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### **Corrigendum-II**

Bihar Medical Services and Infrastructure Corporation Limited (BMSICL) had invited E-Bids from the interested parties for Procurement, Rate contract, Supply, Installation of Medical Equipment vide Re-Tender No.-BMSICL/2026-27/ME-502. During and after Pre-bid 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. On the basis of their recommendations certain amendments in the technical specification of the equipment have been made which are annexed as **Annexure-I** of this corrigendum.

Sd/-  
**GM (Procurement)**

| <b>Annexure-I</b>                                        |                                                                                |                                                                                              |
|----------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <b>Name of Equipment :- Oxygen Concentrator (5Litre)</b> |                                                                                |                                                                                              |
| <b>Sl. No.</b>                                           | <b>Technical Specification as per tender</b>                                   | <b>Final Amendment</b>                                                                       |
| 1                                                        | Oxygen concentrator to provide oxygen from ambient air                         | No Change                                                                                    |
| 2                                                        | Oxygen concentration measured at the flow meter by oxygen sensing device (OSD) | No Change                                                                                    |
| 3                                                        | Sound level <50 dB                                                             | No Change                                                                                    |
| 4                                                        | Superior grade of molecular sieve                                              | No Change                                                                                    |
| 5                                                        | Maintenance free valve.                                                        | No Change                                                                                    |
| 6                                                        | Oxygen purity, approx.: 95%. (+/-3%)                                           | No Change                                                                                    |
| 7                                                        | Oxygen output, approx.: 0 - 5 LPM                                              | No Change                                                                                    |
| 8                                                        | Pressure, approx.: 8 psi                                                       | No Change                                                                                    |
| 9                                                        | Double/ Single outlet for oxygen Delivery                                      | No Change                                                                                    |
| 10                                                       | Oxygen tube of 2 m length must be provided with                                | No Change                                                                                    |
| 11                                                       | Facility for nebulization with tube & mask                                     | No Change                                                                                    |
| 12                                                       | With one humidifier bottles and one cabinet filters                            | No Change                                                                                    |
| 13                                                       | Unit should function with 200-240Vac, 50/60 Hz input power supply              | No Change                                                                                    |
| 14                                                       | 1. Should have USFDA/European CE (Issued by notified body)/BIS                 | Should have USFDA/European CE (Issued by notified body)/BIS/ ISO 13485 (Accredited by NABCB) |
|                                                          | 2. Manufacturer or Distributor should have CDSCO Certificate                   | No Change                                                                                    |
| 15                                                       | Should have a separate nebulizer port.                                         | No Change                                                                                    |

| <b>Name of Equipment :- Oxygen Concentrator (10 Litre)</b> |                                                                                |                               |
|------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------|
| <b>Sl. No.</b>                                             | <b>Technical Specification as per tender</b>                                   | <b>Final Amendment</b>        |
| 1                                                          | Oxygen concentrator to provide oxygen from ambient air                         | No Change                     |
| 2                                                          | Oxygen concentration measured at the flow meter by oxygen sensing device (OSD) | No Change                     |
| 3                                                          | Sound level <50 dB                                                             | No Change                     |
| 4                                                          | Superior grade of molecular sieve                                              | No Change                     |
| 5                                                          | Maintenance free valve.                                                        | No Change                     |
| 6                                                          | Oxygen purity, approx.: 95% (+/-3 %)                                           | No Change                     |
| 7                                                          | Oxygen output, approx.: 0 - 10 LPM                                             | No Change                     |
| 8                                                          | Pressure, approx.: 8 psi                                                       | No Change                     |
| 9                                                          | Double/ Single outlet for oxygen Delivery                                      | No Change                     |
| 10                                                         | Oxygen tube of 2 m length must be provided with                                | No Change                     |
| 11                                                         | Facility for nebulization with tube & mask                                     | No Change                     |
| 12                                                         | With one humidifier bottles and one cabinet filters                            | No Change                     |
| 13                                                         | Unit should function with 200-240Vac, 50/60 Hz input power supply              | No Change                     |
| 14                                                         | 1. Should have USFDA/European CE (Issued by notified body)/BIS                 | Should have USFDA/European CE |

|                                                            |                                                                                      |                                                                                       |
|------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
|                                                            |                                                                                      | (Issued by notified body)/BIS/ ISO 13485 (Accredited by NABCB)                        |
|                                                            | 2. Manufacturer or Distributor should have CDSCO Certificate                         | No Change                                                                             |
| 15                                                         | Should have a separate nebulizer port                                                | No Change                                                                             |
| <b>Name of Equipment :- Suction Machine- Foot Operated</b> |                                                                                      |                                                                                       |
| <b>SI. No.</b>                                             | <b>Technical Specification as per tender</b>                                         | <b>Final Amendment</b>                                                                |
| 1                                                          | 0 to - 600 mmHg +-10mm regulable, flutter free, vacuum control knob                  | 0 to - 600 mmHg +-10 mm regulable.                                                    |
| 2                                                          | Setting should be manual.                                                            | No Change                                                                             |
| 3                                                          | Accessories & spare parts- collection bottles, clear unbreakable jar (one set extra) | Accessories -collection bottles (clear unbreakable jar one set extra 500ml to 1 ltr.) |
| 4                                                          | Consumables / reagents - (open, closed system) silicon tubing - two sets             | No Change                                                                             |
| 5                                                          | Certificate – ISO 13485 (NABCB accredited)                                           | No Change                                                                             |
| <b>Name of Equipment :- Proctoscope- Adult</b>             |                                                                                      |                                                                                       |
| <b>SI. No.</b>                                             | <b>Technical Specification as per tender</b>                                         | <b>Final Amendment</b>                                                                |
| 1                                                          | Proctoscope adult size Reusable, stainless steel.                                    | No Change                                                                             |
| 2                                                          | Manufacturer should have ISO 13485 Accredited/ BIS approved product                  | No Change                                                                             |
| <b>Name of Equipment :- Proctoscope- Child</b>             |                                                                                      |                                                                                       |
| <b>SI. No.</b>                                             | <b>Technical Specification as per tender</b>                                         | <b>Final Amendment</b>                                                                |
| 1                                                          | Proctoscope Paediatric Reusable, stainless steel.                                    | No Change                                                                             |
| 2                                                          | Manufacturer should have ISO 13485 Accredited/ BIS approved product                  | No Change                                                                             |
| <b>Name of Equipment :- Ultrasonic Nebulizer</b>           |                                                                                      |                                                                                       |
| <b>SI. No.</b>                                             | <b>Technical Specification as per tender</b>                                         | <b>Final Amendment</b>                                                                |
| a.                                                         | Should be light weight, portable, Compact and easy to use.                           | No Change                                                                             |
| b.                                                         | Frequency of ultrasonic generator should be greater than 2.5 MHz                     | No Change                                                                             |
| c.                                                         | Should have 3 speed nebulization rate control (minimum, medium, maximum)             | No Change                                                                             |
| d.                                                         | Should have a nebulization capacity of 0.3 ml/min.                                   | No Change                                                                             |
| e.                                                         | Transducer element should have life of at least 5000 hours                           | No Change                                                                             |
| f.                                                         | Medication cup capacity should have capacity of maximum 8ml.                         | No Change                                                                             |
| g.                                                         | Should uses water as ultrasonic conduction medium, no gel is required.               | No Change                                                                             |
| g.                                                         | Should provide silent operation.                                                     | No Change                                                                             |
| i                                                          | Should have a built-in timer.                                                        | No Change                                                                             |
| j                                                          | Should works on 200-240 VAC / 50 Hz.                                                 | No Change                                                                             |

|                                                |                                                                                                                                                                                                                                                                                                     |                                                                                              |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| k                                              | Should be provided with a complete nebulization kit of 10 Nos. including adult and child mask and medication cup – 5 Nos.                                                                                                                                                                           | No Change                                                                                    |
| l                                              | Should be US FDA/European CE (Issued by Notified body)/BIS approved model                                                                                                                                                                                                                           | Should have USFDA/European CE (Issued by notified body)/BIS/ ISO 13485 (Accredited by NABCB) |
| <b>Name of Equipment :- Nebulizer</b>          |                                                                                                                                                                                                                                                                                                     |                                                                                              |
| <b>SI. No.</b>                                 | <b>Technical Specification as per tender</b>                                                                                                                                                                                                                                                        | <b>Final Amendment</b>                                                                       |
|                                                | <b>Product Quality and Safety Standard certification:</b>                                                                                                                                                                                                                                           | No Change                                                                                    |
| 1                                              | The quoted model should be USFDA /EU-CE/BIS/ISO 13485 and accredited by NABCB                                                                                                                                                                                                                       | No Change                                                                                    |
| 2                                              | The quoted medical device must be registered under CDSCO and submit the license for manufacture to sale or distribute the medical device. If not registered, the acknowledgment copy of the online application for the said registration must be uploaded in the bid.                               | No Change                                                                                    |
| 3                                              | Compact, lightweight, low noise                                                                                                                                                                                                                                                                     | No Change                                                                                    |
| 4                                              | 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.                                                                                                                                   | No Change                                                                                    |
| 5                                              | Should produce particle of size 1-5 micron.                                                                                                                                                                                                                                                         | No Change                                                                                    |
| 6                                              | Medication capacity should be 8 ML $\pm$ 2ml                                                                                                                                                                                                                                                        | No Change                                                                                    |
| 7                                              | Operating Temp/Humidity should be -10-degree c to +50-degree c, 30% to 95% relative humidity Maximum.                                                                                                                                                                                               | No Change                                                                                    |
| 8                                              | Material of the cabinet should be ABS plastic.                                                                                                                                                                                                                                                      | No Change                                                                                    |
| 9                                              | Piston-type electric aspirator that offers high performance and great durability.                                                                                                                                                                                                                   | No Change                                                                                    |
| 10                                             | Protective thermal cut out relay.                                                                                                                                                                                                                                                                   | No Change                                                                                    |
| 11                                             | Air delivery rate app 5 L/min.                                                                                                                                                                                                                                                                      | No Change                                                                                    |
| 12                                             | Noise level should be 50 dB or less.                                                                                                                                                                                                                                                                | No Change                                                                                    |
| 13                                             | Maximum pressure should be 100 kpa.                                                                                                                                                                                                                                                                 | No Change                                                                                    |
| 14                                             | Nebulizing rate should be 1.0 ml $\leq$ ML/min.                                                                                                                                                                                                                                                     | No Change                                                                                    |
| 15                                             | Power input to be 220-240VAC, 50Hz fitted with Indian plug.                                                                                                                                                                                                                                         | No Change                                                                                    |
| 16                                             | Accessories to be supplied with the machine:                                                                                                                                                                                                                                                        | No Change                                                                                    |
| i                                              | “Face mask with Nebulization kit and Tubing” for Adult, Pediatric and Infant patient -1 number each                                                                                                                                                                                                 | No Change                                                                                    |
| <b>Name of Equipment :- Laryngoscope Adult</b> |                                                                                                                                                                                                                                                                                                     |                                                                                              |
| <b>SI. No.</b>                                 | <b>Technical Specification as per tender</b>                                                                                                                                                                                                                                                        | <b>Final Amendment</b>                                                                       |
|                                                | <b>Product Quality standard certification:</b>                                                                                                                                                                                                                                                      |                                                                                              |
| 1                                              | The quoted model should be either “USFDA approved (Device listed with registration under valid FEI number /CFG)” or “European CE certified”. The EUROPEAN-CE certificate should be issued from notified body having notified body number. Manufacturer Quality standard certification/CE Certified. | Deleted                                                                                      |

|   |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                           |
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| 2 | The manufacturer of the quoted product should have EN ISO 13485 certificate issued from a notified body or ICMED 13485 (with or without plus) certificate issued from certification bodies accredited by NABCB or ISO 13485 certificate issued from certification bodies accredited by NABCB/Nationally Recognized Accreditation Board under IAF MLA. | Deleted                                                                                                                                   |
| 3 | The manufacturer should be certified to the standard ISO 7376:2009 or Latest.                                                                                                                                                                                                                                                                         | Should have USFDA/European CE (Issued by notified body)/BIS/ ISO 13485 (Accredited by NABCB)                                              |
| 4 | The quoted medical device must be registered under CDSCO and submit the license for manufacture to sale or distribute the medical device. If not registered, the acknowledgment copy of the online application for the said registration must be uploaded in the bid.                                                                                 | Deleted                                                                                                                                   |
| 1 | Fiber optic Laryngoscope should comprise of excellent ribbed grip Stainless steel handle and light source using the latest LED technology.                                                                                                                                                                                                            | Laryngoscope should comprise of excellent ribbed grip Stainless steel handle and light using the latest LED technology.                   |
| 2 | The main body of the handle should incorporate an excellent ribbed grip.                                                                                                                                                                                                                                                                              | No Change                                                                                                                                 |
| 3 | There should be a freely moving light from the light source through to the tip of the fiber optic blade to prevent any possibility of cross contamination.                                                                                                                                                                                            | Deleted                                                                                                                                   |
| 4 | The unit should allow the blade to be inserted easily & should provide a positive locking mechanism when moved in to the closed position.                                                                                                                                                                                                             | The unit should allow the blade to be inserted easily & should provide a positive locking mechanism when moved in to the closed position. |
| 5 | The patient contact material should be biocompatible.                                                                                                                                                                                                                                                                                                 | No Change                                                                                                                                 |
| 6 | User Interface-Manual                                                                                                                                                                                                                                                                                                                                 | No Change                                                                                                                                 |
|   | <b>CONFIGURATION:</b>                                                                                                                                                                                                                                                                                                                                 | No Change                                                                                                                                 |
| 1 | Light weight, handheld unit, single piece when in use                                                                                                                                                                                                                                                                                                 | No Change                                                                                                                                 |
| 2 | External material of handle should be stainless steel.                                                                                                                                                                                                                                                                                                | No Change                                                                                                                                 |
| 3 | Blades to be surgical grade stainless steel of sizes Neonatal - Straight (00&0), Pediatric -Curved (1&2) Adult (Curved)-3&4, Adult Flexi Tip-3&4.                                                                                                                                                                                                     | Blades to be surgical grade stainless steel of sizes Adult (Curved)-3 & 4, Adult Flexi Tip-3&4.                                           |
| 4 | Storage box should be provided (to be supplied in protective, reclosable container) Power Requirements-Battery operated (Internal batteries or rechargeable batteries)                                                                                                                                                                                | No Change                                                                                                                                 |

| <b>Name of Equipment :- Laryngoscope Paediatric</b> |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                           |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SI. No.</b>                                      | <b>Technical Specification as per tender</b>                                                                                                                                                                                                                                                                                                          | <b>Final Amendment</b>                                                                                                                    |
|                                                     | <b>Product Quality standard certification:</b>                                                                                                                                                                                                                                                                                                        |                                                                                                                                           |
| 1                                                   | The quoted model should be either “USFDA approved (Device listed with registration under valid FEI number /CFG)” or “European CE certified”. The EUROPEAN-CE certificate should be issued from notified body having notified body number. Manufacturer Quality standard certification/CE Certified.                                                   | Deleted                                                                                                                                   |
| 2                                                   | The manufacturer of the quoted product should have EN ISO 13485 certificate issued from a notified body or ICMED 13485 (with or without plus) certificate issued from certification bodies accredited by NABCB or ISO 13485 certificate issued from certification bodies accredited by NABCB/Nationally Recognized Accreditation Board under IAF MLA. | Deleted                                                                                                                                   |
| 3                                                   | The manufacturer should be certified to the standard ISO 7376:2009 or Latest.                                                                                                                                                                                                                                                                         | Should have USFDA/European CE (Issued by notified body)/BIS/ ISO 13485 (Accredited by NABCB)                                              |
| 4                                                   | The quoted medical device must be registered under CDSCO and submit the license for manufacture to sale or distribute the medical device. If not registered, the acknowledgment copy of the online application for the said registration must be uploaded in the bid.                                                                                 | Deleted                                                                                                                                   |
| 1                                                   | Fiber optic Laryngoscope should comprise of excellent ribbed grip Stainless steel handle and light source using the latest LED technology.                                                                                                                                                                                                            | Laryngoscope should comprise of excellent ribbed grip Stainless steel handle and light using the latest LED technology.                   |
| 2                                                   | The main body of the handle should incorporate an excellent ribbed grip.                                                                                                                                                                                                                                                                              | No Change                                                                                                                                 |
| 3                                                   | There should be a freely moving light from the light source through to the tip of the fiber optic blade to prevent any possibility of cross contamination.                                                                                                                                                                                            | Deleted                                                                                                                                   |
| 4                                                   | The unit should allow the blade to be inserted easily & should provide a positive locking mechanism when moved in to the closed position.                                                                                                                                                                                                             | The unit should allow the blade to be inserted easily & should provide a positive locking mechanism when moved in to the closed position. |
| 5                                                   | The patient contact material should be biocompatible.                                                                                                                                                                                                                                                                                                 | No Change                                                                                                                                 |
| 6                                                   | User Interface-Manual                                                                                                                                                                                                                                                                                                                                 | No Change                                                                                                                                 |
|                                                     | <b>CONFIGURATION:</b>                                                                                                                                                                                                                                                                                                                                 | No Change                                                                                                                                 |
| 1                                                   | Light weight, handheld unit, single piece when in use                                                                                                                                                                                                                                                                                                 | No Change                                                                                                                                 |
| 2                                                   | External material of handle should be stainless steel.                                                                                                                                                                                                                                                                                                | No Change                                                                                                                                 |

| 3                                             | Blades to be surgical grade stainless steel of sizes Neonatal - Straight (00&0), Pediatric -Curved (1&2) Adult (Curved)-3&4                                                                                                                                                                                                                                                                                                                                  | Blades to be surgical grade stainless steel of sizes Neonatal -Straight (00 & 0), Pediatric - Curved (1 & 2) |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| 4                                             | Storage box should be provided (to be supplied in protective, reclosable container) ENERGY SOURCE: Power Requirements-Battery operated (Internal batteries or rechargeable batteries)                                                                                                                                                                                                                                                                        | No Change                                                                                                    |
| <b>Name of Equipment :- Tourniquet- Adult</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              |
| <b>SI. No.</b>                                | <b>Technical Specification as per tender</b>                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Final Amendment</b>                                                                                       |
| 1                                             | Automatic Tourniquet System should be dual-port, dual- cuff system with microprocessor controls and dedicated ports for supplying and measuring pressure independently, so that it can be used for bilateral joint replacement procedures. With the innovative Limb Occlusion Pressure (LOP) feature. The tourniquet should combine the latest in advanced tourniquet technology with the well-established tradition of safety, reliability and convenience. | No Change                                                                                                    |
| 2                                             | It should have the following Features: -                                                                                                                                                                                                                                                                                                                                                                                                                     | No Change                                                                                                    |
| 2.1                                           | Ability to provide a specific Recommended Tourniquet Pressure (RTP) for each patient based on physiological characteristics                                                                                                                                                                                                                                                                                                                                  | No Change                                                                                                    |
| 2.2                                           | Limb occlusion pressure (LOP) feature                                                                                                                                                                                                                                                                                                                                                                                                                        | No Change                                                                                                    |
| 2.3                                           | Dual Cuffs: Dual port, color coded                                                                                                                                                                                                                                                                                                                                                                                                                           | No Change                                                                                                    |
| 2.4                                           | Dual Displays                                                                                                                                                                                                                                                                                                                                                                                                                                                | No Change                                                                                                    |
| 2.5                                           | Should use ambient air                                                                                                                                                                                                                                                                                                                                                                                                                                       | No Change                                                                                                    |
| 2.6                                           | Microprocessor Controlled                                                                                                                                                                                                                                                                                                                                                                                                                                    | No Change                                                                                                    |
| 2.7                                           | Self-check calibration                                                                                                                                                                                                                                                                                                                                                                                                                                       | No Change                                                                                                    |
| 2.8                                           | Audible and visual alarms                                                                                                                                                                                                                                                                                                                                                                                                                                    | No Change                                                                                                    |
| 2.9                                           | Internal pump for fast Inflation time                                                                                                                                                                                                                                                                                                                                                                                                                        | No Change                                                                                                    |
| 2.10                                          | Positive locking connectors                                                                                                                                                                                                                                                                                                                                                                                                                                  | No Change                                                                                                    |
| 2.11                                          | Should automatically checks the accuracy of machine calibration every time the system is powered up.                                                                                                                                                                                                                                                                                                                                                         | No Change                                                                                                    |
| 2.12                                          | Should alert the user of the cuff status when attempt is made to power down the machine                                                                                                                                                                                                                                                                                                                                                                      | No Change                                                                                                    |
| 2.13                                          | Cuff Lockout safety Feature                                                                                                                                                                                                                                                                                                                                                                                                                                  | No Change                                                                                                    |
| 2.14                                          | Dual compressors to allow for independent control over cuffs “one” and cuff “two”, addressing the potential physiological differences in the patient.                                                                                                                                                                                                                                                                                                        | No Change                                                                                                    |
| 2.15                                          | Dedicated pressure line and pressure measurement line for cuff “one” and cuff “two”, which should be designed to provide most accurate readings.                                                                                                                                                                                                                                                                                                             | No Change                                                                                                    |
| 2.16                                          | Utilization of two independent cuffs during one surgical procedure to allow bilateral knee procedures.                                                                                                                                                                                                                                                                                                                                                       | No Change                                                                                                    |

| 2.17                                               | Battery backup of 04(Four) hrs., so that it can be used during patient transport and to be used during a power failure. No interruption in the procedure while the cuff is inflated- Automatically transfers power to the battery. | Battery backup of minimum. 04(Four) hrs., so that it can be used during patient transport and to be used during a power failure. No interruption in the procedure while the cuff is inflated- Automatically transfers power to the battery. |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2.18                                               | Should sense, calculate and report the cuff pressure necessary to achieve complete blood occlusion in the operative limb.                                                                                                          | No Change                                                                                                                                                                                                                                   |
| 2.19                                               | USFDA/European CE (Issued by notified body) /BIS approved model should be offered                                                                                                                                                  | Should have USFDA/European CE (Issued by notified body)/BIS/ ISO 13485 (Accredited by NABCB)                                                                                                                                                |
| <b>Name of Equipment :- Tourniquet- Child</b>      |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                             |
| <b>SI. No.</b>                                     | <b>Technical Specification as per tender</b>                                                                                                                                                                                       | <b>Final Amendment</b>                                                                                                                                                                                                                      |
| 1                                                  | Should be European CE (Issued by Notified body) or USFDA certified.                                                                                                                                                                | Should have USFDA/European CE (Issued by notified body)/BIS/ ISO 13485 (Accredited by NABCB)                                                                                                                                                |
| 2                                                  | Fabric single cuffs with silicon with bladder having length of bladder equivalent to 0 complete cuff/durable, latex-free sterile cuffs.                                                                                            | No Change                                                                                                                                                                                                                                   |
| 3                                                  | Washable at 60 C All Cuffs supplied with male coupling to fit.                                                                                                                                                                     | No Change                                                                                                                                                                                                                                   |
| 4                                                  | 05 different paediatric size cuff Should be provided                                                                                                                                                                               | No Change                                                                                                                                                                                                                                   |
| 5                                                  | Control Micro computerized cuff pressure Control                                                                                                                                                                                   | No Change                                                                                                                                                                                                                                   |
| 6                                                  | Inflation Air Source Internal Air Compressor                                                                                                                                                                                       | No Change                                                                                                                                                                                                                                   |
| 7                                                  | Cuff Pressure Adjustable 100 to 450 mmHg.                                                                                                                                                                                          | Cuff Pressure Adjustable 50 to 650 mmHg.                                                                                                                                                                                                    |
| 8                                                  | Pre-set resolution 10 mm Hg                                                                                                                                                                                                        | No Change                                                                                                                                                                                                                                   |
| 9                                                  | Accuracy Max. + 5%                                                                                                                                                                                                                 | No Change                                                                                                                                                                                                                                   |
| 10                                                 | Display – 3 digit – pre –selected pressure.                                                                                                                                                                                        | No Change                                                                                                                                                                                                                                   |
| 11                                                 | 3 digit-Clock- Elapsed time                                                                                                                                                                                                        | No Change                                                                                                                                                                                                                                   |
| 12                                                 | Different colour LED for Inflate & Deflate                                                                                                                                                                                         | No Change                                                                                                                                                                                                                                   |
| 13                                                 | Push Button Functions Preset pressure for each separately,                                                                                                                                                                         | No Change                                                                                                                                                                                                                                   |
| 14                                                 | Inflate/Deflate-cuffs 1 & 2,                                                                                                                                                                                                       | No Change                                                                                                                                                                                                                                   |
| 15                                                 | Deflate – cuff 1 & 2                                                                                                                                                                                                               | No Change                                                                                                                                                                                                                                   |
| <b>Name of Equipment :- Oxygen cylinder Type D</b> |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                             |
| <b>SI. No.</b>                                     | <b>Technical Specification as per tender</b>                                                                                                                                                                                       | <b>Final Amendment</b>                                                                                                                                                                                                                      |
| 1                                                  | D Oxygen Bulk Cylinder ISI marked to IS 7285(Part-2):2004 and Colour code should be as per IS:3933 and conforming to                                                                                                               | No Change                                                                                                                                                                                                                                   |

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|                                                                                                                                   | ISO 32:1977 applicable for Medical Gas cylinders duly approved from CCOE Nagpur.                                                |                        |
| 2                                                                                                                                 | The cylinder shall be fitted with valve & valve guard having following broad specifications:                                    | No Change              |
| i                                                                                                                                 | Dimensions: 232 mm O.D x 1365 mm length.                                                                                        | No Change              |
| ii                                                                                                                                | Capacity Minimum: 6.7 Cubic meter Gas capacity. : 46.7 liters<br>Water capacity                                                 | No Change              |
| iii                                                                                                                               | Minimum Wall thickness = 5.2 mm.                                                                                                | No Change              |
| iv                                                                                                                                | Working pressure at 15°C = 150 kgf/cm <sup>2</sup> .                                                                            | No Change              |
| v                                                                                                                                 | Test pressure = 250 kgf/cm <sup>2</sup> .                                                                                       | No Change              |
| vi                                                                                                                                | Nominal Tare Weight = 51.00 kg with Neckning.                                                                                   | No Change              |
| vii                                                                                                                               | Neck Threading: IS3224 1979.                                                                                                    | No Change              |
| <b>Name of Equipment :- Oxygen Cylinder Type B with all accessories (with flow meter/tubing/catheter/ face mask/nasal prongs)</b> |                                                                                                                                 |                        |
| <b>Sl. No.</b>                                                                                                                    | <b>Technical Specification as per tender</b>                                                                                    | <b>Final Amendment</b> |
| 1                                                                                                                                 | B Type Supply of Oxygen Bulk Cylinder ISI marked to IS 7285(Part-2):2004 and Colour code.                                       | No Change              |
| 2                                                                                                                                 | Should be as per IS:3933 and conforming to ISO 32 : 1977 applicable for Medical Gas & cylinders duly approved from CCOE Nagpur. | No Change              |
| 3                                                                                                                                 | The cylinder shall be fitted with valve & valve guard having following broad specifications:                                    | No Change              |
| I                                                                                                                                 | Dimensions: 140 mm O.D x 855 mm length.                                                                                         | No Change              |
| II                                                                                                                                | Capacity Minimum : 1.53Cu.m. Gas capacity. : 10.2 liters<br>Water capacity                                                      | No Change              |
| III                                                                                                                               | Minimum Wall thickness = 4.2 mm.                                                                                                | No Change              |
| IV                                                                                                                                | Working pressure at 15°C = 150 kgf/cm <sup>2</sup> .                                                                            | No Change              |
| V                                                                                                                                 | Test pressure = 250 kgf/cm <sup>2</sup> .                                                                                       | No Change              |
| VI                                                                                                                                | Nominal Tare Weight = 14.9 kg with Neckning.                                                                                    | No Change              |
| VII                                                                                                                               | Neck Threading: IS3224 1979                                                                                                     | No Change              |