

PC-1
Revamping of THQ Hospital, Jampur District Rajanpur

ORIGINAL APPROVED COST	PKR Million. 294.780/-
ORIGINAL APPROVED GESTATION	72 Months Till June 2025
APPROVAL FORUM	DDSC (DDSC)

1. NAME OF THE PROJECT

Revamping of THQ Hospital, Jampur District Rajanpur

2. LOCATION OF THE PROJECT

- **2.1. DISTRICT(S)**
 - I. RAJANPUR
- **2.2. TEHSIL(S)**
 - I. JAMPUR

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

•	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:5270
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, Shahrah-e-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 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 water filtration plant is proposed accordingly. For ease of patients, drinking water supply network 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 express line or dual electrical supply in all hospitals under revamping. Despite these two facilities based, on the current and proposed electrical load of hospital new transformers were proposed to step down the voltage to desired level and complete generator backup system was designed and generators along with automatic transfer switches 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 pole lights to lighten up the pathways and garden lights 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.
- 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 X-Ray

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 CCU

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 pre-existing 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 <u>Labor Rooms/Nurseries</u>

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.
- 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.
- 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 or other (medical tests, referred to IPD). On displaying the same token number at 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:

- 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.
- 4. 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 <u>Video Surveillance through CCTVs</u>

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.

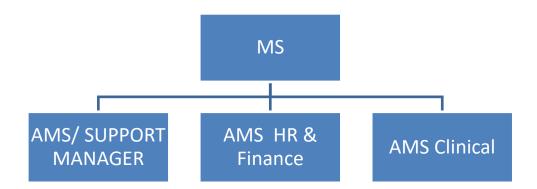
5.4.5 Security

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.

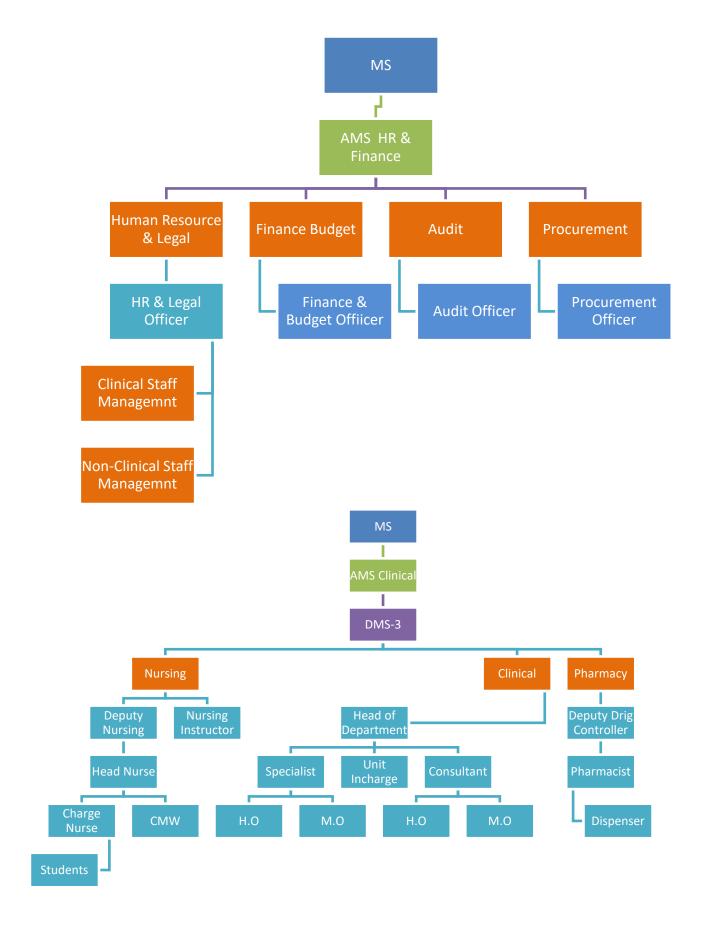
5.6 HR & Management Interventions Structure

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



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.

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

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.).
- 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 2. 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 <u>Human Resource Officer</u>

Shall be responsible for following:

- 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

- 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

- 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

- 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
- 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 HR for QMS and MSDS and Day Care Center.

5.7.1.1 QMS Supervisor / Information Desk Officer

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.
- 2. 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.
- 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.
- 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.
- 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 Reporting Arrangements

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

5.7.2.5 <u>Duration of Assignment</u>

 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 Remunerations

- 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

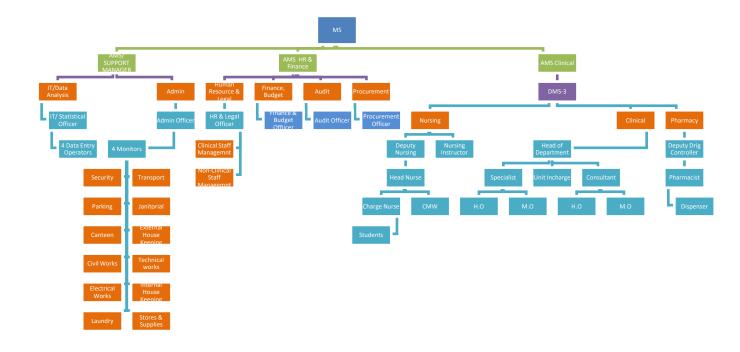
- 1. Minimum qualification BA/BSC or equivalent from HEC recognized University along with B.Ed.
- Minimum 1 years post degree experience of teaching (Additional credit may be given for Public sector teaching of similar nature)

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 Range) (PKR)	Annual Increment Up 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	ay package	Revised Pay 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 11,556,00			

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
- 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 O.P.D:

- 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.
- 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.

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 Concerned	l (Member)
5.	MS THQ Hospital (S	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. <u>Description, Justification and Technical Parameters</u>

The scheme has been estimated on face of the factual basic requirements and if needed, alterations and has been quoted in this PC-1. The Population of Jampur District Rajanpur is more than 0.429 million. The area of the THQ Hospital Jampur District Rajanpur is 402,774 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 Jampur District Rajanpur.

Revamping of THQ Jampur District Rajanpur 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 yardstick 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.

- 3. 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 increased from Rs. 11.668 million to Rs. 77.177 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 Grant Number: Development - (PC22036)

Cost Center:OTHERS- (OTHERS)

LO NO:LO17011147

Fund Center (Controlling): N/A

A/C To be Credited: Assan Assignment

PKR Million

S r #	Object Code	2019	-2020	2020-2021		2021	-2022	2022	-2023	2023	-2024	2024-2025		
		Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign	
1	A12403-Other Buildings	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
2	A05270-To Others	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	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	

Financial Components: Capital Grant Number: Government Buildings - (PC12042)

Cost Center:OTHERS- (OTHERS)

LO NO:LO22010063

Fund Center (Controlling):LE4203 A/C To be Credited:Account-I

PKR Million

S r #	Object Code	2019	-2020	2020-2021		2021	-2022	2022	-2023	2023	-2024	2024-2025		
		Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign	
1	A05270-To Others	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
2	A12403-Other Buildings	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	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	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000

				Abstr	act of	Cost						
Name of THQ Hospital						THQ J	AMPUR					
		Original			1st Revise	d		2nd Revise	ed		3rd Revise	d
Scope of work		<u> </u>			Cost in millio	on	1		-	1		-
	Capital	Revenue	Total	Capital	Revenue	Total	Capital	Revenue	Total	Capital	Revenue	Total
Capital component												
Internal development	0.000	26.626	26.626	0.000	26.626	26.626	19.113	10.000	29.113	38.034	10.000	48.034
External development	0.000	2.373	2.373	0.000	2.373	2.373	20.766	0.000	20.766	7.060	0.000	7.060
Water filtration plant	0.000	5.600	5.600	0.000	5.600	5.600	5.088	0.000	5.088	4.738	0.000	4.738
Total Capital Component	0.000	34.599	34.599	0.000	34.599	34.599	44.967	10.000	54.967	49.832	10.000	59.832
Revenue component												
Emergency	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
MSDS	0.000	8.647	8.647	0.000	8.647	8.647	0.000	9.654	9.654	0.000	13.438	13.438
Med. Machinery and Equipment	0.000	44.121	44.121	0.000	44.121	44.121	0.000	59.706	59.706	0.000	94.388	94.388
Electricity	0.000	22.193	22.193	0.000	22.193	22.193	0.000	29.143	29.143	0.000	29.143	29.143
IT & QMS & Surveillance	0.000	14.515	14.515	0.000	14.515	14.515	0.000	16.715	16.715	0.000	20.120	20.120
Furniture and Fixtures	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	0.000	4.374	4.374	0.000	4.374	4.374	0.000	5.980	5.980	0.000	5.980	5.980
Day Care Center	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	0.000	17.220	17.220	0.000	17.220	17.220	0.000	34.110	34.110	0.000	49.704	49.704
LC Deficit during procurement (currency fluctuation)								1.739	1.739		1.739	1.739
Total Revenue component	0.000	126,173	126,173	0.000	126,173	126.173	0.000	172.151	172.151	0.000	234.900	234.900
Outsourcing component	0.000			0.000			0.000			0.000	20	20000
Janitorial Services	0.000	16.120	16.120	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Security and Parking services	0.000	7.384	7.384	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Laundry Services	0.000	3.600	3.600	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Maintenance (Generator)	0.000	2.020	2.020	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
MEP	0.000	4.486	4.486	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Medical Gases	0.000	1.304	1.304	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Cafeteria	0.000	6.743	6.743	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Horticulture services	0.000	2.685	2.685	0.000	0.048	0.048	0.000	0.048	0.048	0.000	0.048	0.048
Total outsourcing cost	0.000	44.343	44.343	0.000	0.048	0.048	0.000	0.048	0.048	0.000	0.048	0.048
Total	0.000	205.116	205.116	0.000	160.820	160.820	44.967	182.199	227.166	49.832	244.948	294.780
Contingency (1%) only on Civil	0.000	0.346	0.346	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Third Party Monitoring (TPM) (1%)	0.000	2.051	2.051	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Third Party Validation (TPV) (1%)	0.000	2.051	2.051	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Grand Total	0.000	209.564	209.564	0.000	160.820	160.820	44.967	182.199	227.166	49.832	244.948	294,780

MSDS

			Origina	al	1s	t Revi	sed	2n	d Revi	sed	3r	d Revi	sed
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
	Computer		· ·	,		,	,		,	-,		,	·
3	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	
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		31,080	124,320	4	31,080	124,320	1	31,080	124,320
10	Sensitometer	2	137,325	137,325	2	137,325	137,325	1 2	137,325	137,325		137,325	137,325
11	Densitometer personal		191,391	382,782		191,391	382,782		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		26,250	26,250
14	Non-Mercury thermometer	10	305	3,045	10	305	3,045	10	350	3,500	10	750	7,500
15	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	-	0	31,500	-	0	35,000	-	0	35,000	-
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	210,000	420,000	2	210,000	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	-
21	Data Coder	1	84,000	84,000	1	84,000	84,000	1	100,000	100,000	1	-	-
22	Plasma Separator 1	0	4,200,000	-	0	4,200,000	-	0	4,500,000	-	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	-	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

MSDS

	mobe													
			Origina	al	1s	t Revi	sed	2n	d Revi	sed	3rd Revised			
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	Chemical Spill Cleanup kit	2	100,000	200,000	2	100,000	200,000	2	100,000	200,000	2	100,000	200,000	
62	Digital Tempurature Humidity Guage	4	15,000	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	

Mart Company Mart		Medical Equipment																	
Mart Company Mart					Or	iginal			1st	Revised	i		2nd	Revised	k		3rd	Revised	t
Second Column	lo.	Name of Equipment					Total Cost			-	Total Cost			Cost per Unit	Total Cost			Cost per Unit	Total Cost
Personal Angle Pers	1	Semi Auto Clinical Chemistry Analyzer	1	2	· ·	,=	-	2	Ü		-	2		,	-	2		,	-
Second to Amagement 1		Hematology Analyzer	1	1	0		-	1	0		-	1	0	-	-	1	0		-
Checkersey Che		Electrolyte Analyzer					-	1			-	1	0		-	1	0		-
Mathematics			_				-				-				-			.,,	-
Marked Colors	_	Clinical Microscope		2	0		-	2			-	2	0		-	2	0		-
Desire ware print													_						-
Maria presente 10 0 10 37,000 37,000 0 10 37,000 0 10 37,000 0 10 40,000 0 10 10 10 10 10 10		Hot air Oven	1	1	0			1	0			1	0			1	0	,	-
The content		Distilled water plant	_			0-,000	,	-		,	0-,000			-,	,			,	125,000
Company Markins							315,000				315,000				405,000			-,	450,000
See Continue Con		• • • • • • • • • • • • • • • • • • • •	_				-				-				-				
March N. R. Rys Nebres 0 0 1 0 0 3.050.004 0 1 0 0 3.050.005 0 0 0 3.050.005 0 0 0 0 3.050.005 0 0 0 0 3.050.005 0 0 0 0 3.050.005 0 0 0 0 3.050.005 0 0 0 0 3.050.005 0 0 0 0 3.050.005 0 0 0 0 3.050.005 0 0 0 0 3.050.005 0 0 0 0 3.050.005 0 0 0 0 3.050.005 0 0 0 0 3.050.005 0 0 0 0 3.050.005 0 0 0 3.050.005 0 0 0 3.050.005 0 0 0 0 3.050.005 0 0 0 0 3.050.005 0 0 0 0 0 0 0 0 0					-		•			,								,	-
Comparison Response Systems 0 0 0 0 0 0 0 0 0			_				•												-
Part			_				•												-
Marchane					-	,, .	•											, ,	-
Designation of the process of the	V Davis		_				<u> </u>	-				-	-			0	-		-
Lead glass shared 0	10		_											-		1		/	85,000
March Marc							-												-
Part						,	-			,				,				,	-
University Uni			_				-							,					-
CLU MONTOR	Hitracound						-				-		_		-				-
Temporary prose maker Temporary prose maker 0 0 0 0 0 0 0 0 0											-			,,	-			0,000,000	·
Columber			_				****				,								2,500,000
Section Color Adjusted Privace Channel 2																	0		-
ETT Machine																	1		800,000
Color deplor CARDIOLOGY							339,570				,-			,	,-			,	600,000
Siction Pump			_				-				-								-
Blood Bank Blood Cabinet 1 0 1 0 1 0 0 1 0 0							-				-								-
Secondary Company Co															,	-		,	600,000
Social Standard Sta			_														1		1,500,000
Computatized Hemo Dalysis Marchine 1	Plood Pank		_														1		400,000
Computation of the computation							42,000				42,000				55,000				55,000
Holoday Substitution Substitut		Clinical Microscope	1	1	0	132,825	-	1	0	132,825	-	1	0	180,000	-	1	0	250,000	-
Name	(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
Name	34	Baby Cot	10	5	5	14,669	73,343	5	5	14,669	73,343	5	5	16,000	80,000	5	5	16,000	80,000
Nursery Pulse Oximeter 6 6 0 6 104,500 627,000 0 6 190,000 90,000 0 6 225,000 1,3 88,9 88	35	Phototherapy Unit	2	2	0	130,200	-	2	0	130,200	-	2	0	655,000	-	2	0	850,000	-
No.	36	Infant Warmer	2	2	0	335,638	-	2	0	335,638	-	2	0	985,000	-	2	0	1,050,000	-
Suction Pump 1 1 1 259,350 259,350 1 259,350 259,350 1 275,000 275,000 1 300,000 3 3 1 1 275,000 275,000 1 1 300,000 3 3 1 1 275,000 275,000 1 1 300,000 3 3 1 1 275,000 275,000 1 1 300,000 3 3 1 1 275,000 275,000 1 1 300,000 3 3 1 1 275,000 275,000 1 1 1 300,000 3 3 1 1 275,000 275,000 1 1 1 300,000 3 3 1 1 275,000 275,000 1 1 1 300,000 3 3 1 1 275,000 275,000 1 1 1 300,000 3 3 1 1 1 275,000 275,000 1 1 1 300,000 3 3 1 1 1 1 275,000 275,000 1 1 1 300,000 3 3 1 1 1 1 275,000 275,000 1 1 1 300,000 3 3 1 1 1 1 275,000 275,000 1 1 1 300,000 3 3 1 1 1 1 1 275,000 275,000 1 1 275,000 275,000 1 1 275,000 275,000 1 1 275,000		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
Hospital Grade Nebulizer Heavy Duty 2 1 1 1 125,265 125,265 1 1 125,265 1 1 1 215,000 215,000 1 1 1 300,000 3 1 1 300,000 3 1 1 300,000 3 1 1 300,000 3 1 1 300,000 3 1 1 300,000 3 1 1 300,000 3 1 1 300,000 3 1 1 300,000 3 1 1 1 300,000 3 1 1 1 300,000 3 1 1 1 300,000 3 1 1 1 300,000 3 1 1 1 300,000 3 1 1 1 300,000 3 1 1 1 300,000 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	38	Infant Incubator	2	2	0	858,932	-	2	0	858,932	-	2	0	900,000	-	2	0	1,750,000	-
1	39	Suction Pump	1		1	259,350	259,350		1	259,350	259,350		1	275,000	275,000		1	300,000	300,000
BED SIDE PATIENT MONITOR 2 3 0 441,000 - 3 0 441,000 - 3 0 550,000 - 3 0 1,200,000	40	Hospital Grade Nebulizer Heavy Duty	2	1	1	125,265	125,265	1	1	125,265	125,265	1	1	215,000	215,000	1	1	300,000	300,000
Defbrillator 2 1 1 308,713 308,713 1 1 660,000 650,000 1 1 800,000 8	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	-
Electrosurgical Unit	42	BED SIDE PATIENT MONITOR		3	0	441,000	-	3	0	441,000	-	3	0	550,000		3	0	1,200,000	
15 Operation Table 1 2 0 1,426,215 - 2 0 1,426,215 - 2 0 2,000,000 - 2 0 2,500,000 16 OT (04) Operating Light 1 2 0 413,013 - 2 0 413,013 - 2 0 800,000 - 2 0 950,000 17 STEAM STERILIZER 1 1 1 0 3,465,000 - 1 0 3,465,000 - 1 0 4,000,000 - 1 0 7,800,000 18 Suction Pump 2 2 259,350 518,700 2 259,350 518,700 2 275,000 550,000 2 300,000 6 19 Resuscitation trolley With Crash Cart 2 1 1 244,733 244,733 1 1 244,733 244,733 1 1 400,000 400,000 1 1 600,000 6 19 Resuscitation trolley With Crash Cart 2 1 1 304,220 304,220 0 1 304,220 304,220 0 1 400,000 400,000 0 1 900,000 6 10 Resuscitation trolley With Crash Cart 2 1 1 304,220 304,220 0 1 304,220 304,220 0 1 400,000 400,000 0 1 900,000 6 10 Resuscitation trolley With Crash Cart 2 1 1 304,220 304,220 0 1 304,220 304,220 0 1 400,000 400,000 0 1 900,000 6 10 Resuscitation trolley With Crash Cart 2 1 1 304,220 304,220 0 1 304,220 304,220 0 1 400,000 400,000 0 1 900,000 6 6 6 6 6 6 6 6 6	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
Colling Operating Light	44	Electrosurgical Unit	1	1	0	507,530	-	1	0	507,530	-	1	0	700,000		1	0	900,000	
STEAM STERILIZER	45	Operation Table	1	2	0	1,426,215	-	2	0	1,426,215	-	2	0	2,000,000		2	0	2,500,000	-
Suction Pump 2 2 259,350 518,700 2 259,350 518,700 2 259,350 518,700 2 259,350 518,700 2 275,000 550,000 2 300,000 6		Ceiling Operating Light	1	2	0	413,013	-	2	0	413,013	-	2	0	800,000		2	0	950,000	-
Resuscitation trolley With Crash Cart 2 1 1 1 244,733 244,733 1 1 244,733 244,733 1 1 400,000 400,000 1 1 1 600,000 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	47		1	1	0	3,465,000	-	1	0	3,465,000	-	1	0	4,000,000	-	1	0	7,800,000	-
Mobile Operation Table 4 0 4 21,000 84,000 0 4 21,000 84,000 0 4 23,000 92,000 0 4 23,000 93,000 0 4 23,000 93,000 0 1 900,000 93,000 1 900,000 93,000 1 900,000 1	48	Suction Pump	2		2	259,350	518,700		2	259,350	518,700		2	275,000	550,000		2	300,000	600,000
Mobile Operation Table	49	Resuscitation trolley With Crash Cart	2	1	1	244,733	244,733	1	1	244,733	244,733	1	1	400,000	400,000	1	1	600,000	600,000
Operation Table 0 0 0 0 1,426,215 - 0 0 1,426,215 - 0 0 0 2,000,000 - 0 0 5,000,000 ORTHOPEDIC DRILL 0 0 0 0 1,108,740 - 0 0 1,108,740 - 0 0 1,108,740 - 0 0 1,500,000 ORTHOPEDIC DRILL 0 1 0 1 276,250 276,250 0 1 276,250 0 1 450,000 450,000 0 1 1,500,000 ORTHOPEDIC DRILL 0 0 0 0 262,500 - 0 0 262,500 - 0 0 262,500 - 0 0 300,000 ORTHOPEDIC DRILL 0 0 0 0 262,500 - 0 0 262,500 - 0 0 0 262,500 - 0 0 0 300,000 ORTHOPEDIC DRILL 0 0 0 0 0 262,500 - 0 0 0 262,500 - 0 0 0 300,000 ORTHOPEDIC DRILL 0 0 0 0 0 262,500 - 0 0 0 262,500 - 0 0 0 300,000 ORTHOPEDIC DRILL 0 0 0 0 0 262,500 - 0 0 0 262,500 - 0 0 0 300,000 ORTHOPEDIC DRILL 0 0 0 0 0 262,500 - 0 0 0 262,500 - 0 0 0 300,000 ORTHOPEDIC DRILL 0 0 0 0 0 262,500 - 0 0 0 262,500 - 0 0 0 300,000 ORTHOPEDIC DRILL 0 0 0 0 262,500 - 0 0 0 262,500 - 0 0 0 300,000 ORTHOPEDIC DRILL 0 0 0 0 262,500 - 0 0 0 262,500 - 0 0 0 300,000 ORTHOPEDIC DRILL 0 0 0 0 262,500 - 0 0 0 262,500 - 0 0 0 300,000 ORTHOPEDIC DRILL 0 0 0 0 0 262,500 - 0 0 0 262,500 - 0 0 0 300,000 ORTHOPEDIC DRILL 0 0 0 0 0 262,500 - 0 0 0 262,500 - 0 0 0 300,000 ORTHOPEDIC DRILL 0 0 0 0 0 0 262,500 - 0 0 0 2	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
ORTHOPEDIC DRILL 0 0 0 1,108,740 - 0 0 0 1,108,740 - 0 0 0 0 1,500,000 - 0 0 0 0 0 0 0,000	51	MOBILE OPERATING LIGHT	1	0	1	304,220	304,220	0	1	304,220	304,220	0	1	400,000	400,000	0	1	900,000	900,000
ORTHOPEDIC DRILL 0 0 0 1,108,740 - 0 0 1,108,740 - 0 0 1,500,000 - 0 0 4,000,000 0 1,500,000 - 0 0 4,000,000 0 1,500,000 0 1,500,000 0 1 1,500,000 0 1,500,000 0 1 1,500,000 0 1,500,000 0 1 1,500,000 0 1,500,000 0 1 1,500,000 0 1,500,0	52	Operation Table	0	0	0	1,426,215	-	0	0	1,426,215	-	0	0	2,000,000	-	0	0	5,000,000	-
Plaster Cutting Pneumatic 1 0 1 276,250 276,250 0 1 276,250 276,250 0 1 450,000 450,000 0 1 1,500,000 1,5	53		0	0	0	1,108,740	-	0	0	1,108,740	-	0	0	1,500,000	-	0	0	4,000,000	-
Preumatic Touniquets 0 0 0 0 262,500 - 0 0 262,500 - 0 0 262,500 - 0 0 300,000 Orthopedic Instruments 0 0 0 0 432,623 - 0 0 432,623 - 0 0 550,000 - 0 0 550,000 Portable/Mobile Ultrasound 1 1 0 1,418,958 - 1 0 1,418,958 - 1 0 1,500,000 - 1 0 2,400,000	54 Orthopedic	Plaster Cutting Pneumatic	1	0	1	276,250	276,250	0	1	276,250	276,250	0	1	450,000	450,000	0		1,500,000	1,500,000
Orthopedic Instruments 0 0 0 432,623 - 0 0 432,623 - 0 0 550,000 - 0 0 550,000 Portable/Mobile Ultrasound 1 1 0 1,418,958 - 1 0 1,418,958 - 1 0 1,500,000 - 1 0 2,400,000	55		0	0	0	262,500	-	0	0	262,500	-	0	0	262,500	-	0	0	300,000	-
Portable/Mobile Ultrasound 1 1 0 1,418,958 - 1 0 1,418,958 - 1 0 1,500,000 - 1 0 2,400,000	56		_	0	0	432,623	-	0	0	432,623	-	0	0	550,000	-	0	0	550,000	-
8 Autoclave 1 1 0 441,000 - 1 0 441,000 - 1 0 550,000 - 1 0 850,000	57	Portable/Mobile Ultrasound	1	1	0	1,418,958	-	1	0	1,418,958	-	1	0	1,500,000	-	1	0	2,400,000	-
	58		1	1	0	441,000		1	0	441,000	-	1	0		-	1			-

March Property P								N	ledica	al Equ	uipment	:								
March Marc											Revised	l			Revised	k			Revised	l
Per		Area	Name of Equipment					Total Cost			Cost per Unit	Total Cost			Cost per Unit	Total Cost			Cost per Unit	Total Cost
Part			Delivery Set	10		8	31,500	252,000		8	31,500	252,000		8	,	320,000	2		65,000	520,000
Page					4	0		-	4	0		-	4	0		-	4	0		-
Part				+				294,000				294,000				550,000		1		1,200,000
Column C		a (20		_			-	-				-				-				-
Fig.	heds)						-	259,350				259,350				300,000	0			350,000
Peach Peac							-	100 705				400 705				400.000	1			-
March Marc																				300,000
Section Sect				_				304,220				304,220				400,000	-		,	900,000
Per				_			-	47.250				47.250				47.250				47,250
Page			,,														-			200,000
Semigraphy Sem			•	_				-				-				173,000				200,000
Page				_								-				-				
Section Person		urgical	-1																	
Sumplementer Sump				_				-				-				-		_		-
Fee	L.	Deusj	·	_			9,744	-			9,744	-				-			20,000	-
Model Care Mod	5			_	2		141,750		2	0	141,750		2	0	160,000	-	2	0	220,000	-
Part	6		Stretcher			10		682,500	0			682,500	0	10		693,000	0	10		693,000
Model	7		wheel chair	+	0		31,500	315,000	0		31,500	315,000	0		35,000	350,000	0		35,000	350,000
Page	В			_	0	6	4,200	25,200	0		4,200	25,200	0		4,500	27,000	0		5,148	30,888
Part	9		Resuscitation trolly With Crash Cart	5	3	2	237,618	475,236	3	2	237,618	475,236	3	2	400,000	800,000	3	2	600,000	1,200,000
Part	0		BP Appratus	15	10	5	15,750	78,750	10	5	15,750	78,750	10	5	16,000	80,000	10	5	16,000	80,000
No. Part	1 o	Others	Ventilator	0	0	0	2,195,080	-	0	0	2,195,080	-	0	0	3,500,000	-	0	0	5,500,000	-
Part	2		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
Marga Heneralies Marga Hener	3		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
Control Medical Gase Pipe Len System 7	4		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
No. Montang Palem bed with wind side March Mar	5		Image Inensifier	0	0	0	4,667,460	-	0	0	4,667,460		0	0	4,667,460	-	0	0	12,000,000	-
Second Properties Seco	6		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	-	-
Resultable Res	7			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
Part	В		Sphygmomanometer wall mtd	4	0	4	15,750	63,000	0	4	15,750	63,000	0	4	30,000	120,000	0	4	35,000	140,000
Part	9		Resuscitation trolly 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
Section Sect			Defibrilator	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
Syring pump			Defibrillator with Monitor	0	0	0	330,750	-	0	0	330,750	-	0	0	650,000	-	0	0	800,000	-
Suction Pump 0			ECG Machine Three Channel	0	0	0	169,785	-	0	0	169,785	-	0	0	180,000	-	0	0	300,000	-
Section Process Proc			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
Past Instrument Trolley		ICU	Suction Pump	0	0	0	259,350	-	0	0	259,350	-	0	0	275,000	-	0	0	300,000	-
Part			ICU Monitor	0	0	0	298,200	-	0	0	298,200	-	0	0	900,000	-	0	0	1,250,000	-
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			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
Part			Ward instruments	_			-	-			-	-			-	-			-	-
DELIVERY TROLLY STAINLESS STEEL 1 0 1 23,835 23,835 0 1 47,250 47,250 0 1 47,250 47,250 0 1 47,250 101 47,250 101 47,250			Ventilator intensive care	2	0	2		3,200,000	0	2		3,200,000	0	2		7,000,000	0	2		11,000,000
Martuery 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 0 4 19,000 76,000 0 4 19,000 76,000 0 4 19,000 76,000 0 4 19,000 76,000 0 4 19,000 76,000 0 4 19,000 76,000 0 4 19,000 76,000 0 4 19,000 76,000 0 4 19,000 76,000 0 4 19,000 76,000 0 4 19,000 76,000 0 4 19,000 76,000 0 4 19,000 76,000 0 4 19,000 76,000 0 4 19,000 76,000 0 4 19,000 76,000 0 4 19,000 76,000 76,000 76,000								-				-		0		-		0		-
Mortuer Mort	10													1				1		47,250 76,000
TWO BODY REFRIGERATOR WITH CASTERS 220 50Hz ASTROMENTAL CASTERS 220 50Hz				-										· ·						76,000
Along with Atopsy Table & Lifer Trolley 1	13	DTUEDY	TWO BODY REFRIGERATOR WITH																	
105 Autoclave 1 0 1 441,000 441,000 0 1 441,000 441,000 0 1 550,000 550,000 0 1 550,000		NIVEKT	Along with Atopsy Table & Lifter Trolley																	3,500,000
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				_					_				-							5,640,000
107 108 109				+								,			,	,				850,000
108 Pental Unit				_			-	282,975				282,975				350,000			,	525,000
109			•	_			-	-				-				-				-
Durfasonic scaling	_	ntal Unit					-	400.750				400.750				475.000			-	
111 Endo motor system 1 1 0 1 199,601 199,601 0 1 199,601 10 125,000 255,000 0 1 50,000 11	3			_															,	300,000 150,000
112 Dental cabinet 0 0 0 42,000 - 0 0 42,000 - 0 0 70,000 - 0 0 160,000							,					0-,000		<u> </u>	00,000	,			,	,
Some defined																				500,000
Derital examination/surgical instrument sets 4 0 4 137,000 030,000 0 4 173,000 700,000 0 4 173,000											,	,		·	,				,	700,000
114 Shortware diathermy 1 0 1 844,562 844,562 0 1 844,562 844,562 0 1 1,500,000 0 0 1 2,750,000 115 142,916 142,916 0 1 142,916 0 1 142,916 0 1 315,222 315,222 0 1 526,500			Shortwave diathermy		-					1 1			-	1			-	1 1		2,750,000 526,500

							N	ledic	al Equ	uipment	•								
					Ori	iginal			1st	Revised	l		2nd	Revised	b		3rd	Revised	ı
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
116		TENS(Transcutaneous Electrical Nerve Stimulation)	1	0	1	132,577	132,577	0	1	132,577	132,577	0	1	275,000	275,000	0	1	585,000	585,000
117		Treatment couch	4	0	4	10,080	40,320	0	4	10,080	40,320	0	4	75,000	300,000	0	4	760,500	3,042,000
118 119		A. Electrical Heating Pads	3	0	3	6,300	18,900	0	3	6,300	18,900	0	3	20,000	60,000	0	3	117,000	351,000
		B. Hot pack unite	1	0	1	131,782	131,782	0	1	131,782	131,782	0	1	253,485	253,485	0	1	1,053,000	1,053,000
120		C. Paraffin bath	1	0	1	154,082	154,082	0	1	154,082	154,082	0	1	308,071	308,071	0	1	819,000	819,000
121	Physiotherapy	Therapeutic ULTRASOUND unit	1	0	1	141,748	141,748	0	1	141,748	141,748	0	1	275,000	275,000	0	1	819,000	819,000
121 122 123 124 125 126	unit	Treadmill	1	0	1	335,111	335,111	0	1	335,111	335,111	0	1	950,000	950,000	0	1	1,404,000	1,404,000
123		Mats	1	0	1	75,817	75,817	0	1	75,817	75,817	0	1	150,000	150,000	0	1	292,500	292,500
124		Quadriceps Bench	1	0	1	189,164	189,164	0	1	189,164	189,164	0	1	425,000	425,000	0	1	750,000	750,000
125		Ergometer Cycling	1	0	1	66,087	66,087	0	1	66,087	66,087	0	1	175,000	175,000	0	1	409,500	409,500
126		Mirror	1	0	1	24,640	24,640	0	1	24,640	24,640	0	1	45,000	45,000	0	1	400,000	400,000
127 128 129 130		Floor Mounted Parallel Bars	1	0	1	87,821	87,821	0	1	87,821	87,821	0	1	150,000	150,000	0	1	590,000	590,000
128		Pully System	1	0	1	41,826	41,826	0	1	41,826	41,826	0	1	128,594	128,594	0	1	409,500	409,500
129		Trollies	4	0	4	2,520	10,080	0	4	2,520	10,080	0	4	35,000	140,000	0	4	50,000	200,000
		Stool(Steel)	4	0	4	2,520	10,080	0	4	2,520	10,080	0	4	7,000	28,000	0	4	10,000	40,000
131	Beds	Fowler beds with Mattress	80	0	80	70,000	5,600,000	0	80	70,000	5,600,000	0	80	110,000	8,800,000	0	80	150,000	12,000,000
		Total					44,120,537				44,120,537				59,706,441				94,388,388
							44.121				44.121				59.706				94.388

				Elec	tricity								
			Origina	l	•	1st Revise	ed	2	2nd Revis	ed	;	3rd 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	3,550,000	3,550,000	1	3,550,000	3,550,000
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	Generator (200 KVA)	1	4,000,000	4,000,000	1	4,000,000	4,000,000	1	4,000,000	4,000,000	1	4,000,000	4,000,000
4	Generator (100 KVA)	0	2,300,000	ı	0	2,300,000	ı	0	2,300,000	ı	0	2,300,000	-
5	2 Ton air conditioners (split)	42	55,500	2,331,000	42	55,500	2,331,000	42	55,500	2,331,000	42	55,500	2,331,000
6	2 Ton air conditioners (Cabinet)	78	78,000	6,084,000	78	78,000	6,084,000	78	78,000	6,084,000	78	78,000	6,084,000
7	4 Ton air conditioners (Cabinet)	26	120,000	3,120,000	26	120,000	3,120,000	26	120,000	3,120,000	26	120,000	3,120,000
8	Ceiling Fans 56"	60	3,090	185,400	60	3,090	185,400	60	3,090	185,400	60	3,090	185,400
10	Bracket Fans 18"	96	3,280	314,880	96	3,280	314,880	96	3,280	314,880	96	3,280	314,880
	Exhaust Fans	36	3,000	108,000	36	3,000	108,000	36	3,000	108,000	36	3,000	108,000
	Dual Connection of Electricity / Express Line	1	5,000,000	5,000,000	1	5,000,000	5,000,000	1	9,000,000	9,000,000	1	9,000,000	9,000,000
	Total			22,193,280			22,193,280			29,143,280			29,143,280
				22.193			22.193			29.143			29.143

IT & QMS & Surveillance

					• •								
			Origina	al	1s	t Revis	sed	2n	d Revi	sed	31	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

Furniture and Fixtures

			Origin	al	19	st Revi	sed	2r	d Rev	ised	3r	d Rev	ised
Sr. No.	Item Name	Quantity	Unit Price	Total									
	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
	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
	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												
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
15	Refrigerator glass single door	5	80,000	400,000	5	80,000	400,000	5	80,000	400,000	5	90000	450,000
16	Refrigerator 16 cft	5	36,000	180,000	5	36,000	180,000	5	36,000	180,000	5	50000	250,000
17	Air Curtain On Door	5	50,000	250,000	5	50,000	250,000	5	50,000	250,000	5	75000	375,000
18	Washing machines for pantries	3	13,000	39,000	3	13,000	39,000	3	13,000	39,000	3	11000	33,000
19	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
	LED TV	15	55,000	825,000	15	55,000	825,000	15	55,000	825,000	15	140000	2,100,000
	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												
	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
28	Moveable Iron Stairs (Required)	2	15,000	30,000	2	15,000	30,000	2	15,000	30,000	2	20000	40,000
29	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
	Dehumidifier (Required)	1	100,000	100,000	1	100,000	100,000	1	100,000	100,000	1	125000	125,000
	Insect Killer (Required)	25	8,000	200,000	25	8,000	200,000	25	8,000	200,000	25	6500	162,500
33	Thermometer (Required)	20	16.000	320,000	20	16.000	320,000	20	16,000	320,000	20	600	12,000
	Total		. 5,550	13,503,500		. 5,550	13.503.500		. 5,550	13,503,500			18,787,500
				13.504			13.504			13.504	ı		18.788

Signage and plaques

-		I			•				1			1		
			0	rigin	al	1st	Revi	sed	2nc	l Rev	rised	3rd	Rev	ised
Sr No	Type	Kinds of Sign Boards	Quantity	Rates	Cost									
		External Sign Boards												
1	A1	External Platform/Road Signage (Circular)	10	10,221	102,210	10	10,221	102,210	10	13,951	139,510	10	13,951	139,510
2	A2	External Platform/Road Signage (Triangular)	10	9,350	93,500	10	9,350	93,500	10	12,762	127,624	10	12,762	127,624
3	B1	Main Directional Board	2	113,632	227,264	2	113,632	227,264	2	155,107	310,215	2	155,107	310,215
4	C1	Directional Board (Single Sheet)	12	14,600	175,200	12	14,600	175,200	12	19,929	239,148	12	19,929	239,148
5	C2	Directional Board (Two Sheets)	1	22,722	22,722	1	22,722	22,722	1	31,016	31,016	1	31,016	31,016
6	C3	Directional Board (Three Sheets)	2	30,463	60,926	2	30,463	60,926	2	41,581	83,163	2	41,581	83,163
7	C4	Directional Board (Four Sheets)	2	37,619	75,238	2	37,619	75,238	2	51,351	102,701	2	51,351	102,701
8	C5	Directional Board (Five Sheets)	1	45,685	45,685	1	45,685	45,685	1	62,360	62,360	1	62,360	62,360
9	C6	Directional Board (Six Sheets)	1	53,341	53,341	1	53,341	53,341	1	72,810	72,810	1	72,810	72,810
10	C7	Additional Panel (For Fixation on existing Foundation & Posts)	3	8,024	24,072	3	8,024	24,072	3	10,952	32,857	3	10,952	32,857
11	D1	Departmental Signage on Building	7	47,683	333,781	7	47,683	333,781	7	65,087	455,612	7	65,087	455,612
12	E1	External Map Boards	4	41,603	166,412	4	41,603	166,412	4	56,788	227,153	4	56,788	227,153
		Internal Signage	0		· -	0		-	0		-	0	-	´-
1	F1	Internal Hanging Signage (Main Entrance)	7	90,791	635,537	7	90,791	635,537	7	125,294	877,061	7	125,294	877,061
2	F2	Internal Hanging Signage (Main Entrance 2)	7	69,887	489,209	7	69,887	489,209	7	95,396	667,772	7	95,396	667,772
3	F3	Internal Hanging Signage (Corridor)	6	51,759	310,554	6	51,759	310,554	6	70,651	423,906	6	70,651	423,906
4	F4	Internal Hanging Signage (Corridor 2)	5	52,359	261,795	5	52,359	261,795	5	71,470	357,350	5	71,470	357,350
5	G1	Internal Department Signage on wall	10	13,239	132,390	10	13.239	132,390	10	18.071	180,712	10	18.071	180,712
6	H1	Specialist Name Plaques fixed on wall	20	3,805	76,100	20	3,805	76,100	20	5,194	103,880	20	5,194	103,880
7	J1	Room Name Plaques and Numbers fixed on wall	120	875	105,000	120	875	105,000	120	1,194	143,304	120	1,194	143,304
8	K1	Internal Wall Signage	120	1,437	172,440	120	1,437	172,440	120	1,961	235,368	120	1,961	235,368
9	L1	Room Numbers Fixed on Wall	80	3,647	291,760	80	3,647	291,760	80	4,978	398,272	80	4,978	398,272
10	M1	Advance Fire Exit Sign	15	1,856	27,840	15	1,856	27,840	15	2,534	38,010	15	2,534	38,010
11	M2	Fire Exit Sign Mounted Above the Door	15	1,284	19,260	15	1,284	19,260	15	1,753	26,292	15	1,753	26,292
12		Fire Safety/Equipment Signage	25	2,459	61,475	25	2,459	61,475	25	3,357	83,930	25	3,357	83,930
13		Floor Map Board	8	21,301	170,408	8	21,301	170,408	8	29,075	232,602	8	29,075	232,602
14	Q1	Caution Signage	30	2,195	65,850	30	2,195	65,850	30	2,996	89,880	30	2,996	89,880
15	Q2	Caution Signage	10	660	6,600	10	660	6,600	10	902	9,016	10	902	9,016
16	Q3	Caution Signage	15	1,155	17,325	15	1,155	17,325	15	1,576	23,646	15	1,576	23,646
17		Caution Signage	25	897	22,425	25	897	22,425	25	1,225	30,625	25	1,225	30,625
		Total			4,246,319			4,246,319		.,0	5,805,793		.,==0	5,805,793
		Designing and Site Supervision	İ		127,390			127,390			174,174			174,174
-		Grand Total			4,373,709			4,373,709			5,979,967			5,979,967
					4.374			4.374			5.980		t t	5.980

DAY CARE CENTER

Yard Stick as per Women Dvelopment Department

		C	riginal		1st	Revised		2nd	Revised		3rd	Revised	
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
10	Sandpaper Alphabets (Urdu)	3	3,500	10,500	3	3,500	10,500	3	3,500	10,500	3	3,500	10,500
11	Sandpaper Number	3	2,000	6,000	3	2,000	6,000	3	2,000	6,000	3	2,000	6,000
	Hammer Case	2	1,000	2,000	2	1,000	2,000	2	1,000	2,000	2	1,000	2,000
	Soft Reading Book	15	200	3,000	15	200	3,000	15	200	3,000	15	200	3,000
14 15	Shape Sorting Case Transport Set (Model)	2 2	500 700	1,000 1,400	2 2	500 700	1,000 1,400	2 2	500 700	1,000 1,400	2 2	500 700	1,000 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
20	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	Color table Box	2	1,000	2,000	2	1,000	2,000	2	1,000	2,000	2	1,000	2,000
23	ABC Block	4	500	2,000	4	500	2,000	4	500	2,000	4	500	2,000
24	Number Block	4	500	2,000	4	500	2,000	4	500	2,000	4	500	2,000
25	Color Pensils (Large)	5	450	2,250	5	450	2,250	5	450	2,250	5	450	2,250
26	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
	Animal Sets	2	600	1,200	2	600	1,200	2	600	1,200	2	600	1,200
31	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
34	Flash card (Big)	10 2	325 1.000	3,250 4.000	10 2	325 1.000	3,250 4,000	10	325 1.000	3,250	10	325 1.000	3,250 4.000
35 36	Sand Play Gym Play	2	2,000	3,000	2	2,000	3,000	2	2,000	4,000 3,000	2	2,000	3,000
37	Straight Mats	20	1,500	40,000	20	1,500	40,000	20	1,500	40,000	20	1,500	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	300	1,500	3	300	1,500	3	300	1,500	3	300	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
43	Pink Tower With Stand	1	800	500	1	800	500	1	800	500	1	800	500
44	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
	Lion Stuffed	2	1,200	3,400	2	1,200	3,400	2	1,200	3,400	2	1,200	3,400
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
	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

DAY CARE CENTER

Yard Stick as per Women Dvelopment Department

		O	riginal		1st	Revised		2nd	Revised		3rd	Revised	
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
	Soft toys	2	700	1,400	2	700	1,400	2	700	1,400	2	700	1,400
	Infants Manual Weight Machine	1	1,000	1,000	1	1,000	1,000	1	1,000	1,000	1	1,000	1,000
	Toddlers Manual Weight Machine	1	1,000	1,000	1	1,000	1,000	1	1,000	1,000	1	1,000	1,000
	Tri Cycles	4	3,500	14,000	4	3,500	14,000	4	3,500	14,000	4	3,500	14,000
56	Wooden Cots	10	10,000	100,000	10	10,000	100,000	10	10,000	100,000	10	10,000	100,000
	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	15	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
	Multi-Purpose Table	2	3,000	6,000	2	3,000	6,000	2	3,000	6,000	2	3,000	6,000
	Writing Board	1	500	500	1	500	500	1	500	500	1	500	500
	Electric Sterilizer	2	5,000	10,000	2	5,000	10,000	2	5,000	10,000	2	5,000	10,000
	Electric Warmer	2	5,000	10,000	2	5,000	10,000	2	5,000	10,000	2	5,000	10,000
	Table sets	2	4,000	8,000	2	4,000	8,000	2	4,000	8,000	2	4,000	8,000
	Rocker	6	3,200	19,200	6	3,200	19,200	6	3,200	19,200	6	3,200	19,200
	Activity Gym (Infants)	5	2,000	10,000	5	2,000	10,000	5	2,000	10,000	5	2,000	10,000
	Play Gym	5	2,700	13,500	5	2,700	13,500	5	2,700	13,500	5	2,700	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
	Infant Toys	30	4,000	120,000	30	4,000	120,000	30	4,000	120,000	30	4,000	120,000
	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 Fun Pal Teether	15 15	300 500	4,500 7,500	15 15	300 500	4,500 7,500	15 15	300 500	4,500 7,500	15 15	300 500	4,500 7,500
	Fun Rattle	15	400	6,000	15	400	6,000	15	400	6,000	15	400	6,000
	Mother feeding Chair	15	3,000	3,000	15	3,000	3,000	15	3,000	3,000	15	3,000	3,000
	Soft Books (duplication)	20	500	10,000	20	500	10,000	20	500	10,000	20	500	10,000
	Bottle Brushes	3	300	900	3	300	900	3	300	900	3	300	900
	of others Items i.e. Kitchen, Office,		300	- 300		300	300	3	300	300	3	300	-
	Water Dispenser	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
-	Fridae	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
	Office Table	1 1	5.000	5,000	1	5,000	5,000	1	5,000	5,000	1	5.000	5,000
7	Office Table Office Chairs	<u> </u>	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	11	5,000	5,000	1	5,000	5,000	1	5,000	5,000	1	5,000	5,000
	CCTV Cameras	1	100,000	100,000	1	100,000	100,000	1	100,000	100,000	1	100,000	100,000
	Fire Alarms	3	5,000	15,000	3	5,000	15,000	3	5,000	15,000	3	5,000	15,000
_	UPS	<u>1</u>	10,000	10,000	<u> </u>	10,000	10,000	1	10,000	10,000	1	10,000	10,000
14	Vacuum Cleaner		7,000	7,000		7,000	7,000		7,000	7,000		7,000	7,000
	Fire Extinguishers (Large)	2	5,000	10,000	2	5,000	10,000	2	5,000	10,000	2	5,000	10,000
	Electric Insect Killer	2	7,800	15,600	2	7,800	15,600	2	7,800	15,600	2	7,800	15,600
	Electric Hand Dryer	1	4,000	4,000	1	4,000	4,000	1	4,000	4,000	1	4,000	4,000
	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

			DA'	Y CAR	E CENTE	ER							
		Yard S	tick as p	er Wome	n Dvelopmen	t Depart	ment						
		O	riginal			3rd	Revised						
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
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

			Hui	man Re	source	e Model	of THO	Q Hosp	ital									
			Orig	jinal			1st Re	vised			2nd R	evised				3rd Re	vised	
Sr. No.		No. of Employees	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 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	1	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	1	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	1	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	1	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	1	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	1	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	1	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 OPERAOTOR (DEO)	2	25,000	50,000	600,000	2	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	2	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	2	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	8	20,000	160,000	1,920,000	8	20,000	160,000	1,920,000	8		20,000	160,000	1,920,000
13	Consultants (MSDS) Implementation & Clinical Audit	1	100,000	100,000	1,200,000	1	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	1000	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
15					500,000				500,000				500,000				0	500,000
	Manager Day Care Center	1	45,000	45,000	540,000	1	45,000	45,000	540,000	1	45,000	45,000	540,000	1	1	45,000	45,000	540,000
	Montessori Trained Teacher	1	35,000	35,000	420,000	1	35,000	35,000	420,000	1	35,000	35,000	420,000	1		35,000	35,000	420,000
18		4	25,000	100,000	1,200,000	4	25,000	100,000	1,200,000	4	25,000	100,000	1,200,000	4		25,000	100,000	1,200,000
19	Office Boy	1	20,000	20,000	240,000	1	20,000	20,000	240,000	1	20,000	20,000	240,000	1		20,000	20,000	240,000
	Sub Total of H	R Model		4,860,000	17,220,000			4,860,000	17,220,000			5,040,000	28,140,000		1		5,273,000	
					17.220				17.220				28.140					40.473
	Utilization of HR (5.970				9.23]			
	Total of HR Cor	mponent											34.11	1				49.704

	J	anito	rial Se	rvices
		Origir	nal	From 1st Revised to onward
Assumptions				In the light of decision made during the Progress Review Meeting of Revamping of DHQ/THQ
Covered area excluding residential area	63,756	sft		Hospitals held on 01-01-2018 under the Chairmanship of Chairman, P&D Board; it was inter
Covered area assigned to one sweeper	7,500	sft		alia decided as under:
Number of sweepers required for covered area	9			"It would be made sure by the P&SH Department that the outsourcing would be shifted
Road and ROW area	59,859	sft		to the non-development side from 1st July 2018 next FY". In view of above, Outsourcing cost has been excluded from this PC-I.
Road and ROW assigned to one sweeper	15,000	sft		in view of above, Outsourcing cost has been excluded from this PC-1.
Number of sweepers required for road and ROW area	4	Persons		
Number of washroom blocks	17	blocks		
Number of washroom block assigned to one sweeper	3	Persons		
Number of sweepers required for total washroom blocks	6	Persons		
Total sweeper in morning shift	18	Persons		
Total number of sweepers in evening shift	9	Persons		
Total number of sweepers in night shift	9	Persons		
Total number of sweepers in all shifts	36	Persons		
Number of sewer men required	3	Persons		
Number of supervisors	3			
Salary componen	t		•	
Type of worker	No of	Salary per	Salary for	
	workers	month	One Year	
Sweepers / Janitors	36	22,000	9,592,422	
Sewer men	3	22,000	792,000	1
Supervisors	3	26,000	936,000	
Cost of Supply per Month		400,000	4,800,000	1
Sub Total (Salary component)			16,120,422	
, , , , , , , , , , , , , , , , , , , ,		U	16.120	

			Secur	ity and	l Parking
		Ori	ginal		From 1st Revised to onward
Assumptions					In the light of decision made during the Progress Review Meeting of Revamping of DHQ/THQ
Covered area excluding residences	63,756				Hospitals held on 01-01-2018 under the Chairmanship of Chairman, P&D Board; it was inter
Covered Area per guard	15,000				alia decided as under:
Number of guards	4				"It would be made sure by the P&SH Department that the outsourcing would be shifted to
Open area excluding parking area	59,859				the non-development side from 1st July 2018 next FY".
Area covered per guard per shift for	15,000				In view of above, Outsourcing cost has been excluded from this PC-I.
open area excluding parking					
Number of guards for total area excluding parking area	4				
Number of gates	3				
Number of guards at gates	6				
Total No of Guard	14				
Total number of all guards for second	_				
shift	7				
Lady Searcher	4				
Number of parking areas	1				
Number of guards for parking lot per					
shift (Morning+ Evening)	2				
Total no. of Supervisors	2				
Type of worker	No of workers	Salary per month	Salary per Month for all Person	Salary for One year	
Supervisors	2	24,675	49,350	592,200	
Ex-Army	8	21,525	172,200	2,066,400	
Civilian	13	21,000	273,000	3,276,000	
Lady Searcher	4	21,525	86,100	1,033,200	
Parking	2	21,525	43,050	516,600	
Sub total				7,484,400	
Equipment cost					
Lump sum Provision (Walk Through					
Gate=1, Metal Detector=4, Walkies	1			400,000	
Talkies=8, Base Set=1)					
Sub total				400,000	
Subtracting Parking Fees				500,000	
Total Security and Parking Services				7,384,400	
				7.384	

Laundry Services				
	Original			From 1st Revised to onward
Number of beds	80			
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 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 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.
No of Bed	80	30,000	2,400,000	
Transport Charges			4 000 000	
Total for laundry items			0 000 000	
Total			3.600	
				and the state of t

	Mai	ntena	nce o	f Generator
		Origin	al	From 1st Revised to onward
Item Name	Quantity	Cost per year	Total Cost	
Periodical Maintenance Cost		•		
Number of Generators (200 KVA)	-	500,000	-	
Number of Generators (100 KVA)	-	325,000	-	In the light of decision made during the Progress Review Meeting of Revamping of DHQ/THQ
Number of Generators (50 KVA)	2	175,000	330,000	Hospitals held on 01-01-2018 under the Chairmanship of Chairman, P&D Board; it was inter alia
Repairs Cost	1	350,000	350,000	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 i e-i.
Technical Staff/Mechanic	-	30,000	-	
Total		•	2,020,000	
		•	2.020	

				M	EP
		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	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 shifted
Supervisors	1	56,420	56,420	677,040	to the non-development side from 1st July 2018 next FY". In view of above, Outsourcing cost has been excluded from this PC-I.
Plumber	1	32,550	32,550	390,600	in view of above, Outsourcing cost has been excluded from this PC-1.
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	
Fotal (Salary componen	t)		217,000	2,604,000	
	No.	Per Unit	Cost per	Cost for One	
		Cost per Year	Year for all Items	Year	
A/C	170	6,665	1,133,050	1,133,050	
Fridge	10	4,000	40,000	40,000	
UPS	15	8,000	120,000	120,000	
Water Cooler	20	4,000	80,000	80,000	
Exhaust	10	3,000	30,000	30,000	
Geyser	20	4,000	80,000	80,000	
Water Pump	8	3,000	24,000	24,000	
Carpentry Work		-	180,000	180,000	
Electrical Work		-	120,000	120,000	
Plumbing Work		-	75,000	75,000	
Sub Total				1,882,050	
General Total				4.486.050	

				Medi	cal Ga	ses
			Origin	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 CFTCvlinder (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 Board; it was inter
	Medical Oxygen Gas in 24 CFTCylinder (ME)	40	480	800	384,000	alia decided as under: "It would be made sure by the P&SH Department that the outsourcing would be shifted to
	Nitrous Oxide in 1,620 Liter (XE)	2	24	5,000	120,000	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	Nitrogen Gas	1	12	2,000	24,000	
		Total			1,304,400	
					1.304	

Cafeteria

Pre-Fabrication Cateen (Procurement)

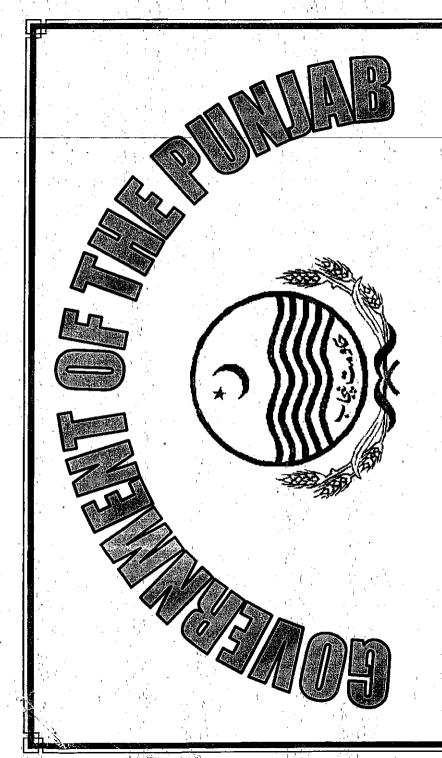
	Pre	-га	DITC	ation (Cateen (Procurement)
			C	Origina	al	From 1st Revised to onward
Sr. No.	Description of work	Unit	Qty	Rate (Rs)	Amount (Rs)	In the light of decision made during the Progress Review Meeting of Revamping of DHQ/THQ Hospitals held on 01-01-2018 under the Chairmanship of Chairman, P&D Board; was inter alia decided as under:
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	"It would be made sure by the P&SH Department that the outsourcing would be shifte to the non-development side from 1st 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	
	Fabrication of Canteen Structure 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	Fixing of frameless Glass wall of approved quality and 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	

Cafeteria

Pre-Fabrication Cateen (Procurement)

		(Origin	al	Fron
Placing & erection of pre-painted Box section tube 16 Rafters of M.S sheet 4mm thick of size 3" x3" with al fittings, complete in all respect.	Kg	1040	150.00	155,925	
Placing & erection of pre-painted Box section tube Purlins of M.S sheet 1.6 mm thick (16 Gauge) of size 2" x2", with all fittings, complete in all respect.	Rft	676	120.00	81,144	
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	
Placing & fixing Gypsum False Ceiling, complete in a respect.	Sft	3024	70.00	211,680	
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 Structur	•			3,307,052	
Total Amount (Rs)				4,532,121	
22 Electrification				998,735	
23 Plumbing and Sanitory				410,000	
24 Kitching Fixtures				802,000	
Grand Total Amount (Rs)			6,742,856	
	-			6.743	

		-				ENT WORKS
					STIMAT	
			Or	igina		From 1st Revised to onward
Sr. No.	Description SOFT LANDSCAPE	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 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 shifted to the non- development side from 1st July 2018 next FY".
1.1	TOP SOIL Providing, spreading and leveling of topsoil (sweet soil including					In view of above, Outsourcing cost has been excluded from this PC-I whereas Rs. 0.048 million has been charged in this scheme against Design Consultancy from development side before the
1.2	Providing, spreading and leveling of topsoil (sweet soil including manure and fertilizers) as required complete in all respects as per Drawings, Specifications and as approved by the Engineer. STONE / PEBBLES	Cft	6,174	22	135,828	above said decision, hence it is reflected in this PC-L
1.3 a	Supply and laying a layer of pebbles/stone at specified locations with Landscape base as in Landscape Design approved by the Engineer. GRASSING	Truck	1	34,375	34,375	
a	GRASSING (EXISTING NON MAINTANE LAWNS) Providing and dibbing of Fine Dacca grass where required, including					
b	mud filling/leveling and contour shape preparation confirming to the criteria outlined in the Specifications, complete in all respects as per Drawings , Specifications and as approved by the Engineer. GRASSING (NEW LAWNS)	Sft	8,468	7	59,276	
	Providing and dibbing of Fine Dacca grass, including mud filling/leveling and contour shape preparation confirming to the criteria outlined in the Specifications, complete in all respects as per Drawings. Specifications and as approved by the Engineer.	Sft	10,585	11.25	119,081	
1.4	TREE / SHRUBS (SPREADING) Providing and planting tree / shrub 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.					
а	Trees 18" pot 6"-7" - Terminally, Cassia Fistula, Bauhinia Variegated, Alstonia Choirs, Ficus Yellow, Ficus Black, Jacaranda, Pilken, Mangifera etc.	No's	43	1,500	64,500	
b	Trees 12" pot 3"-4" - Polyalthia Long folia, Terminally, Cassia Fistula, Bauhinia Variegated, Latonia Choirs, Delonix Regia, Ficus Yellow, Focus Black, fichus Starlight, Melaluca, Mimuspps, Pine, Ficus Amestal, Pilken, Palms etc.	No's	10	270	2,700	
С	Plantation of Fruit Plants in the vacant area 12" pot 3'- 4' - Am rood, Jaman, Berri, Mango, Citrus. Including site preparation, plantation, watering and maintenance for six months.	No's	30	600	18,000	
1.5	Shrubs and Ornamental Plants 10° pot Pittosporum Variegated, Murray Small, broar Occinea, Junipre Varigated, Hibiscus Varigated, Carronda Dwarf Spp, Jasmine Sambac(Mottya), Leucophyllum Frutsecane(Silveyn), Rose, Nerium, Lantana, Canna, Asparagrass, Conocarpus, Acalypha, Callistemon Dwarf, Cestrum, Thabernasemotrara Variecated etc.	No's	3,849	69	265,581	
а	Shrubs and Ornamental Plants 12" pot Pittosporum Varigated, Ixora Cochineal, Juniper Variegated, Carronade Dwarf, Jasmine Thai, Plumier Robar, Cassia Malacca, Largest mea, Euphorbia, Jestropha Thai etc	No's	605	195	117,975	
1.6	GROUND COVERS 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.					
1.7	Ground Cover Plastic Bag Plants Alternant Hera, Dianella, Iresine (Red), Hemercollis(Daylily), Duranta etc PALMS	No's	4,110	12	49,320	
1.7	Providing and planting palms as per Drawings, specifications and to					
а	the satisfaction of Engineer . Palm 18" pot - Queen Palm, Wodyetia Bifurcate, Washingtonian Palm,	No's	5	3,675	18,375	
	Biskarkia etc. Palm 18" pot - Phoenix Palm, Cyrus Palm	No's	7	1,800	12,600	
1.8	CREEPERS Providing and planting Creepers as Isted and as arrangement and type shown in the Drawings, in pits of size 305mm x 305mm. Dug in improves oil 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, Bombay Creeper etc.	No's	21	195	4,095	
2 2.1	HARD LANDSCAPE WALK WAYS Excavation of walkways and edging including brick ballast under					
а	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	847	150	127,050	
2.2	BENCHES Concrete Bench 5' wide complete in all respects and to the satisfaction of Engineer as per approved design. DISTRINS	No's	4	14,698	58,792	
	Complete in all respects and to the satisfaction of Engineer as per approved design.	No's	3	27,700	83,100	
2.4	PLAYING EQUIPMENTS Complete in all respects and to the satisfaction of Engineer as per approved design.	No's	1	544,939	544,939	
2.5	PLANTERS Concrete planters 2' X 2-1/2' complete in all respects and to the	No's	4	3,850	15,400	
2.6	satisfaction of Engineer as per approved design. WATER POINTS (Injector Pump 1HP)	No's	1	45,000	45,000	
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	21,169	9.00	190,521	
4 4.1	CONSTRUCTION OF PLANTERS Large Size with keystones fixed with cement with top concrete slab as per design and to the satisfaction of Engineer.	No's	82	550	45,100	
4.2	Medium Size with keystones fixed with cement with top concrete slab as per design and to the satisfaction of Engineer.	No's	11	550	6,050	
4.3	Small Size with keystones fixed with cement with top concrete slab as per design and to the satisfaction of Engineer.	No's	20	550	11,000	
5	GAZEBO 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 - I andscaning					
	Total Amount of - Landscaping PRA(16%) Design Consultancy				2,228,658 356,585 100,000	



-DINGS CIRCLE DERA GHAZI KHAN BUIL

BUILDINGS DIVISION RAJAN PUR

ROUGH COST ESTIMATE FOR THE WORK HOSPI THO 'REVAMPING

(1st JULY 2022 TO 31st DECEMBER 2022) MRS BI-ANNUAL PERIOD

ESTIMATED COST

0.30 49.832

A GRED

RECEIVEN

=48.379

BUILDINGS SUB DIVISION JAMPUR'S

CIRCLE: DIVISION: SUB DIVISION: NAME OF WORK:	BUILDINGS CIRCLE DERA GHAZI KHAN BUILDINGS DIVISION RAJANPUR BUILDINGS SUB DIVISION JAMPUR ROUGH COST ESTIMATE FOR THE WORK "REVAMPING OF THO HOSPITAL, JAMPUI	T KHAN TR TE WORK TE WORK TAMPUR TAMPUR
MAJOR HEAD: MINOR HEAD: ESTIMATED COST:	49, 832 Rs: 48.379 (M)	

THE FOR THE OF. EXECUTIVE ENGINEER BUILDINGS DIVISION RAJAN PUR OFFICE WORK "REVAMPING OF THO HOSPITAL, IAMPUR". THE Z FRAMED **ESTIMATE** COST ROUGH

HISTORY:

Lahore has requested to the undersigned for preparation of rough cost estimate of the said The Project Manager (Civil), PMU P&S, Healthcare Department Punjab scheme and provided scope of work through whatsapp mobile number of the undersigned

On the basis of unsigned scope of work, the Rough Cost Estimate for cited scheme amounting to Rs. 48.879 (M) has been prepared on the basis of Plinth Area Rates / MRS Rates for the Period 2nd Bi-Annual (1st July 2022 to 31st December 2022) for arranging administrative approval from the competent authority. On the basis of unsigned above

SCOPE OF WORK:-

Revamping of THQ Hospital, Jampur

- Replacement Flooring 24"x24" Porcelain Tile
- Granite Marble in Front Entrance Steps
- Laying of China Verna Marble in Stair Steps ≘
 - **Erection of LED lights** `∑
- some replacement of න් Window, doors and window as required to door Painting
 - Emulation Paint to inside of all building
 - Weather shied outside of building X.
 - Roof treatment. (iii)
- Revamping of Internal Electrification $\overline{\mathbf{x}}$

EXECUTION:-

accordance with the Provincial Buildings Department specifications and to the entire satisfaction of the Engineer Incharge, executed in got The work will be after observing all codal formalities etc.

/ CARRYING OUT OF WORK:-SPECIFICATION

calling Department after building specifications with latest edition through the approved contractors of P.W.D. according to out carried þ work · will tenders on competitive grounds, The

RATE:-

The rates of this estimate are based on Plinth Area Rate / MRS 2nd Bi-Annual Period (1st July 2022 to 31st Decembers 2022) for District Rajanpur, LAND

No provision for acquisition of land has been made in the estimate as is already available with the client department. the same i

COST

48:379 (M) 49.82 The total cost of the scheme comes to Rs.

TIME:

It will take about 24 Months to complete the work from the date of actual commencement of the work if full funds to be provided.

Sub Divisional Officer, Buildings Sub Division, Jampur.

Executive Engineer Idings Division Rajanpur (BŒ

Visit Date 01-07-22 24 Layyah Nursing Hostel SH&ME South Nursing School цвуувл 23 CON, DHQ Hospital, Layyah Visit Date 01-07-22 SH&ME South Paramedical School гаууар 22 Govt. paramadical school, Layyah Visit Date 01-07-22 unos DRSSHD Hospital гаууал 21 Revamping of THQ Hospital, Kot Sultan District Layyah Visit Date 01-07-22 unos **GHS&9 Hospital** челле-20 Revamping of THQ Hospital, Chowk Azam District Layyah Visit Date 30-06-22 SH&ME South **Nursing Hostel** Ralanpur 19 Rajanpur Nursing Hostel South Visit Date 30-06-22 SH&ME Nursing School Kalanpur 18 CON, DHQ Hospital, Rajanpur Visit Date 30-06-22 South QH2&9 Hospital 17 Revemping of THO Hospital, Jampur District Rajanpur Ralanbur. Visit Date 30-06-22 นาทอร **GHS&9** Hospital Rajanpur 16 Revamping of THQ Hospital, Rojhan District Rajanpur Visit Date 30-06-22 Routh **GHS&9** Rajanpur Hospital 15 Balance work of Revamping of DHQ Hospital Rajanpur South Visit Date 29-06-22 **GHS&9** Khan Hospital 14 Khan Revamping of THQ Hospital, Fort Munro District Dera Ghazi Dera Ghazi Visit Date 29-06-22 ymos SH&ME Nursing Hostel 13 DG Khan Mursing School Dera Ghazi Visit Date 29-06-22 Khan SHRME Nursing School College of Nursing, DGMC, Dera Ghazi Khan Dera Ghazi South Visit Date 29-06-22 Khan SH&ME Paramedical School School of Allied Health sciences, D.G Khan Dera Ghazi SS-90-62 also lisiV Kusu yinos SH&ME **Hospital** 10 PG Khan Teaching Hospital Dera Ghazi South Visit Date 27-6-22 to 28-6-22 SHSWE Nursing Hostel Multan Visit Date 27-6-22 to 28-6-22 9 Multan Mursing Hostel Routh SH&ME Nursing School Multan 8 College of Nursing, MMU / Wishtar Hospital, Multan Visit Date 27-6-22 to 28-6-22 South SHRWE Paramedical School The childern Hospital&The institute of child Health, Multan Multan Visit Date 27-6-22 to 28-6-22 SH&ME gonth Paramedical School Multan 6 Multar college of Allied Health sciences, Nishtar Medical University, South Visit Date 27-6-22 to 28-6-22 SH&ME **lospital √** Multan s Children Hospital Multan South Visit Date 27-6-22 to 28-6-22 SH&ME IstiqeoH Multan ধ Nishtar Hospital Multan - Emergency and OPD South Visit Date 27-6-22 to 28-6-22 QH2.89 Revemping of THQ Hospital, Jalalpur Pirwala District Multan Multan JeligeoH South Visit Date 27-6-22 to 28-6-22 **GHS&9 Isliqzo**F Multan 2 Revamping of Government Civil Hospital Multan South Visit Date 27-6-22 to 28-6-22 QH2.89 Hospital: Multan 1 Balance work of Revamping of THO Hospital Shujabad 0300-9491585 Mr. Hamza Naseem (Focal Person for South Zone) 0331-4427972 Mr Farhan Waheed (Director Infrastructure, PMU) 0327-6482753 Mr Tariq Mahmood (Project Director, PMU) Visit Date auoz Dept Category District Field Visit Plan of South Zone Hospitals - Revamping of Secondary and Tertiary Healthcare Hospitals ON 15

Nursing Hostel

гаууаћ

SH&ME | South | Visit Date 01-07-22

	4.5					r grande garant	The state of the s
	ZC	Balance work of Revamping of DHO Hospital Muzatargam	Muzafargarh	Hospital	GHS.89		Visit Date 18-7-22
		Lodhran Aursing Hostel	Lodharan	Nursing Hostel	SH&ME	gong	Visit Date 16-7-22
:		CON, DHQ Hospital, Lodhran	Lodharan	Nursing School	SH&ME		SS-Y-81 eyed liaiV
	67	Revamping of THO Hospital, Dunyapur District Lodhran	Lodharan	Hospital	GHS&9	South	Visit Date 15-7-22
·····	87	Lodharan	Lodharan	Hospital	DRSAN	บทอธ	Visit Date 15-7-22
		Revamping of THQ Hospital, Kehror Pacca District			71417110	Linco	Visit Date 14-7-22
Ţ.,	47	Khanewal Mursing Hostel	Khanewat	Nursing Hostel	SH&ME		A CARACTER AT LANGUE AND A CARACTER AT LANGUE AND A CARACTER AT LANGUE AND A CARACTER AT LANGUE
	97	CON, DHO Hospital, Khanewal	Khanewal	Nursing School	SH&ME	unos	SS-7-At ajs@lisiV
	St	Revamping of THQ Hospital, Kabirwala District Khanewal	Khanewal	Hospital	GH2.89	<u> </u>	Visit Date 14-7-22
· · · · · · ·	55	Revamping of THQ Hospital, Jahanian District Khanewal	Khanewal	Hospital	P&SHD		Visit Date 14-7-22
		Balance work of Revamping of THQ Hospital Mian Channu	Khanewal	Hospital	P&SHD		Visit Date 14-7-22
		Balance work of Revamping of DHO Hospital Khanewal	Khanewal	Hospital	GH2&9		Visit Date 14-7-22
		Bahawalnagar Nursing Hostel	Bahawalnagar	Nursing Hostel	SH&ME		Visit Date 12-7-22 to 13-7-22
		CON, DHQ Hospital, Bahawalnagar	Bahawalnagar	Nursing School	SH&ME	ymos	Visit Date 12-7-22 to 13-7-22
٠.,		Bahawainagar	Bahawalnagar	Hospital	P&SHD	umos	Visit Date 12-7-22 to 13-7-22
7		Revamping of THQ Hospital, Minchinabad District	repenis/weds#		чпо од	773	20 Z 07 . 30 Z 07 - 4-0 4 19 1/
· .	38	Revamping of THQ Hospital, Fort Abbas District Bahawalnagar	Bahawalnagar	Hospital	OH2.89	цтоS	Visit Date 12-7-22 to 13-7-22
- Y -	10	Balance work of Revamping of THO Hospital Chishtian	Bahawalnagar	Hospital	P&SHD	South	Visit Date 12-7-22 to 13-7-22
. •	200	Balance work of Revamping of DHQ Hospital Bahawalnagar	Bahawalnagar	Hospital	DRSAD		Visit Date 12-7-22 to 13-7-22
	; .	Rahm Yar Khan Nursing Hostel	Rahim Yar Khan	Nursing Hostel	SH&ME	South	Visit Date 07-7-22 to 08-07-22
	34	College of Mursing, SZMC / Sheikh Zayed Hospital, Rahim.	Rahim Yar Khan	Nursing School	SH&ME	thos	Visit Date 07-7-22 to 08-07-22
i,		DHO Rahim Yar Khan	Khan Khan	Hospital	SH&ME	diuoS	SS-T0-80 of SS-T-T0 ets UsiV
	32	Revamping of THQ Hospital, Liaquatpur District Rahim Yar Khan	Rahim Yar	Hospital	OHS.89	dinos	Visit Date 07-7-22 to 08-07-22
		Bahawalpur Muraing Hostel	Bahawalpur	Nursing Hostel	SH&ME	unos	Visit Date 05-7-22 to 06-7-22
	30	College of Mursing, QAMC / Bahawal Victoria Hospital, Bahawalpur	Bahawalpur	Nursing School	SH&ME	qınos	SS-7-80 of SS-7-80 ets UsiV
 '		Govt. paramadical school, bahawalpur	Bahawalpur	Paramedical School	SH&ME	South	Visit Date 05-7-22 to 06-7-22
		Bahwaipur Victoria Hospital - Old Blocks	Bahawalpur	Hospital	SH&ME	qınos	Visit Date 05-7-22 to 06-7-22
	-	Revamping of THO Hospital, Yazman District Bahawalpur	Bahawalpur	Hospital	OH2.89	-	Visit Date 05-7-22 to 06-7-22
	97	Revemping of THO Hospital, Hasilpur District Bahawalpur	Bahawalpur	Hospital	QHS&q	dinoS	Visit Date 05-7-22 to 06-7-22
,7	SZ	Salance work of Revamping of THO Hospital Ahmedpur East	Bahawalpur	Hospital	DRSAD	นุเทอธ	Visit Date 05-7-22 to 06-7-22
ON.		Узше		Category	Dept		visit Date

		- N. I			amsN ov i
	Sone Visit Date	Dept	Category	District	53 Balance work of Beyamping of THO Hearth
	South Visit Date 18-7-22	DH2.89	Hospital	Muzafargarh	53 Balance work of Revamping of THO Hospital Kot Addu
: //	South Visit Date 18-7-22	GH2.89	Hospital	Muzafargarh	54 Revamping of THO Hospital, Alipur District Muzaffargarh 55 College of Nursing, Muzaffargarh
	SS-T-81 elsQ fiziV divos	SH&ME	Nursing School	Muzafargarh	56 Muzalfatoath Muraing, Muzalfatoath
	SS-T-81 ets Daiv diuos	SH&ME	Nursing Hostel	AnegrelezuM	56 Muzaffargarh Nursing Hostel
	SS-7-61 sts Usiv hivo		Hospital	Vehari	57 Balance work of Revamping of DHO Hospital Vehari
· .	SS-7-et sisi Daie 19-7-22		Nursing School	Vehari	59 Vehari Mircipa Hospital, Vehari
	SS-7-et else lisiV ribuos		Nursing Hostel	Vehari	59 Vehari Mursing Hostel
				·	

SCOPE OF WORK FOR REVAMPING OF HEALTH FACILITY THO HOSPITAL JAMPUR DISTRICT RAJANPUR

1 4					
٠' .	·			Diagnostic Block (X-	
10 m	Sr No	Item	OPD Block	Ray, Lab and OT's)	Indoor Block (Male and Female Wards)
1	10 10 10 10 10 10 10 10 10 10 10 10 10 1				(China
					All floor files fault bead.
		-	All floor tiles full bodi.	All floor tiles full body	porcelain need to be
!			n mod mes full body	porceiain needs to be	<u> </u>
			retained in entire ODD	lixed in entire Diagnostic	_
1.5			Block (inside side/main	corridors and inside	corridors and in
			(corridors)		male/female wards)
	₹~	Porcelain Floor Tile	Note Only in	Note Only in	Note Only in
. }		replacement	rooms/offices	rooms/offices	rooms/offices
	, i		indicated during site	indicated dimina pite	indicated during site
			visit where at present	visit where at propert	visit where at present
7			Terrazo flooring exists	Torrate floring	Terrazo flooring exists
			full hody norcelain	full had a second exists	full body porcelain
	1		files need to he fixed	iuii pody porcelain	tiles need to be fixed
1,5	i je	<i>t</i> .	mes need to be fixed.	tiles need to be fixed.	may in the lived.
				ı	
3			, ' , ' , ' , ' , ' , ' , ' , ' , ' , '	A11104.1	
,				All wall/dado tiles full	
•			s to	body porcelain need to	
	` `}		a)	De lixed in entre	
1	:		·	Diagnostic Block (X-Ray	All wall/dado tiles full
, '			side/main corridors).	∝ Lab).	body porcelain needs to
				Note Unly in rooms	be fixed in entire Indoor
				indicated during site	block (Inside main/side
				Visit where at present	corridors and in
	N	Porcelain Wall Tile	ists	full body action	Male/Female Wards).
		replacement		skirting filog nood to	Note Wall/dado must
			iles need to	skii tiliig tiles need to be fixed	be upto 6 ff. in
<u> </u>		. :		Note Wall/dado must	corridor and inside
			must	be upto 6 ft. in	wards, Skirting level milet he 6" incide
1.1			Corridor and incide	corridor and inside	rooms/offices
	:			wards. Skirting level	
				must be 6" inside	
, .			. '	rooms/offices.	
	•				
					
• •	:		ors in	Most of the doors are	
1) · 	damaged and needs to	
		÷	replaced with new b	new	All doors in Indoor block
		Wooden Doors flush	90		need to be replaced With
, ,	က				All wards entrance and
<u> </u>			ninum	good condition Will only be renainted properly	exit doors need to be
 ;			14	scrapping the old	replaced with Aluminum
			g	paint.	glazed glass doors
_ /,					
Ľ					

			,		i
	4	Verandah opening (opening to open area)/ MS Windows on Façade	All MS Angle windows need to be retained and should have a new mesh fixed on it from outer side and repainting the MS Angle.	All MS Angle windows need to be retained and should have a new mest fixed on it from outer side and repainting the MS Angle.	All MS Angle windows need to be retained and should have a new mesh should have a new mesh fixed on it from outer side and repainting the MS Angle.
The state of the s	LO	Existing Internal Windows	All Existing MS internal windows need to be replaced with Aluminium Windows. MS Windows at façade and inside rooms/offices other than Aluminum windows need to be replaced with Aluminum windows.	All Existing MS internal windows in Diagnostic Block (X-Ray & Lab) needs to be replaced with Aluminum Windows. All windows other than Aluminum inside Diagnostic Block (X-Ray & Lab) needs to be replaced with Aluminum.	All Existing MS internal windows inside mal and female wards and in entire Indoor block needs to be replaced with Aluminium Windows.
	မ	Internal Electric fiitings	All Electric fittings including switch boards, plates, sockets, wires, DBs & bracket fans should be replaced and installed at standard height from Finish Floor level and all must be identical. All old switch fittings & DBs if requires need to be changed.	All Electric fittings including switch boards, plates, sockets, wires, DBs & bracket fans should be replaced and installed at standard height from Finish Floor level and all must be identical. All old switch fittings & DBs if requires need to be changed.	All-Electric fittings including switch boards, plates, sockets, wires, DBs & bracket fans should be replaced and installed at standard height from Finish Floor level and all must be identical. All old switch fittings & DBs if requires need to be changed.
		Internal Lighting Fixtures	All corridors and rooms vehould lit with SMD's with concealed wiring.	All corridors and rooms should lit with SMD's with concealed wiring at 8 ft distance. All old switch fittings & DBs if requires need to be changed.	All corridors and rooms should lit with SMD's with concealed wiring.

L				
			A A A A A A A A	
2		2 x Patient/Attendant	All Patient/Attendant	All Dationt Attendant
		washrooms in OPD	washrooms in	
		Block needs to be	Diagnostic Block (X-Ray	_
		revamped completely by		
<u> </u>		fixing full hody norcelain		revamped completely by
		tilos on florancia for	fixing full body norcelain	fixing full body porcelain
···		ules on floor and rull	files on floor and full	tiles on floor and full
1		body porcelain tiles on	hody porcelain files an	body porcelain tiles on
		wall up to a minimum	body policeiani illes on	Wall In to a minimum
1		height of 7 ft. All existing	wall up to a minimum	height of 7 # All evicting
,		fixtures should be	neignt of / ft. All existing	fixtures should be
		replaced with new	lixtures should be	
		fixtures along with new	replaced with new	five roce with new
	Devomber	-	fixtures along with new	includes along with new
∞			water supply (where	water supply (where
<u>.</u>	l oliets	sewerade connections	damaged) and	damaged) and
		School age collinections	Sewerade connections	sewerage connections
		(wilele damaged).	(where damaged)	(where damaged).
		Entrance doors of all	Entrança doore of all	Entrance doors of all
		washrooms need to be	Lindaharan dan all	Washrooms need to be
5 <u>7 7</u> 7 7		- replaced with UPVC	washiooffis need to be	replaced with LIPVC
		٠.	replaced with UPVC	
		Common vanities to be	doors.	Common section is
	からの (1) (A The State Of the S		Common vanities to be	Common Vanities to be
	*	st fans 24" two or	made.	made
· .	· ·	-	Exhaust fans 24" two or	Exhaust tans 24" two or
			three as per requirement	three as per requirement
,			with Aliminim	with Aluminum
		ators need to be		Ventilators need to be
		fixed:	ventilators need to be	fixed
			ilxed.	
-	-	Surface of all any to each II.		
		•	Surface of walls of	Surface of walls of all
<u> </u>			Diagnostic Block should	Blocks should be
:		stering	be prepared after	prepared after plastering
<u>.</u>	Wall Paint			in patches (where
· ,		wall	,	required only) and wall
		orior to paint	ty prior to	Putty prior to paint
		Works.		works.
· (
1	Roof Treas	Required as per C&W	Required as per C814/	
2	74.			Required as per C&W standards
				Nursing counter will be
-		•	_ =	provided upto 2.5' height
·,	(Ward)	Not required.	rble on	with granite/ marble on
•			C&W	top as per C&W
			standards.	standards.
	Stairs - Marble and	leading to first floor		
\sim I	Railing	fixed	Not Required	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	D	along with skirting and		Not required.
	•	railing		
.'		چ		On all Entrances
<u>.</u>	Entrance			Podium and steps
		<u> </u>	Marble/Granite needs to Me fixed	Marble/Granite needs to
		Entrance of	files need to be	De Tixed.
14	Ramps - Tile and		_	On ramp at Entrance
	National John Control of the Control	Antiskid ttiles fixed on it en	vith SS Railing	Antiskid tiles with SS
			Tixed on it.	de lixed.
•				

		Façade needs to be	Façade needs to be	Façade needs to be
		uplifted and seepage	uplifted and seepage	uplifted and seepage
5	Façade Uplifting	Issues need to be	issues need to be	issues need to be
		appropriate sealers as	lieated after using appropriate sealers as	treated after using - annronriate sealers as
			per C&W standards.	per C&W standards.
16	Lead linning Walls (X-Ray)	Not required.	Lead Linning needs to be done inside X-Rav	Not required
			Room.	
			Inside 2 × OT's Antimicrobial flooring	
1	A side of continue A		Antimicrobial wall	
47	Treatment (OTs)	Not required.	panelling and non- porous ceiling needs to	Not required.
			be done inside OT	
_			(where surgery takes place).	
		External weather shield		
		of grey and white pattern	External weather shield	External weather shield
<u>~</u>	External Weather	or first class quality needs to be done on the	of grey and white pattern	
2	Shield	front Elevation missing	of first class quality heads to be done on the	of first class quality
		portion only matching as per IDAP revamped	front Elevation only.	front Elevation only.
		area		
		SS Edge Protection	SS Edge Protection	SS Edge Protection
19	Edge Protection	<u></u>	needs to be fixed on all corners up to height of 5	needs to be fixed on all
			ft. till the height of Wall/Dado tiles.	corners up to height of Wall/Dado tiles.
20	Columns SS Cladding	SS Cladding required to be done on Columns at	SS Cladding required to be done on Columns at	SS Cladding required to be done on Columns at
			entrance.	entrance.
č	į	Damaged Water supply & sewerade pines	Damaged Water supply	Damaged Water supply
7-	Piumbing Works	using seepage to be	causing seepage to be	o sewerage pipes causing seenage to be
		k rectified.	& rectified.	repaired & rectified.
7.7	Fire Alarm System	Required.	Required	Required.
				Treat expansion joint of
		ē	ē	building properly & cover it with SS plate and
23	on joint of	water bearer inside as ver C&W standards.	water bearer inside as per C&W standards	water bearer inside as
		_	Expansion joints on roof	Expansion joints on roof
		top to have double wall to covered with pre cast	-	top to have double wall
200				covered with pre cast slabs and sealing gaps
	•	Detweel, stabs property. C	between slabs properly.	between slabs properly.

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Electrification

ROUGH COST ESTIMATE FOR THE WORK "REVAMPING OF THO HOSPITAL, "RUGMAL

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·	2020s	Rs. 44225700 /-	lstoT			
Š	op	FS 6114000 -87	Rs. 6414000-/- P.Rft	10 to	dol 1	3 R.O. Plant i/c Boring with Solar System
	op 2008568	Rs. 5248000+	Rs. 5248000 /- P.Job		dol i	2 Provision/Installation of Electrical Equipment.
1	Detail Attached	- -/ 00/6384 5 гя	As 32863700 /- P.Job		dol 1	1 Revamping of THQ Hospital
	Kemarks	Estimated Cost	lstoT	Rate H.P.H.	C.Area	S.No. Description

Superintending Engineer,

Dera Chazi Khan. Buildings Circle,

meisivid senibling Industrial Executive Engineer,

Buildings Sub Division, Sub Bivisional Officer,

Sub Engineer

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(8)

Providing and laying 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 in all respect as approved and directed by the Engineer Incharge.

a) Full body Glazed tiles (ii) 600mmx 600 mm.

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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 sealer for finishing the joints, cutting grinding complete in all respect as approved and directed by the Engineer Incharge. a) Full body Glazed Tile (ii) 600mm x600 mm.

7449800

Take same quantity item No.1

8041309

23616

340.50 P.Sft

4 Scraping:- b) Ordinary distemper, oil bound distemper, or paint of wall.

 630 Sft	136 Sft	208 Sft	63 S f
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יד ייסיייוים מ בפאווים כווע ואוכן סטומו ויכווע-טומוכ ספוו	Leveling Pvc Merp Conductive Epoxy Flooring /	Dado (Imported) To Avoid Eriction With All	Chemical Composition Labour And Carriage	Charges Etc As Approved By The Engineer	Incharge	

3418×2200 20 = 150 = 10.5 24.833 x 16.25 x 20.375 x 11.083 x 22 x 24.833 + 16.25 + 20.375 + 11.083 + 22 + $\times \times \times \times \times$

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Supply and installation of Clip-in tile of specified thickness non-porous Alumnium false	
ceiling of specified size fitted with 'Clip-in' suspension system hanged on Concealed	
T/Shiplap edge/runners @ 600 mmX600 mm grid, Edge Trims fasten on wall with plug and	lpu
screw @ 500 mm c/c i/c cutting charges of tiles to required size, suspension rods and	
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(b) Bevelled edges & flange 21.5 mm	<u>'</u>
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Special providing and laying Prepolated Granite of special building and laying Prepolated Granite of special buildings and staying Prepolated Granite of 1 x 15 x 15 x 15 x 15 x 15 x 15 x 15 x	٠.		1					387440	50/443		•							124210		1			1000500						: :					137085				i									000000	833808						385440	
Providing and laying Prepolished Granite of specified thickness and shall sell with grindless of the specified thickness and shall sell with adhese brand over 34". 28 x 28.5 x 1 = 2 x 2		· .	·. ·			5 5 0 2	S# 5#	Sff	- 1	· '.		. i			₩.	St	St		·. ·																	٠.					*.			ţ.	5 5 5	St			1.			Sff	S#		_
Providing and laying Prepolished Grantis of approved and stade of full width of approved the state of full width of approved and shade of full width of approved and shade of full width of approved and utherests and shade of full width of a periodic stages, 3.4.* thick (1.2) cement sand mortor best, complete in all respect as approved and directed by the Engineer line (1.2) cement sand mortor best, complete in all respect as approved and directed by the Engineer line (1.2) cement sand mortor best, complete in all respects as approved and directed by the Engineer line (1.2) cement sand mortor best, complete in all respects as approved and directed by the Engineer line (1.2) cement sand mortor best, complete in all respects as approved and directed by the Engineer line (1.2) cement sand mortor best, complete in all respects and specification (1.2) cement sand mortor best, complete in all respects. Providing and fixing G.I. wire gauze 24 SWG, 12 x 28.5 x 4.5 x 1.5 x			1 1		ì	<u> </u>	òία		•	: }	:	: '			12	2	106	۵		t M	-834	l				1	98.	25	8 6	8 8 8	8 64	4	920				e į	; ·	, . 1			•	. !	246	25	160	286			,	٠,	438	438		
Providing and laying Prepolished Grante of specified thickness and shade of full width of approved quality laid with adhesive complete in all respect as approved and directed by the Engineer Inchenge. 3/4" thick (1:2) cement sand mortor bed, complete in all respect as approved and directed by the Engineer Inchenge. 3/4" thick (1:2) cement sand mortor bed, complete in all respect as approved and directed by the Engineer Inchenge. 1/2" thick (1:2) cement sand mortor bed, complete in all respect as approved and directed by the Engineer Inchenge. 1/2" thick A. Ray Room Wall Providing and fixing G.I. wire gauze 24 SWG. 1 x 2 x (16.25 + 20.3																	U	ο.					1200.00 P.Sft				4.5 =					2.25 =	C	144.30 P.SII					é						7 = 7	10 =	6	3					11 16	880.00 P.Sn	
Providing and laying Prepolished Grantie of specified thickness and shade of full width of approved quality laid with adhesive bond over 3/4" thick (1:2) cerement sand mortor bed, complete in all respect as approved and directed by the Engineer Incharge. 3/4" thick. Providing and laying Prepolished Grantie of approved quality laid with adhesive bond over 3/4" thick (1:2) cernent sand mortor bed, complete in all respect as approved and directed by the Engineer Incharge, 1/2" thick. PIF lead sheet 1/8" thick X-Ray Room Wall respect as approved and directed by the Engineer Incharge, 1/2" thick. Providing and fixing G.I. wire gauze 24 SWG, 12XI.2 meshes per square inch fixed to steel windows or doors, etc., complete in all respects. Providing and fixing g.I. wire gauze 24 SWG, 12XI.2 meshes per square inch fixed to steel windows or doors, etc., complete in all respects. Providing and fixing all types of partly fixed and all meshes per square incharge the steel windows or doors, etc., complete in all respects. Providing and fixing g.I. wire gauze 24 SWG, 12XI.2 meshes per square inch leaf firame of 60x40mm (12X-11X)" wide sections in founding the cost of X. (5 mm) thick imported tinted glass with all landings score of 2X (75 mm) wide long handles etc., and hardware any required as approved by the engineer in-charge. Making And Fixing Pvc Doors 1-1/2" Thick Consisting Of Pvc Frame And Pvc Leaves IIC Hinges Complete In All Respects As Approved Design /Color By The Engineer Incharge					c c	<u>ე</u> ა ჯ	26.5 x	(6)	· 4					× ω	26.5 x		0	. (20)x	(8)			•	8.25 x	7.75 x		× 500.7	7.833 x	1.916 x	(9)										7.5 x	υ		€					2.5 x	(B)	
			approved quality laid with adhesive bond over 3/4"	respect as approved and directed by the Engineer	3/4" thick					17 Providing and laying Prepolished Granite of	Specified thickness and shade of full width of	thick (1.2) camont cond motter had committee in	rition (1.2) certifits sand illortor beg, complete in all respect as approved and directed by the Engineer	Incharge, 1/2" thick	26	.2×	•		P/F		. 2 x(19 Providing and fixing G.I. wire gauze 24 SWG	12x12 meshes per square inch, fixed to steel	windows or doors, etc., complete in all respects.	× c	7 × 7	***************************************		. T	X To the American Company of the Com			20. Providing and fixing all types of partly fixed and	partly openable glazed anodised/ powder coated	aruminium doors, using delux section of M/s Al-Cop or Pakistan Cables, having chowkat frame of size	40 x 100 mm (1/2" x 4") and leaf frame of	60x40mm (21/2"x11/2") wide sections including the	cost of ¼" (5 mm) thick imported tinted glass with aluminium triangular gola and misher gosket to	support the glass and leaf edging, using approved	standard fittings, locks, 3" (75 mm) wide long	uired	4						Hinges Complete In All Respects As Approved	Design /Color By The Engineer Incharge	25 x			

3	2			72033 369 26 408 31906468- 110 7 7972- 957194-	\$ \$034200 863662 \$034200 863700
70844	76252	1593480	ه. ه.		第 の間
30 R# 30 R#	200 Cff 200 Cff	600 R# 600 R#	1 Job Job	Total Rs ency Rs	SAY Rs.
= 2361.46 P.Rft	0.25 =all =38126.10 % Cft	= = 2655.80 P.Rft	1 n n	72033.00 P.Job Tota Add 3% Contingency	in
(a)	8 × Total (@) 38	©		@ 72 Add 3%	
	×				
ح ہے ۔	6 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	cables for d) PVC 4 core,	ing of of specified E U.S.A / E U.S.A / (with fixed and Panels omplete in r the 300-630		
Providing and fixing 2'-9" high stair railing comprising of non magnetic (304) Stain less stee 2" dia pipe railing of 18 SWG welded with vertical posts of 2" dia stainless steel round/ Squar pipe/ Tong (chimta) @ 2-ft c/c fixed on alternate steps with 3" long steel screws and brass rawal plugs, Nos diagonal stainless steel pipes of 1/2" dia passes through gottles fixed on vertical post, i/c stainless steel welding, fixing & polishing complete in all respects as approved and directed by the Engineer Incharge.	Cement concrete plain including placing, compacting, finishing and curing complete (including screening and washing of stone aggregate): 1.2.4	Supply and erection of copper conductor cables for service connection, in prelaid pipe/G.I. wire/trenches, etc. (rate for cable only):- d) PVC insulated, PVC insulated, PVC sheathed 4 core, 600/1000 volt non armoured cable:- xi) 70 mm sq (19/0.083")			
ng 2'-9" high n magnetic (of 18 SWG ainless steel 2-ft c/c fixe screws and niless steel oties fixed c ding, fixing approved a	concrete plain including placing, ing, finishing and curing comple g screening and washing of storie): 1:2:4	Supply and erection of copper conduct service connection, in prelaid pipe/G.I. wire/trenches, etc. (rate for cable only) insulated, PVC insulated, PVC sheatht 600/1000 volt non armoured cable:- xi) 70 mm sq. (19/0.083")	Supplying , Installation and commission MCCB (Moulded Case Circuit Breaker) rating made of LEGRAND FRANCE/ GSCHNEIDER GERMANY / TERASAKI JAPAN/SIEMEN/ABB SWITZERLAND Thermal-Magnetic Trip) in prelaid DBs ifc the cost of screws, necessary wire call respect as approved and directed by Engineer Incharge. a) Tripple Pole (xi) Amp(50 KA)		
Providing and fixin comprising of non 2" dia pipe railing of posts of 2" dia stal posts of 2" dia stal Tong (chimta) @ 2 with 3" long steel s with 3" long steel s losses through go stainles steel weldin all respects as a Engineer Incharge	int concrete acting, finish Jing screeni gate): 1:2:4	Supply and erection o service connection, in wire/trenches, etc. (rainsulated, PVC insulat 600/1000 volt non arm of (19/0.083")	ying , Installs (Moulded 1) (M		
22 Providing a comprising 2" dia pipe posts of 2" Tong (chin with 3" lon Nos diago passes threst stainles ste in all resper in all resper in all respering the passes threst passes thre	23 Cement compacti (including aggregati	24 Supply a service o wire/tren insulated 600/1000 70 mm s	25 Supplying MCCB (A rating mass SCHNEII JAPAN/S Thermal-i/c the coall respective and respective to the coall respective to the coall respective to the coall respective to the coall respective to the coall respective to the coall respective to the coall respective to the coall respective to the coall respective to the coal respective to the c		
			r in in the		

	j.						
16. 1643	•	THQ JamPur	ja				15 11
		Provision/Installation of Electrical Equipment.	ectric	al E	quipm	ent.	
S.#		Discription	Qty:	Unit	Rate	Amount	
A	듸	L.T. (LV) SUB-STATION EQUIPMENT:					1
	S	Construction of ELECTRICAL ROOM			As per requirement	ement	11
							1
7	P/F shee appl appl Eart bars	ic Panel board of required depth and si ype), derusting, zinc Phosphated, finish ost of Lock, Indication lights, thimbles, at Transformers of specified capacity, I in all respects as approved and directed	ze, fabricarted with electro sta Copper Comb, Door Earthing. I by the Enginee	ed with 1 static por nb, Wirin g, Brass neer Inch	with 14SWG M.S. tic powder coating is Wiring, Netural & Brass glands, bus at Incharge (Breaker	E 8	
		MDB-1(For PDBs)					
1.		Incoming from Transformer					
	Θ	LT Switchboards			o 1		
	(a)	12" deep					
	(i)	200A ((3.0x6x2.5)	1	each	4,512.80	203076	.'
	,	Incoming breakers for MDB-1					Ţ,
# - Ay	-	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 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.	ded Case C SCHNEIL ifixed The	Streut Broner GER GER rtmal-Mag	eaker) of MANY / metic Trip) ii		
	(a)	Tripple Pole 300A(36 KA) 1*2=2	7 1	each	62,434.30	124869	
	<i>.</i>	Outgoing breakers for MDB-1					\
	(a)	Tripple Pole 100A(36 KA) 1*3=3	ബ	each	17,434.30	52303	
	(a)	Tripple Pole 150A(36 KA) 1*3≐3	ကျ	each	18,094.30	54283	
	9	Tripple Pole 200A(36 KA) 1*2=2	771	each	39,814.30	79629	
8		MDB			1	1	1
1	g. (Incoming from Transformer					1
4		Tripple Pole 400A(36 KA) 1*=1	-	each	62,434.30	62434	
		Tripple Pole 200A(36 KA) 1*2=2	2	each	39,814,30	79629	
		PVF floor mounted A1S (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, incomimg & outgoing 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 capacity at 400VAC conforming to IEC-947	, fabricarte coated pain ncoming (3, 3-phase t 400VAC	ed with 12 t in appro & outgoin 4 wire, 50 conformi	IS WG M.S wed colour, ig connections HZ TPN&E ing to IEC-94	1	200
4		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 shining metal phosphate, manual change Over i/c the cost of Lock, 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)	& accessor leaned dov on lights,tl arthing, Br	ories, assen wn to bare nimbles, C rass gland	mbled & wire shining meta Copper Comb, Is complete in paid		
		ATS (for 200 KVA Generator and Transformer)					
		Incoming from Generator and ATS for dual supply					
.	(a)		Ī	each	1,833,923.45	5 1833923	
·		(II) IZUUK VA			and the state of t	. a. i.e.	***************************************

		. •			:	:
138953	5,146.40	each	rol			
				12" deep 1) 150A (3'x3'x12")	(ii)	
					(1
	Separately).	vill be Pard	reakers v	PDR (Exercise 18)		
ම ශ ,	nmeter, Volt mplete in all	Digital Anontroles Co	Coltmeter is and Co	Comb, Wiring, 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 Inchance (Researce will be Doil & Complete).	<u>.</u>	9
	Surface ble, Copper	Recessded/ ights, Thim	3 Sheet (lication I	P/F Wall mounted DB (Distribution Board) made with 16SWG Sheet (Recessded/Surface mounted Type), Powder coated Paint, i/c the cost of Lock, Indication lights, Thimble, Copper		
31199	1,299.95	each	24		<u>ਦੇ</u> -	
25999	1,299.95	each	20	Single	<u> </u>	
45737	11,434.30	each	41	_	<u>e</u>	
	Engineer	crea by ure	מוות תווע		_	
	els i/c the cost	Y /SIEMEI Ss and Pan	KMAN relaid DI	GERMAN/TERASAKI JAPAN/ ABB SWITZERLAND in prelaid DBs and Panels i/c the cost of screwes, necessary wire complete in all respect as approved and directed by the Progress		
	ecified rating	eaker) of sp	ircuit Bra	Suppling, Installation and comissioning of MCB (Miniature Circuit Breaker) of specified rating made of I EGRAND FRANCE GENERAL CONTROLLED CONTR	2	
				Outgoing Breakers for PDBs (For OPD & Emergency)		
69737	17,434.30	each	41		(a)	
	ect as	e in all resp	complete			·
	aker) or AANY / netic Trip) in	Circuit Bre DER GERN ermal-Mag	CHNEII	100	•	
				Incoming Breakers for PDBs (For OPD & Emergency)		
126360	13,809.80	each	41	(ii) 100A (30"x22"x6")	<u>:</u>	
				6" dec	(a)	
जर्द 				PDBs (For OPD & Emergency)		
	Separately).	will be Paid	reakers	1,1	* 1	- () v
	ble, Copper nmeter, Volt	lights, Thim	dication/	,		· · ·
104606	17,434.30	each	2 Chapt	(a) Impose Fole 100A(36 KA) (3* 2=6) 6 each 17,43. P/F wall mounted DB (Distribution Roard) made with 165W/G Sheet (Benefit All Street)	<u>.</u>	,v
					- 3	
	aker) of MANY / netic Trip) in ect as -	Circuit Bre DER GERI ermal-Mag e in all resp	ed Case SCHNEL fixed Th complet	Supplying substantiation 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 Thermal-Magnetic Trip) in prelaid DBs and Panels i/c the cost of screws, necessary wire complete in all respect as	1, .	<u> </u>
				Outgoing Breakers For ATS (for 200 KVA Generator and Transformer)		
39814	39,814.30	each	1	(a) Tripple Pole 200A(36 KA) (1* 1=1)	<u>e</u>	
	ect as	c III allı resp	compier		+	
	MANY / metic Trip) in	Oilcuit Bre DER GERJ ermal-Mag	SCHNEI fixed Th	specified rating made of LEGRAND FRANCE/ GE U.S.A / SCHNEIDER GERMANY / TERASAKI JAPAN/SIEMEN/ABB SW/TZERLAND (with fixed Thermal-Magnetic Trip) in prelaid DBs and Panels i/c the cost of screws, necessary wire complete in all respect of	<u>.</u>	<u> </u>
				and Transformer)	\dashv	
Amount	Rate	Unit	Oty:	Discription Discription	_	‡°
		1				٥
						1
i to un'						$\frac{E_{i}}{V_{i}} =$
	•				1	

L				-		2.	
<u> </u>	S.#		Discription	Oty:	Unit	Rate	Amount
 !			Incoming Breakers for PDBs (For wards)				
			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 Thermal-Magnetic Trip) in prelaid DBs and Panels i/c the cost of screws, necessary wire complete in all respect as	ted Case (SCHNEII fixed The complete	Circuit Br DER GER srmal-Mag in all resp	eaker) of MANY / gnetic Trip) in	
· - I'		(a)		"	dogo	10 001 30	2007
1		<u> </u>	Outgoing Breakers for PDBs (For wards)	ai		10,024.30	C074C
L			Suppling, Installation and comissioning of MCB (Miniature Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S.A / SCHNEIDER GERMANY /SIEMEN GERMAN/TERASAKI JAPAN/ ABB SWITZERLAND in prelaid DBs and Panels i/c the cost of screwes, necessary wire complete in all respect as approved and directed by the Engineer Incharge.	ircuit Bre ERMANY relaid DB	leaker) of s Y/SIEME Is and Par cted by th	pecified rating N tels i/c the cost e Engineer	
		(a)		61	each	17,434.30	156909
<u> </u>		(9)	Single Pole 32A(10 KA) (5*3=15)	15	each	1,299.95	19499
<u> </u>		<u> </u>	1	15	each	1,299.95	19499
	, , , , ,		P/F wall mounted DB (Distribution Board) made with 16SWG Sheet (Recessded/Surface mounted Type), Powder coated Paint, i/c the cost of Lock, Indication lights, Thimble, Copper Comb, Wiring, 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).	3 Sheet (I dication li l'oltmeter, rs and Co reakers w	Recessded ights, Thin Digital An introles Co	/Surface thle, Copper mmeter, Volt omplete in all I Separately).	
		\perp	PDBs (For wards)				
		િ	3			1	
		g) (E	12" deep 2004 (3x3x12")				
1.	,			77	each	4,512.80	81230
<u> </u>			Incoming Breakers for PDBs (For wards)				
· · · · · · · · · · · · · · · · · · ·			Suppl specif TERA prelai appro	ed Case C CHNEID fixed The complete	Sircuit Bre DER GERI rmal-Mag in all resp	aker) of MANY / netic Trip) in lect as	
,		ਰੇ			each	39,814,30	79629
_		_	Outgoing Breakers for PDBs (For wards)				
			Suppling, Installation and comissioning of MCB (Miniature Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S.A / SCHNEIDER GERMANY /SIEMEN GERMAN/TERASAKI JAPAN/ ABB SWITZERLAND in prelaid DBs and Panels i/c the cost of screwes, necessary wire complete in all respect as approved and directed by the Engineer Incharge.	rcuit Breat Reat Breat B	aker) of spanser) of spanser) spanser	occified rating N els i/c the cost Engineer	
		(a)	Impple Pole 63A(36 KA)	9	each	17,434.30	104606
		<u>e</u> (3	Single Pole 32A(10 KA)	의	each	1,299.95	13000
		છ	Single Pole 16A(10 KA) (5*2=10)	10	each	1,299.95	13000
<u> </u>			P.F. wall mounted DB (Distribution Board) made with 16SWG Sheet (Recessded/Surface mounted Type), Powder coated Paint, i/c the cost of Lock, Indication lights, Thimble, Copper Comb. Wiring Netural & Earth Bar Door Borthing District Volume	Sheet (R ication lig	Recessded ghts, Thim	Surface ble, Copper	
	x		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).	s and Cor eakers wi	ntroles Co	mmplete in all Separately).	
<u> </u>			LDBs (For OPD & Emergency)			,	
		(a)					
		①	(ii) 63A (18"x24"x6")	ml	each	18,691.40	112148
		\			1	-)

Amount			:	52303			15599	15599	23399		735390	464813	48225	8700	4365	5094746	152842	5247588	5248000
Rate		aker) of MANY / netic Trip) in	ect as	17,434.30		pecified rating N els i/c the cost Engineer	1,299,95	1,299,95	1,299.95	a	3,676.95	1,859.25	160.75	87	43.65	TOTAL	ADD 3% CONTINGENCY	TOTAL	
 Unit		Circuit Bre IDER GERI hermal-Mag	ic in all resp	each		reaker) of sl NY /SIEME Bs and Pan ected by the					ŧ	rit	Į.	ŧ	ıţı		CONTI		
Qty:		ided Case SCHNE SCHNE h fixed Ti	e compie	က၊		Circuit Ba SERMAN prelaid D	12	12	8		500	250	300	100	100		D 3%		
Discription	Incoming Breakers for LDBs (For Wards)	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 Thermal-Magnetic Trip) in prelaid DRs and Danals its the cost of the cost	approved and directed by the Engineer Incharge.		Outgoing Breakers for LDBs (For Wards)	Suppling, Installation and comissioning of MCB (Miniature Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S.A / SCHNEIDER GERMANY /SIEMEN GERMANY/TERASAKI JAPAN/ ABB SWITZERLAND in prelaid DBs and Panels i/c the cost of screwes, necessary wire complete in all respect as approved and directed by the Engineer Incharge.) Single Pole 20A(10 KA) (4*3=12)	Single Pole 16A(10 KA) (4*3=12)	Single Pole 10A(10 KA) (6*3=18)	LT POWER CABLE.	95 mm sq (37/0.072") PVC insulated, PVC sheathed 4 core, 660/1100 volt non armoured cable (For Transformer and MDB-1).			7/0.74 mm (7/0.029") PVC insulated, PVC sheathed twin core, 250/440 volts. copper conductor cables for service connection, in prelaid pipe/G.I. wire/trenches, etc (for Internal Wiring of Hospital).	2		AD		
S.#	. y		- 1	(a)		<u> </u>	(a)	(p)	(0)	B		. 2	n . []	4	S			4.	

Sub Engineer

Sub Divisional Officer
Buildings Sub Division
Jampur

Executive Engineer
Buildings Division
Rajanpur

DETAILED ESTIMATE FOR R.O. PLANT

GENERAL ABSTRACT OF COST

			$\frac{1}{r} = \frac{1}{r} \frac{r}{\sqrt{r}}$		1			1
	2.094 Million	0.457 Million	2.050 Million	.336-Million	5.936 MIII on	178-Millfon	0.138	
		٥	N		ıd	. 0		. 1 .
•	Ŗ.	s.	R. š	42	Rs.	Rs		•
	1 No	No No	No ON	₽		•		
	SUB WORK NO. 1 CONSTRUCTION OF PLANT ROOM	BORE AND SUBMERSIBLE PUMPS FOR R.O PLANTS	SUB WORK NO.3 R.O PLANT (REVERSE OSMOSIS 2000 LPH CAPACITY)	- SOLAR POWER SYSTEM 7000 WATT	TOTAL.	Add 3% CONTINGENCY CHARGES		
	SUB WORK NO. 1	SUB WORK NO. 2	SUB WORK NO.3	SUB WORK NO.4				



4.738(M)

Page 1 of 8

CONSTRUCTION OF PLANT ROOM

1			•		,
S.N	Description of Items	Qty.	Unit	Rate (Rs.)	Amount (Rs.)
· .	Ch. No.3 item No.21(a, ii) Page.No.30				
-	Excavation in ordinary soil of foundation, building, bridges and			-	
	other structure, i/c dag-belling, dressing, refilling around structure with excavated earth, watering and ramming lead upto one chain and lift upto 5 feet (By Manual)				
	Long Wall 2 x 28.25 x 2 x 2.25 = 2.21				
	1 4 × 10.75 × 2 × 2.25 =			1 1	:
, `	4 x 32.00 x 2 x 2.25 = 576.00 Total = 1023.75				
		1023.75	%0 Cft	10,677.75	10,931
7	Ch.No.6 Item No.3 (e) Page.No.41 Cement concrete 1:6:18 brick or stone ballast 1-1/2" to 2" gauge in foundation and plinth, complete in all respect			۰	
44	Eong Wall 2 x 28.25 x 2 x 0.75 = 84.75	٠.			
	Short Wall $4 \times 10.75 \times 2 \times 0.75 = 64.50$ $4 \times 32.00 \times 2 \times 0.5 = 128.00$				
ı	II.	277 25	% C	19.583.65	54 296
	Ch.No.7 item No.4 (i) Page.No.51	211	5	00:00	003,10
က	Pacca brick work 1:5 in foundation and plinth				
, i					1
	Long wall $2 \times 27.75 \times 1.30 \times 0.5 = 41.63$ Short Wall $4 \times 11.25 \times 1.50 \times 0.5 = 33.75$			•	
	× 27 38 × 413 ×				
i	4 x 11.63 x 1.13 x 0.5 =				
:	$2 \times 27.00 \times 0.75 \times 2$				
7 % - 1 %	12.00 × 0.75 32.00 × 1.125	i_i t			
: '	0.75 x			•	
1		503.25	%C#	29,620.30	149,064
4	Ch.No.6 item No.33 (b-i) Page.No.47 Providing and laying 1-1/2" damp proof course of cement concrete				
·r	1:2.4 (using cement, sand and shingle) with 2 coats of bitumen and		*,		
• : '	Long Wall $2 \times 27.00 \times 0.75 = 40.50$				
100	$4 \times 12.00 \times 0.75 = 3$				
	Total			۰	
	= x 4.0 x 0.75	in the			
	x 4.5 x 0.75 = x 10.5 x 0.75 = =			-	
ı	Total for deduction 14.25 Net = 62.25	<u>.</u>			
		62.25	%Sft.	9,241.65	5,753

Amount (Rs.)	(1,50,1)		1 1																200,517				- :					÷		13,250		<i>Y</i> , <i>y</i> , .	1,519								12 578
Rate /	(::::)			· · ·			-	. 1			-			•		1	•		31,086,50			•	l -					*	•.	10,959.65	: ; °		5,090.45							•	2 823 30
Unit		7.4		ď				•		4 2 -	``		<u>, ' </u>						SC#				•	, ,			, , .			%0Cft		<u></u>	%0Cft		· _					•	#J%
Qty.										,									645.03											1209.00		i i	298.50								445 50
Page 2 of 8 Description of Items		Ch.No.7 item No.5 (i) Page.No.53 Pacca brick work in 1:6 cement sand mortar in ground floor	l ond Wali 2 x 27 00 x 0.75 x 10 = 405 00	4 x 12.00 x 0.75 x 10 =	$1 \times 81.00 \times 0.75 \times 1.25 =$	Doors Step 1 x 2.00 x 2.00 x 0.50 = 2.00	Total = 842.94	Deduction	× 6.50 ×	$1 \times 4.00 \times 6.50 \times 0.75 = 19.50$	Windows 4 \times 4.00 \times 4.50 \times 0.75 = 54.00	2 × 3.00	Ver. Opening 1 x 10.50 x 6.50 x 0.75 = 51.19	5.50 × 0.75	0.75 × 0.5 III	2 x 4.00 x 0.75 x 0.5 ==	\times 13.50 \times 0.75 \times 0.75 =	al for deduction	= 645.U3	Ch.No.3 item No.15 (ii) Page.No.29	Filling, watering and ramming earth under floor with new earth lexcayated from outside) lead upto one chain	Rooms 1 x 9.00 x 12 x 2.50 = 270.00	$1 \times 11.00 \times 12 \times 2.50 =$	ah 1 x 12.00 x 4.00 x 2.50 =	2 x 33.00 x 3 x 2.50 =	$2 \times 19.50 \times 3.00 \times 2.50 = 292.50$	Total = 1507.50	Deduction: 2/3 of Item no, 1 = 298.50	Net = 1209.00		Ch.No.3 item No.15 (i) Page.No.29	Ifom foundation etc.	As per deduction of item no. 6	Ch.No.7 item No.30 Page.No.57	ing, ming, sand undernoor or p	$1 \times 9.00 \times 12 \times 1 =$	1 x 11.00 x 12 x 1 =	× 12.00 × 4.00 × 1 =	× 33.00 × 3 × 0.5 =	= 0.5 ×	445.50
Z.S		. 2)	1			,					14.5		٠,			٠.,	:			ဖ	, .					di i		. ,		7	-	:	, ,	o .	•	i	. 1	,		

S.N	Page 3 of 8 Description of Items	Qty.	Unit	Rate (Rs.)	Amount (Rs.)	
. တ	Ch.No.10 item No.15 (c) Page.No.69 Providing Laying topping of cement concrete 1:2:4 including					_
	surface finishing and dividing in pannal 1-1/2" thick. Room 1 x 9 \dot{x} 12 108		, e - e -	Ŷ		4 -
	1 x 11.00 x 12 =					
	Verandah 1 x 12.00 x 4.00 = 48 Doors 1 x 4.50 x 0.75 = 3.38		•			
٠.	1 x 4.00 x 0.75 =			ı		
	Total = 294.4 Sft.	294.38	%Sft	7,006.30	20,625	
, ,	_					-
2	Brick on edge flooring, laid in 1:6 cement mortar, over a bed of 3/4" thick cement mortar 1:6			To the second		
	Plinth Protection					1 :
	2 x 32	·				
	side- 2 x 13.50 - x 2.50 =				' . .	· .
	Total = 227.5 Sft.	227.50	%Sft	13,033.90	29,652	
7.	Ch.No.6 item No.6 (3-c i) Page No.42 Providing and laying reinferred cement connects /// yes stressed					·
	concrete), using coarse sand and screened graded and washed					1
	aggregate, in required shape and design, i/c forms, moulds,					•
Ġ.	Shuttering, ming, compacting, curing, rendering and mishing exp	7.1				
	a). Reinforced cement concrete in roof slab, beams, columns.		,			
	lintels, girders and other structural members laid in situ or pre-cast					
	laid in position, or pre-stressed members cast in situ, complete in all respect, Type C (nominal mix 1.2.4)					
	Room 1 x 27.00 x 13.5 x 0.5 = 182.25	•				
٠,	Lintels					
	x 0.75 x		•			
	$1 \times 5.00 \times 0.75 \times 0.5 =$	i .		ļ , , ,		
	$5.00 \times 0.75 \times 0.5 =$:				1
	Veranda 1. x 13.50 x 0.75 x 0.5 = 3.00 \times 0.75 x 0.75 = 7.50					
			,			
	Slab on Sullage Carrier		-			
	$5.00 \times 3.25 \times 0.5 =$		•	1		
,1	10tai	22.02	Č		0	1
	Ch.No.25 item No.31 Page.No.204	2 2.4	5	014.20	130,462	
7		$z_{j,\ell}$		6		f
				•		
	arrangement: \times 4.5 \times 6.5 = 29.25					_1, 1
	$4.0 \times 6.5 = 26.00$				r	
	i.otal = 55.25 Sft	55.25	P.Sft	2,374.05	131,166	

Description of Items
Ch.No.25 item No.41 (a-v) Page.No.206 Providing and fixing steel windows with openable glazed panels, using beam section for frame11/2"x1"x1"x5/8/x1/8"(40x25x16x3mm) 7 section for leaves
3/4"x1"x3/4"x1/8"(20x25x20x3mm), T-section sashes 3/4"x1"x3/4"x1/8"(20x25x20x3mm), T-section sashes 1"x1"x1/8"(25x25x3mm), glass panes, wooden screed for glazing embedded over a thin layer of putty duly screwed with leaves, brass including all cost of material and labour, etc as per approved design and as directed by the Engineer-in-charge:
Ch.No.25 item No.58 Page.No.208 Providing and fixing MS flat 1/2" × 1/8" grill, i/c 3/4" × frame, in windows of approved design, i/c paintin complete in all respect Windows 4 × 4 × 4.5 = 72
i
Ch.No.13 item No.5 (c-i+ii+iii) Page.No.93 Painting of new surface three coats, preparing surface and painting of doors and windows etc, any type.(i/c edges) (3 Coats)Double of item no. 13 = 2 (55.25 + 72) = 254.5 S.ft
Ch.No.11 item No.11(b) Page.No.76 Cement plaster 1/2" thick in 1:5 upto 20 ft height Room
and the second s
Ch.No.11 item No.25 (a-iii) Page.No.73-74 White washing 3 coats on new surface Room 2 (9 + 12)x 10 = 420 Room 2 (11 + 12) x 10 = 460 Verandah 2 (12 + 4) x 10 = 320

S.N	Page 5 of 8 Description of Items	Qty.	Unit	Rate (Rs.)	Amount (Rs.)
	Ch.No.13 item No.33 (a i+ii) Page No.97				
<u>~</u>	Providing and applying weather shield paint of approved quality on external surface of building including preparation of surface				
	75	•			
;		<i>3</i>			
	2 x 12 x 11.25 =			r	í
	/7 ×				
	ction			. 1	
	1 × 4.5 × 6.5 =			-	
	× 4 × 6.5 =		·		
	4 × 4.5	-		-	;
	Total deduction 2- x 3 x 10.5 ≡ 63.00				
:					
	1st coat	687.25	%Sft	5.245.30	36.048
-	Ch.No.11 item No.18 a+31 Page, No.77+78				
19	Cement pointing 1:2 struck joints, on wall upto 20' height, ile extra				
	cost or labour and material for red oxide pigment in cement pointing to match with the colour of bricks		<i>t</i> =		
	Successive Successive				
	1 2 × 12	,			
	2 x 27 x 11.25 = (3			
	.01				
	ction				
	1 × 4.5 × 6.5 ==			•	
·	1 X 6.5 I			11.	
	Wildows 4 \times 4.5 = 72.00 \times 4.5 = 23.00				,
	i ií ?			•	
- //	Net = 687.3 sft				7 °
1.7		687.25	%Sft	4,168.65	28,649
. :	Ch.No.6 item No.12 b Page.No.45				
20	Fabrication of mild steel reinforcement for cement concrete, i/c			-	
	cost of bending wire and labour charges for bending of steal				
7.5	reinforcement (also includes removal of rust from deformed (G-40).			to	
		, , , , , , , , , , , , , , , , , , ,			
	= 650.53 kg	650.53	% kg	31,433.55	204,485
21	Cn.No.9 Item No.5 Page.No.61 Single layer of tiles 9"x41/2"x11/2"(225x113x40mm) laid over	1 A			
	4"(100mm) earth and 1"(25mm)mud plaster without Bhoosa, grouted				
	with Certiful sail 1.3 on top of RCC roof slab, provided with 34 lbs. per %Sft or 1.72kg/sq.m bitumen coating sand blinded			c	
7		•			
Ċ	Room 1 x 26.25 x 12.75 = 334.7 Sft				
١.		1		1	7.1

						ď
N.S		oty.	Unit	Rate (Rs.)	Amount (Rs.)	·
	Verandah Total = 334.7 Sft			5		
	Ch No 42 item No RE Dans No on	334.69	%Sft	11,515.10	38,540	1" "
52	Providing and fixing G.I wire gauze 22 SWG, 12 x 12 meshes per					1
	square mich, iixed to steel window, complete with flat iron patti 1/2" \times 1/8", and machine made screws Windows 4 x 4 x 4 x 4.5 = 72	72 00	# 0	, , , ,	6.00	
	Ch. No.10 item No.43 b-ii Page.No.70	20.7	10 -	66.171	12,337	
74	Providing and laying superb quality Por celain 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			• 1		
	sealer for-finishing the joints, cutting grinding complete in all respect as approved and directed by the Engineer Incharge.b) Half body Tile.ii) 300mm x300 mm		٠		A A A A A A A A A A A A A A A A A A A	
	$1 \times 12 \times 4 = 48 \text{ Sff}$ $1 \times 20 \times 6 = 120 \text{ Sff}$	168.00	P.Sff	335 10	56 297	
25	Ch.No.20 item No.6-a Page.No.135 Constructing Puniab Standard drain of cement concrete of (1-2-5-5)				24/55	
	with cement concrete bedding ratio(1.6:12) complete laid to line grades, Slopes and shapes rendering exposed surface of concrete					1
	with 1:1 cement sand mortar 1/4'(6mm) thick as per engineesr drawing(brick ballast ,paaca brick work ,pacca brick onedge)					1
	Type 1 = 15 Rft,	15.00	d	00	000	
Ş	Ch.No.25 item No.36 Page.No.157				000'8	
7	Providing and fixing collapsible gate made of 2"x2"x1/2"(50x50x6mm) tee iron at top and bottom, channel iron verticals					
	3/4"x1/4"x1/8"x1/8"920x6x6x3mm) at 3"(75mm) to 5"(125mm)centre to centre(approx.) and flat iron crosses 3"x3/16"(75x5mm), and best quality					
	12"(300mm) long of 3/4"x1/4"x1/4"x1/8"(20x6x8x3mm) channel iron, locking arrangement inside and outside painting 3 coars of black			1		, ,
	japan enameled complete in working order	. 6	Č			
	Ch.No.10 item No.41-b Page. No.72	00.00	בי ביי	1,597.85	108654	
28	Providing and laying Tuffpavers, having 7000 PSI, crushing strength of approved manufacturer, over 2" to 3" sand cushion i/c grouting with					
	sand in joints it finishing to require stope . complete in all respect. (50% Grey / 50% Coloured)(b) 60-mm thick etc.complete in all					- 4
	respet to the entire satisfaction of Engineer Incharge of the work.			n 1		
	$1 \times 50 \times 30 = 1500 \text{ Sft}$	1500.00	P.S.	157 40	238.400	j
	PUBLIC HEALTH ITEMS				201,102	
29	Ch.No.3 item No.44 Page.No.33 Excavation of trenches for water summly nine line in all kinds of sail					2 1
	except cutting rock for water supply pipe lines upto 5 ft depth from ground level including trimming dressing the sides, levelling the			· · · · ·		
	beds of trenches to correct grade and cutting pits for joints etc. complete in all respects.					
	$200 \times 2 \times 3 = 1200 \text{ Cft}$	1200	%0 Cft	7,622.75	9,147	

	030 7 000		ſ		, ,	
N.S	Description of Items	Qty.	Unit	Rate (Rs.)	Amount (Rs.)	•
13.7	Ch.No.23 item No.27-d Page.No.136					
30	Providing, laying, cutting, jointing, testing PVC pipeline of B.S.S. with 'B' Class working pressure pipe in trenches, complete in all					
ر ا	respect. (a) 6" i/d (150 mm) = 200 Rft	200	#	874 874	474 940	1.1
, '	Ch.No.3 item No.13-a. Page, No.29	2		3	O O	
<u>ج</u>	Rehandling of earthwork: Lead upto a single throw of Kassi, phaorah or shovel		- 1 -			1 1
:	1200 × 0.80		,		1 · 1	100
	Ch No 19 Hem No 34-ii Dage No 129	960.00	%0cft	2,539.70	2,438	
32		-	Each	283.10	283	
35	Providing & Installing super tuff (Dia 67", Hight 73") vertical poly ethylene (food graded guality) OHR 500 Gallon capacity with					
28 j	float valve , union ,socket,tee,elbow ,non return valve etc Complete in all respect.	v. (1)	Each	40,000,00	40,000	, 1
	Ch. No. 23 item No. 22-b Page. No. 134					. *
ဗ္ဗ	Providing, laying, cutting, jointing, testing and disinfecting G.I. pipeline in trenches, with socket joints, using G.I pipes of B.S.S. 1387-1967 complete in all respects, with specials and valves.			-		
မ္တ		50.00	¥	216.00	10.800	
	ELECTRIC ITEMS				2001	1
· ·	Ch.No.24 item No.3-ii-iii Page.No.167 Supply and erection of PVC pipe for wiring recessed in walls,					. (
:	Including inspection boxes, hooks, cutting jharries and repairing surface etc. complete with all specials.					٠.
	i) 20-mm/l/d = 325 Rft	325.00	P.Rff	81.70	26,553	
	i) 25 mm i/d = 325 Rft	325.00	P.Rft	94.60	30,745	
	Ch.No.24 item No.10-i-iii Page.No.168			ь		
Ν	Supply and erection of single core PVC insulated copper conductor cables, in prelaid PVC pipe/M.S conduit/G.l pipe / wooden strip batten casing and capping/G.f. wire/trenches (rate for cable only)					
						1
	i) $3/0.74$ mm = $(3/0.029)$ = 700 Rft $(3/0.029$ ")	700.00	P.Rf	25.70	17,990	
A(x)	ii)7/0.74 mm = (7/0.029) = 525 Rft (7/0.029")	525.00	P.Rff	40.75	21,394	
,	Ch.No.24 item No.14-i-ii Page.No.171					
9	Supply and erection of M.S. sheet box of 16 SWG, 10 cm (4") deep kwith 4.75 mm thick (3/16") backlite sheet top, for recessed wiring, including makding holes for regulators, switches, plugs, etc.		•.	•		
	i) 10 x 10 cm (4" x 4")	6	y Li	270) 040	1
	ii) 17.5 x 10 cm (7" x 4")	2.00	Each	372.25	745	

S.N	Page 8 of 8 Description of Items	oty.	Unit	Rate (Rs.)	Amount (Rs.)
	Ch.No.24 item No.30 Page.No.174				
4	Supply and erection of ceiling rose, bakelite.	4.00	Each	66.30	265
	Ch.No.24 item No.31-b Page.No.174				
ທ	Supply and erection of switches 5 Amp. i) Piano type	12.00	Each	72.00	864
	Ch.No.24 item No.31-b Page.No.174				
ဖ	Supply and erection of 3 pin, switches and combined, recessed			1	
	About the second of the second			1.	
. :	Supply and erection of 3 pin, switches and combined, recessed type		7 -		,
	i) 5 Amp	3.00	Each	125.00	375
Q 7	Ch.No.24 item No.39-i Page.No.174			-	
7	Supply and erection of button holder				
	i) bakelite large size	4.00	Each	53.75	215
∞	Water tight wall luminaire with cleared lens suitable for 1 x 18 W(Energy saver), die cast alluminium and stainless steel body.	4.00	Each.	500.00	2,000
ര	Supplying of 56" sweep celling fans (Pak, G.F.C, Millat or equal quality)	2	Each	8000	16,000
10	Supplying of 12" metal body exhaust fans (Pak, G.F.C, Millat or equal quality)	1.00	Each	4,500.00	4,500
7		1.00	Each	25000	25,000
-12	Ch.No.24 item No.70 Page.No.179 Earthing of iron clad/aluminium switches etc with G.I. wire No.8		1	· ·	
	SWG in G.I. pipe 15mm(1/2")dia, recessed or on surface of wall and floor complete with 1.5 metre long G.I. pipe 50mm/2") dia	. 0	. 1	, C	Ç L
7	reducing socket 4 to 5 metre below ground level, and 2 metre away from building Plinth	3	က် က က	9,582.45	9,592 286,9
	_				
2	connection, in prelaid pipe/G.I. wire/trenches, etc. (rate for cable only):- PVC insulated, PVC sheathed twin core, 250/440	125	Rff	306.30	38,288
<u> </u>	Ch.No.24 item No.49 Page.No.151				
	Supply and erection of 3/8"(10mm) dia M.S bar fan hook placed at the time of casting of slab	7	Each	67.8	136
				Total=	2,093,515
	Cost for 1 No. Plant Room	. Plant	Room	Rs. 2093515 /-	3515 /-
S	Cost for. 1 No,s Plant Room			Rs. 2093515/-	3515 /-
	Say	Say Rs. In Million	Million	Rs. 2.094 Million	4 Million
j.					

CARRIED OVER TO GENERAL ABSTRACT OF COST)



SUB WORK NO.2

& SUBMERSIBLE PUMPING UNIT FOR RO PLANTS

L				-		.
Ø	Sr. #	Description of Items	Qty.	Unit	Rate (Rs.)	Amount (Rs.)
	Ch.No.23 item	Ch.No.23 item No.1-e Page.No.144				
	1 Boring of Tube	Boring of Tubewell in all types of soil except shingle &				
	rock from gro	rock from ground level to 100 ft depth, including		•		
	sinking & with 8" i/d	sinking & with drawing of casing pipe complete. 8" i/d		1		
	Length	gth = 100 Rft	100	Ť.	1157 50	115 750 /
: ' · ·	Ch.No.23 item	Ch.No.23 item No.13-iv (e) Page.No.147	3)	
٠.	4 P/Installing PV	P/Installing PVC bail/ end plug in tubewell bore hole.	١.			
	BSS class D 6" I/d.	.j/d	. ~	Each	1.851.45	1.851 /-
	5.	Ch.No.23 item No.12-g Page.No.146				•
	5 P/Installaof PV	P/Installaof PVC strainer BSS class D in tubewell bore				
	hole i/c sockets	hole i/c sockets solvents etc. complete. 6"i/d				
1	Length	yth = 20 Rft	20	Z.	822.15	16,443./-
		Ch.No.23 item No.17-G Page.No.148				
7	6 P/Installing of F	P/Installing of PVC blind Pipe BSS class D in tubewell				
	borehole i/c so	borehole i/c sockets and solvents and jionting with				
	strainer etc. complete.	mplete.			•	
	6" i/d · · · Length	jth = 85 Rft	85	Rff	1683.10	143.064 /-
	Ch.No.23 item	Ch.No.23 item No.18 Page.No.148			۰	
	7 Shrouding with	Shrouding with graded pea gravel 3/8" to 1/8" (10 to 3				
,	mm), around tu	mm), around tubewell in bore hole.				,
	3.14 × 0.67 ×	7 × 0.67 × 0.25 × 120 42.286				
	· · ·				1 :	
7	3.14 × 0.5	x 0.58 x 0.58 x 0.25 x 120 31.689				
		0000	10 60	ت چ	145 30	1 540 /
ļ			, ,	?	\$0.01 	-/ OFO;

_							
	Sr. #	Description of Items	Qty.	Unit	Rate (Rs.)	Amount (Rs.)	. '
	6	Providing, installing and testing at site of work					_
ì	1.	Submersible Pumping Unit with AC Electric Motor					-
		manufactured by Approved manufacture of PHED I/c		٠.			
$-i^{I_{\ell}}$		required length and size of copper conducter cable		, '			Щ,
		and 1/2" nylone rope, riser pipe and required capacity		٠,			
	:	of DC Inverter with following specification.					 -
-		1- Discharge = 0.05 Cusec	·,				_
		2- Head = 120 ft					
		3- BHP = 02 HP			*		
		Complete in all respect upto commissioning	·	Set	160,000	160,000 /-	
	10	P/Installing of UPVC Pipe of BSS class D from			1		
$A_{i,j}$		tubewell bore hole to raw water Tank and raw water					_
		tank to plant and plant to distribution taps i/c sockets,	J	<i>i</i> , ·			
		elbows, lees, solvents, jointing material etc. complete.			•		
					•		
	1.7	Length = 120 Rft	120	¥.	150.00	18,000 /-	•
					Total	456,648 /-	
1					Say	456,600 /-	
•		Cost for 1 No. Bore Hole	o. Bore	Hole	Rs. 4	Rs. 456600 /-	
٠,١,٠	Cost for	1. No. Bore Hole			Rs. 4	Rs. 456600 /-	<u> </u>
		Say	Say Rs. In Million	Illion	Rs. 0.4	Rs. 0.457 Million	
	"				-		-

(Carried over to General Abstract of Cost)



SUB WORK NO. 3

OF R.O (REVERSE OSMOSIS) INSTALLATION

Sr. #	Description of Items	Qty.	Unit	Rate	Amount	
-	Supplying, installing, testing and				/:)	<u> </u>
	commissioning Reverse Osmosis (RO)	* * * * * * * * * * * * * * * * * * *		1 ,1		
, , , , , , , , , , , , , , , , , , ,	Plant for removal of turbidity, TDS upto					1
: "	5000 ppm and bacteriological removal,					-
	having - 2000 Litre per hour capacity				-	7
	including carriage, loading, unloading					
	charges, inclusive of all Taxes, at the					
.1	site of work, conforming to standard					
	specifications of water filteration plants,			-		<u> </u>
	outcome meeting with WHO standards.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
· .	The details of Specification along with					, ;
	equipment and accessories properly	-				
(K)	mounted on the Frame/Skid. i/c GST &			a		
	other Taxes.		1		. •	<u> </u>
Ţ,						
• ;	(Detailed Specification and Qoutations	1.00 No	Each	2050000	2050000	Ť
	are attached)	7				
			ō	Rs. 2.05	Rs. 2.050 Million	1
				٥		7

(Carried over to General Abstract of Cost)



RO PLANT (REVERSE OSMOSIS)

reated Water Capacity 500 Gallons Per Hour / 1000 Litre Per Hour.

Type "RO" Plants for TDS and Bacteriological Removal

Supplying ,installing,testing and commissioning Reverse Osmosis (RO) Plant for Tubidity, TDS site of work, conforming to standard specifications of water filteration plants approved by HUD & PHED Govt: of Punjab. The Detailed of Specification along with following equipment and Carriage loading unloading charges, inclusive of all Taxes and Transportation charges to the including (upto 5000 ppm) and Bacteriological Removal, of 2000 Litre per hour capacity accessories properly mounted in the Frame/Skid. are given as below.

-	Ultra filtration Plant.	USA / ITALY/ TAIWAN	7
-	Filtration units	1 Unit	
1.2	Filter Vessel	1 Unit	
	Material .	FRP	
	Size	4" x 40" +	
	Thickness	5-7 mm	
, 3	Type of Membrane (No of bores)	Multiple bore	i
1.4	Maximum Flow Rate	500 GPH/ 1000 Ltr Hour	
1.4	Membrane Material	PVC	
10	Make	Applied Membranes/Èquivalent/USA/ATS ASPRIN	ATS ASPRIN
	Origin	USA / ITALY /TAIWAN	
1.5	Membrane Working Pressure	40-150 PSI Max	
1.6	Membrane Life	5 Years	
1.7	Pore Size of Membrane	0.01 micron	
1.8	Bacterial Removal Efficiency of the Ultra filtration	70.90%	
1.9	Viruses Removal Efficiency of the Ultra filtration		
1.10	Cleaning Process of Ultra filtration Plant		
)	ر. م	Manual	
	Cleaning duration	Manual	
7.	Working Temperature	77 °F to 140 °F	
	Max 140 ⁰F		
1.12	Working Pressure	60 PSI	
1.13	High Pressure Pump Coupled with Motor		
2	Raw Water Feed Pump		:
2.1	Pump Manufacturer	ITT/KSB/Grundfoss/Seimens, Aqua Treatment system USA/Haulin CNP	reatment
2.2	Pump Type	horizontal / Multi stage	

Page 1 of 4

2.3	Impeller material	Stainless Steel/ Techno polymer/Equivalent	
2.4	Housing material	AISI 304/AISI 316/Equivalent	
2.5	Discharge	2 m³/hr	
2.6	Неаф	122 ft	
2.7	Pump efficiency	%09	
2.8	Motor	Built in with pump	
2.9	Manufacturer	ITT/KSB/Grundfoss/Seimens, Aqua Treatment system USA/Haulin CNP	ua Treatment
2.10	Power rating, kw	0.75 KW to 0.90 KW	
2.11	Voltage rating	1x220V/50hz/2900RPM	
2.12	Starting current	DOL 3 to 8 Times of Normal Current	
2.13	Normal current	5.03	
2.14	NEMA Insulation Class		
2.15	Temperature class	Amb.+80 °C	
6	Prefiltration:		
3.1	Manufacturer	Pentair /wave cyber / USA	
3,2	Filter Vessel	Pressure Vessel	
	Material	ERP	
,	Size	16" x 65"	
	Thickness	5 mm	
3.3	Filter media, Material	S 22-D Media	
3.4	Pore size	0.15 of grain size	
. 3.5	Size of Media	0.45 to 1mm	
3.6	Particle removal range	Below 10 micron	
3.7	Cleaning Process	Auto backwash	
3.8	Working Temperature	1 to 50 °C	
3.9	Working Pressure	2 bar	
4	Jumbo filter 20" (5 Micron Cartridge)	2 No.	
S.	Activated Carbon Filter:		
5.1	Manufacturer	Pentair Water USA	
5.2	Filter Vessel	Pressure Vessel	1.
	Material	FRP	
	Size	16" x 65"	
ú.	Thickness	5 mm	
5.3		Coconut Shell	
5.4	Surface Area	800 m² /gm	
5.5	Bulk Density	5 gm / cm³	

Page 2 of 4

.		
5.6	Hardness No.	80 - (2)
5.7	Ash Contents	%5
9	Jumbo filter 20 " (1 Micron Cartridge)	2 No.
2	Hardness Removal:	
7.1	Manufactures Type Designation	Aqua Treatment System, USA
7.2	Manufacturer	Aqua Treatment System/Pentair
7.3	Ion-exchanger Media	Sulphmated polyester bea
7.4	Regeneration Media	NACL
7.5	Frequency of Regeneration	Depends on feed water
7.6	Feed Water Requirement (at Prefiltration)	4000 Lit/hr
8	Reverse Osmosis:	
8.1	Manufactures Type Designation.	USA/ ITALY
8.2	Permeate Recovery	80.00%
8.3	Design Temperature	25 C
8.4	Salt Rejection Efficiency	90% to 98%
8.5	Life of R.O Membrane	2-3 Years
8.6	Membrane Dia	8"×40"
8.7	Blending Requirement	Depends on site requirement)
8.8	Dia of UPVC Pipe / Strainer in the Injection v	Feed 2 Waste Product
8.9	Temperature Control, for High Ambient and Container Temperature.	Max 105 °F
8.10	Pump coupled with motor, (provide data as given	ITT/Goulds/Equivalent /Grounfos/Stairs/CNP
8.11	Under other relevant item)	Multistage centrifugal / pump with as per design
8.12	CIP System	
·		 K. Omembranes before switch off the R.O. with permeates water to avoid the purging of salts on membranes
6	Feed Water Tank:	
9.1	Manufactures Type Designation/Origin	Pakistan
9.2	Manufacturer	Polycon Supertuff / Mastertuff other
9.3	Tank Capacity (Dimensions)	250 Gallons
9.4	Material Class	Food Grade
9.5	Tank Material	НОРЕ
9.6	Thickness of Material	Medium 3 to 4 mm
9.7	Working Temperature	-20 ∘C to 60 ∘C
9.8	Working Pressure	Atmospheric
	Ancillary Items:	
10	Gages Flow Meter, TDS Meter Etc.	Italy/Taiwan /USA (checking of R.O. membranes Pressure and flow &TDS)

Page 3 of 4

	Outra violet lamp. (Water Sterilization / Disinfection Unit)	2 No. Italy/Taiwan /USA (The UV Sterilizer operates using a low pressure mercury vapor to produce the UV
r		I here are five major groups of micro organisms that are destroyed with Ultra Violet Sterilizer, viruses, bacteria
12	Arsenic removal	Italy/Australia/USA. (Remove of iron & manganese arsenic.
13	RO Control Panel	Assembled Box
	(Provide Make, Type and rating of the following)	
	Cable Size	4 -8mm
	Voltmeter	on board
	Ammeter	on board
,	Indication Lamp	on board
	Push Button	on board
	MCB	on board
	Bus Bar	on board
•	Contaction	on board
14	Monitoring System	m2m CS WTP
	Antiscalant system	Digital control valve
	Backwash of Prefiltration	On board
	Backwash of Ultrafiltration	On board
	Inlet (feed water) Flow – Liter/hour	4000 lit/hr
	Storage Tank Level Meter	Electrical Float switch
15	Pressure gauge	
	· Manufactures Type Designation/Origin	Bourdon Tube type SS 316 L
	(EU/China)	
1.7		WIKA / Equivalent
	ange	125 PSI
	Gauge Dia	4"
16	Pipe work	
į.	Manufactures Type Designation/Origin	Pakistan/ Taiwan/UAE
	Manufacturer	New Tech / Dadex/ Beta
	Pipe Material	PP R / UPVC
11		40mm (Min)
:1		2 – 6 bar
	Working Temperature	ე ₀ 09-0
17	Hyder (Stee Pipe)	Stainless Steel 304 SS, 3" Dia (as per site required)
80,	Providing and fixing brass stop cock/bib cock 1/2" dia.	3 No.
	01 to 18 Complete Plant :- 1 Set @ F	2050000 Rs. 2050000/-
, m		Total - Rs. 2050000/-
9. '1	Carried Over to Coners	Abstracting

(Carried over to General Abstract of Cost)

Page 4 of 4



	SUB WORK NO. 4					<u> </u>
	SOLAR SYSTEM FOR R.O PLANT	2 R.O	PLAN			
S S	DESCRIPTION OF ITEMS	ΔTΛ	UNIT	RATE In Runges	AMOUNT	1:1
တ	Supply of Solar Pannel at site of work		ė			3
1.1	8000 Watt	8,000	P.Watt	95.00	760,000	, ; ;
တ —	Supply of mounting stands / Frame (Size 1-1/4"x1-1/4") i/c welding labour and carriage charges on					
2	roof slab for required sixe pannal.					
	8000 Watt	8,800	P.Watt	40.00	320,000	
S.	3 Supply of inverter for 10000 watt	\ \ \				
	1 Job	· •	P. Job	155000	155.000	1 - 53
┶.	4 Installation and Transporation charges from					
מ ש	. ຫ					
۷ ۲	respect:				٠.,	
	dot 1	<u>_</u>	qof	39000	39.000	
S	S/F UPS with bettery for internal and outside	/				
ŏ	connection lighting system complete.	/		0 1		
	ON- I	7	<u>8</u>	62000	62,000	•
				Rs:	1,336,000	
ſ.	Cost for 1 No. Solar System for 1	tem for	· 1 Plant		1,336,000	
1	Cost for 1 No. Solar System for Plant	or Plant			1336000	
- 1	Š	ly Rs. Ir	Say Rs. In Million		1.336	400
						1

Carried over to General Abstract of Cost)



31200 ETC COMPLETE IN ALL RESPECT AS APPROVED BY THE ENGINEER INCHARGE PROVIDING AND FIXING LEAD SHEET 1/8" THICK ON WALLS OF X-RAY ROOMS 32 Sft 32 Sft P.Sft P.Sft Unit Take size for analysis 8 x 4 ump Sum **(a)** ∞ Cost of lead sheet 1/8" thick Carriage from Laho

550

250

Lump Sum

Labour for fixing

32000 6400 38400

Total

Add 20% contractor's profit

38400

Rate Per Sft

Total

1200

1200

Say

CERTIFICATE

l) certidfied that input rate of material and labour for item at Sr. No Nil Are as per input rates displayed on Website of Finance Department for the 2nd Bi-Annual 2022.

such the rate of Rs. 1200/- has been applied after ascetaining it from the ii) Certified that rates for items at serial No.1,2,3 Are not avilable on the Website of Finance Department for the 2nd Bi-Annual 2022 markest.

SUB DIVISIONAL OFFICER BUILDINGS SUB DIVISION JAMPUR

EXECUTIVE ENGINEER
BUILDINGS DIVISION
RAJANPUR(

SUB ENGINEER

RATE ANALYSIS FOR

Incharge Making And Fixing Pvc Doors 1-1/2" Thick Consisting Of Pvc Frame Complete In All Respects As Approved Design /Color By The Engineer

بـا	Unit = P.SA)	
4	Taking = $2-1/2x7 = 17.5-5ft$	M	ased on 2nd E	Based on 2nd Bi-annual 2022
w 2	DESCRIPTION OF ITEMS	QUANTITY UNIT	RATE	AMOUNT
4	A) MATERIAL.			
	Provision of PVC Frame and Leaf i/c fitting			
·.	screws (beaf up-to 7' height) 1/c carriage of			
.	material	17.5 Sft		9
14,				
		17.5 Sft P-Sft	650.00	11375
	Froviding of full hing of door leave			
<u>, </u>	-	6.875 Rft	r.	
<u></u>			1	. !
1,	3 Cost of Screwes / Holdfort	6.875 Rft P-Rft	20.00	344
				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
				,
<u> </u>		l Job		
				i i
		1 200 F.Job	250.00	250
<u>, i</u>	TOTAL - A			11968.75
<u>m</u>			1	
•	i) Carpenter	0.25 No. P-Day	1300	325.00
	ii) Helper	0.5 No. P-Day	965	480 FO
7.1) .	00.70
	10% SUNDRIES			80.75
	TOTAL - B			888.25
,	G- TOTAL (A+B)		o	12857.00
<u> </u>			<u>.</u> :	
1,	ADD 20% CONTRACROR'S PROFIT + OVER HEAD CHRAGES	ES	1.4	2571.4
	OVER ALL TOTAL	, . I		15428.40
	STORY STATE OF STATE OF STATES	RATE PER Sft =	881.62	2
7	Say	Say Rs: =	880/- P.	P. Sft
			Б	

ub Engineer

Sub <u>Nivieronal Officer</u> Buildings Sub Division Jampur

Executive Engineer Buildings Division Rajanpur

ANALYSIS OF RATE FOR THE ITEM

Supply & Installation of Phillips, LED Panel Light 24"x24" (RC 091 LED 38S / 865 40. cost of all labour W) in Fasle Ceilign of approved manufacturer 1/c complete, as approved by the Engineer Incharge.

Detail of Cost=1-No.

Unit = Each

		2nd Bi-annual 2022		: . : :
⋖	Material			
	1 Phillips, LED Panel Light 24"x24" (RC 091 LED 38S / 865 40-W)	1 No Each	11000	11000
			Total "A" 1	1000
m	Labour			
	Labour for fixing / installation.	1 No Each	1350	1350
			Total "B"	1350
		Total Co		12350
	Add 20% Contractor's Profit & Overhead charges on Rs.	12350 /-		2470
7			Grand Total: = 1	14820
				1020

Unit Rate P Sft

14820 /

Each

14800

SAY

Certified that input rates of material and labour for the item at serial No. Nil rates displayed on web site of Finance Department for are as per input

BI-Annual 2022

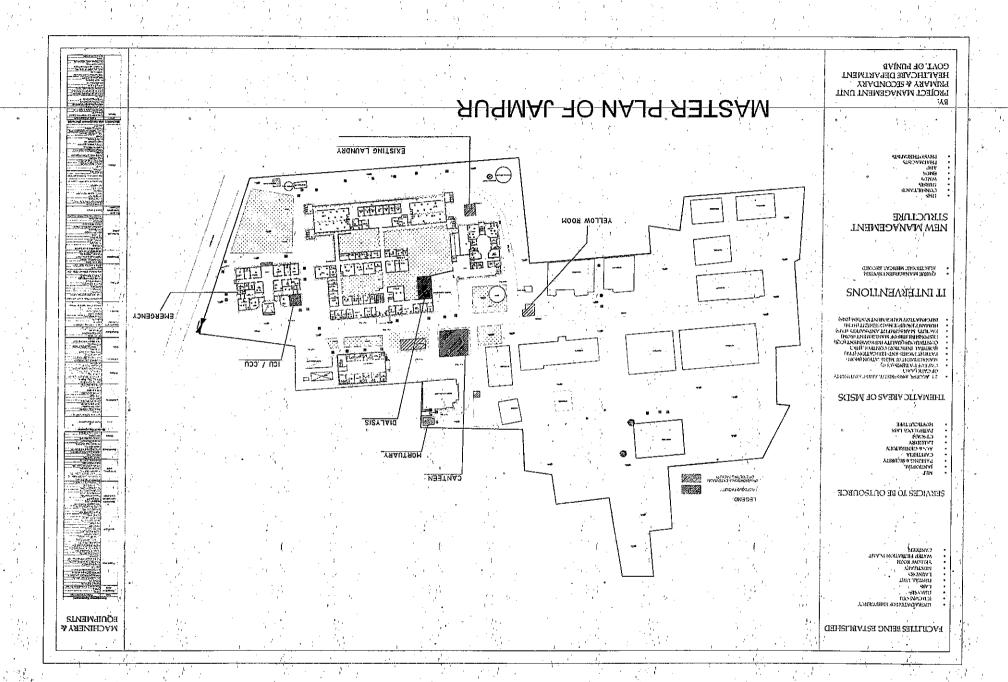
except all above are not available on 2022 and based on serial No.

Sutive Engineer dings Division Rajanpur

nductive Epoxy on Labour And ye 2nd Bi-Annual 20 Rs: 42000/- Rs: 4200/- Total Rs: 46200/- Total Rs: 55440/-	
Self Leveling Pvc Merp Cond Nith All Chemical Compositio ed By The Engineer Incharge = 5 Sft 105 Sft @ 400 /- P.Sft Contractor's Profit and OHC Te	Say Rs:

Certified that input rates of material and labour for the items are displayed on web site of Finance Department 2nd Bi-Annual 2003

dings Divisi Rajanpur (Sub Bhrisional Officer Buildings Sub Division Jampur



J. Unf

Scanned by CamScanner

8. ANNUAL OPERATING COST (POST COMPLETION)

Financial Components: Capital Grant Number: Government Buildings - (PC12042)

Cost Center:OTHERS- (OTHERS)

LO NO:LO22010063

Fund Center (Controlling):LE4203 A/C To be Credited:Account-I

PKR Million

Sr#	Object Code	2025	-2026	2026	-2027	2027	-2028	2028	-2029	2029	-2030
		Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign
1	A05270-To Others	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
2	A12403-Other Buildings	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
	Total	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000

Financial Components: Capital Grant Number: Government Buildings - (PC12042)

Cost Center:OTHERS- (OTHERS)

LO NO:LO22010063

Fund Center (Controlling):LE4203 A/C To be Credited:Account-I

PKR Million

Sr#	Object Code	2025	-2026	2026	-2027	2027	-2028	2028	-2029	2029	-2030
		Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign
1	A05270 -To Others	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
2	A12403-Other Buildings	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
	Total	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000

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

8. 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	55.000	23.952	1.915	1.998	4.212	7.423	04 500
Released	33.000	25.952	1.915	1.996	4.212	7.425	94.500
Utilization	26.326	22.752	1.861	1.744	4.145	0.876	57.704

Capital Side:

Year	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	Total
Funds	0	0	0	0	0	10.000	10.000
Released	U	U	0	U	U	10.000	10.000
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

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

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

Ambulance charges

From other fees prescribed by Government

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
I	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 of 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 Designation:Project Director, PMU P&SHD

Email: Tel. No.:

Fax No:

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

(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)

CHamz 1

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

Checked By:

(Dr. AYESHA PARVEZ)
DEPPUTY PROJECT DIRECTOR (PMU),
PRIMARY & SECONDARY HEALTHCARE
DEPARTMENT, LAHORE

(042-99231206) (Oct-2022) (KHIZAR HAYAT)

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)

17. RELATION WITH OTHER PROJECTS