



भारत सरकार/Government of India  
स्नातकोत्तर आर्युविज्ञान शिक्षण एवं शोध संस्थान  
डा.राम मनोहर लोहिया अस्पताल, नई दिल्ली

Post Graduate Institute of Medical Education and Research,  
Dr. Ram Manohar Lohia Hospital, New Delhi



No. 17-1(119)/2017/HA-I/8653

Dated 23<sup>rd</sup> Aug, 2017

### NOTICE

The Medical Superintendent, Dr. Ram Manohar Lohia Hospital, New Delhi invites application from **War Widows and/or Person with Disability** for running the kiosk at DHARAMSHALA, Dr. RML Hospital.

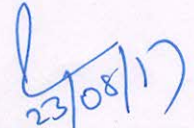
Interested parties can collect detailed information/Terms & Conditions personally from HA-I, Room No.-18, Nursing Home, Dr. RML Hospital, New Delhi or downloaded from website of <http://rmlh.nic.in>.

Sealed application should be superscripted as **“Application for running Kiosk at Dharamshala in Dr. RML Hospital”** may be submitted in the Room No. 18, HA-1 Section, Nursing Home, Dr. RML Hospital, New Delhi.

### IMPORTANT DATES

- Last date of the receipt of Application 2:00 PM on 12<sup>th</sup> Sept,2017
- Opening Date and Time 2:30 PM on 12<sup>th</sup> Sep,2017

The Medical Superintendent, Dr. RML Hospital, New Delhi reserves the right to reject any or all application without assigning any reasons whatsoever.



(Shambhu Kumar)

Deputy Director (Admn.)

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## TERMS & CONDITIONS

1. **The sole purpose of establishment in running of this kiosk is to facilitate the patients, attendants and hospital staff with amenities of high standards at the lowest possible rates.**
2. Application should invariably be submitted in a sealed envelope duly page-numbered & indexed along with self attestation on each page.
3. Application would be considered subject to their acceptance of all the Terms & Conditions.
4. The following documents are required to be enclosed along with the application (all documents must be self attested, failing which the same shall be treated as invalid):
  - I. Two photographs
  - II. Address Proof
  - III. PAN Card
  - IV. IT returns of previous financial year, if available
  - V. Physically Handicap Certificate **OR** War Widow Certificate
  - VI. Proof of income from all sources
5. Application duly complete in all respect should be submitted in the Room No. 18, HA-1 Section, Nursing Home, Dr. RML Hospital, New Delhi in a sealed cover, failing which the application is liable to be rejected.
6. All the supporting enclosures to be provided as part proof of should be self attested by the applicant or the person authorized on his/her behalf.
7. Application submitted by the Applicant shall be rejected out rightly if the Applicant:-
  - *Submits incomplete application.*
  - *Submit the application in joint venture.*
  - *Stipulates his/ her own conditions or any alternative/ conditional proposals.*
  - *Does not agree with the stipulated Terms and Conditions.*
8. The shops should be operational within one month from the date of acceptance of the offer of allotment.
9. The covered area of the Kiosk is **5' x 5'** which may not be changed in any condition.
10. In case of individual applicant only branded packed items also allowed to sell and in case of any firm/franchise only branded items of their own brand be allowed to sell.
11. The application shall be legibly filled in ink or typed neatly giving full addresses of the individual /firm. Any alteration overwriting etc. shall be duly attested by the applicant.
12. The application should be signed by the applicant himself/themselves or of his/their authorized agent/representatives. (The authorization to be enclosed wherever applicable).

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13. Addition or alteration in any Term & Condition or invalidity period after submission of application is not permissible.
14. No cooking and no gas stove, kerosene stove will be allowed in the premise.
15. The License Fee of the Kiosk will be ₹ 500/- (Rs. Five Hundred Only) per month.
16. Besides the LICENSE FEE, the applicant will be liable to get electricity connection rates on actual basis and water charges @ ₹ 1,000/- (Rs. One Thousand Only) per month for the Kiosk.
17. The License Fee shall be submitted latest by 10<sup>th</sup> of every month.
18. In case of late payment of LICENSE FEE, penal interest @ 18% per annum shall be charged for the delayed period beyond the 10<sup>th</sup> of month, and non-payment of license fee beyond three months will be considered for cancellation of License.
19. The Applicant shall not, create a sub-contract of any description with regard to this license or any part thereof nor shall assign or transfer the license or any part thereof.
20. The Applicant shall use the allotted space, only for the purpose indicated under the agreement and for no other purpose whatsoever.
21. The Applicant shall indemnify Dr. RML Hospital from/against any claims made or damages suffered by Dr. RML Hospital by reason of any default on the part of the Applicant in the due observance and performance of the provisions of any law which may be related to the purpose of the Agreement and to the area in which premises are located.
22. Due to any strike or lockout either in the shop or for any other reason, the Applicant is unable to function or his business is affected, Dr. RML Hospital shall not be liable for any loss, which the Applicant may suffer in such an event.
23. The successful applicant should enter into an Agreement with Dr. RML Hospital. While submitting the application, the applicant is deemed to agree/abide by Terms & Conditions.
24. The Agreement shall be for a period of 2 years (initially for one year then extendable for one more year) from the date of signing of the Applicant Deed and thereafter may be renewed with mutual consent on Terms & Conditions to be settled mutually.
25. The applicant should deposit security of ₹ 25,000/- in the form of Fixed Deposit in favor of P&AO, Dr. RML Hospital with 2 years validation before signing the Agreement.
26. If, the applicant fails to vacate the premises on expiry of License deed, he/she will be liable to pay damage charges twice the amount of License fee.

*Handwritten signature and date: 23/08/17*

