

**TERMS, CONDITIONS FOR  
SUPPLY AND INSTALLATION OF  
INSTRUMENT EQUIPMENT/LOGISTICS FOR STRENGTHING  
DIAGNOSTIC SERVICES FOR UHWCs 2023-24**

Name of the District / Health Institution: CDM&PHO, Nuapada  
(HEALTH & F.W. DEPTT., GOVT. OF ODISHA)

**Bid Reference No. CDM&PHO/04/UHWC/ 2023-24**

LAST DATE & TIME OF RECEIPT OF BID DOCUMENTS : **Dt.25.09.23 upto 05PM**  
DATE & TIME OF OPENING OF COVER-A (Technical Bid) : **Dt.26.09.23 at 11AM**  
DATE OF OPENING OF COVER-B (Price Bid) : As decided by the purchase  
committee during technical bid evaluation.

PLACE OF OPENING OF BID DOCUMENTS  
AND

ADDRESS FOR COMMUNICATION: O/o Chief District Medical & Public Health Officer,  
AND Nuapada

RECEIPT OF BID DOCUMENTS

**Tel:**

Email: [cdmocomdmdnuapada@gmail.com](mailto:cdmocomdmdnuapada@gmail.com)/  
[dwhnuapada@yahoo.in](mailto:dwhnuapada@yahoo.in)

**Sd/-**

Chief District Medical & Public Health Officer,  
Nuapada

**OFFICE OF THE CDM&PHO NUAPADA**

## SECTION -I

### SALE OF SHORT TENDER / BID DOCUMENT

The Bidders may download the Tender Documents directly from the district website [www.Nuapada.nic.in](http://www.Nuapada.nic.in)The Tender paper cost fee of Rs.5000/-(Five Thousandonly(Non-refundable) by way of separate Demand Draft drawn in favour of **RKS DHH, Nuapada**, payable at SBI Nuapada from any nationalized/Scheduled bank. The Bidders should superscribe, **“Tender for Instrument Equipment under UHWC 2023-24” & Tender reference CDM&PHO/04/UHWC/2023-24 (DOWNLOADED FROM WEBSITE)”** on the top of the outer envelope containing Technical Bid and Price Bid separately. The Tender cost fee in shape of demand drafts in the technical bid. CDM&PHO, Nuapada shall have no responsibility for any delay / omission on part of the bidder.

**TheShort tender paper will be rejected if the bidder changes any clause or Annexure of the bid document.The authority reserves the right to accept/reject any or all the tenders without assigning any reason thereof.**

## ABBREVIATIONS

**CDM&PHO : Chief District Medical & Public Health Officer**

**M.O, I/c : Medical Officer In-charge**

**S.D.M.O : Sub-Divisional Medical Officer**

**DHH : District Head Quarter Hospital**

**SDH : Sub-Divisional Hospital**

**CHC : Community Health Centre**

**PHC : Primary Health Centre**

**ROH : Rural Other Hospital (Area Hospital)**

**RKS :RogiKalyanSamiti**

**ZSS :ZillaSwasthyaSamiti**

**EMD: Earnest Money Deposit**

## SECTION -II

### IMPORTANT INSTRUCTIONS TO BE NOTED CAREFULLY BY THE TENDERERS

1.	Purchaser	Health & F.W. Department
2.	Indenter	Chief District Medical &Public Health Officer,
3.	Consignee	At Destination as mentioned in the section VII
4.	Delivery Period	Within <b>30 days</b> from issue of the work order.
5.	Mode of Delivery	By Air / Road / Rail/by Hand
6.	Guarantee / Warranty	<b>Guarantee / Comprehensive warranty:</b> including spares, maintenance etc. for a period <b>2(two) years</b> from the date of installation & commissioning.
7.	EMD	Rs.10, 000.00 (Rupees Ten Thousand) only. The Earnest Money Deposit will be paid in the shape of demand Draft only in favour of ZSS NON-NRHM, Nuapada from any Nationalized/Scheduled Bank payable at SBI Nuapada.

## SECTION -III

### **TERMS AND CONDITIONS FOR SUPPLY AND INSTALLATION OF INSTRUMENT AND EQUIPMENT**

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- 1.1 Sealed tenders will be received by Dated **25.09.2023** Tender for Supply and installation of Instrument, Equipment & Hospital Furniture under UHWC for the year 2023-24 up to **05.00 PM** by the CDM&PHO, Nuapada in the office of the Chief District Medical & Public Health Officer, Nuapada. Any tender received after due date & time will be rejected & returned to the sender unopened. **The tender paper will be received through Regd. Post / Speed Post/ Courier services only.**
- 1.2 The bidder(s) are to submit their tenders in **separate** sealed covered envelopes for **technical bid** and **commercial bid** by super scribing **Cover “A” (Technical Bid) & Cover “B” (Price Bid)** and both the sealed covers should be put into a **third outer Cover**, which should be superscribed as **“Tender for Instrument Equipment for UHWC 2023-24” & Tender reference CDM&PHO/04/UHWC/ 2023-24.**
- 1.3 The Sealed tenders “Cover A” (Technical Bid) submitted by the tenderers will be opened by the CDM&PHO, Nuapada in the office chamber/ conference hall of the CDM&PHO, Nuapada at 11AM on **26.09.23**. The tenderer or their duly authorized representatives are allowed to be present during the opening of the tenders if they so like.

## **ELIGIBILITY CRITERIA**

- 2.1 Manufacturing units / Importers/ Suppliers are eligible to participate in the tender provided, they have
- (i) Valid manufacturing license / Import License. Importers/ Suppliers have to furnish the authorization from the manufacturer/
  - (ii) Valid ISO certificate of the item
  - (iii) Product must be CE/US FDA/BIS Certified (for electrical items only).
  - (iv) Proof of compliance with IEC Certificate for Medical Electrical Equipments
  - (v) Proof of Average annual turnover of the manufacturing firm/Authorized supplier/distributor of Rs.20 Lakhs or more in last three (3) financial years should be submitted duly prepared and certified by a chartered accountant.
  - (vi) Manufacturing unit who has been blacklisted either by the Tender inviting authority or by any state Govt. or Central Govt. organization is not eligible to participate in the tender for that item during the period of blacklisting.
  - (vii) The tenderer should submit an undertaking that the firm/supplier has not been blacklisted by any authority during the tender process.(as per Annexure –IV)
  - (viii) The tenderer must submit valid GST Certificate.
  - (ix) Photo copy of PAN must be submitted by the tenderer.
  - (x) Photo copy of Registration Certificate of the Manufacturer/Authorized Supplier.

**The following documents should be enclosed in Cover “A” (Technical Bid) by the tenderer. All the photocopies are to be attested by self.**

## **TECHNICAL BID :**

- 3.1 Checklist with detail of the documents enclosed in **Cover “A”** (as per **Annexure - I**) with page number. The document should be *serially arranged* as per this **Annexure - I** and should be securely tied and bound.
- 3.2 List of Item (s) Quoted with name of the Make & Model of the item (s) (**Annexure – II**)
- 3.3 Tender document fee of Rs.5000- (Five Thousand)(Non Refundable) in shape of Demand Draft.
- 3.4 Earnest Money Deposit of Rs. 10000 (Rupees Ten Thousand) only (refundable in case of nonselected tenderer) and refundable to the selected tenderer after one year in shape of Demand Draft without interest/ Original demand draft.
- 3.5 Details name, address, telephone no., Fax, e-mail of the manufacturer / authorized distributor / service centre / contract person / office in Odisha (**Annexure - III**).
- 3.6 The declaration form in **Annexure - IV** duly signed by the tenderer before Notary Public / Executive Magistrate.
- 3.7 Manufacturer’s Authorization (In case the bidder is not the manufacturer)
- 3.8 Certificate duly filled by the Auditor / Chartered Accountant that the average annual turnover of the bidder is Rs.20 Lakhs or more in the last 3 (three) financial years.
- 3.9 Leaflet/Technical Brochures of the product/item offered.
- 3.10 Copy of Valid ISO certificate.
- 3.11 Copy of Valid CE/USFDA certificate
- 3.12 Copy of Certificate in support of IEC certificate (for Electrical Item)
- 3.13 Copy of up to date GST certificate.
- 3.14 Photo Copy of PAN
- 3.13 Performance Statement (**Annexure - VII**) during the last three years towards proof of supply items to any Govt. organization / Corporate Hospitals / PSU Hospitals / UN Agencies. The copy of Purchase orders and certificate from the user should be furnished in support of the information provided in the performance statement. Minimum 2nos of performance certificate each year should be submitted for last three years.
- 3.14 Deviation/No Deviation Statement from Technical Specification & details of technical specification of the product (**Annexure-VIIIA & B**)

**3.15 Leaflet/Brochure of Each item quoted must be submitted at the time of Technical bid which specify the make and model of the big items and sample must be submitted for small items on the tender opening day**

**COVER – B (PRICE BID)**

4. The tender format giving the quoted rate for medical equipments should be sent in a separate sealed cover hereafter called **Cover “B” (Price Bid)**.

**Cover –B (Price Bid) will be opened only of the tenderers who qualify in Technical Bid (Cover – A) and product is as per tender specification.**

- 4.1 The tenderer may quote price of not more than one qualities of each item
- 4.2 The tender format (Price Schedule) in the prescribed form (as per **Annexure – XII**), hard copy must be submitted in Cover-B. The price of the item should be quoted inclusive of excise duty, insurance, packing, forwarding, freight (door delivery), installation, & warranty for 2 years, the sales tax / GST and entry tax charges (if any).
- 4.3 The Cover “B” of successful tenderers who qualifies in their technical bid, will be opened at the office chamber of the CDM&PHO, Nuapada by the CDM&PHO, Nuapada on the same day/ decided by the purchase committee members in the presence of the tenderers or their authorized representatives.

**TENDER CONDITIONS :**

- 5.1 The details of the medical equipments with specifications are mentioned in **Section V. The firm must clearly mention their specification, special features, upgraded version (if any) in their tender.**
- 5.2 Tenders should be typewritten or computerized and every correction in the tender should invariably be attested with signature by the tenderer with date before submission, failing which the tender will be ineligible for further consideration.

- 5.3 Rates inclusive of all taxes, insurance, transportation charges (door delivery at Specified destinations), and installation & with 2 years onsite warranty. The supplier have to deliver the items as door delivery as specified destination in the section VII.
- 5.4 The purchaser shall be responsible only after delivery and due verification, installation and commissioning of the equipment.
- 5.5 In the event of the date being declared as a holiday by Govt. of Odisha, the due date of sale, submission of bids and opening of bids will be the following working day at the appointed place & time.
- 5.6 To ensure sustained supply without any interruption the tender inviting authority reserves the right to split orders for supplying the requirements among more than one tenderer if the lowest eligible bidder fails to supply in scheduled time the L<sub>2</sub> / L<sub>3</sub> firms for supply the same.
- 5.7 The rate quoted and accepted will be binding on the tenderer for a period of **one year** from the date of approval and on no account any increase in the price will be entertained till the completion of this tender period.
- 5.8 If any information or documents furnished by the tenderer with the tender papers are found to be misleading or incorrect at any stage the tender of the relevant items in the approved list shall be cancelled and steps will be taken to blacklist the said firm for five (5) years.
- 5.9. Both Cover-A and Cover-B should have an **index and page number** of all the documents submitted inside that cover.
- 5.10 The requirement of items may increase or decrease depending on the situation.
- 5.11 The supplier have to deposit 10% as bank guarantee/DD of the purchase order value & same will be returned after completion of warranty period without interest.
- 5.12 90% of the cost of the equipment (excluding CMC Cost)+100% & tax shall be released to the supplier on receipt of stock entry certificate and installation certificate (that it is working) from the consignee. The remaining 10% will be released after satisfactory working certificate received from the consignee after 6 weeks of installation subject to submission of performance security (10% of P.O. Value). For

this purpose the supplier will submit two bills, one 90% of the cost of the equipment+taxand the other for the remaining ten percent (10%) of the cost of the equipment.

- 5.13 The supplier have to execute the work order within 30days from issue of the purchase order failing which 0.5% will be deducted thereafter weekly upto maximum 4 weeks of the purchase order value. Thereafter items will not be received and the suppliers will be blacklisted.

#### **TRANINING & OPERATIONAL MANUAL:**

- 6.1 The firm / supplier will provide hands on training to two doctors and two technicians in his own cost for operating / handling the medical equipmentswithin 15 days of installation of equipment.
- 6.2 The supplier / firm will provide the operational / maintenance manuals and tools (if required) of all items, equipments& turnkey to the consignee at the time of installation.

#### **COMPREHENSIVE WARRANTY &CMC:**

(Undertaking as per Annexure – XI & XII)

- 7.1 The comprehensive warranty will remain valid for 2 years from the date of installation & commissioning of the equipment. The original copy of warranty documents will be submitted to the consignee and photocopy of that to CDM&PHO. Nuapada after installation.
- 7.2 The warranty will cover **all the parts of the machine or item and any replacement or repair required** within the warranty period and will be provided by the supplier free of cost at the destination point (installation point). The supplier will take back the replaced parts / goods at the time of their replacement. No claim whatsoever shall be on the purchaser for the replaced parts / goods thereafter. No traveling allowances or transportation cost will be paid by the purchaser during the warranty period.
- 7.3 The Supplier shall warrant that the Goods supplied under this contract are new, unused, of the most recent or current models and they incorporate all recent improvements in design and materials. The Supplier shall further warrant that

all Goods supplied under this contract shall have no defect arising from design, materials or workmanship or from any act or omission of the Supplier that may develop under normal use of the supplied Goods in the conditions prevailing in the place of final destination.

- 7.4 **CMC:** The tenderer shall also commit to provide offer for CMC (**Labour + all spare**) for the next three (3) years after two (2) years of warranty. No extra cost will be paid other than the CMC cost for functioning of the item during this period. The supplier will provide **two (2)** preventive maintenance in every **six months** during the period of CMC.
- 7.5 The selected firm should have a service centre in Odisha.
- 7.6 All the warranty certificates must be handed over to the consignee after installation.

## SECTION – IV (PRICE BID)

### ITEM LIST

Sl No	Name of the Item with Strength	Name of Manufacturer	Unit Pack	Unit Price	GST	Total Cost
1	AED (Automated External Defibrillator)					
2	Artery Forcep 6", 8"					
3	Dental Explorer					
4	Digital Scope					
5	Digital Thermometer (Adult & Baby)					
6	Direct Ophthalmoscope					
7	Dressing Drum					
8	Dressing Trolley					
9	Drug Trolley					
10	Ear Syringe					
11	Electrolyte Analyser					
12	Epilation Forceps					
13	Episiotomy Scissor					
14	Eustachian Catheter					
15	Fire Extinguisher					
16	Fixer (Spray)					
17	Foetoscope					
18	Hand Drier					
19	Hand Sanitizer					
20	Head Light					
21	Headphone For Audiometry					
22	Hot Air Oven					
23	Illuminated Vision Testing					
24	Instrument Trolley					
25	Jobson Horne Probe					
26	Mouth Gag					
27	Mouth Mirror					
28	Nebulizer					
29	Needle Holder					
30	Normal Forcep					
31	Oxygen Cylinder Trolley					
32	Peak Flow Meter					
33	PH Meter					
34	Refrigerator					
35	Slit Lamp (Hand Held)					
36	Smear Transporting Box					
37	Spatula					
38	Splints					

39	Steriliser Electrical (Small, Medium, Large)					
40	Stethoscope (Double Head)					
41	Stitch Cutting Scissor					
42	Stool Transport Carrier					
43	Suction Machine					
44	Tonometers (Schiotz)					
45	Trial Lens Sets With Trial					
46	Tweezer Interdental Brush					
47	X-Ray View Box (Single Panel)					
<b>48</b>	<b>PHYSIOTHERAPY EQUIPMENTS FOR FACILITY LEVEL</b>					
<b>A</b>	<b>Pain Management</b>					
1.	Interferential Therapy (IFT)					
2	Trans Cutaneous Nerve Stimulation (TENS)					
3	InfraRed					
4	Ultra Sound Therapy					
<b>B</b>	<b>Joint Muscle stiffness/ mobilization</b>					
1	Traction (Used for Lumber,Cervical ,knee and Ankle					
2	Paraffin Wax Bath					
3	Ultra Sound Therapy (Single Head)					
<b>C</b>	<b>Muscle strengthening stimulation, cordination</b>					
1	Muscle Stimulator (MST)					
2	Quadriceps Table					
3	Shoulder Wheel					
4	Ladder					
5	Pulley					
6	Trampoline (Mini)					
<b>49</b>	<b>PHYSIOTHERAPY EQUIPMENTS FOR HOME BASED THERAPY</b>					
<b>A</b>	<b>PAIN MANAGEMENT</b>					
1	MST & TENS Combo					
2	Ultrasound Therapy (Single Frequency)					
<b>B</b>	<b>Joint &amp; Muscle stiffness/ mobilization</b>					
1	Wrist Excerciser					
	Finger Strengthener/ Thera Band Set/ Soft Ball/ Putty					
2	Paraffin Wax Bath (Mini)					
3	Ultrasound Therapy (Single Frequency)					
<b>C</b>	<b>Back Pack or Kit (Bag)</b>					

## SECTION - V

### Technical specifications for Equipment/ Instruments for HWCs

**Quality Standard:**

- Should be CE/BIFMA/BIS approved model.
- Manufacturer should have ISO 9001 certification for quality management standards.
- Manufacturer should have ISO 14001 certification for environmental management systems.
- Manufacturer should have OHSAS 18001 certification for occupational health & safety management.
- Should furnish stainless steel grade certificate from Govt/Govt. approved testing laboratory.
- Manufacture should produce test certificate from Govt/Govt. approved laboratory for test procedure like impact test, bend test, salt spray chamber test, epoxy powder coating & phosphate coating for quoted item

Items	Specifications
<b>Clinical Material, tools and equipment</b>	
1. Oxygen Cylinder trolley	<ul style="list-style-type: none"> <li>• Frame of the cylinder trolley is made with ms tubular steel.</li> <li>• Framework of the cylinder trolley mounted on two 10cm wheels.</li> <li>• Finish in epoxy powder coated.</li> <li>• Height:- 106Cm.</li> </ul>
2. Single door 240-260 Liters Laboratory Refrigerator	<p><b>Standards</b>            Conformity to Standards CE (with 4 digit notified number)            Certification date and number 11APRIL2018            ISO13485:2016</p> <p><b>Performance Parameters</b>            Purpose The laboratory Refrigerators are specifically designed and are suitable for research laboratories, Medicine storage, blood banks applications and across other laboratories working with critical elements            Capacity of the refrigerator in liters 240-260            Temperature range in °C 1°C to 8°C throughout the chamber            Control panel settings Thermometer ,Main switch and temp selection            Temperature Control Microprocessor based temperature controller            Type of Door Single door            Material of Construction of body Galvanized steel            Insulation material High grade foam material            Outside finish Epoxy coated finish            Should have digital display of temperature            Rotary air circulation to maintain temperature uniformity Yes            Reprigerator should be frost free and CFC free Yes            Flouroscent internal light available Yes            Power supply 220-240 V , 50 Hz Single phase            Door locking system for improved security with magnetic door gasket Yes            Refrigerator Energy star rating 5</p>

Items	Specifications
	<p>Material used for shelves Toughened glass  Number of shelves 5  Refrigerator shall be hermentically sealed Yes  Voltage stabilizer to be supplied Yes  Material of Inner chamber SS 304  Warranty of the refrigerator in years 3  Controller based audiovisual alarm Yes  Compressor shall be low noise and vibration proof Yes  Warranty of Compressor in years 5</p>
<p><b>3. STRETCHER ON TROLLEY</b></p>	<ol style="list-style-type: none"> <li>1. Should be 2030mm L * 560mm W * 820mm (H) frame work of ERW tubular welded with vertical upright of 30mm OD * 18G ERW tubes.</li> <li>2. Should be reinforced at bottom with 35mm OD * 18G tube for fitting 200mm dia swivels castors wheels, all without brake.</li> <li>3. All horizontal stays shall be of 25mm OD * 18G tube.</li> <li>4. Stretcher should be made of 18G aluminum painted sheet dished in the middle &amp; supported horizontally on 25mm OD * 14G tubes. Three additional 31 * 6mm flat supports should be welded to support aluminium sheet top from underneath width wise.</li> <li>5. Pushing handle at both ends shall be made of 25mm * 18G MS ERW tube covered with PVC sleeving.</li> <li>6. Four stump legs of 25mm * 14G ERW tube shall be welded at the bottom of the stretcher frame.</li> <li>7. Should be provided with PVC or synthetic material having nylon reinforced.</li> </ol> <p>Standard deviation: allowable upto maximum 5% on all the dimensions as asked in below items.</p>
<p><b>4. SUCTION MACHINE (ELECTRICAL)</b></p>	<ol style="list-style-type: none"> <li>1. Should have stainless steel body of SS 304 grade.</li> <li>2. Should be oil free piston pump of Max Vacuum: 0 to 700 mmHg and flow rate of atleast 40ltr/min regulatable.</li> <li>3. Provided with flutter free vaccum control knob.</li> <li>4. Collection bottle of wide mount 2Ltr of 2 nos ( collection jar of light weight, polycarbonate unbreakable and transparent with plastic lid).</li> <li>5. Bottle (s) to have fitted with arrangement to prevent overflow of fluid.</li> <li>6. Filter and overflow valve incorporated to prevent cross-contamination.</li> <li>7. The pump should be incorporated with bacterial filter.</li> <li>8. Tubing to patient to be minimum 0.5m long, non-collapsible type.</li> <li>9. Should be easy to clean, disinfect.</li> <li>10. Any necessary greasing/ oiling to be simple, accessible and</li> </ol>

Items	Specifications
	<p>possible by normal clinical operator.</p> <ol style="list-style-type: none"> <li>11. Settings- manual</li> <li>12. Noise (in dBA)- 50 dB A +- 3</li> <li>13. Mobility, portability- yes</li> </ol> <p>Energy source:</p> <ol style="list-style-type: none"> <li>1. Power requirements- 230V, 50Hz, 2+- 0.5 Amps</li> <li>2. Battery operated- NA</li> <li>3. Tolerance ( to variations, shutdowns)- voltage corrector/ stabilizer to allow operation at +- 30% of local rated voltage. Use of SMPS to correct voltage.</li> <li>4. Protection- Electrical protection by resettable overcurrent breakers or replaceable fuses, fitted in both live and neutral lines</li> <li>5. Power consumption- should run with other life saving equivalent running parallel.</li> </ol> <p>Accessories, spare parts, consumables:</p> <ol style="list-style-type: none"> <li>1. Accessories (mandatory, standard, optional): collection container &amp; its and its cap, suction tube tips, a vaccum gauge, two sets of moisture &amp; microbial filters and control knob.</li> <li>2. Consumables/ reagents (open, closed system)- silicone tubing: 8mm ID * 2mtr (PVC), 1*2 it jar (one set extra).</li> </ol>
<p><b>5. X- RAY VIEW BOX (LED)</b></p>	<ol style="list-style-type: none"> <li>1. Should be ultra- thin X ray film illuminator using light.</li> <li>2. It should be suitable for viewing 14” * 17” film.</li> <li>3. The LED light must have a life span of more than 100000 hours.</li> <li>4. It should have easy insertion &amp; removal of the film.</li> <li>5. It should have a thickness of 30mm</li> <li>6. It should have homogeneous illumination more than 95% and maximum intensity of over 10000 lux.</li> <li>7. It should have an on-off switch along with digital feather touch dimmer and a button to set intensity.</li> <li>8. It should have fully electronic continuous brightness control with adjustment range of approximately 90%.</li> <li>9. It should have directly connectable to power supply without any external adapter.</li> <li>10. It should have flicker free high frequency light for reduction of eye strain.</li> <li>11. It should have external fuses for protection against power surge.</li> <li>12. Digital dimmer facility with step up/ step down intensity of 500 lux or less.</li> <li>13. Should have automatic film sensor.</li> </ol>

Items	Specifications
	<p>14. Should have facility to switch on only the section where the film needs to be viewed.</p>
<p><b>6. ELECTROLYTE ANALYZER</b></p>	<ul style="list-style-type: none"> <li>• Measures Na<sup>+</sup>, K<sup>+</sup>, Cl<sup>-</sup> &amp; iCa<sup>++</sup> with Ion-Selective electrodes. <ul style="list-style-type: none"> <li>• Electrolyte Analyser module of Na<sup>+</sup>, K<sup>+</sup>, Cl<sup>-</sup> ,has facility to replace Cl-with iCa<sup>++</sup> electrode.</li> <li>• Analyzes whole Blood, Serum, Plasma &amp; Urine Sample.</li> <li>• Two-point Calibration after 4 hrs and can be programmable for 8 hrs,12 hrs</li> <li>• One-point calibration with each sample analysis.</li> <li>• Sample volume &gt;90 micro L</li> <li>• Measurement time: &lt;60 sec</li> <li>• Measurement range: <ul style="list-style-type: none"> <li>▪ Na<sup>+</sup> 40 to 205 mmol/L</li> <li>▪ K<sup>+</sup> 1.5 to 15 mmol/L</li> <li>▪ Cl<sup>-</sup> 50 to 200 mmol/L</li> <li>▪ iCa<sup>++</sup> 0.2 to 5 mmol/L</li> </ul> </li> <li>• CV%: <ul style="list-style-type: none"> <li>▪ Na<sup>+</sup> &lt; 1.0%</li> <li>▪ K<sup>+</sup> &lt;1.0%</li> <li>▪ Cl<sup>-</sup> : &lt;1.0%</li> <li>▪ iCa<sup>++</sup>: &lt;1.0%</li> </ul> </li> <li>• Standby mode facility : No calibration performed in standby mode.</li> <li>• Compact, disposable ISE pack containing calibrating solutions for measuring Na<sup>+</sup>, K<sup>+</sup>, Cl<sup>-</sup> &amp; Ca<sup>++</sup> and provision for collecting waste internally in pack.</li> <li>• Tracks reagents consumption &amp; indicates for low volume on screen.</li> <li>• Tri- level quality control with L J plots and 30 days data storage.</li> <li>• Air bubble detection facility.</li> <li>• Data storage: 100000 samples and last one month calibration record.</li> <li>• 5” graphic touch screen color LCD display.</li> <li>• Built in thermal printer.</li> <li>• USB ports for external devices like key board &amp; barcode (optional)</li> <li>• Battery backup for the instrument (optional)</li> <li>• Economical cost/ test.</li> <li>• Precision testing also include for urine samples.</li> <li>• Operating temperature: 15 degree C to 35 degree C</li> <li>• Relative humidity 5 to 85 % non- condensing</li> </ul> </li> </ul>

Items	Specifications		
	<ul style="list-style-type: none"> <li>• Power supply: 100 to 240 VAC 50/60 Hz</li> <li>• Weight : 6 Kg</li> </ul> <p>Equipment can be LIS interface with PC (optional)</p>		
<p><b>7. Dressing Drum with cover 0.945 litres stainless steel</b></p>	<ul style="list-style-type: none"> <li>• Should be made of joint-less stainless steel of 304 grade steel of 0.5mm thickness.</li> <li>• Should have perforated body.</li> <li>• Should have chain locking with clamp to open or close the perforated body.</li> <li>• Size : 0.945 litres</li> <li>• Manufacturer should be ISO13485 approved</li> <li>• Product should be BIS/CE approved</li> </ul>		
<p><b>8. Digital Thermometer</b></p>	<ul style="list-style-type: none"> <li>• 200 Hours Long battery life</li> <li>• Dual mode with both Celsius and Fahrenheit</li> <li>• Auto shut-off</li> <li>• Beep sound</li> <li>• Memory of last result</li> </ul>		
<p><b>9. Direct Ophthalmoscope</b></p>	Height	40 cm	
	Weight	300 g	
	Width	32 cm	
	Input Voltage	3.5 kV	
	Illumination Type	LED	
	Operation Time	10 min	
	Number of Aperture	5	
<p><b>11. Crash cart Trolley</b></p>	<b>Product Specification</b>		
	Product Type		Standard Steel Crash Cart trolley
	Material		Stainless Steel
	Brand		standard steel
	No. Of Wheels		4
	No. Of Drawers		6
	Wheel		4
	Frame Type		stainless steel tubular
	Holder Type		cylinder cage
	Wheel Diameter		100 mm
	Model Name/Number		Standard Steel Crash cart trolley
	Capacity		6 drawer
	Pole And Handle		Standard Steel Crash cart trolley
	Surface Finishing		Standard Steel Crash cart trolley
<p><b>10. Fire Extinguisher</b></p>	<b>Product Specification</b>		
	Capacity		6 Kg
	Fira Class		Class A
	Extinguishing Medium		Dry Powder IS 14609

Items	Specifications	
	Operating Temperature	-30 DegreeC to +60 DegreeC
	Fire Rating	1A
	Cylinder Material	Mild Steel (MS)
	Certifications	ISO
<b>11. Head Light</b>	<b>Product Specification</b>	
	Body Material	Mild Steel
	Light Source Type	LED
	Light Color	White
	Brightness	55,000 LUX
	Usage/Application	Medical
	Power of light	3W LED
	Working time:	4 Hours
	Recharge time	1 Hours
	Adaptable voltage	100 - 240 V
	Frequency	50-60 Hz
<b>12. Hot Air Oven</b>	<b>Product Specification</b>	
	Temperature Range	50-250 Degree Celsius
	Material	Mild Steel
	Size	24 x 30 x 18 inch
	Usage/Application	Laboratory
	Max Temperature	250 Degree Celsius
	No Of Trays	2
	Chamber Volume	60 Litre
	Power	280 W
	Voltage	240 V
	Frequency	50 Hz
<b>13. Illuminated Vision Testing</b>	Four side display with internal light system, Properly wall mount system, English, Hindi, Bengali, Number, C, E, etc. option available, Rotation system, Metal Body with fiber charts.	
<b>14. Instrument Trolley</b>	<b>Product Specification</b>	
	Material	Stainless Steel
	Size	Customize
	Usage/Application	Clinic And Hospital
	Color	SS
	Category	Hospital Trolley
	Capacity Kilogram	Customize
	Folded	Option
	Movable	Yes
	No Of Shelves	3
	Number Of Castor	4
Number Of Wheels	4	
<b>15. PH Meter</b>	Resolution: 0.01Ph Accuracy: +-0.01 +-1 digit Voltage:230V+10%	

Items	Specifications	
	Range:0	
<b>16. Slit lamp (Hand Held)</b>	Product Specification	
	Magnification	x10
	Portable	Yes
	Eye Piece Magnification	12.5x
	Slit Aperture	1 mm
	Usage/Application	Hospital
	Filter Disc	Red Free (Green)
<b>17. Stethoscope (Double Head)</b>	Product Specification	
	Chest Piece Material	Aluminium
	Usage/Application	Hospital
	Chestpiece	Double Sided
	Diaphragm	Tunable
	Chest Piece Finish	Machined Stainless Steel
<b>18. Tonometer</b>	Product Specification	
	Measurement Range	0 to 20
	Item Weight	5.5 g,7.5 g,10 g
	Scale Type	Angled,Straight
	Working distance	11mm
	Illumination System	Led Infra Red
<b>19. Trial Lens</b>	Product Specification	
	Total Lenses	228 Lenses
	Shape of Lenses	Spherical Lenses
	Type	Basic Trial Set
	Color	Red and Black
	Rim Material	Metal
	Light Source Type	LED
	Usage/Application	Hospital
	Packaging Type	Wooden Box
<b>20. Smear Transporting Box</b>	<ul style="list-style-type: none"> <li>• The Sample transport box should be made up of Poly propylene material to ensure durability of the product.</li> <li>• External depth- Imperial should not be less than 7.28".</li> <li>• External depth- Metric should not be less than 185 mm.</li> <li>• External width- Imperial should not be less than 9.25".</li> <li>• External height- Imperial should not be less than 1.69".</li> <li>• External width- metric should not be less than 235 mm.</li> <li>• External height- Metric should not be less than 43 mm.</li> <li>• Inner part must have innovative Honey comb type design with foam material for easy storage and transportation of samples like Blood, Water, Sputum etc without ice packs.</li> <li>• The product should have latest ISO certification.</li> </ul>	
<b>21. Stool Transport</b>	<ul style="list-style-type: none"> <li>• Ample storage capacity. BPA free</li> </ul>	

Items	Specifications																				
<b>Carrier</b>	<ul style="list-style-type: none"> <li>• High insulation to keep ice cool for longer.</li> <li>• Ideal for picnics/outdoors &amp; adventure.</li> <li>• Light weight ice box.</li> <li>• Elegant, strong &amp; collapsible handle.</li> <li>• Tough construction for long term use.</li> <li>• Capacity: 3 ltr</li> <li>• Should have recent ISO certification</li> </ul>																				
<b>22. Dressing Trolley</b>	<table border="1" data-bbox="602 359 1365 737"> <thead> <tr> <th data-bbox="602 359 883 390">Product Specification</th> <th data-bbox="883 359 1365 390"></th> </tr> </thead> <tbody> <tr> <td data-bbox="602 390 883 422">Material</td> <td data-bbox="883 390 1365 422">STAINLESS STEEL</td> </tr> <tr> <td data-bbox="602 422 883 453">Size</td> <td data-bbox="883 422 1365 453">36X18X32</td> </tr> <tr> <td data-bbox="602 453 883 485">Usage/Application</td> <td data-bbox="883 453 1365 485">HOSPITAL</td> </tr> <tr> <td data-bbox="602 485 883 516">Color</td> <td data-bbox="883 485 1365 516">WHITE</td> </tr> <tr> <td data-bbox="602 516 883 548">Category</td> <td data-bbox="883 516 1365 548">HOSPITAL FURNITURE</td> </tr> <tr> <td data-bbox="602 548 883 579">Load Capacity</td> <td data-bbox="883 548 1365 579">0-50 kg</td> </tr> <tr> <td data-bbox="602 579 883 611">Max Height</td> <td data-bbox="883 579 1365 611">36 inch</td> </tr> <tr> <td data-bbox="602 611 883 642">Shape</td> <td data-bbox="883 611 1365 642">SQAURE</td> </tr> <tr> <td data-bbox="602 642 883 674">ITEM</td> <td data-bbox="883 642 1365 674">Standard Steel Dressing Trolley</td> </tr> </tbody> </table> <p data-bbox="602 772 837 804"><b>Product Description</b></p> <p data-bbox="602 821 797 852"><b>Dressing Trolley</b></p> <p data-bbox="602 852 1300 1041">         Strong Stainless steel tubular Frame work.          Two Stainless Steel Sheet Shelves.          Top and bottom covered SS railing.          Provision of SS bucket and Bowl.          Mounted on 100 mm swivel castors, 2 Equipped with Breaks.          Size: - 60L x 50W x 82H cm.       </p>	Product Specification		Material	STAINLESS STEEL	Size	36X18X32	Usage/Application	HOSPITAL	Color	WHITE	Category	HOSPITAL FURNITURE	Load Capacity	0-50 kg	Max Height	36 inch	Shape	SQAURE	ITEM	Standard Steel Dressing Trolley
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Shape	SQAURE																				
ITEM	Standard Steel Dressing Trolley																				
23. IFT (Interferential Therapy Unit)	<p data-bbox="602 1083 1406 1482"> <b>Product quality Standard:</b>            The quoted model should be USFDA /CE approved Product.  <b>Manufacturer quality Standard:</b>            ISO13485, ISO 9001 Certified Company.  <b>Electrical safety standard:</b>            The quoted model should conform to “IEC 60601” or “IEC 61010” or “IS/ ISO / IEC 80601 (Part 2)” or “IS 13450 (Part 1)”.            The quoted medical device must be registered under CDSCO and submit the license to manufacture for sale or for distribution of the medical device. If not registered, the acknowledgment copy of the online application for the said registration must be uploaded in the bid.         </p> <p data-bbox="602 1493 1398 1692"> <b>Clinical purpose:</b>            Therapeutic ultrasound units convert electrical energy to highfrequency (i.e., 1 or 3 megahertz [MHz]) sound waves that penetrate tissues to produce pain relief and facilitate tissue healing through thermal and nonthermal physiologic reactions.            Used by clinical department/ward: Physiotherapy Department.         </p> <p data-bbox="602 1703 1260 1858"> <b>Technical Specifications:</b>            1. Dual output Channels and isolated between channels            2. Should have 0-30 operation programs            3. Symmetrical Balanced Sine Wave            4. Output Current:0-100 mA         </p>																				

Items	Specifications
	<p>5. Interference Frequency 2-160 Hz  6. Output Frequency 4000Hz (with ±1% tolerance) fixed on Channel 1  7. Modulating Frequency 4002 — 4160Hz (with ±1% tolerance) adjustable on Channel 2  8. Treatment Timer Continuous, 15, 30, 45 or 60 minutes  9. 2pole/4pole multi vector mode  10. Patient Safety Fuse  <b>PHYSICAL CHARACTERISTICS:</b>  1. Noise (in dBA)- Noise pressure level: ≤60 dbA.  2. Heat dissipation- Should maintain nominal temp and the heat should be disburshed through a cooling mechanism  3. Mobility, portability- Portable  <b>Power Supply:</b>  Power input to be 220-240 VAC, 50Hz fitted with Indian plug.  <b>CONSUMABLES:</b>  1. One set Patient wire IFT  2. Two set Fixation straps  3. One jelly bottle  4. Big and Small rubber electrode  <b>Comprehensive Warranty :</b> Comprehensive warranty should be 3 years excluding consumables</p>
<p>24. TENS (Trans electric Nerve Stimulator)</p>	<p><b>Technical Specification:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A micro controller based multi programmable transcutaneous electric nerve stimulator</li> <li><input type="checkbox"/> The unit should be a table top model.</li> <li><input type="checkbox"/> The unit should have dual Independent Channels</li> <li><input type="checkbox"/> The unit should have Adjustable Timer ranging from 0-90sec</li> <li><input type="checkbox"/> Adjustable Frequency and Pulse Duration parameters</li> <li><input type="checkbox"/> Therapy mode: Continuous, burst, linear, trapezoidal ,triangular and non- linear</li> <li><input type="checkbox"/> Tens Frequency: 2 Hz to 150 Hz Adjustable</li> <li><input type="checkbox"/> Pulse Amplitude:0-80 mA</li> <li><input type="checkbox"/> Pulse width 50 msec – 300 msec, variable</li> <li><input type="checkbox"/> Therapy mode: Continuous, burst, linear, trapezoidal and non-linear</li> <li><input type="checkbox"/> Parameter selection: Manual and programmed.</li> <li><input type="checkbox"/> Treatment timer: Digital timer</li> <li><input type="checkbox"/> Output display: Display for CH1 &amp; CH2.</li> <li><input type="checkbox"/> With attached trolley</li> </ul> <p><b>3.3: Power Supply:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The unit should work on 230volt &amp; 50HZ supply</li> <li><input type="checkbox"/> The unit should have inbuilt over voltage protection.</li> </ul> <p><b>3.4: Quality Standard:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The model should be USFDA/CE/BIS certified</li> <li><input type="checkbox"/> The manufacturer should be ISO13485 certified</li> <li><input type="checkbox"/> The model should be compliance to electrical safety standards of IEC60601-1</li> </ul>
<p>25. Infra Red Therapy unit with stand</p>	<p><b>Clinical Use:</b> An infrared lamp is the means to give superficial thermotherapy. Superficial thermo therapy is effective in pain and</p>

Items	Specifications
	<p>stiffness relieving, fasciitis in number of cases like back pain, cervical pain, frozen shoulder. It also use in facilitating healing of chronic ulcers.</p> <p>8.2: Technical Specification:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Out put Power: 150 Watt</li> <li><input type="checkbox"/> Cord length: 3meter.</li> <li><input type="checkbox"/> Insulation: Class II (double isolation)</li> <li><input type="checkbox"/> Type of lamps: PAR 38 E, 150 W + prismatic rings for more focus.</li> <li><input type="checkbox"/> Make of lamp: Philips / Osram</li> </ul> <p>8.3: Power Supply:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The unit should work on 230volt &amp; 50HZ supply</li> <li><input type="checkbox"/> The unit should have inbuilt over voltage protection.</li> </ul> <p>8.4: Quality Standard:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The model should be USFDA /CE(Notified )/BIS approved .</li> <li><input type="checkbox"/> The manufacturer should be ISO13485 certified</li> <li><input type="checkbox"/> The model should be compliance to electrical safety standards of IEC60601-1, Complies to IEC 60335</li> </ul>
26. Ultra Sound Therapy	<p>Quality Standard:</p> <ul style="list-style-type: none"> <li>• The model should be USFDA/CE/BIS certified</li> <li>• The manufacturer should be ISO13485 certified</li> <li>• The model should be compliance to electrical safety standards of IEC60601-1</li> </ul> <p>Output in Continuous Mode (in w/cm<sup>2</sup>, Max): 3  Output Mode: Both Continous &amp; Pulse  Display: LCD  Ultrasound Frequency: Dual Frequency 1 &amp; 3 Mhz  Output in Pulse Mode (in w/cm<sup>2</sup>, Max): 3  Output Channels:2  Timer in Minute: 0-30 minutes  Large Transducer Head Diameter in cm:5  No. of Transducer:2  Warranty:2  Small Transducer Head Diameter in cm:0.9  Large transducer diameter 50mm  Small transducer 09mm  Power Density up to 3.5 watts/cm<sup>2</sup>  Water proof Probes 20+ Pre set Programs</p> <p><b>Standard Supply of Accessories and Consumables:</b></p> <ol style="list-style-type: none"> <li>1. One Ultrasound tube</li> <li>2. 250 ml Ultrasound gel</li> <li>3. Probe Holder</li> <li>4. Core Filter</li> <li>5. Power supply Cord</li> </ol>
JOINT & MUSCLE STIFFNESS / MOBILIZATION	
27. Traction (used for lumber, cervical ,knee & ankle)	Traction (used for lumber, cervical ,knee & ankle)
28. Paraffin wax bath	<b>Clinical use:</b> Paraffin wax treatments are used for the

Items	Specifications
	<p>Symptomatic relief Of pain and stiffness due to Arthritis. Bursitis and Tendonitis. Muscle strains or Sports-injuries. It is basically use as a superficially thermotherapy modality in physiotherapy.</p> <p><b>Technical Specification:</b></p> <ul style="list-style-type: none"> <li>• Double walled Construction with adequate insulation made of SS body. Wax tank made of 18-20 gauge Stainless steel &amp; anodized Aluminum cover Mounted on 5cm dia. Four casters.</li> <li>• Capacity —25 Kg (Min.) to hold 20 Kg Wax</li> <li>• Heater - 2000 watts</li> <li>• Thermostatic temperature control (30 - 90 degree C) – Auto cut-off Thermostat - 30 to 1 100 C</li> <li>• Perforated steel plate to cover heating element for safety of patient</li> <li>• The scope of supply includes 20 Kg of Wax.</li> </ul> <p><b>Power Supply:</b></p> <ul style="list-style-type: none"> <li>• The unit should work on 230volt &amp; 50HZ supply</li> <li>• The unit should have inbuilt over voltage protection.</li> </ul> <p><b>Quality Standard:</b></p> <p><input type="checkbox"/> The model should be CE/BIS approved.</p> <p><input type="checkbox"/> The manufacturer should be ISOI 3485 certified</p>
29. Ultrasound therapy (single head)	<p><b>SPECIFICATION:</b></p> <ul style="list-style-type: none"> <li>* <b>Ultra-Sound Frequency:</b> 1 MHz's - 10%.</li> <li>* <b>Output Mode:</b> Continuous &amp; Pulsed.</li> <li>* <b>Pulsed Frequency:</b> Variable, 16Hz, 48Hz, 99Hz.</li> <li>* <b>Intensity:</b> Continuous Mode 0 to 2 watts/cm sq. : Pulsed Mode. 0 to 3 watts/cm sq.</li> <li>* <b>Programme:</b> 24 Preset Programmed Parameters (Intensity, Mode &amp; Time of treatment).</li> <li>* <b>Treatment Head:</b> One.</li> <li>* <b>Effective Area of Radiation:</b> 5 sq. centimetres.</li> <li>* <b>Timer:</b> 01 to 60 minutes adjustable, with Buzzer at the end of time.</li> <li>* <b>Display:</b> Two Line digital display of parameters.</li> <li>* <b>ACCESSORIES:</b> Ultra-sound Gel bottle.</li> <li>* <b>Power Required:</b> 220V.AC, 50 Hz.</li> </ul> <p><b>Quality Standard:</b></p> <p><input type="checkbox"/> The model should be CE/BIS approved.</p> <p><input type="checkbox"/> The manufacturer should be ISOI 3485 certified</p>
MUSCLE STIMULATION, COORDINATION	
30. MST (muscle stimulator)	<p><b>Features:</b></p> <ul style="list-style-type: none"> <li>• Micro controller-based circuitry</li> <li>• LCD display for therapy type and treatment time</li> <li>• Independent two channel</li> <li>• At a time two different treatment for two patients</li> <li>• 30 User memory</li> <li>• User friendly with soft touch key functions</li> <li>• Light weight plastic moulded cabinet</li> </ul> <p><b>Specifications:</b></p>

Items	Specifications
	<ul style="list-style-type: none"> <li>• Treatment modes – Stimulator, TENS, Diadynamic and FES</li> <li>• Output current – 1 – 100 mA</li> <li>• Timer – 0 – 99 mins</li> </ul> <p><b><u>Stimulator Details:</u></b></p> <ul style="list-style-type: none"> <li>• IG Therapeutic – 30 – 300 mSec (1 mSec step)</li> <li>• IG Diagnostic – .01, .03, .3, .1, 1, 3, 10, 30, 100, 300, 1000 mSec</li> <li>• Pulse type – Square, Triangular</li> </ul> <p><b><u>Surge Faradic:</u></b></p> <ul style="list-style-type: none"> <li>• Freq./ P.width – 50 Hz / 0.7 mSec</li> <li>• Surge ON time – 1 – 10 sec (1 sec step)</li> <li>• Surge OFF time – 1 – 10 sec (1 sec step)</li> </ul> <p><b><u>Tens:</u></b></p> <ul style="list-style-type: none"> <li>• Frequency – 2 – 250 Hz in (1 Hz step)</li> <li>• P.Width – 20 – 250 sec (1m sec step)</li> </ul> <p><b><u>FES:</u></b></p> <ul style="list-style-type: none"> <li>• Frequency – 20 – 120 Hz (1 Hz step )</li> <li>• ON time – 1 – 10 sec</li> <li>• OFF time – 1 – 10 sec</li> <li>• Ramp up/down – 1 – 10 sec</li> </ul> <p><b><u>Therapy Modes:</u></b></p> <p><b><u>Tens:</u></b></p> <ul style="list-style-type: none"> <li>• Continuous</li> <li>• Burst</li> <li>• Sweep</li> <li>• Burst and sweep</li> </ul> <p><b><u>Stimulator:</u></b></p> <ul style="list-style-type: none"> <li>• Galvanic</li> <li>• IG Diagnostic</li> <li>• IG therapeutic</li> <li>• Plain faradic</li> <li>• Surge faradic</li> </ul> <p><b><u>Diadynamic:</u></b></p> <ul style="list-style-type: none"> <li>• DF</li> <li>• MF</li> <li>• CP</li> <li>• LP</li> </ul> <p><b><u>Certifications:</u></b></p> <p><b><u>Quality Standard:</u></b></p> <ul style="list-style-type: none"> <li>• The model should be CE/BIS approved.</li> <li>• The manufacturer should be ISOI 3485 certified</li> <li>• Safety class – Class I, Type BF (IEC 60601 -1)</li> </ul>
31. Quadriceps Table	<p><b><u>Clinical Use:</u></b></p> <p>➤ Use for strengthening of lower limb and abdominal muscles in cases of paresis,paralysis, post surgical rehabilitation etc.</p> <p><b><u>25.2: Product Eligibility Criteria:</u></b></p>

Items	Specifications
	<ul style="list-style-type: none"> <li>➤ Should be CE /ISI approved product.</li> <li>➤ Manufacturer should be ISO 9001 certified for quality standards.</li> <li>➤ Manufacturer should have ISO 18001 certification for Occupational Health &amp; Safety Assessment Series (OHSAS)</li> </ul> <p><b>25.3: Technical Specifications:</b></p> <ul style="list-style-type: none"> <li>• 2 folded top.</li> <li>• Should be made up of rectangular CRC frame with epoxy powder coating.</li> <li>• Should have facility of arm rest with height adjustment.</li> <li>• Should have 2 inch cushion top seat with high quality rexin cover.</li> <li>• Should have back rest adjustment with angle range of 5 to 90 degree with locking facility.</li> <li>• The torque unit should have two lever arms with one adjustable weight and other one providing fixed contact with patient.</li> <li>• Should have facility of changing the angle between two arms for providing maximum resistance at any point in the range.</li> <li>• Should have height adjustment facility for torque unit with locking facility.</li> <li>• Load range should be with maximum 100kg.</li> <li>• Weight cuffs (6 Nos.) : ½ Kg - 3 Kg (1 each), Dumbbell (6 nos.) : ½ Kg - 5 Kg (1 each)</li> </ul>
32. Shoulder Wheel:	<ul style="list-style-type: none"> <li>• It should be a wall mounted one.</li> <li>• The wheel for use of adult and pediatric</li> <li>• The motion arc can be adjustable from 10 to 38 inches by adjusting the handle.</li> <li>• The wheel shall be mounted on a two chrome plated height adjustable (8” to 26”) rails.</li> <li>• The resistance can be varied by turning the resistance knob.</li> <li>• The manufacturer should be ISO certified</li> </ul>
33. Over Head Pulley:	<ul style="list-style-type: none"> <li>• Heavy duty, medical grade, shoulders pulley exerciser for physical therapy use</li> <li>• Over the door metal bracket allows easy one hand setup.</li> <li>• Units with a door strap require two hands, which is difficult with an injured shoulder.</li> <li>• Easily adjustable cord length for any height and for use in both seating and standing position.</li> <li>• The overhead pulley should have the provision of wall mounting.</li> </ul>
34. Shoulder Ladder:	<ul style="list-style-type: none"> <li>➤ Wood Finger/Shoulder Ladder</li> <li>➤ 32 vertical finger steps</li> <li>➤ Solid wood with heavy topcoats</li> <li>➤ Pre-drilled mounting holes</li> <li>➤ The manufacturer should be ISO certified.</li> </ul>
35. Trampoline (mini)	<p><b>Technical Specification:</b></p> <ul style="list-style-type: none"> <li>• Compact round trampoline, shape- round.</li> <li>• Dimensions: diameter of the mat minimum 350cm</li> <li>• The mat made of polypropylene.</li> </ul>

Items	Specifications
	<ul style="list-style-type: none"> <li>• The perimeter should be padding to cover the springs and protect jumpers from a fall or finger pinching. The padding should be made of</li> <li>• Anti-UV treatment on the safety pad, bed and net for optimal outdoor use</li> <li>• Minimum lateral installation clearance</li> <li>• Minimum 40mm galvanised steel frame.</li> <li>• Maximum user weight 200kg</li> <li>• Height of the mat above ground minimum 1feet</li> <li>• 5-6 legs U shaped legs.</li> <li>• 65-70 springs</li> </ul> <p>17.3: Quality specification</p> <ul style="list-style-type: none"> <li>➤ The product should be CE approved.</li> <li>➤ The manufacturer should be ISO certified.</li> </ul>
<b>Pain Management System</b>	
<p>36. MST (muscle stimulator ) and TENS (Tran electric Nerve Stimulator) COMBO</p>	<p>MST (muscle stimulator</p> <p><b><u>Features:</u></b></p> <ul style="list-style-type: none"> <li>• Micro controller-based circuitry</li> <li>• LCD display for therapy type and treatment time</li> <li>• Independent two channel</li> <li>• At a time two different treatment for two patients</li> <li>• 30 User memory</li> <li>• User friendly with soft touch key functions</li> <li>• Light weight plastic moulded cabinet</li> </ul> <p><b><u>Specifications:</u></b></p> <ul style="list-style-type: none"> <li>• Treatment modes – Stimulator, TENS, Diadynamic and FES</li> <li>• Output current – 1 – 100 mA</li> <li>• Timer – 0 – 99 mins</li> </ul> <p><b><u>Stimulator Details:</u></b></p> <ul style="list-style-type: none"> <li>• IG Therapeutic – 30 – 300 mSec (1 mSec step)</li> <li>• IG Diagnostic – .01, .03, .3, .1, 1, 3, 10, 30, 100, 300, 1000 mSec</li> <li>• Pulse type – Square, Triangular</li> </ul> <p><b><u>Surge Faradic:</u></b></p> <ul style="list-style-type: none"> <li>• Freq./ P.width – 50 Hz / 0.7 mSec</li> <li>• Surge ON time – 1 – 10 sec (1 sec step)</li> <li>• Surge OFF time – 1 – 10 sec (1 sec step)</li> </ul> <p><b><u>Tens:</u></b></p> <ul style="list-style-type: none"> <li>• Frequency – 2 – 250 Hz in (1 Hz step)</li> <li>• P.Width – 20 – 250 sec (1m sec step)</li> </ul> <p><b><u>FES:</u></b></p> <ul style="list-style-type: none"> <li>• Frequency – 20 – 120 Hz (1 Hz step )</li> <li>• ON time – 1 – 10 sec</li> <li>• OFF time – 1 – 10 sec</li> <li>• Ramp up/down – 1 – 10 sec</li> </ul> <p><b><u>Therapy Modes:</u></b></p> <p><b><u>Tens:</u></b></p>

Items	Specifications
	<ul style="list-style-type: none"> <li>• Continuous</li> <li>• Burst</li> <li>• Sweep</li> <li>• Burst and sweep</li> </ul> <p><u>Stimulator:</u></p> <ul style="list-style-type: none"> <li>• Galvanic</li> <li>• IG Diagnostic</li> <li>• IG therapeutic</li> <li>• Plain faradic</li> <li>• Surge faradic</li> </ul> <p><u>Diadynamic:</u></p> <ul style="list-style-type: none"> <li>• DF</li> <li>• MF</li> <li>• CP</li> <li>• LP</li> </ul> <p><b><u>Certifications:</u></b>  <b>Quality Standard:</b></p> <ul style="list-style-type: none"> <li>• The model should be CE/BIS approved.</li> <li>• The manufacturer should be ISOI 3485 certified</li> </ul> <p>Safety class – Class I, Type BF (IEC 60601 -1)</p> <p><b>TENS (Tran electric Nerve Stimulator)</b></p> <p><b>Technical Specification:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A micro controller based multi programmable transcutaneous electric nerve stimulator</li> <li><input type="checkbox"/> The unit should be a table top model.</li> <li><input type="checkbox"/> The unit should have dual Independent Channels</li> <li><input type="checkbox"/> The unit should have Adjustable Timer ranging from 0-90sec</li> <li><input type="checkbox"/> Adjustable Frequency and Pulse Duration parameters</li> <li><input type="checkbox"/> Therapy mode: Continuous, burst, linear, trapezoidal ,triangular and non- linear</li> <li><input type="checkbox"/> Tens Frequency: 2 Hz to 150 Hz Adjustable</li> <li><input type="checkbox"/> Pulse Amplitude:0-80 mA</li> <li><input type="checkbox"/> Pulse width 50 msec – 300 msec, variable</li> <li><input type="checkbox"/> Therapy mode: Continuous, burst, linear, trapezoidal and no-linear</li> <li><input type="checkbox"/> Parameter selection: Manual and programmed.</li> <li><input type="checkbox"/> Treatment timer: Digital timer</li> <li><input type="checkbox"/> Output display: Display for CH1 &amp; CH2.</li> <li><input type="checkbox"/> With attached trolley</li> </ul> <p>3.3: Power Supply:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The unit should work on 230volt &amp; 50HZ supply</li> <li><input type="checkbox"/> The unit should have inbuilt over voltage protection.</li> </ul> <p>3.4: Quality Standard:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The model should be USFDA/CE/BIS certified</li> <li><input type="checkbox"/> The manufacturer should be ISO13485 certified</li> <li><input type="checkbox"/> The model should be compliance to electrical safety standards of IEC60601-1</li> </ul>
37. Ultrasound therapy (single Frequency )	<p><b>SPECIFICATION:</b>  * <b>Ultra-Sound Frequency:</b> 1 MHz"s - 10%.</p>

Items	Specifications
	<p>* <b>Output Mode:</b> Continuous &amp; Pulsed.  * <b>Pulsed Frequency:</b> Variable, 16Hz, 48Hz, 99Hz.  * <b>Intensity:</b> Continuous Mode 0 to 2 watts/cm sq. : Pulsed Mode. 0 to 3 watts/cm sq.  * <b>Programme:</b> 24 Preset Programmed Parameters (Intensity, Mode &amp; Time of treatment).  * <b>Treatment Head:</b> One.  * <b>Effective Area of Radiation:</b> 5 sq. centimetres.  * <b>Timer:</b> 01 to 60 minutes adjustable, with Buzzer at the end of time.  * <b>Display:</b> Two Line digital display of parameters.  * <b>ACCESSORIES:</b> Ultra-sound Gel bottle.  * <b>Power Required:</b> 220V.AC, 50 Hz.</p> <p><b>Quality Standard:</b>  <input type="checkbox"/> The model should be CE/BIS approved.  <input type="checkbox"/> The manufacturer should be ISOI 3485 certified</p>
<p><b>JOINT &amp; MUSCLE STIFFNESS / MOBILIZATION</b></p>	
<p>38. WRIST EXERCISER/ FINGER STRENGTHNER /THERA BAND SET/SOFT BALL/PUTTY</p>	<p><b>Clinical use:</b> Stretch-It a resistive treatment &amp; exercise system with unlimited options.  <b>Technical specification:</b>  WRIST EXERCISER/ FINGER STRENGTHNER:  Width - 5 Inch, Available in Yellow, Red, Green, Blue, Black colours. Set of 5 bands with 5 different colours.  THERA BAND SET:  Width - 5 Inch, Available in Yellow, Red, Green, Blue, Black colours. Set of 5 bands with 5 different colours.  SOFT BALL:  PUTTY: Putty can be squeezed, stretched, twisted or pinched  Designed to meet a wide range of hand / arm strengthening needs - Available in different colours- Black, Red, Yellow, Green, Blue - Each box consist of 50 gram putty of each colour</p>
<p>39. Paraffin wax bath(mini)</p>	<p><b>Clinical use:</b> Paraffin wax treatments are used for the Symptomatic relief Of pain and stiffness due to Arthritis. Bursitis and Tendonitis. Muscle strains or Sports-injuries. It is basically use as a superficially thermotherapy modality in physiotherapy.  <b>Technical Specification:</b></p> <ul style="list-style-type: none"> <li>• Double walled Construction with adequate insulation made of SS body. Wax tank made of 18-20 gauge Stainless steel &amp; anodized Aluminum cover Mounted on 5cm dia. Four casters.</li> <li>• Capacity —25 Kg (Min.) to hold 20 Kg Wax</li> <li>• Heater - 2000 watts</li> <li>• Thermostatic temperature control (30 - 90 degree C) – Auto cut-off Thermostat - 30 to 1 100 C</li> <li>• Perforated steel plate to cover heating element for safety of patient</li> <li>• The scope of supply includes 20 Kg of Wax.</li> </ul> <p><b>Power Supply:</b></p> <ul style="list-style-type: none"> <li>• The unit should work on 230volt &amp; 50HZ supply</li> <li>• The unit should have inbuilt over voltage protection.</li> </ul>

Items	Specifications
	<p><b>Quality Standard:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The model should be CE/BIS approved.</li> <li><input type="checkbox"/> The manufacturer should be ISOI 3485 certified</li> </ul>
<p>40. Ultrasound therapy (single Frequency)</p>	<p><b>SPECIFICATION:</b></p> <ul style="list-style-type: none"> <li>* <b>Ultra-Sound Frequency:</b> 1 MHz's - 10%.</li> <li>* <b>Output Mode:</b> Continuous &amp; Pulsed.</li> <li>* <b>Pulsed Frequency:</b> Variable, 16Hz, 48Hz, 99Hz.</li> <li>* <b>Intensity:</b> Continuous Mode 0 to 2 watts/cm sq. : Pulsed Mode. 0 to 3 watts/cm sq.</li> <li>* <b>Programme:</b> 24 Preset Programmed Parameters (Intensity, Mode &amp; Time of treatment).</li> <li>* <b>Treatment Head:</b> One.</li> <li>* <b>Effective Area of Radiation:</b> 5 sq. centimetres.</li> <li>* <b>Timer:</b> 01 to 60 minutes adjustable, with Buzzer at the end of time.</li> <li>* <b>Display:</b> Two Line digital display of parameters.</li> <li>* <b>ACCESSORIES:</b> Ultra-sound Gel bottle.</li> <li>* <b>Power Required:</b> 220V.AC, 50 Hz.</li> </ul> <p><b>Quality Standard:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The model should be CE/BIS approved.</li> <li><input type="checkbox"/> The manufacturer should be ISOI 3485 certified</li> </ul>
<p>41. MST (muscle stimulator)</p>	<p><b>Features:</b></p> <ul style="list-style-type: none"> <li>• Micro controller-based circuitry</li> <li>• LCD display for therapy type and treatment time</li> <li>• Independent two channel</li> <li>• At a time two different treatment for two patients</li> <li>• 30 User memory</li> <li>• User friendly with soft touch key functions</li> <li>• Light weight plastic moulded cabinet</li> </ul> <p><b>Specifications:</b></p> <ul style="list-style-type: none"> <li>• Treatment modes – Stimulator, TENS, Diadynamic and FES</li> <li>• Output current – 1 – 100 mA</li> <li>• Timer – 0 – 99 mins</li> </ul> <p><b>Stimulator Details:</b></p> <ul style="list-style-type: none"> <li>• IG Therapeutic – 30 – 300 mSec (1 mSec step)</li> <li>• IG Diagnostic – .01, .03, .3, .1, 1, 3, 10, 30, 100, 300, 1000 mSec</li> <li>• Pulse type – Square, Triangular</li> </ul> <p><b>Surge Faradic:</b></p> <ul style="list-style-type: none"> <li>• Freq./ P.width – 50 Hz / 0.7 mSec</li> <li>• Surge ON time – 1 – 10 sec (1 sec step)</li> <li>• Surge OFF time – 1 – 10 sec (1 sec step)</li> </ul> <p><b>Tens:</b></p> <ul style="list-style-type: none"> <li>• Frequency – 2 – 250 Hz in (1 Hz step)</li> <li>• P.Width – 20 – 250 sec (1m sec step)</li> </ul> <p><b>FES:</b></p> <ul style="list-style-type: none"> <li>• Frequency – 20 – 120 Hz (1 Hz step )</li> <li>• ON time – 1 – 10 sec</li> </ul>

Items	Specifications
	<ul style="list-style-type: none"> <li>• OFF time – 1 – 10 sec</li> <li>• Ramp up/down – 1 – 10 sec</li> </ul> <p><b><u>Therapy Modes:</u></b></p> <p><u>Tens:</u></p> <ul style="list-style-type: none"> <li>• Continuous</li> <li>• Burst</li> <li>• Sweep</li> <li>• Burst and sweep</li> </ul> <p><u>Stimulator:</u></p> <ul style="list-style-type: none"> <li>• Galvanic</li> <li>• IG Diagnostic</li> <li>• IG therapeutic</li> <li>• Plain faradic</li> <li>• Surge faradic</li> </ul> <p><u>Diadynamic:</u></p> <ul style="list-style-type: none"> <li>• DF</li> <li>• MF</li> <li>• CP</li> <li>• LP</li> </ul> <p><b><u>Certifications:</u></b></p> <p><b><u>Quality Standard:</u></b></p> <ul style="list-style-type: none"> <li>• The model should be CE/BIS approved.</li> <li>• The manufacturer should be ISOI 3485 certified</li> </ul> <p>Safety class – Class I, Type BF (IEC 60601 -1)</p>

# **SECTION –VI**

## **ANNEXURES**

**(Technical Bid, Price Bid, Agreement,  
Undertaking for Comprehensive Warranty)**

**CHECK LIST****(To be submitted in Technical Bid)****Note :The documents has to be arranged serially as per the order mentioned in the check list***Please put ✓ in the respective box***COVER – A (TECHNICAL BID)****DOCUMENTS : SUBMITTED OR NOT**

Sl No		Yes	No	Page No
1	Tender Paper Cost Rs. 5000/-			
2	EMD Rs.10000/-			
3	List of Item Quoted with name, make & model Annexure – II			
4	Detail Name, address, telephone number, fax, email of the manufacturer/ authorised distributor/ service centre/ contact person/office in Odisha (Annexure – III)			
5	Declaration form duly signed by the tenderer before Notary public/Executive Magistrate (Annexure – IV)			
6	Manufacturer’s Authorization (in case bidder is not the manufacturer.			
7	Average Annual Turn overThreecrore or more in the last 3 financial year duly filled by the auditor/chartered accountant			
8	Copy of valid ISO Certificate			
9	Copy of valid CE/USFDA certificate			
10	Copy of certificate in support of IEC Certificate (for electrical Item)			
11	Copy of upto date GST Certificate			
12	Copy of PAN			
13	Performance Statement (Annexure – VII) item wise			
14	Deviation / No deviation statement (Annexure – VIII)			
15	Leaflet/ Brochure of item quoted			
16	Sample of small items			
17	Original Tender Paper			

**Annexure II**

(To be submitted in Cover A -Technical Bid)

**LIST OF ITEM(S) QUOTED**

<b>Sl.</b>	<b>Name of Item (s)</b>	<b>Name of Manufacturer</b>	<b>Make</b>	<b>Model Name</b>

**Signature of the Tenderer :**

**Date :**

**Official Seal:**

(To be submitted in Cover A -Technical Bid)

**DETAILS OF THE TENDERER & LOCAL CONTACT PERSON**

	<b>Corporate Office (The address in which the purchase orders and payment details will be communicated)</b>	<b>Local Contact Person / Branch Office / Zonal Office / Service Centre if any, in Odisha.</b>
Name & Full Address		
Telephone Nos., landline		
Mobile		
Fax		
E – Mail		
Date of Inception	Copy of Certificate of incorporation of Manufacturer)	
Manufacturing License Nos. & Date	Copy of manufacturing licence of Manufacturer)	
Name of the issuing authority		
License valid up to		

**Signature of the Tenderer :  
with seal**

**Date :**

**Official Seal :**

(To be submitted in **Cover A -Technical Bid**)

**DECLARATION FORM**

I / We .....having My /  
our .....office  
at.....do declare that I / We have carefully  
read all the terms & conditions of tender of the \_\_\_\_\_, Odisha for the supply of  
medical equipments. The approved rate will remain valid for a period of one year from the date of  
approval. I will abide with **all the terms & conditions** set forth in the **Tender Reference no.**  
\_\_\_\_\_

I/We do hereby declare I/We have not been de-recognised / black listed by any State Govt. /  
Union Territory / Govt. of India / Govt. Organization / Govt. Health Institutions for supply of Not  
of Standard Quality(NSQ) items / non-supply.

I/We agree that the Tender Inviting Authority can forfeit the Earnest Money Deposit and or  
Security Deposit and blacklist me/us for a period of 5 years if, any information furnished by us  
proved to be false at the time of inspection / verification and not complying with the Tender terms  
& conditions.

I/We further declare that I/We possess valid manufacturing license (s) bearing No. (s)  
.....Valid upto ..... I / We  
..... do hereby declare that I  
/ we will supply the \_\_\_\_\_ as per the terms, conditions & specifications of the tender  
document. I / we further declare that I / we have a service centre / will establish a service centre  
within one month of installation of the equipment in Odisha.

Signature of the bidder :

Seal

Date :

Name & Address of the Firm:

Affidavit before Executive Magistrate / Notary Public.

(To be submitted in Cover A -Technical Bid)

**MANUFACTURER’S AUTHORISATION FORMAT**

To

The CDM&PHO ,Nuapada  
Deptt. of Health & Family Welfare  
Govt. of Odisha.

Ref: Tender No. \_\_\_\_\_ Dated \_\_\_\_\_ for \_\_\_\_\_.

Dear Sir,

We \_\_\_\_\_ are the manufacturers of \_\_\_\_\_  
\_\_\_\_\_ (name of equipment(s) having factories at \_\_\_\_\_  
\_\_\_\_\_

1. Messrs \_\_\_\_\_ (name and address of the agent) is our authorized agent for sale and service of \_\_\_\_\_ (name of equipment(s))
2. We confirm that Messrs. \_\_\_\_\_ (name of the above agent) is authorized to submit a tender, and enter into a contract with for the above goods manufactured by us.
3. We also extend our full guarantee / warranty and also full back-up support for AMC/CMC if required by the purchaser.

Yours faithfully,

\_\_\_\_\_

\_\_\_\_\_  
(Signature with date, name and designation)

For and on behalf of Messrs \_\_\_\_\_  
(Name & address of the manufacturers)

Seal

Note :

1. This letter should be on the **letterhead** of the **manufacturer/Supplier** and should be signed by a person having the power of attorney to legally bind the manufacturer.
2. Original letter shall be attached to the technical bid.

(To be submitted in **Cover A -Technical Bid**)

**ANNEXURE – VI**

(To be furnished in the **letter head** of the Auditor/ Chartered Accountant)

**ANNUAL TURN OVER STATEMENT**

The Annual Turnover for Equipment products of M/s \_\_\_\_\_ **who is a manufacturing unit/ Authorized unit** for the last \_\_\_\_\_ years are given below and certified that the statement is true and correct.

---

<b>Sl.No.</b>	<b>Year</b>	<b>Turnover in Crores (Rs.)</b>
1.	2019-20	-
2.	2020-21	-
3.	2021-22	

---

**Average Annual Turnover** (for the above three years) in **Lakhs (Rs.)** \_\_\_\_\_

---

Date: \_\_\_\_\_ Signature of Auditor/  
Place: \_\_\_\_\_ Chartered Accountant  
(Name in Capital)

Seal \_\_\_\_\_ Membership No.-  
Registration No. of Firm

**Note:**

a) To be issued in the **letter head** of the Auditor/Chartered Accountant.

**Separate certificates** should be furnished for different manufacturer in case the bidder is quoting products of different manufacturers.

(To be submitted in *Cover A - Technical Bid*)

**Annexure VII** (Refer Clause no. 3.13)

**PROFORMA FOR PERFORMANCE STATEMENT**

(For the period of last three years)

Tender Reference No. :

Name of Tenderer :

Name of Manufacturer : \_\_\_\_\_ Name of the Item (s) : \_\_\_\_\_

Sl.	Order placed by (Address of purchaser) (attach documentary proof)*	Order no. & Date	Item Name	Make & Model	Qty	Value of Contract (Rs.)	Date of Completion		Reasons for delay if any	Have the goods been functioning satisfactorily (attach documentary proof)**
							As per contract	Actual		
1										
2										
..										
..										

**Signature and seal of the Tenderer**

\* The documentary proof will be **copies of the purchase order** (during the last 3 years) indicating Contract No. and date along with a notarized certification (by the bidder) authenticating the correctness of the information furnished.

\*\* The documentary proof will be certificate from the consignee/end user indicating Contract No. and date along with a notarized certification (by the bidder) authenticating the correctness of the information furnished.

(To be submitted in *Cover A -Technical Bid*)

**Annexure VIII A**  
(Refer Clause No. 3.14)

**STATEMENT REGARDING DEVIATIONS FROM TECHNICAL SPECIFICATIONS (IF ANY)**

Following are the Technical deviations and variations from the purchaser's Technical Specifications.

Sl. No.	Item Name	Clause of Technical Specification	Statement of Deviations/Variations if any
1			
2			
..			
..			
..			

In case there is no deviation from technical specification, Pl. Mention *No Deviation*.

Signature of the Bidder

Name:

Date:

Place:

Seal

(To be submitted in *Cover A -Technical Bid*)

**Annexure VIII B**  
*(Refer Clause No. 3.14)*

**DETAILS OF TECHNICAL SPECIFICATION OF THE PRODUCT OFFERED BY THE BIDDER**

<b>Sl. No.</b>	<b>Item Name</b>	<b>Make</b>	<b>Model</b>	<b>Detail Specification of the product offered* (Pl. Describe the detail specification of the product offered)</b>
1				
2				
..				
..				
..				

\* Leaflets/Technical Brocheures of the product offered must be attached in support of the information provided above.

SignatureoftheBidder

Name:

Date:

Place:

Seal

**AGREEMENT**

THIS AGREEMENT IS MADE AT \_\_\_\_\_ THIS THE DAY OF \_\_\_\_\_ 201\_\_

**BETWEEN**

Name of the Supplier  
with full address

Here in after called the “Supplier(s) \_\_\_\_\_” as 1<sup>st</sup> Party

**AND**

The CDM&PHO/C.M.O / M.O, I/c  
Health & F.W. Department  
Represented through the

\_\_\_\_\_ / **THE CONSIGNEE**  
Hereinafter called the “PURCHASER” \_\_\_\_\_ as 2<sup>nd</sup> Party.

Relying on the documents and representation of facts connected to the issue of aforesaid parties to undertake the responsibilities of sell and purchase of following equipment(s) etc. with the terms & conditions hereinafter laid down.

And whereas the 2<sup>nd</sup> party “Purchaser(s)” is willing to purchase

**Name of the Item:**

Specifications: As per specifications laid down in the Tender terms & conditions

The Supplier(s) has agreed to sell the equipment(s) completed in all respects according to the Tender requirements and their / his offer dtd. \_\_\_\_\_ and the Supplier(s) has also agreed to install to make them operative at the destination mentioned in the Tender document with the following descriptions and their cost mentioned against each.

<u>Description of goods:</u>	<u>Offered Price</u>	<u>Total</u>
------------------------------	----------------------	--------------

The price / cost of the item also include the followings in addition to above.

1. Insurance
2. Freight
3. Transportation
4. Customs duty / Excise duty
5. Charges for documents, instructions manual, tools
6. F.O.R. at the destinations mentioned in the consignee list
7. Training to doctors & technicians.

8. Maintenance of the system includes all accessories supplied and their spare parts required during comprehensive warranty period of two year at free of cost from the date of successful installation and satisfactory functioning of the system at the site.
9. Installation and commissioning of the system by the Supplier's engineer at site.
10. Any other charges including loading & unloading, packing & forwarding etc. will be paid by the Supplier(s) till the completion of the installation and turnkey job if any.

CMC cost for next 3 (three) years after the warranty period shall be paid after completion of the warranty period (on a six monthly basis).

## **TERMS AND CONDITIONS:-**

### **PRICE :**

Only the price quoted by the Supplier(s) in his / their financial proposal will be the price for payment and no other price escalation will be allowed at any circumstances.

### **TERMS FOR PAYMENT :-**

**A.** The payment(s) shall be made by purchaser in Indian currencies No advance payments towards cost of Instruments and Equipments etc. will be made to the tenderer. No payment will be made to the supplier if he has not deposited the unconditional performance security in shape of Bank draft amounting to 10% of greater than Rs.10000/- items which will be deposited in ZSS NON-NRHM Nuapada with the warranty for 2 years agreement to the consignee.

90% of the cost of the equipment (excluding CMC Cost)+100% & tax shall be released to the supplier on receipt of stock entry certificate and installation certificate (that it is working) from the consignee. The remaining 10% will be released after satisfactory working certificate received from the consignee after 6 weeks of installation subject to submission of performance security (10% of P.O. Value). For this purpose the supplier will submit two bills, one 90% of the cost of the equipment+tax and the other for the remaining ten percent (10%) of the cost of the equipment.

**B.** Before release of payment the supplier has to submit the signed agreement, warranty documents of equipment and turnkey job to the consignee. The undertaking as per Annexure – XI & XII will also be submitted to the consignee with photocopies to the purchaser.

**C.** The payment of CMC will be made on six monthly basis after expiry of the warranty period and signing of the CMC agreement.

### **INSTALLATION AND DEMONSTRATION :**

The installation and demonstration of the equipment shall be done by the Supplier(s) at free of cost at the installation site of the respective institutions.

### **TRAINING :**

Supplier(s) shall impart adequate training to 2 doctors and 2 technicians at the site / his / their factory / workshop inside / outside India as the case may be at the Supplier(s) cost.

## **COMPREHENSIVE WARRANTY :**

This warranty shall remain valid for two (2) years from the date of installation & commissioning of the machine / item & must be submitted at the time of installation to the consignee with a photocopy to the purchaser.

The warranty will cover all the parts of the machine or item and any replacement or repair required within the warranty period will be provided by the supplier free of cost at the destination point (Installation point). The supplier will take back the replaced parts / goods at the time of their replacement. No claim whatsoever shall be on the purchaser for the replaced parts / goods thereafter. No traveling allowances or transportation cost will be paid by the purchaser during warranty period.

The Supplier warrants that the Goods supplied under this contract are new, unused, of the most recent or current models and they incorporate all recent improvements in design and materials (even if the advanced facilities are not mentioned in our product specification) . The Supplier further warrants that all Goods supplied under this contract shall have no defect arising from design, materials or workmanship (except when the design and / or material is required by the Purchaser's Specifications) or from any act or omission of the Supplier, that may develop under normal use of the supplied Goods in the conditions prevailing in the place of final destination.

The Purchaser / consignee shall promptly notify the Supplier in writing / Fax / Telephone of any claims arising under this warranty.

Upon receipt of such notice, the Supplier shall with all responsible speed will repair or replace the defective goods or parts thereof without cost to the purchaser to maintain its UP TIME offered in the beginning of purchase otherwise penal provisions shall apply if the supplier fails to keep up its UP TIME.

If the Supplier, having been notified, fails to remedy the defect(s) within 10 days, the Purchaser may proceed to take such remedial action as may be necessary, like forfeiture of EMD or recovery from security deposit the amount of loss (which will be decided by CDM&PHO/C.M.O / S.D.M.O) incurred by the purchaser.

## **DELIVERY OF DOCUMENT :**

Three (3) copies of the Supplier invoice / bills showing purchase order number, good's description, quantity, unit price, total amount with stock entry certificate by the consignee.

Photocopy of the Insurance Certificate if any (The Original Certificate is to be given to the Consignee).

Attested Photocopy of Manufacturer's / Supplier's warranty certificate. (The original warranty certificate is to be submitted to the consignee at installation point).

**INSURANCE :**

For delivery of goods at site, the insurance shall be obtained by the Supplier(s) in an amount equal to 110% of the value of goods from “Warehouse” (final destination) on “All Risks” basis including natural calamities.

**PACKAGING :**

The supplier shall provide such packaging of the goods as is required to prevent their damage or deterioration during transit to their final destination. The packaging shall be sufficient to withstand without limitation rough handling during transit and exposure to extreme temperature, salt and precipitation during transit and upon storage. All primary packaging containers which come in contact with the item should strictly protect the quality and integrity of the Instruments & Equipments. Packing case size and weights should be taken into consideration, in case of remoteness of final destination and the absence of heavy handling facilities at all points in transit.

The packaging marking shall show the description of quantity of contents, the name of the consignee and address, the gross weight of the packages, the name of the supplier with a distinctive number of mark sufficient for purposes of identification. Each package shall contain:

- a. a packaging note quoting the name of the purchaser
- b. the number and date of order
- c. nomenclature of the goods
- d. schedule of parts for each complete equipment giving part number with reference to assembly.
- e. Name & address of the consignee
- f. Name & address of the supplier.

**TERMS OF CONTRACT :**

The CDM&PHO will be at liberty to terminate the contract either wholly or in part without assigning any reason. The tenderers will not be entitled to any compensation whatsoever in such terminations.

**PENALTIES :**

If the successful tenderer fails to execute the agreement and / or deposit the required security within the time specified or withdraws his tender after acceptance of his tender owing to any other reasons, he is unable to undertake the contract, his contract will be cancelled and the Earnest Money Deposit deposited by him along with his tender shall stand forfeited and he will also be liable for all damages sustained by the CDM&PHO by reasons of such breach, such as failure to supply / delayed supply including the liability to pay any difference between the prices accepted by him and those ultimately paid for the procurement of the articles concerned. Such damages shall be assessed by the CDM&PHO whose decision is final & binding in the matter.

If any articles or things supplied by the tenderer have been partially or wholly used or consumed after supply and are subsequently found to be in bad order, unsound, inferior in quality or description or are otherwise faulty or unfit for consumption / use & rusted then the contract price or prices of such articles on full will be recovered from the tenderer, if payment had already been made to

him or the tenderer will not be entitled to any payment for that item & no further order will be given to him. For infringement of the stipulations of the contract or for other justifiable reasons, the contract may be terminated by the CDM&PHO and the tenderer shall be liable for all losses sustained by the CDM&PHO in consequence of the termination which may be recovered from the Security Deposit made by the tenderer or other money due or become due to him.

Supply of sub-standard items or non - performance of tender terms & conditions will disqualify a firm to participate in the tender for the next five years.

**ARBITRATIONS :**

In the event of any dispute out of the contract, such dispute should be subject to the Jurisdiction of the Civil Court, Dist.NUAPADA or High Court, Odisha.

**CHANGE OF TERMS AND CONDITIONS :**

Any amendment to the terms & conditions and clauses of the agreement if required must be done in writing duly signed by the two parties.

IN WITNESS WHERE OF the parties herein to have set and subscribed their respective hands the day and year first herein above written.

Executed by Purchaser (s) / Consignee

Executed by Supplier(s)

In presence of (Witness)

In presence of (Witness)

**ANNEXURE – XI**

(Refer Clause No. 7.1 to 7.6)

**WARRANTY / GUARANTEE /CMC UNDERTAKING  
(to be submitted on Rs.50/- stamp paper)**

Tender ref. No. \_\_\_\_\_

Name of the equipment:

Date of Installation:

Name of the Consignee:

Name of the purchaser:

I / we / M/s \_\_\_\_\_

hereby declare that

- i. I / we do accept / Agree for the warranty / guarantee (2 years Warranty followed by 3 years CMC (Spares + Labour) as per this tender clause No. 7.1 to 7.6.
- ii. I / we will not charge / quote any extra price on account of the above said warranty / guarantee.
- iii. The 2year comprehensive warranty is valid from dt. \_\_\_\_\_ to dt. \_\_\_\_\_.
- iv. The 3 year CMC is valid from dt. \_\_\_\_\_ to dt. \_\_\_\_\_.

Date:

Place:

Signature of the competent authority

on behalf of the company / firm.

Seal of the firm.

**N.B:** 1. To be attested by Notary Public

2. Only to be submitted by the approved supplier / tenderer to the consignee and a copy to the purchaser before release of payment.

**UNDERTAKING**

**(to be submitted on Rs.50/- stamp paper)**

Tender ref. No. \_\_\_\_\_

Name of the equipment:

Date of Installation:

Name of the Consignee:

Name of the purchaser:

Sir,

I / we \_\_\_\_\_ hereby  
declare that

1. I / we am / are the manufacturers / authorized agents / distributors of \_\_\_\_\_  
\_\_\_\_\_.
2. I / we do accept / agree for the all clauses including the warranty 2 years followed by 3 years CMC) and payment terms and conditions of this tender.
3. I / we do hereby confirm that the prices / rates quoted are fixed and are at par with the prices quoted by me / us to any other Govt. of India / Govt. of Odisha Hospitals / Medical Institutions. I / we also offer to supply the stores at the prices and rates not exceeding those mentioned in the price bid.
4. I / we agree to abide by my / our offer for a period of 365 days from the date of approval of the tender.
5. I / we have necessary infrastructure for the maintenance of the equipment and will provide all the accessories / spares as and when required.
6. I / we also declare that in case of change of Indian Agent or for any other change, merger, dissolution solvency etc. in the organization of our foreign principles, we would take care

of the Guarantee / warranty / maintenance of the machinery / equipment and have provided written confirmation for the same.

7. I / we shall provide assistance to the consignee in clearance and delivery of store at consignee's stores / premises.
8. The demurrage / storage charges, if any, payable to the customs department, due to non-receipt of required documents in time by the hospital / delay due to incorrect entries, mistakes to the documents etc. shall be borne by me / us.
9. I / we have carefully read and understood all the terms and conditions of the tender and shall abide by them.
10. I / we undertake to get the equipment's repaired within 48 hours of receiving of the complaint from the indenting hospital / consignee failing which a penalty @ 1% of the cost may be recovered from the performance security before releasing the same to us after 5 years.

Signature of the witness  
Name & address

Signature of the Tenderer  
Name & address

Dated

Seal of the firm.

**N.B:** 1. To be attested by Notary Public

2. Only to be submitted by the approved supplier / tenderer to the consignee and a copy to the purchaser before release of payment.

# **ANNEXURE**

**(To be submitted in COVER B - PRICE BID)**

Sl No	Name of the Item	Specification	Unit	Name of the Manufacturer/Make & Model	Price quoted inclusive of all Taxes (Door Delivery)	Cost of AMC/CMC year wise (excluding service tax) for three years after expiry of 2 year comprehensive warranty
1		As per Sec V				
2		As per Sec V				
3		As per Sec V				
4		As per Sec V				
5		As per Sec V				
6		As per Sec V				

+

Signature & Seal of the Bidder

**Sd/-**  
Chief District Medical & Public Health Officer