



**Bihar Medical Services & Infrastructure Corporation  
Limited 2<sup>nd</sup> & 3<sup>rd</sup> Floor, Swasthya Bhawan, Behind IGIMS,  
Sheikhpura, Adjacent to State Health Society, Patna-  
800014, Bihar, Phone/Fax: +91612 2283287, 91612 2283288**

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**Corrigendum-I**

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 Tender No.-BMSICL/2023-24/ME-346. 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. In order to facilitate maximum participation of bidders tender schedule is being revised as following:-

Tender Reference No.	<b>BMSICL/2023-24/ME-346</b>
Last date and time of submission of online bids	<b>04<sup>th</sup> March 2024 till 17:00 Hrs.</b>
Last date and time of submission of original documents of EMD, Tender Fee and Document.	<b>05<sup>th</sup> March 2024 till 14:00 Hrs.</b>
Date, Time and Place of opening of Technical Bid	<b>05<sup>th</sup> March 2024 (at 15:00 Hrs.) on the website of <a href="https://eproc2.bihar.gov">https://eproc2.bihar.gov</a> in the office of BMSICL</b>
Date and time of opening of financial Bids	<b>To be announced later on <a href="https://eproc2.bihar.gov">https://eproc2.bihar.gov</a></b>

**SD/-  
GM (Procurement)  
BMSICL**

**Annexure-1**

<b>Name of Equipment -Ultrasonic Nebulizer</b>		
<b>Sl. No</b>	<b>Technical Specification as per tender</b>	<b>Proposed 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
h.	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	No Change

<b>Name of Equipment –Nebulizer</b>		
<b>Sl. No</b>	<b>Technical Specification as per tender</b>	<b>Proposed Amendment</b>
	<b>Product Quality and Safety Standard certification:</b>	
1	The quoted model should be USFDA (510k/CFG) or EU-CE certified. The EU-CE certificate should be issued from notified body having notified body Number.	The quoted model should be USFDA/EU-CE/BIS/ISO 13485 and accredited by NABCB
2	The quoted model should have IEC 60601 certified for Electrical safety or equivalent BIS standards. Manufacturer Quality standard certification:	Deleted

3	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
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.	No Change
5	Compact, lightweight, low noise	No Change
6	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
7	Should produce particle of size 1-5 micron.	No Change
8	Medication capacity should be 8 ML.	Medication capacity should be 8 ML $\pm$ 2ml
9	Operating Temp/Humidity should be -10-degree c to +50-degree c, 30% to 95% relative humidity Maximum.	No Change
10	Material of the cabinet should be ABS plastic.	No Change
11	Piston-type electric aspirator that offers high performance and great durability.	No Change
12	Protective thermal cut out relay.	No Change
13	Air delivery rate app 5 L/min.	No Change
14	Noise level should be 20 dB or less.	No Change
15	Maximum pressure should be 100 kpa.	No Change
16	Nebulizing rate should be 1.0 ml/ minute for 10 LPM.	Nebulizing rate should be 1.0 $\leq$ mL/min.
17	Power input to be 220-240VAC, 50Hz fitted with Indian plug.	No Change
18	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

Name of Equipment -Tourniquet- Child		
SI. No	Technical Specification as per tender	Proposed Amendment
1	Should be European CE (Issued by Notified body) or USFDA certified.	No Change
2	Fabric single cuffs with silicon with bladder having length of bladder equivalent to 0 complete cuff length,	Fabric single cuffs with silicon with bladder having length of bladder equivalent to 0

		complete cuff/ durable, latex-free sterile cuffs
3	Washable at 60 C All Cuffs supplied with male coupling to fit.	No Change
4	Tourniquet Single Cuff* for Standard Arm 7 x 35 (W x L)	05 different Pediatric size
5	Tourniquet Single Cuff* for Standard Leg 10 x 61(W x L)	
6	Tourniquet Single Cuff* for Standard Arm 7 x 46 (W x L)	
7	Tourniquet Single Cuff* for Standard Leg 10 x 76(W x L)	
8	Tourniquet Single Cuff* for Child 5 x 30 (W x L)	
9	Control Micro computerized cuff pressure Control	No Change
10	Inflation Air Source Internal Air Compressor	No Change
11	Cuff Pressure Adjustable 100 to 450 mmHg.	No Change
12	Pre-set resolution 10 mm Hg	No Change
13	Accuracy Max. + 5%	No Change
14	Display – 3 digit – pre –selected pressure.	No Change
15	3 digit-Clock- Elapsed time	No Change
16	Green led for Inflate & Red led for Deflate	Different colour LED for Inflate & Deflate
17	Push Button Functions Preset pressure for each separately,	No Change
18	Inflate/Deflate-cuffs 1 & 2,	No Change
19	Deflate – cuff 1 & 2	No Change

**Note:-** The technical specification of other Equipment remains unchanged.