#### TEMS AND CONDITION

- The Aam Aadmi Mohalla Clinics will serve about 10000-15000 population so that it is easily accessible within about 1 km of existing AAMC, Panchsheel Garden, Naveen Shahdara, Delhi-54 so that people have an easy access and may not have to walk for more than 10-15 minutes to access health servies.
- 2. The Aam Aadmi Mohalla Clinics will be set up in a built up area of minimum 40 sq metres. There should be minimum one Toilet, Existing upper cap of rent in case of rented AAMC has been raised to 30000 rupees per month.
- 3. The applications will be received O/o CDMO Shahdara, Working women hostel, D-Block, Jhilmil, Delhi-95.
- 4. The sites will be selected at District Level committee and the rent will be fixed by rent fixation committee at district level with PWD as member.
- 5. The offered property should be on ground floor.
- 6. The property should have electricity supply with separate meter connection.
- 7. The property should have sufficient water supply for drinking and utility services, a minimum storage capacity 200 liters will be considered. If separate connection is not available owner will bear all charges.
- 8. The property should have arrangement of at lease one toilet with continuous water supply.
- 9. The responsibility of payment of all kind of taxes such as property taxes, municipal taxes etc. in connection with the offered property will be that of the owners. the owner shall continue to bear all charges during the lease period and any extension thereof.
- 10. The owner shall execute necessary repair/renovation in the premises and as any be specified by the IDHS. The owner shall also do fixing of lights, fans & other fittings as may be required in all the
- 11. The maintenance (civil, electrical, mechanical, plumbing including consumable items etc) shall be provided by the owner and owner shall also undertake annual repairs and maintenance such as painting, white wash, electricity etc. No extra charges shall be paid by the IDHS, if the owner fails to provide maintenance within 30 days of request made by the IDHS, the IDHS shall carry out such repairs and amount would be adjusted in subsequent rent.
- 12. All the application will be submitted in person or by post at O/o CDMO Shahdara, Working women hostel, D-Block, Jhilmil, Delhi-95.
- 13. The application will have examined by the rent fixation committee as per the criteria mentioned above and shall fixed the rent after negotiation the applicants.
- 14. CDMO cum Mission Director IDHS will issue the offer and take acceptance from the qualified
- 15. CDMO cum Mission Director IDHS will sign the rent agreement after taking due approval as per
- 16. CDMO cum Mission Director reserves the right to accept or reject the application without assigning any reason.

CDMO cum Mission Director IDHS, Shahdara District



#### OFFICE OF THE MISSION DIRECTOR, SHAHDARA DISTICT INTEGRATED DISTRICT HEALTH SOCIETY 2<sup>nd</sup> FLOOR, D- BLOCK, JHILMIL COLONY, DELHI-110095, Contact: - 011-22161607 E-mail: - aamcprojectshahdara@gmail.com

## NOTICE FOR HIRING OF PREMISES FOR AAM AADMI MOHALLA

#### **CLINIC**

Expression of interest invited from interested parties for hiring of premises on ground floor at Panchsheel Garden Naveen Shahdara Delhi-110032. The Aam Adami Mohalla Clinic will be set up in minimum 40 sq. meter built up area and atleast one Toilet. Rent will be decided as per norms.

All applications (in two copies) as per format available on website will be submitted at Office of CDMO-Shahdara, working women hostel, D-Block, Jhilmil colony, Delhi110095

For more information please visit: http://dshm.delhi.gov.in Last date of receiving of application is 31.03.2022 by 5:00 PM

CDMO Cum Mission Director (SHD)

To,

From:

# OFFICE OF THE MISSION DIRECTOR, SHAHDARA DISTICT INTEGRATED DISTRICT HEALTH SOCIETY, 2<sup>nd</sup> FLOOR, D- BLOCK, JHILMIL COLONY, DELHI-110095, Contact:- 011-22161607 Email:- aameprojectshahdara@gmail.com

Sri/Sn	nt/M/s						
Telepl	hone No. (O)(R)	Mobile No					
Dear S	Sir,						
Sub: Offer of Premises for opening of Aam Aadmi Mohalla Clinic at (Address of the offered site)							
•							
	······································						
In resp	ponse to your paper advertisement in	appeared on as well					
	delhigovt health website, 1/We am/are submitting t						
S.No	Particulars	Detail (Please tick/ fill up with					
		relevant answers, wherever required)					
1	Full particulars of the legal owner of the						
	premises: (make separate entries if owner are						
(')	more than one						
(i)	Name						
(ii)	PAN/GSTN						
(iii)	Office Address & Telephone No.						
(iv)	Residential Address & Telephone No. of	·					
,	applicant	,					
,							
(v)	Mobile No						
(vi)	Telefax						
(vii)	Email						
2	Status of the owner						
	(Individual/Partnership/Firm/Company/Society/A						
	ny other (Specify)						

	/	
1	In case the application is not submitted by the	
1/1	egal owner)	The state of the s
FI	Full particular of person(s) offering the premises	
/	on rent/lease	
	Relationship with the legal owner (enclose Power	
	of attorney also if the applicant is other than	
	owner	
	Status of the applicant	
	(Individual/Partnership/Firm/Company/Society/A	
	ny other (Specify)	
	Complete Address and location of the building	
		•
	W. W. W. Communical/mixed	
6	(i) Type of building (Commercial/mixed	
	use/residential)	
7	Total Carpet Area	
8 (i)	Build up Carpet Area( minimum 40 sq mtr)	
(ii)	Number of built up Rooms with measurements	
	thereof	
(iii)	Number of Toilets	
9	Sufficient space for waiting/parking	
10	Whether willing to carry out additions/alterations/repairs as per	
	specifications/plan given by the lessee	
	Whether running water, drinking and otherwise,	
.11	available round the clock?	
12	Whether separate Water meter installed	
12	Whether separate Electricity meter installed	
15	Sanctioned Load of electricity meter	
16		
	installed(KVA)  Whether electrical installation and fittings, power	
18	plugs, switches of ISI make provided	
	Ventilation one room/ two / all rooms	
19	Whether the premises is ready for occupation. If	
21	not, the date by which it would be ready for	
	not, the date by which it would be ready for	
	occupation after necessary	•
	modifications/alterations, which shall in no case	
	be later than 2 months from the date of publishing	
	a 1 - diagment	Yes/ No
22	anlicant agrees to provide annual	105/100
22	whether applicant agrees to provide maintenance (Painting, white wash, electricity etc.), as per terms & conditions at his own cost	

premises being offered on hire.			,	
Signage- The IDHS requires the right to use its	• •			
logos and graphics at the entrance to its premises				
and with in the premises. The department shall				
leased premises and in the building lobby.			1	
Preference to install a prominent signage on the				٠
main building façade: Agreed (Yes/No)				
	Any other facilities being provided inside the premises being offered on hire.  Signage- The IDHS requires the right to use its logos and graphics at the entrance to its premises and with in the premises. The department shall also be provided signage in the lobby on the leased premises and in the building lobby.  Preference to install a prominent signage on the main building façade: Agreed (Yes/No)	Signage- The IDHS requires the right to use its logos and graphics at the entrance to its premises and with in the premises. The department shall also be provided signage in the lobby on the leased premises and in the building lobby.  Preference to install a prominent signage on the	Signage- The IDHS requires the right to use its logos and graphics at the entrance to its premises and with in the premises. The department shall also be provided signage in the lobby on the leased premises and in the building lobby.  Preference to install a prominent signage on the	Signage- The IDHS requires the right to use its logos and graphics at the entrance to its premises and with in the premises. The department shall also be provided signage in the lobby on the leased premises and in the building lobby.  Preference to install a prominent signage on the

### <u>Undertaking</u>

I hereby declare that all statements made in this applications are true, complete and correct to the best of my knowledge and belief. In the event of any information found false or incorrect or ineligibility being detected. I am aware my application is liable to be rejected

Signature of Legal Owner/ Power of Attorney Holder