

TERMS, CONDITIONS & SPECIFICATION FOR

Supply of Digitizing Maternal & Child Health through IoMT devices

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

Bid Reference – CDM&PHO/04/IOMT/2024-25

- Date of availability of bid document in website : **19.07.2024**
- Last date of availability of bid documents : **12.08.2024 upto 05PM**
- Last date & time of receipt of bid documents : **12.08.2024 upto 05PM**
- Pre Bid meeting date : **26.07.2024 at 11.30 AM**
- Date & time of opening of cover-A (Technical Bid) : **13.08.2024 at 12 Noon**
- Date of opening of Cover-B (Price Bid) : As decided by the Committee during technical bid opening/ evaluation.
- Place of opening of bid documents : O/o Chief District Medical & Public Health Officer, Nuapada
- Address for communication : O/o Chief District Medical & Public Health Officer,
Nuapada and At/Po/Dist- Nuapada, Odisha, Pin- 766105
- Receipt of bid documents

Sd/-
Chief District Medical & Public Health Officer,
Nuapada

SALE OF TENDER/BID DOCUMENT

The Bidders have to download the Tender Documents directly from the Website available at www.nuapada.odisha.gov.in The Tender cost fee of Rs.5000/- (Rupees Five Thousand only) is Non-refundable by way of a separate Demand Draft drawn in favor of **RKS DHH, Nuapada**, payable at SBI Nuapada should be enclosed along with the Technical Bid (Cover-A). The Bidders should specifically superscribe, “ **Supply of Digitizing Maternal & Child Health through IoMT devices** ” & **Bid No.CDM&PHO/04/IOMT/2024-25** on the top left corner of the outer envelope containing Technical Bid (Cover-A) and Price Bid (Cover-B) separately. The Technical Bid (Cover-A) & Financial Bid (Cover-B) should be enclosed by an outer Cover. The Tender cost fee and the EMD amount should be submitted separately in the shape of demand drafts in the technical bid. In case of any bid amendment and clarification, the responsibility lies with the bidders to collect the same from the O/o CDM&PHO, Nuapada, before the last date of submission of the tender document and the CDM&PHO, Nuapada shall have no responsibility for any delay/omission on the part of the bidder

Tender Paper Cost:

Rs.5000/-

(Non-refundable)

***** The tender paper will be rejected if the bidder changes any clause or Annexure of the bid document downloaded from the website *****

IMPORTANT INSTRUCTIONS TO BE NOTED CAREFULLY BY THE TENDERERS

1.	Mode of Procurement	Through Open Tender
2.	Purchaser	Health & FW Dept.
3.	Consignee	CDM&PHO, Nuapada
4.	Delivery Period	Within 45 days from the issue of the Purchase Order.
5.	Mode of Delivery	By Air / Road / Rail
6.	EMD	Rs.20000/- (Rupees Twenty Thousand) only per tender. The Earnest Money Deposit should be in the shape of a demand Draft/Banker's Cheque only in favor of ZSS Non-NRHM Nuapada drawn in any Nationalized / Scheduled Bank payable at SBI Nuapada. EMD exemption is not permitted except to local SSI units registered in Odisha. The certificate of EMD exemption to be produced.

OFFICE OF THE CHIEF DISTRICT MEDICAL AND PUBLIC HEALTH OFFICER: NUAPADA

(Central Store)

Bid Reference – CDM&PHO/04/IOMT/2024-25

TENDER NOTICE

Sealed Tenders in prescribed format are invited from the Manufacturers/ Importer /Authorized Distributors for supply of **Digitizing Maternal & Child Health through IoMT devices** for Nuapada District.

The Bidders should submit two separate sealed packets i.e., ***one for Technical Bid (Cover-A) and another for Financial Bid (Cover-B) to be superscribed on the cover of the packets separately and to be kept in a single cover which should be superscribed as “Tender for Digitizing Maternal & Child Health through IoMT devices.”*** The list of all the items with detailed specifications, eligibility criteria and Tender Terms and Conditions may be downloaded from the district website www.nuapada.odisha.gov.in

The sealed Tender will be received through Speed Post/ Reg. Post/Courier services only on or before **12.08.2024** till **05 PM** by the O/o CDM&PHO, Nuapada, and the said tender will be opened on **13.08.2024** **At 12 Noon** in the presence of Bidders or their Authorized Representatives in the office of O/o CDM&PHO, Nuapada and absence of any of them will not be bar to open the quotation. Tenders received incomplete or after the scheduled date & time shall be rejected and returned unopened to the respective bidders.

The rate should be quoted for each item in F.O.R destination including all incidental Charges and GST.

The undersigned reserves the right to reject any or all tenders without assigning any reason thereof. All legal disputes if any relating to the quotations is subject to Jurisdiction Nuapada Court, Odisha (state) only.

Sd/-
CDM&PHO,
Nuapada

TENDER TERMS AND CONDITIONS

1. Tenders should be Type Written or Computerized and every correction in the tender should invariably be attested with signature by the tenderer with date before submission.
2. Every page submitted by the tenderer should be numbered at the top & same page number should be put in the checklist.
3. Rates quoted by bidders of Black listed manufacturing firms will not be considered & the Bidders should submit an undertaking that the manufacturer/distributor/supplier is not blacklisted by any Govt. Organization.
4. Other conditions as mentioned in Tender Call Notice are applicable.

ELIGIBILITY CRITERIA

1. The Bidders should enclose a copy of a Valid PAN
2. GST Registration Certificate.
3. An undertaking by the Bidder regarding non-blacklistment as per Annexure IV with appropriate stamp value (Rs.20/-) must be submitted along with the bid.
4. Each page must be signed with seal & serially numbered according to the annexure.
5. Tender document fee of **Rs.5000/- (Rupees five thousand only)** in the shape of Demand Draft drawn from any Nationalized Bank in favor of **RKS DHH Nuapada**, payable at SBI Nuapada to be enclosed with tender paper which is non-refundable.
6. An Account Payee Demand Draft for **Rs.20000/- (Rupees Twenty Thousand)** as E.M.D. drawn from any Nationalized Bank in favor of **“ZSS Non-NRHM Nuapada”** payable at SBI Nuapada to be enclosed with tender paper which will be returned to the unsuccessful Bidder and EMD of successful Bidders will be returned after completion of One Year.
7. The average annual turnover during the last three financial years must be **Rs 100,00,000/- (Rupees one crore only) or more**. The bidders have to submit the Average Annual Turnover Certificate duly signed by a Chartered Accountant in their letter pad with UDIN. The Audited Financial Statement for last three financial years in support of Turnover must be submitted along with Bid documents.
8. Valid CE/FDA / CDSCO approved for the said equipment/instrument must be submitted.
9. Valid Registration Certificate of the Firm/ Bidder must be submitted.
10. Platform Providers must have deployed for at least 1 Central /State Government Organization/ Public Listed Company project (Digitizing Ante-natal care through IoMT (Internet of Medical Things) medical devices in last 1 year.
11. Valid Authorization Certificate from the manufacture/ importers, if the bidder is an authorized distributor must be submitted in original.
12. List of quoted items as per the Annexure- II must be submitted.
13. Deviation /No Deviation statement as per Annexure - VII Duly signed along with seal must be submitted.
14. Leaflet/Technical Brochures of the product/item offered must be submitted for.
15. The Bidder Should submit ISO 9001:2015, ISO 14001:2015, ISO 45001:2018, ISO 10002:2018
16. The firm should have experience in the supply of the same or similar items to Govt. / Pvt. Organizations during the last three years. The firm has to furnish the work order/ contract copies in support of that.
17. The Firm will submit the Performance / Experience Certificate of at least Two Years for Supply of the same & similar to the Govt. or Non-Govt. Health Facilities.

TECHNICAL BID (Cover-A):

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.
2. List of Item (s) Quoted with name of the Make & Model of the item (s) (**Annexure –II**)
3. Earnest Money Deposit of **Rs 20000/-** in shape of Demand Draft & tender document fee of **Rs. 5000 /-** should be enclosed.
4. Detail name, address, telephone no., Fax, e-mail of the manufacturer / authorized distributor / service center / contract person / office (**Annexure -III**).
5. The declaration regarding non blacklistment in **Annexure - IV** duly signed by the tenderer before Executive Magistrate / Notary public.
6. Manufacturer's Authorization Format in **Annexure –V** (In case the bidder is not the manufacturer).
7. Certificate duly filled by the Auditor / Chartered Accountant (as per **Annexure –VI**) that the average annual turnover of the tendering firm is **Rs 100,00,000/- (Rupees one crore only) or more** the last 3 (three) financial years. The Audited Financial Report in support of Turnover must be submitted.
8. Deviation/No Deviation Statement from Technical Specification & details of technical specification of the product (**Annexure-VII**)
9. Leaflet/Technical Brochures of the product/items offered.
10. Copy of Valid Manufacturing License of the manufacturer (s) / Import License by the Importer (also to be submitted by the authorized distributor).
11. Copy of Valid **CE /FDA/CDSCO Approved** certificates
12. Copy of valid **GST Registration**.
13. Purchase order along with performance certificate
14. The Original Tender Document with Conditions and the schedules signed by the tenderer at the bottom of each page with his official seal duly affixed.

COVER – B (PRICE BID)

1) The tender format in which quoted rate for medical equipment should be submitted in a separate sealed cover hereafter called **Cover “B” (Price Bid)**. **Cover –B (Price Bid) will be opened only of the Bidders who qualify in Technical Bid (Cover – A) and the product is as per the tender specification.**

The tender format (Price Schedule) in the prescribed form (as per **Annexure – IX** must be submitted in Cover-B. The price of the item should be quoted inclusive of excise duty, insurance, packing, forwarding, freight (door delivery) and warranty for 1 year. The price of AMC for 1 year should be quoted in a separate column. The rate should be quoted for *each item* both in figures and words. **In case of difference in words and figures, words will be taken into consideration for evaluation.**

N.B: Valid means the certificate should be valid on or beyond the date of opening of tender

The **Cover “B”** of Bidder, who qualifies in their technical bid, will only be opened at the office of the CDM&PHO, Nuapada by the CDM&PHO, Nuapada in the presence of the tenderers or their authorized representatives.

REJECTION OF TENDER

The bidder will be rejected, if any of the documents prescribed in common eligibility criteria and the documents prescribed in technical eligibility criteria are wanting/not submitted with the tender.

EARNEST MONEY DEPOSIT

The Earnest Money Deposit shall be **Rs. 20,000.00/- (Rupees Twenty thousand)** only. The Earnest Money Deposit will be submitted in the shape of demand Draft only **in favour of ZSS Non-NRHM Nuapada**, from any Nationalized / Scheduled Bank payable at SBI Nuapada.

The EMD of the unsuccessful tenderers will be returned back without interest and EMD of successful tenderer will be returned after submission of performance security without interest.

The EMD will be forfeited if the tenderer withdraws the tender or doesn't supply the items (in case of successful bidder) within the stipulated time period.

SECURITY DEPOSIT: (Performance Security)

The **performance Security** should be submitted in shape of Bank Draft/Bank Guarantee from a Nationalized Bank in favor of **ZSS Non-NRHM Nuapada** equal to the amount of **2% of the purchase order value of the item** within 21 days of issue of the purchase order.

The Performance Security will be returned to the tenderer without interest after 6 weeks from the date of installation. Performance Security will be forfeited if there is any violation of the tender terms and conditions.

COMPREHENSIVE WARRANTY &AMC:

The comprehensive warranty will remain valid for 1 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 the end user and consignee after installation.

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.

The Supplier shall warrant that the Goods supplied under this contract are new, unused, of the most recent or current models and they incorporate us recent Improvements in design and materials. The Supplier shall further warrant that all Goods supplied 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.

AMC: The tenderer shall also undertake to provide offer for AMC for the next one (1) years after one (1) year of warranty. No extra cost will be paid other than the AMC cost for functioning of the item during this period.

The selected firm should have a service availability across India

All warranty certificates must be handed over to the consignee after installation.

TRANINING & OPERATIONAL MANUAL:

The firm / supplier will provide hands on training to the end users in his own cost for operating / handling the medical equipments within 45 days of installation of equipment.

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.

ACCEPTANCE OF TENDER AND SUPPLY CONDITIONS:

The CDM&PHO Nuapada reserves the right to reject or accept the tenders for the supply of the item tendered without assigning any reason thereof. The tenderers will not be entitled to any compensation whatsoever for such termination.

The supply of items should be completed within 45 days from the date of issue of purchase order unless otherwise specified and door delivery basis. If no supply is received even after 60 days or 88 days with liquidated damage (L.D @0.5% for each week of delay subject to maximum 4 weeks permissible) from the date of issue of the purchase orders from the purchaser. Such orders will stand cancelled automatically without further notice. The approved firm shall also suffer forfeiture of the EMD and Performance Security Deposit.

EVALUATION:

The rates of the item quoted by the tenderer who qualify technically will be evaluated after taking the following points into consideration: -

- a) Rate of the medical equipment will be taken after inclusion of the excise duty / customs duty, transportation, insurance, packing & forwarding & comprehensive warranty for one (1) years & AMC for next three (3) years but excluding GST
- b) The cost of the medical equipments (excise duty / customs duty, transportation, insurance, packing & forwarding & comprehensive warranty for 1 years but excluding GST) & cost of AMC for next one (1) year after warranty will be added and the lowest responsive bidder will be selected.

TERMS OF PAYMENT:

No advance payments towards cost of equipment's will be made to the tenderer. 100% of the cost of the equipment **including AMC Cost** + 100% tax shall be paid to the supplier on receipt of the stock entry certificate, installation and demonstration of the item from the consignee.

ANNEXURE-I

Check list for Supply of Digitizing Maternal & Child Health through IoMT devices

(To be submitted in Cover A Technical Bid)

Note: The documents must be arranged serially as per the order mentioned in the check list

Please put (Tick mark) in the respective box

COVER – A (TECHNICAL BID)

SL No.	PARTICULARS	SUBMITTED or NOT		PAGE NO	
		YES	NO	FROM	TO
1	List of Item (s) Quoted Annexure-II				
2	Tender document fees of Rs.5000 /-				
3	Earnest Money Deposit of Rs.20000 /-				
4	Details of Manufacturing Unit / contract person Liaisoning agent / servicing center (Annexure-III)				
5	Declaration form (Annexure -IV) signed by the bidder & affidavit before Notary Public / Executive Magistrate				
6	Manufacturer's Authorization Format (Annexure -V) from manufacturer / importer if the bidder is an authorized distributor				
7	Copy of Audited Balance sheet for the last three financial year (...) of Bidders along with the annual average turnover certificate of Rs 100,00,000/- (Rupees one crore only) or more (as per Annexure VI)				
8	Deviation/No deviation Statement (Item wise) & details of technical specification (Annexure -VII)				
9	Leaflets/Technical Brochures of the Products offered				
10	Photocopy of valid CE				
11	Photocopy of PAN				
12	Photocopy of organization Registration certificate of bidder.				
13	Photocopy of GST Registration (If applicable)				
14	Purchase order & performance certificate				
15	Bidder ISO certificates				
16	Copy of original Tender and schedules, duly signed by the Bidder				

ANNEXURE II

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

LIST OF ITEMS(S) QUOTED

Sl.	Name of Item(s)	Name of Manufacturer	Make	Model Name
1.	Digital Blood Pressure Monitor			
2.	Digital Blood Glucometer			
3.	Digital Hemoglobinometer			
4.	Digital Fetal Heart Monitor			
5.	Digital Body Weighing Machine			
6.	Digital Pulse Oximeter			
7.	Urinalysis Kit			
8.	Mobile Application			
9.	Mobile Phone			
10.	Briefcase/Bag			

Signature of the Bidder:

Date:

Official Seal:

ANNEXURE –III

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

DETAILS OF THE BIDDER & LOCAL CONTACT PERSON

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

Signature of the Bidder:

with seal

Date:

Official Seal:

ANNEXURE –IV

(To be submitted in **Cover A -Technical Bid**)
DECLARATION/ UNDERTAKING FORM

I/ We
my / our

having
office

at.....do declare that I / We have carefully read all the terms & conditions of tender “Supply of Digitizing Maternal & Child Health through IoMT devices.” 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-recognized / blacklisted by any State Govt. / Union Territory / Govt. of India / Govt. Organization / Govt. Health Institutions for the 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 center / will establish a service center within one month of installation of the equipment in

Signature of the bidder:

Date:

Seal

Name & Address of the Firm:

N.B; 1) Affidavit before Executive Magistrate / Notary Public.

2) Should be in appropriate stamp paper (Rs.20)

ANNEXURE –V

(To be submitted in **Cover A -Technical Bid**)
MANUFACTURER’S AUTHORISATION FORMAT

To

The _____
Dept. of Health & Family Welfare
Govt. of Odisha

Ref: Tender No. _____ Dated _____ for _____.

We, _____ are the manufacturers of _____
_____ (name of equipment(s) having factories at _____

Dear Sir,

_____.

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/AMC as 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** 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.

ANNEXURE –VI

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

ANNUAL TURN OVERSTATEMENT

The Annual Turnover for Equipment products of M/s _____ **who is Bidder** for the last _____ years are given below and certified that the statement is true and correct.

Sl.No.	Year	Turnover in Lakhs (Rs.)
1.	-
2.	-
3.	-

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

Date:
Place:

Seal

Signature of Auditor/
Chartered Accountant
(Name in Capital)

Membership

No.- Registration No.

of Firm

Note: To be issued in the **letter head** of the Auditor.

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

ANNEXURE VII

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

DETAILS OF TECHNICAL SPECIFICATION OF THE PRODUCT OFFERED BY THE BIDDER

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

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

Signature of the Bidder Name:

Date:

Place:

Seal

ANNEXURE

(To be submitted in COVER B - PRICE BID)

To be submitted in Cover B –Price Bid

ANNEXURE-IX

MODEL TENDER FORMAT (PRICE SCHEDULE)

Name of the Item (Item mentioned in the schedule of requirement) (With Make & Model)	Specification (Section V)	Unit Price of One Set of Equipment's/ Instruments which includes excise duty / customs duty, packing, insurance, forwarding / transportation (door delivery) with (one) years onsite warranty & Two years AMC and support excludes GST	GST on & above the item price mentioned in (3) (Mention whether CGST / SGST and ET, the % of tax & it's value in Rs.)
		Cost in Rs. (Both in words & figures)	
(1)	(2)	(3)	(4)

*** The total cost shall be taken into account for evaluation. This will exclude the CST/GST if any. CST/GST which will be chargeable on the price (3)**

**** The cost of turnkey shall only be quoted if any specific accessories/equipment is required for installation & commissioning. In case of turnkey, the details of accessories/equipment are to be mentioned.**

Signature of the Bidder:

Name:

Date:

Place:

ANNEXURE -X

**WARRANTY / GUARANTEE /AMC UNDERTAKING
(To be submitted on Rs.20/- 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 (1 years Warranty followed by 3 years AMC (Spares + Labour) as per this tender.
- ii. I / we will not charge / quote any extra price on account of the above said warranty /guarantee.
- iii. I / we do accept / agree to provide uptime guarantee 95% as per this tender.
- iv. The 1-year comprehensive warranty is valid from dt. _____ to dt. _____.
- v. The 3-year AMC is valid from dt. _____ to dt. _____.

Date:

Signature of the competent authority

Place:

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.

(Applicable only for Section B)

UNDERTAKING
ANNEXURE -XI

(To be submitted on Rs.20/- 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 1 year followed by 3 years AMC) 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 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.

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
3. Applicable only for section B.

Financial Bid (Cover-B)

Table-A (Equipment Instruments)

Sl No.	Name of the Item	Specification	Unit / Pack size	Name of the Manufacturing Firm	Unit Rate (In Rs.)	GST (In Rs.)	Total Cost (In Rs.)
1	2	3	4	5	6	7	8
1	Digital Blood Pressure Monitor	As per Technical Specification	1				
2	Digital Blood Glucometer	As per Technical Specification	1				
3	Digital Hemoglobinometer	As per Technical Specification	1				
4	Digital Fetal Heart Monitor	As per Technical Specification	1				
5	Digital Body Weighing Machine	As per Technical Specification	1				
6	Digital Pulse Oximeter	As per Technical Specification	1				
9	Urinalysis Kit	As per Technical Specification	1				
10	Mobile Application	As per Technical Specification	1				
11	Mobile	As per Technical Specification	1				
12	Bag / Briefcase	As per Technical Specification	1				
TOTAL							

N: B- The Total Cost (inclusive of all equipment and mobile application) will be taken into consideration for evaluation of the financial bid and selection of L1 bidder.

Table-B (STRIP & CONSUMABLE)

Sl.No.	Device Name	Strip Name	No. of Strips/ Pack	Unit Rate / Pack (In Rs.)	GST (In Rs.)	Total Cost (In Rs.)
1	Digital Hemoglobinometer	Hemoglobin Strips				
2	Digital Glucometer	Glucometer Strips				

TECHNICAL SPECIFICATIONS

1. Purpose of the project: Digitizing Maternal & Child Health through IoMT devices to improve healthcare access an efficiency which benefits the Pregnant Women and Child, as it allows continuous monitoring of the health parameters of the Pregnant women and Child. The Digital Diagnostic application's ability to integrate multiple medical devices onto a single platform can streamline the diagnostic process and enable the real-time monitoring of the screened population and facilitate timely interventions to reduce complications.

2. Project Deliverables:

- Easy Carrying Portable Kit with devices
- Instant reports for the test performed and transmits real-time data
- Data Server based in India
- Application Integrated devices

3. Devices Specifications

1. DIGITAL BLOOD PRESSURE MONITOR:

PARAMETERS	SPECIFICATIONS
Type	Upper Arm
Display	LCD
Date and Time	Yes
Connectivity	Bluetooth
Battery	Yes
Number of Batteries Required	2-4
Function	Automatic
Pressure Measurement Range	0-280 mmHg
Minimum Pulse Measurement Range	30 to 50 beats/min
Maximum Pulse Measurement Range	180 to 199 beats/min
Pressure Measurement Accuracy	±3 mmHg
Other	Indicates on Low Battery, automatic switch-off
Error check	Inbuilt process error algorithms
Clinical Parameters	Blood Pressure, Pulse
Product Certification	ISO or CE or FDA or CDSCO Approved

2. DIGITAL BLOOD GLUCOMETER:

PARAMETERS	SPECIFICATIONS
Connectivity	Bluetooth / Mobile Jack
Display	Digital / Display on Mobile
Error Check	In built-process error algorithms
Measuring Source	STRIP
Glucose Measuring Range/DI	10 mg/dL to 700 mg/dL
Reading Time (In S)	5- 10 sec
Sample Quantity	At least 0.5 μ L
Operating Temperature Range, °C	5 to 45 °C
Clinical Parameters	FBS, PPBS, RBS TESTS
Battery	YES
Product Certification	ISO or CE or FDA or CDSCO Approved

3. DIGITAL HEMOGLOBINOMETER

PARAMETERS	SPECIFICATIONS
Connectivity	Bluetooth / Mobile Jack
Measuring Source	STRIP
Accuracy	<5% CV
Measuring Range	2 to 25 g/dL
Test Time	30-60 seconds
Blood Volume	~ 8 to 15 μ L
Operating Temperature	5 to 50 ° C
Error Check	In built-process error algorithms
Battery	Yes
Clinical Parameters	Hb level
Product Certification	ISO or CE or FDA or CDSCO Approved

4. DIGITAL FETAL HEART MONITOR

PARAMETERS	SPECIFICATIONS
Display	LCD Display
Display Range	50-230bpm (± 2 bpm)
Working Frequency	2.0-3.0MHz
Instrument Type	Portable
Others	Built-in Abnormal heart rate detection
Error Check	In built-process error algorithms
Connectivity Type	Bluetooth
Product Certification	ISO or CE or FDA or CDSCO Approved

5. DIGITAL WEIGHING SCALE:

PARAMETERS	SPECIFICATIONS
Connectivity	Bluetooth
Maximum User Weight	180kg / 400lb
Display	LED / LCD
Product Certification	ISO or CE or FDA or CDSCO Approved
Battery	Yes
Error Check	In built-process error algorithms
Indication	Low Battery Indication
Sensors	High Precision strain gauge sensors
Other	Step power on/auto power-off
Clinical parameters	Body weight, BMI
Conversion	KG/LB/ST

6. DIGITAL PULSE OXIMETER

PARAMETERS	SPECIFICATIONS
Connectivity	Bluetooth
Battery	Yes
Battery Level Indication	Yes
Product Certification	ISO or CE or FDA or CDSCO Approved
Error Check	In built-process error algorithms
Product Type	Portable
Others	Auto-Shut off Function
Clinical Parameters	Oxygen Saturation Levels, Pulse Rate, Perfusion Index (Pi)

7. MOBILE

PARAMETERS	SPECIFICATIONS
OS	Android 10 or More
RAM	8 GB and above
Display	Touch LCD
Network and connectivity	Minimum 4G, WIFI, Bluetooth, MDM, Integration with other portal
Battery	Rechargeable lithium battery

8. URINALYSIS KIT

PARAMETERS	SPECIFICATIONS
Kit Type	STRIP
Integrated in Mobile Application	Yes
Clinical Parameters	Protein and Glucose (Ability to add other parameters)

9. MOBILE APPLICATION REQUIREMENT

- OS- Android
- Single Mobile application for multiple Point of Care devices
- Data captured directly through Bluetooth/Micro USB/ Audio Jack Connected Medical Devices
- Digital Report Delivery – SMS/WhatsApp /Email
- Error Prevention algorithms to detect the abnormal readings
- Internet connectivity- 4G and above
- Application should work in offline mode
- RAM -2GB recommended
- Minimal white labelling of application
- Application should have the capability to upgrade and change the devices without interrupting the ongoing operations

10. PLATFORM CAPABILITY

- Plug and play solution and should be an open platform to upgrade many devices like Wearables, Patches and Sensors as per the requirements
- Platform should have the capability to upgrade and change the devices without interrupting the ongoing operations
- Integrated with WhatsApp bot
- Teleconsultation plug-in
- Historical Report generation of Individual
- Cloud-based security for the stored data, easy retrieve ability with the backup system
- Continued Online training support
- Dashboard- Population Health Analytics
- Customized reports
- Platform must have deployed for at least 1 Central /State Government Organization/ Public Listed Company project (Digitizing Ante-natal care through IoMT (Internet of Medical Things) medical devices in last 1 year.
- Platform provider should have variety of devices to reduce our supply chain problems

11. BAG/BRIEF CASE:

- A customized briefcase with compartments tailored to accommodate specific devices
- Material of the briefcase can be Polypropylene or others
- Additionally, it should feature an outer Nylon bag
- Briefcase should be durable and portable
- Customizations like logo in Bag/Briefcase to be added
- Briefcase should weigh between 3 to 6 Kgs

Sd/-
Chief District Medical & Public Health Officer,
Nuapada