

Request for proposal: End of Project Review - Project MANCH

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Key Information and Dates

1	RFP Number	IHAT/ADMIN/2024-25/051
2	RFP Inviting Authority and address	India Health Action Trust C-06, Mannipuram Colony Link Road No. 3, Char Imli Bhopal- 462016
3	Job Requirement	Hiring of an Agency to conduct an End of Project Review for the Project MANCH in Shahdol district in Madhya Pradesh
4	Publication of RFP notice on the Devnet portal & IHAT website	24 th January 2025
5	Last date for receipt of Queries on RFP	29 th January 2025
6	Response of queries to agencies	30 th January 2025
7	Last date for receipt of the Proposal	03 rd February 2025
8	Opening Bid of technically qualified Agencies	04 th February 2025
9	Expected date to intimate the selected agency	05 th February 2025
10	Period of contract for Survey	7 weeks from the date of signing of Contract
11	Duration of the Survey	Approximately 7 weeks

List of Acronym

FLW	Front Line Worker
GOI	Government of India
GoMP	Government of Madhya Pradesh
HH	House Hold
IHAT	India Health Action Trust
RFP	Request for Proposal
TOR	Terms of Reference

Definition

ASHA area: A delimited geographical area with about population of 1000, or about 200 households.

Contract: Contract is the document signed between IHAT and the Successful Bidder to provide deliverables listed in the RFP.

PSU: For each region list of Census Villages/ Enumeration Blocks (EB) will be considered as the list of PSUs

RFP: RFP means this document or Request for Proposal, along with any addenda/corrigenda issued by IHAT

1. Introduction

A. Purpose of Request for Proposal

This Request for Proposal (RFP) seeks to engage a qualified and experienced research agency to conduct an End of Project Review for Project MANCH. The survey aims to evaluate the outcomes and impact of project interventions, measure progress against key maternal, newborn, and child health (MNCH) indicators, and identify gaps or areas for improvement. The findings will serve as critical evidence to guide stakeholders, including the Government of Madhya Pradesh and the HCL Foundation, in making informed programmatic decisions.

Proposals are invited from competent research firms or field agencies with expertise in conducting large-scale surveys, particularly in the maternal and child health domain. The selected agency will be responsible for designing and implementing the survey, including field data collection, data analysis, and preparation of a comprehensive final report.

B. Background of the Project MANCH

Project **Maternal, Newborn And Child Health** (MANCH) aims to increase the availability, quality and utilization of critical maternal, newborn and child health (MNCH) services across the continuum of care. The India Health Action Trust (IHAT) works in close coordination with the Government of Madhya Pradesh (GoMP) to assess gaps in effective coverage and develop interventions to address these gaps at the community, facility and health systems level. Lessons learned from this initiative are planned to be scaled up through strong partnerships and collaboration with Governments, donors, local civil society organisations and local academic institutions.

MANCH means 'platform' and stands for **Maternal, Newborn And Child Health**. Shahdol district in Madhya Pradesh (MP) is the site for the direct implementation of this project, funded by the HCL Foundation. Shahdol district has a total population of 10,64,989 (Census 2011), over 50% of whom belong to tribal populations. Though MP has made good strides in improving the maternal, newborn and child health (MNCH) outcomes, observed by the declining maternal, neonatal, infant and under-5 mortality rates, the annual rate of reduction (ARR) is far from achieving the Sustainable Development Goals by 2030. There is wide heterogeneity in the distribution of MNCH outcomes and tribal districts were identified to be lagging behind the rest of the state. Shahdol district in eastern MP is one tribal district with sub-optimal MNCH outcomes Accelerating the Annual Rate of Reduction in new-born mortality will accelerate progress towards achievement of SDG in Shahdol division and step up progress in MP. The project is designed to: (i) Improve the quality and quantity of FLW interactions at the community level and within the household; (ii) Improve quality of MNCH related primary/secondary care services within public health facilities; and (iii) Improve the quality of government data systems to measure and monitor changes in a timely manner so that appropriate actions can be implemented in response. More broadly, the project will increase the coverage of antenatal care and post-natal care services at the community level, identify reasons and solutions to reduce the high prevalence of home deliveries and improve the availability of quality services within healthcare facilities for better management of normal and complicated deliveries. Early detection, timely referral, and effective management of high-risk pregnancies and sick and small newborns are important strategies for the project.

The MANCH project was initiated on April 1st, 2021, and will continue until March 31st, 2025. It covers five blocks of Shahdol district and implements community, facility, and health system interventions.

C. Background of the Project Intervention area

Shahdol is a rural district in eastern MP, with a total population of 10.6 lakh and a rural population of 8.4 lakhs, including over 50% of the tribal population. It is surrounded by Anuppur in the southeast, Satna and Rewa in the north, Sidhi in the northeast, Umaria in the west, and the Koriya district of Chhattisgarh in the west. The main source of income in the district is agriculture.

As per NFHS-5, only 74% of women received Antenatal Care in the first trimester and 57% received four ANC check-ups. The report showed that ~12% of women are hypertensive, and ~57% of pregnant women are anaemic. Home Delivery was high at 14%. Only 33% of newborns were initiated into breastfeeding within one hour of birth, and 79% received postnatal care from some doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery. Institutional delivery is largely in government facilities is 83%.

The project is implemented in all five blocks with >50% tribal and 100% rural population viz., Jaisinghnagar, Gohparu, Sohagpur, Burhar and Beohari blocks (Census 2011) and these are covered by direct project implementation. As per the Health Management Information System (HMIS), these five blocks have 274 Health Facilities. There are about 1115 ASHA, 95 ASHA SAHYOGIS, 358 ANM in Shahdol district. The district has five facilities for the provision of Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) services. The district hospital of Shahdol district is located in Sohagpur block. Also, there is a Government medical college in Shahdol, and two civil hospitals are available in Beohari and Jaisinghnagar blocks.

Outcomes, including changes in the community knowledge, skills, behaviours, and practices, will be measured using quantitative baseline and end of project surveys at the community and facility levels. End of Project Review reports will be submitted to the GoMP and HCL Foundation.

The baseline survey for this project was completed in all five blocks of Shahdol in May 2022. Similar tools for community and facility assessments will be used to determine the end of project impact on communities from baseline. This end of project review document has been prepared to request proposals for conducting the quantitative end-line survey at the community level.

D. Specific Objectives

The End of Project Review for Project MANCH aims to comprehensively evaluate the coverage & quality of the project's interventions in improving maternal, newborn, and child health (MNCH) outcomes in the Shahdol district.

Community Level Objectives

- i. **Assessing MNCH Indicators:** Measure progress in key MNCH indicators, including antenatal care (ANC) coverage, institutional delivery rates, postnatal care (PNC) uptake, and essential newborn care practices.

- ii. **Evaluating High-Risk Case Management:** Determine the effectiveness of project interventions in identifying, referring, and managing high-risk pregnancies and sick newborns at the community level.
- iii. **Understanding Community Behavior and Perceptions:** Evaluate community-level knowledge, attitudes, and practices related to maternal and child health, including barriers to accessing timely healthcare services.

In addition, End of Project Review will also assess the following objective-Examining Equity in Service Delivery: Assess whether the project interventions have addressed gaps in healthcare access and utilization, particularly for marginalized tribal populations.

E. Geographical Coverage and Sample Design

The coverage and sample design of the End of Project Review are similar to those of the baseline.

- i. **Survey Population:** The survey population for the community-based survey includes women who recently delivered (within the last six months), including both live and stillbirths.
- ii. **Coverage:** The proposed End of Project Review will be conducted in all 5 blocks of Shahdol district.
- iii. **Indicators measured in Community based survey:** The key indicators covered in the survey are as given below.

Table 1: MNCH Indicators to be measured in Community based quantitative survey

SL #	Objective	Indicator	Source	Other Sources of Data
1.	To measure the effective coverage, including the quality of antenatal and postnatal care services within the community	% of pregnant women registered for ANC/received any ANC	Survey	Census, ASHA area mapping, NFHS/SRS data
		% of ANC registered within the first trimester	Survey	
		% of women who had at least 4 or more ANC	Survey	
		% of women receiving full ANC	Survey	
2.	To assess institutional delivery coverage, quality of care during delivery and immediate post-delivery.	% of women who delivered at a health facility	Survey	HMIS, NFHS
		% of women who received Post-natal care from health personnel	Survey	
		% of newborns who received Post-natal care from health personnel within the first week after birth	Survey	
		% of newly delivered women who initiated breastfeeding within one hour after birth	Survey	
		% of newborn < 2kg at birth who received Kangaroo Mother care training before being discharged and well	Survey	ASHA area mapping
		% of Pregnant women identified as HRP	Survey	
		% of sick and small newborns identified	Survey	

F. Selection of PSU's/ASHA areas

The list of ASHA areas will form the sampling frame for the selection of Primary Sampling Units (PSUs). All the ASHA areas (consisting of about 1,000 population or about 200 households) within each block will be listed and the required number of ASHA areas will be selected using systematic random sampling procedure. The required number of ASHA areas to be selected based on the estimated births as derived using crude birth rate (CBR) for year 2024 in Shahdol (19.5 per 1000 population) and the block population. Table 2 shows the number of ASHA areas to be selected from each block.

Table 2: Required number of ASHA area to achieve required sample size

Blocks	Population 2024	ASHA areas block wise (2024)	CBR	Estimated number of mothers delivered in the past 6 months per ASHA area	Required sample of mothers delivered in the past 6 months	Required number of ASHA areas
Beohari	261986	221	19.5	11	160	15
Burhar	313578	277	19.5	11	160	15
Jaisinghnagar	226734	313	19.5	11	160	15
Pali 1	126844	146	19.5	11	160	15
Sohagpur	321350	253	19.5	11	160	15
Shahdol	1250492	1210	19.5	55	800	75

All the identified respondents will be administered the survey within a selected primary sample unit (PSU) – the PSU, in this case, being the ASHA area. A complete listing of selected ASHA catchment areas will be done in each block, followed by a random selection of ASHA areas required for women delivered in the past 6 months. Within each selected ASHA area, the field researcher will (1) determine the boundary of the catchment area (2) with a random start, will visit each household within the designated area, and will interview all available eligible respondents.

G. Data collection for community-based survey

i. Interview method

Digital data collection techniques will be employed by the hired agency, to canvass questions and record answers to facilitate quick data collection.

The group-relevant questionnaires will be made available in a mobile-based application. The interviewer will be able to record the responses for each question, and upon completion of each questionnaire/PSU, the interviewer will be able to upload the collected data.

ii. Data collection team

Overall, it is expected that there will be 5 field teams with each team consisting of 2 field researchers supported by 1 field supervisor. There will be 1 Specialist M&E for overseeing and ensuring the data collection flow and quality across all the 5 deployed teams. The data collection teams shall be trained for 7 days, including field practice and the questionnaire shall be administered in the local language also. *Please note that the above composition is tentative & preferred but subject to any changes/modifications proposed by the agency.*

iii. **Field work plan**

On an average, each team is expected to cover one block in about 20 working days. Thus, data collection in 5 blocks would be completed in about 3 weeks. *Please note that the above Field work plan is tentative & preferred but subject to any changes/modifications proposed by the agency.*

iv. **Consent**

Informed written consent needs to be obtained from all participants for the survey. In case no consent is provided, interviewer shall move to the next participant.

v. **Data Analysis Plan**

All the collected data will be checked for quality issues, and after editing, it will be transferred into STATA software. For quantitative data, data will be analyzed using STATA. All the indicators for the computation of effective coverage will be computed and then configured using machine intelligence. The trends in coverage of ANC, PNC, HRP identification, breastfeeding, KMC and the identification of newborns /sick children will be analysed from baseline till the end of project review.

H. **Survey quality assurance**

Protocols will be established and implemented to reduce the potential non-sampling errors in the baseline. These protocols include the following:

- i. **Standardization of the interview method** – how to ask the questions and how to record the responses – through an interviewers' manual that will be used for training the field research teams
- ii. **Regular Spot and Back checks:** During the field data collection period in each block, the field supervisor will visit at least 2 completed PSUs per interviewer and verify the following:
 - Whether the interviewer had visited the PSU at the reported date
 - Whether the interviewer had visited the selected ASHA area
 - Whether the interviewer has covered approximately all the households within the boundary of ASHA area – this will be done through visiting at random the households in the periphery of the area
 - Whether the interviewer has missed any eligible respondent in the ASHA area – by visiting randomly the households that did not have any eligible respondent
 - We verify the geocodes for the location of interview

If there has been error in any of the above criteria, the data collection in that PSU will be repeated.

2. **Scope of Work**

This outlines the specific tasks, deliverables, and responsibilities the selected agency will undertake to execute the End of project review for Project MANCH. It defines the project boundaries, objectives, and expected outcomes for the agency's involvement. It serves as a guide to ensure that all parties involved are aligned on the goals and deliverables and details the process for successfully conducting the survey.

A. **Field Team Management:**

- i. Recruit, train, and deploy qualified field staff for data collection.

- ii. Ensure field team salaries, transportation, and logistics are well-managed to support smooth operations.
- B. **Data Collection and Quality Assurance:**
- i. Collect data across all project locations, adhering to protocols and timelines.
 - ii. Implement robust quality control measures to maintain data accuracy, including regular spot checks, back checks, and real-time data validation.
 - iii. The agency will be responsible for the collection and uploading of data to the IHAT server on a daily basis.
 - iv. The agency will ensure that there will be no data loss/damage before successful submission to the server.
 - v. Any failure needs to be compensated by the Agency.
- C. **Data Analysis and Reporting:**
- i. Conduct comprehensive data analysis to derive insights and key findings.
 - ii. Submit a high-quality final report with actionable recommendations, incorporating feedback from the client.
- D. **Timely Delivery of Outputs:**
- i. Adhere to agreed timelines for all deliverables, including fieldwork, analysis, and reporting.
 - ii. Address any delays proactively and ensure on-time submission of outputs.
- E. **Compliance with Standards and Guidelines:**
- i. Comply with ethical, technical, and legal standards outlined by the client and relevant authorities.
 - ii. Ensure adherence to data protection regulations and project-specific guidelines.
- F. **Documentation and Communication:**
- i. Maintain detailed records of all processes.
 - ii. Provide regular progress updates to the client (IHAT) and respond promptly to queries or concerns.
- G. **Ethical Consideration**
- i. Ensure all participants, including community members, health facility staff, and frontline workers, provide informed consent before data collection.
 - ii. Maintain strict confidentiality of all collected data, ensuring it is stored and used exclusively for the survey.

3. Payment schedule

The payments will be made in instalments upon achieving mutually agreed-upon deliverables by the hired agency and IHAT. However, payments shall be released after deducting the performance guarantee (PG), equal to 5% of the payable amount, and the applicable TDS.

- **30%** upon signing of the contract
- **30%** upon completion of data collection
- **20%** upon submission of the first draft report
- **20%** upon submission of the final report

Taxes, as applicable, shall be deducted at source from all payments.

4. Penalty charges & performance guarantee

In case of non-fulfilment of any contract terms and/or any delay in completion of a deliverable/s IHAT at its discretion, may levy a penalty which may extend up to a maximum of 10% of the

contract sum.

For each payment that becomes due, 5% of the amount will be deducted as a performance guarantee. On completion of the project, the accumulated performance guarantee shall be released after any penalty is deducted.

5. Risks of Engagement

In case of data loss, damage, manipulation, or poor quality, the agency will recollect fresh data without any additional cost from IHAT.

6. Guideline for Submitting Proposals

A. **Technical Proposal:** Items to be included in the proposal are as follows:

B. Organizational Profile

- i. Name and address of the Organization.
- ii. Year of establishment.
- iii. Legal status of the Organization – Whether the Organization is registered under Society Registration
- iv. Act in India or is an autonomous body or a Limited company or partnership firm, etc., and details thereof (e.g., name(s) of partners, Managing Directors, Chief Executive Officers, key persons)
- v. Principal nature of activities undertaken.
- vi. Organizational structure and names of personnel, their titles, and *curriculum vitae* including nature of appointment and duration with the organization of the key personnel proposed to be involved in this survey
- vii. Communication details of the organization: mailing address, telephone and fax numbers, email address, etc.
- viii. Point of contact: Name, Designation, contact number & E-mail ID
- ix. Organogram of the organisation

C. Survey Experience

- i. Area of specialization of Field research/survey as stated in pre-qualification criteria (enclose copy of the papers, letter of engagement, etc.)
- ii. The geographical coverage (State/UT) of surveys conducted by FA.
- iii. List of large-scale demographic and/or health and/or social sector surveys conducted by the Organization with information on the geographical area covered.
- iv. Documentary evidence of experience of conducting at least one large-scale demographic and/or health survey in the last three years.

D. Financial Status of the Organization (For the last 3 financial years)

- i. Total revenue and expenditures of the organization.
- ii. Latest copy of the certified Audited Annual Accounts (Balance sheet, profit and loss accounts, etc.) in support of the Financial Status.

E. Financial Proposal

- i. The financial quotes should cover the entire cost of the household survey, including the training of survey staff, travel and allowances, the provision of vehicles for each team, all resource costs, etc.
- ii. The total cost quoted should be inclusive of all taxes including GST.

- iii. The financial proposal will be evaluated only when an agency has qualified upon evaluation of the technical proposal

H. Submission of Proposal

The agency shall submit all bid documents in the email. Bid must consist of the following:

- i. Technical proposal, email subject line “End of Project Review MANCH”-*File name-End of Project Review - MANCH Technical Proposal Agency name*
- ii. Financial proposal with *file name “End of Project Review - MANCH financial Proposal-agency name”*-Password protected. Password to be shared with IHAT only after a written communication from Procurement@ihat.in.
- iii. The last date for submission of complete proposal (Technical and Financial) with all supporting documents (by email only) is 03rd February, 2025. If required, the agency may be requested to present its proposal for better understanding. IHAT may also like to call the shortlisted agency’s team and discuss about the proposed assignment before contracting process.

I. Evaluation of the Proposal for Agency:

An IHAT evaluation committee would examine both the technical and financial bids based on the details provided in the Invitation for proposal for the agencies that are shortlisted, as per the eligibility criteria for technical evaluation.

H. Selection of Agency

FAs must score a minimum of 70 points out of 100 (70%) to qualify for the technical proposal.

Technical Evaluation based on:

S.N	Evaluation Items	Marks
1	Organizational Profile	25
2	Experience in conducting health surveys in Hindi-speaking northern states, mainly in Madhya Pradesh, using handholding devices.	15
3	A detailed description of how the agency will approach, plan, and complete the scope of work outlined in RFP.	40
4	A proposed timetable outlining the specific steps to be taken to complete the activities in the scope of work.	20

- A clear detailed financial proposal (Annexure-A) carrying unit cost for each and every head item of the survey must be submitted. An ad-hoc figure for the cost of the survey will be summarily rejected at the time of the financial proposal opening.
- Quality and Cost-Based Selection (QCBS) criteria will be adopted for the final selection. The weightage for the technical and financial proposals will be 70 and 30 per cent, respectively.
- Points obtained by the Agency for both Technical (70%) and Financial (30%) scores would be clubbed for the final selection.

7. General Terms & Conditions

- I. The proposal, along with all the correspondence and documents exchanged by the agency and the IHAT, shall be written in the English language.

- II. IHAT reserves the right to amend any of the RFP conditions or apart thereof before the last date for the receipt of the proposal, if necessary.
- III. Bidding agency are requested to submit queries/clarifications pertaining to the RFP and must refer to the specific sections and clauses of the RFP in writing through EMAIL ONLY at <Procurement@ihat.in>. No queries/clarifications shall be entertained after 29th January, 2025.
- IV. The Financial Proposal will be evaluated only when a Bidder has qualified the technical proposal.
- V. The proposal will be valid for 60 days from the date of submission. IHAT will make its best effort to elect an agency within this period.
- VI. The bidders are advised to attach any additional information that is considered necessary to establish its capabilities. No further information will be entertained after submission of application unless it is required by IHAT. IHAT, however, reserves the right to call for additional information and clarification on information submitted by the agency.
- VII. Proposals must be emailed to Procurement@ihat.in
- VIII. The data, schedules, reports and other material used by the agencies during the implementation of the study shall remain the property of the IHAT. The agency will not be allowed to use this information in any forum, national or international, without the explicit permission given in writing by IHAT.
- IX. Bidding in form of "Consortium/Collaboration" will be not entertained.
- X. Final selection of the agency is the sole right of the IHAT selection committee. IHAT will not entertain any query from the bidders related to selection process.
- XI. IHAT reserves the right to cancel the RFP at any stage without citing any reason

Annexure-A

Format for Financial Proposal

Proposed Budget Template Sheet for End of project review- Project MANCH					
S. No.	Budget Heads				
1	Consultancy Fee	Duration	Unit Cost (Per day)	No. of Persons	Amount in Rs.
	Position Name (Add row below as required)				
	Sub Total				
2	D. A. (Accommodation & Food)	Duration	Unit Cost (Per day)	No. of Persons	Amount in Rs.
	Position Name (Add row below as required)				
	Sub Total				
3	Travelling Cost	Duration	Unit Cost (Per day)	No. of Vehicle	Amount in Rs.
	Describe line item (add row below as required)				
	Sub Total				
4	Training Cost	Duration	Unit Cost (Per day)	Quantity	Amount in Rs.
	Describe line item (add row below as required)				
	Sub Total				
5	Stationery etc.	Duration	Unit Cost	Quantity	Amount in Rs.
	Describe line item (add row below as required)				
	Sub Total				
6	Misc. Exp.	Duration	Unit Cost	Quantity	Amount in Rs.
	Describe line item (add row below as required)				
	Sub Total				
A	Total (1 to 6)				
B	Agency overhead cost				
Total (A+B)					
Total for GST					
C	GST				
Grand Total (A+B)+C					

Annexure –B

Declaration by the Bidder for Non- Blacklisting and non-conviction

(On the letter head of Agency)

1. I, the undersigned, do hereby certify that all the statements made in our bid are true and correct.
2. The undersigned hereby certifies that neither our _____ (*Please mention: OPC / Company / Society / Trust / LLP / Partnership or Any Institution formed under an act of Parliament or State / UT Legislature of India*) M/s _____ nor any of its Directors/President/Chairperson/Trustee has abandoned any work for the Government of Madhya Pradesh or any other State Government or Government of India during last five years prior to the date of this Bid.
3. The undersigned also hereby certifies that neither our _____ (*Please mention: OPC / Company / Society / Trust / LLP / Partnership or Any Institution formed under an act of Parliament or State / UT Legislature of India*) M/s _____ nor any of its Directors / President / Chairperson / Trustee have been debarred / blacklisted by Government of Madhya Pradesh, or any other State Government or Government of India for any work.
4. The undersigned further certifies that
 - a. Our _____ (*Please mention: OPC / Company / Society / Trust / LLP / Partnership or Any Institution formed under an act of Parliament or State / UT Legislature of India*) M/s _____ has not been criminally indicted or punished for any offence, nor is/are any criminal case(s) pending before any Competent Court; and/or
 - b. The Directors / President / Chairperson / Trustee of our _____ (*Please mention: OPC / Company / Society / Trust / LLP / Partnership or Any Institution formed under an act of Parliament or State / UT Legislature of India*) M/s _____
_____ criminally indicted or convicted of any offence nor is/are any criminal case(s) or pending before any Competent Court.
 - c. We have not been found guilty and are not found to be involved in any pending /ongoing CBI or Criminal Litigations. In case of any pending /ongoing litigation(s) of the aforementioned nature, involving our _____ (*Please mention: OPC / Company / Society / Trust / LLP / Partnership or Any Institution formed under an act of Parliament or State / UT Legislature of India*), we agree to declare the same.
5. The undersigned hereby authorize(s) and request(s) any bank, person, firm, Competent Authority or corporation to furnish pertinent information deemed necessary and requested by IHAT, Madhya Pradesh to verify this statement or regarding my (our) competence and general reputation.
6. The undersigned understands and agrees that further qualifying information may be requested, and agrees to furnish any such information at the request of the IHAT, Madhya Pradesh.

(Signature of the Authorized Signatory)

(Name and Designation of Authorized Signatory)