TERMS, CONDITIONS FOR SUPPLY AND INSTALLATION OF INSTRUMENTS & EQUIPMENTS 2024-25

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

Bid Reference No. CDM&PHO/05/EIF-NY/2024-25

DATE OF AVAILABILITY OF BID DOCUMENTS IN WEBSITE: 19.07.2024

LAST DATE & TIME OF RECEIPT OF BID DOCUMENTS : 12.08.24 upto 05 PM

DATE & TIME OF OPENING OF COVER-A (Technical Bid) : 13.08.24 at 04 PM

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:
AND
RECEIPT OF BID DOCUMENTS

O/o Chief District Medical & Public Health Officer, Nuapada

Tel:
Email: cdmocumdmdnuapada@gmail.com/
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.odisha.gov.in The Tender paper cost fee of Rs.5000/- (Five Thousand only (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 EIF 2024-25" & Tender reference CDM&PHO/05/EIF-NY/2024-25 (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. The CDM&PHO, Nuapada shall have no responsibility for any delay / omission on part of the bidder.

The 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 **45 days** from issue of the work order.
5.	Mode of Delivery	By Air / Road / Rail/by Hand
6.	Guarantee / Warranty	**Guarantee / Comprehensive warranty**: including spares, maintenance etc. for a period ***5(five) years*** from the date of installation & commissioning.
7.	EMD	Rs.20, 000.00 (Rupees Twenty 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

1.1 Sealed tenders will be received by Dated **12.08.24** Tender for Supply and installation of **EIF** for the year 2024-25 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 envelops 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 EIF 2024-25" & Tender reference CDM&PHO/05/EIF-NY/2024-25.**

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 04PM on **13.08.24** 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(510K/CFG) & EU-CE/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.**01 Crore** 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. 20000 (Rupees Twenty Thousand) only (refundable in case of non selected 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.01 Crore 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(510K/CFG) & EU-CE 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.

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 5 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 type written 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 5 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_2 / L_3 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+tax and 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 equipments within 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 5 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 five (5) 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

SECTION - V

Technical specifications for Equipment

1. ABDOMINAL HYSTERECTOMY SET

Product & Manufacturing Quality Standard certification for Instruments: -

1. The quoted product should be USFDA approved (device listed with registration under valid FEI number having GMP/510K/CFG/PMA) OR EU-CE issued from notified body having notified number.
2. The manufacturer should have EN ISO 13485 certificate issued from a notified body OR ICMED 13485 (with or without plus) certificate issued from certification bodies accredited by NABCB OR ISO 13485 certificate issued from certification bodies accredited by NABCB / Nationally Recognized Accreditation Board under IAF MLA.
3. The instrument should Autoclavable
4. The Instruments must be vacuum-hardened, in order to receive the necessary hardness tenacity and corrosion resistant. Supporting test reports / certificates must be furnished.
5. Stainless steel material Grade should be AISI 410 and 420 certified and should be supported by test reports.
6. Instruments should carry Laser marking indicating the Manufacturer's name and Batch No/ Lot No/ bar code/ QR code, and Country of Origin.
7. The Manufacturer should have ISO 9001 Certificate.
8. All instruments should be provided with 2yrs of free replacement warranty.

ABDOMINAL HYSTERECTOMY SET		
Sr No	Particular	Quantity
1	B. P Handle No.4	2
2	Dissecting Forceps Plain 6"/Tooth 6"	2
3	Dissecting Forceps Plain 8"/Tooth 8"	2
4	Towel Clip 6"	8
5	Scissors Mayo Straight 7" T.C	1
6	Scissors Metz Curved 8" T.C	1
7	Scissors Mayo Curved 7" T.C	2
8	Needle Holder thich 8" T.C	2
9	Balfour retractor medium 8"	1
10	Artery forceps straight 8"	2
11	Artery forceps Mosquito curved 5"	4
12	Artery forceps curved 6"	8
13	Artery forceps curved 8"	4
14	Kocher Curved 8"	4
15	Sponge Holder 10"	2
16	Babcock forceps 6"/8" atraumatic	4
17	Allis Forceps 6"/8"	12
18	Valsellum 9"	2
19	Hysterectomy Clamps 8"	4
20	Mixtar Clamp 7"	1
21	Myoma Screw	2
22	Metal Catheter	1
23	C retractor	3
24	Devears retractor assorted	2
25	Copper malleable retractor	2

26	Doyens retractor	1
27	Suction tip Yankeurs/poole	2
28	S.S. Kidney tray 12"	1
29	S.S. Bowl 10 cm	2

2. VAGINAL HYSTERECTOMY SET

Product & Manufacturing Quality Standard certification for Instruments: -

1. The quoted product should be USFDA approved (device listed with registration under valid FEI number having GMP/510K/CFG/PMA) OR EU-CE issued from notified body having notified number.
2. The manufacturer should have EN ISO 13485 certificate issued from a notified body OR ICMED 13485 (with or without plus) certificate issued from certification bodies accredited by NABCB OR ISO 13485 certificate issued from certification bodies accredited by NABCB / Nationally Recognized Accreditation Board under IAF MLA.
3. The instrument should Autoclavable
4. The Instruments must be vacuum-hardened, in order to receive the necessary hardness tenacity and corrosion resistant. Supporting test reports / certificates must be furnished.
5. Stainless steel material Grade should be AISI 410 and 420 certified and should be supported by test reports.
6. Instruments should carry Laser marking indicating the Manufacturer's name and Batch No/ Lot No/ bar code/ QR code, and Country of Origin.
7. The Manufacturer should have ISO 9001 Certificate.
8. All instruments should be provided with 2yrs of free replacement warranty.

VAGINAL HYSTERECTOMY SET		
Sr No	Particular	Quantity
1	B. P Handle No.4	2
2	Dissecting Forceps Plain 6"	1
3	Dissecting Forceps Tooth 6", 7",8"	3
4	Towel Clip 6"	12
5	Scissors Mayo Straight 7" T.C & Cd 7" T.C	4
6	Scissors Metz Curved 7" T.C/ T.C 9"	3
7	Needle holder thick 8" T.C/9" T.C	2
8	Needle holder Angled 7" T.C	1
9	Artery forceps Curved 6"	10
10	Artery forceps Curved fine 8"	6
11	Sponge Holder 10"	3
12	Allis forceps 6"/8"	12
13	Kocher curved 6"	6
14	Kocher Straight 8" & Curved8"	12
15	Valsellum 10"	4
16	Anterior Vaginal wall retractor	1
17	Bladder retractor	2
18	Bladder sound	1
19	Sims Spaculum No. 2 & 3	4
20	Uterine sound	1
21	Suction tip yasnkeur	2
22	Metal Catheter	1
23	Cats paw forceps	2

24	Kirteller Speculum	4
25	Hysterectomy clamps curved 9"	2
27	Tenaculum forceps 10" 1	1
28	Haney's clamp 8"	2
29	Babcock forceps 8" atraumatic	2

3. MAJOR SURGERY SET

Product & Manufacturing Quality Standard certification for Instruments: -

1. The quoted product should be USFDA approved (device listed with registration under valid FEI number having GMP/510K/CFG/PMA) OR EU-CE issued from notified body having notified number.
2. The manufacturer should have EN ISO 13485 certificate issued from a notified body OR ICMED 13485 (with or without plus) certificate issued from certification bodies accredited by NABCB OR ISO 13485 certificate issued from certification bodies accredited by NABCB / Nationally Recognized Accreditation Board under IAF MLA.
3. The instrument should Autoclavable
4. The Instruments must be vacuum-hardened, in order to receive the necessary hardness tenacity and corrosion resistant. Supporting test reports / certificates must be furnished.
5. Stainless steel material Grade should be AISI 410 and 420 certified and should be supported by test reports.
6. Instruments should carry Laser marking indicating the Manufacturer's name and Batch No/ Lot No/ bar code/ QR code, and Country of Origin.
7. The Manufacturer should have ISO 9001 Certificate.
8. All instruments should be provided with 2yrs of free replacement warranty.

MAJOR SURGERY SET		
SR NO	INSTRUMENT SET NAME	QUANTITY
1	SELF RETAINING RETRACTOR (MEDIUM)	1
2	DOYEN'S RETRACTOR (MEDIUM)	1
3	DEAVER'S RETRACTOR	5
4	DEVER'S WITH HEART ANGLE	1
5	MALLIABLE RETRACTOR	3
6	DOYEN'S RETRACTOR	3
7	SIM'S SUCTION	1
8	YANKER SUCTION METALIC	1
9	MORRIES RETRACTOR	3
10	INSTRUMENT HANGER	1
11	SPONGE HOLDER (LONG)	2
12	KOCHER'S FORCEP STRAIGHT	2
13	KOCHER'S FORCEP CURVED	2
14	BOWEL CLAMP STRAIGHT LONG	2
15	BOWEL CLAMP STRAIGHT SMALL	1
16	BOWEL CLAMP CURVED LONG	1
17	MIXTER LONG	1
18	MIXTER MEDIUM	1
19	MIXTER SMALL	1
20	ALLIES FORCEP LONG	4
21	BABCOCK'S FORCEP LONG	4

22	LONG ARTERY 12" (KELLY)	6
23	NEEDLE HOLDER FINE LONG	1
24	NEEDLE HOLDER STRONG LONG	2
25	NEEDLE HOLDER FINE MEDIUM	2
26	needle holder strong small	2
27	MAYO SCISSOR STRAIGHT	1
28	MAYO SCISSOR CARVED	1
29	STELY SCISSOR CURVED LONG	1
30	STELY SCISSOR STRAIGHT MEDIUM	1
31	STELY SCISSOR CURVED MEDIUM	1
32	STELY SCISSOR CURVED SMALL	1
33	SCOOP (CURRETT)	1
34	DEBAKY'S FORCEP (VASCULAR) LONG	3
35	TOOTH FORCEP LONG	2
36	PLAIN FORCEP LONG	2
37	TOOTH FORCEP FINE MEDIUM	1
38	PLAIN FORCEP FINE MEDIUM	1
39	Debaky"sforcep [vascular] small	1
40	Kidney tray big	1
41	Big bowl	1
42	Small bowl	1
43	Vein loop	3

4. MINOR SURGERY SET

Product & Manufacturing Quality Standard certification for Instruments: -

1. The quoted product should be USFDA approved (device listed with registration under valid FEI number having GMP/510K/CFG/PMA) OR EU-CE issued from notified body having notified number.
2. The manufacturer should have EN ISO 13485 certificate issued from a notified body OR ICMED 13485 (with or without plus) certificate issued from certification bodies accredited by NABCB OR ISO 13485 certificate issued from certification bodies accredited by NABCB / Nationally Recognized Accreditation Board under IAF MLA.
3. The instrument should Autoclavable
4. The Instruments must be vacuum-hardened, in order to receive the necessary hardness tenacity and corrosion resistant. Supporting test reports / certificates must be furnished.
5. Stainless steel material Grade should be AISI 410 and 420 certified and should be supported by test reports.
6. Instruments should carry Laser marking indicating the Manufacturer's name and Batch No/ Lot No/ bar code/ QR code, and Country of Origin.
7. The Manufacturer should have ISO 9001 Certificate.
8. All instruments should be provided with 2yrs of free replacement warranty.

MINOR SURGERY SET		
SR NO	INSTRUMENT SET NAME	QUANTITY
1	C RETRACTOR	3
2	RIGHT ANGLE L RETRACTOR LARGE	2
3	RIGHT ANGLE L RETRACTOR MEDIUM	2
4	RIGHT ANGLE L RETRACTOR SMALL	2

5	CZERNY'S CYTINDER RETRACTOR	2
6	INSTRUMENT HANGER	2
7	SPONGE HOLDER FORCEP	2
8	LEN'S FORCEP	2
9	KOCHER'S FORCEP STRAIGHT	2
10	KOCHER'S FORCEP CURVED	2
11	MIXTER LONG	1
12	MIXTER SMALL	1
13	ALLIES FORCEP LONG	2
14	ALLIES FORCEP MEDIUM	4
15	LONG ARTERY 12"	2
16	BABCOCK FORCEP	4
17	STRAIGHT ARTERY 6"	6
18	CURVED ARTERY FORCEP 6"	6
19	MOSQUITO FORCEP CURVED 4"	8
20	MOSQUITO FORCEP STRAIGHT 4"	6
21	LONG STRONG NEEDLE HOLDER	1
22	MEDIUM FINE TIP NEEDLE HOLDER	1
23	SMALL STRONG NEEDLE HOLDER	2
24	FINE SMALL NEEDLE HOLDER	1
25	LONG RIDER	1
26	STRAIGHT MAYO SCISSOR	1
27	CURVED MAYO SCISSOR	2
28	CURVED STELY SCISSOR	1
29	STRAIGHT STELY SCISSOR	1
30	TOWEL CLIP	8
31	KIDNEY TRAY BIG	1
32	KIDNY TRAY SMALL	1
33	SMALL BOWEL	3
34	KCAT'S PAW RETRACTOR	2
35	LONG DEBAKY'S FORCEP (VASCULAR)	2
36	SMALL DEBAKY'S FORCEP (VASCULAR)	2
37	VESSEL LOOP RETRACTOR	2
38	FINE TIP TOOTH FORCEP	1
39	FINE TIP PLAIN FORCEP	1
40	ADDSON TOOTH FORCEP	1
41	ADDSON PLAIN FORCEP	1
42	TOOTH FORCEP 4"	1
43	PLAIN FORCEP 4"	1
44	STRONG TOOTH FORCEP 6"	1
45	B.P HANDEL NO.3	1
46	B.P HANDEL NO.4	1
47	B.P HANDEL NO.7	1
48	SUCTION TIP NO.2	1
49	SUCTION TIP NO.3	1
50	SUCTION TIP NO.4	1

5. SPECIFICATON OF POST MORTEM SET

1. Mayo Scissors 21cm Straight (+/- 2cm)
2. Bowel Scissors 20cm (+/- 2cm)
3. Mayo Scissors 17cm TC Straight
4. Dissection Scissors 14.5cm S/B Straight (+/-1cm)
5. Boning Knief Sharp
6. Skinning Knife Curved
7. Autopsy Knife Curved
8. Chopper Stainless
9. Bone Saw
10. Postmortem Hammer
11. Knife Sharpener
12. Scalpel Handle #4
13. Scalpel Handle #3
14. Measuring Tape 2M
15. Spine Wrench
16. Brain Knief
17. Dressing Forceps 16cm
18. Liston Bone Cutting Forceps
19. Bone Chisel
20. Kelly Forceps 14cm Straight
21. Kelly Forceps 14cm Curved
22. Tissue forceps 1:2 16cm
23. All the above items should in a metallic box or zipped fabric/leatherette folder.

6. CESAREAN SET

Product & Manufacturing Quality Standard certification for Instruments: -

1. The quoted product should be USFDA approved (device listed with registration under valid FEI number having GMP/510K/CFG/PMA) OR EU-CE issued from notified body having notified number.
2. The manufacturer should have EN ISO 13485 certificate issued from a notified body OR ICMED 13485 (with or without plus) certificate issued from certification bodies accredited by NABCB OR ISO 13485 certificate issued from certification bodies accredited by NABCB / Nationally Recognized Accreditation Board under IAF MLA.
3. The instrument should Autoclavable
4. The Instruments must be vacuum-hardened, in order to receive the necessary hardness tenacity and corrosion resistant. Supporting test reports / certificates must be furnished.
5. Stainless steel material Grade should be AISI 410 and 420 certified and should be supported by test reports.
6. Instruments should carry Laser marking indicating the Manufacturer's name and Batch No/ Lot No/ bar code/ QR code, and Country of Origin.
7. The Manufacturer should have ISO 9001 Certificate.
8. All instruments should be provided with 2yrs of free replacement warranty.

	CESAREAN SET	
Sr No	Particular	Quantity
1	OUT LET FORCEPS	1
2	NEEDELD HOLDER TC TIP 6"	1
3	ADSON TOOTHED FORCEPS	1
4	ADSON NON TOOTHED FORCEPS	1

5	SPENCERWELL ARTERY 8"ST	1
6	SPENCERWELL ARTERY 8"CU	1
7	BANTAGE CUTTING SCISSORS 8"	1
8	MOSQUITO 6" CU	1
9	KIDNEY TRAY 8"	1
10	SPONAGE HOLDING FORCEPS 10"	1
11	CUCSO SPECUAL	1
12	SIMS SPECULAM	1
13	BALL FOUR RETRACTOR LARGE	1

6. Specification for Blood Freezer (Blood Storage Unit)

S.NO	specifications
	BLOOD BANK REFRIGERATOR (300 LITERS)
1	Should have Inner chamber made from high quality AISI-304 SS & outer cabinet is powder coated CRCA sheet
2	Should have High grade CFC free PUF insulation 70 mm for cabinet & 80 mm for door
3	Should have heavy duty Imported telescopic channels to support drawer movement full load
4	Should have Precise temperature management with microprocessor controller Temperature preset at 4*C (deviation <+0.5*C)
5	Should have high & Low temperature alarm for temperature beyond 2*C to 6*C & Pre-set at 4 Deg. C.
6	Should have Forced air circulation mechanism through Dual motorized blower fans
7	Should have Dual Temperature Sensors, one dipped in simulated solution bottle & one in internal ambience for display of actual blood temperature & for controlling compressor functioning simultaneously
8	Should have Integrated 7 day circular chart recorder
9	Should have lockable heavy duty swivel castor wheels to provides easy mobility
10	Should have Flicker free internal lighting, illuminates once the door is open for clear visualization of stored blood bags
11	Should have Outer door with see through double pane glass window
12	Should have Internal Acrylic cover for each drawer to avoid loss of temperature while individual drawer opening
13	Should have Audio Visual alarms for 1. Temperature high / low, 2. Sensor open / Short 3. Door Open, 4.Compressor on (only visual), 5. Power on (only visual)
14	Should have Settable points of 1. Set temperature point, 2. High / low temperature alarm point, 3. Buzzer off time
15	Should have 6-8 hrs battery backup for alarm system, temperature display & chart recorder
16	Blood Bank Refrigerator should have a capacity to hold minimum 130 to 150 bags of 450ml with internal voume of 300 litres
17	Blood Bank Refrigerator should confirm to noise level of less than 85 db(A)
18	Should have Auto defrost mechanism
19	Should have Self-diagnosis of error & display of errors

20	Should have Safety Thermostat for avoiding negative temperature
21	Should have ergonomically designed perfect grip handle with door lock
22	Should have wide LCD display for temp., real time, error reporting & temperature display of last 24 hours
23	Product should be CE marked / USFDA Compliance from ISO 13485 certified manufacturer
24	A line voltage corrector of appropriate rating giving all the specifications should be supplied alongwith the unit
25	Certificate Should be EN 60601-1, EN 60601-1-2,

8. SPECIFICATION FOR DIGITAL RADIOGRAPHY SYSTEM

Single Loading computed radiography System

COMPATIBILITY

CR System compatible with standard X-ray Machine

C R System to be supplied with compatible Cassettes & Imaging Plates for Recording

ACCESSORIES FOR SINGLEI LOADING CR SYSTEM

Imaging plate and Cassette (dimensions in inch x inch) set offered with Single loading computed radiography system, rigid image plate and cassettes (14x17, 10x12, sizes – rigid Image Plate & Cassettes - 2 units each)

IMAGE READER

30 Imaging Plates/hour (for offered single loading computed radiography system)

CR Reader/Digitizer should have Pre-set Anatomical Processing facility, 20 Bits/Pixel acquisition and Image transfer at a resolution 16 Bits/pixel.

CR Reader/Digitizer should have Status Display facility preferably on a LCD Display Indicating Error Status etc.

CR Reader/Digitizer should have Scanning Resolution of (5-10 Pixels/mm Or More).

CR Reader/Digitizer should have ability to route Images To Multiple Destinations Like Work Stations, Dry Camera etc.

CR Reader/Digitizer should have a scanning resolution>= 5-10 Pixels/mm for General Cassette Reading for the offered single loading radiography system.

CENTRALISED PATIENT STUDY MANAGEMENT (CPSM) UNIT

Processing Server And Workstation With 21 Inch LCD Monitor for Centralized Patient Study Management (CPSM) unit.

CPSM unit should have features:

(i) Work Station must be able to receive CR Images From Digitizer

(ii) DICOM Ready For Sent, Receive And Print Facility Protocol.

(iii) Possible To Multi-formatting The Images On Film For Printing

(iv) 21 Inch LCD Monitor For Patient Study Management

(v) Possible To Write Images On A CD/DVD.

(vi) Ready To Accept Images From Work List And Patient Data And Images Another RIS/HIS (DICOM PROTOCOL) (vii) Black Border Facility.

(viii) Software For Printing And To Create Various Film Layouts And Multiple Formats On Single Film For Optimum Utilization Of Film And Present ability.

CPSM unit should have The Capability To Customize User Defined No of Formats And Layouts On The Single Film.

CPSM unit should have capability of Printing the Zoomed Image along with The Overview of the Main Image on same film.

CPSM unit should have capability of Printing Multiple Patient Images on one Film And Multiple Images of same Patient on One Film.

CPSM unit should have features: Image Gray Scale Reversal, Image Flipping And Rotating, Image Zooming.

CPSM unit should have features: Edge Enhancement, Latitude Reduction, Image Noise Reduction, Gray Scale Saturation Feedback.

CPSM unit should have provision For Adding Markers.

Patient Identification/ Preview (i) Separate Or Inbuilt Patient Identification System (ii) Cassette Identification And Demographics Should Be Standard (iii) It Should Be Possible To Identify The Multi X-ray Units Separately.

DRY IMAGER

Dry Imager (For Film Printing) to be supplied with offered Single loading CR System, should be with a Spatial Resolution >= 500 PPI/DPI, Contrast Resolution of >= 14 Bits/Pixel, Preferably with Standard Film Sorter at the Output for sorting the Films Bases On Modality Connected Access Time For First Film Should Be 90 Seconds Or Less The Dry Imager should be DICOM Compatible for Receive Sent And Print Facility and it should allow at least Allow Two Sizes From the Five Sizes To Be Loaded at Any Time Printer Status Should Be Displayed For Any Error Status Etc. Films must be true day light loading film.

Dry Imager should allow minimum 2 sizes from the 4 Sizes (8 x10, 10x 12, 14x 14, 14x17 sizes) to be loaded at any time.

For the largest Imaging plate/Cassette size, the Images Reading (CR Reader) / Digitizer is able to process >= 50

Dry Imager should be with Preferably with Standard Film Sorter at the Output for sorting the Films Bases On

Modality Connected Access Time For First Film Should Be <= 90 Seconds.

Dry Imager should be DICOM Compatible for Receive Sent And Print Facility, Printer status should Be Displayed
For Any Error Status Etc.

CONNECTIVITY & SCALABILITY

Interconnectivity Between Various CR Modules Should Be Ethernet Based.
Scalability : The CR System Should Have Scope Of Adding Advanced Quality Software For Image Processor, Workstations Connectivity To Any DICOM Archive Or Image Management Systems (PACS)

POWER BACK UP

The Entire Equipment Should Be Supplied With UPS of The Required Rating And Sufficient To Provide At Least 30 Minutes Back Up For The Whole System.

CERTIFICATION

Should be US FDA / CE (European) /BIS approved product .
OEM should have ISO certificate for quality standard

9. SPECIFICATION FOR DENTAL INSTRUMENT SET

Sl. No.	Description
1.	Product should be BIS or CE or USFDA certified/ registered. CE certificate must be issued by European authority in compliance to medical device directive (93/42/EEC) for surgical instruments and USFDA certificate/ registration must be supported by valid certificates.
2.	Manufacturer should be WHO GMP certified.
3.	Manufacturer should have ISO 13485 standard.
4.	The instrument steel should comply to EN ISO 7153 standard for stainless steel usedfor surgical instruments and ISO 13402 standards: Surgical and dental hand instruments- Determination of resistance against autoclaving, corrosion and thermalexposure. Necessary certificate should be furnished. (Should be supported by testreport or certificate from competent authority)
5.	The Instruments must be vacuum-hardened in order to receive the necessaryhardness

	tenacity and corrosion resistance. Detail must be furnished.
6.	Material should be Stainless Steel (Instruments) and Tungsten Carbide (TC) asmentioned.
7.	Stainless steel material Grade should be AISI 410 and 420 certified and should besupported by test reports.
8.	The Instruments should have a certificate of Primary passivation process.
9.	The inserts of Tungsten carbide instruments should be Laser welded not soldered.
10.	Instruments should carry Laser marking indicating the Manufacturer's name and Batch No./ Lot No./ bar code, CE mark and Country of Origin
11	Sterilization container of 2nos. should be quoted along with instrument set.
12.	The sterilization containers should meet International standards and approved for steam sterilization procedures to EN 285: 2008 and validated according to ISO 17665 Part 1: 2006.
13.	All instruments should be provided with 3yrs. of replacement warranty.

DENTAL INSTRUMENT SET

High quality stainless-steel, anti-magnetic, rust resistant, acid-resistant and shouldcomply to above mentioned instrument product quality standards.

The dental instrument set should consist of following items,

Sl. No.	**Item Name**	**Size**	**Type**	**Qty.**
1.	Forcep set extraction	Paediatric/ Adult Upper (Maxilla) Lower (Mandible) i) Right Molar i) Molar-2 Pcs pieces of forceps ii) Left Molar ii) Premolar iii) Pre-Molar iii) Anterior iv) Anterior iv) Root v) Root		1 set each containing 9 pieces of forceps
2.	Restorative filling & carving instruments (set of 10)	i) Amalgam Carrier ii) Amalgam Plugger iii) Cement Carier iv) Cement Plugger v) Amalgam carrier	vi) Ball Burnisher vii) Enamel Hatchet viii) Spoon Excavator (Small, medium & Large) ix) Gingival marginal trimmer x) Sectional Matrix	One set
3.	Dental elevators	Cupland, cryer, warwick jems (Straight & Curved)		1 set each
4.	Composite filling instruments (Full set)			1 set
5.	Mouth mirror			5
6.	Straight probes			5
7.	Explorers			5
8.	Dental tweezers			5
9.	Cheatle forceps			5
10.	Kidney tray			5
11.	Matrix band & retainer (Both 1 & 8)			1 each
12.	Dental impression trays (all sizes)			1 set each
13.	Dental mallet			1
14.	Scissors	Tissue cutting, stitch cutting		5 each
15.	Needle holder			2
16.	Bone chisel (mono bevel)			3
17.	Scalpel handle	No 3		3 each

18.	Sterilizer Drum	Medium	3
19.	Plaster spatula (straight & curved)		1 each
20.	Rubber bowl	Small/ large	1 each
21.	Suction tips		30
22.	Cheek retractor	Paediatric/ Adult	1 each
23.	Mouth props (Adult &pedo) with chain		1 each
25.	Patient drape		5
26.	Glass dappen dish		2
27.	Mortar & pestle		2
28.	Burs associated for contranglehand piece		50
29.	Composite kit with etchant and bonding agent		2
30.	Compositesyringes		2
31.	Composite finishing & polishing kit		2
32.	Diamond burs for air rotor hand piece (assorted)		4
33.	GP Point 15-80 assorted set		4
34.	H file set assorted 15-40, 45-80 (21mm)		4
35.	K file set assorted 15-40, 45-80 (21mm) (25mm)		4
36.	Mylar strips(8mm,100 strips pack)		10
37.	Polishing brush&cup		2
38.	Applicator tips for bonding agent	Disposable	100

10.SPECIFICATION OF RADIANT WARMER

Intensive Care Infant Warmer with LED Screen
ShouldbehighqualityinfantcaresystemwithalltheinternationalandnationalStdforsafetyof the infant treated using this equipment's.
TheheatersourceshouldbeQuartz.Itshouldhaveuniformdistributionofheat.
TheInfantwarmershouldbeequippedwithsomebasicfeatures.
a)Mode:
i) Servomode/skin mode
ii) Manualmode
iii) Preheatingmode
b)Shouldhave2temperaturesensors(tofindof Delta Ttoevaluatethesicknessof theInfant)
i) Onetomeasuretheabdomenarea/thecontroltemperature
ii) Secondistohaveaperipheraltemperature
iii) Theparametersthatcanbeviewedare,temperatureset,thecurrent Temperature,heaterpoweroutput,
iv) Ambienttemperatureindicationonfrontdisplay.
c)Theequipmentshouldhaveawarmerwithintegratedbed.
i) thebedshouldbemadeof corrosionfreematerialtoavoidanyofgrowth of infection due to corrosion.

	ii)	Thebedshouldhaveasealedmattresssothattheequipmentcanbecleaned and averyhighqualityofhygienecanbemaintained.
	iii)	Thesidewallshouldbeverystrongandclearsothattheinfantissafefrom accidentsthatmayhappendue tothemovementetc.
	iv)	Thebedshouldhaveaintegratedx-raytraywhich shouldcanbeusedwithoutlifting the infant.
	v)	Thex-raytrayshouldhavemeasurementstoreferthex-raypositioning
	vi)	Thebedshouldhaveafacilitytotiltonboth thedirection12degreesoneitherside.
f)	OtherAccessoriestobeprovidedwiththissystem.	
i.	Shouldbesuppliedwith2drawers	
ii.	Shouldbesuppliedwithinfusionpumpstand	
iii.	Shouldbesuppliedwithmonitormountstand	

11. **Specification for Infant Radiant Warmer**

•Should be Microprocessor controlled with Servo Skin, Servo Air, pre-warm and Manual Modes of Operation.

• **Type of heater should be Quartz / Calrod**

• Should have two displays – one for patient temperature and one for set temperature.

•Dual Observation Lamp with dimming facilityfrom 25% to 100%.

• Eco function to optimize the total powerconsumption to 350 W.

• HIE Mode to disable the heater during the treatment of HIE patients.

• Pilot Lamp indication to know the status of the equipment.

•Heater Output should be displayed in a Bar Graph LED.

•Manual Mode: Heater Output should be set by the user and also displayed in a Bar Graph.

• **Auto Cutoff the heater during taking the x-ray**

•The Manual Timer should be ON if the set heater output is greater than 50%, after 15minutes the Heater output automatically reduced to 30% in the Manual Mode Operation to avoid convection Heat Loss.

•Should have an APGAR Timer.

•Should have an Integral Bed with external tilting facility at both ends up to 12°. Bed Area should be at least 53cm(B) x 72cm(L)x5cm(H).

•Bed area should have an Acrylic Side Panel Collapsible and good Visibility to see through the panel from a distance.

•Bed Access panel should not have any gap. Should be bent and radius to avoid sharp edges.

•Bed should be about 85 – 95 cms from the Floor and 85 cms from the heat source.

•Swiveling of Heater Box to make space for X-ray machine, without disturbing the baby.

•Should have a Thermistor based temperature with Accuracy of +/- 0.2 ° C.

•Should have a memory backup to restore the set modes and set temperature automatically in the event of power failure.

•The equipment should have the facility that the Heater Output should be 50% when the skin temperature probe dethatched from the baby's skin to avoid the heat stress, it should be demonstrated at the time of technical evaluation.

•Should have a facility to lock the key board, to avoid unwanted user errors.

•Should have an interchangeable probe without requiring to be calibrated.

•Should give alarm when probe is disconnected from the device.

•Should have Automatic Heater Cut-off if the ambient temperature crosses 39 °C.
•Should have Comprehensive alarms Temp. Low, Temp. High, Probe Failure.
•Skin Set Temperature Range: 30° C to 38° C.
•Should have 4 Nos. Castors with 2 Nos breaks.
•Should meet General requirements for basic safety and essential performance - Collateral standard: Electromagnetic compatibility - Requirements and tests.
•Shall meet IEC 60601-2-21 Medical Electrical Equipment – Part 2-21: Particular Requirement for the basic safety and essential performance of infant radiant warmers.
•Should meet IEC 60601-1 standard requirements.
Should have complied with European CE 93/42 EEC Standards Certification from a Notified body.
Should have ISO 13485: 2016 Certified Manufacture. Certificate to be submitted

12. SPECIFICATION FOR FOETAL DOPPLER

- Built -in speaker and interface of earphone.
- Large display, a better view.
- Accurate FHR detection with high-fidelity sound.
- Average and the real time FHR value.
- With Bluetooth and smart APP.
- Full charge for 6-hour continual use.

SAFETY SPECIFICATION

- Classification of protection against electric shock- Internally powered equipment
- Degree of protection against electric shock- Type BF applied part, without defibrillation protected.
- Degree of protection against ingress of liquid- IP22
- Mode of operation- Continuous

ENVIRONMENTAL SPECIFICATION

- Operating temperature- 5ºC to 40ºC
- Operating humidity- ≤ 90% (non- condensing)
- Operating atmospheric pressure- 70KPa ~106KPa
- Transportation and storage temperature- -20º C to +55º C
- Transportation and storage humidity- ≤ 93% (non- condensing)
- Transportation and storage atmospheric pressure- 50KPa~ 106KPa

13. INSTRUMENT CABINET

Specifications

- Stainless Steel Construction
- Full-Height Storage Cabinets
- Shatter-Proof Safety Glass in Doors
- Full-View Doors for Complete Visual Inspection
- Five Widths and Two Depths of Cabinet
- Adjustable Shelves
- Locking Latch

Dimensions

- Width: 48” (1216 mm)
- Depth: 24″ (608 mm)
- Height: 80” (2032 mm)

14. SPECIFICATION FOR SIGNLE SURFACE LED PHOTOTHERAPY

- Micro Processor Controlled LED Phototherapy Unit with atleast 24 blue LED Lamps for treating jaundice in Infants and 3 white LED for observing the Infant.
- Irradiance level should be greater than 60micro watt/cm2/nm at a distance of 30cm from the bed level for effective & fast treatment in short duration.
- Effective bed surface size should have approx: 50 x 40 Cm
- No Infrared and Ultra-violet rays from the LEDs
- TRI Colour Lamp Status of lamp usage:
- Upto 15000 Hrs: Green
- After 15000 – 20000 Hrs : Amber
- After 20000 hrs: Red
- Lamp usage 20,000 - 50,000 hrs.
- Should have separate switches for Blue and White LED lamps
- The device should have a uniformity ratio >0.4
- Should have a wide base for rigidity.
- Should have more mobility and easy adjustment of height and tilting of source unit.
- The device should have multi level intensity adjustment high and low.
- Interruption and a restoration of the power supply do not change preset values.
- Should be able to be positioned easily over cots, incubator, radiant heat cradles.
- The device should have height adjustment between 1.20 to 1.70m
- Should have over temperature cutoff.
- It should not topple on 10 deg inclined angle.
- Should meet IEC-60601-1-2 Medical electrical equipment -- Part 1-2: General requirements for basic safety and essential performance
- Should meet IEC 60601-1 standard requirements
- Should meet IEC 60601-2-50 Medical Electrical Equipment – Part 2-50: Particular Requirement for the basic safety and essential performance of infant phototherapy equipment;
- Equipment should be produced by ISO 13485: 2016 certified manufacturer.
- Blue light with a peak wave length between 450 and 470 nm.
- One spare set of fuses per machine.
- Built in non resettable timer.
- Counter for lamp working hours and built in timer for dose monitoring
- Unit to provide shielding of infant in the event of bulb breakage.
- All surfaces to be made of corrosion resistant materials of polycorponate.
- Lamp arm adjustable height.
- Stainless steel stand and lamp arm.
- Should be easily made of cleanable material.
- Cooling fan to be provided to dissipate the heat created by LED.
- Electrical device is compatible with220 -240 V 50 /60 Hz power inputs.
- Sturdy mobile stand should be present.

- Should have complied with European CE 93/42 EEC Standards Certification from a Notified body.
- (The measurement of irrandiance should be demonstrated to the technical committe during product demostration)
- Counter for lamp working hours and built in timer for dose monitoring
- Should be easily made of cleanable material.
- Electrical device is compatible with220 -240 V 50 /60 Hz power inputs.
- Should have complied with European CE 93/42 EEC Standards Certification from a Notified body.

15. Specification for Double Surface LED PHOTOTHERAPY

- Micro Processor Controlled LED Phototherapy Unit with atleast 24 blue LED Lamps for treating jaundice in Infants and 3 white LED for observing the Infant.
- Irradiance level should be greater than 60micro watt/cm2/nm at a distance of 30cm from the bed level for effective & fast treatment in short duration.
- Effective bed surface size should have approx: 50 x 40 Cm
- No Infrared and Ultra-violet rays from the LEDs
- TRI Colour Lamp Status of lamp usage:
- Upto 15000 Hrs: Green
- After 15000 – 20000 Hrs : Amber
- After 20000 hrs: Red
- Lamp usage 20,000 - 50,000 hrs.
- Should have separate switches for Blue and White LED lamps
- The device should have a uniformity ratio >0.4
- Should have a wide base for rigidity.
- Should have more mobility and easy adjustment of height and tilting of source unit.
- The device should have multi level intensity adjustment high and low.
- Interruption and a restoration of the power supply do not change preset values.
- Should be able to be positioned easily over cots, incubator, radiant heat cradles.
- The device should have height adjustment between 1.20 to 1.70m
- Should have over temperature cutoff.
- It should not topple on 10 deg inclined angle.
- Should meet IEC-60601-1-2 Medical electrical equipment -- Part 1-2: General requirements for basic safety and essential performance
- Should meet IEC 60601-1 standard requirements
- Should meet IEC 60601-2-50 Medical Electrical Equipment – Part 2-50: Particular Requirement for the basic safety and essential performance of infant phototherapy equipment;
- Equipment should be produced by ISO 13485: 2016 certified manufacturer.
- Blue light with a peak wave length between 450 and 470 nm.
- One spare set of fuses per machine.
- Built in non resettable timer.
- Counter for lamp working hours and built in timer for dose monitoring
- Unit to provide shielding of infant in the event of bulb breakage.
- All surfaces to be made of corrosion resistant materials of polycorponate.
- Lamp arm adjustable height.

- Stainless steel stand and lamp arm.
- Should be easily made of cleanable material.
- Cooling fan to be provided to dissipate the heat created by LED.
- Electrical device is compatible with220 -240 V 50 /60 Hz power inputs.
- Sturdy mobile stand should be present.
- Should have complied with European CE 93/42 EEC Standards Certification from a Notified body.

Under Surface trolley:
•Clear cabinet for observation of infant.
•Infant bassinette to be integral to unit.
•Mobile unit with atleast 4 castor anti static wheels and atleast two brakes.
•Baby bed should be transparent with up/down tiltable facilaty.
(The measurement of irrandiance should be demonstrated to the technical committe during product demostration)

Under surface unit LED PHOTOTHERAPY

- Micro Processor Controlled LED Phototherapy Unit with atleast 24 blue LED Lamps for treating jaundice in Infants and 3 white LED for observing the Infant.
- Irradiance level should be greater than 60micro watt/cm2/nm at a distance of 30cm from the bed level for effective & fast treatment in short duration.
- Effective bed surface size should have approx: 50 x 40 Cm
- No Infrared and Ultra-violet rays from the LEDs
- TRI Colour Lamp Status of lamp usage:
- Upto 15000 Hrs: Green
- After 15000 – 20000 Hrs : Amber
- After 20000 hrs: Red
- Lamp usage 20,000 - 50,000 hrs.
- Should have separate switches for Blue and White LED lamps
- The device should have a uniformity ratio >0.4
- Should have a wide base for rigidity.
- The device should have multi level intensity adjustment high and low.
- Interruption and a restoration of the power supply do not change preset values.
- Should have over temperature cutoff.
- Should meet IEC-60601-1-2 Medical electrical equipment -- Part 1-2: General requirements for basic safety and essential performance
- Should meet IEC 60601-1 standard requirements
- Should meet IEC 60601-2-50 Medical Electrical Equipment – Part 2-50: Particular Requirement for the basic safety and essential performance of infant phototherapy equipment;
- Equipment should be produced by ISO 13485: 2016 certified manufacturer.
- Blue light with a peak wave length between 450 and 470 nm.
- One spare set of fuses per machine.
- Built in non resettable timer.
- Counter for lamp working hours and built in timer for dose monitoring
- Should be easily made of cleanable material.
- Electrical device is compatible with220 -240 V 50 /60 Hz power inputs.

16. SPECIFICATION FOR BINOCULAR MICROSCOPE

1. **"MICROVISION-XL", BINOCULAR MICROSCOPE** (Upgradable for Phase & Fluorescence Microscopy)
2. **STAND** - **Should be Single mold Aluminium stand including complete Body & base as one unit** with hand rests for enhanced comfort and stability. Stand having provision for winding lead wire at the back for convenience in carrying & transportation.
3. **OPTICAL SYSTEM**--High Contrast, TC- SERIES, FINITE PLAN Optical System.
4. **MAGNIFICATION**--Should have 40x to 1500 X/1600X magnification (Optionally 2000 X)
5. **OBSERVATION HEAD**----Compensation Free, Prismatic Siedentopf type High Transmission Binocular Head, 30° inclined, 360° rotatable, Interpupillary distance 50 - 75mm. (*with Inclination angle of Binocular head adjustable to 30 degree or 45 degrees for comfortable observation in sitting or standing position (Refer Literature)*)
6. **EYEPIECES**- Lockable Wide field 10x/20mm paired eye-pieces with focusable eye guards with anti-reflection & anti-fungal coatings. WF 10X & optionally WF 15X/16X and 20X
7. **NOSEPIECE**-- Should be Provided with Reverse angle quadruple nosepiece (Ball bearing type) click stops and rubber grip.
8. **OBJECTIVES** - Infinity corrected DIN Plan Achromatic objectives(TC Series) 10X, 40X, 60X +& 100X (spring loaded), 100x (spring loaded, oil). Antifungal and antireflection coated. Optionally 20 X & 4 X.
9. **MAGNIFICATION**- 50 X to 1500X/1600X/2000 X.
10. **MECHANICAL STAGE** -- **Both side Rack less X & Rack-less Y axis, double plate stage size 190 x 160mm,** X/Y travel range 80mm x 70mm. Low drive right hand movement controls. Hard coated surface for scratch resistance. Double specimen holder clip
11. **CONDENSER** - Sub stage Abbe condenser NA 1.25 with aspheric lens. Iris diaphragm with blue daylight filter. Rack and pinion movements on stainless steel guides **& with provision for DF & Phase Sliders.**
12. **FOCUSING** - Must be equipped with Coaxial coarse and fine focusing on both sides with ball drive system with tension control Ring for smooth operation.
13. **ILLUMINATION**- 3W LED illumination with variable illumination control must be provided with 50,000 hours of LED life.
14. **ELECTRONICS**- Universal input should be 100V- 240V AC, 50/60Hz, built-in voltage stabilizer.
15. **ACCESSORIES**- Power Cable (5ft), Immersion Oil, Cord Hanger Kit, Dust Cover & Cleaning Cloth, Styrofoam Casing CONFORMING TO INTERNATIONAL / JAPANESE INDUSTRIAL STANDARDS (JIS)
16. **WARRANTY** - 2 years with 10 Years assured supply of components for maintenance & upgradation.
17. Anti-fungal and anti-reflection curves should be provided for eyepieces and objectives.
18. Multi-layer Coating Curve for prisms used in bino Head
19. Picture Proof of coating Plant installed at Premises must be provided.

17. SPECIFICATION OF 3PART CBC MACHINE:

Product Description	**3 Part Automated Hematology Analyzer**
Purpose	Hematology Analyzers are used to analyze blood samples and provide a comprehensive evaluation of various blood components.
PRODUCT INFORMATION	
Type of Configuration	Bench top
Type of system offered	Closed system

Type of Automation	Fully Automatic
Automatic Start Up,shut down and sample analysis	Yes
Analysis principle	Based on principle of counting and sizing
Multi channel analysis for better resolution	Yes
Type of cell counting	3 Part WBC Differential
Testing mode selection available	CBC Mode
Analysis available	WBC, Lymph#, Lymph%, Granulocytes #, Granulocytes%, Mixed #, Mixed%, RBC, HGB, HCT, MCVMCH,,MCHC, RDW-SD/RDW-CV, PLT, MPV
Should have three histograms of WBC, RBC, PLT	Yes
MID% analysis	Yes
MTD# analysis	Yes
Gran% analysis	Yes
Gran# analysis	Yes
Analysis method for WBC	Electrical Impedance
Method for platelet measurement	Electrical Impedance
RBC Measurement method	Electrical Impedance
Hb measurement	Cyanide free Colorimetry
Types of modes of running sample	Open vial
Maximum sample aspiration volume needed in any of modes	Less than 50 microL
Minimum sample volume required	20 microL or less
Throughput capacity of analyser in (samples/ hour)	50-60
Linearity of Platelet	0 to 300 * 103 cells/ micro litres
RBC Linearity	0 to 8 x 10^6 per micro litre or more
Hemoglobin linearity	0 to 25 gm per litre
WBC linearity	0 to 3000 * (10*10*10) cells/ micro litres
Analyses time for cytopenic samples	Yes
Directly measures MCV	Yes
Time taken by the analyser to produce the test results (Analysis time) in seconds	40-60
Availability of Auto dilution	Yes
Types of reagents	1 Hemolyzing Reagent,1 Diluent,1 Cleansing Solution
Quality assurance system with calibration and controls	Yes
Quality control programs'	Atleast 3
Type of Calibration	Both (automatic and manual)
Direct aspiration for capillary blood from finger prick	Yes
Floating discriminator for platelets and RBC counting for reliable RBC and PLT data	Yes
Automatic probe wipe	Yes
Separate diluting nozzles for RBC and WBC	Yes
Double bathing mechanism	Yes
Automatic electric clog removal	Yes

DATA MANAGEMENT AND DISPLAY	
Type of data management	Inbuilt system
Display	LCD
Inbuilt monitor size in inches	More than 5
PC Monitor size (When PC provided externally)	NA (if Inbuilt system)
PC hard disk	NA
RAM capacity of PC System	NA (if no PC provided)
Processor	NA
HIS/LIS Interface	Yes
Type of external storage	USB
Number of USB Port	2
Data management systems	Provide histograms in display and print
Facility for user defined flagging	Yes
Type of user Interface or data entry	All three (touchscreen/ handheld barcode reader facility)
Database capability of storing sets of results and graphics	>= 2000 to 5000
Facility for workload recording	Yes
Auto stop function in event of unacceptable control data	Yes
Ability to transmit results to host computer	Yes
Have auto cleaning function in the analyser's software	Yes
Type of printer unit .	Inbuilt
Printer type	Thermal Printer
POWER REQUIREMENTS	
Type of power supply	230-240 VAC,50-60 Hz
Power Backup facility	Yes
Type of UPS -	Online
Rating of UPS in KVA	1
Back up time in minutes	30 minute .
Accessories, spare parts and consumables	
Offered equipment unit to be supplied with sufficient consumables (with at least 2/3rd of total shelf life) required for, sufficient to carry out haematological testing of samples	1000
Two set of all tubings	Yes
Reagent expiry time should be minimum of 1 year	Yes
Alerts for operator for level of reagents and to empty waste when indicated	Yes
Availability of micro capillary adapter	Yes
Operating temperature and humidity	Capable of operating continuously in ambient temperature of 15 to 35 deg C and relative humidity of 15 to 85% in ideal circumstances
CERTIFICATION AND REPORTS	
Compliance to Medical Device Rules (MDR) 2017 as amended till date	Yes

Availability of valid drug license for the product issued from the competent authority defined under Drugs and Cosmetic Act 1940 and Rules made there under as amended till date	Yes
Valid Drug License Number	As Applicable
Manufacturing unit certification	IS0:13485 (Latest)
Additional voluntary certification available	IMP/IVD/2020/000996 ISSUED BY CDSCO
Availability of Test Report for each supplied batch/product as per Medical Device Rules (MDR) 2017 as amended till date	Yes
Electrical Safety Standards	IEC/EN 60601-1 or equivalent BIS Standard
Submission of all necessary certifications, licenses and test reports to the buyer at the time of bid submission and/or along with supplies as per buyer requirement	Yes
WARRANTY	
Warranty in years (Option of comprehensive warranty is available through bidding only, which if opted will supersede normal warranty in the catalogue)	3years
Miscellaneous Parameters	
User/Technical/Maintenance manuals to be supplied in English in hard and soft copy	Yes
Details of equipments and procedures required for local calibration and routine maintenance to be supplied and advanced maintenance task documentation also to be furnished	Yes
List of important spares and accessories, with their part numbers to be supplied to the buyer at the time of supplying the equipment	Yes
The Principal Manufacturer must have direct Presence/approved service center In India	Yes
OEM/Reseller shall ensure uninterrupted availability of all spares for 10 years	Yes
Availability of toll free facility for technical support maintened by OEM or authorized agencies	Yes
Installation and demonstration of equipment and training to be provided after completing supplies before acceptance	Yes
Calibration certificates as per NABH requirement	Yes
Time to attend breakdown calls	within 48 hrs
ADDITIONAL REQUIREMENTS	
Additional Requirements	NA
Additional Technical Specification	
1)Product Quality Standard certification 2)Product safety standard certification	The quoted model should have USFDA (510K/CFG) approved and EU-CE certified as per Annexure-III of IVD Directives 98/79 EC or latest.

3)Manufacturer Standard	The manufacturer should have EN ISO 13485 certificate issued from a notified body OR ICMED 13485 (with or without plus) certificate issued from certification bodies accredited by NABCB OR ISO 13485 certificate issued from certification bodies accredited by NABCB / Nationally Recognized Accreditation Board under IAF MLA.
Saftey standards	The quoted model should be certified to the safety standard IEC 61010.
CDSCO Details	The quoted medical device must be registered under CDSCO and submit the license for manufacture to sale or distribute the medical device.

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.20000/-			
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 over One crore 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

Sl.	Name of Item (s)	Name of Manufacturer	Make	Model Name

Signature of the Tenderer :

Date :

Official Seal:

ANNEXURE – III

(To be submitted in Cover A -Technical Bid)

DETAILS OF THE TENDERER & 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 Odisha.**
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 :

ANNEXURE – IV

(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.

ANNEXURE – V

(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.

Sl.No.	***Year***	***Turnover in Crores (Rs.)***
1.	2021-22	-
2.	2022-23	
3.	2023-24	

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

Date:
Place:

Signature of Auditor/
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**)

TenderReferenceNo. :

Name of Tenderer : :

NameofManufacturer :_____ 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.)	DateofCompletion		Reasons for delay if any	Have the goods been functioning satisfactorily (attach documentary proof)**
							Asper contract	Actual		
1										
2										
..										
..										

Signature and seal of the Tenderer

* The document 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 VIIIA
(***Refer Clause No. 3.14***)

STATEMENT REGARDING DEVIATIONS FROM TECHNICAL SPECIFICATIONS (IF ANY)

FollowingaretheTechnicaldeviationsandvariationsfromthepurchaser'sTechnicalSpecifications.

Sl. No.	**Item Name**	**Clause of Technical Specification**	**Statemen to 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

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 Brocheures of the product offered must be attached in support of the information provided above.

Signature of the Bidder

Name:

Date:

Place:

Seal

ANNEXURE – X

(Refer clause no. 7.1 to7.4)

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 1st 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 2nd 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 2nd 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.

Description of goods:	Offered Price	Total

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 five 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 5 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 five (5) 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 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 (5 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 5year 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.

ANNEXURE – XII

(Refer Clause No. 7.1 to 7.6)

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 5 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)

Annexure –XII

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 5 year comprehensive warranty
1	HISTERECTOMY SET (ABDOMINAL)	As per Sec V				
2	HISTERECTOMY SET (VAGINAL)					
3	MAJOR SURGERY SET					
4	MINOR SURGERY SET					
5	POST MORTEM SET					
6	CESEREAN SET					
7	BLOOD FREEZER (BLOOD STORAGE UNIT)					
8	DIGITAL RADIOGRAPHY SYSTEM (X-RAY MACHINE)					
9	DENTAL INSTRUMENT SET					
10	RADIANT WARMER					
11	INFANT RADIANT WARMER (DIGITAL)					
12	FOETAL DOPPLER					
13	INSTRUMENT CABINET					
14	LED PHOTO THERAPY UNIT (SINGLE SURFACE)					
15	LED PHOTO THERAPY UNIT (DOUBLE SURFACE)					
16	BINOCULAR MICROSCOPE					
17	CBC Machine (3-Part Automatic Haemato Analyser)					

+

Signature & Seal of the Bidder

Sd/-
Chief District Medical & Public Health Officer
Nuapada