person	Salary for Two Years	No. of Emplyees	Project Pay Scale	Per Month Salary	Per Month Salary for all Person	Salary for Two Years
1	ADMIN OFFICER	1	60,000	60,000	720,000	60,000	60,000	720,000	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
2	HUMAN RESOURCE & LEGAL OFFICER	1	60,000	60,000	720,000	60,000	60,000	720,000	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
3	IT/STATISTICAL OFFICER	1	60,000	60,000	720,000	60,000	60,000	720,000	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
4	FINANCE, BUDGET & AUDIT OFFICER	1	60,000	60,000	720,000	60,000	60,000	720,000	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
5	PROCUREMENT OFFICER	1	60,000	60,000	720,000	60,000	60,000	720,000	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
6	QUALITY ASSURANCE OFFICER	1	60,000	60,000	720,000	60,000	60,000	720,000	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
7	LOGISTICS OFFICER	1	60,000	60,000	720,000	60,000	60,000	720,000	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
8	DATA ENTRY OPERATOR (DEO)	2	25,000	50,000	600,000	25,000	50,000	600,000	2	35,000	70,000	1,680,000	2	3	44,000	88,000	2,728,000
9	ASSISTANT ADMIN OFFICER	2	40,000	80,000	960,000	40,000	80,000	960,000	2	50,000	100,000	2,400,000	2	5	70,000	140,000	4,340,000
10	HR FOR QMS and MSDS and Day Care Center																
11	QMS Supervisor / Information Desk Officer	2	25,000	50,000	600,000	25,000	50,000	600,000	2	25,000	50,000	600,000	2		25,000	50,000	600,000
12	Computer Operator	8	20,000	160,000	1,920,000	20,000	160,000	1,920,000	8	20,000	160,000	1,920,000	8		20,000	160,000	1,920,000
	Consultants (MSDS) Implementation & Clinical Audit	1	100,000	100,000	1,200,000	100,000	100,000	1,200,000	1	100,000	100,000	1,200,000	1		100,000	100,000	1,200,000
	Training on MSDS Compliance for Staff of THQ Hospital	1000	4,000	4,000,000	4,000,000	4,000	4,000,000	4,000,000	1000	4,000	4,000,000	4,000,000	1000		4,000	4,000,000	4,000,000
	Rent for Vehicle				500,000			500,000				500,000				0	500,000
	Manager Day Care Center	1	45,000	45,000	540,000	45,000	45,000	540,000	1	45,000	45,000	540,000	1		45,000	45,000	540,000
	Montessori Trained Teacher	1	35,000	35,000	420,000	35,000	35,000	420,000	1	35,000	35,000	420,000	1	1	35,000	35,000	420,000
	Attendant / Care Giver	4	25,000	100,000	1,200,000	25,000	100,000	1,200,000	4	25,000	100,000	1,200,000	4	1	25,000	100,000	1,200,000
19	Office Boy	1	20,000	20,000	240,000	20,000	20,000	240,000	1	20,000	20,000	240,000	1	4	20,000	20,000	240,000
	Sub Total of H	K Model		4,860,000	17,220,000	4	4,860,000	17,220,000			5,040,000	28,140,000		4		5,273,000	40,473,000
<u> </u>				1	17.220			17.220				28.140		4			40.473
	Utilization of HR C							10.280		1	1	15.902558		1			50.070
	Total of HR Cor	nponent		_								38.42	J				56.376

	1		-	
		Origin	al	From 1st Revised to onward
Assumptions				
Covered area excluding residential area	27,321	sft		
Covered area assigned to one sweeper	7,500	sft		
Number of sweepers required for covered area	4	Persons		
Road and ROW area	51,448	sft		
Road and ROW assigned to one sweeper	15,000	sft		
Number of sweepers required for road and ROW area	3	Persons		
Number of washroom blocks	11	blocks		
Number of washroom block assigned to one sweeper	3	Persons		
Number of sweepers required for total washroom blocks	4	Persons		
Total sweeper in morning shift	10	Persons		In the light of decision made during the Progress Review Meeting of Revamping of
Total number of sweepers in evening shift	6	Persons		DHQ/THQ Hospitals held on 01-01-2018 under the Chairmanship of Chairman, P&D
Total number of sweepers in night shift	5	Persons		Board; it was inter alia decided as under:
Total number of sweepers in all shifts	21	Persons		"It would be made sure by the P&SH Department that the outsourcing would be shifted to the non-development side from 1st July 2018 next FY".
Number of sewer men required	3	Persons		In view of above, Outsourcing cost has been excluded from this PC-I.
Number of supervisors	3	Persons		In view of above, outsourcing cost has been excluded from this re-r.
Salary component	1			
Type of worker	No of	Salary per	Salary for	
	workers	month	One Year	
Sweepers / Janitors	21	22,000	5,579,483	
Sewer men	3	22,000	792,000	
Supervisors	3	26,000	936,000	
Cost of Supply per Month		400,000	4,800,000	
Sub Total (Salary component)			12,107,483	
			12.107	1

		Se	curity	and P	Parking
		Ori	ginal		From 1st Revised to onward
Assumptions			-		
Covered area excluding residences	27,321				
Covered Area per guard	15,000				
Number of guards	2				
Open area excluding parking area	51,448				
Area covered per guard per shift for	45.000				
open area excluding parking	15,000				
Number of guards for total area					
excluding parking area	3				
Number of gates	3				
Number of guards at gates	6				
Total No of Guard	11				
Total number of all guards for second					
shift	6				
Lady Searcher	2				
Number of parking areas	1				
Number of guards for parking lot per					In the light of decision made during the Progress Review Meeting of Revamping of
shift (Morning+ Evening)	2				DHQ/THQ Hospitals held on 01-01-2018 under the Chairmanship of Chairman, P&D
Total no. of Supervisors	2				Board; it was inter alia decided as under:
Type of worker	No of workers	Salary per month	Salary per Month for all Person	Salary for One year	"It would be made sure by the P&SH Department that the outsourcing would be shifted to the non-development side from 1st July 2018 next FY". In view of above, Outsourcing cost has been excluded from this PC-I.
Supervisors	2	24,675	49,350	592,200	
Ex-Army	6	21,525	129,150	1,549,800	
Civilian	9	21,000	189,000	2,268,000	
Lady Searcher	2	21,525	43,050	516,600	
Parking	2	21,525	43,050	516,600	
Sub total				5,443,200	
Equipment cost					
Lump sum Provision (Walk Through Gate=1, Metal Detector=4, Walkies Talkies=8, Base Set=1)				400,000	
Sub total				400,000	1
Subtracting Parking Fees				500,000	1
Total Security and Parking Services				5,343,200	1
				5,343	1

		I	Laund	ry Services
		Origin	al	From 1st Revised to onward
Number of beds	60	-		
Type of Item	No of Beds	Per bed cost per year	Total Cost	In the light of decision made during the Progress Review Meeting of Revamping of DHQ/THQ
No of Bed	60	30,000	1,800,000	Hospitals held on 01-01-2018 under the Chairmanship of Chairman, P&D Board; it was inter alia
Transport Charges			1,200,000	decided as under:
Total for laundry items			3,000,000	"It would be made sure by the P&SH Department that the outsourcing would be shifted to the nor
Total			3.000	development side from 1st July 2018 next FY". In view of above, Outsourcing cost has been excluded from this PC-I.

	Maintenance of Generator											
	(Drigin	al	From 1st Revised to onward								
Item Name	Quantity	Cost per vear	Total Cost									
Periodical Maintenance Cost												
Number of Generators (200 KVA)	-	500,000	-									
Number of Generators (100 KVA)	2	300,000	600,000	In the light of decision made during the Progress Review Meeting of Revamping of								
Number of Generators (50 KVA)	-	175,000	-	DHQ/THQ Hospitals held on 01-01-2018 under the Chairmanship of Chairman, P&D								
Repairs Cost	1	600,000	600,000	Board; it was inter alia decided as under:								
HR Cost				"It would be made sure by the P&SH Department that the outsourcing would be shifted to the non-development side from 1st July 2018 next FY".								
Supervisor	1	40,000	240,000	In view of above, Outsourcing cost has been excluded from this PC-I.								
Generator Operator	3	30,000	1,080,000	In view of above, outsourcing cost has been excluded from this 1 C-1.								
Technical Staff/Mechanic	-	30,000	-									
Total			2,520,000									
			2.520									

				ME	P
		Ori	ginal		From 1st Revised to onward
Type of worker / Component	No of workers	Salary per month	Salary per Month for all persons	Salary for One Year	
Supervisors	1	56,420	56,420	677,040	
Plumber	1	32,550	32,550	390,600	
AC/ Technician	1	34,720	34,720	416,640	
Electrician	2	31,465	62,930	755,160	
Car painter	1	30,380	30,380	364,560	
Total (Salary com	ponent)	ent)		2,604,000	
	No.	Per Unit Cost per Year	Cost per Year for all Items	Cost for One Year	In the light of decision made during the Progress Review Meeting of Revamping of DHQ/THQ Hospitals held on 01-01-2018 under the Chairmanship of Chairman, P&D Board; it was inter alia decided as under: "It would be made sure by the P&SH Department that the outsourcing would be
A/C	66	6,665	439,890	439,890	shifted to the non-development side from 1st July 2018 next FY".
Fridge	6	4,000	24,000	24,000	In view of above, Outsourcing cost has been excluded from this PC-I.
UPS	12	8,000	96,000	96,000	
Water Cooler	15	4,000	60,000	60,000	
Exhaust	7	3,000	21,000	21,000	
Geyser	15	4,000	60,000	60,000	
Water Pump	3	3,000	9,000	9,000	
Carpentry Work		-	180,000	180,000	
Electrical Work		-	120,000	120,000	
Plumbing Work		-	75,000	75,000	
Sub Total				1,084,890	
General Total				3,688,890	
				3.689	

	Medical Gases												
			Origi	nal		From 1st Revised to onward							
	Scope of Work	Monthly Consumption per THQ Hospital	Annual Consumption per THQ Hospital	Rate per Cylinder	Total Annual Cost per THQs								
	Medical Oxygen Gas in 240 CFTCylinder (MM)	12	144	1850	266,400								
Oxygen	Medical Oxygen Gas in 48 CFTCylinder (MF)	30	360	1,000	360,000	In the light of decision made during the Progress Review Meeting of Revamping of DHQ/THQ Hospitals held on 01-01-2018 under the Chairmanship of Chairman, P&D							
	Medical Oxygen Gas in 24 CFTCylinder (ME)	40	480	800	384,000	Board; it was inter alia decided as under: "It would be made sure by the P&SH Department that the outsourcing would be							
Nitrous	Nitrous Oxide in 1,620 Liter (XE)	2	24	5,000	120,000	shifted to the non-development side from 1st July 2018 next FY". In view of above, Outsourcing cost has been excluded from this PC-I.							
Oxide	Nitrous Oxide in 16,200 Liter (XM)	1	12	12,500	150,000								
Nitrogen Gas		1	12	2,000	24,000								
	•	Total	•		1,304,400								
					1.304								

			Ca	fete	ria	
	Pre-Fabr	icat	ion	Catee	n (Proci	urement)
			C	Drigin	al	From 1st Revised to onward
Sr. No.	Description of work	Unit	Unit Qty	Rate (Rs)	Amount (Rs)	In the light of decision made during the Progress Review Meeting of Revamping of DHQ/THQ Hospitals held on 01-01-2018 under the Chairmanship of Chairman, P&D Board; it was inter alia decided as
1	Excavation in foundation of building, bridges and other structures, including dagbelling, dressing, refilling around structure with excavated earth, watering and ramming lead upto one chain (30 m) and lift upto 5 ft. (1.5 m) for ordinary soil	Cft	2545	6.13	15,602	under: "It would be made sure by the P&SH Department that the outsourcing would be shifted to the non-development side from Ist July 2018 next FY". In view of above, Outsourcing cost has been excluded from this PC-I.
2	Spraying anti-termite liquid mixed with water in the ratio of 1:40.	Sft	4305	2.21	9,514	
3	Supplying and filling sand of approved quality from outside sources under floors etc complete in all respects.	Cft	2268	15.62	35,426	
4	Providing, laying, watering and ramming brick ballast 1½" to 2"(40 mm to 50 mm) gauge mixed with 25% sand, for floor and foundation, complete in all respects.	Cft	998	39.15	39,069	
5	Providing and laying damp proof course (1½" thick (40 mm)) of cement concrete 1:2:4, with one coat bitumen and one coat polythene sheet 500gauge	Sft	318	43.34	13,789	
6	Brick work with cement, sand mortar ratio 1:5	Cft	1792	180.25	323,071	
7	Cement concrete plain Ratio 1: 4: 8 including placing, compacting, finishing and curing complete (including screening and washing of stone aggregate)	Cft	427	170.72	72,893	_
8	Cement concrete plain Ratio 1: 2 : 4 including placing, compacting, finishing and curing complete (including screening and washing of stone aggregate)	Cft	1043	190.48	198,746	
9	Placing Granite tiles (24"x24"x0.5") using white cement over a bed of ¾" (20 mm) thick cement mortar 1:6.	Sft	2160	200.00	432,000]
10	Providing and laying Tuff pavers, having 7000 PSI, crushing strength of approved manufacturer, over 2" to 3" sand cushion i/c grouting with sand in joints i/c finishing to require slope . complete in all respect.	Sft	720	118.00	84,960	
	Total Amount of Platform Construction				1,225,070]

			Ca	lfete	ria	
	Pre-Fabr	icat	ion	Catee	n (Procu	urement)
			(Drigin	al	From 1st Revised to onward
Sr. No.	Description of work	Unit	Qty	Rate (Rs)	Amount (Rs)	In the light of decision made during the Progress Review Meeting of Revamping of DHQ/THQ Hospitals held on 01-01-2018 under the Chairmanship of Chairman, P&D Board; it was inter alia decided as
Pre-	Fabrication of Canteen Structure					
11	Providing and fixing aluminium frame window with double glazzed glass 6mm+6mm thick complete in all respect as approved by engineer	Sft	48	1100.00	52,800	
12	Providing and fixing aluminium frame door with single glazzed glass 6mm thick complete in all respect as approved by engineer	Sft	56	700.00	39,200	
13	design as approved by engineer	Sft	550	1500.00	825,000	
14	Providing Granite skirting or dado 4/8"(13 mm) thick including rounding of corner and straight ening of top edge and finishing to smooth surface afterplastering	Sft	491	212.00	104,177	
15	Placing & erection of pre-painted Box section tube Columns of M.S sheet 4mm thick of size 4" x4" complete in all respect.	Kg	693	150.00	103,950	
16	Placing & erection of pre-painted Box section tube Rafters of M.S sheet 4mm thick of size 3" x3" with all fittings, complete in all respect.	Kg	1040	150.00	155,925	
17	Placing & erection of pre-painted Box section tube Purlins of M.S sheet 1.6 mm thick (16 Gauge) of size $2^{"} \times 2^{"}$, with all fittings, complete in all respect.	Rft	676	120.00	81,144	
18	Placing & erection of pre-painted, Galvanized Sandwitched board of 0.5 mm thick M.S sheet with 50mm PU insulation with all fittings, complete in all respect.	Sft	2640	400.00	1,055,800	
19	Placing & fixing glass wool complete in all respect.	Sft	3024	50.00	151,200	
20	Placing & fixing Gypsum False Ceiling, complete in all respect.	Sft	3024	70.00	211,680	
21	Providing & Fixing corrugated galvanized iron sheets 22 gauge with EPDM screw fittings, complete in all respect.	Sft	3629	145.00	526,176	
	Total Cost of Pre-Fabrication of Canteen Structure				3,307,052	
	Total Amount (Rs)				4,532,121	
	Electrification				998,735	
	Plumbing and Sanitory		L		410,000	4
24	Kitching Fixtures				802,000	4
	Grand Total Amount (Rs)				6,742,856 6.743	4

			COST ESTIMATE								
			0	rigina		From 1st Revised to onward					
Sr. No.	Description	Unit	Quantity	Unit Rate Rs.	Amount Rs.	In the light of decision made during the Progress Review Meeting of Revamping of DHQ/THQ Hospitals held on 01-01-2018 under the Chairmanship of Chairman P&D Board; it was inter alia decided as under:					
1 1.1	SOFT LANDSCAPE TOP SOIL					"It would be made sure by the P&SH Department that the outsourcing woul be shifted to the non-development side from 1st July 2018 next FY".					
1.1	Providing, spreading and leveling of topsoil (sweet soil					In view of above, Outsourcing cost has been excluded from this PC-I.					
	including manure and fertilizers) as required complete	Cft	9,184	20	183,680						
	in all respects as per Drawings, Specifications and as approved by the Engineer.										
1.2	STONE / PEBBLES										
	Supply and laying a layer of pebbles/stone at specified locations with Landscape base as in Landscape	Truck	1	34,375	34,375						
	Design approved by the Engineer.					_					
1.3	GRASSING										
а	GRASSING (EXISTING NON MAINTANE LAWNS)										
	Providing and dibbing of Fine Dacca grass where required, including mud filling/leveling and contour										
	shape preparation confirming to the criteria outlined in	Sft	25,361	7	177,527						
	the Specifications, complete in all respects as per	on	20,001	'	111,521						
	Drawings, Specifications and as approved by the Engineer.										
b	GRASSING (NEW LAWNS)					-					
	Providing and dibbing of Fine Dacca grass , including mud filling/leveling and contour shape preparation										
	confirming to the criteria outlined in the Specifications,	Sft	9,361	11.25	105,311						
	complete in all respects as per Drawings,										
1 4	Specifications and as approved by the Engineer.					4					
1.4	TREE / SHRUBS (SPREADING) Providing and planting tree / shrub as listed and as					4					
	arrangement and type shown in the Drawings, in pits of										
	size 305mm x 305mm x 305mm. Dug in improved soil 610mm. deep filled by adding 10% cow dung manure										
	and confirming to the criteria outlined in the										
	Specifications, complete in all respects and to the satisfaction of Engineer.										
	Trees 18" pot 6'-7' - Terminally, Cassia Fistula,										
а	Bauhinia Variegated, Alstonia Choirs, Ficus Yellow,	No's	242	1,500	363,000						
	Ficus Black, Jacaranda, Pilken, Mangifera etc.										
	Trees 12" pot 3'-4' - Polyalthia Long folia, Terminally,										
b	Cassia Fistula, Bauhinia Variegated, Latonia Choirs,	No's	60	270	16,200						
D	Delonix Regia, Ficus Yellow, Focus Black, fichus Starlight, Melaluca, Mimuspps, Pine, Ficus Amestal,	110.5	00	270	10,200						
	Pilken, Palms etc.										
	Plantation of Fruit Plants in the vacant area 12" pot 3'-										
с	4' - Am rood, Jaman, Berri, Mango, Citrus. Including site preparation, plantation, watering and maintenance	No's	400	600	240,000						
	for six months.					-					
	Shrubs and Ornamental Plants 10" pot Pittosporum										
	Variegated, Murray Small, Ixora Coccinea, Juniper Varigated, Hibiscus Varigated, Carronda Dwarf Spp,										
1.5	Jasmine Sambac(Mottya), Leucophyllum	No's	31,500	69	2,173,500						
	Frutescens(Silvery), Rose, Nerium, Lantana, Canna, Asparagrass, Conocarpus, Acalypha, Callistemon										
	Dwarf, Cestrum, Thabernaemontara Variegated etc.										
	Shrubs and Ornamental Plants 12" pot Pittosporum					1					
а	Varigated, Ixora Cochineal, Juniper Variegated, Carronade Dwarf, Jasmine Thai, Plumier Robar,	No's	4,875	195	950,625						
u	Cassia Malacca, Largest mea, Euphorbia, Jestropha	110 3	4,070	100	300,020						
1.6	Thai etc GROUND COVERS					4					
	Providing and planting ground covers as listed and as										
	arrangement and type shown in the Drawings, in pits of size 150mm x 150mm x 150mm. Dug in improved soil										
	610mm deep filled by adding 10% cow dung manure										
	and confirming to the criteria outlined in the Specifications, complete in all respects and to the										
	satisfaction of Engineer										
	Ground Cover Plastic Bag Plants Alternant Hera, Dianella, Iresine (Red), Hemercollis(Daylily), Duranta	No's	25,000	12	300,000						
	etc	110.5	_0,000	12	300,000						
1.7	PALMS Providing and planting palms as per Drawings,			T		4					
	specifications and to the satisfaction of Engineer .										
а	Palm 18" pot - Queen Palm, Wodyetia Bifurcate, Washingtonian Palm, Biskarkia etc.	No's	12	3,675	44,100						
b	Palm 18" pot - Phoenix Palm, Cyrus Palm	No's	40	1,800	72,000						
1.8					-	4					
	Providing and planting Creepers as listed and as arrangement and type shown in the Drawings, in pits of										
	size 305mm x 305mm x 305mm. Dug in improved soil										
	610mm. deep filled by adding 10% cow dung manure and confirming to the criteria outlined in the										
	Specifications, complete in all respects and to the										
	satisfaction of Engineer . Creepers 12" Pot - Bougainvillea, Bonsai, Qusqualus,	NI. 1	100			4					
	Bombay Creeper etc.	No's	100	195	19,500						
2	HARD LANDSCAPE										
	WALK WAYS					4					

			COS	T EST	IMATE	
			0	rigina		From 1st Revised to onward
	ballast under 12"X14" curb stones fixing with1:2:4 PCC, supply of 7000PSI tuff tiles 60mmas per approved design fixing on 4" brick ballast compacted and grouting with sand.	Sft	2000		300,000	
2.2	BENCHES					
	Concrete Bench 5' wide complete in all respects and to the satisfaction of Engineer as per approved design.	No's	10	12,562	125,620	
2.3						
	Complete in all respects and to the satisfaction of Engineer as per approved design.	No's	8	23,675	189,400	
2.4	PLAYING EQUIPMENTS Complete in all respects and to the satisfaction of Engineer as per approved design.	No's	1	465,760	465,760	
2.5						
	Concrete planters 2' X 2-1/2' complete in all respects and to the satisfaction of Engineer as per approved design.	No's	7	3,850	26,950	
2.6		No's	3	45,000	135,000	
3	SOFT LANDSCAPE MAINTENANCE (Including maintenance and up keeping of site for 6 months) after development as per specifications and to the satisfaction of Engineer.	Sft	40,456	7.50	303,420	
4	CONSTRUCTION OF PLANTERS					
4.1	Large Size with keystones fixed with cement with top concrete slab as per design and to the satisfaction of Engineer.	No's	100	550	55,000	
4.2	Medium Size with keystones fixed with cement with top concrete	No's	1,170	550	643,500	
4.3	······	No's	240	550	132,000	
5	slab as per design and to the satisfaction of Engineer. CAEEBO Construction of Gazebo 12' X 12' with top fiberglass 3 layer canopy as per approved design and to the satisfaction of Engineer.	No's	1	200,000	200,000	
	Total Amount of - Landscaping				7,256,468	
	PRA(16%)				1.161.035	
	Design Consultancy				100,000	
	TPV (3%)				217,694	
	Grand Total				8,735,197	

EXECUTIVE ENGINEER BUILDINGSDIVISION, NO.2 FAISALABAD

BUNISION BUNISION

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NAME OF WORK

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FAISALABAD NO.792 FOR

THE YEAR 2021-22)

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EXECUTIVE THE AT TEHSIL DISTRICT FOR **3S DIVISION NO.2, FAISALABAD THQ HOSPITALS IN PUNJAB "ONE** THE JHUMRA FAISALABAD" (ADP NO.792 FOR THE YEAR 2021-22) ВΥ FRAMED CHAK ESTIMATE HOSPITAL COST BUILDINGS OF ALL QUARTER ROUGH REVAMPING ENGINEER, REVISED HEAD

HISTORY

capital dated: ahore vide letter No.PO(D-II)Revamping/P-1/21, dated: 28.01.2022. Meanwhile MRS was changed, Administrative Approval was accorded vide Secretary to Govt. of Punjab P&SHC Department Lahore vide (Ľ) 09.11.2021 vide Secretary to Govt. of the Punjab Primary & Secondary Health Care, amounting to Rs.48.733 (M) for approved for Rs.47.323 amended and Authority originally Competent No.PO(D-II)Revamping/P-1/21, dated: 28.01.2022 was forward to subject as estimate cited scheme therefore amended The component.

dated: The detailed estimate has been technically sanctioned amounting to Rs.42.217 (M) vide 10.02.202. Tender received / opened on 04.03.2022 and lowest bidder was awarded on below rates. Due to non submission of additional performance guarantee, the tender was cancelled by vide letter No.238, vog-Sh Faisalabad Circle No.1 forfeiting 2% earnest money of the contractor. Buildings Engineer, Superintending

Therefore this revised rough cost estimate amounting to Rs. 44.508 (M) has been framed for getting revised Administrative Approval from competent authority.

SCOPE OF WORK

The following scope of provided in this estimate: -

- 1. Renovation of Main Building
- 2. Construction of Sewerage system
- 3. Construction of Paved Area
- 4. External E.I

SPECIFICATIONS

The work will be carried out according to Buildings Specification of latest edition and to the entire satisfaction of the Engineer Incharge.

CARRYING OUT OF WORK

The work will be carried out through approved Contractor after calling competitive tenders

RATES

This estimate based on MRS 2nd Biannual period 2022.

COST

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 $\frac{1}{100}$ Total cost of this scheme works out to Rs44.508 (M)

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It will take about 12 Months to complete the work from the actual date of commencement.

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LAND

There is no cost of land in this estimate; land is available by Client.

2

Executive Engineer, Buildings Division No.2, Faisalabad.

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Primary & Secondary

Healthcare Department

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in chure Ae A pesso anning 2 Development Board vide letter No.7(78)/PO(PB)/P&0/2021, dated 17, 12,2021 interes. accord amended Administrative Approval of 04 of all THO ng/P-1/21 Hospitals in Punjab" GS No. 792 of A in supe of the dus schemes under block scheme tilled st mentioned against eac the Governor of the Punjab is per msuu "Programme for scheme, with sued by

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The expenditure involved will be debitable under the following heads of account

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Project Management Unit p&SH Department.

ct.Accounts Officer, Director, Concerned Distri

hiel Executive Officer, District Health Authority, Concerned District

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udget Officer∘I & III, Finance Department.

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pecial Secretary (Development), P&SH Department Sucus Secre (Dev. Fin .д 8 SH Department

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TINUTES OF MEETING Communication & Works Department

Team	Meeting	PRINARY & SECO
	Title/Project:	STATE AND
	Kick-off Meeting THQ Hospital Chak Jhumra with PMU	

 Date:	
Date: 17/03/2022	
Time: 11:00 am	

Location: THQ Hospital Chak Jhumra

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ATTENDEES

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NAMEDesignationVr. Jawed SulehriaDirector Development, PMU.Vr. FarhanWaheedDirector Infrastructure, PMU.Vr. Hamza NaseemProject Manager (Civil), PMUVr. Hamza NaseemProject Manager (Civil), PMU.Vr. Adhan IqbalProject Officer (Electrical), PMU.Vr. Adhan IqbalSub-Divisional Officer (Electrical), PMU.Vr. Adhan IqbalSub-Divisional Officer (Building), C&W, FaisalabadVr. Adhan IqbalSub-Divisional Officer (Building), C&W, FaisalabadVr. Adhan IqbalSub-Engineer (Building), C&W, FaisalabadVr. Jahangir AjmalMedical Superintendent THQ Hospital Chak JhumraVr. Muhammad UsmanAdmin Officer THQ Hospital Chak Jhumra		
nal V sif m den market	Admin Officer THQ Hospital Chak Jhumra	Mr. Muhammad Usman
v sif em	Medical Superintendent THQ Hospital Chak Jhumra	Dr. Jahangir Ajmal
y sif	Sub-Engineer (Building), C&W, Faisalabad	Mr. Mudassir
ME Director Developm nria Director Infrastruc ed Director Infrastruc em Project Manager (sif Project Manager (Project Officer (Ele	Sub-Divisional Officer (Building), C&W, Faisalabad	Mr. Abdul Wasay
Director Developm Director Infrastruc Project Manager (Project Manager (Project Officer (Electrical), PMU.	Mr. Adnan Iqbal
Director Developm Director Infrastruc Project Manager (Project Manager (Electrical), PMU.	Mr. Shahzaib Asif
Director Developm Director Infrastruc	Project Manager (Civil), PMU	Mr. Hamza Naseem
Director Developm	Director Infrastructure, PMU.	Mr. FarhanWaheed
	Director Development, PMU.	Mr. Jawed Sulehria
	Designation	NAME

MINUTES

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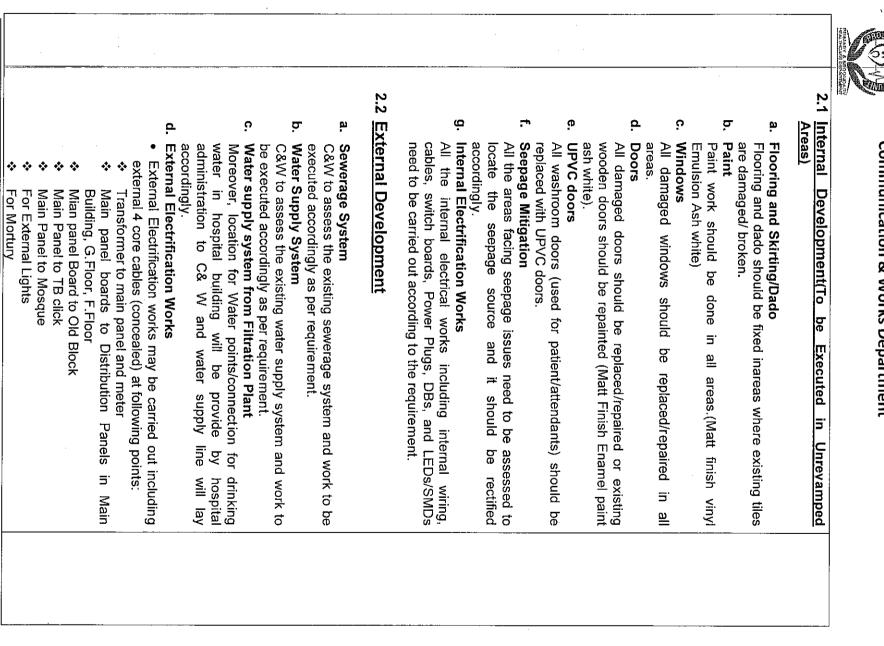
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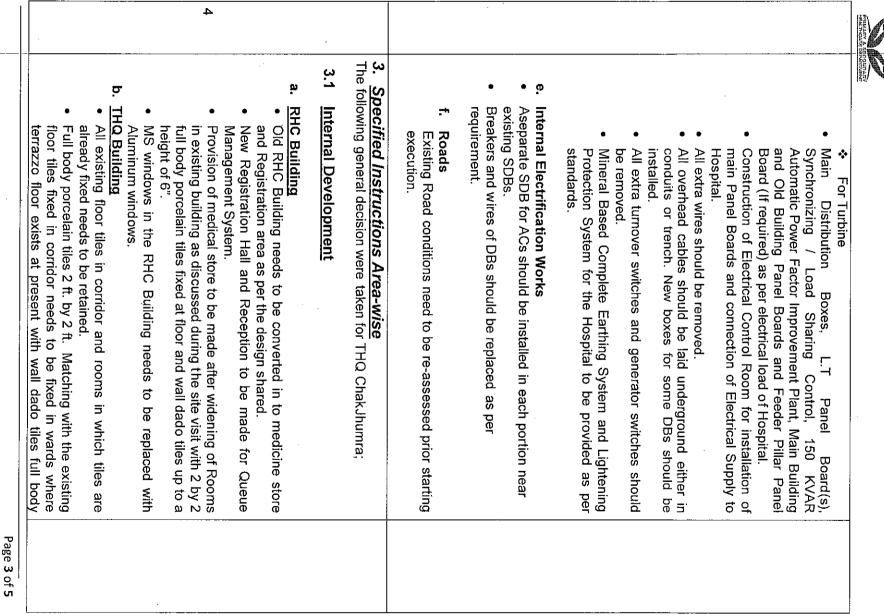
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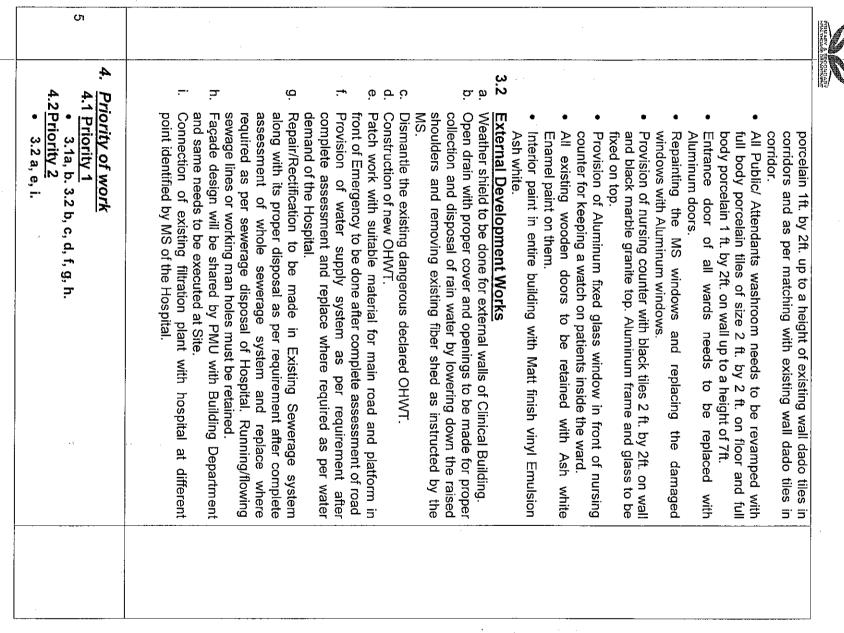


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THQ/Chaklhumra/Revamping works Revised Minutes of Meeting, 17 March 2022 ιn.

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Revised Minutes of Meeting, 17 March 2022 THQ/ChakJhumra/Revamping works 1.1

Page 4 of 5

Senior Sub Engineer Buildings Sub Division, Faisalabad Revised Minutes of Meeting, 17 March 2022 THQ/ChakJhumra/Revamping works Project Officer (Electrical) PMU, P & SHD Admin Officer THQ Hospital Chak Jhumra Project Manager (Civil) PMU, P & SHD Director Infrastructure PMU, P & SHD Sub Divisional Officer Buildings Sub Division Faisalabad Medical Superintendent THQ Hospital Chak Jhumra Approved by: Page 5 of 5

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Communication & Works Department

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REVISED ROUGH COST ESTIMATE FOR THE REVEMPING OF ALL THQ HOSPITALS IN PUNJAB "ONE AT TEHSIL HEAD QUARTER HOSPITAL CHAK JHUMRA DISTRICT FAISALABAD"

(S2-1202 AAAY AHT AOA 2021-22)

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Executive Engineer Buildings Division No.2 Faisalabad

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EVISED ROUGH COST ESTIMATE FOR THE REVAMPING OF ALL THO HOSPITALS IN PUNJAB "ONE AT TRHSIL HEAD QUARTER.

COMPARATIVE STATEMENT (Renovation of Main Building)

Remarks	Saving Excess /	puz) uo paseq a	temits∃ teo: Sost Estimat	D dguoß b Dnsið	esiveЯ 19q zA	and the second se	anunal 202 1900 cost Es	oЯ bəbnə i8 taf) no	mmA 19q 2A		Sr.
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Elmundį Abd du Divisional Officer,

Executive Engineer, Buildings Division No.2, Faisalabad.

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Comparison Renovation Bldng

OUARTER HOSPITAL CHAR JHUMRA DISTRICT FAISALABAD" (ADP NO. 792 FOR THE YEAR 2021-22)

COMPARATIVE STATEMENT (RENOVATION OF OLD RHC, OPD AND WARD (BUILDING PORTION))

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		11245	98599	320 ^{.42}	Езср	06L	64093	294 35	Each	281	Removing windows with chowkat
		8429279-			· ·		8499278	515	₩S d	31256	-Shade with adhesive bond over 1/2"thick (1:2) cement plaster i/c 0 the cost of sealer for finishing the joints including cutting grinding complete in all respects as approved and directed by the Engineer Incharge. size 12"x18"
	• .										P/L superb quality Ceramic tiles dado of Master brand of specified size, Glossy / Matt / Texture skirting / dado of approved Color and
		208039	6653321	341.95	₩S d	29761	\$1067£	304 75	₽. St	1224	Providing and laying superb quality Porcelain glazed tiles of Master brand, skirting / dado of specified size, Color and Shade with adhesive / bond over 1/2" thick (1:2) cement plaster i/c the cost of and sealerf or finishing the joints, cutting grinding complete in all respect as approved and directed by the Engineer Incharge Full body Glazed Tile 600mm x600 mm
• • •	· · · ·	848482-	228533 4	96.148	₽. Sf	16325	2837182	304.75	₽. Sft	1 9161	P/L superb quality Porcelain glazed tiles flooring of MASTER brand of specified size in approved design, Color and Shade with adhesive/bond over 3/4" thick (1:3) cement plaster i/c the cost of sealer for finishing the joints i/c cutting grinding complete as spproved and directed by the Engineer Incharge Full body Glazed files size 600mmx 600 mm
		112102	479248	08.17288	110 %	0891	225809	9.11292	tto %	0081	P/L, cement concrete plain 1:2:4 i/c placing, compaction, finishing ک & curing washing complete.
		81711-					23427 71718	2472 2012	jjo %	408	 Dry rammed brick or stone ballast 1-1/2" to 2" gauge.
		Þ 689-				· .	7689	9.6891 2782	fto % fto %	804 804	5 Supplying filling sand under floor or plugging in well
		198691	612881	11209.46	₩S %	0891	78681	8.2926	₩S %	504	4 Dismantling mud concrete.
		-24322	309984	2391.85	4S %	09671	384306	₽ [.] 9002	#S %	7 9161	3. Dismantling cement concrete 1:2:4 plain.
- - 		68784-	62947	454 60	₩S %	14826	989111	325	4S %	31729	 Dismantling glazed or encaustic tiles, etc.
			jnuomA	Rate		<u></u>					Removing cement or line plaster.
	Remarks	Excess /		nnual 2022)	lguoЯ bəsi si8 bn2) ifinU	As per Rev	bəssd ətsmitə (S	augh cost Es Iannal 2023 Rate	oA bəbnəmı la tsr) no hinU	As per An Qty	Sr. Vo,

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en e		Samarudan ya	a Data di Ang	·							
	481671-		·			173184	1.817	¥S %	24117	Dismantling brick or flagged flooring w/o concrete foundation	51
an a	85981	29876	99 7 69 l	₩S %	8699	60792	1385.36	¥S %	:	Painting to doors and windows any type on old surface two coats (change of colour)	50,
andra an Andra andra andr Andra andra and	-FF4-06-			· · ·		1-1-7106	——8 [:] 69∠ ⊅ ———	¥S-%		Providing and applying weather shield paint of approved quality on external surface of building including preparation of surface, application of primer complete in all respect: two coat	
· · · · ·	-52399				·	56399	3038.1	¥S %	9836	Cement plaster 3/8" (10 mm) thick under soffit of R.C.C. roof slabs only, upto 20' height. (1:3).	9 '81
	87811-					87811	3013.85	4JS %	384	۲/2" thick cement and plaster plaster (۱:4) i/c removing	. 'ZI
	LL699-	83444	4544 32	4S %	9961	149421	3486.25	11 S %	9824	Cement pointing deep struck joints on walls upto 20' height ratio (1:2) i/c extra cost of Isbour and material for red oxide pigment in cement pointing to match with the colour of bricks	91
	609289-	346058	2065.65	4S %	89291	299286	1814.9	#S %	P6194	Preparing surface and painting with emulsion paint 2-coats.	191
	82622-	128043	764.30	₩ S %	89291	120902	6.528	4JS %	32516	Scraping distemper from walls	
· · · · · · · · · · · · · · · · · · ·	296 4 20	5332363	963.3D	₩S d	9022 902	2 7 68571	7.939	1 8 д	3648	P/F M.S. grill fabricated with MS Square polished Vertical / horizontal Bars of specified size @ 4" c/c ' passed through punched holes in MS Patti of 1-1/4"x1/8" i/c the cost of 1-1/4"x1/8" MS patti for Frame of windows and painting 3 coat complete in all respect as approved and directed by the Engineer Incharge. 3/8" Squar Bars	13. I 13. I
	1768311-	118899	464 20	₩S. q	1323	2877281	92.069	₩S .q	5648	Providing and fixing Aluminum Fly screen comprising of Fiber / Aluminum wire guaze (Malasian) fixed in aluminum frame of approved manufacturer brownze Colour / powder coated of size 1- 1/2"x1/2" and 1.6mm thick with rubber gasket i/c cost of Hardwares as approved and directed by the engineer incharge complete in all respect.	2 11 2 7
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		2873417	92.5361	₽S.9	5861	1626666	6.413	₩S d	5648	Providing and fitting all types of glazed aluminium windows of anodised bronze colour parity fixed and parity sliding using delux sections of approved manufacturer having frame size of 100 x 20 mm (4"x ³ x") and leaf frame sections of 50 x 20 mm (2"x ³ x"), all of mm (4"x ³ x") and leaf frame sections of 50 x 20 mm (2"x ³ x"), all of 16mm thickness including 5 mm thick imported inted glass with	1. Z. 5
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42321 4	77 57	2089 2	97.0181	нs.Ч	619	896264	843.85	₩S d	619	respect as approved and directed by the Engineer Incharge.	08
								· .		Providing and laying Prepolished Granite of specified thickness and shade of full width of approved quality laid with adhesive bond	;
29101	2 10) 5129(04.68	₩S.q	5412	008981	98°27	∄S.q	5412	P/F false ceiling comprises of Gypsum board laminated sheet of aize 2'x2' / 2'x3' 3'x3' of specified design and thickness i/c cost of fixtures i.e galvanized angle 1"x1" at wall sides, galvanized t ee equivalent), hanging with G.I/Copper wire 16 SWG, G.I hook, Rawal Plug etc: complete in all respects as approved and directed of the Engineer Incharge. 7.5mm thick	50 ⁻
	GG	385E4 (00.20 r	ਸੈਨ .ਧ	41914	432822	901	₩S q	1314	P/F wall paneling of approved colour and design comprising of venyle P.V.C.1.5mm thick & 8"wide strips Double sheet braced @ 150 mm apart over all thickness 8.5 mm i/c P.V.C. Gola at top / corner and PVC channel at bottom fixed on wall with special clips a steel screws / nails complete in all respects as approved by the Engineer Incharge.	
1280	4-					72804	1360.9	Each	30	ר P.V.C. tees, of B.S.S. Class `B' working pressure 4" dia.	.72
14456	l-					14459	4 80.95	Each	30	P/I P.V.C. bends, of B.S.S. Class `B' working pressure 4" dia.	- S5.
09809	9 1 - 91-				н 1911 - Алар	09809L	383	ля	450	^D roviding, laying, cutting, jointing, testing and disinfecting P.V.C. / µPVC pipe line of B.S.S. with `B' Class working pressure pipe, in renches, complete in all respects 4" dia.	1 90
¢7802	7-					20874	8.869	Each	30	Making Khurta on roof ک'x2'x6"	24
0835 1	-241					2410832	Þ [.] 9666	¥S %	71142	Single layer of tile 9^{x4} % $x1$ %" laid over 4" earth 1" mud plaster without bhoosa grouted with cement sand (1:3) on top of RCC root blab provided with 34 lbs % Sft of 1.72 Kg sq. inch bitumen coating sand blinded over polythene 500 gauge.	∿ \$`53` \$
3346						53746	5956.8	¥30 %	1508	Rehanding of earth with lead upto a single throw of Kassi. Anoarah as shown lead upto 50ft.	
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	17472	27471	1031.20	₩S%	5664					Painting sashes, fanlights, glazed or gauzed doors	.86
. (048655	336840	1943 20	¥S%	98471					Providing and applying weather shield paint of approved quality on external surface of building including preparation of surface, application of primer complete in all respect: old surface one coat	
	240133		07.6911	4S%	26197			na na site ta		Preparing surface and painting with emulsion paint 1-coats	
	13240	13240	413.75	язч	32				·	Providing and laying 3/4" thick full width Prepolished Marble slab for Vanities / Shelves / Treads/Window Cills , having Uniform texture (Spotless) with adhesive bond over 3/4" thick (1:2) cement sand mortor i/c the cost of matching sealer complete in all respects as approved and directed by the Engineer Incharge China Verona.	35
	-47732	20299	1441.20	₽S. q	6£	103939	8.127	₿S .q	44 4	P/F all types of partly fixed and partly openable glazed anodised bronze colour aluminium doors, using delux section of M/s AI-Cop or Pakistan Cables, having chowkat frame of size 40x100 mm (1½" x4") and leaf frame of 60x40mm (2½"x1½") wide sections including the cost of ½" (5 mm) thick imported tinted glass with aluminium triangular gola and rubber gasket to support the glass and leaf edging, using approved standard fittings, locks, 3"wide long handles etc., and hardware any required as approved by engineer in-charge.	34.
	66286L	321311	08.903	₽S.q	7 69	152513	463.75	₽S.q	072	P/F 1-1/2" thick solid flush door comprising of 2.5 mm thick Commercial ply compressed over 2.5 mm thick commercial ply over 1" thick packing wood in style and rails under proper pressure i/c the cost of nails, tower bolt , handles, glue, sawing charges, ainting charges, sand papering and 3/8" thick matching wooden lipping as approved and directed by the Engineer Incharge.	33.
	010121-					010121	1221.5	Я2 Ч	041	without chowkat & windows, complete in all respect (excluding sliding bolt / lock) P/F, 1-1/2"thick deodar wood panelled or panelled & glazed, doors	32:
		la de la companya de La companya de la comp Reference de la companya de la compa								sealer for finishing the joints i/c cutting grinding complete in all respect as approved and directed by the Engineer Incharge. (Non- Skid Chequred Tiles)300mmx300mm	: ו יונ
	3211	37488	213.00	,9€,9	9/1	22688	90.691	₽ Stf	921	P/L superb quality Porcelain glazed tiles flooring of MASTER brand of specified size in approved design,Color and Shade with adhesive/bond over 3/4"thick (1:3) cement plaster i/c the cost of	2
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	iu over 3/4 Inick (respect as approv thick			. C1		o quality oecified ond ove finishing approve	Chequ		P/F 1-1/2" thick solid Commercial ply comprever 1" thick packing over 1" thick packing pressure i/c the cost of charges, Painting che matching wooden lippi Engineer Incharge.	· •.			Raking and washing joint	0 12					<u>OPD & ward</u>		<u>Deducti</u>		n n a syn N			

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Fir all types of pairly field and pairly openable glazed models the first are of pairly field and pairly openable glazed models the section of the Au-Co pressue and instrument frame of glazed models of Pakasan class in hyst, important frame gase and administrational spectra in the pairs of the section approved frame of glazed models of the section in the glass exchange of the section in the glass in the glass in the glass of the section in the glass in the glass exchange of the section in the glass of chose glazed and the glass of the model of the section in the glass of the glass of the glass of the section in the glass of the glass of the glass of the section in the glass of the glass of the glass of the glass model of the figure in the glass of the glass of the glass model of the glass of the glass of glass of the glass model of the glass of the glass of the glass of the glass of the figure in the glass of the glass of the glass of the figure in the glass of the glass of the glass model of the glass of the glass of the glass of the glass model of the glass of the glass of the glass of the glass model of the glass of the glass of the glass of the glass the section of the glass of the glass of the glass the section of the glass of the glass of the glass the section of the glass of the glass of the glass the section of the glass of the glass of the glass the section of the glass of the glass of the glass the section of the glass of the glass of the glass the section of the glass of the glass of the glass the section of the glass of the glass of the glass the section of the glass of the glass of the glass of the glass the section of the glass of the glass of the glass of the glass the section of the glass of the glass of the glass of the glass the section of the glass of the		X 2 3/4 = 33		Šerija († 1999) 1990 - Jane Jane Jane Jane Jane Jane Jane Jane
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Average Counter 2 x 3 x 6 1/2 = 39 Str 39 Str Providing and fitting all types of glazed aluminium windows of anodised bornes of approved anotheruner haring frame size of 100 x 20 anodised bornes inducting frame size of 100 x 20 another the Engineer internation (a) 1353.76 P Str Nursing counter 2 x 3 1/2 = 49 Str 2 x 9 3.4 x 5 1/2 = 49 Str 2 x 9 3.4 x 5 1/2 = 107 Str 158 Str 10081 Str 2 x 9 3.4 x 5 1/2 = 107 Str 10081 Str 2 x 9 3.4 x 5 1/2 = 107 Str 10081 Str 2 x 9 3.4 x 5 1/2 = 107 Str 10081 Str 2 x 9 3.4 x 5 1/2 = 107 Str 10081 Str 2 x 9 3.4 x 5 1/2 = 107 Str 10081 Str 2 x 9 3.4 x 5 1/2 = 0.07 Str 10081 Str 2 x 9 3.4 x 5 1/2 = 0.07 S		lging, using approved standard fittings, loci ss etc., and hardware any required as ap charge.	· · · · · · · · · · · · · · · · · · ·	a serve a t
 Providing and fitting all types of glaced aluminum windows of approved manufacturer having tarme size of 100 x 20 mm (2*X7) and lear frame scions of 30 x 20 mm (2*X7) and lear frame scions of 40 mm (2*X7) and lear frame scions of 40 mm (2*X7) and lear frame scions of 30 x 20 mm (2*X7) and lear frame scions of 30 x 20 mm (2*X7) and lear frame scions of 30 x 20 mm (2*X7) and lear frame scions of 30 x 20 mm (2*X7) and lear frame scions of 2 x 9 3/4 x 5 1/2 = 49 Sth 	···	ar 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Building Forder Building Forder	28.	and fitting all types of deceded elimination and all	20 P Sft	3207 /-
the Engineer in-charge. 2 x 93/4 x 51/2 = 49 Sh 2 x 93/4 x 51/2 = 107 Sh 3 12 = 107 Sh 156 Sh Total: 23 Buildings Divisional Office. Facentive Engineer, Buildings Divisional Office. Facentive Engineer, Buildings Divisional Office. Chak Jhumma S/E		anodised bronze colour partly fixed and partly sliding using delux sections of approved manufacturer having frame size of 100 x 20 mm (4"x ³ /") and leaf frame sections of 50 x 20 mm (2"x ³ /"), all of 1.6mm thickness including 5 mm thick imported tinted glass with rubber gasket using approved standard latches, barrhoot of 0.0		
2 x 93/4 x 51/2 = 49 Sft 2 x 93/4 x 51/2 = 107 Sft (a) 1353.75 P Sft (c) 1353.75 P Sft Total: -24 Say: -24 Say: -24 Building Portion.		the Engineer in-charge.		
= 156 Sft Total: 24 Say: 24 Say: 24 Say: 24 Syte 14 of Page 14 of		$\begin{array}{cccccccccccccccccccccccccccccccccccc$	- · · ·	•
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	1	Building Portion.	Page 14 of 14	

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OUARTER HOSPITAL CHAK JHUMER DISTRICT FAISALABAD" (ADP NO.792 FOR THE YEAR 2021-22) REVISED ROUGH COST ESTIMATE FOR THE REVAMBING OF ALL THO HOSPITALS IN PUNJAB "OVE AT TEHSIL HEAD

COMPARATIVE STATEMENT (E.I PORTION)

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 A state of the second seco	-1628	33252	104 82	Езси	320	36180	96 28	ЧэвЭ	400	et button holder bakelite large size.	9 9/S
	4500	0687£	08 292	Each	09	06988	8.673	Each	99	es I/C IIIe cost of switches / societies / societies / summer made Switch a directed by the Engineer Incharge One way Gange Switch all Three Pin Power Plug	sue ≊:.29:se
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	099 l	84101	99 29	Езси	190	8838	82.78	Each	120	of celling rose bakelite.	
			1997) 1997	· .						Engineer Incharge One way Gange Switch Large 04 Gange	əui
	5880	98782	08.208	Each	32	22906	8.817	Each	32	es i/c the cost of switches / sockets / dimmer made of Hi-Life / sh / Schenider, screws complete as approved and directed by	ing !! Joy
"·····	···· ·	· · · ·			· · ·		-			: PVC double layer Switch kit Faceplate with specified switch	∃/d
	0288-	69617	08.2911	Нэв∃	36	46338	1569.4	Each	36	FVC double layer Switch kit Faceplate with specified switch es i/c the cost of switches / sockets / dimmer made of Hi-Life / sh / Schenider, screws complete as approved and directed by Engineer Incharge One way Gange Switch Large 06 Gange	ng 'S Iou
	23168	091921	91.971	1 , Р.	0001	162982	59.141	∄ਸ਼ .ਧ	0801	"490.0)/Z ^i
	12640	113400	09'92	ня а	1200	09446	1.18	Ъ. Rft	0091	"00td")/Z !!!
	02991	153420	91.14	ня ч	3000	088901	33.4	1 1Я [Ч	3200	0.029")/Z !!
	50920	508800	26.10	₽, Rft	0008 .	088781	21.35	₽. Rft	0088	of single core PVC insulated copper conductor cable in prelaid C pipe (Rate for cable only). 3/0.029"	a/s
	2109	92012	536.75	∄Я.Ч	300	80033	203.15	₽. Rft	320	3" i/dia. (80mm)	vi
	0092	81129	90 98 L	₽.Р	320	81973	100.05	₽, В#	360	2* i/dia. (50mm)	!! !
	8564	002861	<u>98.96</u>	ਸ਼ੋਸ਼ .੧	5000	981381	<u>99.28</u>	₽, Rft	5540	ן» i/dia. (25mm) mm)	!! (50
	0682-	02026	07.88	P. Rft	0011	09666	Þ.17	1 1Я.Ч	1400	of PVC pipe for wiring recessed in walls i/c inspection boxes, boxes, cutting jhurries and repairing surface. 3/4" i/dia.	Ind
		JnuomA	Rate	JinU	٥ţ	finomA	Rate	JinU	Qty		
r KKS- S	Excess / Remar	no based si	Cost Estimat nual 2022)		er Revis		ugh cost Est 2022)			Description of Items	No. Sr.

			na da series References References		· · · · ·						
		£29701-	589698	643.52	Чса∃	097	364120	6999	Each	009	S/E of copper conductor cables for service connection, in prelaid PVC sheathed 4 core, non armoured cable (7/0.064")
		661 E-	l⊅06	91-8081 —	Евсµ	<u>-</u> G	15240	1230	Each	8	S/E, of mercury vapour lamp, complete with choke set. 125 watt 16. lamp.
, noris de la composición n		8965-	30260	07 2003 40	Езср	9	34228	4316	Езср	8	S/E, of pole mounted street light, holders, shade and glass, etc., 15. for fitting 125/250 watts mercury vapour lamp (excluding cost of lamps): Philips design
· · · ·		-2151	16336	2655.85	Еасћ	9	98471	2185.8	Еасћ	8	S/E of street light pole bracket (1 $\%$ ") G.I. pipe 2 metre long, 14. complete with 2 No. pole clamp.
		000981-	24000	420.00	ЧэвЭ	150	240000	009	Each	400	13, S/E of LED bulb 18-watt
		-61200					61200	5040	Еасћ	30	Supply and Erection of Led alim light 8"dia (18 watt) Philips or equivalent made with direct power supply (driver less) with input frequency 50 or 60 Hz having P.F>0.7, ingress protection code 12, IP 20, Mech. impact protection code IK 02, Initial luminous flux 1200 lm at Lamp colour temperature 4000 K or 6000 K with 20000 Hrs useful warranty and wire etc i/c cost of labour complete in all respect.
		-1445	3686	614.25	Each	9	5128	87.218	Each	01	S/e, of bell push or bed switch, with 5 metres twin flexible wire 23/0.0076".
		2921-	3013	B1.20B	Each	9	4580	458	Each	01	S/E, of call bell 220/250 volts, fixed on teak wood board 17.5x10 10. cm (7"x4").
	sasto por sport di Los din 1947 - Nationa Anglia di Malagani	069E-	56729	97.4344	Езср	9	30 4 18	38.1405	Each	01	Providing and fixing Copper winded Exhaust fan with louver and shutter made of Pak/Younas/G.F.C. i/c the cost of necessary cable and hardware for connection from ceiling rose complete as approved and directed by Engineer Incharge18" sweep
		-36500			n daa ya Madalaa ay Arayo ka Arayo Arayo Arayo		36500	971	fach	550	Earthing of Metallic cases, etc. with G.I. wire No. 8 SWG, in 15 mm 8. (1%") dia G.I. pipe, best quality recessed in wall, including hooks jharries and making good surface
2 11 41 42 414 42 42 42 42 42 42 42 42 42 42 42 42 42		-632	22184	9635.35	Each	G	80784	20.8118	fach	9	pipe 1/2" dia recessed on surface wall and floor complete with 1.5 meter long G.I pipe with reducing socket 4 to 5 meter below to Ground level and 2 meter away from building plinth.
		C	tnuomA	DIR ⁵¹	<u>n</u> on	GIÀ	tnuomA	- 	jinU	Δıς	Earthing of Aluminum switch etc. with G.I wire No.8-SWG in G.I
	SHIR(IIƏ)	fuivs∂ 1sseox∃	លុច ពុទ្ធិឧទុថ ទាន	(zzoz isnuus nijs∃ iso⊖ ij			assd atsrnit (2202 leumns	····	· · ·	Description of items
		· · · · · · · · · · · · · · · · · · ·									Page 112

Contraction Contraction Contraction Contraction			1								Page 113	1
	Кетагка	Excess /	uo pəseq əli		nguoA bas nguoA bas	As per Revi		2202 lenun 1803 Agu		imA teq eA	Description of fields	'ON 'IS
		BUIARS	innomA	Rate	1inU	Qty	1nuoraA	Rate	tinU	Qty		
		-1993030			nerve svermaler svers filade som vers	·····	1203030	5605.05	Each	009	S/E of copper conductor cables for service connection, in prelaid pipe/G.I. wire/trenches, etc. (rate for cable only) PVC insulated, PVC sheathed 4 core, non armoured cable (19/0.083").	181
 	andra andra andra andra Antonio andra andra andra Antonio andra andra andra andra andra andra andra andra andra Antonio andra andra andra andra andra andra andra								·		Supplying, Installation & commissioning of MCCB (Moulded Case Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S.A / SCHNEIDER GERMANY / TERASAKI JAPAN/ABB) .
AR DE LA ANALAS ANA		and a second	en e	ingen in state				1. 1. 1. 	the second second	es. A de la composición d	SWITZERL(with adjustable Thermal-Magnetic Trip) in prelaid	3
		66	523406	37234.30	Hoe ^I	9	223307	8.71278	Насћ	9	DBs and Panels i/c the cost of screws, necessary wire complete in Tripple Pole With Adjustable Thermal-M agnetic Trip /Electronic	3

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Trip (60-100%) 32-100 Amp(36 KA)

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Subtraction of

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REVISED ROUGH COST ESTIMATE FOR THE REVAMPING OF ALL THO HOSPITALS IN PUNJAB "ONE AT TEHSIL HEAD QUARTER HOSPITA

ADP NO.792 FOR THE YEAR CHAK JHUMRA DISTRICT FAISALABAD

	2021-22				
1	(E.I. PORTION)	Dased	Dased on MKS Znd Bi-annual 2022	1 BI-annua	al 2022
	S/E of PVC pipe for wiring recessed in walls i/c inspection boxes, pull boxes, cutting jhurries and 3/4" i/dia (20mm)	م ایک 100 R#	2,70 8,2		
:=:	1 [#] (/dia	2000 Rft			924/0 /- 193700 /-
ij	. 2" i/diar (50mm)	350 Rft	186.05	P Rft	65118 /-
Ņ.	iv. 3* i/diai (80mm)	300 Rft	236.75	ΡRf	71025 /-
~	S/E of single core PVC insulated copper conductor cable in prelaid PVC nine (Rate for cable only)	· · · · · · · · · · · · · · · · · · ·			· · · ·
:	3/0.029"	See 0 8000 Rft	26.10	P Rft	208800 /-
	7/0.029	3000 Rft	41.15	P Rff	123450 /-
i≣	7(0.044")	1500 Rft	75.60	P Rft	113400 /-
<u>></u>	iv. 7/0.064"	1000 Rft	176.15	P Rft	176150 /-
3.1	double layer Switch	36 No.	1165.80	Each	41969 /-
• • • •	mac	یند. المعارف المعارف المعارف			
at in the second se	Engineer Incharge One way Gange Switch Large 06 Gange	، مربع جراری رو از اور			
			125 744 714 - 127	· . · .	
	P/F PVC double layer Switch kit Faceplate with specified switch holes i/c the cost of switches / sockets / dimmer made of Hi-l ife / Rush / Schanider	32 No.	805.80	Each	25786 /-
· · ·	screws complete as approved and directed by the Engineer Incharge One way Gange Switch Large 04				
5 	Gange				
ব	S/e of ceiling rose bakelite.	150 No.	67.65	Each	10148 /-
ىت ب	P/F PVC double layer Switch kit Faceplate with	50 No	757 80	Ц Ц Ц	37800 /
5, 0,	specified switch holes i/c the cost of switches / sockets / dimmer made of Hi-Life/Bush/Schenider.) 		
	86,				- 1.227 - 2. 7 - 21 7 - 21 7 - 27 7 - 2
	Switch Small Three Pin Power Plug 15-32 Amp		:	••••	· · · ·
0 0	S/e of button holder bakelite large size.	320 No	101 85	с С Ц	
, u		270			-/ 70000
1.02 a	SWG in G.1 pipe 1/2" dia recessed on surface wall	5 No	9635.35	Each	48177./-

Page 114

G.I pipe with

buo

5 meter

and floor complete with 1

Ground level

meter below

to 5

reducing socket 4

and 2 meter away from building plinth

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Total Rs: 1896600 /-37234.30 Each 4454.75 502.15 614.25 2555.85 5093.40 1808.15 643.55 450.00 0 No. 0 No 6 No. 6 No. 6 No. 5 No. 120 No. 450 Rft 6 No Providing and fixing Copper winded Exhaust fan with louver and shutter made of Pak/Younas/G, F, C. i/c the cost of necessary cable and hardware for connection ceiling rose complete as approved and directed fixed on teak wood 5 metres twin S/E of street light pole bracket (1 χ ^u) G.I. pipe 2 metre long, complete with 2 No. pole clamp. S/E, of pole mounted street light, holders, shade and glass, etc., for fitting 125/250 watts mercury vapour lamp (excluding cost of lamps): Philips design service of mercury vapour lamp, complete with choke connection, in prelaid pipe/G.I. wire/trenches, etc. (rate for cable only) PVC insulated, PVC sheathed 4 Supplying Installation & community installation & community (Moulded Case Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S.A / SCHNEIDER GERMANY / TERASAKI JAPAN/ABB SWITZERL(with adjustable Thermal-Magnetic Trip) and directed by the Engineer Incharge. Tripple Pole necessary wire complete in all respect as approved Trip /Electronic in prelaid DBs and Panels i/c the cost of screws, cables for S/e, of bell push or bed switch, with flexible wire 23/0.0076". Thermal-M agnetic core, non armoured cable (7/0.064"). rip (60-100%) 32-100 Amp(36 KA) S/E, of call bell 220/250 volts, by Engineer Incharge18" sweep conductor board 17.5x10 cm (7"x4"). S/E of LED bulb 18-watt set. 125 watt lamp. copper With Adjustable ď from

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OUARTER HOSPITAL CHAK JHUMRA DISTRICT FAISALABAD" (ADP NO. 792 FOR THE YEAR 2021-22) REVISED ROUGH COST ESTIMATE FOR THE REVAMPING OF ALL THO HOSPITALS IN PUNJAB "ONE AT T'EHSIL HEAD

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COMPARATIVE STATEMENT (P.H PORTION)

	C to L ageq	e chine and the state of the	د المراجع المر المراجع المراجع المراجع المراجع المراجع	alian di separa men nona any				H.9 svitstean	moJ	1	an tao 1960. Ny kaodim-paositra 02008. Ilay kaodim-paositra 60000. Ilay kaodim-paositra 6000000000000000000 Ny INSEE dia mampiasa	n yn A
		-39762			Lack	21	39762	2299	Each	9. 	Providing and fitting glazed earthen ware wash hand basin /vanity 56x40 cm (22"x16") including bracket set, waste pipe and waste coupling, etc Under Counter Vanity Basin	
		20209-	13 ⊀00	0029	v Esch	.	00972	0099	Чэв∃	ана 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	bracket, One soap dish, One double hook, One towel ring, brush holder, toilet paper holder & looking glass i/c the cost of hardwares etc complete in all respect as approved and directed by the Engineer incharge.	
						· · · · · · · · ·	· · ·			·. ·	Providing and fixing BATHROOM ACCESSORIES (7-piece set) MOCTER BRAND - One-Cosmetic Shelf, One Towel rod with	11
		£9091	39942	5218	Each	81	62852	8.0712	НовЭ	11	P/F CP Muslim Shower made of Sonex / Master / Faisal etc. complete as approved & directed by the Engineer incharge.	1 '0L
- * 	 	6996 L	38258	6221	Each	55	66981	8.0691	Esch	66	P/F CP Double Bib Cock made of Sonex / Master / Faisal etc. complete as approved & directed by the Engineer incharge.	
		-31367	21028	2.789	Еасћ	55	91429	4.888	fach	69	P/F, C.P Tee stop cock 1/2"dia.	1.,8
		£989-	44630	2231.5	Each	50	61493	5.080 f	Each	56	Providing and fixing, chromium plated mixing valve, for wash hand pasin, sink or shower	
		-53906					90652	99.9763	Hoe∃	4	D/F, Stainless steel sink with drain board, size 48"x24" including.	
		5830	69768	9.9494	Each	21	5 2830	36.1042	Еасћ	52	Plastic made low down flushing cistern 13,63 litres (3 gallons) Plastic made low down flushing cistern 13,63 litres (3 gallons)) 9 . 6
	· ·	26117-	69125	-9+2+8+			99226	1696	Each	97	Plazed earthen Wash Hand Basin کک"x16" i/c bracket set vaste pipe and waste coupling (Coloured) with pedestal	
		-13210					13510	523-9	Each	69	baselg "P" trap 4" "P" blazed.	3. 1
		-48280					48280	5194 52	Еасћ	52	ype (Orisa pattern), combined with foot reval bolts complete in all Providing and fitting glazed earthen ware water closet, squatter γpe (Orisa pattern), combined with foot rest (Coloured).	5 E
		-123074		· · ·			123074	8.31951	Each	11	P/F Europeon Coupled set of Water Closet (WC) and flushing Clatern of PORTA brand (full size) i/c the cost of CP/rubber)
a fair an ann an Anna a Anna an Anna an			JnuomA	Rate	1jun	Q1À	JnuomA	Rate	Unit	σţλ		
	Remarks	Excess /		(2202 leuni	nsi8 bnS)	er Revise	bəzsd ətsmi	annal 2021) annal 2022)		imA 19q aA∖	Description of items	.12 .0N

	-5397800	-/ 002992	= VBS		-/ 0002992	= vs2			
	-5397790	-/ 212992	= IstoT	_	-/ 2002992	= istoT		_	
	082091-				160580	9.621	ਜ਼ਸ਼ ਰ	1540	sib mm 0 4 ob ii
n al composition de la composition de l La composition de la c			· · · · · · · · · · · · · · · · · · ·						i/c cost of solvent, specials,making jharries complete as approved and directed by Engineer Incharge. (Internal/External Diameters mentioned).b) PN-20 pipe 32mm
an a	-301000				301000	98	₩9,94	3200	P/L, testing & commissioning of POLYPROPYLENE RANDOM COPOLYMER (PPRC) water supply pipe made of (Dadex /Popular/ Beta / BBJ) with specified pressure rating PN /A (PRESSURE NOMINAL)and conforming to DIN 8077-8078 code
	-545613			· ·	542613	31.165	ਜ਼ਸ਼ ਰ	029	(mmč7) sib"čobi
	-1312200	en a serie en serie de la s La serie de la s		· · · · · ·	1312200	92 299	∄Я q	2000	P/L, cutting, jointing, testing and disinfecting pipe line in trenches راع. with P.V.C. / uPVC pipes of B.S.S. with `D' Class working pressure complete in all respects:- 4"dia.
		finuomA	ets Rate	σιλ	JunomA	916A	tinU	Qty	
U.S. SAJE	Excess /	no based atsi	Rough Cost Estin Rough Cost Estin			iz∃ isoo ngu (2202 lepune		imA 19q eA	No.
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ExecutiveEngineer, Buildings Division No.2, Faisalabad.

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		- 9 - 9	· · · · · · · · · · · · · · · · · · ·		
Providing and fitting glazed earthen ware wash	12	å	4347.45	Each	52169 /-
bracket set waste pine and waste command					 1
eto:coloured, with pedestal (With Barning)	tij -	. : .			
		ι, τ	17 	· · ·	• •
	7	Ň	4646.60	Each	55759 /-
copper connection, etc.(Coloured)		÷		 	
	•	···;	····		
Providing and fixing, chromium plated mixing	20	No	2231.50	Each	44630 /-
sin, sink or shower.	. •	• • • •			
P/F, chromium plated Tee stop cock 1/2" dia.	22	No.	957.20	Each	21058 /-
P/F CP Double Bib Cock made of Soney / Master		Q	1730.00		1 03000
/ Faisal etc. complete as approved & directed by the Engineer incharge.	4. 1 .				-/ 00700
					•
P/F CP Muslim Shower made of Sonex / Master / Faisal etc. complete as approved & directed by	18	Š	2219.00	Each	39942 /-
72 niare set) MASTED PDAND	2	ÖZ.	6700.00	Each	13400 /-
Shelf One Towel rod with hracket One cosmetic	·	•		- -	
One double hook, One towel ring, brush holder,					
toilet paper holder & looking glass i/c the cost of		÷	*		
nardwares etc complete in all respect as approved and directed by the Fnumear incharded					
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			To	Total Rs:	265217 /-
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OURRTER HOSPITAL CHAR JHUMRA DISTRICT FAISALABAD" (ADP NO.792 FOR THE YEAR 2021-22) REVISED ROUGH COST ESTIMATE FOR THE REVAMPING OF ALL THO HOSPITALS IN PUNJAB "ONE AT TEHSIL HEAD

COMPARATIVE STATEMENT (EXTERNAL SEWERAGE LINE I/C MANHOLES)

	-1209000	-/ 000916	= YsS			2126000 /-	= YaS			
. *	£788021-	-/ 991916	= [sjo]			5156029 /-	= lstoT		_	
	-37405	929 7	9.7482	д о %	1832	42079	2112	110 %	19924	4. Rehandling of earth with lead upto a single throw of Kassi
	-112300	000233	00069	Еасћ	8	664300	0113	Each	13	3. Construction of circular manhole size 4' dia
	068962-	187582	97.768	ਸ਼ਸ਼ .ਥ	704	1290801	639.45	₽. Rft	0691	ii - do - 12" dia.
	902421-	10288	9.929	ਸ਼ਸ਼ .9	50	£06441	1 654	ਜੈਸ਼ 4	330	 P/L R.C.C. pipe, moulded with cement concrete 1:1%:3, with spigot socket or collar joint, etc. including cost of reinforce-ment, from factory to site of work lowering in trenches to correct alignment and grade, jointing, cutting pipes where necessary, finishing and testing, etc., complete do- 9" dia finishing and testing, etc., complete.
	⊅26221-	65102	97.07711	ĴĴO %	1633	920261	90 [:] 9777	1100 %	52830	1. Earthwork excavation in open cutting for sewer and manhole as shown in drawings i/c shuttering and timbering, dressing to correct section and dimensions according to templates and levels, and removing surface water, in all types of soil except shingle gravel and rock 0' to 7' depth.
		finomA	Rate	JinU	σţλ	finuomA	Rate	זinU	σιλ	
Remarks	∫ ss∋sa∃ Baving	no bəssd əf	Cost Estima 2022)		As per Revise	timate based ()	s∃ teoo dgu 2202 leunnsi		ımA rəq sA	Sr. No.

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4) * '	JHUMRA DISTRICT FAISALABAD" (ADP NO.792 FOR THE YEAR 2021-22) EXTERNAL SEWERAGE LINE IC MANHOLES	R THE YEAR 2021-22) IOLES
	for 9" dia1 \times 20 \times 3 \times 4=240for 12" dia1 \times 64 \times 331/4 \times 4=832Fuergency Front to1 \times 54 \times 331/4 \times 4=832OPD end1 \times 56 \times 31/4 \times 4=8371 \times 69 \times 31/4 \times 4=897702	240 Cft 832 Cft 702 Cft 897 Cft 728 Cft
	wet well to OPD end 1 x 55 x 3 1/4 x 4 = 715 1 x 84 x 3 1/4 x 4 = 1092 1 x 25 x 3 1/4 x 4 = 1092 1 x 25 x 3 1/4 x 4 = 325 1 x 25 x 3 1/4 x 4 = 325 1 x 25 x 3 1/4 x 4 = 325	
N	P/L R.C.C. pipe, moulded with cement concrete 1:1½:3, with spigot socket or collar joint, etc. including cost of reinforce-ment, conforming to B.S. 5911: Part 1: 1981, Class "L" i/c cariage of pipe from factory to site of work lowering in trenches to correct alignment and grade, jointing, cutting pipes where necessary, finishing and testing, etc., complete do- 9" dia $1 \times 20 =$	an a
		20 Rft 529.90 P Rft 10598 /
	ii do - 12" dia. Emergency Front to OPD end 1 x 69 =	64 Rft 54 Rft 69 Rft
	55 55 25 25 1 = = = = = = = = = = = = = = = = = = =	56 Rft 55 Rft 84 Rft 25 Rft
•	- Otal =	401 Kit @ 697.25 P Rft 283781 /-
ю. 4	Construction of circular manhole size 4' dia = Rehandling of earth with lead upto a single throw of Kassi	8 No. @ 69000.00 Each 552000 /-
	Qty as item No.1 =	5531 Cft
	D/d Manhole 8 = 3	3696 Cft 1835 Cft @ 2547.60 %0Cft 4675 /- / Total: - 916156 /-
	Executive Engineer, Sub Clivits ional Buildings Division No.2, Buildings Sub C	Juvis jennal Africer, Begs Sub Division, Chak Jhumra
	Satrenade	Page 1 of 1

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AMY YEIS OF RATE FOR CONSTRUCTION OF CIRCULAR MANHOLE UP TO 4- C ⁻ Dial MAYYEIS OF RATE FOR CONSTRUCTION OF CIRCULAR MANHOLE UP TO 4-C ⁻ Dial Excavation in open cutting for matched as shown in drawing up to 7 depth. ASS CIR © 11,770.45 %00Ch 34 2277XYXY12x64 = 462 Ch © 11,770.45 %00Ch 24 2277XYXY12x64 = 58 Ch © 11,770.45 %00Ch 24 2277XYX12x64 = 58 Ch © 11,770.45 %00Ch 24 2277XXX12x64 = 58 Ch © 11,770.45 %00Ch 22 2277XXX12x64 = 58 Ch © 11,770.45 %0Ch 22 2277XXX12x64 = 7 Ch © 32941.40 % Ch 22 2277X45444 = 7 Ch © 32941.40 % Ch 22 2277X454345 = 56 Ch © 2174.50 % Ch 22 2277X454344 = 7 Ch © 32941.40 % Ch 2 2277X4543445 = 6 Ch © 2174.50 % Ch 2 2277X4543445 = 6 Ch © 2277.15 % Ch 2 2277X4543445 = 6 Ch © 2277.15 % Ch 2 2277X4543445 = 6 Ch
OF RATE FOR CONSTRUCTION C tion in open cutting for depth. depth. depth. depth. depth.

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OUARTER HOSPITAL CHAK JHUMRA DISTRICT FAISALABAD" (ADP NO.792 FOR THE YEAR 2021-22) REVISED ROUGH COST ESTIMATE FOR THE REVAMPING OF ALL THO HOSPITALS IN PUNJAB "ONE AT TEHSIL HEAD OUARTER HOSPITAL CHAK JHUMRA DISTRICT FAISALABAD" (ADP NO.792 FOR THE YEAR 2021-22)

COMPARATIVE STATEMENT (PAVED AREA)

				-							
	9 1 8066	930845	6.93911	¥S %	9877				• <u>.</u> • •	Providing and laying topping of cement concrete 1:2:4 including surface finishing and dividing in panels 3"(75 mm) thick	.8
	534499	534466	₽ [.] 9032.4	tto %	5692	· · ·				Dry rammed brick or stone ballast 1-1/2" to 2" gauge.	⁻ ک
	76422	76422	5944.6	fto %	5692					Supplying filling sand under floor or plugging in well.	9
	-5033460	· · · · · ·				5033460	30.431	₩S.9	13200	P/L Tuff pavers, having 7000PSI, crushing strength of approved manufacturer, over 2"to3" sand cushion i/c grouting with sand in joints i/c finishing to require slope complete in all respect.80-mm thick.	
· · ·	969089-					263089	10312.05	1 75 %	0099	Providing and laying sub-base course of stone product of approved quality and grade, including placing, mixing, spreading and compaction of sub-base material to required depth, camber, grade to achieve 100% maximum modified AASHO dry density, i/c carriage of all material to site of work from which supply 85-Km is included in the rate.)) }
	011877-	969181	31128.85	% cft	583	908696	8.46552	tto %	3750	Pacca brick work in cement sand mortar (1:6) in F & P	3' 1
	99412-	18592	5.7448	110 %	118	97805	6355.8	fto %	008	P/L, watering and ramming brick ballast 1½" to 2" gauge mixed with 25% sand, for floor foundation, complete in all respects.	
	48411-	9666	9.21701	fj:00 %	633	62712	9.6468	110 %	5400	Excavation in foundation of buildings, bridges, and other Structure i/c dag belling, refilling, around structure with excavated earth watering <u>& ramming</u> lead up to one chain & lift upto 5 feet (in ordinary soil).	A Normania Provinsi se
		fruomA	Bate	1inU	Δų	JunomA	Rate	finU	Qty		
Kemarks	Saving Saving	no bessd ei	Cost Estimat (2022 Sunat		As per Revi		tsa isoa feunna 12202 leunna		1mA 19q 2A	Description of items	'0N '1S
			The second second	. · · · · · · · · · · · · · · · · · · ·	יאבאז	A UIVAY IV	JAMAIAIS	PAKAIIVE	WOD -		2 N S S

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Executive Engineer, Buildings Division No.2, Faisalabad.

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iod 2022								6665 /-						•	29381 1-									· .	-		· ·	·,	181695 //			•		
2) 2nd Bi-Annual Period 2022					•			%Cft		· *					%Cft	1000	1. 1. 		-		•	- - -							5 %Cft	· . ·			• • •	•
22)		· · · ·			·. ,	· · · · · · · · · · · · · · · · · · ·	· · · :	10712.60		- <u></u> .			······		06 7440			^	•		· ·								31158.85					
2021	· · · · · · · · · · · · · · · · · · ·			156 Cft	171 Cft	456 Cft	150 Sft	933 CH @ 10			52 Cft	57 Cft	152 Cft	50 Sft	311 Cft	3		39 Cft	29 Cft			35 CH 35 CH		86 Cft	86 Cft	38 Cft	28 Cft	28 Cft	10 cor		988 Cft	79 Cft	1343 Cft	333 Cft
YEA				11	il						U	(1 ·	IJ.	Ш	 		•	11	11	U	8	ji 11	ll Z	11	11	บ	n	 	1. R.		H	11	n	11
QUARTER HOSPITAL NO.792 FOR THE YEA	EA	•	around ad upto ordinary	1/2	1/2	1/2	1/2	Total	•	mixed Is.	1/2	1/2	1/2	1/2	Total			1/2	1/2	3/4	112	314	112	1/2	3/4	1/2	12	3/4	I OLAI	•	1/3	1/3	1/3	1/3
FOR	AREA		er ing a ngleac alinor	×	Υ.	×	×			gauge especi	×	×	×	×	•.		ъ С	×	×	×	×	× >	(×	×	×	×	×	×		=	× .	×	×	>
UAR1 0.792	PAVED		und other , refilling ramming l Manual in				,			to 2" èin all i		·					3) in F (1 1/2	1 1/8	3/4	1 1/2	1 1/8	1 1/2	1 1/8	3/4	1 1/2	1 1/8	3/4	۰.		10.In W	7	26 1/2	00
O O O			bridges at dressing, ring and r .5 m) By	N X		× N	× 7	•		ast 1½ omplete	N N	×	× N	× 7			tar (1.)	×	×	×	×	××	<	×	×	×	×	×		-	x X	×	×	>
E AT TEHSIL HEAD QUARTER HOSPI FAISALABAD" (ADP NO.792 FOR THE		· · ·	uilding, br elling, dr th, waterir 5 ft. (1.5	52	57	152	50			brick ballá idation, co	52		x 152	50			sand mo	x 52	x 52	x 52	x 57	× 57	x 37 x 152	x 152	x 152	x 50	× 50 ×	x 50			sand under floor or plugging in well 1 x 52 x 57	× 34	x 152	E)
TEHS			ion of buildin dagbelling ted earth, wa lift upto 5 ft.	×	×	×	<u></u>			imming oor four	۰ ×	· ~			 -		cement	~ ~		-			- .	• • •	• . • •	~	-	۳.			and und	~	←	
<u>IN PUNJAB "ONE AT</u> FAIS/			Excavation in foundation of building, bridges and other structures, including dagbelling, dressing, refilling around structure with excavated earth, watering and ramming lead upto one chain (30 m) and lift upto 5 ft. (1.5 m) By Manual in ordinary	soil. wet well sides 1	1	OPD R/side road 1	1			P/L, watering and ramming brick ballast 1½" to 2" gauge mixed with 25% sand, for floor foundation, complete in all respects.	wet well sides		OPD R/side road	II	*		Pacca brick work in cement sand mortar (1:6) in F	wet well sides	II and the second s	и. И. с. И.	wet well sides	"	<i>n</i> OPD R/side road	<i>II</i>	<i>II</i>	II .	II	ll.			Supplying filling sa Around the wet	well //	OPD R/side road	

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		2944.60 %Cft 76422 <i>I- 1</i>		9035.40 %Cft 234499 /- /									11956.90 %Sit 93064 5 /- /		-19:80 P.Rtt - 92486 /-					3289.75	0tal:- 15/0009 /- Sav:- 4570700 /-	1232-282	lear,		
v (21x21)/4 × 1/3	16 1/2 X 6 X	Net = 2595 Cft @ 2		Take Qty as obove item = 2595 Cft @ 9	Providing and <u>laying topping of cement concrete 4:2:4 inclu</u> ding surface finishing and dividing in panels 3"(75 mm) thick	n /	1 × 34 × 7 = 238 Sft 1 × 152 × 26 1/2 = 4028 Sft	$1 \times 50 \times 20 = 1000 \text{ Sft}$		1/7 x (21x21)/4 = 346	1 x 16 1/2 x 6 = 99 Sft Total = 445 Sft	7785 Sft	0	Providing and fixing marble strip of any shade for dividing the mosaic flooring into panels Size 1½" x 3/8" (40 x 10 mm)	Ta <u>ke Qty as obove item = 7785 × 60% = 4671 R</u> ft @	Cement plaster 1:4 upto 20' (6.00 m) heigh 1/2" thick	3/4 =	2 x 57 x 3/4 = 86 Sft 2 x 152 x 3/4 = 228 Sft	2 x 50 x 3/4 = 75 Sft Total = 467 Sft	· ·			Executive Engineer, Sub Divisional Officer, Buildings Sub Engineer, Buildings Sub Engineer, Control of Buildings Sub Engineer, Control of Sub Engi	J sie	
D/d "			5. Dry rammed bric	1 3	6. Providing and la	Around the wet	Ull 0PD R/side road	H	D/d	II.	алан на селото на се При селото на селото н При селото на селото н			7. Providing and f the mosaic floc		R Cement plaste		weit // OPD R/side road							

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	EVISE	REVISED ROUGH COST ESTIMATE FOR THE REVAMPING OF ALL THQ HOSPITALS IN PUNJAB "ONE AT TEHSIL HEAD QUARTER HOSPITAL CHAK JHUMRA DISTRICT FAISALABAD" (ADP NO.792 FOR THE YEAR 2021-22)	AT T 2021	EHSIL	Head Quarte	ER HOSPITAL
a.		External E.I Description				Amount
<u>} </u>	A L.T	L.T. (L.V.) SUB-STATION ROUTPMENT:	Ň		varc.	
	1 P/F mic con serv shin Bar, (Bre	PF floir mounted ATS (Auto Transfer Switch) panel board, fabricarted with 14S WG M.S sheet (Indoor Type) duly painted with 100 microns powder coated paint in approved colour, front access, extendable, insulation class of 600 volts IP-44, incoming & ourgoing connections from bottom with flexible copper cable suitable for 415 VAC, 3-phase 4 wire, 50 HZ TPN& E system having rated service, short circuit breaking the copper cable suitable for 415 VAC, 3-phase 4 wire, 50 HZ TPN& E system having rated excrete, short circuit breaking the temporents, instruments & accessories, assentible & wired with Electrolific to Copper but sate 30 deg and cables duly cleanted down to bare histing meat phosphate, manual change Over (or the cost of Lock, Indication lights, himbles, Copper Conh, Wiring, Netural & Earth Bar, CT3, Connactors, Relays, Door Earthing, Brass glands complete in all respects as approved and directed by the Engineer Incharge. (Breakers wil be paid additionally)				
	C AT	ATS for Dual Supply (Incoming from 630 KVA Transformers) c) 12.50 Ft deep				
		(ii) 630 KVA Incomine Breakers for ATS for Dual Sunohy (Incomine from 630 KVA Transformers)	-	each	5100513	5100513
	H	Supplying, instant sort of the transmission of NCCB (Moulded Case Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S. A / SCHNEIDER GERMANY / TERASAKI IAPAN/ABB SWITZERL(with adjustable Thermal-Magnetic Trip) in prelaid DBs and Panels i/c the cost of screws, necessary wire complete in all respect as approved and directed by the Eminet incluser.				
	(n) (1)	Tripple Pole With Adjustable Thermal-Magnetic Trip /Electi Tripple Pole 1250A(S0 KA) (One for Each 630 KVATransforme	~1	cach	234034	468069
<u>. </u>	.	Outgoing Breakers for ATS for Dual Supply (Incoming from 630 KVA Transformers) Supplying, Installation and commissioning of MCCB (Moulded Case Circuit Breaker) of specified rating made of LEGRAND REANCE/ GE U.S. A 'SCHNEIDER GERMANY 'TERASAKI JAPAN/SIEMEN'ABB SWITZERLAND (Montal- Magnetic Trip) in prelaid DBs and Panels <i>i</i> (t the cost of screws, necessary wire complete in all respect as approved and directed by the Enimear-Incharce		-		
	(a) (a)	P Tripple Pole 4004/36 KA) Tripple Pole 2004(36 KA)	M 41	each each	62434 39814	124869 159257
ing a state	2 P/F mic con con sen inst Bar	2 P/F floor mounted ATS (Auto Transfer Swritch) panel board , fabricarted with 14S WG M.S sheet (Indoor Type) duly painted with 100 microns powder coated paint in approval colour, front access, extendable, insulation class of 600 volts IP-44, incoming, & ourgoing connections from bottom with flexible copper cable suitable for 41 S VAC, 3-phase 4 wice, 50 HZ TPNKE F system having rated service, short circuit breaking capacity at 400VAC conforming to IEC-947-2 to accomodate given no of circuit components, instruments & access visce, stated for 15 VAC, 3-phase 4 wice, 50 HZ TPNKE F system having rated service, short circuit breaking capacity at 400VAC conforming to IEC-947-2 to accomodate given no of circuit components, instruments & accessories, assembled & wired with Electrolific Copper bus bars at 50 deg and cables duly cleared down to bare shining metal phosphate, manual change Over i/c the cost of Lock, Indication lights, thimbles, Copper Comb, Wring, Netural & Earth Baring PLCTS, Contaccor, Relay, Door Earthing, Brass glands complete in all respects as approved and directed by the Engineer Tochoner Of Deater will have not a bare spaced by the Engineer				
LL	AT a)	ls for Generators (Incoming from 100 KVA Generators) 1.00 Fr deep				
<u> </u> .		(ij) 100 KVA Incoming Providence for ATS for Convertion from 100 KVA Convertion from 100 KVA Convertion (-	each	801448	801448
· .		Supplying, Installation and comprisioning of MCCB (Monded Case Create Route) Supplying, Installation and comprisioning of MCCB (Monded Case Creati Research of specified rating made of LEGRAND FRANCE' GF US A SCHWEIDER (RERAARY / PTRASAKI) iAPANSIEMERVABS SWITZERLAND (with fixed Thermal- Magnetic Trip) in prelated DBs and Panels <i>i/c</i> the cost of screws, necessary wire complete in all respect as approved and directed				
1	(8)	by the Engineer Incharge.) Tripple Pole 2004(36 KA) (One for Each 100 KVA Generator)	~1	each	39814	79628
<u> </u>		Outgoing Breatlers for ATS for Generators (Incoming from 100 KVA Generators) Supplying, Installation and commissioning of MCCB (Monided Case Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S. A / SCHNEIDER GERMANY / TERASAKI JAPAN/SIEMEN/ABB SWITZERLAND (with fixed Thermal- Magnetic Trip) in prelaid DBs and Panels i/c the cost of screws, necessary wire complete in all respect as approved and directed by the Engineer Incharge.			·	
	2 D/F) Tripple Pole 2004(36 KA) 20	~1	each	39814	79629
	~ 7. 11. 12. 25. 21. 14. 49. 49. 7. 11. 12. 15. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	Pri ronn founder of 15 (Auto Transfer Switch) panel board, admicated wirm 145 WU M.S. Sinet (Indoor 1796) oury panied with 100 microns powder coated paint in approved colour, front access, extendable insidiation class of 600 volts R-44, incoming & ourgoing connections from bottom with flexible conter cable subject for 15 V4.C. 3-phase 4 wire, 50 HZ TPN& E system having rated service, short circuit breaking capacity at 400VAC conforming to IEC-947-2 to accomodate given no of circuit components, instruments & accessories, assembled & wired with Electrolitic Copper bus bars at 50 deg and cables duly cleaned down to bare shiming metal phosphare, manual change Over i/e due cost of Look, Indication lights, thimbles, Copper Comb, Wiring, Netural & Earth Bar,CTs, Contactors, Relays, Door Earthing, Brass glands complete in all respects as approved and directed by the Engineer Incharge. (Breakers wil be paid additionally)				
	TA (e	ATS for Transformers and Generators (Incoming from ATS for Dual Supply and ATS for Generators) a) [1.00 Ft deep				
		 100 EVA Incoming Breakers for ATS for Transformers and Generators (Incoming from ATS for Dual Supply and ATS for 		each	801448	801448
		Generators) Generators Preppiying, Insullation and commissioning of MCCB (Moulded Case Circui Breaker) of specified rating rade of LEGRAND FRANCE/ GE US A/ SCHNEIDER GERMANY / TERASAKI JAPAN/SIEMEN/ABB SWITZERLAND (with fixed Thermal- Magnetic Trip) in prelial DBs and Panels i/o the cost of screws, necessary wire complete in all respect as approved and directed by the Engineer Incharge.				
	(8)		7	each	39814	79628
	(9)	Supplying Installation and commissioning of MCCB (Moulded Case Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S. A / SCHNEIDER GERMANY / TERASAKI JAPAN/SIEMEN/ABB SWITZERLAND (with fixed Themal- Magnetic Trip) in prelaid DBs and Panels i/c the cost of screws, necessary wire complete in all respect as approved and directed by the Engineer incharge.				
	4 Pri-	We for the second second second made with 16SWG Sheet (Recessed-d/Surface mounted Type). Powder coated Paint, i/e the PFF well mounted DB (Distribution Board) made with 16SWG Sheet (Recessed-d/Surface mounted Type). Powder coated Paint, i/e the socia of Lock, Indication lights, Thimble, Copper Comb, Wring, Neural & Earth Ber. Door Earthing, Digital Volmerer, Digital Ammeter, Volt Selector Switch, Ammeter selector switch, Current Transformers and Controles Complete in all respect as approved and directed by the Engineer Inchange (Breakers will be Paid Separately).	-1	each	59815	87961
	(i) Ma	an DB for ACs Incoming from ATS for Dual Supply) LT Switchboards				
• .		a) 2.5.0 Ff deep (a) 400A (3.0x6x2.5') Incomine Breaker for Main DB for ACs	3	\$	3493	157172
		Supplying, Installation and commissioning of MCCB (Moulded Case Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S. A / SCHNEDBS GERMANY / TERASAKI APANSIEMENABB SWITZERLAND (with fixed Themal- Magnetic Trip) in prelaid DBs and Panels i/o the cost of screws, necessary wire complete in all respect as approved and directed by the Engineer Incharge.		a .		
	(8)) Tripple Pole 400A(36 KA) Outgoing Breakers for Main DB for ACs	-	each	62434	62434
	- (0	Supplying, Installation and commissioning of MCCB (Moulded Case Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S. A /SCHNEDDER GERMANY / TERASAKI I APAN/SIEMEN/ABB SWITZERIAND (with fixed Themal- Magnetic Trip) in prelaid DBs and Panels <i>ife</i> the cost of screws, necessary wire complete in all respect as approved and directed by the Engineer. Incharge. 1 Triviole Puble 5164/35 K A3				71277
	S PM din din	PFF will mounted DB (Distribution Board) made with 165WO Sheet (Recessded/Surfice mounted Type), Powder coated Paint, i/c the loss of Lock, Indication lights, Thimble, Copper Comb, Wring, Netural & Earth Bar, Door Earthing, Digital Voltmeter, Digital Ammeter, Volt Selector Switch, Ammeter selector switch, Current Transformers and Controles Complete in all respect as approved and directed by the Engineer Incharge (Breakers will be Paid Separately).	1			
╵┥╶┥	(e) (e)	aur resent zes en Acs [ficoming from Main DB for ACs [a] 12" deep		e e		

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	۲. Ot	Unit	Rate	Amount
S# 1 Supplying, Installation and commissioning of MCCB (Moulded Case Circuit Breaker) of specified rating made of LEGRAND I Supplying, Installation and commissioning of MCCB (Moulded Case Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S.A / SCHNEIDER GERMANN / TEEASARI JAPAN/SIEMEN/ABB SWITZERLAND (with fixed Thermat- FRANCE Trip) in preliat DBs and Panels i/c the cost of screws, necessary wire complete in all respect as approved and directed Magnetic Trip) in preliat DBs and Panels i/c the cost of screws, necessary wire complete in all respect as approved and directed		· · · · ·		
_	m	each	18094	54283
(a) 11 ripping Four Lawaya way (transport Acts) Ontgoing Breakers for Sub Main DBs for ACs				
1 Suppling Installation and comissioning of MCB (Miniature Circuit Breater) of specified rating made in LCMX-V1X-V1X-V1X-V1X-V1X-V1X-V1X-V1X-V1X-V1	d.			
	9	each	8434	75909
(a) 1110put source 2014(10 Ka) (3*3=9) 1(b) Tripple Pole 32A(10 Ka) (3*3=9)	<i>61</i>	each	8434	75909
	9	each	1300	23100
(d) Strugle Pole 16A(10 KA) (8*3=24)	ম	each	1300	66115
6 PFF wall mounted DB (Distribution Board) made with 16SWG Sheet (Recessded/Surface mounted Type), Powder coated Paint, Jrc the cost of Lock, Indication lights, Thimble, Copper Comb, Wirting, Neural & Earth Bar, Door Earthing, Digital Voltmeter, Digital Cost of Lock, Indication lights, Thimble, Copper Comb, Wirting, Neural & Earth Bar, Door Earthing, Digital Voltmeter, Digital Annueter, Volt selector Switch, Annueter selector switch, Current Transformers and Controles Complete in all respect as approved and Annueter, Volt selector Switch, Annueter Suecesselector Switch, Annueter (Lock)	i s			
directed by the Engineer incharge (Dreakers will be r all organized).				
Insult Drawing Construction			-	
	1		2	
للذ: acep (ל::) And (۲×2±2) (۲×2=2)	96-2175		4,512.80	162460.8
n DBs for Lighting. mmissioning of MCCB (Moulded Case Circuit Breaker) of specified rating made of LEGRA EDDER GERMANY / TERASAKI JAPAN/SIEMEN/ABB SWITZERLAND (with fixed Ther EDDER GERMANY / TERASAKI JAPAN/SIEMEN/ABB SWITZERLAND (with fixed Ther Mand Densis i/C effe costs of screw, necessary wire complete in all respect as approved and dir	·	\$		
by the Engineer Incharge.				0.00400
(a) Tripple Pole 200A(36 KA) (1*3=3)	(7)	each	39,814.30	119442.9
Ourgoing Recakers for Main DBs for Lighting 1 Suppling_Installation and comissioning of MCB (Miniature Circuit Breaker) of specified rating made of LEGRAND FRANCE/ CE U.S.A / SCHNEIDER GERMANY /SIEMEN GERMAN/TERASAKI JAPAN/ ABB SWITZERLAND in prelaid DBs and Denote i/or host of createst necessary necessary write complete in all respect as approved and directed by the Engineer Incharge.				
	0	each	8,434.30	75908.7
	12	each l	1299.95	15599.4
(b) Single Pole 32A(10 KA) (4*3=12)	12	each	1,299.95	15599.4
(c) Single Pole 16A(10 KA) (4 ²³ =12)	<u>%</u>	each	1,299.95	23399.1
			-	
Supp				
1. 400 mm sq (51/0.114") PVC insulated, PVC sheathed 4 core, 660/1100 volt non armoured cable (for 630 KVA Transformers)	ଜା	É	14,938.05	746902.5
2 150 mm sq (61.00.114") PVC insulated, PVC sheatthed 4 core, 650/1100 volt non armoured cable (for Main DB for ACs)	2	ŧ	5,687.15	568715
13 55 mm sq (37/0,072"), PVC insulated, PVC sheathed 4 core, 660/1100 volt non armoured cable (for 100 KVA Generators and for Incoming from ATS for Dual Supply to ATS for Generators)	300	Ť	3,676.95	1103085
4 70 mm sq (19/0.083") PVC insulated, PVC sheathed 4 core, 660/1100 volt non armoured cable (for Sub Main DBs for ACs and	50	Ŧ	2,656.70	531340
107 mature to the regiments 5 71,12 mm (700,044") PVC sheathed twin core, 250/440 volts. copper conductor cables for service connection. in 1.1.2(71.1.2.mm (700,044") PVC sheathed twin core, 250/440 volts.	200	Lift	160.75	32150
			TOTAL	11860352
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	2nd
Detail For Converting Of RHC Rooms into Waiting Hall	BASED ON

ANNUAL 2022

x-ray room	-	×	35 1/4	×	3/4	×	12	11	317 Cft				
	-	×	ω	×	3/4	×	12	П	72 Cft				
	~~ ~	×	23 1/4	×	3/4	×	12	11	209 Cft				
	~	×	23 5/8	×	3/4	×	12	11	213 Cft				
	ę	×	19 1/8	×	3/4	×	12	11	516 Cft				
	-	×	16	×	3/4	×	12	н	144 Cft				
H/Walls													
	2	×	77 7/8	×	1 1/8	×	12	II	2103 Cft				
	-	×	34	×	1 1/8	×	12	11	459 Cft				
	*	×	14 3/4	×	3/4	×	12	II	133 Cft				
	~	×	7	×	3/4	×	12	H	63 Cft				
	*	×	12	×	1 1/8	×	12	II	162 Cft				
	۴	×	21 3/4	×	1 1/8	×	12	II	294 Cft				
	2	×	19	×	1 1/8		12	II	513 Cft				
VMalls									·				
	8	×	14	×	1 1/8	×	12	[]	1512 Cft				
		×	25 1/4	×	1 1/8	×	12	ti	341 Cft				
	2	×	24 5/8	×	1 1/8	×	12	н	665 Cft				
	.	×	8 3/4	×	3/4	×	12	п	79 Cft				
		×	15 1/8	×	1 1/8	×	12	п	204 Cft				
							Total	11	7999 Cft				
<u>Deduction</u>													
Door													
	-	×	9	×	3/4	×	8 1/2	Ш	38 Cft				
11	2	×	3 1/2	×	3/4	×	8 1/2	п	45 Cft				٢
11	7	×	4 1/2	×	3/4	×	8 1/2	11	57 Cft				
11	2	×	4	×	1 1/8	×	7	IJ	63 Cft				
"	10	×	4	×	1 1/8	×	8 1/2	11	383 Cft				
11	9	×	2 1/2	×	3/4	×	7	II	79 Cft				
Window													
11	16	×	9	×	1 1/8	×	5 1/2	11	594 Cft				
"	4	×	3 1/2	×	1 1/8	×	5 1/2	II	87 Cft				
11	2	×	4	×	1 1/8	×	5 1/2	U	50 Cft				
							Total	Л	1396 Cft				
							Net	Ш	6603 Cft				
									0	4330.90	% Cfi	285969	
Dismantling	cement concrete with brick aggregate.	crete	with bric	k agç ×	Jregate. 8	×	8 1/4		the Africation				
~				:)	ł	-						
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																									21085		10314 1-				7710 <i>I</i> -							
																											ů	2			Rs							
												-													% Cft		hae				each							
																						۷			3057.10		15	2			1 5			-				
																								_			448 45				350.45				-			
·	ts t			s Sf	s S f	9 Sft	3 Sft	2 Sft	8 Sft	9 Sft	2 Sft	2 Sft	5 Sft	1 SĦ	8 Sft	n St		8 Suff	1 Sft	84 Sft	100 Sft	4130 Sft	690 Cft		50		No		2	2 Z			cff					
	244 366	20E	181	108	168	89	323	182	168	89	92	92	455	291	168	166	40 40 40 40	168	141	œ	10	413	69	690	5		9 33	IJ	0	22	0		1000					
			i Il	u	B	п	R	п	H	u	п	п	II	П	11	П	н п		11	u	П	H	 				Ш			 			0					
	18 3/4 16	10 1/8	9 1/2	6	14	14 3/4	14 3/4	9 1/2	14	14 3/4	8 3/4	8 3/4	6	10 1/2	14		6 1/2 6 1/2	14 14 14 14	12	12	14 1/4	Total	1/6	Total														
	×	<	<	×	×	×	×	×	×	×	×	×	×	×	×	×	×		×	×	×	1	×	1														
	13 22 7/8	11 3/4	19	12	12	9	21 7/8	19 1/8	12	Q	10 1/2	10 1/2	50 1/2	27 3/4	12	11 5/6 -		- 5	11 3/4	7	7		A 4130						vkat.	Total		Excavation in foundation of building bridges and structural member i/c cutting dag belling dressing re filling around the structure in o/soil	4					
	×	< >	<	×	×	×	×	×	×	×	×	×	×	×	×	×	×	<	×	×	×								chov	F		idges ng dr	×					
				_		-	-		F	-	-		F		÷	. .					~		11				23		s with	77		ing bri g belli o/soil	£					
			•	·			·	-															5			at.			/ light			build Ng dag re in o	×					
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	1/2" thick cement plaster 1:5 upto 20ft. Height. 3 x 49 3/4 x 12 2 x 62 1/4 x 12 1 x 15 1/8 x 12		Cement plaster 3/8" (10 mm) thick under soffit of R.C.C.roof slabs only, upto 20' height 1:3	Beam side													Bottom															S/laying polythene sheet 500 gauge under floors.						
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0	= 1375 Cft Total = 1375 Cft		690 Cft 690 Cft	si Y	= 68 Sft = 68 Sft	() E.I	= 3097 Sft = 3097 Sft	0	D/d old Material		Sub Divisional Officer, Buildings Sub Division Chak Jhumra	
Dry rammed brick or stone ballast 1-1/2" to 2" gauge.	1	Cement concrete plain including placing,compacting, finishing and curing complete (including screening and Flooring	Qty as item no 2 4130 x 1/6 Total	Providing and fixing all types of partly fixed and partly openable glazed anodised bronze colour aluminium doors, using delux section of M/s Al-Cop or Pakistan Cables, having chowkat frame of size 40 x 100 mm (1½" x 4") and leaf frame of 60x40mm (2½"x1½") wide sections including the cost of ¼" (5 mm) thick imported tinted glass with aluminium triangular gola and rubber gasket to support the glass and leaf edging, using approved standard fittings, locks, 3" (75 mm) wide long handles etc., and hardware any required as approved by the engineer in-charge.	Doors 2 x 4 x 8-1/2 Total	extra for rent of props to support the roof slab as approved by E.I	1 x 49-3/4 x 62-1/4 Total				Sub Divisi Buildings Chak	
13.		14.		Ţ.		16.						Page 132

	(Based on MRS 2nd Bi-annual 2022)			6 No 320904 /-		% Cft 105640 /-		Each 85500 /-	Eạch 10000 /-	Each 8000 /-		Each 20000 /-	Each 12000 /-	Each 60000 /-	Total 622044 /-		
	ased on MRS			6000 0% No		4000 %		4500 E	10000 E	8000			6000	3000 E	Ĕ		
COST OF OLD MATERIAL	ÐŢ		$6603 \times \frac{60}{100} \times 13.5 = 53484 \text{ Nos}$	¢	6603 x 40 = 2641 Cft 100	Total = 2641 Cft	= 19 No		= 1 No	1 No	" "	ð)	= 2 No	= 20 No		Buildings Sub Division Chak Jhumra	
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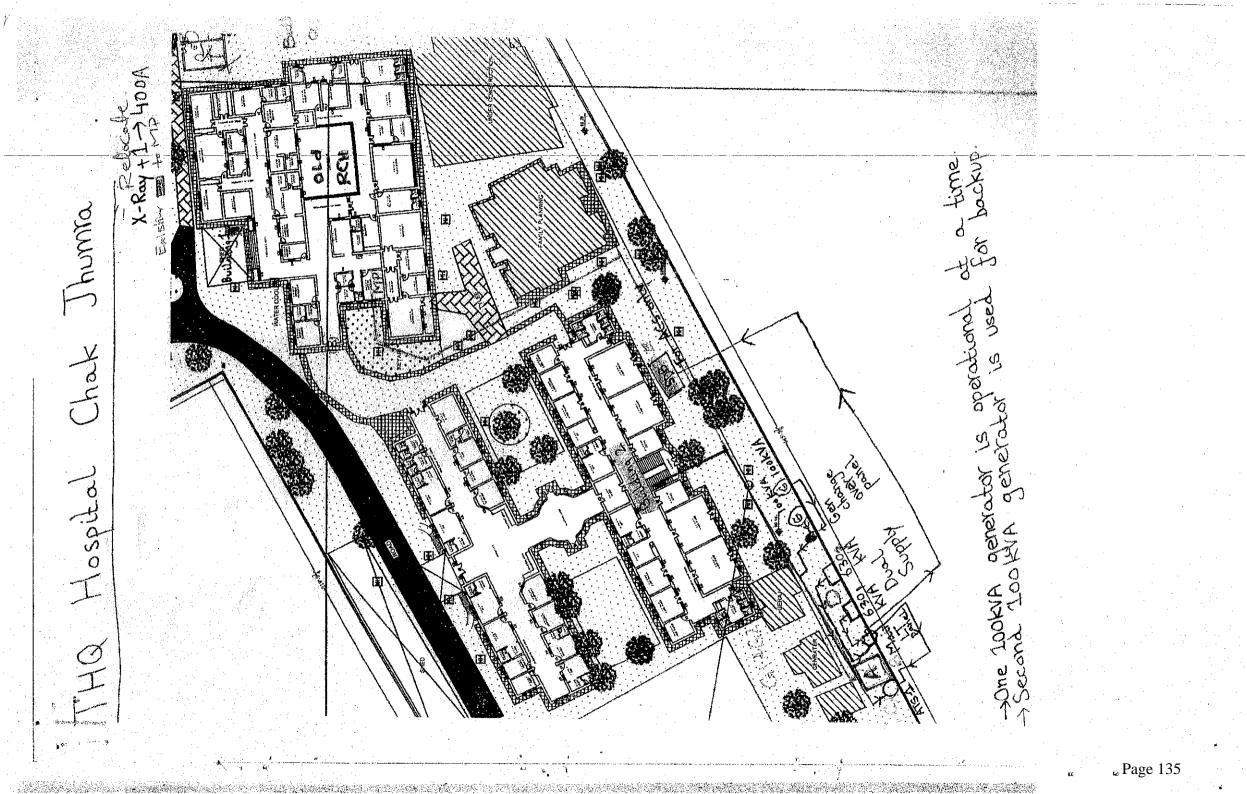
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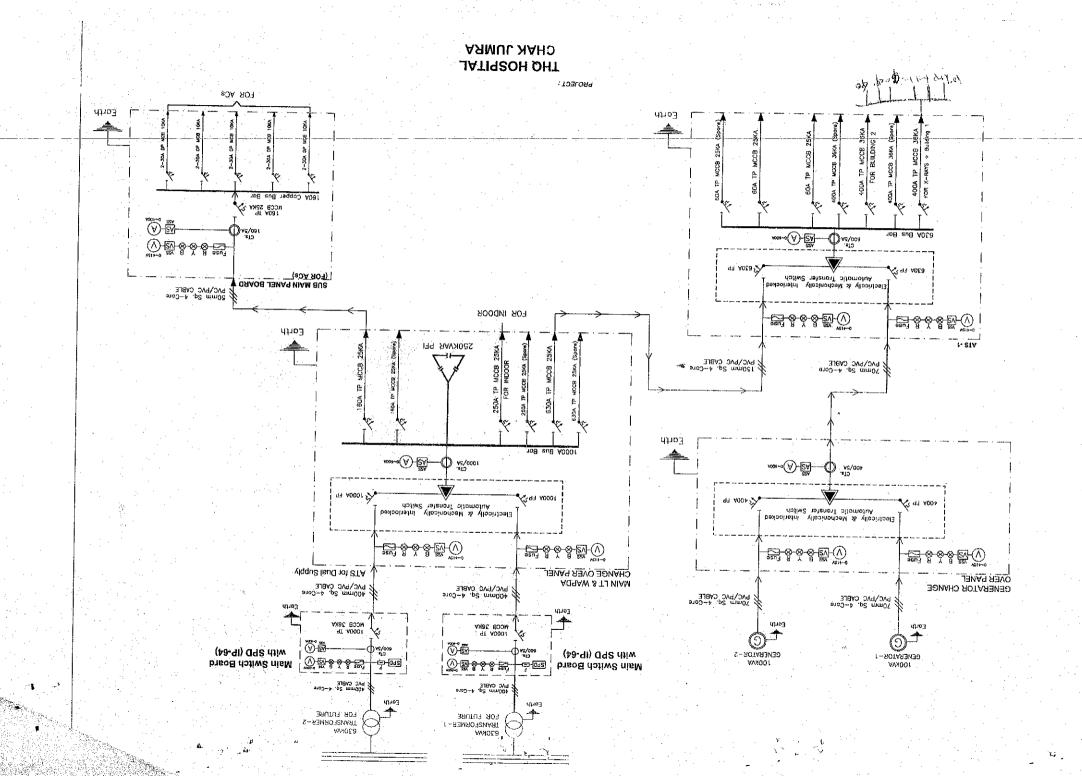
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STATEMENT TYPES OF BUILDING FLINTH AREA RATES WITH IMPROVED SFECIFICATIONS FOR DIFFERENT TYPES OF BUILDINGS IN PUNJAB BUILDINGS DEPARTMENT (CENTRAL ZONE), LAHORE.

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8. ANNUAL OPERATING COST (POST COMPLETION)

Financial Components: Capital **Cost Center:**OTHERS- (OTHERS) **Fund Center (Controlling):**LE4203 Grant Number:Government Buildings - (PC12042) LO NO:LO21010593 A/C To be Credited:Account-I

		PKR Million
Sr # Object Code		
	Total	
Financial Components: Capital	Grant Number: Government Buildings - (PC12042)	
Cost Center:OTHERS- (OTHERS)	LO NO:LO21010593	
Fund Center (Controlling):LE4203	A/C To be Credited:Account-I	
		PKR Million
Sr # Object Code		
	Total	

8. <u>Annual Operating and Maintenance Cost after Completion of the</u> <u>Project</u>

The Annual operating and maintenance cost after completion of the project will be borne by the concerned District Health Authority (DHA) as well as Primary and secondary healthcare Department, Lahore.

9. DEMAND AND SUPPLY ANALYSIS

Semi modern health facilities and scientific diagnostics are presently available in this Hospital. This initiative of revamping Hospital will cover all departments and components of healthcare including Medical, Surgical, psychiatric, Cardiac, ENT, Ophthalmic and Pediatrician components. Moreover, women health components i.e. Gynecology and obstetric will also be emphasized upon. In emergency, calamities and natural disasters, valuable lives will be saved through revamping of Emergency Units.

10. FINANCIAL PLAN AND MODE OF FINANCING

10.1 FINANCIAL PLAN EQUITY INFORMATION

10.2 FINANCIAL PLAN DEBT INFORMATION

undefined

10.3 FINANCIAL PLAN GRANT INFORMATION

attached

Financial Plan and Mode of Financing

The project will be executed / financed through Annual Development Program under the sector Primary and Secondary Healthcare Department, the Government of Punjab. Year wise financial utilization is as under:

Revenue Side

(Rs.in Million)

					\ -	- /	
Year	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	Total
Funds Released	37.000	20.545	3.292	3.358	4.892	7.785	76.873
Utilization	17.809	20.221	3.290	2.939	4.831	1.136	50.228

Capital Side:

Year	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	Total
Funds Released	0	0	0	0	0	29.240	29.240
Utilization	0	0	0	0	0	0	0

<u>Balance funds may be provided for completion of the project in</u> <u>subsequent years through ADP</u>

10.4 WEIGHT COST OF CAPITAL INFORMATION

undefined

11. PROJECT BENEFITS AND ANALYSIS

11.1 PROJECT BENEFIT ANALYSIS INFORMATION

Social Benefits with Indicators

Social economic burden will be decreased due to availability of better medical services in the district. Time and money of community will be saved which were expended in other cities like Lahore Islamabad etc. on treatment of patients and for boarding and logging of attendants. The social status of community will rise.

11.3.1 Social Impact:

A number of patients lose their lives or suffer serious disabilities for want of timely access to the health facilities. The project will ensure that no one is left to reach the health facilities. The most important beneficiaries will be mothers having complicated delivery conditions. The number of patients transferred to the health facilities for treatment and lifesaving will serve as indicators for performance evaluation. In long term the project will help in improving socio-economic indicators of IMR and MMR.

Employment Generation (Director and Indirect)

Revamping of this Hospital will lead to generation of employment for highly skilled /professional staff and unskilled staff leading to reduction of unemployment. Huge employments opportunity will be created from the establishment of the project. The Medical doctors and paramedics who are trained in this discipline or intended to specialize in this field can make maximum use of training. A large number of gazette and non-gazette posts will be available for employment directly or indirectly.

11.2 ENVIRONMENTAL IMPACT ANALYSIS

Environmental Impact

It will have no hazardous effect on the environment. On the other hand, addition of horticulture and landscaping will provide healthy environment to the general public. All the more, the program is environment friendly having no adverse environmental effects. Simultaneously, this shall further improve environment by creating sense of responsibility among employed and beneficiaries of the service.

11.3 PACT ANALYSIS

undefined

11.4 ECONOMIC ANALYSIS

Impact of Delays on Project Cost and Viability

Delay in the implementation of the project will lead to increase in cost and increase financial burden on the Government and general population of Punjab. Since the project is one of the major needs and a long awaited desire of the community, therefore, Government of the Punjab

contemplated plan for early execution of Revamping of Emergency Units. The delay will not only deprive the patients of the state of the art facility but also distort the public image of the Government.

11.5 FINANCIAL ANALYSIS

Financial Benefits & Analysis

Tremendous public benefits will be accrued from revamping of Emergency Units:

The Targets of Sustainable Development Goals (SDGs) will be achieved The Human Development Index of Pakistan (HDI) will improve Infant Mortality Rate will decrease Mother Mortality rate will be decreased The international commitments of Pakistan will be accomplished Health standard of public will Better Health Facilities to mother and Prompt and scientific facility for operation Rehabilitation of disables and injured Blindness in this area will be decreased and controlled Better social and mental health to addict Provision of better health facilities at doorsteps Awareness and control for communicable Survival of heart failure Social indicators of Pakistan will improve

This will decrease load of patients on teaching hospitals and specialized institutions by promoting physical and mental health. By adopting preventive and Hygienic principles, the number of patients and diseases will decrease. Resultantly budget load of Government for treatment will decrease and saving will be utilized for development programs.

11.1.1 Financial Impact:

In the beginning, It is extremely difficult to put a money value on each life saved by taking/shifting a critically ill patient to the appropriate health facility for treatment. However, the exact amount spent shall be calculated against each patient shifted by analyzing data collected during operations.

11.2 Revenue Generation

Revenue will be generated from:

Indoor fee Laboratory fees Diagnostic facility fees Dental fee ECG fee Private room charges

12. IMPLEMENTATION SCHEDULE

12.1 IMPLEMENTATION SCHEDULE/GANTT CHART

Original Gestation period (From September, 2017 to June, 2019)

Extension in Gestation period for one year with no change in cost & Scope till June 2020.

1st Revised gestation period till June, 2021

2nd Revised gestation period till June, 2023.

3rd Revised gestation period till June, 2025

12.2 RESULT BASED MONITORING (RBM) INDICATORS

undefined

12.3 IMPLEMENTATION PLAN

undefined

12.4 M&E PLAN

The operation team will monitor the progress of the project and will hold regular weekly meeting to review the progress under the supervision of Project Director.

12.5 RISK MITIGATION PLAN

attached

RISK REGISTER

Programme for Revamping of all THQ Hospitals in Punjab

		RISK DATA			itigation / Cu tative Assess		MITIGATION
Risk Item No	Risk Description/Event	Cause	Effect / Consequences	Likelihood (1 to 3)	Impact (1 to 3)	Risk Score (1 to 9)	Mitigation / Actions
1	Due date for the completion of some hospital sites may be extended due to increase in scope from the Client	Direct instructions from the Medical Superintendents / Hospital Administration to revamp the remaining areas	Significant scope increase requested by the Hospital administration will result in: 1. Project delays 2. Contractor claims 3. Increase in project cost along with variations	3	3	9	Hospital administration is requested to finalize the scope during joint field visits o C&W and PMU
2	Various unexpected structural issues are being encountered	Unforeseen structural issues are expected to face during execution in hospital buildings approaching end of life	 Stoppage of work Performance of the Contractor has affected Delays in the project 	3	3	9	Various items which are unforeseen and expected to be used during execution may be taken in estimates so that those can be executed to address these issues
3	Change in management of the Client	Management change	Re-briefing is to be carried out	2	2	4	Acceleration of understanding for smooth and expeditious transition, without affecting the project
4	Financial Issues	Funds for these schemes should be provided as per the targets	 Delay in tendering Effect on quality as the Consultant supervision will not take place Inconvenience to the patients 	3	3	9	Approval of PCIs and early release of funds is requested
5	Nationwide spread of pandemic i.e. COVID-19 in 2nd and 3rd quarter of this year	Work delays during nationwide lockdown.	 Delays in completion of works Claim requests received by Contractor and Consultant 	3	3	9	Contractor will be asked to depute fully vaccinated labor

12.6 PROCUREMENT PLAN

undefined

13. MANAGEMENT STRUCTURE AND MANPOWER REQUIREMENTS

The Organogram of New Management Structure is available in PC-I

14. ADDITIONAL PROJECTS / DECISIONS REQUIRED

NA

15. CERTIFICATE

Focal Person Name:Mr. KHIZAR HAYAT **Email:**

Fax No:

Designation:Project Director, PMU P&SHD **Tel. No.:**

Address:31/E1, Shahrah-e-imam Hussain? Road? Block E 1 Gulberg III, Lahore, Punjab

15. It is certified that the project titled "Revamping of THQ Hospital <u>Chark Jhumra</u>: (3rd Revised)" has been prepared on the basis of instruction provided by the Planning Commission for the preparation of PC-I for Social Sector projects.

Prepared By:

(HISSAN ANEES) DIRECTOR PLANNING & HR, PMU, PRIMARY & SECONDARY HEALTHCARE DEPARTMENT, LAHORE (042-99231206) (Oct-2022)

(RIZWAN SHOUKAT) PROCUREMENT SPECIALIST, (PMU). PRIMARY & SECONDARY HEALTHCARE DEPARTMENT, LAHORE (042-99231206) (Oct-2022)

Hama

(HAMZA NASEEM) PROJECT MANAGER CIVIL, PMU, PRIMARY & SECONDARY HEALTHCARE DEPARTMENT, LAHORE (042-99231206) (Oct-2022)

Checked By:

vesha Parvez

(KHIZAR HAYAT) PROJECT DIRECTOR (PMU). PRIMARY & SECONDARY HEALTHCARE

DEPARTMENT, LAHORE

(042-99231206)

(Oct-2022)

(Dr. AYESHA PARVEZ) DEPPUTY PROJECT DIRECTOR (PMU), PRIMARY & SECONDARY HEALTHCARE DEPARTMENT, LAHORE (042-99231206) (Oct-2022)

Approved By:

(DR. IRSHAD AHMAD) SECRETARY. GOVERNMENT OF THE PUNJAB PRIMARY & SECONDARY HEALTHCARE DEPARTMENT, LAHORE (042-99204567) (Oct-2022)

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17. RELATION WITH OTHER PROJECTS