

On Line Tender Notice No.09 of 2011-12
Administration of Dadra & Nagar Haveli, U.T.,
Office of the Medical Superintendent,
Shri Vinoba Bhave Civil Hospital

No. MS/VBCH/MEDICAL EQP./2011-12/35/321

Silvassa.

Date: 23.01.2012

e-Tender Notice

Tender for Purchase of Medical Equipments for Shri Vinoba Bhave Civil Hospital, Dadra & Nagar Haveli, Silvassa.

The Medical Superintendent, Shri Vinoba Bhave Civil Hospital, Dadra & Nagar Haveli, Silvassa on behalf of President of India, invites on line tender on <https://dnh.nprocure.com> from the Manufactures/Authorized Dealers/Suppliers for supply of below mentioned equipment.

Sr. No.	Particulars	EMD	Tender Fees
01	<i>Purchase of Medical Equipments</i>		
A.	Dental Equipments	₹. 20,750/-	₹.500/- Non – Refundable
B.	Orthopedic Equipments	₹. 9000/-	₹.500/- Non – Refundable
C.	Anesthesia Equipments	₹. 55,000/-	₹.1000/- Non – Refundable
D.	Cardiology Equipments	₹. 19,040/-	₹.500/- Non – Refundable
E.	Physiotherapy Equipments	₹. 3500/-	₹.500/- Non – Refundable

Bid document downloading Start Date : **23.01.2012**
Bid document downloading End Date : **04.02.2012, 15:00 Hrs.**

Last Date & Time for receipt of Bid : **06.02.2012, 11.00 Hrs.**
Preliminary Stage Bid Opening Date : **06.02.2012, 11.10 Hrs**
Technical Stage Bid Opening Date : **06.02.2012, 11.30 Hrs**
Commercial Stage Bid Opening Date : **06.02.2012, 16.00 Hrs**

Bidders have to submit price bid in Electronic format only on <https://dnh.procure.com> website till the last date and time for submission. Price Bid in Physical format shall not be accepted in any case.

Technical Bid submission should be done along with tender Fees, EMD and other documents etc. as shown in the technical bid in hard copy to above mentioned addressed by R.P.A.D./Speed Post. However, Tender Inviting Authority shall not be responsible for any postal delay. The above said documents have to be deposited in the office of the Undersigned.

1. The EMD will be accepted in form of FDR /A/c Payee Demand Draft / Bankers Cheque or Bank Guarantee from any commercial banks in an acceptable form payable at silvassa in favor of under signed.
2. The EMD should not be forwarded by cash.

The tender inviting authority reserves the right to accept or reject any or all the tender to be received without assigning any reasons thereof.

In case bidder needs any clarification of if training required for participating in online tender, they can contact the following office. “(n) Code Solution –A Division, GNFC Ltd.” 403, GNFC info Tower, Bodakdev, Ahmedabad – 380 054, Gujarat (India)
E-mail : nprocure@gnfc, **Net Fax** :+97 7926857321, **Website** : www.nprocure.com.

Sd/-
Medical Superintendent
Shri Vinoba Bhave Civil Hospital
Dadra & Nagar Haveli
Silvassa.

Copy to :-

- 1) All Heads of Office, Dadra & Nagar Haveli, Silvassa for information & n.a.
- 2) CPO, Dadra & Nagar Haveli, Silvassa for wide publicity in Newspaper.
- 3) Director General, Indian Trade Journal, Kolkata for publication on Newspaper.
- 4) NIC, Dadra & Nagar Haveli, Silvassa with a request to publish in Website.
- 5) The Deputy Director (OL), Dadra & Nagar Haveli, Silvassa for translation in Hindi.
- 6) P/A to Secretary (Health), Dadra & Nagar Haveli, Silvassa for information.
- 7) Accounts Section (RKS), Shri VBCH, Silvassa for information

Sd/-
Medical Superintendent
Shri Vinoba Bhave Civil Hospital
Dadra & Nagar Haveli
Silvassa.

U.T. ADMINISTRATION OF DADRA & NAGAR HAVELI,
OFFICE OF THE MEDICAL SUPERINTENDENT,
SHRI VINOBA BHAVE CIVIL HOSPITAL,
SILVASSA

Terms and Conditions for the “**Purchase of Medical Equipments**” for Shri Vinoba Bhave Civil Hospital, Dadra & Nagar Haveli, Silvassa.

❖ **Instructions to Bidders :**

- 1) The rate should be quoted in the prescribed form given by the department, **the rate should be valid upto One Year from the date of tenderization.**
- 2) All/Taxes/Duties/Royalties Charges payable on the sales/transport etc. within and/or outside the state shall be payable by the supplier.
- 3) Where specifications/make/manufacture is not specified by this office, the rates should be quoted only for the 1st class and standard quality only.
- 4) The tenderer should **specify the name of the manufacturer and complete specification for the items quoted** to be submitted in the Technical Bid.
- 5) The decision of the Tender Inviting Officer for acceptance/rejection of any articles supplied including the decision for equivalent specifications, standard and quality etc. of articles shall be final.
- 6) The Tenderer should enclose along with tender the Earnest Money Deposit in form of Fix Deposit Receipt/Account Payee Demand Draft/Banker's Cheque or Bank Guarantee from any of the Commercial Banks in an acceptable form payable at Silvassa in favour of **Medical Superintendent, Shri Vinoba Bhave Civil Hospital, Silvassa.** The EMD should not be forwarded by Cash. Tender received without Earnest Money Deposit will be summarily rejected.
- 7) (a) The successful tenderer will have to pay within 10 days from the date of demand, an amount equal to 10% of the total value of articles, which may be ordered, as the amount of security deposit.
(b) Non receipt of Security Deposit within stipulated time will result in automatic cancellation of the order for supply without any intimation.
(c) However in case if any articles are received for which the Security Deposit may not have been deposited, the full Security Deposit as may be due from the supplier will be recovered from the bill(s) for such articles.

- 8) The amount of Earnest Money paid by the successful Tenderer(s) will be adjusted against the amount of Security Deposit to be paid by the successful tenderer(s) as per condition No.07 above.
- 9) The tender should be neatly typed or hand written only on letter head carries the name of supplier and the signature of the tenderer. No overwriting, correction or erasures will be considered.
- 10) All bills should be in **TRIPLICATE** and should invariably mention the number and date of supply order.
- 11) All bills for amount above ₹.5000/- should be pre-receipted on a Revenue Stamp of proper value. Bills for amount exceeding ₹.5000/- not pre-receipted on Revenue Stamp of proper value will not be accepted for payment.
- 12) Each bill in which Sales Tax is charged must contain the following certificates on the body of the bill: "CERTIFIED" that the goods on which Sales Tax has been charged have not been exempted under the Central Sale Tax Act or the Rules made there under and the amount charged on account of Sales Tax on these goods is not more than what is payable under the provisions of relevant Act or Rules made there under".
- 13) The Tenders shall be submitted in two-bid system, wherein the Technical bid along with the EMD and Tender Fee has to be submitted in Tender Box. The envelope should contain Technical Bid and super scribing on the envelope as "**Sealed Cover of Technical Bid- Purchase of Medical Equipments**". The **EMD and Tender Fees** should be enclosed with **TECHNICAL BID** only. The Technical Bid and Financial Bid has to be submitted online on <https://dnh.procure.com>. The last date of submission will be **06.02.2012** upto 11.00 hours.
- 14) The right to accept or reject without assigning any reasons or all tenders in part or whole is reserved with the Tender Inviting Officer and his decision(s) on all matters relating to acceptance or rejection of the tenders as a whole or in part will be final and binding to all.
- 15) If the tenderer whose tender is accepted, fails to execute the supply order within stipulated time the Earnest Money Deposit of such tenders will stand forfeited to the Government.
- 16) In case, the supplier does not execute the supply order placed with him, the EMD of the supplier will be forfeited to the Government and the contract for the supply shall terminated with no further liabilities on either party to the contract.
- 17) No separate agreement will be required to be signed by the successful tender(s) for the purpose of this contract for supply. Rates tendered/offered in response to the concerned Tender Notice shall be

considered as acceptance of all above terms and conditions for supply for all legal purpose.

- 18) The tender will be accepted during working hours upto 06.02.2012 at 11.00 hours and will open on the same day if possible in the office of the Medical Superintendent, Shri Vinoba Bhave Civil Hospital, Silvassa.

❖ **Conditions of Contract :**

- 1) The rate(s) quoted should be strictly for free delivery at FOR Silvassa and will be valid and operative for supply orders issued within one year from the date of invitation of tenders.
- 2) Orders once placed should be delivered within the given time period and item should be door delivered.
- 3) No extra charge for packing, forwarding and insurance etc. will be paid on the rates quoted.
- 4) The rates should be quoted only for the items specified in the list of requirement and should be for the items of given special make/manufacture.
- 5) Rates quoted for items other than the required specification/make/manufacture will not be considered.
- 6) The amount of Earnest Money paid by the tenderer(s) whose tenders are not accepted will be refunded to them by cheque or Demand Draft (as may be convenient to the Tender Inviting Officer if the amount is above ₹.200/-) drawn on any branch of State of India or its subsidiary Commercial Bank. Where this mode of payment is not possible the amount will be refunded at the cost of the tenderer.
- 7) Only on satisfactory completion of the supply order for and on payment of all bills of the supplier, as to be admitted for payment, the amount of Security Deposit/Earnest Money will be refunded after expiry of guarantee/warranty period, if any, or any such date/period as may be mutually agreed upon.
- 8) The tender inviting officer will consider extension of time for remitting the Security Deposit as demanded. However, in case of denial to consider such extension the supplier is bound to abide by the limit given and liable to make good for the loss made to the Government on account of his failure to abide by the time limit.
- 9) Railway Receipt or other transport document should be drawn in the favour of Officer Inviting tender.
- 10) Railway Receipt or other transport document should not be send by VPP or through any Bank as this being a Government Office it is not possible to clear cash demands of Post Office/Bank for delivery of RR

or other transport documents unless we have agreed to it as special arrangement.

- 11) The supplies, materials etc. of inferior quality standard or of different specifications, brand, manufacturer etc other than that ordered specified and/or incomplete or broken articles will not be accepted. The supplier has to replace the same at his own cost and risk. Intimation of non-acceptance of any materials etc will be sent to the supplier within 10 days from the date of receipt of the stores and the same will be returned to the supplier at his own cost and risk, if he so desires and intimates accordingly within 15 days from the date of dispatch of intimation of the non-acceptance. However, if no communication is received within 15 days from the date of communication the tender Inviting Officer will not be responsible for any damages, loss etc. of such rejected articles.
- 12) In case of failure to replace the accepted and rejected articles from the supplies made, as mentioned in the conditions the loss undergone by the Government will be recovered from the suppliers Security Deposit/Earnest Money or payment due of any bill(s) to the extend required.
- 13) In case of failure to supply the store, materials etc. ordered for, as per conditions and within the stipulated time, the name articles will be obtained from the tenderer who offered next higher rates or from any other sources, as may be decided by the tender inviting Officer and the loss to the Government on account of such purchases(s) shall be recovered from the former suppliers Security Deposit/Earnest Money or bills payable. The suppliers shall have no right to dispute with such procedure.
- 14) Extension of time limit for supplies shall be considered by the Tender Inviting Officer. The extension so granted may be with levy of compensation for delay in execution of supply order up to 5% of the cost of supplies ordered for at the discretion of the authority competent to grant extension of time limit provided such request is made well in time, depending upon the circumstances and such decision in the matter will be final.
- 15) Demurrage charges paid by the Tender Inviting Officer on account of delayed receipt of dispatch documents intimation will be recovered from the bills payable to the supplier.
- 16) If at any time after the order for supply of materials the Tender Inviting Officer shall for any reason whatsoever not require the whole or part of the quantity thereof as specified in the order the Tender Inviting Officer shall give notice in writing of the fact to the supplier(s) who shall have to claim to any payment of compensation what so ever on account of any profit or advantage which the supplier(s) might have derived from the supply of articles in full, but which did not derive in consequence of the full quantity of articles not having been purchased, nor shall have any claim for compensation by

reasons of any alterations having been made in the original instructions which shall invoice any curtailment of the supply originally contemplated.

- 17) The Earnest Money(s)/Security Deposit(s) paid by the tender(s) earlier against any tender(s) or supply order(s) is/are not adjustable with Earnest Money or Security Deposit required by these conditions.
- 18) The tenders/offers received do not confirm with the terms and conditions of this office will be summarily rejected. If any firm desires to consider exemption from payment of Earnest Money Deposit, certified copies of its Registration with D.G.S. & D. should be attached to their tenders.
- 19) The items as mentioned in the list are the approximate estimates invited and actual purchase may more. Accordingly the successful tenderer has no right for any loss/damages with reference to approximate requirement shown in tender and actual requirement.
- 20) Supplier may ensure the goods at his own cost to safeguard the delivery of such goods dispatched by him to the consignee; the department will not be responsible for the damages or pilferage of goods during transit.
- 21) The tenderer should attached copies of certificate of **experience in the field of Medical Equipments, proof of fulfilling the norms of IS/ISO/CE specification if any, copy of dealership letter, license for import, PAN No., Catalog of the item quoted etc.** with his/their tender. The tenderers shall submit along with the tender, **documentary evidence of their previous experience in carry out similar supply** and of their eligibility in support of their claim for consideration in the matter of award of contract
- 22) The manufacturing units who are placed in Silvassa are exempted for Earnest Money Deposit.
- 23) Rates should be quoted in the forms issued from the department and as per the requirement asked for. Rates quoted are for Shri Vinoba Bhav Civil Hospital, Silvassa.
- 24) The Successful Tenderer will be bound to supply the equipment before 20th March 2012.
- 25) The tender should furnish a declaration regarding the Blacklisting/Debarring to participate in the Government tender on the letter head. If the information provided found false the tender will be rejected and EMD shall be forfeited.
- 26) As and when necessary, any employee of this institution shall be given training for the use of equipments by the supplier at their cost.

27) The tender document shall be duly signed by the supplier.

Signature & Designation of
Tender Inviting Officer...

Sd/-
Medical Superintendent
Shri Vinoba Bhave Civil Hospital
Dadra & Nagar Haveli
Silvassa.

The above terms and conditions are accepted and are binding to me/us.

Place: Signature of tenderer
Dated: Name of tenderer with seal of the firm
NOTE: Please return One Copy of these terms and conditions duly
signed with seal of firm along with the tender.

Place: Signature of tenderer
Dated: Name of tenderer with seal of the firm

❖ Schedule of Requirements, Specifications and Allied Technical Details:

A. DENTAL EQUIPMENTS

Sr. No.	Particulars	Mfg. Company	Qty. Reqd.	Mfg. Company & Model name (to be specified by the tenderer)	Remarks for mentioning the deviation from the specification asked by the department.
1.	<p>Dental Chair Specifications: Consisting of:-</p> <ul style="list-style-type: none"> - 3 way syringe for air, water and spray, one for doctor and one for assistant. - 2 high speed terminals without H/P-1 air motor terminal without H/P - Infection control system with non retraction valves (BIO-System) & Removable and autoclavable holders protecting the hand pieces. - LED light with 2 intensity with 35,000 lux, on/off by sensor switch non-touch. - Auto return to zero position - Multifunctional foot control (base fixed or mobile) - Doctor's stool (with) adjustable backrest tilt includes an adjustable ring. - Operating Voltage 105V to 250V - Max height 90cm- minimum height 45 cm - Body contoured electrically operated micro processor based four programmable chair (two erasable, zero & gargle) with PU molded handle, right Arm rotatable for easy access. - Chair side high quality Porcelain spittoon with auto water connection for spittoon and tumbler, wet line vacuum suction: high & low motorized Suction. High velocity suction for continuous suction to reduce the aerosol cloud produced by cooling spray of scalers and high speed hand pieces. - Two Airtor points – one HPS with Fibre Optic Light ultra push quick change twist free cord. - Supreme Micro Motor 35000 RPM with digital display of speed - Piezon Ultrasonic Scaler with 3 tips and digital display with a 	Confident /NOVO/ Suzy Nova	02		

Sr. No.	Particulars	Mfg. Company	Qty. Reqd.	Mfg. Company & Model name (to be specified by the tenderer)	Remarks for mentioning the deviation from the specification asked by the department.
	<p>frequency range of 28,000-32,000. The handpiece should be autoclavable and should have 5 wrenches.</p> <ul style="list-style-type: none"> - LED X- Ray viewer - Stainless Steel Instrument Tray for keeping instruments - Monitor mounting arm with wiring for computer connection <p>Including:</p> <ol style="list-style-type: none"> 1. Fiber Optic Probe Hand Piece torque type with quick change twist free with LED coupling– 1 no 2. Air Rotor Push Button H/P with quick disconnect Coupling- 1 no 3. Micromotor – Autoclavable hand piece Straight – 1 no. & Autoclavable hand piece contra Handpiece- 1 no. 4. Motorized Suction ½ HP, can operate two dental sets, waste separator filter, auto drain. 6. Air compressor: Oil free type with 1.0 HP head, durable metallic body, and low noise. Minimum 38 liter tank capacity with auto cutoff switch. Pressure indicator, safety valve. Dust and oil filter pressure regulator with outlet pressure gauge <p>Buyback of OLD Working Dental Chair (2 nos.)</p>				

Declaration:

I hereby declare that the information submitted are true and if any discrepancy found in the information, the tender is liable to be rejected.

**Signature of Suppliers/Dealers
With Rubber Stamp**

B. ORTHOPEDIC EQUIPMENT

Sr. No.	Particulars	Mfg. Company	Qty. Reqd.	Mfg. Company & Model name (to be specified by the tenderer)	Remarks for mentioning the deviation from the specification asked by the department.
1.	<p>Patient Warming system :</p> <ol style="list-style-type: none"> 1. Should be light weight for easy carrying, portable and should be Pole Mounted. 2. Should warm patient by using warm air through blanket. 3. To operate on Voltage of 230 VAC. 4. Hose End Temperature should have: <ol style="list-style-type: none"> a) Ambient Temperature b) 32^o -43^o C Adjustable Temperature Range 5. Alarm and Indicators: <ol style="list-style-type: none"> a) Should have Over temperature Alarm Indicator b) Should have Under temperature Indicator c) Should have Disconnection Indicator and Alarm 6. Carrying Handle – for easy carrying. 7. Should have Air Filter – 0.2 Micron Filter. 8. Should have Automatic Self Test of all Safety and Alarm features. 9. Should have Continuous Operating Time more than 48 hours. 10. Equipment should be CE Mark and FDA approved. 11. BLANKETS: <ol style="list-style-type: none"> a) Should have Slip in Neonatal Blanket, Pediatric Full Body Blanket, Adult Full Body Blanket, Upper Body Blanket, Lower Body Blanket. <p>Should have Airflow of 35 CFM.</p>	Shreyas Medical / Huntleigh / Cincinatti / Kimberly Clark	01		
2.	<p>Under Water Cautery Machine</p> <ol style="list-style-type: none"> 1) Unit should have microprocessor controlled tissue feedback technology. 2) It should adjust power level automatically depending on tissue type. 3) It should complete self testing during power on. 4) Unit should have error code function for fault conditions. 5) It should accept dual area and single area patient return electrode. Should give Green Indication if dual area 	Shalya/ Eclipse/ Valleylab /Geister	01		

Sr. No.	Particulars	Mfg. Company	Qty. Reqd.	Mfg. Company & Model name (to be specified by the tenderer)	Remarks for mentioning the deviation from the specification asked by the department.
	<p>patient plate applied to patient & Red indication with alarm tone if the patient plate is not applied</p> <p>6) It should have randomized spray coagulation for larger area coverage.</p> <p>7) It should be upgradeable for Argon delivery module.</p> <p>8) It should have at least TEN USER SETTABLE programs for different surgical procedures and TWENTY Preset program.</p> <p>9) Unit should be useful for underwater procedures.</p> <p>10) It should have Alarm facility after completion of bipolar coagulation.</p> <p>11) Unit should have touch key pad for power and mode selection.</p> <p>12) Power Should change 1 to 40 by step of 1W, 40 to 100 by step of 5W & 100 to max power by step of 10 W for fast setting of generator.</p> <p>13) It should have digital display which should indicate true power for selected mode.</p> <p>14) The unit should natural cooling with heat Sink exposed on rear side for better natural cooling.</p> <p>15) Unit should operate from 180 V to 260 V without using external stabilizer.</p> <p>16) It should have auto switching between monopolar and bipolar functions.</p> <p>17) It should have separate and isolated sockets for Monopolar and Bipolar.</p> <p>18) Product should have atleast any one of the certification like CE/IEC/ISO for Medical Device Directive/Safety & Design Standard/ Certified company respectively</p> <p>19) It should have THREE different modes for Cutting: PURE CUT : 300Watt at 300 Ohms, CF-1.5 BLEND CUT: 200Watt at 300 Ohms, CF-2.5 SP. CUT: 300Watt at 300 Ohms, CF-1.5, with Pulse Cut.</p> <p>20) It should have THREE different modes for Coagulation:</p>				

Sr. No.	Particulars	Mfg. Company	Qty. Reqd.	Mfg. Company & Model name (to be specified by the tenderer)	Remarks for mentioning the deviation from the specification asked by the department.
	<p>SOFT : 120Watt at 500 Ohms, CF-4.0</p> <p>FULGURATE : 120Watt at 500 Ohms, CF-6.5</p> <p>RANDOMISED SPRAY: 120Watt at 500 Ohms, CF-8.0</p> <p>21) It should have TWO different modes for Bipolar Coagulation:</p> <p>MICRO : 70 Watt at 100 Ohms, CF-1.5</p> <p>MACRO : 70 Watt at 100 Ohms, CF-1.5</p> <p>22) Unit should have inbuilt feature of tissue feedback, pulsed interval controlled ENDO CUT function.</p> <p>23) It should be supplied with following accessories:-</p> <p>a) Patient return electrode ----- 1 No.</p> <p>b) Cable for return electrode --- 1 No.</p> <p>c) Hand switching pencil ----- 1No.</p> <p>d) Foot switching pencil ----- 1No.</p> <p>e) Bipolar forceps ----- 1 No.</p> <p>f) Cable for bipolar forceps ---- 1No.</p> <p>g) Monopolar Foot switch --- ---1 No.</p> <p>h) Bipolar foot switch --- -----1 No.</p> <p>i) Universal adaptor ----- 1 No.</p> <ul style="list-style-type: none"> • NOTE:- All accessories should be reusable and autoclavable. 				

Declaration:

I hereby declare that the information submitted are true and if any discrepancy found in the information, the tender is liable to be rejected.

**Signature of Suppliers/Dealers
With Rubber Stamp**

C. ANESTHESIA EQUIPMENT

Sr. No.	Particulars	Mfg. Company	Qty. Reqd.	Mfg. Company & Model name (to be specified by the tenderer)	Remarks for mentioning the deviation from the specification asked by the department.
3.	<p>Anesthesia Workstation Anesthesia machine complete with</p> <p>a) Anesthesia gas delivery system. b) Circle absorber system. c) Precision vaporizer for halothane, isoflurane, sevoflurane d) Anesthesia ventilator. e)Monitoring system to monitor Anesthetic gases, EtCO₂, Pulse Oximeter and airway pressure & temperature.</p> <p><u>1. Anaesthesia gas delivery system.</u></p> <ul style="list-style-type: none"> ▪ Should have provision for delivery of oxygen, nitrous oxide and medical air with pressure gauges. ▪ Should have electronic gas mixing facility ▪ Should have independent attachments for connecting central gas supply and pin indexed cylinders. Should have provision for attaching 1 cylinder of(O₂ and N₂O). ▪ Oxygen and Nitrous oxide should be linked either mechanically or pneumatically to ensure a minimum of 25% oxygen delivery at all times to avoid delivery of hypoxic mixture. ▪ Should have a Multi color TFT Display with virtual flow meters for O₂ and N₂O. ▪ Should have audio-visual oxygen Failure warning System with Nitrous oxide cut off. ▪ Should have back bar which is ISO pin type to attach vaporiser easily. ▪ Should be supplied with necessary attachments to use of the breathing circuits (Bains, Jackson-Rees and closed circuit etc.,) ▪ Should have top shelf to keep monitors and a tabletop to keep anaesthetic drugs, equipments etc. ▪ The machine should possess 	GE/ Dräger	01		

Sr. No.	Particulars	Mfg. Company	Qty. Reqd.	Mfg. Company & Model name (to be specified by the tenderer)	Remarks for mentioning the deviation from the specification asked by the department.
	<p>battery backup if any electrical components are present</p> <ul style="list-style-type: none"> ▪ Castor wheels should be durable and moisture resistance & Smooth. ▪ The Anesthesia machine frame should be made of rust proof material/Stainless steel. <p><u>2. Standard Circle Absorber System</u></p> <ul style="list-style-type: none"> ▪ Should have adjustable pressure limiting valve, breathing circuit pressure measuring device. ▪ Should have a bag/ventilator selecting valve integrated onto the absorber. ▪ Should be suitable to use low flow techniques involving total flow of 500 ml/min ▪ Facility to attach oxygen sensor. ▪ Should have dual absorbent chamber canister. Arranged vertically one above the other. <p><u>3. Precision Vaporisers</u> (Temperature and flow compensated) for Halothane, Isoflurane.</p> <ul style="list-style-type: none"> ▪ Should be easy to attach and dismount from the back bar. ▪ Vaporizers should have ISO pin type (Selectatec) mounting and vaporizer interlocking facility.. ▪ Should have a standard filling port with keyed filling device. ▪ Should be designed for transport with liquid in vaporizer chamber with protection against tipping and shaking ▪ Maintenance free vaporizer (desirable) <p><u>4. Ventilator</u></p> <ul style="list-style-type: none"> • The workstation should have integrated Anaesthesia Ventilator system. • Ventilator shall have Volume Control and Pressure Controlled modes. • Pressure and Volume waveforms on breath by breath basis • Should be able to set tidal volume, respiratory rate and I:E 				

Sr. No.	Particulars	Mfg. Company	Qty. Reqd.	Mfg. Company & Model name (to be specified by the tenderer)	Remarks for mentioning the deviation from the specification asked by the department.
	<p>ratio</p> <ul style="list-style-type: none"> • Ventilator should have audible alarms for ventilator failure, low oxygen supply pressure, inadequate volume delivery, disconnection alarm, and power supply failure. • Ventilator shall have a tidal volume compensation capability to adjust for losses due to compression, compliance and leaks; and compensation for fresh gas flow. <p>Tidal volume (VT) 30 – 1500 mL (Volume Control)</p> <p>Rate 4 – 99 BPM</p> <p>Inspiratory/ expiratory ratio (I:E) 2:1 to 1:6</p> <p>Peak Flow – 120L/min</p> <p>Positive End Expiratory Pressure (PEEP) -Electronic Type: Integrated, electronically controlled OFF, 4 to 25 cm H₂O</p> <ul style="list-style-type: none"> - Machine should have atleast 60 mins battery backup - Machine should have mounting capability of one O₂ and one N₂O pin indexed cylinder <p>Adult autoclavable (2 sets) breathing circuits to be provided</p> <p><u>5. Monitoring system</u> Should provide facility to monitor</p> <ol style="list-style-type: none"> a) Oxygen and Nitrous oxide and anesthetic agent in the inspired mixture b) Automatic Identification and measurement of all five anesthetic agents c) Inspired and end tidal carbon di-oxide through side stream d) Oxygen saturation of the blood with both adult & pediatric probes & sensors e) Patient's spirometry measured at patients airway. f) Monitoring of ECG, NIBP (inclusive of adult, pediatric & neonatal NIBP cuffs), IBP and CVP should be present g) Airway Pressure monitoring should be present h) Temperature Monitoring with 2 				

Sr. No.	Particulars	Mfg. Company	Qty. Reqd.	Mfg. Company & Model name (to be specified by the tenderer)	Remarks for mentioning the deviation from the specification asked by the department.
	<p>probes oesophageal and skin probe.</p> <p>i) Glare free monitors with large screen for easy visibility.</p> <p>j) Monitor should be accurate, precise and standard monitoring modes in modular type.</p> <p>ECG:</p> <p>i. 3 Number of channels</p> <p>ii. ST Analysis: 3 channels, continuous</p> <p>iii. Hear Rate: 30 to 250 BPM $\pm 5\%$</p> <p>Respiration:</p> <p>Impedance type</p> <p>1. Uses ECG electrodes to measure the impedance changes as a result of breathing</p> <p>2. Range: 4 to 100 breaths/min $\pm 5\%$</p> <p>SPO2:</p> <p>Plethysmographic waveform</p> <p>1. Measures by red and infrared light absorption</p> <p>2. Range: 40 % to 100 % $\pm 2-3$ digits</p> <p>3. Pulse Rate: 30 to 220 BPM $\pm 5\%$</p> <p>NIBP:</p> <p>Range:</p> <p>Adult: 25 to 260 mm Hg</p> <p>Child: 25 to 195 mm Hg</p> <p>Infant: 15 to 145 mm Hg</p> <p>IBP:</p> <p>Range: -40 to 300 mm Hg $\pm 5\%$</p> <p>Transducer Sensitivity: min $5\mu V/V/mm$ Hg, 5 V dc</p> <p>Temperature:</p> <p>Range: 10° to $45^{\circ} \pm 0.2^{\circ}C$</p> <p>Airway Gases:</p> <p>Sidestream measurement method</p> <p>Sampling rate: min 180ml/min</p> <p>Range:</p> <p>CO2: 0 to 15 vol% $\pm 2\%$</p> <p>O2: 0 to 100 vol% $\pm 2\%$</p> <p>N2O: 0 to 100 vol% $\pm 2\%$</p> <p>Hal, Iso, Enf: 0 to 6 vol% ± 0.2 vol%</p> <p>Sevoflourane: 0 to 8 vol% $\pm 0.2\%$</p> <p>Desflurane: 0 to 20 vol% ± 0.2 vol%</p>				

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	<p>Identification threshold: 0.15 vol%</p> <p>Respiration from CO2: breath detection 1% variation with a range of 4 to 60 breaths/min</p> <p>Patient Spirometry: Tidal volume: adult: 180 to 2000 ml, pediatric: 18 to 300 ml Minute Volume: adult: 4 to 20 l/min, pediatric: 0.5 to 5 l/min Flow: adult: 1.5 to 90 l/min, pediatric: 0.25 to 20 l/min</p> <p>Neuromuscular Transmission: TOF, Double Burst, 50 Hz titanic & post titanic count. Current range: 10 to 70mA \pm 10% Regional block mode: Stimulation mode: single twitch Current range: 0 to 5.0 mA with 0.1 mA steps \pm 20%</p> <p>6. Back-up power supply: 1 KV UPS systems suitable for Anaesthesia Machine for a minimum one hour</p> <p>7. Power requirements: 220-240 V, 50/60 Hz</p>				

Declaration:

I hereby declare that the information submitted are true and if any discrepancy found in the information, the tender is liable to be rejected.

**Signature of Suppliers/Dealers
With Rubber Stamp**

D. CARDIOLOGY EQUIPMENTS

Sr. No.	Particulars	Mfg. Company	Qty. Reqd.	Mfg. Company & Model name (to be specified by the tenderer)	Remarks for mentioning the deviation from the specification asked by the department.		
1.	<p>12 lead Holter with Ambulatory BP : Advanced Technology Safe and Comfortable</p> <p><input type="checkbox"/> 3 programmable operation modes:</p> <ul style="list-style-type: none"> • Full disclosure, ambulatory ECG only (3-channel, 5 or 7 lead) • Ambulatory blood pressure monitoring (ABPM) only, or • Synchronized ambulatory ECG and ABPM <p><input type="checkbox"/> Interactive recording for additional blood pressure measurements in the event of ECG abnormalities.</p> <p><input type="checkbox"/> Dual-MCU, dual-sensor and dual-valve design for safety and comfort</p> <p>HIGHLY ACCURATE MEASUREMENTS</p> <p><input type="checkbox"/> 3 High fidelity signal recording and processing with 256-Hz sampling frequency and a 10-bit (1/1024) resolution.</p> <p><input type="checkbox"/> Reviewable blood pressure recording with artery pulsation waveform and tabulated numerical data.</p> <p><input type="checkbox"/> Innovative, intelligent fluid control system provides more stable pressure and more accurate measurement results.</p> <p>Convenience and ease of use LCD, graphic display of measurements and data</p> <p><input type="checkbox"/> Icon and menu displays for easy setup and use</p> <p><input type="checkbox"/> Real time viewing and assessment</p> <p>Safe and Comfortable</p> <p><input type="checkbox"/> Dual-MCU, dual-sensor and dual-valve design for safety and comfort</p> <p>General</p> <table border="1" data-bbox="191 2077 646 2475"> <tr> <td data-bbox="191 2077 394 2475">Accessories:</td> <td data-bbox="394 2077 646 2475"> <ul style="list-style-type: none"> • 4GB SD memory card • USB SD memory card reader • 5 or 7 lead ECG patient cable • Portable case & strap • Blood pressure cuff (Standard adult) </td> </tr> </table>	Accessories:	<ul style="list-style-type: none"> • 4GB SD memory card • USB SD memory card reader • 5 or 7 lead ECG patient cable • Portable case & strap • Blood pressure cuff (Standard adult) 	Vasomedical/ Mortara/ GE/ Allengers	1		
Accessories:	<ul style="list-style-type: none"> • 4GB SD memory card • USB SD memory card reader • 5 or 7 lead ECG patient cable • Portable case & strap • Blood pressure cuff (Standard adult) 						

Sr. No.	Particulars		Mfg. Company	Qty. Reqd.	Mfg. Company & Model name (to be specified by the tenderer)	Remarks for mentioning the deviation from the specification asked by the department.
		<ul style="list-style-type: none"> • Infrared communication adapter • Recorder user manual • User Software CD 				
	Recording time:	24 hours				
	Storage medium:	SD card				
	Memory size:	2 GB or more				
	Data transfer:	Full disclosure transfer via USB card reader; Setting and real-time data transfer via infrared port				
	Batteries:	4 "AA" size alkaline batteries				
	Regulatory compliance	FDA cleared/CE Marked				

Declaration:

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E. PHYSIOTHERAPY EQUIPMENTS

Sr. No.	Particulars	Mfg. Company	Qty. Reqd.	Mfg. Company & Model name (to be specified by the tenderer)	Remarks for mentioning the deviation from the specification asked by the department.
1.	<p>Cryotherapy Unit Features:</p> <ul style="list-style-type: none"> • 8 liter capacity • External console and thermometer to monitor water temperature • Lid can be locked and sealed with handle up or down • Lid liner foam surrounds circumference of inner lid to prevent leaking and keep water cold longer • Fill line is molded motor for better protection and ease of use <p>Power Supply: 7VDC@1.6A, 230V Operating Temperature: 10° - 40°C Electrical Safety Class: Class II Type B Cooling Pads to be supplied along with standard scope of supply:</p> <ol style="list-style-type: none"> 1. Mcguire Knee Pad- no. 2. Shoulder Pad-1 No. 3. Ankle Pad-1 No. 4. Universal Pad- 1 No. 	Biotech/ Bionics/ Jignesh	1		
2.	Trapeze	Biotech/ Bionic/ Orchard/ Sunrise/ LP	1		

Declaration:

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With Rubber Stamp**

❖ **Price Schedules:**

A. Dental Equipment:

Sr. No.	Particulars	Mfg. Company & Model Name (to be specified by the tenderer)	Unit/Rate	Qty Req	Total Amount
1.	Dental Chair			02	

Note :

1. The Rates quoted should be inclusive of all taxes.
2. Kindly mention the rates of accessories separately in the financial bids for Future consideration on letter heads as annexure.
3. The Warranty/Guarantee for one year and free service clause to be clearly mentioned by the Manufacturer on their letter head. If the Authorized dealer is going to carry out the service then they have to furnish the authority letter given by the manufacturer to sale/service the specified product in this Territory.
4. Rates for *Annual Maintenance Contract of each equipment* (both types Labor & Comprehensive) for three year should be mentioned separately in the Financial Bid which will be considered for price evaluation. It should be clearly mentioned whether AMC /CMC will be done through company itself or its service franchise/dealers. In that case Manufacturing Company must give authority letter to such franchise/dealers on their letter head clearly mentioning free service period and AMC/CMC for period of three years.

Type of AMC	Labor AMC	Comprehensive AMC	Executed by (manufacturers/authorized service dealers) Name and address to be specified here
1 st Year			
2 nd Year			
3 rd Year			

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**Sd/-
Medical Superintendent
Shri Vinoba Bhave Civil Hospital
Dadra & Nagar Haveli
Silvassa.**

B. ORTHOPEDIC EQUIPMENT

Sr. No.	Particulars	Mfg. Company & Model Name (to be specified by the tenderer)	Unit/ rate	Qty Req	Total Amount
1.	Patient Warming system :			01	
2.	Under Water Cautery Machine			01	

Note :

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3 rd Year			

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Sd/-
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Dadra & Nagar Haveli
Silvassa.**

C. ANESTHESIA EQUIPMENT

Sr. No.	Particulars	Mfg. Company & Model Name (to be specified by the tenderer)	Unit/ rate	Qty Req	Total Amount
1.	Anesthesia Workstation			01	

Note :

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Type of AMC	Labor AMC	Comprehensive AMC	Executed by (manufacturers/authorized service dealers) Name and address to be specified here
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2 nd Year			
3 rd Year			

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Sd/-
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Shri Vinoba Bhave Civil Hospital
Dadra & Nagar Haveli
Silvassa.**

D. CARDIOLOGY EQUIPMENTS:

Sr. No.	Particulars	Mfg. Company & Model Name (to be specified by the tenderer)	Unit/Rate	Qty Req	Total Amount
1	12 Lead Holter with Ambulatory BP			01	

Note :

- The Rates quoted should be inclusive of all taxes.
- Kindly mention the rates of accessories separately in the financial bids for Future consideration on letter heads as annexure.
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Type of AMC	Labor AMC	Comprehensive AMC	Executed by (manufacturers/authorized service dealers) Name and address to be specified here
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2 nd Year			
3 rd Year			

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Shri Vinoba Bhawe Civil Hospital
Dadra & Nagar Haveli
Silvassa.**

E. PHYSIOTHERAPY EQUIPMENTS

Sr. No.	Particulars	Mfg. Company & Model name (to be specified by the tenderer)	Unit/ rate	Qty Req	Total Amount
1.	Cryotherapy Unit			1	
2.	Trapeze			1	

Note :

1. The Rates quoted should be inclusive of all taxes.
2. Kindly mention the rates of accessories separately in the financial bids for Future consideration on letter heads as annexure.
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Type of AMC	Labor AMC	Comprehensive AMC	Executed by (manufacturers/authorized service dealers) Name and address to be specified here
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