

 BMSICL	Bihar Medical Services & Infrastructure Corporation Limited, 2nd & 3rd Floor, Swasthya Bhawan, Behind IGIMS, Sheikhpura, Adjacent to State Health Society, Patna 800023, Phone/Fax: +91612 2283287,+ 91612 2283288
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Corrigendum-III

Bihar Medical Services and Infrastructure Corporation Limited (BMSICL) had invited E-Bids from the interested parties for the procurement, rate contract and the supply of medical equipment for different Govt. Institutions of Bihar vide Notice Inviting Tender No.- BMSICL/2025-26/ME-405. and after TSC meeting various suggestions were received from different prospective bidders regarding amendment in technical specification of equipment which were discussed and deliberated on by the experts, who after due deliberation recommended certain amendments in the technical specification of the equipment, which are annexed as Annexure-I of this corrigendum. Rest of the terms & conditions of the NIT & Corrigendum-III shall remain unchanged: -

Tender Reference No.	BMSICL/2025-26/ME-405
Last date and time of submission of online bids	07th October 2025 till 17:00 Hrs.
Last date and time of submission of original documents of EMD, Tender Fee and Document	08th October 2025 till 14:00 Hrs.
Date, Time and Place of opening of Technical Bid	08th October 2025 (at 15:00 Hrs.) on the website of 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

Note:-

- 1. Bidders are advised to refer to the Annexure-I of this corrigendum before submission of bid.**
- 2. Those who have submitted their bids are requested to re-submit their bids in accordance with this corrigendum.**

Annexed: - as above

**GM (Procurement)
BMSICL**

Annexure-I			
Name of Equipment: - Transport Ventilator			
SI. No	Technical Specification as per tender	1st amendment in TSC meeting dated 21.08.2025.	Final Amendment
	Ventilation modes	No Change	No Change
1	Volume Controlled mode	No Change	No Change
2	Pressure Controlled mode	No Change	No Change
3	Asst. Controlled mode.	No Change	No Change
4	SIMV(VC/PC)	No Change	No Change
5	Pressure Support	No Change	No Change
6	CPAP and PEEP	No Change	No Change
7	Shall have NIV in all modes	No Change	No Change
	CPAP and PEEP	No Change	No Change
1	Tidal volume - 50 – 2000 ML	Tidal volume - 10 – 2000 ML	Tidal volume - 50 – 2000 ML
2	Respiratory rate - 5 – 50 BPM	No Change	No Change
3	Inspiratory Pressure - 5 – 50 cm H2O.	No Change	No Change
4	Oxygen Concentration - 21 –100 %	No Change	No Change
5	Audible alarms for low pressure, Apnea, high-pressure, High respiratory rate, Circuit disconnection	No Change	No Change
	Standard Accessories (with each machine):	No Change	No Change
1	Patient circuit (Adult) - 1 complete set, Reusable	No Change	No Change
2	O2 Pressure Regulator - 1 No	No Change	No Change
3	Hose for O2 connection - 5 mts	No Change	No Change
4	Test lung - 1 No.	No Change	No Change
5	Shall supply with all other accessories necessary to operate the ventilator	No Change	No Change
6	NIV Mask – 1 No (Adult, Reusable)	No Change	No Change
	Power Source & Others	No Change	No Change
1	220/240 V Ac 50 Hz supply	No Change	No Change
2	Internal battery (maintenance free) with 2.5 hours minimum operating	Internal battery (maintenance free) with 5 hours minimum operating	Internal battery (maintenance free) with 5 hours minimum operating

3	Provision for mounting on trolley & bedrail with necessary clamps. Should have carry handle / provisions for transport easily.	No Change	No Change
4	US FDA / European CE (issued by notified body) approved model should be offered.	No Change	I. US FDA / European CE (issued by notified body) approved model should be offered. II. CDSCO Certificate
5	Patient Circuit –10 numbers (disposable) should be supplied along with the machine	No Change	No Change
6	Shall have weight <10kg	No Change	No Change
7	Quality Standard	No Change	No Change
8	Screen Size 6" or more	No Change	No Change
Name of Equipment:- BIPAP Machine			
SI. No	Technical Specification as per tender	1st TSC Corrigendum-I dt. 21.08.2025.	Final Amendment
1	It should be non-invasive (NIV) bi-level therapy.	No Change	No Change
2	Mode of operation CPAP, S, ST, PC, T	No Change	No Change
3	Pressure 4-30 cmH2O	No Change	No Change
4	Ramp Time 0-40 Minutes	No Change	No Change
5	Should have provision for oxygen supply	No Change	No Change
6	Should have Heated Humidifier	No Change	No Change
7	Sound Level=Less than 40dB	No Change	No Change
8	Should have Memory Card.	No Change	No Change
9	Breath rate (BPM) 5-30.	No Change	No Change
10	Display should be LCD/LED/TFT.	No Change	No Change
11	Should have provision for oxygen supply	No Change	No Change
12	Should be supply with Reusable Silicon Mask (Small. Large & Medium size) each size 3 nos. Tubing & Heated humidifier)	No Change	No Change
13	US FDA/ European CE (issued by notified body) approved model should be offered	No Change	I. US FDA / European CE (issued by notified body) approved model should be offered.

			II. CDSCO Certificate
14	Power Supply 220VAC +/- 10 %, 50Hz fitted with Indian plug.	No Change	No Change
15	Additional Point	No Change	No Change
	Tubing (Normal)	No Change	No Change
	Alarm	No Change	No Change
	Cloud connected	No Change	No Change
Name of Equipment: - Radiant Warmer			
Sl. No	Technical Specification as per tender	1st TSC Corrigendum-I dt. 21.08.2025.	Final Amendment
1	Should have microprocessor based heater control and manual modes of operation	No Change	No Change
2	Should have user friendly touch sensitive control panel with large easy to read LED displays for actual and set temperatures	No Change	No Change
3	Should have Quartz Infrared Heater/ Calrod Heater with parabolic reflector / J shaped reflector for uniform heat radiation.	No Change	No Change
4	The heater unit should be protected by a suitable grill.	No Change	No Change
5	The heater unit should be swiveling type/ recessed heater type and should be able to position effortlessly for performing various procedures including X rays etc.	No Change	No Change
6	The probes should be detachable type and should be supplied as 02nos. for each machines.	No Change	No Change
7	Should have memory back up to retrieve set data against power failure.	No Change	No Change
8	Should have calibration free temperature sensors	No Change	No Change
9	The heater should automatically cut off at 38°Celsius irrespective of the set parameters	No Change	No Change

10	Should be mounted on four smooth running swiveling casters, at least 2 with integrated brakes.	No Change	No Change
11	Should have a monitor stand, SS mounting rod for syringe pump and SS adjustable IV drip pole.	No Change	No Change
12	Should have alarms with visual indicators for the following:- i. Temp high Temp low ii. Probe failure iii. Power failure, iv. Heater failure etc.	No Change	No Change
13	Should have an examination light with ON/OFF switch.	No Change	No Change
14	Should be provided with integrated baby bed system with cassette tray compatible for taking X- ray.	No Change	No Change
15	Should be provided with withdraw able bed with head raising facility on both end.	No Change	No Change
16	Should be supported with easily removable side flaps.	No Change	No Change
17	The unit should be made of mild steel tubular structure pre-treated and powder coated.	No Change	No Change
18	Should work with input 200 to 240Vac 50 Hz supply	No Change	No Change
19	The mains supply voltage variation may be 180-270V and frequency variation max. 3 %. The necessary protective device shall be there with the machines.	No Change	No Change
20	Should be US-FDA approved/European CE (issued by notified body)/BIS approved	No Change	I. Should be US-FDA approved/European CE (issued by notified body)/BIS approved. II. CDSCO Certificate
21	Electrical safety conforms to standards for electrical safety IEC-60601/IS-13450	No Change	No Change