**BIDDING DOCUMENTS**

**FOR SUPPLY, INSTALLATION & COMMISSIONING OF MEDICAL EQUIPMENT ON TURKEY BASIS FOR 100 BEDDED GANGWARAHOSPITAL, DHARBHANGA, BIHAR**.

A description...

**Bid Reference No.: BMSIC/2024-25/ME-388**

**Bihar Medical Services And Infrastructure Corporation Limited**

**2nd & 3rd Floor, Swasthya Bhawan, Behind IGIMS, Sheikhpura, Adjacent to State Health Society, Patna- 800014, Bihar**

**Bihar Medical Services And Infrastructure Corporation Limited**

**2nd & 3rd Floor, Swasthya Bhawan, Behind IGIMS, Sheikhpura, Adjacent to State Health Society, Patna- 800014, Bihar**

Telephones: 0612-2219634 e-mail: md-bmsicl-bih@nic.in

**INVITATION FOR E-BIDS**

**FOR**

**SUPPLY, INSTALLATION & COMMISSIONING OF MEDICAL EQUIPMENT ON TURNKEY BASIS**

***[Modify as appropriate to indicate general description of items under procurement]***

|  |  |
| --- | --- |
| Tender Reference No. | **BMSICL/2024-25/ME-388** |
| Date of Pre- Bid Meeting | **16th December 2024** at 12:00 Hrs in Conference hall of BMSICL, 3rd Floor, Swasthya Bhawan, Behind IGIMS, Sheikhpura, Adjacent to State Health Society, Bihar.  **All Pre-bid queries to be submitted through e-mail on** [**bmsicltenderequipment@gmail.com**](mailto:bmsicltenderequipment@gmail.com) **upto 18th December 2024 till 17:00 Hrs.**  **(Note:- No Pre-bid queries would be entertained after the above mentioned dead line)** |
| date and time of submission of online bids | **16th January 2025** upto 17:00 Hrs. |
| Last date and time for submission of original documents of EMD (in the form of BG). | **17th January 2025** till 14:00 Hrs. |
| Date, Time and Place of opening of Technical Bid | **17th January 2025** (at 15:00 Hrs.) on the website of [**https://eproc2.bihar.gov.in**](https://eproc2.bihar.gov.in) in the office of BMSICL |
| Date and time of opening of financial Bids | To be announced later on **https://eproc2.bihar.gov.in** |
| Validity of Tender | 180 Days |
| Cost of the tender document | Rs.11,800/- (Eleven Thousand Eight Hundred only) Non- refundable. |
| Tender Processing Fee | Rs 590/- (on the website of [**https://eproc2.bihar.gov.in**](https://eproc2.bihar.gov.in)**)** |

1. To participate in E-Tendering the tenderer will have to be registered with E-Tendering service provider. For this, help desk – mjunction services limited RJ complex, 2nd Floor, Canara Bank, Campus, khajpura, Ashiana road, P.S –Shastri Nagar, Patna-800014, Toll Free No.-18005726571, Email-ID: [eproc2support@bihar.gov.in](mailto:eproc2support@bihar.gov.in) can be approached.
2. The cost of tender document is acceptable only inOnline mode**(on the website:https://eproc2.bihar.gov.in)** and it is non-refundable.
3. The required amount of Earnest Money is acceptable in the form of Bank Guarantee issued by nationalized/schedule bank in favour of **Managing Director, Bihar Medical Services and Infrastructure Corporation Limited**, **Patna** and payable at Patna **(Only Offline mode)**. The Earnest Money deposited in any other form shall not be acceptable.
4. The Tender Inviting Authority reserves the right to extend the schedule of tender or to reject the tender without assigning any reason.
5. The fee of bid processing is to be deposited by the tenderer through net banking i.e. RTGS/NEFT/Debit Card. The tenderer must ensure the payment before schedule time otherwise the corporation will not be responsible for any delay.
6. It is essential to deposit hard copy of **EMD** Fee in the form of BG **(Offline mode)**, of quoted item in sealed envelope at Bihar Medical Services Infrastructure Corporation Limited, Patna **by 17th January 2025**  **at 14.00 Hrs.**
7. Note: Please number the documents with serial number on each and every page and do mention the total number of pages of bidding document. In technical Bid parallel assign the corresponding page numbers of supporting documents. Any discrepancy or misrepresentation in this aspect will not be entertained.
8. Any queries and questions regarding the tender should be addressed to MD BMSICL (either through letter or through e-mail:-[md-bmsicl-bih@nic.in](mailto:md-bmsicl-bih@nic.in)and/or bmsicltenderequipment@gmail.com or contact no. 0612-2219634/35) up to 7 days before of closing of online bid registration.
9. All communication, addendum/corrigendum related to this tender will be issued on the website of <http://eproc2bihar.gov.in>
10. Managing Director, BMSICL reserves the right to reject any or all the applications without assigning any reason.

**Note**- Changes suggested by prospective bidder in Pre-Bid meeting may be incorporated in the tender document at the sole discretion of the tender inviting authority and for which corrigendum will be issued separately and uploaded on the website [https://eproc2.bihar.gov.in](http://www.eproc2.bihar.gov.in)& www.bmsicl.gov.in

**Sd/-**

**Managing Director**

**BMSICL, Patna**

**Table of Content**

Invitation for e- bids (IFB) 5

Section i- instruction to bidders (ITB) 7

A introduction 8

1. Scope of bid 8

2. Fraud and corruption 8

3. Eligible bidders 9

4. One bid per bidder 9

5. Cost of bidding 9

6. Alternative tender 9

B. The bidding documents 10

7. Contents of bidding documents 10

8. Clarification of bid documents 10

9. Pre-bid meeting 10

10. Amendment of bidding documents 11

C. Preparation of bids 12

11. Language of bid 12

12. Documents constituting the bid 12

13. Bid form 12

14. Bid prices 12

15. Documents required to be submitted 13

16. Documents establishing bidder’s qualification 13

17. Documents establishing goods conformity to bidding documents 14

18. Earnest money deposit (emd) 14

19. Period of validity of bids 16

20. Preparation of bid 16

D. Submission of tenders 17

21. Method of bids submission 17

22. Deadline for submission of bids 18

23. Late bids 18

24. Modification and withdrawal of bids 18

E. Bid opening and evaluation 19

25. Opening of bids by purchaser 19

26. Clarification of bids 19

27. Preliminary evaluation 19

28. Evaluation and comparison of substantially responsive bids 20

29. Contacting the purchaser 22

F. Award of contract 23

30. Post-qualification 23

31. Award criteria 23

32. Purchaser’s right to vary quantities 23

33. Purchaser’s right to accept any bid and to reject any or all bids 23

34. Issue of notification of award 23

35. Signing of contract 24

36. Performance security 24

37. General guidelines for the submission of e-tender 24

## INVITATION FOR E- BIDS (IFB)

**For Supply, Installation & Commissioning of Medical Equipment on Turkey Basis for 100**

**Bedded Gangwara Hospital, Dharbhanga, Bihar**.

**By Managing Director,**

**Bihar Medical Services And Infrastructure Corporation Limited**

**2nd & 3rd Floor, Swasthya Bhawan, Behind IGIMS, Sheikhpura, Adjacent to State Health Society, Patna- 800014, Bihar**

**Bid Reference No.:-BMSIC/2024-25/ME-388** Date**: December 2024**

The Bihar Medical Services and Infrastructure Corporation Limited, Patna (name of purchaser) on behalf of the Government of Bihar, invites e-bids from sole bidder as defined in section-II of this tender document / OEM of any one of the equipment listed in the schedule of requirement for Supply, testing, Demonstration, Installation and Commissioning of Medical Equipment and related services as listed below on Turnkey basis for**100 Bedded Gangwara Hospital, Dharbhanga, Bihar**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Schedule No.** | **Brief Description of Goods and Services on turkey basis** | **Qty./No.** | **Delivery Schedule**  **(in days)** | **Earnest Money Deposit (EMD) in Indian Rupees** |
| 1 | **Supply, Installation & Commissioning of Medical Equipment on Turnkey Basis for 100 Bedded Gangwara Hospital, Dharbhanga, Bihar**. | (As mentioned in section –IV) of the bid document | **As per GCC Clause -8** | 25,00,000/- ( Twenty FiveLakhs only) |

1. The qualification criteria, Detailed Technical Specifications, Scope of Work, Cost of Tender Document, Earnest Money Deposit and other conditions can be seen in the tender document to be downloaded from the website of <http://eproc2bihar.gov.in>.
2. The bids must be uploaded (e-mode/ online) at the address given at page 2 on or before 17:00 hrs. of  **16th January 2025.** All bids must be accompanied by an Earnest Money Deposit (EMD) as specified in the bidding document. Bids submitted after 17:00 hrs. of **16th January 2025** shall be rejected.
3. The Pre-bid meeting shall be organized at the purchaser’s office on **16th December 2024** at 15:00 Hrs. In the Pre-bid meeting, the prospective bidders may seek clarification on any issues related to the terms, conditions and technical specifications given in the bidding documents.
4. Technical bids will be opened (in e- mode) at Bihar Medical Services & Infrastructure Corporation Ltd., ,3rd Floor, Swasthya Bhawan, Behind IGIMS, Sheikhpura, Adjacent to State Health Society, Biharon **17th January 2025** at 15.00 Hrs. on the website of <http://eproc2bihar.gov.in>. The bidder’s representatives may attend the bid opening meeting.
5. The Purchaser reserves the right to cancel / annul the bidding process without assigning any reason thereof.
6. In the event, the dates specified for the bid receipt and opening are declared as holidays for purchaser’s office, the due date for submission of bids and opening of bids shall be the immediate following working day at the appointed time.

**SD/-**

**Managing Director**

**BMSICL, Patna**

## SECTION I- INSTRUCTION TO BIDDERS (ITB)

**INSTRUCTIONS TO BIDDERS**

## A INTRODUCTION

## SCOPE OF BID

*The Bihar Medical Services and Infrastructure Corporation Limited, Patna (name of purchaser) on behalf of Government of Bihar, invites e-bids from sole bidder / OEM (Original Equipment Manufacturer) of any one of the equipment listed in schedule of requirement for Supply, testing, Demonstration, Installation and Commissioning of Medical Equipment on turnkey basis for* Govt. for **100 Bedded Gangwara Hospital, Dharbhanga, Bihar***as specified in the Schedule of Requirements.*

## FRAUD AND CORRUPTION

1. It is required that the Purchasers as well as Bidders/Suppliers/Contractors observe the highest standard of ethics during the procurement and execution of Contracts. In pursuance of this policy, the Purchaser:
   1. defines, for the purposes of this provision, the terms set forth below as follows:
      1. “corrupt practice” means the offering, giving, receiving, or soliciting of anything of value to influence the action of a public official in the procurement process or in Contract execution; and
      2. “fraudulent practice” means a misrepresentation of facts and / or concealment of fact in order to influence a procurement process or the execution of a Contract to the detriment of the Purchaser; it includes collusive practices among bidders (prior to or after bid submission) designed to establish bid prices at artificial, noncompetitive levels and to deprive the Purchaser of the benefits of free and open competition.
      3. During Agreement period, if bidder is debarred/blacklisted by other entity, the purchaser may consider such debarment/blacklisting and will have right to such decision as deemed appropriate in public interest.
   2. will declare a firm ineligible and debar the firm, either indefinitely or for a stated period of time, to be awarded a Contract if it at any time determines that the firm has engaged in corrupt or fraudulent practices in competing for, or in executing, a contract. In such cases, appropriate legal action as per court of law shall be initiated for which the concerned bidder shall be solely responsible.
2. Furthermore, bidders shall be aware of the provision stated in Sub-Clauses 19.4 and 22.1.d. of the General Conditions of Contract

## ELIGIBLE BIDDERS

1. The eligible bidder should be a legal entity and have satisfactory supply of similar nature in the last 05(Five) year still the date of bid opening according to anyone of the following requirements.

Three similar supply, installation/Commissioning work of each costing not less than the amount equal to 40% of the estimated cost (Rs 08Crores) put to tender

or

Two similar supply, installation/Commissioning work of each costing not less than the amount equal to 60% of the estimated cost (Rs 08 Crores) put to tender

or

One similar supply, installation/Commissioning work of costing not less than the amount equal to 80% of the estimated cost (Rs 08Crores) put to tender.

Similar Works” shall mean supply, installation/Commissioning of medical equipment’ like CT, MRI, various equipment’s for various department for a Medical college like Anatomy, Physiology, biochemistry, Pathology, microbiology, pharmacology, Opthalmogy, Medicine etc. on turnkey basis in Government, Semi-Government, PSU or reputed Private hospitals/firms / Organizations/Cancer institute/Life Science Research/Biotech Laboratory or similar R & D facilities (for Hospitals).

The supply, installation/Commissioning certificate shall be issued by employer/end user agency not below the rank of Executive Engineer or Project Manager or equivalent. In case of private client the supply, installation/Commissioning certificate issued by employer should be certified by CA clearly mentioning a valid UDIN number.

* 1. A firm declared ineligible by the Purchaser in accordance with ITB Sub-Clause 2.1 (b) and GCC Sub-Clause 19.4 shall be ineligible to bid for a contract during the period of time determined by the Purchaser.

Pursuant to ITB Clause 12, the Bidder shall furnish, as part of its bid, documentsestablishing, to the Purchaser’s satisfaction, the Bidder’s eligibility to bid.

* 1. The sole bidder must have average annual turnover of Rs 12 Crores (average of any three years during the last 5 years).Bidder must submit copies of audited balance sheet and profit and loss statement detailing the same. Joint ventures and consortiums are not allowed for bidding.

## ONE BID PER BIDDER

A firm shall submit only one bid. The firm to quote for all equipment as listed in the schedule of requirement as amended. Part Bids will not be considered. Joint ventures will not be considered.

## COST OF BIDDING

The bidder shall bear all costs associated with the preparation and submission of the bid. The Purchaser will, in no case, be responsible or liable for these costs, regardless of the conduct or outcome of the biding process.

## ALTERNATIVE TENDER

Alternative Tenders are not permitted. However the Tenderers can quote Twoalternate Models / Make meeting the tender specifications with single EMD.

**B. THE BIDDING DOCUMENTS**

## CONTENTS OF BIDDING DOCUMENTS

* 1. The goods required to be supplied; bidding procedures and contract terms and conditions

are prescribed in the Bidding Documents. The Bidding Document include the following:

Section I Instructions to Bidders (ITB)

Section II General Conditions of Contract (GCC)

Section III Special Conditions of Contract (SCC)

Section IV Schedule of Requirements (SOR)

Section V Technical Specifications

Section VI Sample Forms

* 1. The “Invitation for Bids” does not form part of the Bidding Documents and is included as a reference only. In case of discrepancies between the Invitation for Bid and the Bidding Documents listed in 7.1 above, said Bidding Documents will take precedence.
  2. The Bidder is expected to examine all instructions, forms, terms and specifications in the

Bid Documents. Failure to furnish all information required as per the Bid Documents or submission of the bids not substantially responsive to the Bid Documents in every respect will be at the bidder’s risk and may result in rejection of the bid.

## CLARIFICATION OF BID DOCUMENTS

1. A prospective bidder, requiring any clarification on the Bid Documents shall notify the Purchaser in writing or by FAX/e-mail at the Purchaser’s mailing address indicated in the invitation of Bid.
2. Any clarification issued by the Purchaser in response to query raised by prospective bidders shall be published on the website of BMSICL and shall form an integral part of bid

documents and it may amount to an amendment of relevant clauses of the bid

documents.

## Pre-bid Meeting

* 1. The bidder or his representative is invited to attend a pre-bid meeting, which will take place in the office of BMSICL Patna on **16th December 2024 up to 15:00** Hrs.
  2. The purpose of the meeting will be to clarify issues and to answer questions on any matter that may be raised at that stage.
  3. The bidder may submit any query in writing or by FAX/ e-mail to reach the purchaser well before the time to be considered during the pre-bid meeting and not after 48 hours since the pre-bid meeting.
  4. Any modification of the bidding document listed in ITB Clause 7.1 which may become necessary as a result of the pre-bid meeting shall be made exclusively through the issue of

an Addendum pursuant to ITB Clause 10 and not through the minutes of the pre-bid meeting & the same will be uploaded athttp://eproc2.bihar.gov.in& or www.bmsicl.gov.in.

* 1. Non-attendance at the pre-bid meeting will not be a cause for disqualification of a bidder.

## AMENDMENT OF BIDDING DOCUMENTS

1. At any time, prior to the date of submission of Bids, the Purchaser may, for any reason, whether at its own initiative or in response to a clarification requested by a prospective bidder, or pursuant to ITB Clause 9, modify bid documents by amendments.
2. The amendments shall be notified by uploading the same at http://eproc2.bihar.gov.inand/or website of BMSICL i.e. [www.bmsicl.gov.in](http://www.bmsicl.gov.in)
3. In order to afford prospective bidders a reasonable time to take the amendment into account in preparing their bids, the purchaser may, at its discretion, extend the deadline for the submission of bids suitably.

## C. PREPARATION OF BIDS

## LANGUAGE OF BID

The bid, as well as all correspondence and documents relating to the bid exchanged by the Bidder and the Purchaser, shall be written in English language. However, the purchaser as well as bidder may correspond in Hindi language also.

## DOCUMENTS CONSTITUTING THE BID

The bid prepared by the bidder shall comprise the following components:

1. A Bid Form and a Price Schedule completed in accordance with ITB Clauses 13 and 14;
2. Documentary evidence established in accordance with ITB Clause 15 and 16 that the Bidder is eligible and qualified to perform the contract if its bid is accepted;
3. Documentary evidence established in accordance with ITB Clause 17 that the goods and ancillary services to be supplied by the Bidder conform to the bidding documents.
4. Earnest Money Deposit (EMD) furnished in accordance with ITB Clause 18.
5. Tender Document fee is acceptable only in Online mode **(On the website: https://eproc2.bihar.gov.in 2)** and it is non-refundable.
6. Tender Document fee in the form of Demand Draft in favour of Managing Director, Bihar Medical services and Infrastructure Corporation Ltd. Payable at Patna.

## BID FORM

The bidder shall complete the Bid Form and appropriate Price Schedule, indicating the goods to be supplied, brief description of the goods, quantity and prices as per section VI.

## BID PRICES

1. The bidder shall give the total composite price along with price of each equipment exclusive of GST but inclusive of Customs duty, packing, forwarding, freight, octroi/entry tax and insurance etc. Price should be as per the price schedule given in Section VI. No Foreign exchange will be made available by the purchaser.
2. Break-up of the prices indicated in the Price Schedule shall be entered in the following manner:
   * 1. The Unit price should be inclusive of, Excise duty, Sales Tax, Freight, octroi/entry tax Forwarding, Packing, Insurance and any other Levies/Charges etc.
     2. The supplier shall quote as per price schedule given in section VI for all the items given in schedule of requirement.
3. The price quoted by the bidder shall remain fixed during the entire period of contract and shall not be subject to variation on any account. A bid submitted with an adjustable price quotation will be treated as non - responsive and rejected.
4. The prices quoted by the bidder shall be in sufficient detail to enable the Purchaser to arrive at the price of material/goods offered.
5. “DISCOUNT, if any, offered by the bidders shall not be considered unless specifically indicated in the price schedule. Bidders desiring to offer discount shall therefore modify their offers suitably while quoting and shall quote clearly net price taking all such factors like Discount, free supply, etc, into account”.
6. The price approved by the Purchaser for procurement will be FOR destination which will be inclusive of all Taxes, Levies, packing, forwarding, freight and insurance as mentioned in Para 14.1, above.

## DOCUMENTS REQUIRED TO BE SUBMITTED

1. The bidder shall furnish, as part of the bid documents, the documents as called for in the Check List (Annexure – 13).
2. The offered product may be required to be type approved / demonstrated at the time and place of installation. The supplied product would be evaluated for its ability to meet the technical specifications, manufacturability, reliability, testability, ease of installation, maintainability etc. Necessary documents to substantiate these attributes will have to be submitted at the time of application for approval by the supplier for obtaining type approval.

Or

Products can be demonstrated only at Site during installation and commissioning at 100 Bedded Gangwara Hospital, Dharbhanga.

Or

In case goods offered have already been type approved/ validated by the Purchaser, documentary evidence to this effect shall be submitted by the bidder.

## DOCUMENTS ESTABLISHING BIDDER’S QUALIFICATION

1. Pursuant to ITB Clause 12, the bidder shall furnish, as part of its bid, documents establishing the Bidder’s qualification to perform the Contract if its bid is accepted.
2. The documentary evidence of the Bidder’s qualifications as per eligibility criteria to perform the Contract shall establish to the Purchaser’s satisfaction that:
3. The bidder should furnish the information on past works and satisfactory performance for being eligible in accordance with eligibility for the bidder in the Performa given under Section VI, Form No.6 and provide self-attested copies of Orders for the works for which performance certificate in form no 6 is being provided.
4. The Bidders shall invariably furnish documentary evidence in support of the supply, installation/commissioning certificate in the form of performance certificates issued by those end users whose purchase orders are referred in the performance statement as submitted in Annexure- VI by the bidders “. The supply, installation/commissioning certificate shall be issued by employer/end user agency not below the rank of Executive Engineer or Project Manager or equivalent. In case of private client, the supply, installation/ commissioning certificate issued by the employer should be certified by CA clearly mentioning a valid UDIN number.
5. The bidder should furnish authorization in the prescribed format given at Section VI, assuring full guarantee and warranty obligations as per GCC Clause 14 for the equipment offered
6. The bidder must have average turnover of Rs 12 Crores (average of any three years during the last 5 years). Bidder must submit copies of audited balance sheet and profit and loss statement detailing the same in support of its financial standing
7. Submission of Manufacturer’s authorization for the equipment manufactured by other than the bidder in Annexure-V is mandatory at the time of supply. However this may not be compulsory in case of low cost equipment.

## DOCUMENTS ESTABLISHING GOODS CONFORMITY TO BIDDING DOCUMENTS

1. Pursuant to ITB Clause 12, the Bidder shall furnish, as part of its bid, documents establishing the conformity to the bidding documents of all goods and services which the Bidder proposes to supply under the contract.
2. The documentary evidence of conformity of the goods and services to the bidding documents may be in the form of literature, drawings and data, and shall consist of :
   1. A detailed description of the essential technical and performance characteristics of the goods;
   2. An item-by-item commentary on the Purchaser's Technical Specifications, demonstrating substantial responsiveness of the goods and services to those specifications or a statement of deviations and exceptions to the provisions of the Technical Specifications.
3. For purposes of the commentary to be furnished pursuant to ITB Clause 17.2 (b) above, the Bidder shall note that standards for workmanship, material, and references to brand names or catalogue numbers designated by the Purchaser in its Technical Specifications are intended to be descriptive only and not restrictive. The Bidder may substitute alternative standards, brand names and /or catalogue numbers in its bid, provided that it demonstrates to the Purchaser's satisfaction that the substitutions ensure substantial equivalence to those designated in the Technical Specifications.

## EARNEST MONEY DEPOSIT (EMD)

1. Pursuant to ITB Clause 12, the bidder shall furnish, as part of his bid, an Earnest Money Deposit (EMD) for an amount of mentioned in Section IV – Schedule of Requirements in the form of **Bank Guarantee(Only Offline mode)**.No other mode of payment is acceptable.
2. The Earnest Money Deposit (EMD) is required to protect the purchaser against the risk of bidder’s conduct, which would warrant the forfeiture of Earnest Money Deposit (EMD) pursuant to ITB Clause 18.7.
3. The Earnest Money Deposit (EMD) shall be in the form of Bank Guarantee issued by

a Nationalized /Scheduled Bank in the favour of Purchaser here it is Managing Director, BMSICL Patna.

(i) The bank guarantee of adequate amount covering the requirement of EMD should be valid for a period of 30 days beyond the validity of Bid.

* + - 1. BG issued to cover the requirement of EMD that should be issued from Nationalized Bank/ Scheduled Bank.
      2. The BG should be submitted in the technical bids in a separate cover. The cover should be subscribed as **“EMD Fee in the form of BG for tender no. BMSICL/2024-25/ME-388”.**
      3. In case where the document of Earnest Money Deposit (EMD) is not submitted in the manner prescribed above, the commercial, technical offers SHALL NOT BE OPENED AND THE BID SHALL BE REJECTED.

**Note :- Bank Guarantee to be provided in the format provided in Annexure- 4**

1. A bid not secured in accordance with para 17.1, and 17.3 shall be rejected by the Purchaser being non-responsive at the bid opening stage and returned to the bidder unopened.
2. The Earnest Money Deposit (EMD) of the unsuccessful bidder will be discharged/returned as promptly as possible, but after finalization of tender. No interest will be paid against EMD and or performance security deposited by the bidders and no presentation will be allowed in this case.
3. The successful bidder’s Earnest Money Deposit (EMD) will be discharged upon the bidder’s acceptance of the advance purchase order satisfactorily in accordance with GCC Clause 5 and furnishing the performance security.
4. The Earnest Money Deposit (EMD) may be forfeited:
   1. If the bidder withdraws his bid during the period of bid validity as specified in this bidding document

(b) In the case of successful bidder if the bidder fails:

* + 1. To sign the contract in accordance with ITB Clause 30 or
  1. To furnish performance security in accordance with GCC Clause 5.

## PERIOD OF VALIDITY OF BIDS

1. Bid shall remain valid for 180 days from the date of opening of bids prescribed by the purchaser pursuant to ITB Clause 25.1. A bid valid for a shorter period shall be rejected by the purchaser being non-responsive.
2. In exceptional circumstances, the purchaser may request the consent of the bidder for an extension to the period of bid validity. The request and the response there to shall be made in writing. The Earnest Money Deposit (EMD) provided under ITB Clause 18 shall also be suitably extended. The bidder may refuse the request without forfeiting his Earnest Money Deposit (EMD). A bidder accepting the request and granting extension will not be permitted to modify his bid.

## PREPARATION OF BID

1. The Bid shall be submitted online and in physical form in parts / covers as mentioned below:
2. Tender Fee (Online only) & EMD (only in the form of Bank Gaurantee which to be submitted offline).
3. Tender Processing Fee (Only Online)

(iii) Technical Bid (Only Online)

(iv) Price Bid (Only Online).

Bidders are requested to submit EMD of quoted item of tender (Offline in the form of BG) .Bidders are requested not to submit hard copy of tender document. In case the hard copy of financial bid is submitted the tender shall be straightway rejected.

Also, uploading of the price bid in prequalification bid or technical bid will result in rejection of the tender. The entire Document which will become part of the tender (Online, Physical) should be either typed or written in indelible ink and the same shall be signed (& with official seal) by the tenderer or by a person(s) who has been duly authorized to bind the tenderer to the contract. The tender shall be duly signed at the appropriate places as indicated in the TE documents and all other pages of the tender including printed literature, if any shall be initiated by the same person(s) signing the tender.

The tender shall not contain any erasure or overwriting, except as necessary to correct any error made by the tenderer and, if there is any such correction; the same shall be initialed by the person(s) signing the tender. The entire document being part of tender document should be page numbered. A person signing (manually or digitally) the tender form or any documents forming part of the contract on behalf of another shall be deemed to warranty that he has authority to bind such other persons and if, on enquiry, it appears that the persons so signing had no authority to do so, the purchaser may, without prejudice to other civil and criminal remedies, cancel the contract and hold the signatory liable for all cost and damages.

1. In case Bidder is clamming for exemption from payment of Earnest Money, in accordance with SCC clause, then documentary evidence must be submitted in both Physical and in Online Mode.

(a) Prices are to be quoted in the attached

(b)Price Bid format online as per the directions on the official website.

Note: - It is the responsibility of tenderer to go through the TE document to ensure furnishing all required documents in addition to above, if any.

D. SUBMISSION OF TENDERS

## METHOD OF BIDS SUBMISSION

21.1

1. The tender shall be submitted in online and in physical form as mentioned in ITB clause 20.
2. Technical bid should contain the clause-by-clause compliance statement for the quoted goods vis-à-vis the technical specifications in the tender enquiry in addition to other required document as mentioned in TE Document.
3. Technical bid should contain the brochure, catalogue of offered/ quoted items which should reasonably explain in detail about the quoted items & it should also confirm the clause –by-clause compliance of technical specification as asked in TE Document and other technical details incorporated by the purchaser in the TE documents to establish technical responsiveness of the goods and services offered in its tender.
4. In case there is any variation and/or deviation between the goods & services prescribed by the purchaser and that offered by the tenderer, the tenderer shall list out the same in a chart form without ambiguity and provide the same along with its tender.
5. If a tenderer furnishes wrong and/or misguiding data, statement(s) etc. about technical acceptability of the goods and services offered by it, its tender will be liable to be ignored and rejected in addition to other remedies available to the purchaser in this regard.
6. Failure in complying above mentioned clause 21.1 (a) –(e)., may lead to rejection of tender.
7. Bidders are requested not to submit the hard copy of Financial Bid, along with the physical documentary evidence of submission of EMD of tender, Technical Bid. In case the hard copy of financial bid is submitted in physical form, the tender shall be straightway rejected.
8. Also, uploading of the price bid in prequalification bid or technical bid will result in rejection of the tender Unless otherwise specified, the tenderers are to submit its tender online and deposit the physical form of tenders EMD, Technical bid and if applicable documentary support for seeking exemptions of EMD as per SCC clause are to be submitted in physical form, no other documents are required to be submitted in physical form) in sealed envelope to the purchaser address.
   1. The envelopes shall be addressed to the purchaser at the following address:
9. Bihar Medical Services and Infrastructure Corporation Limited, 4th Floor, Bihar State Building Construction Co. Ltd,**3rd Floor, Swasthya Bhawan, Behind IGIMS, Sheikhpura, Adjacent to State Health Society, Patna- 800014, Bihar**
10. The envelope shall bear (the name and address of the Purchaser), the tender number and the words ‘DO NOT OPEN BEFORE’ (due date & time) & may be sent by registered post or delivered in person on above mentioned address (address is given in Clause 21.2 (a) above). The responsibility for ensuring that the Sealed envelope containing documentary evidence of EMD and / documentary support for seeking exemptions of, EMD as per SCC clause are delivered in time would vest with the bidder and The purchaser shall not be responsible for any delay. In the event of the specified date for physical submission of tender falls on /is subsequently declared a holiday or closed day for the purchaser, the tenders will be received up to the appointed time on the next working day.
11. The Physical form of tender shall be delivered upto **17th January 2025**  **by 14:00 Hrs** BMSICL, 3rd Floor, Swasthya Bhawan, Behind IGIMS, Sheikhpura, Adjacent to State Health Society, Bihar **India** if delivered elsewhere will be rejected.
12. Venue of bid opening- **17th January 2025**  **by 15:00 Hrs** on the website of https://eproc2.bihar.gov.in at BMSICL, Patna**,** If due to administrative reason, the venue of Bid opening is changed, it will be displayed prominently on the notice board of the Purchaser’s office/at the Website address **https://eproc2.bihar.gov.in**

Note: - If the envelopes is not sealed and marked as required at ITB Clause 21.1 and 21.2, the bid shall be rejected.

## DEADLINE FOR SUBMISSION OF BIDS

1. Bids must be received by the Purchaser at the address and up to the due date and time specified under ITB Clause 21.2.
2. The Purchaser may, at its discretion, extend this deadline for the submission of bids by amending the Bid Documents in accordance with ITBclause 10 in which case all rights and obligations of the purchaser and bidders previously subject to the deadline will thereafter be subjected to the deadline as extended.

## LATE BIDS

Any bid received by the purchaser after the deadline for submission of bids prescribed by the purchaser pursuant to ITB clause 22, shall be rejected and the physical form of technical bid will be returned unopened to the bidder.

## MODIFICATION AND WITHDRAWAL OF BIDS

1. No bid may be modified subsequent to the deadline for submission of bids. The bidder may modify or withdraw its bid after submission, provided that written notice of the modification or withdrawal is received by the purchaser prior to the deadline prescribed for submission of bids along with a written power of attorney authorizing the signatory of the withdrawal.
2. The bidder’s modification or withdrawal notice shall be prepared, sealed, marked and dispatched as required in the case of bid submission in accordance with the provision of ITB Clause 21. A withdrawal notice may also be sent by FAX/ e-mail but followed by a signed confirmation copy by post not later than the deadline for submission/ uploading of bids.
3. Bids requested to be withdrawn in accordance with ITB Clause 24.1 above, shall be returned unopened to the Bidders.
4. No bid may be withdrawn in the interval between the bid submission deadline and the expiration of the bid validity period specified in ITB Clause 19. Withdrawal of a bid during this interval may result in the forfeiture of the Bidder’s Earnest Money Deposit (EMD), pursuant to ITB Clause 18.7

## E. BID OPENING AND EVALUATION

## OPENING OF BIDS BY PURCHASER

1. The purchaser shall open the technical bids in the presence of bidders or their authorized representatives who chose to attend, at the due date and time of bid opening. The bidder’s representatives, who are present, shall sign in an attendance register. Authority letter to this effect shall be submitted by the bidders before they are allowed to participate in bid opening (A Format is given in Section VI).
2. A maximum of two representatives of any bidder shall be authorized and permitted to attend the bid opening.
3. The bidder’s names, modifications, bid withdrawals, requisite Earnest Money Deposit (EMD) and such other details as the purchaser, at its discretion, may consider appropriate will be announced at the time of opening. No bid shall be rejected at the time if bid opening, except for late bids, bids without EMD (except in case where exemption of EMD has been requested in pursuant to Special condition of Contract) & for such rejected bid no further evaluation will be done.
4. The price bids of bidders whose Technical bids are found technically responsive and comply with the bid documents will only be considered for financial evaluation. The date of opening of financial bids shall be communicated to such bidders, whose Technical bids are found technically responsive. The bidder’s representative may be present at the time of opening of price bid at the pre-appointed time, date and venue.
5. The date fixed for opening of bids, if subsequently declared as holiday by the Government, the revised date of schedule will be notified. However, in absence of such notification, the bids will be opened on next working day, time and venue remaining unaltered.

## CLARIFICATION OF BIDS

To assist in the examination, evaluation and comparison of bids, the purchaser may, at its discretion ask the bidder for the clarification of its bid. The request for the clarification and the response shall be in writing. Unless the purchaser asks for change in price due to clarifications sought, the bidder is not permitted to alter the price Bid (online submission only).

## PRELIMINARY EVALUATION

1. Purchaser shall evaluate the bids to determine whether they are complete, whether any computational errors have been made, whether required sureties have been furnished, whether the documents have been properly signed and whether the bids are generally in order. Bids from representatives, without proper Authorization from the manufacturer as per Section VI, may be treated as non-responsive. However in case of an equipment without such authorization at the time of submission of bid, the undertaking from the bidder to comply with the conditions laid down in clause 16.3 supra as well as to cover full warranty/CMC of such equipment shall be taken into account for the purpose of technical responsiveness under this clause.
2. Purchaser shall evaluate the bids to determine whether they are complete, whether any computational errors have been made, whether required sureties have been furnished, whether the documents have been properly signed and whether the bids are generally in order. Bids from representatives, without proper Authorization from the manufacturer as per Section VI, shall be treated as non-responsive execpt in cases ofthose equipment for which the bidder gives undertaking tocomply with the provisions ofClause 16.3 supra.
3. Arithmetical errors shall be rectified on the following basis. If there is a discrepancy between the unit price and total price that is obtained by multiplying the unit price and quantity, the unit price shall prevail and the total price shall be corrected by the purchaser. If there is a discrepancy between words and figures, the amount in words shall prevail. If the supplier does not accept the correction of the errors, his bid shall be rejected.
4. Prior to the detailed evaluation pursuant to ITB Clause 28, the Purchaser will determine the substantial responsiveness of each bid to the Bid Document. For purposes of these clauses, a substantially responsive bid is one which confirms to all the terms and conditions of the Bid Documents without material deviations. Deviations from or objections or reservations to critical provisions such as those concerning Performance Security (GCC clause 5), Warranty (GCC clause 14), Force Majeure (GCC clause 21), Applicable Law (GCC clause 28) and Taxes and duties (GCC clause 30) along with deviation in Technical Specifications will be deemed as material deviation. The purchaser’s determination of bid’s responsiveness shall be based on the contents of the bid itself without recourse to extrinsic evidence.
5. A bid determined as substantially non-responsive will be rejected by the purchaser and shall not be subsequent to the bid opening be made responsive by the bidder by correction of the non-conformity.
6. The Purchaser may waive any minor infirmity or non-conformity or irregularity in a bid which doesn’t constitute a material deviation, provided such waiver doesn’t prejudice or affect the relative ranking of any bidder.

## EVALUATION AND COMPARISON OF SUBSTANTIALLY RESPONSIVE BIDS

1. **Financial bid shall be considered for opening of whose technical bid which has been found eligible by the technical evaluation committee**. The Purchaser shall evaluate in detail and compare the bids previously determined to be substantially responsive pursuant to ITB Clause 27.
2. The purchasers evaluation of bid will take into account, in addition to the bid price (ex- factory/ex-warehouse/off-the-shelf price of goods offered from India, such price to include all costs as well as duties and taxes paid or payable on components and raw materials incorporated or to be incorporated in the goods, and excise duty on finished goods if payable) and price of incidental services, the following factors, in the manner and to the extent indicated in ITB clause 28.3 and in the Technical Specifications:
   1. cost of inland transportation, insurance and other costs within India incidental to the delivery of goods to their final destination.
3. Pursuant to ITB clause 28.2 the following evaluation methods will be applied:
   * 1. **Inland transportation, ex-factory/ from port-of-entry, insurance and incidentals**.
        1. Inland transportation, insurance and other incidentals, for delivery of goods to the Project site as stated in ITB clause 14.2. These costs will be added to bid price
     2. **Deviation in Payment Schedule:**
     3. The General Conditions of Contract clause 15 indicate the payment schedule offered by the ***Purchaser***. If a bid deviates from the schedule and if such deviation is considered acceptable to the ***Purchaser***, the bid will be evaluated by calculating interest earned for any earlier payments involved in the terms outlined in the bid as compared to those stipulated in this invitation at a rate of 12% per annum.
     4. Spare parts and after sales service facilities in India:

The cost of the ***Purchaser*** of establishing the minimum service facilities and parts inventories, as outlined elsewhere in the bid invitation, if quoted separately, shall be added to the bid price.

* + 1. **Compressive Annual Maintenance Contract (CMC):**

1. The Purchaser desires to have separately comprehensive maintenance charges for all equipment costing above Rs. 50,000/- in BOQ ,for a period of 7 years after the expiry of the warranty period, clearly indicating year-wise comprehensive maintenance charges, which **shall not** be considered for determining L1 Criteria to the bid price. In any case the CMC price should not be more that 6.20 % (Inc GST) of the quoted unit price of equipment. Bids without CMC charge will be considered non-responsive. Withdrawal or non-compliance of agreed terms and conditions after the execution of the contract will lead to invoking of penal provisions and may also lead to blacklisting of the successful bidder for a period of three years and forfeiture of Security deposit. In future, if the situation warrants, BMSICL reserves the right to sign the CMC agreement with the L1 bidder/OEM at the rate quoted by therespective firm in the price bid.
2. Any major repair pointed out by the ***Purchaser*** shall be rectified by the Supplier from the date of intimation within a period of 3 calendar days and commission the equipment to the satisfaction of the Purchaser, failing which the purchaser has write to levy a penalty on the Supplier a sum of Rs.2,500/- per day or part thereof for each equipment until the equipment are repaired and commission to the satisfaction of the Purchaser. Failure to repair may also lead to forfeit of Security deposit.
   * 1. **Spares:**
3. The supplier shall be required to provide a list and rates of consumables required for an equipment which is a closed system.
4. The cost of spares quoted by bidder will not be used to arrive at final price.
5. In the event of termination of production of the equipment/ spare parts, the supplier shall notify the purchaser at least two years in advance of the impending termination to enable the purchaser to procure lifetime spares. The supplier shall also provide at his own cost to the purchaser, the blueprint drawings and specifications of spare parts if and when
   * 1. **Repair of faulty equipment and setting up of Repair Facilities:**
6. The supplier shall establish adequate repair facilities for repair of faulty equipment in India within a period six months from the date of purchase order.
7. **Technical evaluation:**
8. Technical evaluation of the Bid will be done on the basis of technical qualification criteria and documents mentioned (TECHNICAL BID- COVER ‘A’) in Mandatory Documents Link present in the web portal of the [https://eproc2.bihar.gov.in](http://www.eproc.bihar.gov.in) .Failing which the bid will not be considered for technical evaluation.
9. Hard copy of tender documents uploaded shall not be submitted along with the EMD as on or before the last day of submission of tender for purely evaluation purposes..
10. The technical evaluation shall be done only on the basis of documents/papers submitted by the bidder on [https://eproc2.bihar.gov.in](http://www.eproc.bihar.gov.in)

## CONTACTING THE PURCHASER

1. Subject to ITB Clause 26, no bidder shall try to influence the Purchaser on any matter relating to its bid, from the time of the bid opening till the time the contract is awarded.
2. Any effort by a bidder to modify his bid or influence the purchaser in the purchaser’s bid evaluation, bid comparison or contract award decision shall result in the rejection of the bid.

## F. AWARD OF CONTRACT

## POST-QUALIFICATION

1. The Purchaser will determine to its satisfaction whether the Bidder that is selected as having submitted the lowest evaluated responsive bid is qualified to perform the Contract satisfactorily, in accordance with the criteria listed in ITB Clause 16& 17 and the information submitted by the bidder in the proforma for performance statement for the period of last three years given in Sec VI as well as other information the Purchaser deems necessary and appropriate.
2. An affirmative post-qualification determination will be a prerequisite for award of the contract to the lowest evaluated Bidder. A negative determination will result in rejection of the Bidder’s bid, in which event the Purchaser will proceed to the next-lowest evaluated Bidder to make a similar determination of that Bidder’s capabilities to perform satisfactorily.

## AWARD CRITERIA

Subject to ITB Clause 33, the Purchaser shall award the Contract to the Bidder whose bid has been determined to be substantially responsive and has been determined to be the lowest evaluated bid and whose goods have been type approved/validated by the purchaser.

## PURCHASER’S RIGHT TO VARY QUANTITIES

The Purchaser reserves the right at the time of Contract award or within the stipulated last date of delivery, to increase or decrease, by 25%, the quantity of goods and services beyond that originally specified in the Schedule of Requirements without any change in unit price or other terms and conditions.

## PURCHASER’S RIGHT TO ACCEPT ANY BID AND TO REJECT ANY OR ALL BIDS

The Purchaser reserves the right to accept or reject any bid, and to annul the bidding process and reject all bids, at any time prior to award of contract without assigning any reason whatsoever and without thereby incurring any liability to the affected bidder or bidders on the grounds of purchaser’s action.

## ISSUE OF NOTIFICATION OF AWARD

1. The issue of Notification of Award shall constitute the intention of the Purchaser to enter into contract with the bidder.
2. Prior to the expiration of the period of bid validity, the Purchaser will notify the successful Bidder in writing by registered letter or by cable, to be subsequently confirmed in writing by registered letter, that its bid has been accepted
3. The bidder shall within 15 days of issue of the Notification of Award, give his acceptance along with performance security in conformity with Section VI provided with the bid document.

## SIGNING OF CONTRACT

1. The issue of Notification of Award shall constitute the award of contract on the bidder.
2. Promptly after the Purchaser notifies the successful Bidder that its bid has been accepted, the Purchaser will send the Bidder the Contract Form provided in the Bidding Documents, incorporating all agreements between the parties.
3. Within fifteen (15) days of receipt of the Contract Form, the successful Bidder shall sign and date the Contract Form and return it to the Purchaser.

## PERFORMANCE SECURITY

1. Within fifteen (15) days of the receipt of notification of award from the Purchaser, the Contract, using the Performance Security Form provided in the Bidding Documents or in another form acceptable successful Bidder shall furnish the performance security in accordance with the Conditions of to the Purchaser.
2. Failure of the successful Bidder to comply with the requirement of ITB Clause 35 and ITB Sub Clause 36.1 shall constitute sufficient grounds for the annulment of the award and forfeiture of the Earnest Money Deposit (EMD), in which event the Purchaser may make the award to the next-lowest evaluated bid submitted by a qualified Bidder or call for new bids.

## GENERAL GUIDELINES FOR THE SUBMISSION OF E-TENDER

Instructions/ Guidelines for tenders for electronic submission of the tenders online have been annexed for assisting the prospective Tenderers to participate in e- Tendering.

1. **Registration of Tenderers:** Any tenderer willing to take part in the process of e-Tendering will have to be enrolled & registered with the Government e- Procurement system, through logging on to https://eprocbihar.gov.in. The prospective Tenderer is to click on the link for e-Tendering site as given on the web portal.
2. **Digital Signature certificate (DSC):** Each Tenderer is required to obtain a class-II or Class-III Digital Signature Certificate (DSC) from NIC for submission of tenders, from the approved service provider of the National Information’s Centre (NIC) on payment of requisite amount.
3. The Tenderer can search & download NIT & Tender Documents electronically from computer once he logs on to the website using the Digital Signature Certificate. This is the only mode of collection of Tender Documents.
4. **Submission of Tenders:** General process of submission, Tenders are to be submitted through online to the website at a time for each work, one in technical Proposal & the other is Financial Proposal before the prescribed date &time using the Digital Signature Certificate (DSC) the documents are to be uploaded virus scanned copy duly Digitally Signed. The documents will get encrypted (transformed into non-readable formats).

**Table of Content**

Section ii- general conditions of contract 27

1. Definitions 28

2. Standards 29

3. Use of contract documents and information; inspection and audit by the purchaser 29

4. Patent rights 30

5. Performance security 30

6. Inspection and tests 30

7. Packing 31

8. Delivery and documents 31

9. Training 32

12. Insurance 33

13. Transportation 33

14. Warranty/ shelf life 33

15. Payment terms 35

16. Prices 35

17. Change orders 36

18. Subcontracts 36

19. Delays in the supplier’s performance 36

20. Liquidated damages 37

21. Force majeure 37

22. Termination for default 38

23. Termination for insolvency 38

24. Termination for convenience 39

25. Settlement of disputes 39

26. Limitation of liability 40

27. Governing language 40

28. Applicable law 40

29. Notices 40

30. Taxes and duties 40

Section iii- special conditions of contract 41

Special conditions of contract 42

Section iv- schedule of requirements 43

Section-vi (sample forms) 152

1.bid form 153

2.price schedule 154

Form – 3 form of contract agreement 155

4. Performance security bank guarantee 157

5. Manufacturer’s authorization form 158

6. Proforma for performance statement 159

7. Consignee receipt certificate/ installation report/certificate 160

8. Statement for technical deviation: 161

# SECTION II- GENERAL CONDITIONS OF CONTRACT

## DEFINITIONS

In this Contract, the following terms shall be interpreted as indicated:

* 1. **“The Purchaser”** means the Bihar Medical Services and Infrastructure Corporation Limited (BMSICL), the organization purchasing the Goods.
  2. **“The Bidder” means** the individual or firm who participates in the tender and submits its bid.
  3. **“Days” means** calendar days.
  4. **“Sole Bidder”** means Bidder who will be a sole provider of all the equipments (Company including OPC /LLP/Partnership etc.) The Sole Provider should be registered as a legal entity such as company registered under Companies Act, Partnership Act or an equivalent law applicable in the region/state/ country.
  5. **“GCC” means** Conditions of Contract.
  6. **“The Supplier”** means the individual or firm supplying the goods and Services under the contract.
  7. **“The Goods”** means all equipment, machinery, and/or other materials which the Supplier is required to supply to the Purchaser under the contract.
  8. **“Services”** means services ancillary to the supply of the Goods, such as transportation and insurance, and any other incidental services, such as installation, commissioning, provision of technical assistance, training and other obligations of the Supplier covered under the Contract.
  9. **“End User” means** the consignees stated in the Schedule of Requirements.
  10. **“The Notification of Award”** means the intention of the Purchaser to place the Purchase order on the bidder or to enter in to contract with the bidder.
  11. **“The Contract”** means the agreement entered into between the Purchaser and the Supplier, as recorded in the Contract Form signed by the parties, including all the attachments and the appendices thereto and all documents incorporated by reference therein.
  12. **“The Contract Price”** means the price payable to the Supplier under the contract for the full and proper performance of its contractual obligations.
  13. **“Validation”** is a process of testing the equipment as per the specifications including requirements for use in hospital is carried out in simulated field environment.

1. **Application:** The General Conditions shall apply to the extent that they are not superseded by provisions in other parts of the contract.

## STANDARDS

The bidder shall procure, demonstrate, install & commission medical equipmentfor entire departments of said medical college/s in accordance with the requirement of the client as per Specifications mentioned in bid document**. The quality assurance for low cost item must be undertaken by the bidder himself , with a warranty cover of at least one year.The bidder shall furnish, at the time of delivery of equipment, the documents as called for in the Check List(Annexure – 13): Manufacturer's Authorization (if quoted by bidder other than manufacturer) as per Annexure 5.**Quality Standard Certification (USFDA/CE issued by notified body/BIS) in accordance with technical specification of the specific equipment in this bid document. These quality certificates of the offered makes and models should be attached in technical bid documents. Bidder can offer TWO alternate makes & Models of an equipment matching with technical specification in all respect.

Before the equipment are procured and the orders are placed, the supplier shall get specifications, make & model of the equipment and approved from the specification committee. No change or deviation in the broad specifications will be permitted in the schedule of requirements. The bidder will submit authorization certificate of the respective equipment to quote, execute the agreement ,supply and provide the maintenance against this order.

The supplier shall provide OEM warranty for each medical equipment procured, installed & Commissioned under this contract. The minimum warranty period shall be 3 years.

End of life (EOL) Product-Bidder must quote for the model with latest hardware and versions and make sure that no quoted equipment including hardware/software should come to an end of life within next five years from date of handing over to the Medical college& spare supports for 10 years.The bidder must submit a certificate from the respective company on their letter head in support of Non-EOL of the equipment.No compliance of this would result the rejection of the bid.

The goods supplied under this contract shall conform to the standards prescribed in the Technical Specifications mentioned in section V.

## USE OF CONTRACT DOCUMENTS AND INFORMATION; INSPECTION AND AUDIT BY THE PURCHASER

1. The Supplier shall not, without the Purchaser’s prior written consent, disclose the Contract, or any provision thereof, or any specification, plan, drawing, pattern, sample, or information furnished by or on behalf of the Purchaser in connection therewith, to any person other than a person employed by the Supplier in the performance of the Contract. Disclosure to any such employed person shall be made in confidence and shall extend only as far as may be necessary for purposes of such performance.
2. The Supplier shall not, without the Purchaser’s prior written consent, make use of any document except for purposes of performing the Contract.
3. Any document, other than the Contract itself, enumerated in GCC Sub-Clause 3.1 shall remain the property of the Purchaser and shall be returned (all copies) to the Purchaser on completion of the Supplier’s performance under the Contract if so required by the Purchaser.
4. The Supplier shall permit the Purchaser to inspect the Supplier’s accounts and records relating to the performance of the Contract and to have them audited by auditors appointed by the Purchaser, if so required.

## PATENT RIGHTS

The supplier shall indemnify the purchaser against all third-party claims of infringement of patent, trademark or industrial design rights arising from use of the goods or any part thereof in India.

## PERFORMANCE SECURITY

1. The supplier shall furnish performance security to the purchaser for an amount equal to **05 %** of the value of purchase order within **15days** from the date of issue of Notification of Award by the Purchaser.
2. The proceeds of the performance security shall be payable to the Purchaser as compensation for any loss resulting from the supplier’s failure to complete its obligations under the contract.
3. The performance security denominate in Indian Rupees shall be in the form of Bank Guarantee issued by a Scheduled/Nationalized Bank or demand draft. The performance security should be valid for the period beyond one hundred eighty (180) days following the date of completion of the Supplier’s performance obligations under the Contract, including any warranty/ shelf-Life Duration obligations
4. The performance security will be discharged by the Purchaser and returned to the Supplier not later than thirty (30) days following the date of completion of the Supplier’s performance obligations under the Contract, including any warranty and CMC (if executed by BMSICL) obligations.

## INSPECTION AND TESTS

1. The Purchaser or his representative shall have the right to inspect and test the goods as per prescribed test schedules for their conformity to the specifications. Where the Purchaser decides to conduct such tests on the premises of the supplier or its subcontractor(s), all reasonable facilities and assistance like Testing instruments and other test gadgets including access to drawings and production data shall be furnished to the inspectors at no charge to the purchaser. The supply will be accepted only after quality assurance tests are carried out by the Purchaser as per prescribed schedule and material passing the test successfully.
2. Should any inspected or tested goods fail to conform to the specifications the purchaser may reject them and the supplier shall either replace the rejected goods or make all alterations necessary to meet Specification requirements free of cost to the purchaser.
3. Notwithstanding the pre-supply tests and inspections prescribed in GCC Clause 6.1 & 6.2 above, the items /goods and accessories (if any) on receipt in the Purchaser’s premises will also be tested during actual but before “take over” and if any equipment/ items /goods or part thereof is found defective, the same shall be replaced free of all cost to the purchaser as laid down in GCC Clause 6.4 below.
4. If any goods/ material or any part thereof, before it is taken over under GCC Clause 6.5, is found defective or fails to fulfill the requirements of the contract, the inspector shall give the Supplier notice setting forth details of such defects or failure and the supplier shall make the defective item good, or alter the same to make it comply with the requirements of the contract forthwith and in any case within a period not exceeding three months of the initial report. These replacements shall be made by the supplier free of all charges at site. Should it fail to do so within this time, the purchaser reserves the discretion to reject and replace at the cost of the supplier the whole or any portion of items/ goods as the case may be, which is defective or fails to fulfill the requirements of the contract. The cost of any such replacement made by the purchaser shall be deducted from the amount payable to the supplier.
5. When the performance tests called for have been successfully carried out, the inspector / ultimate consignee will forthwith issue a Taking over Certificate. The inspector /ultimate consignee shall not delay the issue of any “taking Over Certificate” contemplated by this clause on account of minor defects in the items /goods which do not materially affect the commercial / actual/intended use thereof provided that the supplier shall undertake to make good the same in a time period not exceeding two months. The Taking Over Certificate shall be issued by the ultimate consignee within six weeks of successful completion of tests. In this case, a Consignee Receipt Certificate issued by the consignee as per the Format given in Section VI shall be equivalent to “Taking Over Certificate”, issuance of which shall certify receipt of goods in safe and sound condition. However, they shall not discharge the supplier of their warranty/ Shelf life obligation. The Consignee Receipt Certificate in respect of last consignment against the Contract will be equivalent to “Taking Over Certificate”.
6. Nothing in GCC Clause 6 shall in any way release the Supplier from any warranty or other obligations under this contract.

## PACKING

1. The Supplier shall provide such packing of the Goods as is required to prevent their damage or deterioration during transit to their final destination, as indicated in the Contract. The packing shall be sufficient to withstand, without limitation, rough handling during transit and exposure to extreme temperatures, salt, and precipitation during transit and open storage. Packing case size and weights shall take into consideration, where appropriate, the remoteness of the Goods’ final destination and the absence of heavy handling facilities at all points in transit.
2. The packing, marking and documentation within and outside the packages shall comply strictly with such special requirements as shall be provided for in the Contract including additional requirements, if any, specified in SCC and in any subsequent instructions ordered by the purchaser.
3. Packing Instruction: The supplier will be required to mark separate packages for each consignee. Each package will be marked on three sides with proper paint/indelible ink, the following:
   1. Purchaser:
   2. Contract No.
   3. Supplier Name
   4. Packing List reference Number

## DELIVERY AND DOCUMENTS

1. Upon or before delivery of the Goods, the Supplier shall notify the Purchaser in writing and deliver the following documents to the Purchaser:
   * 1. One originals and three copies of the contractor’s invoice, showing Purchaser, the Contract number, Goods’ description, quantity, unit price, and total amount. Invoices must be signed in original and stamped or sealed with the company stamp/seal;
     2. Three copies of delivery note, railway consignment note, road consignment note, truck or air waybill, or multi-modal transport document showing Purchaser as Bihar Medical Services and Infrastructure Corporation Limited *[ enter correct name of Purchaser for excise purposes ]* and delivery through to final destination as stated in the Contract;
     3. Copy of the Insurance Certificate, showing the Purchaser as the beneficiary;
     4. Three copies of the packing list identifying contents of each package;
     5. One original of the manufacturer’s or Supplier’s Warranty certificate covering all items supplied should be submitted along with the installation certificate. Warranty starts from the date it is successfully installed and warranty certificates should mention clearly date of installation and from that date warranty is for a period of 3 years.
     6. Original copy of the Certificate of Inspection furnished to Supplier by the nominated inspection agency if any.

The above certificate shall be received by the Purchaser upon arrival Warranty and installation certificate alone upon installation.

***Note:*** *In the event that the documents presented by the Supplier are not in accordance with the Contract, then payment will be made against issue of the ‘Consignee Receipt Certificate’, to be issued in accordance with GCC Clause 6 above and after installation verification by BMSICL. The exact method of installation verification will be decided by Tender Inviting Authority.*

1. The actual delivery schedule will be given in Schedule of Requirement and / Notification of Award/ supply order. The delivery of the goods and documents shall be completed within 60 days and for imported products the delivery schedule will be 90 days from the date of issue of supply order. However, the Delivery schedule may be extended further depending on the quantity to be delivered. The extension in delivery schedule of high-end equipment shall be decided as per the recommendations of TSC in the pre bid meeting.

8.3 All Technical assistance for installation, commissioning and monitoring of the equipment shall be provided by the Supplier at no extra cost during laboratory evaluation, validation/ type approval and field trial, if any.

* 1. The delivery period should include supply of items at the consignee place and there after successfully installation, demonstration of equipment at consignee place wherever required it should also include trial, run and commissioning.

## TRAINING

9.1 Bidder shall demonstrate and provide training on use and proper application of equipment to the consignees persons at **100 Bedded Gangwara Hospital, Dharbhanga, Bihar**.

## 10.INCIDENTAL SERVICES

10.1 The supplier may be required to provide any or all of the following services

1. Performance or supervision of on-site assembly and/or start-up of the supplied Goods;
2. Furnishing of tools required for assembly and/or maintenance of supplied Goods;
3. Performance of supervision or maintenance and/or repair of the supplied Goods, for a period of time agreed by the parties provided that this service shall not relieve the supplier of any warranty obligations under this contract.
4. Furnish detailed operations and maintenance manual for each appropriate unit of supplied goods.
5. **Spares**
   1. The supplier shall be required to provide a list of the following material and notifications pertaining to spare parts manufactured or distributed by the supplier of spares including cost and quantity considered for arriving at the price of spares.

Such spare parts as the purchaser may elect to purchase from the supplier provided that such purchase shall not relieve the supplier of any warranty obligation under the contract.

In the event of termination of production of the spare parts, the supplier shall:

give advance notification to the purchaser pending termination (not less than 2 years), in sufficient time to enable the purchaser to procure life time spare; and

Following such advance intimation of termination, furnish at no cost to the purchaser, the blueprints, drawings and specifications of spare parts, if and when requested.

## INSURANCE

12.1 The Goods supplied under the Contract shall be insured in an amount equal to 110% of the EXW value of the Goods from “warehouse to warehouse” on “all risks” basis including war risks and strikes.

## TRANSPORTATION

Where the Supplier is required under the Contact to transport the Goods to a specified place of destination, defined in Consignee list, transport to such place of destination, including insurance and storage, as shall be specified in the Contract, shall be arranged by the Supplier, and related costs shall be included in the Contract Price.

## WARRANTY/ SHELF LIFE

* 1. The supplier shall warrant that the goods to be supplied shall be new and free from all defects and faults in materials used, workmanship and manufacture and shall be of the highest grade and consistent with the established and generally accepted standards for materials of the type ordered and shall perform in full conformity with the specifications and drawings. The supplier shall be responsible for any defect that may develop under the conditions provided by the contract and under proper use, arising from faulty material, design or workmanship such as corrosion of the equipment, inadequate quantity of material to meet equipment requirements, inadequate contact protection, deficiencies in circuit design and/or otherwise and shall remedy such defects at his own cost when called upon to do so by the Purchaser who shall state in writing in what respect the stores are faulty. This warranty shall survive inspection or payment for / and acceptance of goods,but shall expire (except in respect of complaints notified prior to such date) three years after the goods have been taken over underGCC Clause 6.5 above.
  2. This warranty shall remain valid for three years after the goods or any portion thereof as the case may be, have been delivered to and accepted at the final destination

indicated in the contract.

* 1. If it becomes necessary for the Supplier to replace or renew any defective portion(s) of the equipment under this clause, the provisions of the GCC Clause 14.1 shall apply to the portion(s) of the equipment so replaced or renewed or until the end of the above- mentioned period of three years, whichever may be later. If any defect is not remedied by the supplier within a reasonable time, the Purchaser may proceed to get the defects remedied from other supplier etc., at the supplier’s risk and expenses, but without prejudice to any other rights which the purchaser may have against the supplier in respect of such defects.
  2. Replacement under warranty clause shall be made by the supplier free of all charges at site including freight, insurance and other incidental charges.
  3. A. No conditional warranty will be acceptable.

B. Warranty as well as Comprehensive Maintenance contract will be inclusive of all

Accessories and Turnkey work if any and it will also cover the following wherever applicable: -

1. Any kind of motor.
2. Plastic & Glass Parts against any manufacturing defects.
3. All kind of sensors.
4. All kind of coils, probes and transducers.
5. Printers and imagers including laser and thermal printers with all parts.
6. Air-conditioners

C. Replacement and repair will be undertaken for the defective goods.

D. Proper marking has to be made for all spares for identification like printing of installation and repair dates.

* 1. In case of any claim arising out of this warranty, the Purchaser/Consignee shall promptly notify the same in writing and /e- mail to the supplier.
  2. Upon receipt of such notice, the supplier shall, within 72 hours on a 24(hrs) X 7 (days) X 365 (days) basis respond to take action to repair or replace the defective goods or parts thereof, free of cost, at the ultimate destination. The supplier shall take over the replaced parts/goods after providing their replacements and no claim, whatsoever shall lie on the purchaser for such replaced parts/goods thereafter. The penalty clause for non-rectification will be applicable as per tender conditions, mentioned under ITB clause 28.3 (e) (ii) under Comprehensive Annual maintenance contract. It may include but not limited to forfeiting of performance security & taking legal proceeding deemed fit as per applicable Indian Law.
  3. The Purchaser/Consignee reserve the rights to enter into Annual Maintenance Contract / Comprehensive Maintenance Contract between Consignee and the Supplier for the period as mentioned in TE document.
  4. The supplier along with its Indian Agent and the Service Provider/CMC provider (if applicable) shall ensure continued supply of the spare parts for the machines and equipments supplied by them to the purchaser for 10 years from the date of installation and handing over.
  5. The Supplier along with its Indian Agent and the Service Provider/CMC Provider (if applicable) shall always accord most favored client status to the Purchaser vis-à-vis it’s other Clients/Purchasers of its equipment/machines/goods etc. and shall always give the most competitive price for its machines /equipment supplied to the Purchaser/Consignee.

## PAYMENT TERMS

* 1. The method and conditions of payment to be made to the supplier under the contract may
  2. be specified in the Special Conditions of Contract &/Notification of Award.
  3. The Supplier’s request(s) for payment shall be made to the Purchaser in writing, accompanied by an invoice describing, as appropriate, the Goods delivered and Services performed, and by documents submitted pursuant to GCC Clause 8, and upon fulfillment of other obligations stipulated in the Contract.
  4. Payments shall be made promptly by the Purchaser, but in no case later than sixty (60) days after submission of an invoice or claim by the Supplier.

*[****Hint****: The actual payment conditions for new products or procurements having installation and*

*CMC/AMC services may be decided on case to case basis and incorporated in special conditions of the contract if required]*

* 1. No payment will be made for goods rejected at the site on testing
  2. Payment for goods shall be made in Indian Rupees as follows:

1. No advance payment is payable.
2. 50%paymentwillbemadeagainstsupplyofitemsattherespectivesitesandaftersubmission ofsatisfactoryinspectionreportfromtheconsigneeand 50% paymentwill bemade againstcertificationfromtheconsigneeintheformatprovidedinscheduleVIandafterverificationofinstallation/supplybypurchaser(BMSICL,Patna.)oritsnominatedagency/person.

## PRICES

* 1. Prices charged by the supplier for goods delivered and services performed under the contract shall not be higher than the prices quoted by the Supplier in his Bid.
  2. In the case of revision of Statutory Levies/Taxes during the finalization period of tender, the Purchaser reserves the right to ask for reduction in the prices.

1. Prices once fixed will remain valid during the schedule delivery period. In case of Increase and decrease of Taxes and other statutory duties theaffect in price will be decided by BMSICL. The decision of Tender Inviting Authority will be final for the same.
2. Anyincreaseintaxesandotherstatutoryduties/leviesfromthedateofsubmissionofbidtilltheendofthedeliveryperiodwillbepaidextrahowever.Anyincreaseinthetaxesandotherstatutoryduties/levisaftertheexpiryofthedeliverydateshallbeto the supplier’s account. Howeverbenefitoranydecreaseinthetaxes/dutiesshallbepassedontothepurchaserbythesupplier,aftertheexpiryofthedeliverydateshallbetothesuppliers’saccount.Howeverbenefitoranydecreaseinthetaxes/dutiesshallbepassedontothepurchaserbythe supplier.

## CHANGE ORDERS

* 1. The purchaser may, at any time, by a written order given to a supplier, make changes within the general scope of the contract in any one or more of the following:
  2. drawings, designs or specifications, where Goods to be supplied under the contract are to be specifically manufactured for the Purchaser;
  3. the method of transportation or packing;
  4. the place of delivery; or
     1. the services to be provided by the supplier.
  5. If any such change causes an increase or decrease in the cost of, or the time required for the execution of the contract an equitable adjustment shall be made in the contract price or delivery schedule, or both, and the contract shall accordingly be amended. Any proposal by the supplier for adjustment under this clause must be made within thirty days from the date of the receipt of the change in order.

## SUBCONTRACTS

The Supplier shall notify the Purchaser in writing of all subcontracts awarded under this contract if not already specified in his bid. Such notification, in his original bid or later shall not relieve the supplier from any liability or obligation under the Contract.

## DELAYS IN THE SUPPLIER’S PERFORMANCE

* 1. Delivery of the Goods and performance of the services shall be made by the Supplier in accordance with the time schedule specified by the purchaser in its purchase order. In case the supply is not completed in the stipulated delivery period, as indicated in the Purchase Order, purchaser reserves the right either to short close/cancel this purchase order and/or recover liquidated damage charges. The cancellation/short closing of the order shall be at the risk and responsibility of the supplier and purchaser reserves the right to purchase balance unsupplied item at the risk and cost of the defaulting vendors.
  2. Delay by the Supplier in the performance of its delivery obligations shall render the Supplier liable to any or all of the following sanctions: forfeiture of its performance security, imposition of liquidated damages and/or termination of the contract for default.
  3. If at any time during the performance of the contract, the supplier encounters condition impending timely delivery of the goods and performance of service, the Supplier shall promptly notify to the Purchaser in writing the fact of the delay, it’s likely duration and its cause(s). As soon as practicable after receipt of the supplier’s notice, the Purchaser shall evaluate the situation and may at its discretion extend the period for performance of the contract (by not more than 6 weeks) subject to furnishing of additional performance security by the supplier @ 5% of the total value of the Purchase Order or a part thereof, in case of part execution for the period of up to four weeks after such extended schedule of delivery. Non-performance of the contract even during this extended period may lead to forfeiture of such additional Performance Guarantee.

*[****Hint:*** *Each case of delivery extension shall have to be examined a fresh vis-à-vis the prevailing market prices]*

* 1. If supplier fails to perform its contractual obligations, pursuant to GCC Clause 19.3 above, the purchaser may consider debarring the firm for the period of 1-5 years for participation in future invitation of bids. The period of debar, as stated above, shall be at the sole discretion of the Purchaser.

## LIQUIDATED DAMAGES

* 1. The date of delivery of the goods stipulated in the acceptance of the tender should be deemed to be the essence of the contract and delivery must be completed no later than the dates specified therein. Extension will not be given except in exceptional circumstances. Should, however, deliveries be made after expiry of the contracted delivery period, without prior concurrence of the purchaser and be accepted by the consignee, such delivery will not deprive the purchaser of his right to recover liquidated damage under GCC Clause 20.2 below.
  2. Should the supplier fails to deliver the store or any consignment thereof within the period prescribed for delivery, the purchaser shall be entitled to recover 0.5 % of the value of the delayed supply for each week of delay or part thereof. In the case of package supply where the delayed portion of the supply materially hampers installation and commissioning of the systems, L/D charges shall be levied as above on the total value of the concerned package of the Purchase Order. Quantum of liquidated damages assessed and levied by the purchaser shall be final and not challengeable by the supplier. However, when supply is made within 21 days of QA clearance in the extended delivery period, the consignee may accept the stores and in such cases the LD shall be levied up to the date of QA clearance.

## FORCE MAJEURE

* 1. If, at any time, during the continuance of this contract, the performance in whole or in part by either party of any obligation under this contract is prevented or delayed by reasons of any war or hostility, acts of the public enemy, civil commotion, sabotage , fires, floods, explosions, epidemics, quarantine restrictions, strikes, lockouts or act of God (hereinafter referred to as events) provided notice of happenings of any such eventuality is given by either party to the other within 21 days from the date of occurrence thereof, neither party shall by reason of such event be entitled to terminate this contract nor shall either party have any claim for damages against other in respect of such non-performance or delay in performance, and deliveries under the contract shall be resumed as soon as practicable after such an event come to an end or cease to exist, and the decision of the Purchaser as to whether the deliveries have been so resumed or not shall be final and conclusive. Further that if the performance in whole or part of any obligation under this contract is prevented or delayed by reasons of any such event for a period exceeding 60 days, either party may, at its option, terminate the contract.
  2. Provided, also that if the contract is terminated under this clause, the Purchaser shall be at liberty to take over from the Supplier at a price to be fixed by the purchaser, which shall be final, all unused, undamaged and acceptable materials, bought out components and stores in course of manufacture which may be in possession of the Supplier at the time of such termination or such portion thereof as the purchaser may deem fit, except such materials, bought out components and stores as the Supplier may with the concurrence of the purchaser elect to retain.

## TERMINATION FOR DEFAULT

* 1. The Purchaser may, without prejudice to any other remedy for breach of contract, by written notice of default, sent to the supplier, terminate this contract in whole or in part
  2. If the supplier fails to deliver any or all of the goods within the time period(s) specified in the contract, or any extension thereof granted by the purchaser pursuant to GCC Clause19;
  3. if the supplier fails to perform any other obligation(s) under the Contract; and
  4. if the supplier, in either of the above circumstances, does not remedy his failure within a period of 15 days (or such longer period as the purchaser may authorize in writing) after receipt of the default notice from the purchaser.
  5. If the Supplier, in the judgment of the Purchaser, has engaged in corrupt and fraudulent practices in competing for executing the Contract, pursuant to ITB Clause 2.
  6. In the event the purchaser terminates the contract in whole or in part pursuant to GCC Clause22.1. the purchaser may procure, upon such terms and in such manner as it deems appropriate, goods similar to those undelivered and the supplier shall be liable to the Purchaser for any excess cost for such similar goods. However, the supplier shall continue the performance of the contract to the extent not terminated.
  7. In the event, any sums found due to the Purchaser / Government under or by virtue of the fulfillment of contractual obligations, these shall be recoverable from the Supplier and his / its properties, movable and immovable, under the provisions of the Revenue Recovery Act, for the time being in force as tough as they are arrears of land revenue or in any manner and within such time as the Purchaser / Government may deem fit. Any sum of money due and payable to the Supplier from Government / Purchaser may be adjusted against sum of money due to the Supplier under any other contract.

## TERMINATION FOR INSOLVENCY

The Purchaser may at any time terminate the Contract by giving written notice to the Supplier, without compensation to the supplier. If the supplier becomes bankrupt or otherwise insolvent as declared by the competent court provided that such termination will not prejudice or affect any right of action or remedy which has accrued or will accrue thereafter to the purchaser.

## TERMINATION FOR CONVENIENCE

* 1. The Purchaser, by written notice sent to the Supplier, may terminate the Contract, in whole or in part, at any time for its convenience. The notice of termination shall specify that termination is for the Purchaser’s convenience, the extent to which performance of the Supplier under the Contract is terminated, and the date upon which such termination becomes effective.
  2. The Goods that are complete and ready for shipment within thirty (30) days after the Supplier’s receipt of notice of termination shall be accepted by the Purchaser at the Contract terms and prices. For the remaining Goods, the Purchaser may elect:

1. to have any portion completed and delivered at the Contract terms and prices; and/or.
2. to cancel the remainder and pay to the Supplier an agreed amount for partially completed Goods and Services and for materials and parts previously procured by the Supplier.

## SETTLEMENT OF DISPUTES

* 1. If any dispute or difference of any kind whatsoever shall arise between the Purchaser and the Supplier in connection with or arising out of the Contract, the parties shall make every effort to resolve amicably such dispute or difference by mutual consultation.
  2. If the parties even after 30 days fail to resolve their dispute or difference by such mutual consultation, then either the Purchaser or the Supplier may give notice to the other party of its intention to commence arbitration, with respect to such disputes or differences arising out of the terms and conditions of the contract In accordance with the procedure prescribed under Bihar Public Works Contracts Disputed Arbitration Tribunal Act 2008.
  3. The arbitration shall be in accordance with the procedure prescribed under the Bihar Public Works Contracts Disputed Arbitration Tribunal Act 2008.
  4. Notwithstanding any reference to arbitration herein,

1. the parties shall continue to perform their respective obligations under the Contract unless they otherwise agree; and
2. the Purchaser shall pay the Supplier any monies due the Supplier.
   1. The contract shall be governed by and interpreted in accordance with the laws of India from the time being in force. All disputes arising out of this tender will be subject to jurisdiction of courts of law in Patna

## LIMITATION OF LIABILITY

* 1. Except in cases of criminal negligence or willful misconduct, and in the case of infringement pursuant to GCC Clause 4,
  2. the Supplier shall not be liable to the Purchaser, whether in contract, or otherwise, for any indirect or consequential loss or damage, loss of use, loss of production, or loss of profits or interest costs, provided that this exclusion shall not apply to any obligation of the Supplier to pay liquidated damages to the Purchaser and
  3. the aggregate liability of the Supplier to the Purchaser, whether under the Contract, in tort or otherwise, shall not exceed the total Contract Price, provided that this limitation shall not apply to the cost of repairing or replacing defective items/goods

## GOVERNING LANGUAGE

* 1. The Contract shall be written in English language. All correspondence and other documents pertaining to the Contract that are exchanged by the parties shall be written in the Hindi / English language.

## APPLICABLE LAW

* 1. The Contract shall be interpreted in accordance with the laws of Union of India.

## NOTICES

* 1. Any notice given by one party to the other pursuant to this Contract shall be sent to the other party in writing or by cable, telex, or facsimile and confirmed in writing to the other party’s address.
  2. A notice shall be effective when delivered or on the notice’s effective date, whichever is later

## Taxes and Duties

* 1. The Supplier shall be entirely responsible for all taxes, duties, octroy, road permits, license fees, etc., incurred until delivery of the contracted Goods to the Purchaser.

# SECTION III- SPECIAL CONDITIONS OF CONTRACT

## SPECIAL CONDITIONS OF CONTRACT

1. The special conditions of contract shall supplement the ‘**Instructions to the Bidders**’ as contained in Section I & “**General Conditions of the Contract**” as contained in Section II and wherever there is a conflict, the provisions herein shall prevail over those in Section I and Section II.
2. No Exemption from payment of EMD is permitted except in case of NSIC(National Small Industries Corporation rule as per Sankalp 675 (1), Dated 09/09/2013 of Govt. of Bihar) registered small scale industries. No exemption in tender fee will be allowed in any case.
3. The tender will be processed through E –tender mode only, So tender should be submitted in following manner:-
4. Tender Fee (Online only) & EMD (only in the form of Bank Guarantee which to be submittedoffline).
5. Tender Processing Fee (Only Online)

(iii) Technical Bid (Only Online)

(iv) Price Bid (Only Online).

Bidders are requested to submit EMD of quoted item of tender (Offline in the form of BG) and sample of quoted item. Bidders are requested not to submit hard copy of tender document. In case the hard copy of financial bid is submitted the tender shall be straightway rejected.

1. If asked by the purchaser, then the tenderer must do demonstration of equipment. In the demonstration tenderer has to show the clause-by-clause compliance of technical specification. Demonstration of quoted items will be at100 Bedded Gangwara Hospital, Dharbhanga, Bihar.
2. L1 shall be decided on the basis of the overall lowest rate to be arrived at by summing up of all the individual rates quoted for each main item as detailed in the BOQ/Price bid/Financial bid. It is pertinent to mention here that the individual rate of any main item shall be computed on the basis of unit price of the said item(equipment) along with the cost of consumables/reagents required for conducting a total number of one thousand tests by the said item (equipment).
3. The rate quoted by the bidder for the consumables/reagents shall be valid for the period of 03 (Three) years.

# Section IV- SCHEDULE OF REQUIREMENTS

**SCHEDULE OF REQUIREMENTS**

**Note:** The successful firm agrees to the proposal of BMSICL(*The purchaser*) that such equipment for which rate contract already exits with BMSICL and is lower than the quoted rate of successful firm (*The supplier*) on the date of issue of Letter of Intent (*LOI*) to Successful firm L1 bidder, will not be supplied by the Firm and such equipment will be procured by BMSICL

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Schedule No.** | **Brief Description of Goods and Services on turkey basis** | **Qty./No.** | **Delivery Schedule**  **(in days)** | **Earnest Money Deposit (EMD) in Indian Rupees** |
| 1 | **Supply, Installation & Commissioning of Medical Equipment on Turnkey basis for 100 Bedded Gangwara Hospital, Dharbhanga, Bihar.** | (As mentioned in section –IV) of the bid document | **As per GCC Clause -8** | 25,00,000/- ( Twenty five Lakhs only) |

**Schedule of requirement**

|  |  |  |
| --- | --- | --- |
| **GANGWARA HOSPITAL, DARBHANGA, BIHAR** | | |
| **Department wise equipment list for 100 bed** | | |
| **Sl.N** | **Name of equipment** | **Qty.** |
| **I** | **Surgical Instruments** |  |
| 1 | Small General set | 3 |
| 2 | Breast set | 4 |
| 3 | Hemimandible set | 4 |
| 4 | Tracheostomy set | 5 |
| 5 | Gynac set | 2 |
| 6 | Dressing Tray | 12 |
| 7 | Suture Tray | 12 |
| 8 | Biopsy Tray | 12 |
| **A** | **Sub total** |  |
| **II** | **Laboratories (Composite Lab)** |  |
| 9 | CBC analyzer 5 part | 1 |
| 10 | Centrifuge | 2 |
| 11 | Semi Auto analyzer | 1 |
| 12 | Micropipette (100-1000 micro letter) | 3 |
| 13 | Osmometer | 1 |
| 14 | Semi Automated Coagulometer | 1 |
| 15 | PH meter | 1 |
| 16 | Incubator | 1 |
| 17 | Hygrometer | 2 |
| 18 | Refrigerator | 3 |
| **B** | **Sub total** |  |
| III | **Basic Cyto/Histo Path** |  |
| 19 | Manual Microtome | 1 |
| 20 | Embedding Station | 1 |
| 21 | Automated Tissue Processor | 1 |
| 22 | Hot Air oven | 1 |
| 23 | Centrifudge | 1 |
| 24 | Cytocentrifudge | 1 |
| 25 | Refrigerator 200 to 300 litre | 2 |
| 26 | Slide fling cabinate | 2 |
| 27 | Block filing cabinate | 2 |
| 28 | Firesafetey cabinate | 1 |
| 29 | PH meter | 1 |
| 30 | Tissue floatation bath | 1 |
| 31 | Cooling plate | 1 |
| 32 | Magnatic stirrer | 1 |
| 33 | Bone Saw Electrical | 1 |
| 34 | Bone decalcifier | 1 |
| 35 | Autostainer | 1 |
| 36 | Grossing table | 1 |
| **C** | **Sub total** |  |
| **IV** | **Image Diagnostics** |  |
| 37 | X-ray 300mA | 1 |
| 38 | Portable USG | 1 |
| 39 | Mammaogram | 1 |
| **D** | **Sub total** |  |
| **V** | **Major OT (3)** |  |
| 40 | Aneasthesia workstaion | 2 |
| 41 | Cautery machine | 4 |
| 42 | Cardiac monitor with AGM | 2 |
| 43 | Patient warmer | 2 |
| 44 | Blood fluid warmer | 2 |
| 45 | ABG machine | 1 |
| 46 | PCA pump | 2 |
| 47 | Tourniquet machine | 1 |
| 48 | Portable suction machine | 3 |
| 49 | Video laryngoscope | 2 |
| 50 | Micro drill saw system | 1 |
| 51 | Crash Cart | 5 |
| **E** | **Sub total** |  |
| **VI** | **Minor OT (1)** |  |
| 52 | Cautery machine | 1 |
| 53 | Multiparamonitor monitor | 1 |
| 54 | Pedestal light | 2 |
| 55 | Laryngoscope with all blades | 2 |
| 56 | Video Bronchoscope | 1 |
| **F** | **Sub total** |  |
| **VII** | **Recovery (5 beds)** |  |
| 57 | Bed side monitor | 5 |
| 58 | laryngoscope for all blade | 2 |
| 59 | Nebulizer | 2 |
| 60 | Cardiac table | 5 |
| **G** | **Sub total** |  |
| VIII | **IPD (50 beds)** |  |
| 61 | Ventilator | 1 |
| 62 | Bedside monitor | 10 |
| 63 | Laryngoscope with all blade | 5 |
| 64 | Nebulizer | 10 |
| 65 | Patient warmer | 4 |
| 66 | DVT Pump | 2 |
| **H** | **Sub total** |  |
| IX | **HDU (5 Beds)** |  |
| 67 | Ventilator | 1 |
| 68 | Laryngoscope for all blade | 2 |
| 69 | DVT pump | 1 |
| 70 | B.P apparatus manual(adult ) | 2 |
| 71 | Stethoscope | 3 |
| **I** | **Sub total** |  |
| X | **Emergency Bed (5)** |  |
| 72 | Multiparamonitor monitor | 3 |
| 73 | Stretcher | 10 |
| 74 | Wheel chair | 10 |
| **J** | **Sub total** |  |
| XI | **OPD (5)** |  |
| 75 | B.P apparatus manual | 1 |
| 76 | Stethoscope (Adult) | 2 |
| 77 | Colposcopy | 1 |
| 78 | X-ray view box | 10 |
| 79 | Height Scale | 5 |
| **K** | **Sub total** |  |
| XII | **Day Care (25 beds)** |  |
| 80 | Bed side monitor | 10 |
| **L** | **Sub total** |  |
| XIII | **Blood Bank Storage Unit** |  |
| 81 | Blood Bank Refrigerator | 2 |
| 82 | Platelet Incubator with agitator | 1 |
| **M** | **Sub total** |  |
|  | **Common Equipment** |  |
| 83 | Weight Machine | 5 |
| 84 | Infusion pump | 15 |
| 85 | Pulse oxymeter | 5 |
| 86 | Glucometer | 5 |
| 87 | Portable suction | 5 |
| 88 | Defiblrilattor | 2 |
| 89 | Crash cart | 5 |
| 90 | Syringe pump | 15 |
| 91 | BIPAP | 2 |
| 92 | ECG machine(12- Channel) | 3 |
| 93 | CR system | 1 |
| **N** | **Sub total** |  |
| **Xiv** | **Dental** |  |
| 94 | Dental Set (capital) | 1 |
|  | Dental Chair | 2 |
|  | Dental Chair Compressor | 2 |
|  | Ultrasonic Scaler with scaler tip | 1 |
|  | Dental Micromotar - Clinic | 1 |
|  | Dental Micromotar - Lab | 1 |
|  | Straight Handpiece for Micromotor | 2 |
|  | Dental Airotar | 2 |
|  | Dental Airotar Bur Set | 2 |
|  | Composit Curing Light | 1 |
|  | Vacuum forming machine | 1 |
|  | Electric Induction Wax Knief heater | 1 |
|  | Lathe Machine | 1 |
|  | Acrylizer | 1 |
|  | Model Trimmer | 1 |
|  | Portable Suction machine | 1 |
|  | X-Smart Endomotor with Apex Locator | 1 |
|  | UV Sterilizer Chamber | 1 |
|  | Mini Autoclave | 1 |
|  | Xray machine | 1 |
|  | Led Apron with Thyroid Collar | 2 |
|  | Hanger for Lead Apron | 1 |
|  | view box | 1 |
|  | RVG Sensor with sleeve | 1 |
|  | Deionized Water system with Accessories | 1 |
|  | Crown Remover | 1 set |
|  | Electric Kettle | 1 |
|  | Eye Protection Glass | 2 |
|  | Hydraulic Clamp | 1 |
| 95 | Instrument Dressing Trolley | 1 pc |
|  | Instrument Dressing Tray | 2 pc |
|  | Dressing Drum | 2 pc (Medium) |
|  | Dressing Drum | 2 pc (Small) |
|  | Kidney Tray | 6 pc (Medium) |
|  | Steel Bowl | 6 pc |
|  | Non Tooth Forcep | 2 pc |
|  | Suture cutting Scissor | 2 pc |
|  | BP Handle | 6 pc |
|  | Conservative Instrument Kit | 1 set |
|  | Composite Polishing kit | 1 |
|  | Endo Files - K file (15-85) | 2 set |
|  | Endo Files - H file (15-85) | 2 set |
|  | Endo Box | 1 |
|  | Hand Scaling Kit/ Perio Scaler | 1 set |
|  | Periosteal Elevator | 10 pc |
|  | Extraction Forcep (Pediatric) | 1 set |
|  | Extraction Forcep | 1 set |
|  | Bone Currete | 2 pc |
|  | Bone File | 2 pc |
|  | Chisel - Mallet | 1 set |
|  | Gracy Currete | 1 set |
|  | Mettalic Syringe | 10 pc |
|  | Universal Plier | 2 pc |
|  | Adams Plier | 1 pc |
|  | Semicircle Orthodontic plier (Half-round) | 1 pc |
|  | Orthodontic Wire Cutter | 1 pc |
|  | Wax Knife | 2 pc |
|  | Wax Carver | 2 pc |
|  | Wax Spoon | 2 pc |
|  | Lacron Carver | 5 pc |
|  | Hylin Carver | 2 pc |
|  | Mettalic Scale | 2 pc |
|  | 3-Way Syringe | 4 pc |
|  | Perforated impression tray | 2 set (plastic) |
|  | Perforated impression tray | 2 set (stainless steel) |
|  | Sectional dentulous upper-lower perforated impression tray | 2 set (stainless steel) |
|  | Sectional dentulous upper-lower perforated impression tray | 2 set (plastic) |
|  | Micromotor Stone Bur/ Trimmer | 2 set |
|  | Micromotor Carbide Trimmer/ Bur | 2 set |
|  | Composite Polishing kit | 1 set |
|  | Articulator | 2 |
|  | Clamp | 2 |
|  | Flask | 2 set |
|  | Dental Cement Mixing Spatula (Straight) | 2 pc |
|  | Dental Cement Mixing Spatula (Curve) | 2 pc |
|  | Hot Plate | 2 pc |
|  | Cheek Retractor | 10 pc (stainless steel) |
|  | Blow Torch | 2 pc |
|  | Spirit Lamp | 2 pc |
|  | Chip Blower | 2 pc |
|  | Eye Protection Glass | 2 |
|  | Dappen Dish | 2 pc |
|  | Glass Slab | 2 pc |
|  | Rubber Mixing Bowl | 4 pc |
| 96 | Absorbable Gelatin Sponge (Gelostat) | 10 packet |
|  | Lignospan Cartridge (Septodent) | 10 packet |
|  | Sterile Siliconized Dental Needle (Septojet) | 6 packet |
|  | Sand paper (Number- 320) | 10 pc |
|  | Sand paper Mandrel | 6 pc |
|  | Articulating paper | 10 pc |
|  | Dental Cement Mixing Pad | 5 pc |
|  | Agate Spatula | 2 pc |
|  | Suction Tip | 10 packet |
|  | Flouride Gel | 6 bottle |
|  | Flouride gel Applicator Brush/ Tip | 20 box Tip diameter- 2mm |
|  | GIC - Luting | 2 pc |
|  | GIC - Restorative | 2 pc |
|  | Zinc oxide eugenol (Sealer) | 1 pc |
|  | Zinc oxide eugenol (Paste) | 1 pc |
|  | Formacresol | 1 pc |
|  | Calcium Hydroxide Powder | 1 box |
|  | Hydrogen Peroxide | 1 bottle |
|  | Sodium Hypochlorite | 1 bottle |
|  | EDTA Gel | 1 tube |
|  | Paper Points | 2 box |
|  | Gutta percha points | 2 box |
|  | Alginate | 25 kg |
|  | Soft liners/ Tissue conditioner -Mollosil | 1 box |
|  | Soft Putty impression material | 1 set |
|  | Pumice Powder | 1 packet |
|  | Cotton Polishing Buff | 25 pc |
|  | Polishing Cake | 2 pc |
|  | Soft Tray Ultradent (Night guard sheet) | 6 packet |
|  | Heat cure Powder & Liquid | 1 box |
|  | Acrylic Repair Material Pink Colour | 10 box (400gm each) |
|  | Clear Acrylic (J.C. Acrylic) | 3 box |
|  | Sticky wax | 2 packet |
|  | Green Stick | 2 packet |
|  | Modelling Wax | 6 packet |
|  | Shelac Base plate | 5 packet |
|  | Full Teeth Set | 5 box |
|  | Complete Teeth Sets With Different Sizes, Shapes & Shades | 5 box |
|  | Airotar Spray | 2 file(Bottle) |
|  | Dye Stone | 5 kg |
|  | Plaster Gypsum (POP) | 10 kg |
|  | Plaster Stone | 10 kg |
|  | Remanium Clinical Coil 0.80MM Orthodontic Wire | 6 pc (50gm) |
|  | Vaseline Green Apna | 4 pc (400gm) |
| 97 | Deca head Microscope with camera | 1 |
| 98 | Binocular Microscope | 5 |

.

**Section-V (Technical Specification)**

|  |  |  |  |
| --- | --- | --- | --- |
| **GANGWARA HOSPITAL, DARBHANGA, BIHAR** | | | |
| **Department wise equipment list for 100 bed** | | | |
| **Sl.N** | **Name of equipment** | **Qty.** | **Technical Specifications** |
| **I** | **Surgical Instruments** |  |  |
| 1 | Small General set | 3 | The surgical instruments should be made using top quality medical grade hardened stainless steel with defined specifications like AISI-410, AISI-420, AISI-304, AISI-303, AISI- 440 etc. using guidelines of ASTM standard F899-94 and ISO 7153 and with a dull finish. |
| 2 | Breast set | 4 |
| 3 | Hemimandible set | 4 |
| 4 | Tracheostomy set | 5 |
| 5 | Gynac set | 2 |
| 6 | Dressing Tray | 12 |
| 7 | Suture Tray | 12 |
| 8 | Biopsy Tray | 12 |
| **A** | **Sub total** |  |  |
| **II** | **Laboratories (Composite Lab)** |  |  |
| 9 | CBC analyzer 5 part | 1 | Should be fully automated hematology analyser based on impedance and flow cytometry technology or equivalent. It should be capable of handling at least 200 CBC samples per day. |
| Should give at least the following parameters: |
| WBC count, RBC count, Hemoglobin,Hematocrit, MCV, MCH, MCHC, RDW, PLT,MPV,PDW, NRBC percentage and absolute counts, NEUTROPHIL percentage & absolute counts, EOSINOPHIL percentage & absolute count, BASOPHIL percentage & absolute count, MONOCYTE percentage & absolute count, LYMPHOCYTE percentage & absolute count with direct measurement of each leukocyte population. |
| Should be capable of performing automated Reticulocyte analysis and enumerate immature reticulocyte fraction as well as mean reticulocyte volume. |
| Should offer automated body fluid analysis for: CSF, Serous fluids and Synovial fluids |
| Should have Automation System with Auto loader and be able to perform analysis in different modes such as CBC, CBC/Diff, CBC/Diff/Retic, CBC/Retic or Retic Only. |
| Auto loader should have ability to load atleast 100 tubes at a time with automatic mixing and cap-piercing. |
| Should have a positive tube identification with bar code be integrated at time of aspiration. |
| Should have the following minimum linearity range: |
| WBC: 0.02 to 300.00 x10^3CELLS/µL |
| RBC: 0.00 to 7.00 x10^6CELLS/µL |
| HGB: 0.00 to 22.0 g/dl |
| PLT: 5 to 3000.0 x10^3CELLS/µl |
| RET: 0.20 to 24.0 % (Please mention in % only). |
| Should have a throughput of not less than 100 samples per hour in the CBC/Diffmode and should require not more than 200µl. |
| Should have system to avoid short sampling. |
| Should have minimum routine maintenance with automatic Electronic Aperture Cleaning after every cycle. |
| Must have bi-directional communication capability with laboratory information system. |
| Should have storage of atleast 10000 numeric patient results, 5000 including graphics, unlimited number of user-definable and patient control files. |
| The unit should be CE certified( notified body) USFDA Approved. |
|  |
| All reagents and quality control materials as per instrument manual and manufacturer policy should be quoted. |
| Latest PC Configuration - Processor : One Intel Xeon or equivalent Processor. Memory of 16 GB RAM, Hard Drive - 500GB |
| Interface Software corresponding with the equipment with accessories. |
| HP Printer to be provided along with the unit. |
| Power supply- 100-240VAC, 50-60Hz. |
| Please submit price list of all consumables and QC materials. |
| Performance certificates of IQ,OQ,PQ tests to be submitted at the time of installation/commissioning. |
| Should be supplied with standard make UPS |
|  |
|  |
| Please specify pre installation requirements [electrical, HVAC, Compressed air ( please specify required air pressure), water requirement (RO/DI/Distilled water with its pressure, flow rate per hour) ; if any of the above is essential] |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| Warranty- 3 year |
| Maximum speedshould be6000(RPM) or More |
| 10 | Centrifuge | 2 | Max. Achievable Speed: Not Less Than 20000 Rpm And 32000 X G |
| Noise Level: <60Db |
| It Should Be With Brushless, Maintenance Free Drive Motor. |
| Microprocessor Controlled Operation With Digital/Lcd Display For Speed, Temperature And Time. |
| Should Have Ability To Spin For A Time Of 1Min To 99 Min. |
| Should Have Viewing Port In The Lid. |
| Should Have Powered Lid Locking. |
| Should Have Quick And Easy Operation With The Keypad |
| Should Be Able To Store 4 Or More Programs. |
| Rotors And Lids Should Be Autocleavable At 121°C For 20 Mins. |
| Should Have Emergency Lid Lock Release Function. |
| Should Provide Lid Dropping Protection. |
| "Door Interlock" Safety Feature Is Essential. |
| It Should Be Possible To Set Rpm As Well As Rcf. |
| Should Have Imbalance Switch-Off Function. |
| Automatic Rotor Recognition |
| Parameters/ Programs To Be Changed With The Help Of Keypad. |
| Easy Entry Of Parameters |
| Rotor Should Be Aerosol Tight. |
| Need rotor head of24\*15ml( with RPMof 4000 or More) |
| Power Supply- 100-240Vac, 50-60Hz. |
| Model should beUSFDA/European-CE (Issued bynotified body) |
| Should Be Able To Withstand Temperature And Humidity Fluctuations In Case Of Failure Of Air. |
| Performance Certificates Of Iq,Oq,Pq Tests To Be Submitted At The Time Of Installation/Commissioning. |
| warranty- 3 year |
| 11 | Semi Auto analyzer | 1 | The equipment; Semi-automatic bio chemistry analyser is used for measurements of bio-chemistry tests, using wet chemistry reagent(s) and have ability to use external cuvettes and integrated flow cell. Semi-automated Bio Chemistry Analyser is with built in software for the calculation and curve plotting. Light source is LED or Halogen Bulb. It must be an open system capable using all brand reagents and all the test programs should be in open mode. |
| should be LCD display with Touch Key board. |
| should be Permanent flow cell |
| Light source should be Halogen Lamp (or) LED |
| should be Photometer with 8 wavelength filters in the range of 340-700 nm (340,405,505,546,578,600,630,670) |
| Bandwidth 10 nm+or - |
| absorbance range should be 0 to 3.0 unit. or better |
| analyzer resolution should be 0.0001 absorbance unit or better |
| Measurement range should be 25, 30, 37 degree Celsius with 1 degree increment, Peltier |
| Memory should be storage test results should be >= 500 tests |
| Analyser shall maintain nominal temperature, with suitable heat dissipation/ cooling mechanism. |
| number of programm should be >= 100 |
| should be maintain End point with factor or standard, fixed time with factor or standard, Kinetic; Enzyme kinetics with factor or standard, Absorbance, Sample blanking, Differential mode with factor or standard, Bichromatic, calculated test. |
| Linear factor, Multi point, Point to point, Log-Logit, Spline,1- point calibration,2-point calibration, Polygonal multi standard (Calibration Curve), Rate linear and non Linear, Absorbance and delta OD limit, Bichromatic, Kinetic with calibrator,1-point sample Blank linear and nonlinear |
| flow cell material should be Quartz + Metallic |
| flow cell volume should be 0- 32 microliters. |
| flow cell optical path should be 10 mm. |
| Aspiration volume should be < 400 microliters. |
| should be Peristaltic Pump Aspiration system with calibration facility, Air purge |
| option between two sample |
| should be Compatible with electric power from by 220V-240V 50Hz (+/-10%) AC source |
| Preventive Maintenance kit should be supplied with instrument.PM kit must provide with one Halogen Lamp as an emergency spare (Not applicable for LED Models) and at least |
| One Cuvette (Applicable for All Models) and tubing kit. Please confirm |
| should be In-built Thermal Printer required. |
| Printer on/off mode should be available Vender to confirm &specify. |
| Graph print on/off mode should be available, |
| By RS232 port/USB/HDMI port facility, Vender to confirm &specify |
| should be Compatible viz analyser equipment preloaded with Software needed for lab interface |
| Collated report by date, ID, and test wise recall results option if any please mention. |
| Test result storage (mention the storage capacity) |
|  |
| Warranty - 3 year |
| Model should beUSFDA/European-CE (Issued by  notified body) |
| Equipment is suitable for storage and capable of operating continuously in ambient room temperature of 8-degree C to 37- degree C and relative humidity of 15 to 90% in ideal circumstances |
| 12 | Micropipette (100-1000 micro letter) | 3 | Should Be Made Of Mechanically Robust And Chemically Resistant Materials |
| Must Be A Durable And Stable Pipette Providing Consisting Performance For Long Time. |
| Should Be A Light Weight Pipette Enabling Smooth Single Handed Pipetting To Improve Efficiency |
| Must Be Fully Autoclavable |
| Should Be Designed To Dispense Accurate Volume Of Liquid With Long Term Precision. |
| Should Be Ergonomically Designed For Ease In Operation And User Tested. |
| The Micropipette Should Possess A Separate Tip Ejection Button, A Volume Changing Knob. |
| There Should Be No Metal Parts To Rust Or Corrode |
| Volume Adjustment: Within Few Turns The Adjustable Volume Should Be Reached. |
| Volume Display In 4 Digits. |
| Volume Must Be Automatically Locked |
| Maintenance Free Nose Cones |
| Two Button Operation |
| Should Be Operable In 5µl Increments With An Accuracy Of ±1.0 To 0.6%, Precision Of |
| 0.6  To 0.2% Or Better. |
| Must Provide Consistent Results Even In Long Pipetting Series (Please Provide The List Of Users) |
| Model should beUSFDA/European-CE (Issued by  notified body) |
| Warranty- 3 Year |
| 13 | Osmometer | 1 | Should Have Working Principle Of Freezing Point Depression Method For Determining Osmolality |
| Should Be Able To Process All Body Fluids, Urine, Serum |
| Sample Volume Range Should Be 50µl To 100µl Or Better |
| Osmolality Measurement Range Should Be 0-2000 Mosmol/Kg |
| Desirable Test Time Should Not Exceed 2 Min |
| Should Have Capacity To Process One Sample At A Time |
| Should Offer The Flexibility Of 2 Or 3 Point Calibration To Satisfy Clia Calibration Verification Requirements |
| Should Have Accuracy Of Standard Deviation(Sd)≤ 4 Mosmol/Kg With In Run Of 0-400 Mosmol/Kg H₂O And Rsd≤ 1% With In Run Of 400-2000 Mosmol/Kg H₂O |
| Should Have An Option For Data Storage Up To 1000 Test Reports |
| Should Have Option For Pc And Printer Connection |
| Should Have Barcode Scanner |
| Essential Accessories Which Are Required For The Equipment Functional Needs But Is Not The Part Of The Standard Equipment Should Be Mention In The Financial Bid With Prices |
| Power Supply- 100-240Vac, 50-60Hz. |
| Model should beUSFDA/European-CE (Issued by  notified body) |
| Should Be Able To Withstand Temperature And Humidity Fluctuations In Case Of Failure Of Air. |
|
| Performance Certificates Of Iq,Oq,Pq Tests To Be Submitted At The Time Of Installation/Commissioning. |
|
|
| Warranty: 3 Years |
| 14 | Semi Automated Coagulometer | 1 | Coagulometer Measures The Blood Clotting Parameters |
| Should Be Microcomputer Controlled |
| Semi Automatic With At Least 4 Channels Optics |
| Based On Optical Principle With Led |
| Should Have Intergrated / External Incubation Block With Pre- Warming Positions. |
| Suitable For Pt, A-Ptt, Fibrinogen, Thrombin Time, Factors: Ii,V, Vii, Viii, Ix, X, Xi, Xii, Fletcher, At-Iii, Protein C, Protein S, Heparin, Stat |
| Results Can Be Represented In Seconds, %Activity, Ratio, Inr G/L And Mg/L |
| Should Be Able To Store Specific Test Paramenters In The System |
| Should Haave Lcd Display |
| Complete System With Printer Or Facility For Priner Connectivity Is Required. |
| Should Generate The Standard Curve For Factor Assays |
| Open System For Reagent And Low Reagent Consumption |
| Reagents For Validation, Training Up To Installation To Be Provided Free Of Cost By Manufacturer. |
| Model should beUSFDA/European-CE (Issued by  notified body) |
| Manufacturer/Supplier Should Have ISO 13485 Certification For Quality Standards. |
| Should Be Able To Withstand Temperature And Humidity Fluctuations In Case Of Failure Of Air Conditioner. |
|
| Performance Certificates Of Iq,Oq,Pq Tests To Be Submitted At The Time Of Installation/Commissioning. |
|
|
| Warranty: 3 Years |
| 15 | PH meter | 1 | Bench Top Ph Meter With Two Electrode And Buffer. |
| One Electrode For Measuring Ph For Reagents. |
| One Electrode For Measuring Ph For Qc Sample(Min Volume 500 Microlitre To 1000 Microlitre). |
| 3 Point Calibration Is Required(Ph 4.0, 7.0 & 10.00) |
| Ph Range From 0-14. |
| Temp. Range 0°C To 100°C |
| Temp. Display On Screen As Well As Ph Reading. |
| Calibration Certificate To Be Provided. |
| Automated Ph Meter Preferable. |
|
| Performance Certificate Of Iq, Oq, Pq Tests To Be Sub,Itted At The Time Of Installation/ Comissioning, If Desired By The End User |
|
|
|
| Model should beUSFDA/European-CE (Issued by  notified body) |
|
|
|
| Warranty 3 Year |
| 16 | Incubator | 1 | Capacity Should Be 150 Litres Approximately. |
| Temperature Display Should Be Intuitive Control Panel With Led/Lcd Display & Should Have Touch Sensitivity Key Pad |
| Should Have Powder Coated Electorgalvanised Steel Exteriors With Antimicrobial Coating |
| Temeprature Range Should Be From Ambient +3°C To 60°C |
| Temperature Accuarcy Should Be +/- 0.2°C At 37°C |
| Temperature Increment Should Be 1°C |
| Should Have Microprocessor Digital Pid Control |
| Inner Door Should Have Safety Glass Door |
| Airflow Should Be By Means Of Forced Air Convection. |
| Chamber Material Should Be Stainless Steel (304) |
| Should Have Minimum 4 Shelves |
| Should Have Auto Tuning Function & Digital Timer With Delayed On/Off Function |
| Should Have High Temperature Limit Setting And Open Door Alarm |
| Should Have Rs 232/ Rs484 Interface For Data Communication |
| Should Have Access Port For External Temperature Mapping. |
|
|
|
|
| Model should beUSFDA/European-CE (Issued by  notified body)/ ISO 13485 certified |
| Electrical powerrequirements 220-230 Vac, 50-60Hz |
|
|
| Warranty :3 Years |
| 17 | Hygrometer | 2 | Range Should Be -49.9 To 69.9°C |
| Resolution Should Be 0,1°C/°F |
| Accuracy Should Be ±1°C |
| Sensor Type Should Be Thermistor |
| Battery Type Should Be 1.5 Volt Aaa |
| Battery Life Should Be 10000 Hours |
| Should Be Dual Custom Lcd/Display |
| Dimensions Should Be 18X41X76Mm Or More |
| Weight Should 85 Grams Or More |
| Humidity Should Be 20 To 98%Rh |
| Model should beUSFDA/European-CE (Issued by  notified body)/ ISO 13485 certified |
|
| 18 | Refrigerator | 3 | Capacity Of Storage: 300 Litres |
| Temp Range-Should Have Adjustable Temperature Control Range From +1 Degree To +8 Degree C, Factory Preset At 4 Degree C. |
| Refrigerator System- |
| A)The System Should Have High Density CFC –Free Urethane Foam Insulation To Protect Cabinet From Ambient Temperature Fluctuation. |
| B)The System Should Have Positive, Forced, Air Circulation To Maintain Temperature Uniformity At All Shelf Levels, With Quick Recovery +/- 1 Degree C. |
| C)The System Should Have Sensors For Activating Automatic Defrost Cycle To Minimize The Frost Build Up. |
| D)The System Should Have Automatic Condensate Removal With No Requirement For Separate Drainage Lines. |
| Internal Construction Should Be Made Up Of High Grade Stainless Steel (Min 22 G) External Construction Corrosion Resistant Sheet At Least I Mm Thickness. |
| Internal Temp Control |
| A)System Should Have Temperature Control Range From +1 Degree C To +8 Degree C. |
| B)Temperature Control Resolution Should Be Better Than 0.1 Degree C. |
| C)Cooling Down Time Of Max Of 150 Min On Half Load |
| External Ambient Temp Should Perform In Ambient Temp Up To +43 Degree C. |
| Door System Should Lockable Double Glass Doors For Better Safety |
| Safety System: |
| A. System Should Have Large And Clear Digital Displays For The Set/Run Parameters. |
| B. The System Should Have Key Operated Set Point For The Added Security |
| Alarms. |
| System Should Have Audible/Visual Warnings For Over-Temperature Under Temperature And Power Failure With Visual Status Reports On Critical Functions. |
| Should Have Adjustments For Uneven Bases. The Adjustments Should Be Easy To Use Like Rotating A Screw At The Legs In The Base. |
| Scratch Resistant Internal Lining Of The Cabinet (Stainless Steel Or Aluminium) |
| The Unit Shall Be Capable Of Being Stored Continuously In Ambient Temperature Of 0 -50 Deg C And Relative Humidity Of 15-90% |
| The Unit Shall Be Capable Of Operating Continuously In Ambient Temperature Of 10 -40Deg C And Relative Humidity Of 15-90% |
| Power Input To Be 220-240Vac, 50Hz Fitted With Indian Plug |
| Voltage Corrector/Stabilizer Of Appropriate Ratings Meeting Isi Specifications.( Input 160-260 V And Output 220-240 V And 50 Hz) |
| Should Be CE/ USFDA approved product |
| Manufacturer/Supplier Should Have ISO Certification For Quality Standards. |
| Electrical Safety Conforms To Standards For Electrical Safety IEC standard |
| Certificate Of Calibration And Inspection. |
| Warranty- 3 Years |
|  | | | Should be of 4 star/5 star rating |
| **B** | **Sub total** |  |  |
| III | **Basic Cyto/Histo Path** |  |  |
| 19 | Manual Microtome | 1 | Design Should Be Robust, Easy To Clean And Vibration Free |
| Should Have Easily Removable Waste Tray |
| Should Have Smooth And Light To Turn Hand Wheel |
| Should Have Locking System Of Sample Holder At The Uppermost Position |
| Should Have A Locking Lever To Lock The Hand Wheel At Any Position |
| Should Have Easy Design To Reach Coarse Feed Wheel |
| Should Have Slice Thickness Adjustment Knob And Display |
| Section Thickness Feed To The Specimen From 0.5-60µm Of Better. |
| Should Have Provision In Blade Holder For High And Low Profile Disposable Blade |
| Should Have Precise Specimen Orientation Of 8° In X-Y With Anti-Tilt Feature |
| Blade Holder Should Have Finger Safety Guard |
| Specimen Retraction Facility In The Return Stroke And Can Be Turn On And Off. |
| Section Counter Is Required. |
| Should Have Section Thickness Indication By The Visual Display |
| Should Have Hand Rest For Easy Sectioning |
| Should Have User Selectable Coarse Feed Turn Direction Clock Or Counter. Clockwise For Manual Sectioning Only |
| Should Have Supplied With Disposable Blade Holder (Low Profile And High Profile - One ), With Finger Guard Protection, Disposable Blades, Quick Release Clamp, Section Waste Tray, Dust Cover Microtome Oil As Standard Scope Of Supply. |
| Should Have Quick Release Cassette Clamp And Universal Specimen Clamp |
| Power Supply- 100-240Vac, 50-60Hz |
| Should Be Able To Withstand Temperature And Humidity Fluctuations In Case Of Failure Of Air. |
| Manufacturer/Supplier Should Have ISO 13485 Certification For Quality Standards. |
| Model should beUSFDA/European-CE (Issued by  notified body)approved |
|
| Performance Certificates Of Iq,Oq,Pq Tests To Be Submitted At The Time Of Installation/Commissioning. |
|
|
| Warranty: 3 Years |
| 20 | Embedding Station | 1 | A State Of The Art Embedding System With Microprocessor Regulated Bench Top Tissue Embedding System With Touch Pad Control To Adjust The Wax-Dispensing Unit, Cooling, Heating And Pre-Warming Unit. Each Module Should Have Display And Independent Control. |
| The Paraffin Melting Reservoir Should Have Temperature Range Between 50 Oc To 70 Oc, Or Better With ± 1 Oc Steps. The Paraffin Reservoir Should Have At Least 3 Liters Or Better Capacity To Hold Melted Wax. |
| Cold Plate Module Should Have Sufficient Space To Accommodate At Least 50-60 Blocks. |
| Refrigerated Spot Should Be Integrated In Cold Plate For Tissue Orientation. |
| Appropriate Cassette Bath Store. |
| Mold Warmer And Work Surface Temperature Should Be Programmable In The Range Of 50 Oc To 70 Oc, Or Better With ± 1 Oc Steps. |
| Modules For Cold Spot Should Have Temperature 4 Oc, While The Cold Plate Should Have -5 Oc Or Better. |
| Each Module (Wax Reservoir, Heating Plate, Cold Spot, Cold Plate Etc.) Should Have Temperature Adjustment Via Touch Display Independently. |
| Flow Of Wax From Reservoir Should Be Adjustable Using Foot Peddle Or By Knob. |
| Embedding System Should Have Programmable Work Flow With Automatic Start Up And Switch Off Time. |
| Forceps Warmer Along With 1Mm, 2Mm And 4Mm Tip. |
| The System Should Be Equipped With All Accessories For Proper & Effective Functioning (Such As Power Supply Cords, Dust Cover, Stabilizer Etc.) Any Up- Gradation Of The System Accessories And Software Within A Year From The Time Of Installation Should Be Provided Free Of Cost. |
| Supply 40 Kg Of Paraplast Tissue Embedding Grade And 40 Liter Of Histoclear/ Xylene Free Clearing Reagent. |
| Vibration Free Table For Accommodating The Embedding System. |
| Staining Racks Ten In Number Lxwxh Mm (85X60X45) Of Glass Or Metal, With Wire Handle. |
| Metal Base Molds At Least 60 In Numbers With Depression Of 7X7X5Mm Size. |
| Embedding Cassettes 2000 Fitting On The Above Metal Base Molds. |
| should be ISO 13485 certified |
| Model should beUSFDA/European-CE (Issued by  notified body)/ISO13485 certified |
| Warranty- 3 Years |
| 21 | Automated Tissue Processor | 1 | Should Be A Low Throughput Staining Machine For Multiple Staining Operations. |
| Should Have Atleast 30 Or More Nos Of Slides Per Rack. |
| Specimen Slide Throughput Should Be Atleast 150-200 Slides Per Hour. |
| Should Have Load Capacity Of Atleast 60 Slides With Minimum 2 Loading Stations. |
| Should Have Minimum 15 Reagent Stations And 3 Water Stations. |
| Should Have Integrated 1 Drying Stations/ Oven With Temperature Settings From 40˚C To 65˚C Should Be Available. |
| Minimum 2 Programs Should Be Available. |
| Should Have Simultaneous Staining Of Various Different Staining Protocols. |
| Continuous And Slow Agitation Facility Should Be Available. |
| Gentle Vibration To Slide Rack During Lifting To Teduce Any Carry Over Contamination. |
| Should Have Keypad Control For Programming And Setting The Parameters |
| Should Have Continuous Loading And Unloading Of Slides Via Rack Entry And Exit Door. |
| Programmable Up And Down Movement Of Robotic Arm. |
| Should Have Fume Hood With Filter To Remove Hazardous Fumes. |
| Timer For Adjusting Time For Each Station. |
| Alarm System Should Be Available For Completion Of Each Program. |
| Warning Alarm In Case Of Any Error During Operation. |
| Ups Of Adequate Capacity To Be Provided If Required/ Should Have Inbuilt Battery Backup. |
| Power Supply- 100-240Vac, 50-60Hz |
|
| Model should beUSFDA/European-CE (Issued by  notified body)approved |
| General Terms: |
|
| Performance Certificates Of Iq,Oq,Pq Tests To Be Submitted At The Time Of Installation/Commissioning ; If Desired By The End User. |
|
|
|
|
|
|
| Warranty- 3 Years |
| 22 | Hot Air oven | 1 | Specification: Table Top. |
| Volume Capacity: Approximately 170 Litres. |
| Temp: Ambient To More Than 250 Deg C. |
| Display: Led/Lcd/Touchscreen Display With Temperature Monitoring. |
| Inner Chamber: Stainless Steel, Grade 304. |
| Number Of Shelves: 3. |
| Tray: Chromium Plated Steel. |
| Door Seal: Seasoned Silicon Rubber. |
| Display Accuracy:≤ ± 5 Deg C. |
| Main Body: Electrogalvanised Steel With White Oven Baked Epoxy-Polyster Powder Coated Finish. |
| Input Power Requirements: 230 Volts +/- 10% , 50 Hz. |
| Electrical Power Consumption Should Not Exceed 3000 W. |
|
| Performance Certificates Of Iq,Oq,Pq Tests To Be Submitted At The Time Of Installation/Commissioning ; If Desired By The End User. |
|
|
|
|
| Model should beUSFDA/European-CE (Issued by  notified body)/ISO13485 certified |
|
|
| Warranty :3 Years |
| 23 | Centrifudge | 1 | Max. Achievable Speed: Not Less Than 20000 Rpm And 32000 X G |
| Noise Level: <60Db |
| It Should Be With Brushless, Maintenance Free Drive Motor. |
| Microprocessor Controlled Operation With Digital/Lcd Display For Speed, Temperature And Time. |
| Should Have Ability To Spin For A Time Of 1Min To 99 Min. |
| Should Have Viewing Port In The Lid. |
| Should Have Powered Lid Locking. |
| Should Have Quick And Easy Operation With The Keypad |
| Should Be Able To Store 4 Or More Programs. |
| Rotors And Lids Should Be Autocleavable At 121°C For 20 Mins. |
| Should Have Emergency Lid Lock Release Function. |
| Should Provide Lid Dropping Protection. |
| "Door Interlock" Safety Feature Is Essential. |
| It Should Be Possible To Set Rpm As Well As Rcf. |
| Should Have Imbalance Switch-Off Function. |
| Automatic Rotor Recognition |
| Parameters/ Programs To Be Changed With The Help Of Keypad. |
| Easy Entry Of Parameters |
| Rotor Should Be Aerosol Tight. |
| Need rotor head of24\*15ml( with RPMof 4000 or More) |
| Power Supply- 100-240Vac, 50-60Hz. |
| Should meet ISO 13485 certification for quality standards |
| The Unit Should Comply With International Standard Like CE or USFDA |
| Should Be Able To Withstand Temperature And Humidity Fluctuations In Case Of Failure Of Air. |
| Should Perform Calibration,Validation(Once) & Preventive Maintenance (Twice) Of The Equipment Yearly During Warranty/ Service Period. Testing & Measuring Equipment Used Should Be Traceable To Si Units Through National /International Standards (As Per Nabl Norms). |
| Performance Certificates Of Iq,Oq,Pq Tests To Be Submitted At The Time Of Installation/Commissioning. |
| Local Service Support: Should Have Local Office And Service Support/Service Engineer For Attending The Breakdown Calls. |
| Max. Achievable Speed: Not Less Than 20000 Rpm And 32000 X G |
| warranty- 2 year |
| Noise Level: <60Db |
| 24 | Cytocentrifudge | 1 | The Equipment Should Be A Bench-Top Centrifuge For Cytology Specimens And Should Be Capable Of Thin-Layer Cell Preparation For Retrieving Cells From Various Body Fluids And Preserving Their Morphology. |
| Should Be Capable Of Processing Up To 12 Specimens At One Time. |
| Should Be Provided With Standard Accessories Such As Cytoclips To Hold Reusable Sample Chamber Against Microscope Slides For Preperation. |
| Clips Should Be Autoclavable And Reusable Of Ss. |
| Should Be Resistant To Fluid Spillage On The Electronic Components With Capped Disposable Sample Compartments/ Chambers For Elimination Of Aerosol. |
| Safety Alarms For Any Abnormal Operation Should Be Available. |
| Microprocessor Based Controls And Programming For Time And Speed. |
| Should Be Compliant With International Standards For Electrical Equipment Requirements For Laboratory Use. |
| Power Inpute: Voltage Requirement: 220 V, 50Hz |
| Rpm Should Be 200 To 2,000 Atleast. |
|
| Performance Certificates Of Iq,Oq,Pq Tests To Be Submitted At The Time Of Installation/Commissioning. |
|
|
|
|
| Model should beUSFDA/European-CE (Issued by  notified body)/ISO13485 certified. |
|
|
| Warranty :3 Years |
| 25 | Refrigerator 200 to 300 litre | 2 | Capacity Of Storage: 400 ltr |
| Temp Range-Should Have Adjustable Temperature Control Range From +1 Degree To +8 Degree C, Factory Preset At 4 Degree C. |
| Refrigerator System- |
| A)The System Should Have High Density CFC –Free Urethane Foam Insulation To Protect Cabinet From Ambient Temperature Fluctuation. |
| B)The System Should Have Positive, Forced, Air Circulation To Maintain Temperature Uniformity At All Shelf Levels, With Quick Recovery +/- 1 Degree C. |
| C)The System Should Have Sensors For Activating Automatic Defrost Cycle To Minimize The Frost Build Up. |
| D)The System Should Have Automatic Condensate Removal With No Requirement For Separate Drainage Lines. |
| Internal Construction Should Be Made Up Of High Grade Stainless Steel (Min 22 G) External Construction Corrosion Resistant Sheet At Least I Mm Thickness. |
| Internal Temp Control |
| A)System Should Have Temperature Control Range From +1 Degree C To +8 Degree C. |
| B)Temperature Control Resolution Should Be Better Than 0.1 Degree C. |
| C)Cooling Down Time Of Max Of 150 Min On Half Load |
| External Ambient Temp Should Perform In Ambient Temp Up To +43 Degree C. |
| Door System Should Lockable Double Glass Doors For Better Safety |
| Safety System: |
| A. System Should Have Large And Clear Digital Displays For The Set/Run Parameters. |
| B. The System Should Have Key Operated Set Point For The Added Security |
| Alarms. |
| System Should Have Audible/Visual Warnings For Over-Temperature Under Temperature And Power Failure With Visual Status Reports On Critical Functions. |
| Should Have Adjustments For Uneven Bases. The Adjustments Should Be Easy To Use Like Rotating A Screw At The Legs In The Base. |
| Scratch Resistant Internal Lining Of The Cabinet (Stainless Steel Or Aluminium) |
| The Unit Shall Be Capable Of Being Stored Continuously In Ambient Temperature Of 0 -50 Deg C And Relative Humidity Of 15-90% |
| The Unit Shall Be Capable Of Operating Continuously In Ambient Temperature Of 10 -40Deg C And Relative Humidity Of 15-90% |
| Power Input To Be 220-240Vac, 50Hz Fitted With Indian Plug |
| Voltage Corrector/Stabilizer Of Appropriate Ratings Meeting Isi Specifications.( Input 160-260 V And Output 220-240 V And 50 Hz) |
| Equipment should be4star/5star |
| Manufacturer/Supplier Should Have ISO Certification For Quality Standards. |
| Electrical Safety Conforms To Standards For Electrical Safety IEC standard |
|
| Warranty- 3 Years |
| 26 | Slide fling cabinate | 2 | Should Have Convenient Storage And Retrieval Of Glass Slides. |
| Should Have Constructed From Steel Material With High Durability. |
| Should Be Stackable. |
| Each Drawer Should Have A Back Stop |
| Capacity Should Be 90,000 Slides In One Cabinet Having Multiple Drawer Filing Section |
| Width Of Each Drawer/ Compartment Should Be 1 Inch(Minimum) |
| Should Have Writable Socket/ Stripes On The Drawer For Labeling |
| Drawers Of The Cabinet Should Be Lockable For Protection And Security With Key. |
|
|
|
| Warranty: 3 Years |
|  |  |  | Manufacturer shouldhave ISO 13485 |
| 27 | Block filing cabinate | 2 | Should Have Convenient Storage And Retrieval Of Paraffin Blocks |
| Should Be Constructed From Stainless Steel With High Durability |
| Should Be Stackable |
| Each Drawer Should Have A Back Stop |
| Each Cabinet Should Have 7 Drawersand Each Drawer Should Have Capacity Of 700 Blocks, Likewise Each Cabinet Should Have 7 Drawers Accomodating 4900 Blocks Of The Block. |
| Width Of Each Drawer/ Compartment Should Be 1 Inch |
| Should Have Writable Socket/Stripes On Drawer For Labelling. |
| Drawers Of The Cabinet Should Be Lockable For Protectionand Security With 1 |
| Master Key For All 35 Cabinets |
|
| Multiple Models: If More Than One Model Is Offered, Then They Are To Be |
| Separately Filled And Submitted According To The Given Format. |
| Warranty-3 Year |
|  |  |  | Manufacturer shouldhave ISO 13485 |
|  |  |  |  |
| 29 | PH meter | 1 | Bench top PH meter with two electrode and buffer. |
| One electrode for measuring pH for reagents. |
| One electrode for measuring PH for QC sample(min volume 500 microlitre to 1000 microlitre). |
| 3 point calibration is required(pH 4.0, 7.0 & 10.00) |
| pH range from 0-14. |
| Temp. range 0°C to 100°C |
| Temp. display on screen as well as Ph reading. |
| Calibration certificate to be provided. |
| Automated Ph meter preferable. |
|  |
| Performance certificate of IQ, OQ, PQ tests to be sub,itted at the time of installation/ comissioning, if desired by the end user |
|
|
|
| USFDA/EU-CE(Issued by notifiedbody) |
|
|
|
| warranty- 3 year |
| 30 | Tissue floatation bath | 1 | Should Have A Rectangular Design With Atleast One Side Broad Enough To Keep The Glass Slide. |
| Should Have A Capacity Of Minimum 2 Litres. |
| Jet Black Inner Surface Of The Chamber With Removable Glass Tray And Illumination Light Source Which Provides Better Contrast To Identify Sections And Easy To Clean Surface. |
| Electronic Temperature Control For Exact Temperature Regulation. |
| Temperature Indication By Digital Display. |
| Temperature Range : +30 To +80 Deg C. |
| Temperature Should Be Adjustable By Membrane Keypad Which Should Be Less Sensitive To Water Spillage, Paraffin Contamination. |
| Should Be Supplied With 2 Nos. Of Glass Trays As Standard. |
| Should Have Place For Slide Draining / Drying. |
| Should Have Illumination From The Side And Provide Exceptional Viewing Of The Tissue Sections. |
|
| Performance Certificates Of Iq,Oq,Pq Tests To Be Submitted At The Time Of Installation/Commissioning ; If Desired By The End User |
| Electrical powerrequirements 220-230 Vac, 50-60Hz. |
|
|
|
| Model should beUSFDA/European-CE (Issued by  notified body)/ISO13485 certified |
| Warranty :3 Years |
| 31 | Cooling plate | 1 | Should Be An Independent Cooling Plate With Temperature Range From Ambient To -10 |
| Should Be Able To Use As Independent Or With Tissue Embedding Station |
| Should Have Digital Display Of Temperature |
| Capacity To Keep At Least 100 Blocks At A Time. |
| It Should Have Environment Friendly Refrigerant. Outer Body Must Be Made Up Of Ss304 Or Powder Coated To Prevent Rusting. |
| Please Specify Footprint Size & Its Weight |
| Power Supply- 100-240Vac, 50-60Hz. |
| Model should beUSFDA/European-CE (Issued by  notified body)/ISO13485 certified |
| Should Be Able To Withstand Temperature And Humidity Fluctuations In Case Of Failure Of Air. |
| Performance Certificates Of Iq,Oq,Pq Tests To Be Submitted At The Time Of Installation/Commissioning. |
| Warranty - 3 Years |
| 32 | Magnatic stirrer | 1 | Table Top Model, Ergonomic, Light Weight. |
| Broad Speed Range. |
| Silent, Durable Motor. |
| Mixing Speed Control Range Rpm 100 To 1250. |
| Maximum Stirring Volume (H₂O) In Litres-10. |
| Temperature Setting Range : 30°C To 330°C |
| Temperature Uniformity: ±3°C |
| Working Plate Heating Time Till 11 Mins. |
| Maximum Stirring Liquid Viscosity Mpa.S- Upto 1170 |
| Plate Diameter- 160Mm. |
| Plate Material- Aluminium Alloy, Stainless Steel. |
| Retort Stand Height- 320Mm. |
| Length Of Magnetic Stirring Element- 20-70 Mm. |
| Heating Power- 550W. |
| External Power Supply Input- 120-230V Ac, 50-60 Hz. |
| Nominal Operating Voltage- 120-230V, 50-60Hz Heating. |
|  |
| Performance Certificates Of Iq,Oq,Pq Tests To Be Submitted At The Time Of Installation/Commissioning . |
|
|
|
| Electrical powerrequirements 220-230 Vac, 50-60Hz. |
| Model should beUSFDA/European-CE (Issued by  notified body)/ISO13485 certified |
| Local Service Support: Should Have Local Office And Service Support/Service Engineer For Attending The Breakdown Calls. |
| Response Time: Should Not Be More Than 12 Hrs From Lodging A Breakdown Complaint On Toll Free Or By Email. |
| Warranty :3 Years |
| 33 | Bone Saw Electrical | 1 | Should Be Completely Made Up Of Heavy Duty Stainless Steel Of Ss 304 |
| Should Be Suitable For Cutting Of All Types Of Bones |
| Cutting Speed Of Minimum 10Mm Per Second Or More |
| Cut Height-250 To 300 Mm Or Better |
| Cut Deepness-Minimum 160Mm Or Better |
| Bone Pusher Portioning Plate And Blade Cover In Stainless Steel |
| Smooth Surfaces Without Dirt Traps |
| Dettachable Waste Collecting Pan |
| Removable Top Pulley And Blade Scraper |
| High Speed Self Ventilating Motor Housing Of Ss For Prolonged Operation |
| Safety Device With Start, Emergency Stop And Safety Limit Switch And Low Tension Controls |
| Blade Tensioning Automatic Adjustments |
|
|
|
| Performance Certificates Of Iq,Oq,Pq Tests To Be Submitted At The Time Of Installation/Commissioning. |
|
|
| Electrical powerrequirements 220-230 Vac, 50-60Hz. |
|
|
| Warranty-3 Years |
| Model should beUSFDA/European-CE (Issued by  notified body)/ISO13485 certified |
| 34 | Bone decalcifier | 1 | Should have body made of Acid resistant material construction. |
| Should have rotor Basket of atleast 20-30 cassettes capacity |
| Should have beaker capacity of minimum 2 litres or more decalcifier solution. |
| Temperature range room temp to 40 deg or more |
| Should have electric motor for agiitation by rotational movement. |
| Integrated Digital temperature controller. |
| Model should beUSFDA/European-CE (Issued by  notified body)approved |
|
| Performance certificates of IQ,OQ,PQ tests to be submitted at the time of installation/commissioning; if desired by the end user. |
|
|
| Specify pre installation requirements [electrical, HVAC, Compressed air ( please specify required air pressure), water requirement (RO/DI/Distilled water with its pressure, flow rate per hour) ; if any of the above is essential] |
|
|
|
|
| System should beoperative, singlephase, 220 Vol AC+/- 10%, 50 Hz. |
|
|
| **Warranty :3 years** |
| 35 | Autostainer | 1 | Should Be A High Throughput Stainer |
| Slide Rack Capacity Should Be 20 Or More. |
| Should Have Various Staining Protocols. |
| Should Have Minimum 20 Reagent Stations Including Minimum 3 Water Stations. |
| Continuous And Slow Agitation Facility Should Be Available. |
| Gentle Vibration To Slide Rack During Lifting To Reduce Any Carry Over Contamination. |
| Minimum 3 Programs Should Be Available. |
| Should Have Fume Hood With Filter To Remove Hazardous Fumes. |
| Timer For Adjusting Time For Each Station. |
| Alarm System Should Be Available For Completion Of Each Program. |
| Warning Alarm In Case Of Any Error During Operation. |
| Power Supply- 100-240Vac, 50-60Hz |
| Model should beUSFDA/EuropeanCE(Issued by  notified body)/ISO13485 certified. |
|
| Should Be Supplied With Standard Make Ups With Atleast 30 Mins Backup. |
| Performance Certificates Of Iq,Oq,Pq Tests To Be Submitted At The Time Of Installation/Commissioning;If Desired The End User. |
|
|
|
| Should beoperative,singlephase,220Vac+-10%,50Hz. |
|
|
| Warranty :3 Years |
| 36 | Grossing table | 1 | should have Right and left work stations |
| Grid Plates should be provided |
| working area should have drainage |
| CENTRAL SINK |
| should have Hydro-aspirator with reverse flow |
| should have hot/ cold water fixtures |
| fixtures should have wrist blade handles |
| fixtures should have gooseneck faucet |
| sink rinse with hose fittings and hose hanger should be provided |
| vacuum breaker should be provided |
| INSTRUMENT |
| DRAWER |
| under both workstations |
| FLUORESCENT |
| LIGHT |
| over both workstations |
| ELECTRICAL |
| GFCI type 220/240 Volts AC 50 Hz |
| DISPOSER UNIT |
| should have Solenoid valve, Vacuum breaker, Water tight on/off switch, internal overload protector, motor ½ to ¾ HP |
| FABRICATION |
| Stainless Steel Type 304 with satin finish |
| DIMENSIONS |
| Length – 280-290 cm |
| Width – 65-75 cm |
| Height- 180-190 cm |
| Power input to be 220-240VAC, 50Hz fitted with Indian plug |
| Should be FDA, CE, UL or BIS approved product |
| Comprehensive training for lab staff and support services till familiarity with the system |
| Warranty 3 year |
|  |  |  | Model should beUSFDA/European-CE (Issued by  notified body)/BISapproved |
| **C** | **Sub total** |  |  |
| **IV** | **Image Diagnostics** |  |  |
| 37 | X-ray 300mA | 1 | X-Ray Generator : |
| The high power R/F system should have high frequency (50000 pulses or more) inverter type |
| generator. |
| 30kW or more Highvoltage generatorwith inverter  frequency andMaximum output of30kW or more.. |
| Radiographic kV range : 40-125 kV. |
| Maximum mA : 300mA or higher. |
| Radiographic exposure time range : 5msec to 1 Sec. |
| LED readout for exposure parameter display. |
| Microprocessor controlled with automatic exposure control. |
| Two point radiographic technique – Selection of kV and mAs only. |
| Anatomicalprogramming up to216 pre-programmedfunctions in whichautomatic selectionof Technical Factorsis done according tothe Body partSelection for healthyand widerparticipation |
| Radiographic table. |
| 5 Position manual operation patient table. |
| Table tilt : (+) 90 degree – (-) 12 degree. |
| Cassette / Film size : 8 × 10 inch, 14 × 17 inch, 12 × 15 inch. |
| X-Ray Grid : 8:1, 100 lines/inch. |
| Dual slot collimator. |
| It should have a Bucky system which can accommodate standard radiographic cassettes. |
| X-Ray Tube. |
| Min 115 KHU – BHEL / Toshiba / Varian Tube. |
| High speed rotating anode tube of 2700 rpm or better. For health and wider participation |
| Short term rating – 20 kW / 40kW or better. |
| HT Cable pair 8m or more. |
| Accessories : |
| Lead aprons, thyroid &pelvic guards with each unit. |
| Both stand required. |
| The unit should be provided with vertical Bucky. |
| It should be provided with a removable GRID of 8:1 ratio (minimum) & focus distance of 180cm. |
| Each unit to be provided with dark room tanks (4No.s), Safe light (One), Dryer (One), Hangers for |
| X-ray films. |
| Two sets of grid based high speed cassettes of 12” × 15”, 10” × 12”, 8” × 10” with one set of spare |
| screens of each supplied cassette. |
| Lead alphabets & numbers 3 sets. |
| Lead partition 6” × 3” with lead glass window mounted on wheels. |
| Power Requirements. |
| 3 Phase AC Supply, 50 Hz, Line Resistance ≤0.3 Ω. |
| Power Consumption not more than 45 kVA. |
| AERB type approval is mandatory. |
| Model should beUSFDA/European-CE (Issued by  notified body)/BISapproved |
| Dual focal spot. |
| warranty- 2 year |
| 38 | Portable USG | 1 | Types Of Probes & Features |
| Applications-Abdomen,Abdominal Vascular,Cardiac,Vascular Access And Lung |
| High Density More Then 125 Element Probes In Convex,Tv& Linear |
| Flat Linear Array |
| Convex Array |
| Transducer Temp-Detection |
| Biplane Trans Rectal |
| Biopsy Guide |
| Scanning Depth |
| Frame Per Second In B Mode |
| Frame Per Second In Colour Mode |
| Scan Modes |
| Dual Imaging |
| Quad Imaging |
| Steer M Mode |
| M Mode Colour |
| Power Doppler |
| Directional Power Doppler |
| Pw |
| Sample Volume |
| Cw |
| Hprf |
| Tdi-Tissue Doppler Imaging |
| Surface 3D Rendering |
| Digital Beam Forming |
| B-Steer |
| Thi |
| Duplex |
| Triplex |
| Speckle Reduction Imaging |
| Compounding Imaging |
| Imt-Internal Median Thickness Sw |
| Autotrace & Measurement |
| Panoramic Imaging |
| Trapezoidal Imaging |
| Gray Scale |
| Real-Time And Frozen Zoom |
| Dynamic Range |
| Gain |
| Imaging Display And Processing |
| Monitor Type |
| Monitor Size,Inch |
| Backlit Keyboard |
| Discom 3 Compliant |
| Adjustable Transmin Focus |
| Automated B-Mode (2-D) Image |
| Grayscale Levels |
| Image Magnification (Zoom) |
| Real Time Image |
| Frozen Image |
| Transducer Socket |
| Gel Warmer |
| Dvd/Cd Writer |
| Flash Memory |
| Usb Connector |
| "Facility For High Definition Digital Acquisition,Review And Editing Pf Complete Patient Studies. |
| Digital Storage Hard Drive Size |
| Weight ,Kg (Lb) Without Trolley |
| Type Of Processor |
| Discom Interfacebility Dicom To Pacs |
| Interfacebility Dicom To Ris |
| Cart/Trolley From Oem With Gel & Transducer Holder |
| Probe To Be Supplied With Unit As Follows-1 Cardiac Probe (1-5 Mhz With Scan Depth Upto 30 Cm And Capable Of Full Transthoracic Echo Imaging Including Tdi, Color And Spectral Doppler)2.Linear Probe (5-10 Mhz Scan Depth Upto 10 Cm)3.Linear Probe( 6-13 Mhz For Vascular Access) With Small Profile And Capable Of Supporting Vascular Access/Lung Application 4.Convex Probe( 205 Mhz For Abdominal,Deep Tissue,Biopsy Etc With Scanning Depth Upto 30 Cms) |
| Usg System Supplied Should Be Upgradable To Next Generation System On Site |
| Electrical powerrequirements 220-230 Vac, 50-60Hz |
|
|
|
| should have 30minitues |
| Miscellaneous Parameters |
| User/Technical/Maintenance Manuals To Be Supplied In English In Hard And Soft Copy |
| Demonistration Of Equipment And Training To Be Provided After Completing Supplies & Installation Before Acceptance |
| The Principal Manufacturer Must Have Direct Presence/Approved Service Center In India |
| Model should beUSFDA/European-CE (Issued by  notified body)approved |
|
|
|
| Warranty -3 Years |
| 39 | Mammaogram | 1 | Description Of Function |
| Mammography System To Replace Conventional Film/Screen Based Mammography Studies With Digital Images Instant Reviewing And Analysis Capability With Stereotactic Biopsy Facility . |
| Operational Requirements |
| Full DigitalMammographySystem ConsistingOf Exposure StandWith/ Iso centric "c"Attached SwivelSystem, SeparateConsole WithRadiation Shield,Automatic ExposureControl AndMammography X-Ray Tube.. |
| An Integrated Direct-To-Digital Flat Detector Based On Amaorphous Silicon Technology. |
| A Separate Workstation For Image Positioning And Patient Demographic Data Is Required. |
| The Workstation Should Be Able To Send,Receive And Print According To Dicom Standards. |
| The Workstation Should Also Be Able To Obtain Dicom Modality, Work List From Connected Information System And Send Information About Performed Procedure To The Connected Information System |
| Read And Write In Cd/Dvd For Data Storage And Review. |
| Technical Specifications |
| Mammography System |
| The System Should Cocnsist Of A Tube Head And Detector Assemblythat Has Isocentric Rotation For Every Positioning. |
| The IscentricMovements ShouldBe Motorized.The  Patient CompresionDevice should HaveAutomatic/  MotorizedMultispeed / dualspeed VariableCompression SystemWhich Senses TheBreast Density AndAdjust TheCompression Force.. |
| The Maximum Compression Thickness Should Be 18 Cm Or More. The Patient Table Should Have Motorised Grid Movement. |
| Magnification Devices Of Ratio 1.5 And 1.8 Should Offered. |
| Digital Display Of Compression Force And Compression Thickness Should Be Available. |
| X-Ray Generator And Tube |
| The X-Ray Generator Should Be High Frequency With The Following Parameters: |
| Kv Range: At Least 25-35 Kv In Steps Of 1 Kv |
| Mas Range: 0-750 Mas Or More |
| Exposure Time: 0-700Ms |
| Maximum Ma: 180Ma Or More |
| X-Ray Tube Unit: |
| Dual Focus Rotating Anode Tube With The Following Parameters: |
| Focal Spot Size: 0.1Mm And 0.3Mm |
| Anode Heat Storage: 150 Khu Or More |
| Tube Heat Storage: 1.3Mhu Or More |
| Anode Material: Molybdenum And Tungsten Preferred |
| Please Mention The Filter Material Used In The Tube |
| Flat Panel Detector: |
| Type Of Detector:AmorphourSelenium /amorphour siliconPreferred |
| Detector Size: 24Cmx29Cm Or More With Two Image Formats |
| Pixel Size: 70µ Or Less |
| Image Matrix In Pixels: Large Size-3Kx 4K Or More Small Size: 2Kx 3K Or More |
| Workstation For Image Acquisition: |
| The Workstation Should Enable Immediate Image Display For General Survey For Patient Positioning. It Should Be Able To Store Around 10000 Imagesthe Networking Should On Tcpip Protocol. |
| The Following Image Processing Should Be Possible On The Workstation: |
| Image Display: |
| Freely Selectable Screen Layout |
| Windows Settings (Contrast And Brightness Setting) |
| Magnification, Stepped And Dynamic Zoom |
| Image Inversion (Black/White) |
| Annotation: |
| Left/Right Marking |
| Text Additions |
| Lines |
| Rectangles And Circles |
| Measurements: |
| Distance |
| Angle |
| Density |
| Image Evaluation: |
| Contrast Enhancement(With Table) |
| Display Of Histogram |
| Length Measurements |
| Before /After Comparison |
| Filter |
| Administration: |
| The Demographic Patient Data Should Be Retrieved Directly From A His/Ris System |
| The Demographic Patient Data Can Be Entered Manually |
| Retrieval Of Images From Cd, Dvd Or Pacs |
| Printing Of Images On Dicom – Compatible Printers |
| The Workstation Should Be Fully Dicom Compatible |
| High Contrast 1Kx 1K Tft Monitor Should Be Provided With Workstation. |
| Biopsy: |
| Please Quote For Stereo Tactic Biopsy System Which Is Fully Compatible With Ffdm. |
| A High Resolution Image Of 20 1P/Mm Should Be Possible With The Stereo Tactic Biopsy System. |
| System Configuration Accessories, Spares And Consumables |
| Mainframe System - 01 |
| X-Ray Tube Unit&Tube - 01 |
| Flat Panel Detector - 01 |
| Image Acquisition Workstation-01 |
| Stereotactic Biopsy System - 01 |
| Dicom Printer |
| Archieving System - 01 |
| Environmental Factors |
| The Unit Shall BeCapable OfOperatingContinuously InAmbientTemperature Of 10C  to 35C And RelativeHumidity Of 80% |
| Proper X-Ray Shielding Should Be Provided For The Main Equipment. |
| Pre Requsites Should Be Clearly Spelt Out In Terms Of Mammography Room Requirements. |
| Power Supply |
| Suitable Power Input To Be 220-240Vac, 50Hz Or 440 V 3 Phase, Fitted With Indian Plug |
| Resettable Overcurrent Breaker Shall Be Fitted For Protection |
| Spike Protector Of Appropriate Rating Should Be Provided |
|
| Standards And Safety |
| Model should beUSFDA/European-CE (Issued by  notified body)/BISapproved. |
| Electrical Safety Conforms To Standards For Electrical Safety Iec-60601 / Is-13450 |
| Safety Aspects Of Radiation Dosage Leakage Should Be Spelt Out |
| Phantom For Calibration Should Be Provided. |
| Warranty 3Years |
| Should Comply With Aerb Guidelines For Radiation Leakage |
| Documentation |
| User Manual In English |
| Service Manual In English |
| List Of Important Spare Parts And Accessories With Their Part Number And Costing. |
|
|
| The Job Description Of The Hospital Technician And Company Service Engineer Should Be Clearly Spelt Out |
| **D** | **Sub total** |  |  |
| **V** | **Major OT (3)** |  |  |
| 40 | Aneasthesia workstaion | 2 | Durable With A Sturdy Kit. |
| Antistatic Wheels With Brakes |
| Shelves For Monitors |
| The Anesthesia Workstation Should Have In Built Ventilator With Min. 7'' Tft Display. |
| Gas Delivery System: |
| Gas Specific High Pressure Blocks. |
| Non Interchangable Gas Supply Inlet For Cylinders With Step Down Regulators |
| Pressure Reducing Valves. |
| Color Coded Indexed Gas Supply Hoses. |
| Provision Of Additional O2 Port For Powering A Ventury Device |
| Provision For Manual As Well As Mechanical Ventilation. |
| Provision For Both Open As Well As Closed Circuit. |
| Provision For Attachement Of 2 Cylinders One Of O2 And N2O Cylinders. |
| Provision To Monitor The Expired Gas Volume, O2 Monitor Sensor Probe Along With All The Tubings And Connections With Alarms. |
| Ability To Monitor The Expired Tv/Minute Volume,Respiratoy Rate And Fio2 |
| Quick Change Over Form Open Circuit To Closed Cicuit And Vice Versa. |
| Ability To Bypass The Soda Lime Canister And Convert To An Open Circuit. |
| Provision For Emergency Flow Of 100% O2 Under High Pressure Through Both Circuits. |
| Audible And Visual Alarms For Airway Pressure, Disconection, Oxygen Failure. |
| Flow Meters: |
| For Oxygen, Nitrous Oxide And Air With Safety Feature |
| Oxygen Failure Alarm, Audible And Visible |
| Anti-Hypoxia SafetyMechanism ToEnsure That O2  ConcentrationDoesn’T Fall BelowMinimum 25% AtAny Time.. |
|
| Should Have Provision To Connect Two Selectatec Mount Vaporisers. |
| Vaporiser Safety Lock. |
| Vendor Should Provide Vaporisers- 2Nos (Isoflurane- 1No, Sevoflurane- 1 No) |
| Ventilators: |
| Ventilators For Controlled Ventilation Of Adults As Well As Children |
| Volume Contorlled/Pressure Controlled/ Pressure Support. |
| Inbuilt Peep Administration. |
| Provision For Manual And Mechanical Ventilation |
| Monitoring For Airway Prsesure- Peak And Peep |
| Provision To Monitor Expired Gas Volume, O2 Monitor Sensor Probe Along With All The Tubings And Connections With Alarms. |
| Ability To Monitor The Expired Tv/Minute Volume, Tidal Volume, Respiratoy Rate And Fio2 |
| Tidal Volume shouldrange from 20ml to1500ml |
| Respiration Rate: 4-60 Bpm (Or More) |
| Peep Setting: Upto 20 Cmh20 |
| Peak Pressure Setting Upto 50Cmh20 |
| Breathing System: |
| Should Have Integrated Co2 Absorber With Easy Removal And Refitting During The Operation. |
| Should Be Autoclavable At 134 Deg C. |
| Should Have Apl Valve, Inspiratory Valve, Expiratory Valve. |
| Should Have Mechanism To Prevent Moisture Condensation (Eg. Heating Circuit Or Equivalent ) |
| Should Work On Mains Power And With Battery Backup Of 45 Minutes Minimum With Fully Charged Batteries |
| Accessories |
| Should Provide All Standard Accessories |
| Should Provide Co2 Absorber Canister - 2 Nos. |
| Open And Closed Circuit For Both Adult And Pediatric |
| Adult Breathing Circuit- 1 Nos. |
| Peadiatric Breathing Circuit -3 Nos. |
| Face Mask Peadiatric Complete Set- 3 Nos. |
| Face Mask Adult Size 3 & 4- One Nos. |
| Model should beUSFDA/European-CE (Issued by  notified body)/BISapproved |
|
|
|
|
|
|
| Warranty :3 Years |
|  |  |  | Aneasthesia machineshould be 3 gassupply system ( O2 ,N2O and air ) withpipe line connection  and reserve cylinderyokes |
| 41 | Cautery machine | 4 | Microcontroller Based Isolated Electrosurgical Generator Having Both Monopolar And Bipolar Outputs Designed For All |
| Surgical Procedures. |
| Smart Generator Should Be Able To Monitor Changes In Tissue Impedance Continuosly And Adjusts Power. |
| Monopolar Outputs Should Have Three Cutting Modes: |
| Low Cut ForDelicate Tissue OrLaproscopic Cases  Having MaximumPower Of 300 W ormore |
| Pure Cut For Clean, Precise Cut In General Surgery Having Maximum Power Of 200W |
| Blend Mode For Cutting With Homeostasis Having Maximum Power Of 200W |
| All Cut Modes Should Be Able To Adjust Output Power Depending |
| On Tissue Density By Less Than 15% Or 5W, Whichever Is Greater. |
| It Should Have Three Coag Modes With Maximum Power Of 120W |
| A. Desiccate Mode For Low Voltage Contact Coagulation Suitable For Laproscopic And Delicate Tissue Work. |
| B. Fulgurate Mode For Efficient Non-Contact Coagulation In Most Applications. |
| C. Spray Mode Should Have Randomized Spray Effect Of Varying Amplitude And Frequency For Coagulating Large |
| Tissue Areas With Minimum Depth Of Necrosis. |
| It Should HaveThree Bipolar ModesWith MaximumPower Of 70W ormore |
| A.Precise Mode Have Fine Control Of Desiccation In Delicate Tissue. |
| B. Standard Mode For Applications At Low Voltage To Prevent Sparking. |
| C. Macro Mode For Applications On Tissue With High Resistance |
| It Should Have Patient Plate Monitoring Facility And Should Give Audiovisual Alarm And Deactivate Output If Contact Between Patient And Patient Plate Is Not Proper To Eliminate The Risk Of Patient Burns. |
| The Unit Should Have Two Hand Switching And Two Footswitch Monopolar Outputs And One Hand Switching And Footswitching Bipolar Output. |
| It Should Have Membrane Keyboard For Power Settings. |
| The Unit Should Have Individual Digital Display Of Power For Bipolar,Monopolar Cut And Monopolar Coag. |
| The Unit Should Not Have Rf Leakage Current More Than 150Ma |
| Accessories:- |
| A.Monopolar Footswitch:- 02 No. |
| B.Bipolar Footswitch:- 01 No. |
| C.Reusable Hand Switching Pencil: - 02 Nos. |
| D.Reusable Patient Plate : - 02Nos. |
| E.Bipolar Forceps: - 01No. |
| F.Forceps Cord:- 02Nos. |
| G.Universal Adaptor: - 01No. |
| Should haveUSFDA/European CE from notified  body. Should haveIEC 60606-1-1/60606-1- 2/60606-2-2 |
| .  Operating And Service Manual Should Be Supplied. |
| Operating Temp. Upto 40Deg. C; |
| Warranty 3 Years |
| 42 | Cardiac monitor with AGM | 2 | Should Be High End Advanced Modular Hemodynamic Monitor To Measure All Vital Parameters Of Patients In Major And Minor Ots, Where Modules Can Be Separated And Should Be Interchangeable Across Ot, Icu And Recovery Room Monitors. |
| Should Have Non Glaze Display With Wide Viewing Angle And High Resolution (Medical Grade) Touch Screen. |
| Should Have Screen Size Of 12 Inches Or More |
| Should Display Minimum 8 Waveforms Simultaneously |
| Should Be Able To Used For Adult And Pediatric Application. |
| Standard Server Should Include Ecg, Spo2, Nibp, Agm, Temp., Dual Ibp And Any Additional Parameters Pls Specify. Standard Server Should Be Removable From Main Monitor. |
| Ecg: 5 Lead Ecg Should Be Standard. Should Detect Atleast 20 Different Types Of Arrhythmias. |
| Spo2: Adult And Pediatric Mode Should Be Available With Monitor. |
| Respiration: Through Ecg Or Equivalent. |
| Dual Ibp Should Be Standard WithMonitor, Compatible Cable To Be Supplied As Standard. |
| Should Measure And Display Pulse Pressure Variation Value (Ppv) As Standard. |
| Should Have Knob Along With Touch Screen Option For Access And Input. |
| Should Have Shelf Mount Facility, Accessories Required Should Be Supplied. |
| Ability To Connect To Clinical Informatics Solutions, Hospital Network, Serial Interface, Printer And Should Be Hl7 Ready Etc. Vendor/Company Is Responsible For Integration With His. |
| Audio/Visual Alarms With Priority Should Be Available. |
| Equipment Should Be Able To Withstand The Temperature And Humidity Fluctuations In Case Of Failure Of Air Conditioning. |
| Model should beUSFDA/European-CE (Issued by  notified body)/BISapproved |
| Standard Supply: |
| Monitor With Standard Basic Server As Mentioned Above - 01 Nos |
| Anesthesia Gas Module - 1 Nos Should Display O2, N2O, Co2 Parameters And Should Have Auto Detection Of Anesthetic Agents. |
| Accessories Supply: |
| Should Be Supplied With All Standard Accessories For Standard Server And Modules For All Abover Features/Parameters To Be Functional For Both Adult And Pediatric Applications With Standard Accessories With Each Monitor As: |
| Standard Accessories: |
| 5 Lead Ecg Cable - One |
| Peadiaric Nibp Cuff-One |
| Adult Nibp Cuff - One |
| Adult And Pediatric Spo2 Probe - One |
| Ibp Cable - 2 Nos |
| Nasopharangeal Temp Probe - One |
| Agm Water Traps - 1 Box Per Module |
| warranty 3 year |
| 43 | Patient warmer | 2 | Should Have Temperature Settings Range From 35Deg C To 40Deg C Or More That Allows To Select The Temperature Appropriate For Every Patient. |
| Should Have Hose-End Temperature Control And High Air Flow Which Facilitate Consistent And Controlled Temperature Of Air Delivered Regardless Of Ambient Temperature. |
| Should Have Following Alarms: Over Temperature, Under Temperature, And Disconnect/ Occlusion Alarm. |
| Should Be Provided With Standard Accessories Such As Trolley, Adult Blankets ,Etc. |
| Model should beUSFDA/European-CE (Issued by  notified body)/BISapproved. |
|
|
|
|
| Warranty :3 Years |
| 44 | Blood fluid warmer | 2 | The System Should Deliver Normothermic Blood And Fluids At Routine. |
| Should Have Both Audio And Visual Alarms, Actively Alerting The User If Adverse Conditions Occur. |
| System Should Have Temperature Range Between 37°-39°C Or Better. |
| Should Be Able To Withstand Temperature And Humidity Fluctuations In Case Of Failure Of Air Conditioning. |
| Model should beUSFDA/European-CE (Issued by  notified body)/BISapproved |
| Warranty :3 Years |
| 45 | ABG machine | 1 | Fully Automatic, Upgradeable, Fast Electrolyte & Blood Gas Analyzer. |
| Essential Measured Parameters; Ph, Pco2, Po2, Hematocrit Lactate, Glucose, Na+, K+, Ca++. All These Parameters Should Be Measured Simultaneously |
| Calculated Parameters Should Include Hemoglobin –Chgb, Actual Bicarbonate – Chco2, Total Carbon Dioxide – Ctco3, Base Excess Of Extra Cellular Fluid.- Be(Ecf), Base Excess In Blood -- Be(B), Oxygen Saturation – Cso2. |
| Fast Analysis Time –Less Than 120 Sec. |
| Fast Analysis Time – Less Than 60 Sec. |
| Data Display Should Be On Well-Illuminated, Adequate Size Screen Display. |
| Connectivity – Via Blue Tooth And Wifi For His And Lis . |
| Data Storage For Atleast 1000 Patients. |
| Calibration – Auto Calibration Before Every Sample Is Inserted. |
| Operating The Machine- User Friendly Touch Screen. |
| Ambient Working Temperature – 15 To 30 Degrees. |
| Test Cards Storage – At Room Temperature |
| Upgradeable To Future Parameters Like Cl-, Creatinine On The Same Card. |
| System Should Come Along With A Windows Based Personal Digital Assistant To Control The Entire System & Printer. |
| Stand By Blood Gas Cum Electrolyte Analyzer In Case Of Breakdown. |
| Should Have Local Service Facility |
| warranty-3 year |
| Model should beUSFDA/European-CE (Issued by  notified body)approved |
| Power 220-230Vac, 50Hz |
| 46 | PCA pump | 2 | The Unit Should Consists OfAmbulatory With A Patient Controlled Analgesia (Pca) Remote Dose Cord And Should Be Powered By Disposable Batteries. |
| It Should Have Various Drug Delivery Modes Like, Continuous, Demand Dose, Clinician Bolus Etc. |
| It Should Be Compatible To Be Used In Intravenous, Intra-Arterial, Subcutaneous, Intraperitoneal, Epidural And Intrathecal Delivery Routes. |
| It Should Have Air In Line Detection Technology, Which Can Be Changed To Off/Low/High Sensitivity Depending On The Need Of The Department. |
| It Should Offer Programmable Demand Dose Volume, Demand Dose Range Of 1-12 Demands/Hour Or More, With A Demand Dose Lockout Period Of 5Min-24 Hours Or More. |
| Accuracy Level Should Be+ 6% Or Better. |
| 50Ml, 100Ml And 250Ml Medication Reservoirs That Should Be Compatible With The Pump. |
| Infusion Pressure Shuld Be Of 40 Psi Or More. |
| It Should Have Safety Alarms – |
| Low Battery |
| Depleted Battery |
| Low Reservoir Volume |
| Remote Dose Cord Removed |
| High Delivery Pressure |
| Medication Cassette Reservoir – 50Ml/100Ml |
| Available In 50Ml And 100Ml Volumes |
| Polypropylene Outer Casing |
| Fluid Path Materials Made Of Medical Grade Pvc Plastic |
| Medication Cassette Reservoir – 250Ml |
| Integrated Free-Flow Protection |
| Polypropylene Outer Casing |
| Fluid Path Materials Made Of Medical Grade Pvc Plastic |
| Administration Set |
| Used With Cadd Medication Cassette Reservoirs |
| Male Luer Connector With Integrated Anti-Syphon Valves |
| Integrated 0.2 µ Filter |
| Fluid Path Materials Made Of Medical Grade Pvc Plastic |
| Model should beUSFDA/European-CE (Issued by  notified body)/ISO13485 certified. |
| Warranty: 3Years |
| 47 | Tourniquet machine | 1 | Should Be An Electronic Automatic Tourniquet. |
| Should Have Facility To Use Single Cuff Tourniquet. |
| Should Have Display For Actual Cuff Pressure, Set Pressure And Time. |
| Should Be Possible To Increase And Decrease The Set Cuff Pressure Online |
| Should Have Facility To Release Cuff Pressure Without Disconnecting The Cuffs From The Machine |
| Should Have A Cuff Pressure From 100 To 400 Mmhg Or Better |
| Should Have A Timer Setting From 10 Minute To 3 Hours Or Better |
| Should Have Audible And Visual Alarm For Pressure Increase And Decrease From The Set Value. |
| Should Have Audible And Visual Alarm For Reaching The Set Time |
| Should Be Supplied With Two Sets Of Good Quality Cuffs (Upperlimb-2, Lower Limb- 2) For Pediatric And Adult Size |
| Unit Should Function With 200-240Vac, 50/60 Hz Input Power Supply. |
| Model should beUSFDA/European-CE (Issued by  notified body)/ISO13485 certified |
|
|
| Warranty :3 Years |
| 48 | Portable suction machine | 3 | Should be fitted with oil immersed noiseless motorized vacuum pump. |
| Cabinet made from stainless steel. |
| Two glass jars on the top of having minimum capacity of 2 Ltrs fitted with rubber air tight lids and overflow safety device. |
| Should be suppplied with adequately long pressure tubing providing required pressure. |
| Should have vacuum control by knob. |
| Should be mounted on four caster wheels. |
| Should have motor of 1/4 HP capacity and power consumption not more than 250 Watts. |
| Should have vacuum at least between 100 mm Hg to at least 575 mm Hg (-75 kPa). |
| Model should beUSFDA/European-CE (Issued by  notified body)/ISO13485 certified |
| **Warranty: 3 Years** |
| 49 | Video laryngoscope | 2 | Should be handheld videolaryngoscope with min 3 inches LCD/ LED monitor attached to handle for visualisation of images in real time. |
| Should have resolution of 640 \* 480 or better |
| Should have facility for image transfer through USB or any other port. |
| Should have inbuilt rechargeable battery with capacity of min 2 hrs. |
| Should have CMOS camera of atleast 2 MP and with white LED light source for high performance visualisation. |
| Should be supplied with disposable blades. |
| Blades should be supplied as sterile, vacuum packed which connects securely to the video laryngoscope handle with a lock. |
| Should be light weight. |
| Following different types of blades to be provided as per quantity mentioned below: |
| Macintosh blade (MAC - 3) adult - 50 nos. |
| Macintosh blade (MAC - 4) - 15 nos. |
| Macintosh blade (MAC - 2) - 15 nos. |
| Model should beUSFDA/European-CE (Issued by  notified body)approved. |
|  |
| **Warranty-3 years** |
| 50 | Micro drill saw system | 1 | It should be a multispecialty console with provision to attach multiple handpieces such as Micro drill, Small bone Micro Saws, Microdebrider &Heavy Duty bone power tools, Bone mill etc. |
| Should have the provision to attach 3 hand pieces simultaneously and should be able to select any one handpiece by a click of the footswitch. |
| The console should have the provision to use 2 handpieces simultaneously with two separate foot switches |
| Power Supply should be 220- 240V. |
| It should identify different hand pieces with display on console It should be programmable as per surgeon preference, which can be saved |
| It should have function of controlling brightness, contrast and alarms on the console |
| It should have the option of controlling the speeds and features of the different types of hand pieces from the same unit. |
| Console should offer change from variable/fixed mode, forward/reverse/oscillation mode. |
| Integrated irrigation pump should be available for drill & saw system |
| Should have option to save surgeon preferred setting inside the console with name |
| Should have torque adjustment software to deliver desired torque as per surgeon preference |
| Should be bi-directional footswitch with two pads |
| Should have fully programmable footswitch as per user needs |
| User should be able to control following functions via footswitch: Forward/Reverse/Oscillation, Increase/Decrease the speed, Enable/Disable the handpiece |
| Should have identification marks for ease of use |
| MICRO DRILL HANDPIECE **– qty-1** |
| Should run at RPM up to 50000 |
| Weight of the handpiece should not be more than 150 gm. Should be made of durable material. |
| Should have torque in range of 4.5-4.8 in oz. |
| Sterilizable through steam/ ETO/flash autoclavable |
| MICRO DRILL ATTACHMENTS |
| Medium Straight attachment (Qty: 1) |
| Medium Angled attachment (Qty: 1) |
| MICRO SAWS: |
| Sagittal Saw- Qty 01 |
| a)    Should run at CPM of 25000 cpm |
| b)    Weight of the handpiece should not be more than 180 gm. |
| Oscillating saw- Qty 01 |
| a)    Should run at CPM of 20000 cpm |
| Weight of the handpiece should not be more than 220 gm |
| Reciprocating saw- Qty 01 |
| a)    Should run at CPM of 14000 cpm |
| Weight of the handpiece should not be more than 250 gm |
| Model should beUSFDA/European-CE (Issued by  notified body)approved |
| warranty- 3 year |
|  |
| 51 | Crash Cart | 5 | Technical Specifications will be as per s.n 89 |
| **E** | **Sub total** |  |  |
| **VI** | **Minor OT (1)** |  |  |
| 52 | Cautery machine | 1 | Microcontroller Based Isolated Electrosurgical Generator Having Both Monopolar And Bipolar Outputs Designed For All |
| Surgical Procedures. |
| Smart Generator Should Be Able To Monitor Changes In Tissue Impedance Continuosly And Adjusts Power. |
| Monopolar Outputs Should Have Three Cutting Modes: |
| Low Cut ForDelicate Tissue OrLaproscopic Cases  Having MaximumPower Of 300 W ormore |
| Pure Cut For Clean, Precise Cut In General Surgery Having Maximum Power Of 200W |
| Blend Mode For Cutting With Homeostasis Having Maximum Power Of 200W |
| All Cut Modes Should Be Able To Adjust Output Power Depending |
| On Tissue Density By Less Than 15% Or 5W, Whichever Is Greater. |
| It Should Have Three Coag Modes With Maximum Power Of 120W |
| A. Desiccate Mode For Low Voltage Contact Coagulation Suitable For Laproscopic And Delicate Tissue Work. |
| B. Fulgurate Mode For Efficient Non-Contact Coagulation In Most Applications. |
| C. Spray Mode Should Have Randomized Spray Effect Of Varying Amplitude And Frequency For Coagulating Large |
| Tissue Areas With Minimum Depth Of Necrosis. |
| It Should HaveThree Bipolar ModesWith MaximumPower Of 70W ormore |
| A.Precise Mode Have Fine Control Of Desiccation In Delicate Tissue. |
| B. Standard Mode For Applications At Low Voltage To Prevent Sparking. |
| C. Macro Mode For Applications On Tissue With High Resistance |
| It Should Have Patient Plate Monitoring Facility And Should Give Audiovisual Alarm And Deactivate Output If Contact Between Patient And Patient Plate Is Not Proper To Eliminate The Risk Of Patient Burns. |
| The Unit Should Have Two Hand Switching And Two Footswitch Monopolar Outputs And One Hand Switching And Footswitching Bipolar Output. |
| It Should Have Membrane Keyboard For Power Settings. |
| The Unit Should Have Individual Digital Display Of Power For Bipolar,Monopolar Cut And Monopolar Coag. |
| The Unit Should Not Have Rf Leakage Current More Than 150Ma |
| Accessories:- |
| A.Monopolar Footswitch:- 02 No. |
| B.Bipolar Footswitch:- 01 No. |
| C.Reusable Hand Switching Pencil: - 02 Nos. |
| D.Reusable Patient Plate : - 02Nos. |
| E.Bipolar Forceps: - 01No. |
| F.Forceps Cord:- 02Nos. |
| G.Universal Adaptor: - 01No. |
| Should haveUSFDA/European CE from notifiedbody. Should haveIEC 60606-1-1/60606-1-2/60606-2-2 |
|  |
| Operating And Service Manual Should Be Supplied. |
| Operating Temp. Upto 40Deg. C; |
| Warranty 3 Years |
| 53 | Multiparamonitor monitor | 1 | **GENERAL DESCRIPTION** |
| Modular & Suitable for Adult/Paediatric monitoring |
| Minimum 15 inches multi color TET display screen |
| Eight Channel digital and waveforms/ traces display |
| Capability of storage of patient data and printing of patients report |
| **PARAMETERS** |
| Eight digital and waveforms/traces display |
| **Facility to monitor and display –** |
| ECG, Respiration, NIBP, SpO2, EtCO2, Temp.Dual IBP |
| **ECG** |
| Multichannel (up to 12 lead) ST segment analysis |
| 3 or 5 lead with cascade waveform facility. |
| HR range 20-350 BPM |
| HR/PR Source selection facility from Automatic, |
| Spo2 IBP and NIBP. |
| Automatic arrhythmia detection & alarm for standard &lethal arraythemia |
| standard & lethal arrhythmia |
| **PULSE OXYMETRY** |
| Nellcor or Masimo technology. |
| Display of Plethysmograph with Pulse Strength |
| indicator & SpO2 values & perfusion index. |
| SpO2 Range – 1-100% |
| PR Range – 20 to 230 BPM |
| **ETCO2 \*\*** |
| Should be Main Stream capnography with display of CO2 and digital Values of EtCO2, FiCO2 & RR |
| EtCO2 Range – 0-99 mmHg |
| FiCO2 0 to 20 MMHg. |
| Flow rate – 50ml/min |
| Units – mmHg, KPA/Vol% |
| **NIBP** |
| Measurement and display of systolic diastolic and mean pressure values of NIBP measurement for adult ,child& neonate |
| User selectable alarm settings, |
| Mode : Manual, STAT (continuous 5 minute operation) |
| and automatic (selectable time interval 2-90 minutes). |
| Range 20-250 mmHg. |
| **TEMPERATURE** |
| Two channels and with two units (0c and 0F) slectable |
| Temp. Range – 0- 50 Deg C. |
| Option for differential temperature should be provided. |
| **RESPIRATION** |
| RR range 1-150bpm, |
| Sourced through ECG cable or CO2. Priority to co2. |
| Apnea alarms should be provided. |
| **TRENDS & ALARMS** |
| 72 Hrs. non volatile graphical/tabular trends with |
| zoom facility and separate dedicated trend for storing min 200 NIBP readings |
| Should have multiple patient data storage facility |
| Auto-setting of alarm limits depending on present |
| patient condition for all the parameters |
| Should have Alarm recall facility for last 24 |
| Alarm events with date, time and Message |
| Should have facility to print Graphical trend, |
| tabular trend and alarm recall. |
| **OTHERS** |
| Should work on Mains as well as battery (backup for 2Hrs.) |
| Should have facility to download trend data on USB and SD Card. |
| **ACCESSORIES** |
| Lead ECG with clips – 2 sets |
| NIBP Cuffs for Adult – 2, Child – 2 Nos. |
| EtCO2 module with all accessories. |
| Esophageal/Rectal Temperature probe – 2 Nos. |
| skin temperature probe- 1 Nos. |
| Dual IBP cable-2 Nos. |
| Reusable SPO2 probes adult 2 Nos. and paediatric 2 Nos. |
| **ENVIRONMENTAL& DEPARTMENTAL CONSIDERATIONS** |
| The unit shall be capable of operating continuously in ambient temperature of 10-40 deg c and relative humidity of 15-90% |
| The unit shall be capable of being stored continuously in ambient temperature of 0-50 deg C |
| and relative humidity of 15-90% |
| **POWER SUPPLY** |
| Power input to be 220-240 VAC, 50Hz fitted with indian plug |
| meeting ISI Specifications. (Input 160-260 V and output 220-240V and 50 Hz) |
| **STANDARDS, SAFETY & TRAINING** |
| Model should beUSFDA/European-CE (Issued by  notified body)/BISapproved |
| Shall meet the safety requirements as per IEC |
| Comprehensive warranty for 3 years and |
| 54 | Pedestal light | 2 | Should be a Mobile Surgical Light incorporating the latest LED technology only for Homogenous and shadow less operating light field. |
| Should have mains cable and integrated ON/OFF switch on the light-head. |
| It should have continuous height adjustment, weight balance in joint, no tilting, asymmetric stand, lockable castors. |
| Should have Single Color LED’s with lifetime of 50000 hrs or more. |
| **The mobile light should have the following specifications :** |
| Light Intensity 50000 lux or more |
| should have LEDs in the light head |
| Light Field diameter should be 20cm or better |
| Fixed Color temperature 4300 K or more |
| Color rendering index 95 |
| Depth of Illumination 110 cm or better |
| Should be provided with uniquesterilisable (autoclavable) handle - 2 nos |
| Should have stable illumination through out the life period of the light. |
|  |
|  |
|  |
| Model should beUSFDA/European-CE (Issued by  notified body)/BISapproved. |
| Electrical powerrequirements 220-230 Vac, 50-60Hz. |
| **Warranty :3 years** |
|  |
| 55 | Laryngoscope with all blades | 2 | Miller Blade |
| Type: Conventional. |
| Blade Type: Straight. |
| Number of Blades: 7. |
| Size of Blade: 000,00,0,1,2,3,4. |
| Light Source: LED. |
| Working Length: Good. |
| Model should beUSFDA/European-CE (Issued by  notified body)approved. |
| 56 | Video Bronchoscope | 1 | **Adult video bronchoscope** |
| Should have the facility of simultaneous suction and application of medication via removable suction valve. |
| It should be high definition, waterproof, fully immersible for cleaning and disinfection and Sterilizable. |
| Tip deflection should be 180 UP/130 Down deg or more. |
| Angle of view should be more than or equal to 120 degrees. |
| Working length should be more than or equal to 60 cm. |
| Working channel diameter should be of size from 2.8 mm to 3.5mm. |
| Outer diameter of the distal end should be of size from 5.8 mm to 6.5 mm. |
| Insertion tube outer diameter should be of size from 5.8 mm to 6.4mm. |
| It should include the standard accessories as Carrying case, leakage tester, bite protector, cleaning brush. |
| Two or more no. of remote control switches on control body. |
| Scope should be fiber less with CCD on tip, compatible with video processor. |
| **Peadiatric video bronchoscope** |
| Should have the facility of simultaneous suction and application of medication via removable suction valve. |
| It should be high definition, waterproof, fully immersible for cleaning and disinfection and Sterilizable. |
| Tip deflection should be 180 UP/130 Down deg or more. |
| Angle of view should be more than or equal to 120 degrees. |
| Working length should be more than or equal to 60 cm. |
| Working channel diameter should be of size from 1.2 to 2.2mm. |
| Outer diameter of the distal end should be of size from 3.2 mm to 4.5 mm. |
| Insertion tube outer diameter should be of size from 3.2 mm to 4.5mm. |
| It should include the standard accessories as Carrying case, leakage tester, bite protector, cleaning brush. |
| Two or more no. of remote control switches on control body. |
| Scope should be fiber less with CCD on tip, compatible with video processor. |
| **Video OGD scope** |
| Should have the facility of simultaneous suction and application of medication via removable suction valve. |
| It should be high definition, waterproof, fully immersible for cleaning and disinfection and Sterilizable. |
| Tip deflection should be 210 UP/90 Down deg or more. |
| Tip deflection should be Right/ Left 100deg or more. |
| Angle of view should be more than or equal to 120 degrees. |
| Working length should be more than or equal to 103 cm. |
| Working channel diameter should be of size from 2.5 to 3.0mm. |
| Outer diameter of the distal end should be of size from 9.0mm to 10 mm. |
| Insertion tube outer diameter should be of size from 9.0mm to 10mm. |
| Depth of field should be of size from 4-100mm or better. |
| Direction of viewing should be forward Viewing |
| It should include the standard accessories as Carrying case, leakage tester, bite protector, cleaning brush,Biopsy Forceps. |
| Two or more no. of remote control switches on control body. |
| Scope should be CCD on tip, compatible with video processor . |
| **Specs for video Processor** |
| Compatible with Analog and Digital (Y/C,RGB, COMPOSITE,DVI) to reproduce high definition (1080p/i) images / video. |
| White balance adjustment should be available |
| Colour adjustment (Red, Green, Blue ) should be available |
| **Specs for Light Source** |
| It should be a 300W Xenon light soure |
| Lamp life should be 500hrs |
| Atleast 24” Medical grade monitor to be provided with complete system for visualisation. |
| Image management and recording software with 1TB capacity (PC based or built in) to supplied, along with necessary hardware. |
| Should be supplied with cart/trolley. |
| Model should beUSFDA/European-CE (Issued by  notified body)approved. |
|  |
| Warranty: 3 years |
|  |  |  | Electrical power requirements 220- 230 Vac, 50-60Hz |
| **F** | **Sub total** |  |  |
| **VII** | **Recovery (5 beds)** |  |  |
| 57 | Bed side monitor | 5 | Bed side monitor should be portable and light weight and should monitor vital parameters of patients. |
| Capability of storage of patient data and printing of patient reports. |
| Capability to integrate with the HIS and transfer the data through LAN / Wireless LAN to any other monitoring room / doctors desk. Should be HL-7 compatible for transmitting and receiving data to/fro LAN/HIS(OPTIONAL) |
| Portable and Light weight preferably <10kg |
| Modular with 12 inch multi colour TFT display |
| Monitoring parameters;- ECG, respiration,NIBP,SpO2 and temperature |
| Digital and 6 waves / traces display |
| Monitor should have audible and visual alarms capability. Alarms should have three distinct audible alarm tones to distinguish alarm levels as under. Also monitor should permit automatic viewing of alarming parameter waveform and numeric from any bedside in alarm as and when connected in a network. |
| 3.Should be upgradeable. |
| **Accessories** |
| ECG cables(5lead) -01Each monitor |
| Adult NIBP Cuff - 01Each monitor |
| Paediatric NIBP Cuff -01Each monitor |
| Adult SPO2 probe -02Each monitor |
| Skin Temp Probe -02Each monitor |
|  |
| The unit shall be capable of operating continuously in ambient temperature of 10 -45 deg C and relative humidity of 15-90% |
| Shall meet IEC-60601-1-2 :2001(Or Equivalent BIS) General Requirements of Safety for Electrical safety. |
| Model should beUSFDA/European-CE (Issued by  notified body)/BISapproved |
| Manufacturer should have ISO certification for quality standards. |
| power supply 220-30 VAC , 50HZ fitted with indian plug |
| warranty –3 year |
| 58 | laryngoscope for all blade | 2 | Miller Blade |
| Type: Conventional. |
| Blade Type: Straight. |
| Number of Blades: 7. |
| Size of Blade: 000,00,0,1,2,3,4. |
| Light Source: LED. |
| Working Length: Good. |
| Model should beUSFDA/European-CE (Issued by  notified body)approved |
| 59 | Nebulizer | 2 | Compact, light weight, low noise |
| Durable long life compressor. Suitable for heavy duty/ institutional (hospital) use, should be able to run uninterruptedly for one hour, Max Press= 2.0-2.5 bars |
| Should produce particle of size 1-5 micron |
| should be Aluminium cabinet painted with epoxy powder |
| should be Piston-type electric aspirator that offers high performance and great durability. |
| should be Protective thermal cut out relay |
| Air delivery rate should be app.15 L/min. |
| Able to 24 hours continuous work for hospital use |
| Model should beUSFDA/European-CE (Issued by  notified body)/BISapproved |
| Manufacturer should have ISO certification for quality standards. |
|  |  |  | warranty 3 year |
| 60 | Cardiac table | 5 | Overall approx size of top should be 960 mm L x 420 mm W from handle to base (± 10 mm Engineering Variation) |
| Top size is 810 mm x 355 mm. (± 10 mm Engineering Variation) |
| M.S. Tubular telescopic stem made from MS CRCA sheet 2.0 mm (14 G) with hardened EN grade material gear and SS handle with HDP bush for grip for height adjustment from approx.: minimum 715 mm to maximum 1080 mm. (± 10 mm Engineering Variation) |
| MS flat size 100 mm L x 50 mm W x 5 mm thick is welded at the bottom of the base at telescopic stem area for strength. |
| Two sections top shall be fixed on frame work made from 19 mm Square ERW tube and MS HR flat 20 mm x 5 mm and 170 mm L x 50 mm W x 6 mm thickness. (± 10 mm Engineering Variation) |
| Size of Fixed section is 200 mm x 355 mm. Size of adjustable section is 610 mm x 355 mm (± 10 mm Engineering Variation) |
| Bigger section of the table top should be hinged & could be inclined to three raised position options. The raised position is achieved by three slot provided in MS flat size 265 mm x 6 mm and lever made from MS rod diameter 6 mm. The one end of the rod is covered with red colour PVC sleeve. |
| PVC Extrusion on one side of bigger section. |
| Railing S.S (304 grade) on small section covering three corner. |
| Small section is mounted on the telescopic stem with help of MS "U" shape external size 120 mm x 96 mm x 6 mm with 19 mm square tube. |
| Weighing bearing capacity should be 20 kg or more |
| Base of the adjustable table made from M.S rectangular tube of size 60 mm x 30 mm x 1.6 mm and 40 mm x 20 mm x 1.6 mm and fitted with four castor wheel dia 50 mm without brake made from anti rusting material. |
| Pre-treatment and powder coating should be an inhouse process of the manufacturer. |
| Pre-treatment should be done with Zirconium coating |
| Antimicrobial Epoxy Powder should be used. A test certificate should be enclosed |
| Dry film thickness- minimum 50 micron |
| A test report for impact test and dry film thickness by a NABL accredited lab |
| **Mandatory Standards and Conformations** European CE, Central Drugs Standard Control Organisation registration, ISO 13485: 2016, ISO 9001:2015, ISO 14001:2015, ISO 45001:2018, ISO 50001: 2018 |
| **Warranty: 3 years** |
| **G** | **Sub total** |  |  |
| VIII | **IPD (50 beds)** |  |  |
| 61 | Ventilator | 1 | Should have facility for Invasive and Non-Invasive ventilation |
| Microprocessor Control suitable for Adult and Pediatric ventilation; |
| Should have modes of ventilation equipped with newer modes of ventilation: |
| 3.1)   Assist/ Control |
| 3.2)   Volume control |
| 3.3)   Pressure control |
| 3.4)   Pressure support |
| 3.5)   SIMV with pressure support (Pressure and volume control) |
| 3.6)   PEEP |
| 3.7)   Inverse ratio Ventilation |
| 3.8)   Noninvasive ventilation-BIPAP, CPAP |
| 3.9)   Apnea ventilation, user selectable, volume & pressure control; |
| Should have built in color screen TFT/LCD display of minimum 8ˊˊ |
| (inch) for display of waveforms and monitored value; |
| Should have inbuilt facility to upgrade with EtcO2. |
| Should have facility to measure and display of the following parameters: |
| 6.1)   Airway Pressure (Peak & Mean) |
| 6.2)   Tidal volume (Inspired & Expired) |
| 6.3)   Minute volume (Inspired & Expired) |
| 6.4)   Respiratory mechanics |
| 6.5)   Spontaneous Minute Volume |
| 6.6)   Total Frequency |
| 6.7)   FiO2 dynamic |
| 6.8)   Intrinsic PEEP |
| 6.9)   Plateau Pressure 6.10)Resistance& Compliance |
| 6.11)Use selector Alarms for all measured & monitored parameters 6.12)Occlusion Pressure |
| 6.13)Pressure Flow & Volume curves; |
| Automatic compliance and leakage compensation for circuit and ET tube; |
| Should have facility of log book, for events and alarms with date & Time |
| Should have following setting; |
| 9.1)   Tidal volume(Minimum 20ml,Maximum up to2000ml); pre-setrange for both adult&amp;pediatric modes tobe provided |
| 9.2)   Inspiratory pressure (up to 80cm of H2O); |
| 9.3)   Respiratory rate 1 to 80 bpm; |
| 9.4)   Apnea back up rate; |
| 9.5)   CPAP/PEEP; |
| 9.6)   Pressure support; |
| 9.7)   FiO2 setting range between 21% and 100%; |
| 9.8)   Pause time; |
| 9.9)   Pressure/flow Trigger; 9.10)Inspiratory flow up to 120 Lpm; |
| Oxygen cylinder/central pipeline connector/(to be supplied along with machine) should be compatilble with ventilator |
| Disposable Heat Moisture Exchanger, Qty 100 to be supplied with unit. |
| User's interface: Manual and Automatic. |
| Software and/or standard of communication(where ever required) : |
| 1)   Inbuilt software; |
| 2)   Convenient and quick USB interface; |
| Configuration : |
| 1)   Compatible hanged arm for holding the circuit; |
| 2)   Should have caster with braking system; |
| Noise (in dBA), heat dissipation : |
| 1)   Noise of device operation max- 50dbA; |
| 2)   Should have audio visual alarm for battery low, source gas low and high/low pressure in the breathing circuit or source gas inlet; |
| 3)   Should maintain nominal Temp of the control unit and the heat should be disbursed through an cooling mechanism; |
| 4)   Alarm volume - min. 65dB |
| Mobility, portability : Yes. |
| ENERGY SOURCE (electricity, UPS) |
| Power Requirements: Input voltage 220, VAC, 50Hz; |
| Battery operated: |
| 1)   Battery powered, silenceable alarm for power failure. |
| 2)   Battery charger to be integral to mains power supply, and to charge battery during mains power operation of unit. |
| 3)   Internal, replaceable, rechargeable battery allows operation for at least four hour in the event of power failure. |
| Tolerance (to variations, shutdowns): Voltage corrector / stabilizer |
| to allow operation at ± 10% of 220V AC. Use of SMPS to correct voltage. |
| Protection : |
| 1)   Electrical protection, resettable over current breakers or replaceable fuses (fitted in both live and neutral lines); |
| 2)   Leakage. |
| Power consumption: To be declared by the supplier. |
| **ACCESSORIES, SPARE PARTS.** |
| Accessories &Spares : 1) Full face mask- 5 Nos each of 0,1 and 3 |
| 2)   Reusable breathing circuit of silicone material (5Nos) Disposable breathing circuit (50No.s) |
| 3)   Air & oxygen hose- 1 each |
| **ENVIRONMENTAL AND DEPARTMENTAL** |
| **CONSIDERATIONS.** |
| Atmosphere / Ambiance (air conditioning, humidity, dust ...) : |
| 1)   Operating condition: Capable of operating continuously in ambient Temperature of 10 to 40 deg C and relative humidity of 15 to 90% in ideal circumstances. |
| 2)   Storage condition: Capable of being stored continuously in ambient temperature of 0 to 50 deg C and relative humidity of 15 to 90%. |
| User's care, Cleaning, Disinfection & Sterility issues : Complete unit to be easily washable and serializable using alcohol and other |
| Chemical agents. |
| **STANDARDS AND SAFETY.** |
| Certifications : |
| Model should beUSFDA/European-CE (Issued bynotified body)approved |
| **TRAINING AND INSTALLATION.** |
| Training of staff (medical, paramedical,technicians): |
| 1)   Training of users in operation and basic maintenance shall be provided; |
| 2)   Advanced maintenance tasks required shall be documented |
| **WARRANTY AND MAINTENANCE** |
| Warranty: 2 Years. |
| Maintenance tasks: |
| 1)   Maintenance manual detailing; |
| 2)   Complete maintenance schedule; |
| Service contract clauses, including prices : |
| 1)   The spare, accessories & consumables list required for maintenance and repairs in future after guarantee / warranty period should be attached; |
| 2)   Free servicing during warranty period; |
| **DOCUMENTATION.** |
| Operating manuals, service manuals, other manuals : Should provide 2 sets(hardcopy) of:- |
| 1)      User, technical, maintenance and service manuals to be supplied along with machine diagrams; |
|  |
| 62 | Bedside monitor | 10 | Technical Specifications will be as per s.n 57 |
| Bed side monitorshould be portableand light weight andshould monitor vitalparameters ofpatients. |
| Capability of storageof patient data andprinting of patientreports. |
| Capability tointegrate with theHIS and transfer the  data through LAN /Wireless LAN toany other monitoringroom / doctors desk.Should be HL-7  compatible fortransmitting andreceiving data to/fro  LAN/HIS(OPTIONAL) |
| Portable and Lightweight preferably&lt;10kg |
| Modular with 12inch multi colourTFT display |
| Monitoringparameters;- ECG,respiration,NIBP,Sp  O2 and temperature |
| Digital and 6 waves /traces display |
| Monitor should haveaudible and visualalarms capability.Alarms should havethree distinct audible  alarm tones todistinguish alarmlevels as under. Alsomonitor shouldpermit automaticviewing of alarmingparameter waveformand numeric from  any bedside in alarmas and when  connected in anetwork. |
|  |  | 3.Should beupgradeable. |
| **Accessories** |
| ECG cables(5lead) -01-for each monitor |
| Adult NIBP Cuff -01 for each monitor |
| Pediatric NIBP Cuff-01-for each monitor |
| Adult SPO2 probe -02-for each monitor |
| Skin Temp Probe -02-for each monitor |
| The unit shall bePage 91 of 2capable of operating  continuously inambient temperatureof 10 -45 deg C andrelative humidity of15-90% |
| Shall meet IEC-60601-1-2 :2001(OrEquivalent BIS)GeneralRequirements ofSafety for Electrical  safety. |
| Model should beUSFDA/European-CE (Issued by  notified body)/BISapproved |
| Manufacturer shouldhave ISOcertification forquality standards. |
| power supply 220-30VAC, 50HZ fittedwith indian plug |
| Warranty 3 year |
| 63 | Laryngoscope with all blade | 5 | Technical Specifications will be as per s.n 55 |
| Miller Blade |
| Type: Conventional. |
| Blade Type:Straight. |
| Number of Blades:7. |
| Size of Blade:000,00,0,1,2,3,4. |
| Light Source: LED. |
| Working Length:Good. |
| Model should beUSFDA/European-CE (Issued by  notified body)approved |
| warrenty-3 years |
| 64 | Nebulizer | 10 | Technical Specifications will be as per s.n 59 |
| Compact, lightweight, low noise |
| Durable long lifecompressor. Suitablefor heavy duty/institutional(hospital) use,should be able to rununinterruptedly forone hour, MaxPress= 2.0-2.5 bars |
| Should produceparticle of size 1-5micron |
| should beAluminium cabinetpainted with epoxy  powder |
| should be Piston-type electricaspirator that offers  high performanceand great durability. |
| should be Protectivethermal cut out relay |
| Air delivery rateshould be app.15L/min. |
| Able to 24 hourscontinuous work forhospital use |
| Model should beUSFDA/European-CE (Issued by  notified body)/BISapproved |
| Manufacturer shouldhave ISOcertification for  quality standards. |
| warranty 3 year |
| 65 | Patient warmer | 4 | Technical Specifications will be as per s.n 43 |
| Should HaveTemperatureSettings Range From  35Deg C To 40DegC Or More ThatAllows To SelectThe TemperatureAppropriate ForEvery Patient. |
| Should Have Hose-End TemperatureControl And HighAir Flow WhichFacilitate Consistent  And ControlledTemperature Of AirDeliveredRegardless OfAmbientTemperature. |
| Should HaveFollowing Alarms:Over Temperature,  Under Temperature,And Disconnect/Occlusion Alarm. |
| Should Be ProvidedWith Standard  Accessories Such AsTrolley, AdultBlankets ,Etc. |
| Model should beUSFDA/European-CE (Issued by  notified body)/BISapproved |
| warranty 3 year |
| 66 | DVT Pump | 2 | The System should provide complete solution to meet all Intermittent Pneumatic Compression requirements. |
| One pump should deliver uniform &/or sequential, Gradient and Circumferential Compression therapy options at the press of a button. |
| The system cycle for leg sleeves compression is 12-14 second and foot cuff is 6 second. Decompression time is 48-52 second for leg sleeves and 24 second for foot sleeves |
| The system should be compatible to 3 cuff/sleeves styles like knee length, thigh length and foot garment. |
| Sleeve should be connected to system via single tube only, permanently fixed to the systems. |
| The system should have auto sleeve recognition feature to automatically identify the type of sleeve connected and adjusts the compression therapy cycle accordingly |
| When knee and/or thigh sequential garment is attached, system should deliver gradient sequential compression the pressures for leg sleeves at 45 mmHg for ankle chamber, 35 mmHg for mid chamber and 25 mmHg for thigh chamber. Chambers inflate sequentially from the ankle upward, and then deflate through two outlets at the top and bottom of the garment |
| When foot garment is attached, system should deliver single pulse uniform foot compression at 130 mmHg |
| When single chamber knee and or thigh length garment is attached, system should deliver single pulse uniform compression at 40 mmHg. |
| The system should show real time pressure delivered in the sleeves |
| The system should have Patient Hours Meter which on selection should show the total therapy time in hours. |
| While in use, in case if one garment is accidentally get disconnected from pump, then after two inflation cycles, system should give visual alarm indication of display and after 10 inflation cycles, should give audio alarm indication also |
| The system should have LCD display of minimum 8 cm (width) x minimum 5cm (Length) (approx.) |
| Sleeve's construction should be lightweight mesh outer fabric helps prevent buildup of heat, to keep the patient's skin cool and dry. Cushioning interior fibers aid patient comfort. Soft and breathable inner fabric transfers heat and moisture away from the skin through small micro vents. |
| Sleeves material should be certified at an accredited independent laboratory to assess heat, air and water vapour characteristics following internationally recognized test standards for 76.1% for Water Vapour Permeability WVP Index BS7209:1990 (1997), 5.6 score for Ret Water Vapour Resistance EN31092, 0.76 score for Thermal Resistance (TOG) BS4745 |
| For Calf and thigh length sleeves, for minimum 12 second in one minute, the sleeves' bottom air chamber should able to hold pressure of 45 mmHg, middle air chamber should able to hold pressure of 35 mmHg and top air chamber should able to hold pressure of 25 mmHg . |
| For foot sleeve, for minimum 6 second in 30 second, the air chamber should able to hold pressure of 130 mmHg |
| The pump should incorporate an internal battery pack, which is a secondary power source to back up the pump in the event of failure or disconnection accidentally or deliberately from the mains power supply. |
| The system power requirement is 100-240 VAC, 50 VA, 50/60 Hz |
| Sequential calf sleeves up to 43cm circumference |
| Sequential calf sleeves up to 58cm circumference |
| Sequential thigh sleeves up to 71cm thigh circumference |
| Sequential thigh sleeves up to 89cm thigh circumference |
| Model should beUSFDA/European-CE (Issued bynotified body)/BISapproved |
| Warranty 3 years |
| **H** | **Sub total** |  |  |
| IX | **HDU (5 Beds)** |  |  |
| 67 | Ventilator | 1 | Should have facility for Invasive and Non-Invasive ventilation |
| Microprocessor Control suitable for Adult and Pediatric ventilation; |
| Should have modes of ventilation equipped with newer modes of ventilation: |
| 3.1)   Assist/ Control |
| 3.2)   Volume control |
| 3.3)   Pressure control |
| 3.4)   Pressure support |
| 3.5)   SIMV with pressure support (Pressure and volume control) |
| 3.6)   PEEP |
| 3.7)   Inverse ratio Ventilation |
| 3.8)   Noninvasive ventilation-BIPAP, CPAP |
| 3.9)   Apnea ventilation, user selectable, volume & pressure control; |
| Should have built in color screen TFT/LCD display of minimum 8ˊˊ |
| (inch) for display of waveforms and monitored value; |
| Should have inbuilt facility to upgrade with EtcO2. |
| Should have facility to measure and display of the following parameters: |
| 6.1)   Airway Pressure (Peak & Mean) |
| 6.2)   Tidal volume (Inspired & Expired) |
| 6.3)   Minute volume (Inspired & Expired) |
| 6.4)   Respiratory mechanics |
| 6.5)   Spontaneous Minute Volume |
| 6.6)   Total Frequency |
| 6.7)   FiO2 dynamic |
| 6.8)   Intrinsic PEEP |
| 6.9)   Plateau Pressure 6.10)Resistance& Compliance |
| 6.11)Use selector Alarms for all measured & monitored parameters 6.12)Occlusion Pressure |
| 6.13)Pressure Flow & Volume curves; |
| Automatic compliance and leakage compensation for circuit and ET tube; |
| Should have facility of log book, for events and alarms with date & Time |
| Should have following setting; |
| 9.1)   Tidal volume(Minimum 20ml,Maximum up to2000ml); pre-setrange for both adult&amp; pediatric modes tobe provided |
| 9.2)   Inspiratory pressure (up to 80cm of H2O); |
| 9.3)   Respiratory rate 1 to 80 bpm; |
| 9.4)   Apnea back up rate; |
| 9.5)   CPAP/PEEP; |
| 9.6)   Pressure support; |
| 9.7)   FiO2 setting range between 21% and 100%; |
| 9.8)   Pause time; |
| 9.9)   Pressure/flow Trigger; 9.10)Inspiratory flow up to 120 Lpm; |
| Oxygen cylinder/central pipeline connector/(to be supplied along with machine) should be compatilble with ventilator |
| Disposable Heat Moisture Exchanger, Qty 100 to be supplied with unit. |
| User's interface: Manual and Automatic. |
| Software and/or standard of communication(where ever required) : |
| 1)   Inbuilt software; |
| 2)   Convenient and quick USB interface; |
| Configuration : |
| 1)   Compatible hanged arm for holding the circuit; |
| 2)   Should have caster with braking system; |
| Noise (in dBA), heat dissipation : |
| 1)   Noise of device operation max- 50dbA; |
| 2)   Should have audio visual alarm for battery low, source gas low and high/low pressure in the breathing circuit or source gas inlet; |
| 3)   Should maintain nominal Temp of the control unit and the heat should be disbursed through an cooling mechanism; |
| 4)   Alarm volume - min. 65dB |
| Mobility, portability : Yes. |
| ENERGY SOURCE (electricity, UPS) |
| Power Requirements: Input voltage 220, VAC, 50Hz; |
| Battery operated: |
| 1)   Battery powered, silenceable alarm for power failure. |
| 2)   Battery charger to be integral to mains power supply, and to charge battery during mains power operation of unit. |
| 3)   Internal, replaceable, rechargeable battery allows operation for at least four hour in the event of power failure. |
| Tolerance (to variations, shutdowns): Voltage corrector / stabilizer |
| to allow operation at ± 10% of 220V AC. Use of SMPS to correct voltage. |
| Protection : |
| 1)   Electrical protection, resettable over current breakers or replaceable fuses (fitted in both live and neutral lines); |
| 2)   Leakage. |
| Power consumption: To be declared by the supplier. |
| **ACCESSORIES, SPARE PARTS.** |
| Accessories &Spares : 1) Full face mask- 5 Nos each of 0,1 and 3 |
| 2)   Reusable breathing circuit of silicone material (5Nos) Disposable breathing circuit (50No.s) |
| 3)   Air & oxygen hose- 1 each |
| **ENVIRONMENTAL AND DEPARTMENTAL** |
| **CONSIDERATIONS.** |
| Atmosphere / Ambiance (air conditioning, humidity, dust ...) : |
| 1)   Operating condition: Capable of operating continuously in ambient Temperature of 10 to 40 deg C and relative humidity of 15 to 90% in ideal circumstances. |
| 2)   Storage condition: Capable of being stored continuously in ambient temperature of 0 to 50 deg C and relative humidity of 15 to 90%. |
| User's care, Cleaning, Disinfection & Sterility issues : Complete unit to be easily washable and serializable using alcohol and other |
| Chemical agents. |
| **STANDARDS AND SAFETY.** |
| Certifications : |
| Model should beUSFDA/European-CE (Issued by  notified body)approved |
| **TRAINING AND INSTALLATION.** |
| Training of staff (medical, paramedical,technicians): |
| 1)   Training of users in operation and basic maintenance shall be provided; |
| 2)   Advanced maintenance tasks required shall be documented |
| **WARRANTY AND MAINTENANCE** |
| Warranty: 2 Years. |
| Maintenance tasks: |
| 1)   Maintenance manual detailing; |
| 2)   Complete maintenance schedule; |
| Service contract clauses, including prices : |
| 1)   The spare, accessories & consumables list required for maintenance and repairs in future after guarantee / warranty period should be attached; |
| 2)   Free servicing during warranty period; |
| **DOCUMENTATION.** |
| Operating manuals, service manuals, other manuals : Should provide 2 sets(hardcopy) of:- |
| 1)      User, technical, maintenance and service manuals to be supplied along with machine diagrams; |
|  |
| 68 | Laryngoscope for all blade | 2 | technical specificatins will be same as s.n-55 |
| Miller Blade |
| Type: Conventional. |
| Blade Type:Straight. |
| Number of Blades:7. |
| Size of Blade:000,00,0,1,2,3,4. |
| Light Source: LED. |
| Working Length:Good. |
| Model should beUSFDA/European-CE (Issued by  notified body)approved |
| warrenty-3 years |
| 69 | DVT pump | 1 | technical specificatins will be same as s.n-66 |
| The System shouldprovide completesolution to meet allIntermittentPneumaticCompression  requirements. |
| One pump shoulddeliver uniform &amp;/orsequential, Gradientand Circumferential  Compressiontherapy options atthe press of a button. |
| The system cycle forleg sleevescompression is 12-  14 second and footcuff is 6 second.  Decompression timeis 48-52 second forleg sleeves and 24second for footsleeves |
| The system shouldbe compatible to 3cuff/sleeves styleslike knee length,thigh length and footgarment. |
| Sleeve should beconnected to systemvia single tube only,permanently fixed tothe systems. |
| The system should have auto sleeverecognition featureto automaticallyidentify the type of  sleeve connected andadjusts thecompression therapycycle accordingly |
| When knee and/orthigh sequentialgarment is attached,system shoulddeliver gradient  Sequentialcompression thepressures for legsleeves at 45 mmHgfor ankle chamber,35 mmHg for mid  chamber and 25mmHg for thighchamber. Chambersinflate sequentiallyfrom the ankle  upward, and thendeflate through twooutlets at the top andbottom of thegarment |
| When foot garmentis attached, systemshould deliver singlepulse uniform footcompression at 130  mmHg |
| When singlechamber knee and orthigh length garmentis attached, systemshould deliver singlepulse uniformcompression at 40mmHg. |
| The system shouldshow real timepressure delivered in the sleeves |
| The system shouldhave Patient HoursMeter which onselection shouldshow the totaltherapy time inhours. |
| While in use, in caseif one garment isaccidentally getdisconnected frompump, then after two  inflation cycles,system should givevisual alarm  indication of displayand after 10 inflation  cycles, should giveaudio alarmindication also |
| The system shouldhave LCD display ofminimum 8 cm(width) x minimum5cm (Length)(approx.) |
| Sleeve;s constructionshould belightweight meshouter fabric helpsprevent buildup ofheat, to keep thepatient&#39;s skin cooland dry. Cushioninginterior fibers aidpatient comfort. Soft  and breathable innerfabric transfers heatand moisture awayfrom the skinthrough small micro  vents. |
| Sleeves materialshould be certified atan accredited  Independentlaboratory to assessheat, air and water  Vapourcharacteristicsfollowinginternationally  recognized teststandards for 76.1%for Water VapourPermeability WVPIndex BS7209:1990  (1997), 5.6 score forRet Water VapourResistance  EN31092, 0.76 scorefor ThermalResistance (TOG)  BS4745 |
| For Calf and thighlength sleeves, forminimum 12 secondin one minute, thesleeves&#39; bottom air  chamber should ableto hold pressure of45 mmHg, middleair chamber shouldable to hold pressure  of 35 mmHg and topair chamber shouldable to hold pressureof 25 mmHg . |
| For foot sleeve, forminimum 6 secondin 30 second, the airchamber should ableto hold pressure of130 mmHg |
| The pump shouldincorporate aninternal battery pack,which is a secondarypower source toback upthe pump inthe event of failureor disconnection  accidentally ordeliberately from themains power supply. |
| The system powerrequirement is 100-240 VAC, 50 VA,50/60 Hz |
| Sequential calfsleeves up to 43cmcircumference |
| Sequential calfsleeves up to 58cmcircumference |
| Sequential thighsleeves up to 71cmthigh circumference |
| Sequential thighsleeves up to 89cmthigh circumference |
| Model should beUSFDA/European-  CE (Issued bynotified body)/BISapproved |
| warranty 3 year |
| 70 | B.P apparatus manual(adult) | 2 | technical specificatins will be same as s.n-76 |
| Measuring devicemechanical |
| should be Portable |
| should beAuscultatory method |
| inflation should bemanual |
| deflation should bemanual |
| cut off rangemedium should be(22-32)cm. |
| AA size chargeablebattery set, EitherCharageble BatterySet . |
| Model should beUSFDA/ EuropeanCE(issued bynotified body)/ BISapproved. |
| 71 | Stethoscope | 3 | Listening to soundsfrom the heart,lungs, and/or  gastrointestinal tract. |
| Stethoscope ofstandard size,chromium plated  metal binaural, Vrubber tube in onepiece. Rotating piperfitting for both flipfunctions. |
| Diaphragm approx:20 mm. |
| 1 x spare set ofearpiece, 1 x sparediaphram |
| Capable of beingstored continuouslyin ambient  temperature of 0 to50 deg C andrelative humidity of15 to 90%. Capableof operatingcontinuously in  ambient temperatureof 10 to 40 deg Cand relative  humidity of 15 to90%. |
| cutt of range medium 22 to 32 cm |
| Model should beUSFDA/EueopeanCE (Issued by  notified body)/ISO13485 approved |
| **I** | **Sub total** |  |  |
| X | **Emergency Bed (5)** |  |  |
| 72 | Multiparamonitor monitor | 3 |  |
| 73 | Stretcher | 10 | Overall approx. size: 2020mm-2030mm L x 550mm- |
| 560mm W x 810mm-820mm H. |
| Frame work should be of ERW tubular welded with vertical upright of 31.75mm OD×18G ERW tubes. |
| Trolley should be provided with 200mm dia. Swivels castors wheels. |
| All horizontal stays should be of 25.4mm OD x 18G tube. |
| Stretcher should be made of SS304 18G sheet dished horizontally in the middle. Stretcher should be |
| removable from trolley. |
| Three additional 31.7 x 6mm flat supports that should be welded to main frame to support SS sheet top from |
| underneath width wise. |
| Pushing handle at both ends shall be made of 25.4mm x 18G SS tubes. |
| FINISH: All components shall be thoroughly pre-treated chemically to remove rust and foreign matter like grease, oil etc. by dip tank processes, including separate Degreasing, Derusting, phospating each followed by water rinsing and hot air drying to give phosphate coating conforming IS 3618-1966 Class ‘C’. The treated metal surface should then be coated with epoxy polyester powder with paint film thickness of 60microns and oven baked at 180 and 200 centigrade. This finish should exclude stainless parts, some hardware, ebonite rubber,PVC, castor wheel if any. |
| The company should have ISO 9001:2008 & ISO 13485 certification. |
| All steel section should have powder coating. |
| Pushing handles at both ends should be covered with PVC sleeves. |
| Two section tops should be smooth edges and burr free. |
| All SS used should be of 304 grade. |
| Warranty- 1 year |
|  |
| 74 | Wheel chair | 10 | 1. Overall approx size: 670mm W x 1120mm D x 920mm H. 2. Welded frame construction of round tubes. 3. Two solid rubber tyred bicycle wheels with brakes & self propelling stainless steel hoops. 4. Minimum frames size of round steel 22.2 x 18 G tubes and 19.05 x 18 G tubes. 5. Mild steel tubular construction fitted with cushion seat and back. 6. Wheel chair is fitted with minimum 24’’ dia rim of bicycle wheel fitted on specially developed and heat treated axle with solid tyre in the rear. 7. In the front minimum 150mm dia castor wheels are fitted. In front of castor wheels, aluminum foot paddles are provided on adjustable brackets. 8. Two handles are provided with hand grips. Brakes are provided on rear wheel to hold the chair to stop in 5 degree ramp. 9. All mild steel components should be thoroughly pre-treated chemically to remove rust and foreign matter like grease, oil etc. by dip tank process pretreatment system. 10. The treated metal surface should have coating of epoxy polyester powder and oven baked at 180 degree to 200 degree centigrade to avoid contamination of the clean metal surface from dust particles. |
| The company should have ISO 9001:2008 & ISO 13485 certification. |
| **J** | **Sub total** |  |  |
| XI | **OPD (5)** |  |  |
| 75 | B.P apparatus manual | 1 | technical specifications will be same as per s.n-76 |
| Measuring devicemechanical |
| should be Portable |
| should beAuscultatory method |
| inflation should bemanual |
| deflation should bemanual |
| cut off rangemedium should be(22-32)cm. |
| AA size chargeablebattery set, EitherCharageble BatterySet . |
| Model should beUSFDA/ European  CE(issued bynotified body)/ BISapproved**.** |
| 76 | Stethoscope (Adult) | 2 | Stethoscope should be standard size, chromium plated metal binaural, V rubber tube in one piece. Rotating piper fitting for both flip functions. |
| Should be FDA, CE, UL or BIS approved product |
| Warranty- 3 year |
| 77 | Colposcopy | 1 | Should be digital colposcope with 1-50X magnification minimum. |
| Should have variable light intensity |
| Should have features like facility to choose 5 color images, fast focusing, zooming and image freezing. |
| Should have facility for green filter and blude filter |
| Should have bright LED light for true color production and Color temperature 7000° k, average LED lamp life is > 20000 hrs |
| Control panel has feather touch and water proof button |
| Should have inbuilt live video recording with inbuilt recordig facility of 1000 images |
| USB footswithch for capturing and saving images |
| Should have feature of comparison of reports, multiple formats of reporting should be available |
| Should be supplied with remote control set to operate important functions from distance. |
| Should be supplied with Image, Video & Patient Data Management Software with following features: |
| Colposcopy, Auto analysis, Statistical data representation with grap,Marking and highlighting Hysteroscopy Including USB dongle and video Grabber Card. |
| Should be supplied with latest PC configuration (4GB/1TB/NO DVD/WIN10/WIRED+21.5" monitor) and inj Jet printer |
| Model should beUSFDA/ EuropeanCE(issued by  notified body)approved. |
| **Warranty- 3 years** |
| Electrical powerrequirements 220-230 Vac, 50-60Hz |
| 78 | X-ray view box | 10 | single chamber |
| Light frequencyshould be 50KHz |
| thickness should beapproax 4.5cm |
| input voltage shouldbe 220-230 VAC,50-60 Hz |
| brightness should be4000 lux |
| Manufacturer shouldhave ISO-13485certification |
| 79 | Height Scale | 5 |  |
| **K** | **Sub total** |  |  |
| XII | **Day Care (25 beds)** |  |  |
| 80 | Bed side monitor | 10 | technical specifications will be same as per s.n-57 |
| Bed side monitorshould be portableand light weight andshould monitor vitalparameters of  patients. |
| Capability of storageof patient data andprinting of patientreports. |
| Capability tointegrate with theHIS and transfer thedata through LAN /Wireless LAN toany other monitoringroom / doctors desk.  Should be HL-7compatible fortransmitting andreceiving data to/froLAN/HIS(OPTIONAL) |
| Portable and Lightweight preferably&lt;10kg |
| Modular with 12inch multi colourTFT display |
| Monitoringparameters;- ECG,respiration,NIBP,Sp  O2 and temperature |
| Digital and 6 waves /traces display |
| Monitor should haveaudible and visual  alarms capability.Alarms should have  three distinct audiblealarm tones todistinguish alarmlevels as under. Alsomonitor should  permit automaticviewing of alarmingparameter waveformand numeric fromany bedside in alarm  as and whenconnected in anetwork. |
| 3.Should beupgradeable. |
| **Accessories** |
| ECG cables(5lead) -01-for each monitor |
| Adult NIBP Cuff -01 for each monitor |
| Paediatric NIBPCuff -01-for eachmonitor |
| Adult SPO2 probe -02-for each monitor |
| Skin Temp Probe -02-for each monitor |
| The unit shall becapable of operating  continuously inambient temperature  of 10 -45 deg C andrelative humidity of15-90% |
| Shall meet IEC-60601-1-2 :2001(OrEquivalent BIS)GeneralRequirements of  Safety for Electricalsafety. |
| Model should beUSFDA/European-  CE (Issued bynotified body)/BISapproved |
| Manufacturer shouldhave ISOcertification forquality standards. |
| power supply 220-30VAC , 50HZ fittedwith indian plug |
| Warranty 3 year |
| **L** | **Sub total** |  |  |
| XIII | **Blood Bank Storage Unit** |  |  |
| 81 | Blood Bank Refrigerator | 2 | Volume capacity approx : 400 ltr Standard Blood bags of 450 ml. |
| It should be made from durable white epoxy painted/stainless steel finish SS304/SS316, these feature inner shelves made of SS304/SS316 using epoxy plastic coated steel rod. |
| Set Temperature 40C.Temperature Range: 2⁰C to 8⁰C, accuracy: ± 0.1⁰C, uniformity: ± 1⁰C. |
| Refrigerator must have Positive forced-air circulation. |
| Refrigerator must have hinged glass/ transparent double glazed glass doors with full length illumination (self-closing) with 90° stop to assist with inventory loads. |
| Refrigerator must have Mercury-free LED interior lighting. |
| Refrigerator must have a 1 minute door opening recovery of less than or equal to 4 minutes. |
| Refrigerator must have standard set of four casters with brake option and installed in factory. |
| Refrigerator must have adjustable cold and warm alarms. Refrigerator must have both audible and visual alarms indicating unsafe temperatures. Refrigerator must have door open alarm. |
| Refrigerator must have a keyed on/off power switch |
| Refrigerator must have service alarm and icon. Refrigerator must have low battery alarm |
| Digital temperature Indicator with 7 days circular chart recorder with 100 additional charts.Digital temperature display (LED) with 0.1° C graduation on tempreture recording device. |
| The PT-100 sensor for control and display of accurate temperature recording. Addition port for placing central monitoring system senor. |
| Audio visual alarm for temperature variations and utility failure. Electrical circuit breaker. Overload cut off relay for compressor. Time delay for compressor switch on. |
| Electrical power requirements: 230 volts +/- 10%, 50 Hz. Equipment should meet standard for electrical safety. |
| Refrigerator must be Energy Star rated and certified to the laboratory refrigeration standard |
| Refrigerator must use environmentally friendly SNAP and EU F-Gas compliant HC refrigerants (Green Gas and Natural Gas) as per current Global Norms. |
| Refrigerator must operate at less than or equal to 52 dba |
| Inbuilt Battery Backup for control Panel during power failure for 48 Hours or more. |
| Temperature holding time during power failure is 240 Minutes ( 4 hours) or better from 4° C to 10° C. |
| Overall cool down time to +4° C should be faster than 50 Minutes. |
| Heat-free defrost Technology for maximum uniformity to avoid Temperature fluctuation during Defrost cycle. |
| Model should beUSFDA/European-CE (Issued by  notified body)/BISapproved |
| Unit should be Class 2 MDD certified from International Notified Body. |
|  |
| Performance certificates of IQ,OQ,PQ tests to be submitted at the time of installation/commissioning. |
| Should be supplied with standard make stabilizer. |
| **Warranty- 3 years** |
| 82 | Platelet Incubator with agitator | 1 | Should have a provision to store the agitator. |
| Should have a single transparent outer door for clear visibility. |
| Should be able to maintain a temperature off 22 ± 2°C, Set temperature of 22 °C. |
| Should have a digital temperature indicator. |
| Seven dayinkless chart recorder with battery back-up for minimum of 2 hours for continuous operation during power failure. |
| Single digital temperature sensor for both recording and controlling |
| Should have audible visual high/ low alarm for temperature control, battery on/low, sensor failure, agitator off, power failure, compressor and system. |
| Should have forced air circulation method for the uniformity of the temperature at all sides of the incubator. |
| Chamber mounted electrical outlet for agitator should be available. |
| Facility to connect with central (temperature) monitoring system. |
| **Platelet Agitator :** |
| Should have Internal body of SS304 grade |
| Should have External body of corrosion resistant at least 1 mm thickness |
| Should have the capacity to hold random platelet packs or SDP packs or a mixture of both type (Provision for storage of 96 to 100 RDPs or 25 to 30 SDP bags) |
| Should have transparent door |
| Design of shelves should have non-slip, corrosion resistant material, coated with bacteria resistant material, perforated to ensure air circulation and with sufficient clearance to minimize noise. |
| Should have Gentle side to side agitation at 3.6 – 4 cm with side to side 60 – 70 stroke/ minute. |
| Should have heavy duty ball bearing gear motor for noise less and continuous operation for 24 hours a day throughout the year. |
| Should have motor with internal fan. |
| Should have 7-day chart recorder capability |
| Should have temperature controller with sensor. |
| Should have Non –CFC air cooled refrigeration. |
| Should have audio alarm for temperature fluctuation. |
| Should have auto stop function for agitation when the door is opened. |
| Should have power failure alarm. |
| Should have 'Push buttons switch' with pause function for temporary stoppage of the motion. |
| Should provide free chart till warranty period |
| Power supply- 100-240VAC, 50-60Hz. |
| Model should beUSFDA/European-CE (Issued bynotified body)/BISapproved |
| Should be able to withstand temperature and humidity fluctuations in case of failure of air. |
|  |
| Performance certificates of IQ,OQ,PQ tests to be submitted at the time of installation/commissioning. |
| **Warranty: 3 years** |
| **M** | **Sub total** |  |  |
|  | **Common Equipment** |  |  |
| 83 | Weight Machine | 5 | Should be digital display |
| Should be portable |
| Weighing capacity should be min. 3kg or less and maximum 180kg or more |
| Readability should be 0.05kg |
| width should be 28-30cm (+/-2) |
| lenghth should be 28-30cm(+/-2) |
| Depth should be 2-3 cm(+/-2) |
| Warranty 3 year |
| Manufacturer should be ISO certfied for quality standards. |
| Model should beUSFDA/European-CE (Issued bynotified body)/BISapproved |
| 84 | Infusion pump | 15 | Comprehensive alarm system for following parameters or similar should be available: |
|
| Occlusion, |
| end of infusion, |
| lock mode, |
| air in line, |
| door open, |
| low battery, |
| system malfunction, etc |
| Intended for use on adult/pediatric. |
| Easy dose rate calculation, easy loading and operation process. |
| Should have drug library. |
| Should have volume and drop control. |
| Equipment should fit on IV stand, should be compact. |
| Universal plugging system and should fit in the present electric board. |
| Equipment should be compatible with all standard IV sets including paediatric IV sets |
| Battery charging time should be less than 8 hours for depleted battery. |
| Battery back up should be up to 4 hrs at 25 ml/hr |
| Pole clamp material should be of metal or hard teflon. |
| Should have drip sensor. |
| Should have purge function. |
| Infusion Volume limit should be upto to 999.9ml |
| Over all accuracy of flow should be ± 10% or better. |
| Should have bright LED/LCD display showing infusion parameters. |
| Air bubble sensor should be available |
| Equipment should be capable for preventing free flow and back flow. |
| Should be light weight, pls mention weight. |
| Model should beUSFDA/European-CE (Issued bynotified body)/BISapproved |
| **Warranty :3 years** |
|  |  |  | Electrical powerrequirements 220-230 Vac, 50-60Hz |
| 85 | Pulse oxymeter | 5 | **spo2** |
| measurement range should be 70%- 100% |
| Resolution should be 1% |
| **Pulse rate** |
| measurement range should be 30 -235 bpm |
| Resolution should be 1bpm |
| **Display** |
| should be Dual color OLED display |
| **parameters spo2,PR.PI** |
| Should be ISO/CE certified |
| 86 | Glucometer | 5 | The unit should automatically power ON when the strip is inserted in to the port. |
| The Glucometer should guide the user by talking through the blood glucose testing steps. |
| It should provide the test result on the LCD display in few seconds. |
| Measuring range: 10 – 600 mg/dL with ±2% accuracy Blood Volume: not more than 1 -2 microliter |
| A storage facility for not less than 300 test results with date and time should be available. |
| Glucometer should be supplied with lancing device and universal needle set. |
| ISO,CE Certificates for goods manufacturing |
| Warranty 1 year |
| 87 | Portable suction | 5 |  |
| 88 | Defiblrilattor | 2 | Defibrillator should be easy to use, having facility for AED (Automated External Defibrillation) and Manual mode defibrillation based on latest Biphasic technology. |
| It should be able to deliver shock from 2 J to 200 Joules (or more) in Manual Mode and AED mode for pediatric & adult patient. |
| It should have 5 Lead ECG Monitoring. |
| Should have CPR Metronome for CPR assist during AED Mode operation. |
| It should have 7 inch (or more) diagonal color LCD/TFT/LED screen facility to view color and black & white mode display in brighter sunny field environment. |
| Should work on A.C. and D.C. and on latest rechargeable Lithium-Ion batteries with fully charged Battery capacity to monitor min 4 hours of operation and 100 (±20) shocks of 200 Joules discharges. |
| Should have inbuilt printer / recorder. |
| Should have vital sign monitoring of SpO2, NIBP. |
| Should have facility for external pacemaker (with Demand and Fixed/Non demand mode) and Synchronous Cardioversion. |
| Should supply along with standard accessories: |
| Reusable Hard Paddels-1 Set, Multipurpose Electrode (AED cum Pacing Pads)-3 No.s Adult and 2 No.s Pediatric Pads, SpO2 Probe-1 Qty.Adult & 1 Qty. Pediatric, NIBP Hose & Cuff 1Qty. Adult & 1Qty. Pediatric along with Operating manuals. |
| Quoted item should be USFDA/ European CE with 4 digit notified body approved and Manufacturer should be ISO 13485 certified |
| Warranty :3 years |
| 89 | Crash cart | 5 | Overall Size: 1030 mm L x 595 mm W. • Platform Dimension (Top Polymer Molded Panel) -: 560 mm L X 370 mm W. • Height (Floor To Top Polymer Molded Panel) : 950 mm. • Maximum height (Floor to eye level detachable fully S.S top shelf) : 1610 mm. • Four Drawers with centralized locking. • Upper Drawer ABS tray: 560 mm L X 340 mm W X 65 mm H. • Middle Drawer ABS tray 2 nos : 560 mm L X 340 mm W X 145 mm H. • Cardiac Massage Board: 710 mm X 390 mm X 6 mm thick. • Lower Drawer ABS tray : 550 mmx 330 mm x 230 mm. • Poly Carbonate Partition plates for top and second drawer. • Integrated with Chart / File holder, 2 nos of Catheter Holder, 1 no of Trash bin. • Crash cart mounted on twin wheel 125 mm dia non-rusting castor two with brakes and two without. Castor made from high grade non floor-staining synthetic materials with integrated thread guards. Wheel centre having precision ball bearing to run smoothly. • Base structure provided with rubber buffer, one on either sides. • Frame work is made from tube size: 25.4 mm x 1.2 mm (18 G). • Pull out cardiac massage board made of MDF of minimum size 710 mm x 390 mm x 6 mm laminated on top and bottom of laminate of 1 mm and 0.6 mm respectively. MDF shall have water resistance property and it should be made from ecofriendly material. • Safe Working Load & Patient bearing capacity - 50 kg. • Oxygen cylinder stand epoxy powder coated, on one side. • All stainless steel wherever used should be 304 grade. S.S parts finished with Matt Polish. • M.S. tubular parts, linkages, flats aluminum base are to be In-house, pretreated / shot blasted and Epoxy powder coated with coating thickness 50 to 100 microns. • All Process Parameters to be as per documented IMS Procedures for Quality Assurance (ISO 9001:2015, ISO 14001:2015, OHSAS 18001:2007 & ISO 13485:2003 Quality Management System Company should be European CE Certified. Dealers participating should enclose certificate from their Parent manufacturer company. • Cardiac Massage Board: 710 mm X 390 mm X 6 mm thick. • Defib tray holder platform of 300 mm X 200 mm. • S.S detachable top shelves one without lid and one with 5 polycarbonate partition and cover lid at eye level. • Poly Carbonate Partition plates. • Scissor Holder • I.V Rod S.S with two hooks |
|  |  |  | **Warrantey :-3 years** |
| 90 | Syringe pump | 15 |  |
| Should have flow rate range from 0.1 to 500 ml/hr depending on syringe capacity. |
| Should have purge and bolus facility. |
| Should have occlusion pressure detection. |
| Should have rechargeable Battery with backup of atleast 4 hours from fully charged |
| Battery capacity indicator. |
| Should have various Alarms such as near empty, end, occlusion, low battery, etc. |
| Volume Infused Display |
| Should be portable and easy to carry. |
| Should be provided with pole clamp to fix on IV stand. |
| Should perform yearly calibration and preventive maintenance (2nos) during warranty & if entered into AMC(includes unlimited breakdown calls) /CMC (which will include spare replacement, consumable spares,breakdown calls) Testing & measuring equipment used should be traceable to SI units through National/international standards( As per NABH norms). To submit SOPs for PMS at the time of installation/ comissioning. |
| Please specify footprint size & weight |
| Should Be CE or USFDA Approved Product. |
| Plesae specify power consumption. |
| **Local Service Support:** Should have local office and service support/service engineer for attending the breakdown calls. |
| **Response Time:** Should not be more than 12hrs from lodging a breakdown complaint on toll free or by email. |
| **Warranty: 2 years** |
| 91 | BIPAP | 2 | **Operational Requirements** |
| The system should meet all the numerical values given in the technical specifications within a tolerance of +/- 10 %. |
| IPAP 4 to 30 cm |
| 2. EPAP 4 to 25 cm |
| 3. Breach rate 0 to 30 BPM with spontaneous for time mode |
| 4. Timed inspiration 0.5 to 3.0 sec |
| 5. Rise Time 100 to 600 msec |
| 6. Machine should be based on the solenoid valve technology and should offer preferably auto track sensitivity and adjustable risetime. |
| **7  System Configuration Accessories, spares and consumables** |
| System should be supplied with all reusable accessories |
| **Environmental factors** |
| The unit shall be capable of operating continuously in ambient temperature of 20-30 deg C and relative humidity of 15-90% |
| The unit shall be capable of being stored continuously in ambient temperature of 0-50deg C and relative humidity of 15-90% |
| **Power Supply** |
| Power input to be 220-240VAC, 50Hz |
| **Standards, Safety and Training** |
| Model should beUSFDA/European-CE (Issued by  notified body)approved |
| warranty-3 years |
| Manufacturer should have ISO certification for quality standards. |
| **Documentation** |
| User/Technical/Maintenance manuals to be supplied in English. |
| List of Equipments available for providing calibration and routine Preventive Maintenance Support. as per manufacturer documentation in service/technical manual. |
| Certificate of calibration and inspection. |
| Log book with instructions for daily, weekly, monthly and quarterly maintenance checklist. The job descriptin of the hospital technician and company service engineer should be clearly spelt out. |
|  |  |  | Mode of operationCPAP, S, ST,PS,T |
| 92 | ECG machine(12- Channel) | 3 | **Discription of function** |
| ECG Machine is primary equipment to record ECG Signal in various configuration. 12 channels with interpretation is required for recording and analyzing the waveforms with a special software. |
| **opretional requirements** |
| The ECG Machine should be able to acquire all 12 Leads simultaneously and interpret them |
| Should acquire simultaneous 12 lead ECG for both adult and pediatric patients |
| Should have Real time Colour display of ECG waveforms with signal quality indication for each lead |
| Should have Artifact, AC, and low and high pass frequency filters. |
| Should have a storage memory of at least 100 ECGs with easy transfer by optional modem and data card. |
| Should have full screen preview of ECG report for quality assessment checks prior to print. |
| Should have interpretation facility of the amplitudes, durations and morphologies of ECG waveforms and associated rhythm for adult and pediatric patients |
| Should have alphanumeric Keyboard for patient data Entry.( virtual or hard keys) |
| Should have High resolution (200 dpix500dpi on 25 mm/sec speed) digital array A4 size printer |
| Should have report formats of 3 x4; 6 x2, Rhythm for up to 12 selected leads; 12 Lead Extended measurements, 1 minute of continuous waveform data for 1 selected lead. |
| Should have battery capacity of at least 30 ECGs or 30 minutes of continuous rhythm recording on single charge |
| Should be able to be connected to HIS /LAN/Wireless LAN(OPTIONAL) |
| Should display ECG on LCD/TFT Display of 640x480 pixel resolution. |
| USB Support for Storage on external portable memories. |
| “Multimode of ECGStorage capability onUSB pendrive, 1500ECG on InternalMemory” |
| **System Configuration Accessories, spares and consumables** |
| Patient Cable -01each ECG machine |
| Chest ElectrodesAdult-(set of six) -01sets each ECG |
| Chest ElectrodesPaediatric-(set ofsix) -01sets Each  ECG |
| Limb Electrodes (setof 4)- 01 sets EachECG |
| Thermal Paper A4 Size for 500 patients |
| **Environmental factors** |
| The unit shall be capable of being stored continuously in ambient temperature of 0 -50deg C and relative humidity of 15-90% |
| The unit shall be capable of operating continuously in ambient temperature of 10 -40deg C and relative humidity of 15-90% |
| **Power Supply** |
| Power input to be 220-240VAC, 50Hz |
| **Standards, Safety and Training** |
| Model should beUSFDA/European-CE (Issued by  notified body)/BISapproved. |
| **Documentation** |
| Warranty-3 years |
| User Manual in English |
| 93 | CR system | 1 | Radiography System To Replace Conventional Film/Screen Based X- Ray Processing Techniques With Photostimulable Phosphor Plate Technology To Obtain Digital X-Ray Images. |
| Operational Requirements |
|  |
| System Configuration |
| Computed Radiology Must Be A State Of The Art System Manufactured By A Reputed Brand Or Manufacturer Adhering To Following Specifications. Cr System Should Broadly Comprise Of Following Modules/ Components. |
| I. Image Reading System (Reader/ Digitizer) |
| Ii.  Image Processing Workstation |
| Iii. Dry Image Printer (Film Printer) And Other Standard Accessories Listed Below. |
| Technical Specifications |
| The System Shall Be Able To Record X-Ray Images On Imaging Plates (Ip). |
| Operationally And Functionally Equivalent To And Better Than The Present Film Based System. |
| Must Record Patient Identification Data And Anotation On The Image. |
| Retrieve And Reproduce Accurate, High Quality High Resolution Images From Stored Data Without Loss Of Image Quality. |
| Shall Have Read And Write Facility In Cd/Dvd For Data Storage And Review. |
| Image Reader (Cr Reader/ Digitizer) |
| Should Have Automatic Scanning Mechanism To Read, Erase And Process The Images From The Imaging Plate. (Ip) |
| The Cr Reader / Digitizer Should Be Able To Process 60 Image Plates/Hr Or More Of 14X17 Inch Size. |
| Gray Scale Resolution: Cr Reader / Digitizer Should Have A Minimum Resolution Of 12Bits/ Pixel For Images Sent To Cr Processing Station. |
| Mechanism For Accepting Exposed Imaging Plates Without Patient Demographics, For Hospital Workflow Requirement. |
| Mechanism For Re-Routing The Newly Acquired Images To The Preconfigured Cr Workstation. |
| Capability Of Retrieving (Service Intervention) At Least Last 10 Scanned Images, As Part Of Contingency Plan. |
| Cr Workstation: |
| Accept Images Form Cr Reader Without Any Loss Of Data. |
| Capable Of Archiving & Printing Selected Image To A Standard Dicom Destination. |
| Multi-Function Console With Quality Assurance (Main Workstation) |
| High Resolution 17” Or More Lcd Monitor |
| Image Manipulation/Post Processing Software. |
| Multi Patient Viewing And Printing |
| Pip (Picture In Picture) Option For Viewing Each Part In A Conventional Way. |
| Exporting Images In Bmp, Jpeg, And Avi Formats On Dicom & Non-Dicom. |
| Cd/Dvd Burning Facility. |
| Should Have Following Special Features On Work Station Software |
| A. Image Post Processing |
| B.Windows Leveling |
| C. Annotation |
| D.Area Of Interest Zoom |
| E.Magnification |
| F. Flipping & Panning |
| G. Automatic Exposure Correction |
| H.Pre View Software |
| I. Edge Enhancement Stepwise |
| J.Contrast/ Brightness Adjustment |
| L. The System Should Have Software To Perform Full Leg/Full Spine/Long Body Imaging/Imaging Stitching. |
| Dry Imaging Printer. |
| Single Tray Option And Should Be Capable Of Any Film Size Printing Option With Changing Tray. |
| The System Must Have A Dry Imager. |
| Pixel Size Less Than 100 Micron. |
| The System Must Be Able To Print At Least 40 Films/ Hr Of The Largest Size. |
| It Must Be Dicom Compatible Allowing Multiple Modalities To Be Connected At A Time. |
| The Imager Should Support Daylight Loading Of Films. |
| The Imager Must Have Minimum Spatial Resolution Of 500 Dpi. |
| Accessories, Spares And Consumables |
| All Standard Accessories, Consumables And Parts Required To Operate The Equipment, Including All Standard Tools And Cleaning And Lubrication Materials, To Be Included In The Offer. |
| Cr Cassette & Image Plate: · |
| 10” X 12” = 2 Pcs |
| 14” X 17” = 2 Pcs |
| Mini Pacs System To Transfer The Image From Radiology Department To Doctors Room. |
| Operating Environment |
| The Product Offered Shall Be Designed To Be Stored And To Operate Normally Under The Conditions Of The Purchaser'S Country. The Conditions Include Power Supply, Climate, Temperature, Humidity, Etc. |
| Power Supply: 220 - 240 Vac, 50Hz Fitted With Appropriate Plug. |
| Standards And Safety Requirements |
| Model should beUSFDA/European-CE (Issued by  notified body)approved |
| User Training |
| Warranty 3 years |
| **N** | **Sub total** |  |  |
| **Xiv** | **Dental** |  |  |
| 94 | Dental Set (capital) | 1 |  |
| Dental Chair | 2 | It should have double articulating headrest with seesaw movement. |
| It should be provided with soft cervical support. |
| Dental unit should have latest overhead delivery system. |
| It should have two 3 way syringes (Tip autoclavable, with spare tips) one on unit side and other on the assistant side. |
| It should have two high speed Air rotor terminals with two rotor hand pieces and accessories and one terminal for fiber optic. One for air motor/micro motor having straight and contra angle hand pieces and other for air rotor terminal with two air rotor hand pieces with two spare cartridges. |
| It should have LED light cure unit with minimum intensity 1200 mW/cm2. |
| It should have infection control system with non-retraction valves (Bio system /equivalent). |
| All hand pieces / terminals should be kept on Autoclavable pads. 8 spare autoclavable pads should be supplied. Arm of unit should be pneumatically locked. |
| All air tubing of the delivery system can be disinfected internally after every dental procedure. |
| It should have one in built piezo ultrasonic scalar (max frequency should be 36 KHZ) |
| Removable auxiliary tray (autoclavable) shall be supplied – 10 sets. It should have integrated latest foot operated LED light (30000 - 50000 Lux). |
| It should have rotatable water system with removable spittoon. It should have Medium Vacuum Suction and high suction (Motorized Suction). |
| Should have following multiple programmes Two programmable working positions. |
| Spitting and last working position with light ON and OFF automatically. |
| Return to Zero position with light OFF automatically. |
| It should have emergency stop control with luminous indication. |
| Programmable bowl water and cup filler water. |
| It should have LED based X-ray viewer (For I.P.G/O.P.G films). |
| It should be provided with right arm. |
| It should have multi functional foot control base. |
| It should be provided with two stool with adjustable backrest tilt including an adjustable ring for foot rest |
|  |
| Model should beUSFDA/European-CE (Issued by  notified body)approved |
| warranty- 3 year |
| Dental Chair Compressor | 2 | Medical grade, Oil free, Noise free at least 1 HP Compressor. |
| The compressor should be fitted with |
| Built in thermo cut off to save motor during excess of heat |
| auto head air release valve, |
| Automatic cut off |
| Safety release valve |
| Drain Valve |
| Model should beUSFDA/European-CE (Issued by  notified body)approved |
| warranty- 3 year |
| Ultrasonic Scaler with scaler tip | 1 | Piezotronic Scalar with frequency of 28000-36000 Hz |
| Autoclavable hand piece , Total control is Micro processor based |
| Hand Pieces most sleek. |
| warrant- 3 year |
| Model should beUSFDA/European-CE (Issued by  notified body)approved |
| The scalar supplies with: Piezotronic scalar with 4 tips. **FOOT** |
| Dental Micromotar - Clinic | 1 | It should have digital display of speed. |
| High Torque Micro motor ( Foot Controlled) with Speed range of 2000 -40000 RPM |
| It should have reverse and forward speed along. |
| It should have auto cut off system for over load. |
| it should be supplied with |
| Contangle Hand piece ( Autoclavable) : Speed : 40000 RPM |
| Straight Hand Piece (Autoclavable): Speed 40000 RPM. |
| should be ISO 13485 approved product |
| warranty- 1 year |
| Dental Micromotar - Lab | 1 | It should have digital display of speed. |
| High Torque Micro motor ( Foot Controlled) with Speed range of 2000 -50000 RPM |
| It should havereverse and forwardspeed along. |
| It should have autocut off system forover load. |
| it should be suppliedwith |
| Contangle Hand piece ( Autoclavable) : Speed : 50000 RPM or more |
| Straight Hand Piece (Autoclavable): Speed 50000 RPM. |
| should be ISO 13485 approved product |
| warranty- 3 year |
| Straight Handpiece for Micromotor | 2 | straight handpice |
| Dental Airotar | 2 | Air Rotor hand piece clean head with a speed of 350000 RPM |
| Supplies with Titanium/ SS Air rotor torque hand piece. |
| should be ISO certified product |
| Ultra push type non retraction valve. |
| Dental Airotar Bur Set | 2 | as per dental unit standard |
| Composit Curing Light | 1 | as per dental unit standard |
| Vacuum forming machine | 1 | as per dental unit standard |
| Electric Induction Wax Knief heater | 1 | as per dental unit standard |
| Lathe Machine | 1 | as per dental unit standard |
| Acrylizer | 1 | as per dental unit standard |
| Model Trimmer | 1 | as per dental unit standard |
| Portable Suction machine | 1 | Should be fitted with oil immersed noiseless motorized vacuum pump. |
| Cabinet made from stainless steel. |
| Two glass jars on the top of having minimum capacity of 2 Ltrs fitted with rubber air tight lids and overflow safety device. |
| Should be suppplied with adequately long pressure tubing providing required pressure. |
| Should have vacuum control by knob. |
| Should be mounted on four caster wheels. |
| Should have motor of 1/4 HP capacity and power consumption not more than 250 Watts. |
| Should have vacuum at least between 100 mm Hg to at least 575 mm Hg (-75 kPa). |
| Model should beUSFDA/European-CE (Issued by  notified body)/ISO13485 certified. |
| **Warranty: 3 Years** |
| X-Smart Endomotor with Apex Locator | 1 | as per dental unit standard |
| UV Sterilizer Chamber | 1 | as per dental unit standard |
| Mini Autoclave | 1 | The autoclave should provide sterilization at 121o C and 134o C for both wrapped and unwrapped tools and also a flash cycle for rapid sterilization. |
| The autoclave should be equipped with a powerful vacuum pump to eject air pockets from the chamber at the beginning and at the end of cycle (Pre-vacuum and Post vacuum) |
| It should have minimum four sterilization programs and two test programs. |
| Minimum volume at least 20liters. |
| It should be class B autoclave so that hollow bodied instruments, hand pieces, and turbines can be fully autoclaved |
| warranty- 3 years |
| Model should beUSFDA/European-  CE (Issued bynotified body)/BISapproved |
| Xray machine | 1 | Operation should be conventional as well as automatic. |
| Completely micro controller based digital timer assuring the accuracy of the exposure time selected. |
| Ease of operation as all the functions can be selected from the remote control as well as timer. |
| Feather touch keypad and length of exposure cable should be 5 to 6 meters. |
| Digital timer with the accuracy of 0.01 Sec (0.01 Sec to 4.00 Sec). |
| Patient selection Switches ( Thin, Normal and Obese) Film Speed selection switches ( 3 Speeds) RVG mode for RVG sensor. |
| An excellent output of 65 kV to 70 kV, 7mAs to 10 mAs. |
| Audible and Visual indication of “X-Ray On” (Radiation indications). |
| Should provide compatible voltage stabilizer (Built in/External). |
| Collimating device should be 20 cm in length and parallel/square in a lead shied should also be provided. |
| Excellent, Mechanical maneuverability, long reach scissor arm. |
| Operating Condition: Capable of operating continuously in ambient temperature of 5 to 50 deg C and relative humidity of 15 to 80% in ideal circumstances. |
| Storage condition: Capable of being stored continuously in ambient temperature of 0 to 50 deg C and relative humidity of 15 to 90% |
| Manufacturer/Supplier should have ISO 13485 certificate for quality standard. |
| Model should beUSFDA/European-CE (Issued bynotified body)/BISapproved. |
| The unit should be AERB approved |
| power requirements 230V, AC, 50 Hz, 15 Amps |
| protection-Suitable stabilizer to be provided.  High voltage protection for X-ray tube. |
| Should maintain nominal temp and the heat should be disbursed through a cooling mechanism |
| Should provide a pedestal stand with freely movable round wheels with locking devices to prevent unusual and excessive movement/ System should be wall mounted. It has to be set as per the requirement of the facility. |
| Warranty- 3 year |
| Led Apron with Thyroid Collar | 2 | Two numbers of BARC approved whole body lead aprons with all attachments and thyroid colors. |
| Hanger for Lead Apron | 1 | as per required |
| view box | 1 | single chamber |
| RVG Sensor with sleeve | 1 | SUPER CMOS/CCD Technology |
| Sensor Size No.1 (universal)/ Size No.0 (pediatrics)/Size No.0 (optional). |
| No. of Pixels 16 lP/mm – 24lp/mm (true solution). |
| Pixel size is 18.5 x 18.5 micron. |
| Should provide compatible software with Image capture, enhancement and manipulation tools. |
| Sensor cable length should be 3 meters and reinforced for durability and reliability (Fiber optic and scintillator tech). |
| RVG (with Software) should be supplied with adequate and compatible computer system with latest operating system i.e desktop of latest version with 500 GB or more Hard disk drive and RAM approx 4 GB) and suitable laser printer. |
| Manufacturer/Supplier should have ISO 13485 certificate for quality standard. |
| Model should beUSFDA/European-CE (Issued bynotified body)/BISapproved |
| warranty- 3 year |
| Operating Condition: Capable of operating continuously in ambient temperature of 5 to 50 deg C and relative humidity of 15 to 80% in ideal circumstances. |
| Deionized Water system with Accessories | 1 | as per standard dental unit setup |
| Crown Remover | 1 set | as per standard dental unit setup |
| Electric Kettle | 1 | as per standard dental unit setup |
| Eye Protection Glass | 2 | as per standard dental unit setup |
| Hydraulic Clamp | 1 | as per standard dental unit setup |
| 95 | Instrument Dressing Trolley | 1 pc | As per standard dental unit setup.The surgical instruments should be made using top quality medical grade hardened stainless steel with defined specifications like AISI-410, AISI-420, AISI-304, AISI-303, AISI- 440 etc. using guidelines of ASTM standard F899-94 and ISO 7153 and with a dull finish. |
| Instrument Dressing Tray | 2 pc |
| Dressing Drum | 2 pc (Medium) |
| Dressing Drum | 2 pc (Small) |
| Kidney Tray | 6 pc (Medium) |
| Steel Bowl | 6 pc |
| Non Tooth Forcep | 2 pc |
| Suture cutting Scissor | 2 pc |
| BP Handle | 6 pc |
| Conservative Instrument Kit | 1 set |
| Composite Polishing kit | 1 |
| Endo Files - K file (15-85) | 2 set |
| Endo Files - H file (15-85) | 2 set |
| Endo Box | 1 |
| Hand Scaling Kit/ Perio Scaler | 1 set |
| Periosteal Elevator | 10 pc |
| Extraction Forcep (Pediatric) | 1 set |
| Extraction Forcep | 1 set |
| Bone Currete | 2 pc |
| Bone File | 2 pc |
| Chisel - Mallet | 1 set |
| Gracy Currete | 1 set |
| Mettalic Syringe | 10 pc |
| Universal Plier | 2 pc |
| Adams Plier | 1 pc |
| Semicircle Orthodontic plier (Half-round) | 1 pc |
| Orthodontic Wire Cutter | 1 pc |
| Wax Knife | 2 pc |
| Wax Carver | 2 pc |
| Wax Spoon | 2 pc |
| Lacron Carver | 5 pc |
| Hylin Carver | 2 pc |
| Mettalic Scale | 2 pc |
| 3-Way Syringe | 4 pc |
| Perforated impression tray | 2 set (plastic) |
| Perforated impression tray | 2 set (stainless steel) |
| Sectional dentulous upper-lower perforated impression tray | 2 set (stainless steel) |
| Sectional dentulous upper-lower perforated impression tray | 2 set (plastic) |
| Micromotor Stone Bur/ Trimmer | 2 set |
| Micromotor Carbide Trimmer/ Bur | 2 set |
| Composite Polishing kit | 1 set |
| Articulator | 2 |
| Clamp | 2 |
| Flask | 2 set |
| Dental Cement Mixing Spatula (Straight) | 2 pc |
| Dental Cement Mixing Spatula (Curve) | 2 pc |
| Hot Plate | 2 pc |
| Cheek Retractor | 10 pc (stainless steel) |
| Blow Torch | 2 pc |
| Spirit Lamp | 2 pc |
| Chip Blower | 2 pc |
| Eye Protection Glass | 2 |
| Dappen Dish | 2 pc |
| Glass Slab | 2 pc |
| Rubber Mixing Bowl | 4 pc |
| 96 | Absorbable Gelatin Sponge (Gelostat) | 10 packet | Absorbable Gelatin Sponge (Gelostat) |
| Lignospan Cartridge (Septodent) | 10 packet | Lignospan Cartridge (Septodent) |
| Sterile Siliconized Dental Needle (Septojet) | 6 packet | Sterile Siliconized Dental Needle (Septojet) |
| Sand paper (Number- 320) | 10 pc | Sand paper (Number- 320) |
| Sand paper Mandrel | 6 pc | Sand paper Mandrel |
| Articulating paper | 10 pc | Articulating paper |
| Dental Cement Mixing Pad | 5 pc | Dental Cement Mixing Pad |
| Agate Spatula | 2 pc | Agate Spatula |
| Suction Tip | 10 packet | Suction Tip |
| Flouride Gel | 6 bottle | Flouride Gel |
| Flouride gel Applicator Brush/ Tip | 20 box Tip diameter- 2mm | Flouride gel Applicator Brush/ Tip |
| GIC - Luting | 2 pc | GIC - Luting |
| GIC - Restorative | 2 pc | GIC - Restorative |
| Zinc oxide eugenol (Sealer) | 1 pc | Zinc oxide eugenol (Sealer) |
| Zinc oxide eugenol (Paste) | 1 pc | Zinc oxide eugenol (Paste) |
| Formacresol | 1 pc | Formacresol |
| Calcium Hydroxide Powder | 1 box | Calcium Hydroxide Powder |
| Hydrogen Peroxide | 1 bottle | Hydrogen Peroxide |
| Sodium Hypochlorite | 1 bottle | Sodium Hypochlorite |
| EDTA Gel | 1 tube | EDTA Gel |
| Paper Points | 2 box | Paper Points |
| Gutta percha points | 2 box | Gutta percha points |
| Alginate | 25 kg | Alginate |
| Soft liners/ Tissue conditioner -Mollosil | 1 box | Soft liners/ Tissue conditioner -Mollosil |
| Soft Putty impression material | 1 set | Soft Putty impression material |
| Pumice Powder | 1 packet | Pumice Powder |
| Cotton Polishing Buff | 25 pc | Cotton Polishing Buff |
| Polishing Cake | 2 pc | Polishing Cake |
| Soft Tray Ultradent (Night guard sheet) | 6 packet | Soft Tray Ultradent (Night guard sheet) |
| Heat cure Powder & Liquid | 1 box | Heat cure Powder & Liquid |
| Acrylic Repair Material Pink Colour | 10 box (400gm each) | Acrylic Repair Material Pink Colour |
| Clear Acrylic (J.C. Acrylic) | 3 box | Clear Acrylic (J.C. Acrylic) |
| Sticky wax | 2 packet | Sticky wax |
| Green Stick | 2 packet | Green Stick |
| Modelling Wax | 6 packet | Modelling Wax |
| Shelac Base plate | 5 packet | Shelac Base plate |
| Full Teeth Set | 5 box | Full Teeth Set |
| Complete Teeth Sets With Different Sizes, Shapes & Shades | 5 box | Complete Teeth Sets With Different Sizes, Shapes & Shades |
| Airotar Spray | 2 file(Bottle) | Airotar Spray |
| Dye Stone | 5 kg | Dye Stone |
| Plaster Gypsum (POP) | 10 kg | Plaster Gypsum (POP) |
| Plaster Stone | 10 kg | Plaster Stone |
| Remanium Clinical Coil 0.80MM Orthodontic Wire | 6 pc (50gm) | Remanium Clinical Coil 0.80MM Orthodontic Wire |
| Vaseline Green Apna | 4 pc (400gm) | Vaseline Green Apna |
| 97 | Deca head Microscope with camera | 1 | Optical system: Infinity corrected system |
| Focus : Vertical stage movement 25mm per coarse stroke |
| Vertical stage movement 1micron per fine stroke |
| Stage rotation of 200 degrees or better with Stage Lock |
| Stage Tension adjustment |
| Illuminator : Built-in-Koehler illumination for transmitted light LED bulb/100W Halogen with 15 no speare bulb (pre-centered). |
| Revolving nosepiece : Interchangeable/Removable Reversed Coded Quintuple Nosepiece . |
| Objectives : Plan 2/2.5x, 4/5x, 10X, 40X, & 100XOil |
| FOV 22 or more |
| Condenser: APPROPRIATE SWING OUT CONDENSER FOR 2X - 100X |
| Digital Camera: Camera attachment capable of handling bright field, dark field images with 1/2.3" CMOS or 2/3” high density CCD Chip, more than 5 Million pixel resolution with 17” or better TFT LCD monitor White Balance adjustment, Image Adjustment (Gamma Correction, shading Adjustment, Black level adjustment Hue Wheel variation, colour saturation adjustment) |
| Software: Image analysis software that include length, width and circle measurements, comparison of images on PC. Branded PC with 4GB RAM, 500GB HDD, Win 8/10, Graphic card 1GB with 17” or better HD monitor, Printer. |
| System should be European CE with notified body number or USFDA approved product |
| LED pointer and oil should be supplied along |
| warranty- 3 years |
|  |  |  | Electrical powerrequirements 220-230 Vac, 50-60Hz |
| 98 | Binocular Microscope | 5 | Should be infinity- corrected optical system binocular microscope |
| Should be supplied with tilting/adjustable ergonomic binocular tube. |
| Should have high luminescent LED Light source. |
| Manual single- axis coarse or fine motion handle system. |
| Nosepiece: Sextuple nosepiece. |
| Condensers: Phase condenser |
| Eyepiece- 10X |
| FOV-22mm or more |
| Objectives- 10X, 20X, 40X, 100 X, 40 X for phase contrast. |
| Both sides dioptre adjustment. |
| Stage double slide holder. |
| Should have smooth movements ceramic-coated coaxial stage rotating mechanism and torque adjustment mechanism. |
| Power supply- 100-240VAC, 50-60Hz |
| Model should beUSFDA /European-  CE (Issued by notified body) approved |
| Warranty :3 years |

## SECTION-VI (SAMPLE FORMS)

## 1.BID FORM

**(Note: -This Annexure must be sworn before First Class Magistrate/Notary)**

Date: …………….. 2023 *[insert:* ***date of bid****]*

*[Purchaser specify: “IFB No.:* ***BMSIC/2022-23/ME-388****”]*

***[Insert:*** *Procurement and Contracting of* ***Medical Equipment for Medical Colleges and Hospitals of Bihar]***

To:

*Managing Director,*

*Bihar Medical Services and Medical Services Corporation,*

**3rd Floor, Swasthya Bhawan, Behind IGIMS, Sheikhpura,**

**Adjacent to State Health Society, Patna- 800014, Bihar**

Dear Sir or Madam:

Having examined the Bidding Documents, including Amendment and all corrigendum, the receipt of which is hereby acknowledged, we, the undersigned, offer to supply and deliver the Goods under the above-named Contract in full conformity with the said Bidding Documents for the sum of Rs. 11,800/-(hereinafter called “the Total Bid Price”) or such other sums as may be determined in accordance with the terms and conditions of the Contract. The above amounts are in accordance with the Price Schedules attached herewith and are made part of this bid.

We undertake, if our bid is accepted, to deliver the Goods in accordance with the delivery schedule specified in the Schedule of Requirements.

If our bid is accepted, we undertake to provide an advance payment security and a performance security in the form, in the amounts, and within the times specified in the Bidding Documents.

We agree to abide by this bid, for the Bid Validity Period specified in Clause 18 of the ITB and it shall remain binding upon us and may be accepted by you at any time before the expiration of that period.

Until the formal final Contract is prepared and executed between us, this bid, together with your written acceptance of the bid and your notification of award, shall constitute a binding Contract between us. We understand that you are not bound to accept the lowest or any bid you may receive.

We undertake that, in competing for (and, if the award is made to us, in executing) the above contract, we will strictly observe the laws against fraud and corruption in force in India namely “Prevention of Corruption Act 1988”.

We confirm that we comply with the eligibility requirements as per ITB Clause 3 of the bidding documents.

We understand that you are not bound to accept the lowest or any bid you may receive.

Dated thi*s [insert:* ***number****]* day of [*insert:* ***month****]*, *[insert:* ***year****].*

Signed:

Date:

In the capacity of *[insert:* ***title or position****]*

Duly authorized to sign this bid for and on behalf of *[insert:* ***name of Bidder****]*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2.PRICE SCHEDULE | | | | | | | | | | | | |
| **1** | **2** | **3** | **4** | **5** | | | | | | **6** | **7** | **8** |
| **Sch No** | **Item Description** | **Country of origin** | **Quantity** | **Ex-factory Ex- warehouse ex- Showroom off-shelf**  (A) | **Excise duty if any**  (B) | **Packing & Forwarding**  (C) | **Inland transport, Insurance & Incidental costs incidental to delivery**  (D) | **Incidental services as listed in GCC**  (E) | **Customs Duty**  (F) | **Unit Price**  A+B+C+D+E+F | **Total Price per schedule for delivery at final destination**  (4X6) | **GST payable if contract is awarded** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

Unit Price (6) ( Rs. In words)

AMC Charges (Labour only)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Equipment name | AMC CHARGES | | | | | | |
| 4TH YEAR | 5TH YEAR | 6TH YEAR | 7TH YEAR | 8TH YEAR | 9TH YEAR | 10TH YEAR |
|  |  |  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |  |  |

CMC CHARGES

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Equipment name | CMC CHARGES | | | | | | |
| 4TH YEAR | 5TH YEAR | 6TH YEAR | 7TH YEAR | 8TH YEAR | 9TH YEAR | 10TH YEAR |
|  |  |  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |  |  |

Note:

In case id discrepancy between unit price & total price Unit price shall prevail.

**Place Signature of Bidder/Authorized Signatory………………………**

**Date Name ………………………**

(Should be submitted in format as available in e-mode only)

## FORM – 3 FORM OF CONTRACT AGREEMENT

THIS CONTRACT AGREEMENT is made the *\_\_\_\_\_\_\_*day of *\_\_\_\_\_\_\_\_\_\_\_\_ [month and year purchase]* and between the Bihar Medical Services And Infrastructure Corporation Limited, Patna [*Name of Purchaser*] on behalf of Governor of Bihar (hereinafter referred to as the ‘Purchaser’) and \_\_\_\_\_\_ \_\_\_\_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*[ Name of Supplier]*, having its principal place of business at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*[  address of Supplier ]* (hereinafter referred to as the “Supplier) on the other part.

WHEREAS the Purchaser invited bids for certain goods and ancillary services, viz., *[insert:* ***brief description of goods and services****]* and has accepted a bid by the Supplier for the supply of those goods and services in the sum of *[insert:* ***contract price in words and figures]*** (hereinafter called “the Contract Price”).

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

1. In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.

2. The following documents shall constitute the Contract between the Purchaser and the Supplier, and each shall be read and construed as an integral part of the Contract:

1. This Contract Agreement
2. General Conditions of Contract.
3. Special Conditions of Contract
4. Technical Requirements (including Functional Requirements and Implementation Schedule).
5. The Supplier’s original Techno-commercial and Price bid
6. The Schedule of Requirements.
7. The Purchaser’s Notification of Award
8. *[Add here:* ***any other documents****]*

3. In consideration of the payments to be made by the Purchaser to the Supplier as hereinafter mentioned, the Supplier hereby covenants with the Purchaser to provide the Goods and Services and to remedy defects therein in conformity in all respects with the provisions of the Contract.

4. The Purchaser hereby covenants to pay the Supplier in consideration of the provision of the Goods and Services and the remedying of defects therein, the Contract Price or such other sum as may become payable under the provisions of the Contract at the times and in the manner prescribed by the Contract.

Brief particulars of the goods and services which shall be supplied/provided by the Supplier are as under:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SL** | **Brief Description of goods** | **Unit Price** | **Quantity to be supplied** | **Total price** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**TOTAL VALUE:**

**Delivery Schedule:**

For and on behalf of the Purchaser

Signed:

in the capacity of *[ insert:* ***title or other appropriate designation****]*

in the presence of

For and on behalf of the Supplier

Signed:

in the capacity of *[ insert:* ***title or other appropriate designation****]*

in the presence of

CONTRACT AGREEMENT

dated the *[ insert:* ***number****]* day of *[ insert:* ***month****]*, *[ insert:* ***year****]*

BETWEEN

Bihar Medical Services And Infrastructure Corporation Limited*,* “the Purchaser”

and

*[ insert:* ***name of Supplier****],* “the Supplier”

## 4. PERFORMANCE SECURITY BANK GUARANTEE

(Unconditional)

Date: *[insert:* ***date****]*

IFB: *[insert:* ***name or number of IFB****]*

Contract: *[insert:* ***name or number of Contract****]*

To:

Managing Director,

Bihar Medical Services And Infrastructure Corporation Limited,

Patna

Dear Sir or Madam:

We refer to the Contract Agreement (“the Contract” ) signed on *[insert:****date****]* between you and *[insert:****name of Supplier****]* (“the Supplier”) concerning the supply and deliver y of *[ insert:****abrief description of the Goods****]*. By this letter we, the undersigned,*[insert:* ***name of bank****]*, a bank(or company) organized under the laws of *insert:****country of bank****]* and having its registered/principal office at *[insert:****address of bank****]*, (hereinafter, “the Bank”) do hereby jointly and s everally with the Supplier irrevocably guarantee payment owed to you by the Supplier, pursuant to the Contract, up to the sum of *[ insert:****amount in numbers and words****]*. This guarantee shall be reduced or expire as provided for by GCC clause 5.

We undertake to make payment under this Letter of Guarantee upon receipt by us of your first written demand signed by your duly authorized officer declaring the Supplier to be in default under the Contract and without cavil or argument any sum or sums within the above-named limits, without your need to prove or show grounds or reasons for your demand and without the right of the Supplier to dispute or question such demand. Our liability under this Letter of Guarantee shall be to pay to you whichever is the lesser of the sum so requested or the amount then guaranteed under this Letter in respect of any demand duly made under this Letter prior to expiry of this Letter of Guarantee, without being entitled to inquire whether or not this payment is lawfully demanded.

This Letter of Guarantee shall be valid from the date of issue until the date of expiration of the guarantee, as governed by the Contract. Except for the documents herein specified, no other documents or other action shall be required, notwithstanding any applicable law or regulation. Our liability under this Letter of Guarantee shall become null and void immediately upon its expiry, whether it is returned or not, and no claim may be made under this Letter after such expiry or after the aggregate of the sums paid by us to you shall equal the sums guaranteed under this Letter, whichever is the earlier. All notices to be given under this Letter shall be given by registered (airmail) post to the addressee at the address herein set out or as otherwise advised by and between the parties hereto.

We hereby agree that any part of the Contract may be amended, renewed, extended, modified, compromised, released, or discharged by mutual agreement between you and the Supplier, and this security may be exchanged or surrendered without in any way impairing or affecting our liabilities hereunder without notice to us and without the necessity for any additional endorsement, consent, or guarantee by us, provided, however, that the sum guaranteed shall not be increased or decreased.

No action, event, or condition that by any applicable law should operate to discharge us from liability hereunder shall have any effect, and we hereby waive any right we may have to apply such law, so that in all respects our liability hereunder shall be irrevocable and, except as stated herein, unconditional in all respects.

For and on behalf of the Bank

Signed:

Date:

in the capacity of: *[insert:* ***title or other appropriate designation****]* Common Seal of the Bank

## 5. MANUFACTURER’S AUTHORIZATION FORM

(Manufacturer’s / Producer’s letterhead)

To:

Managing Director,

Bihar Medical Services and Infrastructure Corporation Limited,

Patna

WHEREAS *[****name of the manufacturer / producer****]* (hereinafter referred to as “we” or “us”) who are established and reputed manufacturers / producers of *[****name and/or description of the Goods requiring this authorization*** *]*(hereinafter referred to as “Goods”) having manufacturing / production facilities at*[ insert:* ***address of factory*** *]*do hereby authorize*[* ***name and address of Bidder*** *]*(hereinafter, the “Bidder”) to submit bid, and sign the Contract with you against IFB *[****title and reference number of the Invitation for Bids****]*including the above Goods produced by us.

We hereby extend our full guarantee and warranty for the above specified Goods against these Bidding Documents and also confirm full functionality of the said equipment during the entire post warranty Comprehensive Maintenance Contract Period as agreed.

For and on behalf of the Manufacturer or Producer

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the capacity of *[****title, position, or other appropriate designation****]* and duly authorize to sign this Authorization on behalf of *[****name of manufacturer or producer****]*

Note: This letter of authority should be on the letter head of the manufacturers and should be signed by a person competent and having the power of attorney to legally bind the manufacturer. This should be included by the bidder in it’s bid.

## 6. PROFORMA FOR PERFORMANCE STATEMENT

Bid No: \_\_\_\_\_\_\_\_\_\_\_ Date of Opening: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_Hours

Name of the Firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Order Placed By  (Full address of  Purchaser) | Order No  and Date | Description of works /project | Date ofsupply of work/projects | | Was supply of works/projects was Satisfactory? | *(Attach a certificate from the Purchaser/consignee (as applicable)* |
| As per contract | Actual |
| Yes/No |
|  |  |  |  |  |  |  |

(Signature and seal of the Bidder/Authorised Signatory)

## 7. CONSIGNEE RECEIPT CERTIFICATE/ INSTALLATION REPORT/ CERTIFICATE

(To be given by consignee / end user of the project)

The following equipment has / have been received in good condition:

|  |  |
| --- | --- |
| Name of Project |  |
| Name of the Supplier / Manufacturer |  |
| Quantity supplied / cost of the project |  |
| Purchase Order reference no. |  |
| Detailed item list of the project |  |
| Place of the project executed |  |
| Name and Address of the Consignee along with tel. no. and fax no. |  |
| Date of receipt by the Consignee |  |
| Date of completion |  |
| Signature of Authorized Representative of Consignee with date |  |
| Name and designation of the authorized representative |  |
| Seal of the consignee |  |

Note: In case of Hospital the In charge of the hospital concerned would be treated as consignee. In case of office (other than hospital), the office in charge of the office would be treated as consignee.

(Hospital / Office In charge) (User Department)

## 8. STATEMENT FOR TECHNICAL DEVIATION:

|  |  |  |  |
| --- | --- | --- | --- |
| Sr. No | Specifications desired byBMSICL | Bidders’ specifications | Bidders Deviation ifAny |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**(Signature of Bidder/ Authorized Signatory)**

**9. FORMAT FOR WARRANTY CERTIFICATE**

(To be submitted on Firms Letterhead)

**Warranty Certificate**

Date:

We the Undersigned ……………………………………………………………………………...hereby guarantee satisfactory operation of …………………………………………………. supplied by us to you against your purchase order No………………………………………….for a period of………. *calendar months* from the date of commissioning and shall be responsible for failure of the equipment to conform to the standard of performance, proficiency, production and / or out-turn stipulated or implicit in the order and for any defects that may develop under proper use arising from the use of faulty materials, design or workmanship in the supply made and shall remedy such defects at our cost.

Consignee Name-

Serial number of Equipment-

For………………………………

Station: (Signature with Name and Designation)

Date:

Company Seal

**10. NON-CONVICTION DECLARATION (DULY NOTARIZED)**

From:-M/s...............................................

......................................................

......................................................

To

Managing Director

BMSICL, Patna

1. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Son / Daughter / Wife of Shri\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proprietor/Director authorized signatory of the agency/Firm, mentioned above, is competent to sign this declaration and execute this tender document;

* 1. I have carefully read and understood all the terms and conditions of the tender and undertake to abide by them;
  2. The information / documents furnished along with the above application are true and authentic to the best of my knowledge and belief. I / we, am / are well aware of the fact that furnishing of any false information / fabricated document would lead to rejection of my tender at any stage besides liabilities towards prosecution under appropriate law.

1. I/We further undertake that none of the Proprietor/Partners/Directors of the Agency/agency was or is Proprietor or Partner or Director of any Agency with whom the Government have banned /suspended business dealings. I/We further undertake to report to the Managing Director, BMSICL, Patna immediately after we are informed but in any case not later 15 days, if any Agency in which Proprietor/Partners/Directors are Proprietor or Partner or Director of such a Agency which is banned/suspended in future during the currency of the Contract with you.

Yours faithfully,

(Authorized Signatory/Signature of the Bidder)

Date: Name:

Place: Designation

Seal of the Agency Address:

**(Note: - This annexure must be sworn before First Class Magistrate/Notary)**

**11.BANK GUARANTEE FORM FOR EARNEST MONEY DEPOSIT (EMD)**

|  |  |  |
| --- | --- | --- |
| Date: | *[ insert:* | ***date*** *]* |
| IFB: | *[ insert:* | ***name and number of IFB*** *]* |
| Contract: | *[ insert:* | ***name and number of Contract*** *]* |

To:

Managing Director,

Bihar Medical Services And Infrastructure Corporation Limited,

Patna

WHEREAS *[ insert: name* ***of Bidder****]* (hereinafter called “the Bidder”) has submitted its bid dated *[ insert:****date of bid]***for the performance of the above-named Contract (hereinafter called “the Bid”)

KNOW ALL PERSONS by these present that WE *[ insert****name of bank****]* of *[ insert:****address of bank****]*

(hereinafter called “the Bank”) are bound unto *[ insert****name of Purchaser****]* (hereinafter called “the Purchaser”) in the sum of: *[ insert:****amount****]*, for which payment well and truly to be made to the said Purchaser, the Bank binds itself, its successors and assigns by these presents.

Sealed with the Common Seal of the said Bank this *[ insert:****number****]* day of *[ insert:****month****], [ insert:****year****]*.

THE CONDITIONS of this obligation are the following:

* 1. If, after the bid submission deadline
     1. the Bidder withdraws or amends its tender or impairs or derogates from the tender in any respect before signing of the agreement or
     2. does not accept the Purchaser’s corrections of arithmetic errors in accordance with the Instructions to Bidders; or
     3. within the period of validity of its tender or if it comes to notice that the information/ documents furnished in its tender is incorrect, false, misleading or forged or
     4. engages in a corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice

1. If the Bidder, having been notified of the acceptance of its bid by the Purchaser during the period of bid validity
   * 1. fails or refuses to sign the Contract Agreement when required; or
     2. fails or refuses to issue the performance security in accordance with the Instructions to Bidders.

We undertake to pay to the Purchaser up to the above amount upon receipt of its first written demand, without the Purchaser having to substantiate its demand, provided that in its demand the Purchaser will note that the amount claimed by it is due it, owing to the occurrence of any one of the two above-named CONDITIONS, and specifying the occurred condition or conditions.

This guarantee will remain in full force up to and including *[ insert:****the date that is 30 days after the period of bid validity*** *]*.

For and on behalf of the Bank

Signed:

Date:

in the capacity of: *[ insert:****title or other appropriate designation****]*

**12. POWER OF ATTORNEY**

**(Notarized)**

I/ We…………………………………………………. (name and address of the registered office) do hereby constitute, appoint and authorise Sri/Smt ………………………………………………..…(name and address) who is presently employed with us and holding the position of ……………………………………………. As our attorney, to act and sign on my/our behalf to participate in the tender no…………………………………… for …………………………………… (Project Name).

I/ We hereby also undertake that I/we will be responsible for all action of Sri/Smt.………………………………………... undertaken by him/her during the tender process and thereafter on award of the contract. His / her signature is attested below

Dated this the…. day of ...2023\_

Accepted \_ For\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

(Signature) (Name, Title and Address of the Attorney) (Name, Designation and Address)

Date: \_

|  |  |  |  |
| --- | --- | --- | --- |
| **13. CHECK LIST** | | | |
| **Name of the Tenderer** | | | |
| SL. No. | Item | Whether Included Yes/No | Page No. |
| 1. **Tender Fee, EMD** | | | |
| 1. | Tender Fee (Online mode) – Rs.11,800/- |  |  |
| 2. | EMD (Only offline Mode in the form of Bank Guarantee as per annexure-11). |  |  |
| 1. **Check list & Registration.** | | | |
| 1. | Make & Model Quoted items in the project. (Bidder can offerTwoalternatemakes &Models.) |  |  |
| 2. | Document claiming the Registration for Trading/ Manufacturing |  |  |
| 3. | Certificate of Incorporation and Articles of Memorandum of Association/Partnership Deed (As applicable) |  |  |
| 4. | Copy of certificate from Central Excise and Trades Tax/ Sales Tax |  |  |
| 5. | Copy of average Turn over certificate for last five consecutive Assessment years issued by Chartered Accountant. |  |  |
| 6. | Copy of certificate of Balance Sheet of last five consecutive Assessment years under the stamp and signature of Chartered Accountant. |  |  |
| 7. | Copy of certificate of P&L Statement of last five consecutive Assessment years under the stamp and signature of Chartered Accountant. |  |  |
| 8. | Copy of self-attested IT Returns for any three of last four consecutive Assessment years |  |  |
| 9. | Non-ConvictionDeclaration(Sworn before First Class Magistrate/Notary) as per Annexure 10 |  |  |
| 10. | Submission of Manufacturer's Authorization (if quoted by bidder other than manufacturer) as per Annexure 5 at the time of supply is mandatory. |  |  |
| 11. | Bid Form (Sworn before First Class Magistrate/Notary) as per Annexure 1 |  |  |
| 12. | Supply/Purchase order issued by user institution to comply the  criteria mentioned in ITB clause 16 |  |  |
| 13 | Performance Statement as per Annexure- 6 |  |  |
| 14 | Certificate from end user(s) indicating the Purchase order(s) as submitted by the Bidder, date of supply, installation/commissioning of the Equipment. |  |  |
| 15. | Technical Data Sheet/Brochure/Catalogue of the model of quoted items. |  |  |
| 16. | Technical Deviation Compliance for every quoted item in project as per annexure 8 |  |  |
| 17. | Power of Attorney for the Signatory to the Bid as per annexure 12, duly notarized. |  |  |
| 18. | Quality Standard Certification (USFDA/CE issued by notified body/BIS) in accordance with technical specification in this bid document must be furnished in technical bid documents |  |  |
| 19. | Notary attested declaration if exempted in EMD Fee, Technical Qualification as per Sankalp 675 (1), Dated 09/09/2013 of Govt. of Bihar as mentioned in special condition of contract. |  |  |
| 20. | Approval from Reserve Bank of India in case of Foreign Collaboration |  |  |
| 21. | IEC Certificate if the bidder is an importer of the quoted items in project. |  |  |