

**RFP INVITED**  
**FOR**  
**MANNING SUPPORT FOR THREE**  
**(3) Nos. MARINE AMBULANCE**  
**AT**  
**KOCHI, KOLLAM AND**  
**KOZHIKODE**  
**FOR 02 YEARS**

**DUE DATE – 20.11.2019, 03.00 PM**

**RFP FOR MANNING SUPPORT FOR THREE (3) Nos. MARINE AMBULANCE AT KOCHI, KOLLAM AND KOZHIKODE FOR 02 YEARS**

**Introduction**

Govt. of Kerala is building 03 nos Marine Ambulance for Department of Fisheries at Cochin Shipyard Limited for sea rescues operations. KSINC have expressed interest in manning of these vessels and have request for quotation for the same. We are in search of manning agencies who can provide 24 hrs x 365 manning support for operating the vessel.

**Scope of Work**

RFP's are invited in Single Bid system for providing manning support for three (3) nos. Marine Ambulance Boats are intended for rescue operations in Sea and providing on-board first aid to the Marine fisherman in distress. Area of operations of the vessels are Kochi, Kollam and Kozhikode respectively. Manning agency must provide 24 x 365 hrs operational management of the Boat, for a contract period of 02 years. The boat has been designed for territorial water operations i.e., up to 12 NM.

Manning requirement of each boat (24 x 7) shall be as follows:

Designation	Number	Min. Grade
Master	1	NWKO (NCV)
Engineer	1	CLASS IV (NCV)
CREW	1	GP RATING

Manning agency must ensure that the crew to be placed on-board 24 x 7. The quoted rate shall be all inclusive of their accommodation, food, travel expenditure etc. No additional payment from that quoted for the work shall be paid during this time. Crew shall perform routine maintenance of the vessel. Spare parts or any accessories, consumables required for routine maintenance of the vessel shall be supplied by the department.

Manning agency must comply with all the statutory liabilities towards the Seamen engaged on-board. The area of operation can be varied in due course and must be treated as "anywhere in Kerala".

**How to Apply**

The application in sealed envelope super scribed "RFP for manning of Marine Ambulances" along with the copies of the relevant certificates and other specified documents may please be forwarded to:

**THE MANAGING DIRECTOR**

KERALA SHIPPING AND INLAND NAVIGATION CORPORATION  
38/924-A UDAYA NAGAR ROAD, GANDHI NAGAR,  
KOCHI- 682 020.

**Specification of the Boat****Main Particulars**

LOA	Abt. 22.80 m
Beam	Abt. 6.00 m
Depth	Abt. 3.00 m
Draught	Abt. 1.50 m
Speed (Max)	14 knots @ 100% MCR
Registration	Fisheries Department
Construction	Hull – steel, Superstructure – FRP

**Complement**

Patients	2 nos
Crew (incl. paramedical staff)	7 nos

**Machinery**

Main Engine	2 x 515 kw
Generator	2 x 40 kva
Propulsion system	Twin Screw
Propeller	2 x approx.850 mm dia. FPP
Anchor	1 no
Gillnet winch	1 no
Towing Post	1 no

**Capacities**

Fresh water	2.4 m3
Fuel Oil	4.9 m3

**Life Saving Equipment**

Life raft	1 nos (10 persons)
Life jacket	10 nos.

**Medical Facilities**

Examination & Nursing Room	1 nos
Medical beds	1 nos
Mortuary Freezer	1 nos
Refrigerator	1 nos
Medical Lockers	1 nos
Medical Equipment	1 nos

**Navigational Equipments**

Navigational echo sounder	1 nos
Radar X Band	1 nos
AIS Class B	1 nos
GPS	1 nos
Magnetic compass + spare	1 nos
Navtex Receiver	1 nos
SART	1 nos
EPIRB	1 nos
VHF with DSC	1 nos
Portable VHF Walkie-Talkie	2 nos

MF-HF Radio Telephone	1 nos
Command Talk Back	1 set

**Special Features**

- Built to Indian Register of Shipping standard
- Registered with Fisheries Department, Kerala.

**Qualification Criteria**

- Participating agency / firms must have valid RPSL under D.G Shipping.
- Must have minimum 2 years experience in manning of M.S Class vessels.
- Must have manning experience of similar type vessels / sea going vessels.

**NB: Need to attach relevant documents along with the RFP.**

**Rate of Contract**

Rate to be quoted all inclusive for providing crew as listed in scope of work for 24 x 365 hrs operational management of the Boat, *for a contract period of 02 years*. Rates to be offered inclusive of taxes, levies and statutory compliance towards the Seamen engaged on-board the vessel by the Bidder. Price Bid Format enclosed as Annexure – I. *Rate offered must be valid for a period of 90 days from RFP opening*. No rate escalation will be provided during the contract period of 02 years, by any cause.

**Payment Terms**

Payment will be made on monthly basis, upon submission of bill along with the certification of the muster details from concerned in-charge officer of the Fisheries Department.

**Acceptance of RFP Norms & Deceleration of Non – Blacklisting**

Bidder must provide a self-declaration that the scope of work and other terms mentioned in the RFP are acceptable. Also a declaration to be made towards non-blacklisting of the firm by any Central/State Government Agencies or Private entities.

**RFP Acceptance**

KSINC reserves the right to accept / reject any or all of the RFP without assigning any reason thereof. All the details requested in the RFP must be provided during submission.

Annexure – IPRICE BID

SI No	Description	Area of operation	Rate offered per month in INR (Inclusive of all taxes)
1	Rate offered for providing crew as listed below for 24 x 365 hrs operational management of the Boat, for a contract period of 02 years. Rate to be offered for one boat.	Kochi	
		Kollam	
		Kozhikode	

Crew Requirement for each boat

Designation	Number	Min. Grade
Master	1	NWKO (NCV)
Engineer	1	CLASS IV (NCV)
CREW	1	GP RATING

We, ....., hereby undertake that above mentioned rates are all inclusive of taxes, levies and statutory compliance towards the Seamen engaged and valid for a period of 02 years from date of award of Contract.

Place :

Date :

**Name & Signature of the Authorized Personal**

(Company Seal)

Annexure - IIDETAILS OF THE BIDDER

1	Name of the firm	
2	Constitution	Individual / Partnership / Company
3	Address for communication	
4	Phone Numbers / E-mail id	
5	Name & Designation of authorized person with mobile No.	
6	Registration No. of the firm and date of Registration.	
7	GST No.	
8	RPSL No.	
9	Turnover in the last two years	2017 - 18 : 2018 - 19 :

***(Add separate sheets wherever necessary).***

Place :

Date :

Name & Signature of the Authorized Personal  
(Company Seal)