



**GOVERNMENT OF GOA
Medical Store Depot (MSD),**

Directorate of Health Services, Campal, Panaji, Goa 403 001

Email: msddhsgoa@yahoo.in

Ph. Nos. 2225646/5540/5668

No. 94/DHS/MSD/PT/2021-22/779

Dated: 02/08/2021.

SHORT TENDER NOTICE

(E-Tendering Mode Only)

1. E-tenders are invited by the Director, Directorate of Health Services Campal, Panaji Goa on behalf of the Governor of Goa up to 20/08/2021 till 5.00 p.m., for supply of Machinery and Equipments as listed in the Annexure attached for the preparedness of anticipated third wave of COVID-19.
2. The tender forms with terms and conditions and list of the items, can be viewed and downloaded online on the website <https://goaenivida.gov.in>.
3. The tender "Quotation for Tender no. 94/DHS/MSD/PT/2021-22/779 dated 02/08/2021 should be submitted online. Last date and time for submission of quotation online is **20/08/2021 at 5.00 p.m. Non-submission of tenders within the stipulated date and time will not be entertained.**
4. The following payments to be made online through e-payment mode towards Tender document Fee(TDF), e-Tender Processing Fee(TPF), and Earnest Money Deposit(EMD) to be paid online through e-payment mode via:
 - i. National Electronic Fund Transfer(NEFT)/Real Time Gross Settlement(RTGS) /Axis Bank Over the-counter(OTC).Tenderer requires download pre-printed challan towards credit of ITG available on e-tender website and make its payment through any of their bank.
 - ii. Internet Payment Gateway (Debit/Credit card) of type VISA, MASTERCARD or RUPAY.
 - iii. Net Banking: Payment can be made through the Internet Banking of Any Bank.
NOTE: Any Payments made through NEFT/RTGS/OTC will take 72 hours for its reconciliation. Hence the payments through NEFT/RTGS/OTC should be made at least **THREE BANK WORKING DAYS** in advance before any due date and upload the scanned copy of the challans in the e-Tender website as a token of payment and directly credit the amount to ITG account as generated by challan before **20/08/2021** by 5.00 pm and the copy of NEFT/RTGS/OTC/ debit card/credit card/ net banking(Axis Bank) challan is to be scanned and uploaded along with the bid on the website prior to submitting the hard copies.

Note: For any query of FORM FEE, PROCESSING FEE and EMD (before doing the payment) please contact ITG help desk line No. +91 1800 212 680 680 two days before closing of tender date: Niklesh Naik- +917020278347/ +918552013707, Sandesh Mandrekar - +919881740604.

Cost of tender document	Earnest Money Deposit (EMD)	Tender processing fee
Rs. 1,000.00	3% of the cost of the items quoted	Rs. 1,500.00

5. The technical bids will be opened online on **23/08/2021** at 10.00 a.m. in the presence of the Purchase Committee members. No bid of the concerned bidders will be opened in case the bidders fail to make the e-payments towards the above costs after the mentioned date and time.
6. Hard copies of technical bids and financial bids of all the uploaded documents in two separate envelopes should also be submitted to this office along with the copy of NEFT/RTGS/OTC/debit card/credit card facility/ net banking (Axis bank) challans of cost of tender document, EMD and tender processing fees on or **before 20/08/2021** by 5.00 p.m. Catalogues of all machinery/equipments should be submitted along with the technical bid.
7. The Quotation should be submitted online as per the annexure attached, along with the required documents/certificates. Hard copies of the same to be submitted to this department before the stipulated date and time.
8. The Offer should be firm. Conditional offer will not be considered.
9. The rate should be quoted F.O.R. Destination. Taxes to be mentioned separately.
10. The rates quoted should be valid for a minimum period of 36 months from the date of placement of first Order.
11. The delivery of the goods should be made within a period of **15 days** or earlier from the receipt of the firm order, failing which the order will be treated as cancelled without further notice and Earnest Money Deposit will be forfeited in favour of the Government.
12. The supplier may insure the goods at his own cost to safeguard the delivery of such goods dispatched by him to the consignee, as this Department will not be responsible for the damage or pilferage of goods during transit.
13. The Director of Health Services reserves the right to accept the supply made by the supplier after the expiry of the stipulated delivery period in genuine cases.
14. The Director of Health Services is free to find the market rate of the product that it intends to procure. Final order will be placed to the successful bidder only after a thorough study and comparison of market rate of the product vis a vis the rate quoted by the lowest bidder is done.
15. All applications for the Refund of Earnest Money and the Security Deposits furnished with the tender should be made only to The Director of Health Services with all the details of the e-payments made along with date and tender number for which it was submitted.
16. The quantities of the items listed in the Annexures are likely to increase or decrease. Orders will be placed depending on the need/requirements of the department, at that point of time. The Directors decision in this regard will be taken as final.

17. Tenderers who do not agree with the Terms and Conditions mentioned herein may not submit their bids.
18. If the Tenderer requires interpretation of any clause, the decision of the Director of Health Services should be taken as final.
19. The nationality of the Tenderer should be specifically mentioned in the Tender.
20. A hands on working demonstration/Samples may be required before opening of the financial bid. Unsatisfactory performance at demonstration will disqualify the Tenderer. In exceptional cases the technical committee will have the power to waive the demonstration.
21. The Tenderer should deliver and install the equipment in the concerned department of the Hospital/health centre, give the demonstration, and train the staff of the department free of cost. Delivery should be made as per the requirement anywhere in the state of Goa as mentioned in the order.
22. Price: The Tenderer shall note the scope of work viz. Supply, Installation & Commissioning of Machinery & Equipment, with delivery at site and shall furnish detailed price for machines and accessories as per Schedules attached. (I to VI) in the financial bid.
23. The tenderer should note that the scope of the work comprises of Supply, Installation and Commissioning of the mentioned Machinery & Equipment, Electrification. Safety equipments if required may be quoted separately. However decision of the committee to purchase the same will be final.
24. The Director of Health Services reserves the right to reject any or all tenders without assigning any reasons.
25. The Director of Health Services will not entertain any correspondence with regards to the tender once the lowest bidder is selected.
26. **Completion Period**
The entire work of supply, Installation and Commissioning of the machine ordered including Mechanical & Electrical Works shall be completed in all respects within **5 days** or earlier from the date of placement of the Order, failing which the successful tenderer will be liable for penalty of one fourth percent of the total value of the Order for each day of delay, subject to the maximum of 10% of the total value of the Order. The Director reserves the right to make risk purchase from the next highest Tenderer in case the successful Tenderer fails to execute the order to the satisfaction of the Director within the time limit specified in the order, in which case the first successful tenderer shall be liable to liquidate damages, to compensate for the losses including price difference. The Director however reserves the right to waive the penalty/risk purchase in genuine and deserving cases.
27. The Tenderer should state whether the machine and its accessories offered is
 - a. Manufactured by them in India.
 - b. Machine parts imported and assembled by them in India.
 - c. In either case the tenderer should furnish the following details.
 - i. Full address of the factory where the machine is manufactured or assembled.
 - ii. The description of the machinery installed for the purpose.
 - iii. Name, Age & Qualifications and experience of the person employed for the purpose.

- iv. The documentary evidence by the way of License, Registration Certificate or Any other document issued by a Competent Authority in state Government or Government of India authorizing the Tenderer or the principal to manufacture the machine or assemble the machine as the case may be.
 - v. Name & Address of the Hospital / Diagnostic Centre where the quoted machine has been supplied.
28. The Tenderer shall indicate whether they have got facility for undertaking major repairs of the machines and if so the following details may be furnished.
- i. Full address of the place where repairs would be undertaken.
 - ii. Description of the machinery installed for the purpose.
 - iii. Name, Age, Qualifications and experience of the persons employed for the purpose along with their contact number.
29. The Tenderer shall ensure that the machine remains in working condition throughout 24 hours and accordingly quote their down time. They should indicate in details duly supported by facts and figures in what way and how they are going to keep the down time to the minimum. If the breakdown time exceeds 72 hrs then the tenderer will be liable for penalty @ Rs. 500/- per day, for each day of delay till the machine is put in working condition.

30. GUARANTEE / WARRANTY PERIOD.

- I. The successful Tenderer shall guarantee the entire system which they will install such as Machine, proper accessories, Electrical gadgets etc; for trouble free performance for a period of two Years from the date of commissioning of entire work satisfactorily. Any defects noticed during the guarantee/ warranty period shall be rectified free of cost including free replacement of parts having manufacturing defects and or faulty workmanship.
- II. The Tenderer shall clearly indicate the number of visits both “Demand” – (Emergency) and “Routine” for servicing /Check –up which they will undertake for replacement of spares etc. free of cost during guarantee/ warranty period.
- III. The Tenderer shall certify that they will undertake/ enter into a 5 years Annual Maintenance Service Contract for a periodical check up/ servicing and Repairs of the Machine supplied, installed and commissioned by them for its full life span.
- IV. The Annual Maintenance contract should include minimum 3 visits i.e. one visit in every 4 months, in addition all break down calls to be attended on top priority.
- V. The tenderer should indicate the value of 5(Five)years maintenance contract (after sales Service), individually for each year as a figure (INR) for unit machine and not as a percentage for a period commencing from the date of the expiry of the guarantee / warranty period of TWO years. The same is mandatory and will be considered for gradation.

31. UPDATING OF THE MACHINE:

The Tenderer shall specify life span of the machine which they quote and undertake to incorporate future development to update the machine as and when required. The difference in price of the replaced parts will be paid by the Directorate at manufacturer’s price.

32. UNDERTAKING FROM MANUFACTURERS /PRINCIPALS:

The Tenderer shall furnish along with the tender, an undertaking from their Principal/manufacturer of the machine, that in the event their association/relations with their Principals/manufacturers of the machine either by the way of sole agency/exclusive distributorship or their representative is terminated or discontinued for one reason or the other

by the manufacturers/principals or the tenderer themselves during the life span of the machine, then they would take over /assume or make arrangement to take over /assume to the full satisfaction of the Director of Health Services, the commitments and other obligations which the Tenderers have made to the Director of Health Services.

33. **TAX, EXCISE DUTY, AND OTHER LEVIES:**

Taxes as applicable and as amended by Government from time to time should be specifically mentioned, failing which no claim for taxes etc. will be entertained at a future date.

34. **INSURANCE:** This being Government institution equipment will not be insured by us. They have to be insured by the successful tenderer at their own cost to ensure reaching of the equipment dispatched by them at the destination.

35. **TERMS OF PAYMENT:** In Indian rupees vide ECS.

36. In the event of any dispute or difference between the parties hereto in relation to with this tender, the court in Goa shall have exclusive jurisdiction to adjudicate such dispute or difference.

Sd/-
(Dr. Jose D'Sa)
Director of Health Services

TECHNICAL BID

The quotations should be clearly marked with Tender no94/DHS/MSD/PT/2021-22/779dated 02/08/2021 (Technical Bid) uploading the following documents:-

1. An Earnest Money Deposit calculated @ 3% of the total value of the offer/quotation is to be paid online through e-payment mode via NEFT/RTGS/OTC/debit card/credit card facility/net banking (Axis bank) with pre-printed challans available on e-tendering website and directly credit the amount to ITG account as generated by challan. Any deposit sent earlier for another tender will not be considered, even if the supplies in respect of the said deposit are completed. Earnest money deposit sent in any other form will not be accepted. The firms which are registered with DGS & D should also send Earnest Money Deposit. If any exemption on this behalf is required, they should produce an attested certificate from DGS & D that they are registered for supply of the category of the items covered under the above tender opening and still continue to be registered with them till date.
2. The successful Tenderer will have to submit Security Deposit of 5% of the items being ordered in the form of bank guarantee with a validity of two years from the date of installation/supply for due performance of the supply order. This security deposit will be refunded only after the completion of warranty period and after the receipt of security deposit of 2% for AMC period. Earnest money deposit will be refunded fully after the receipt of security deposit in case of successful tenderers. If the successful tenderer does not pay the security deposit, the invoices for the same will not be settled for payment and the order will be treated as cancelled. Also the EMD will be forfeited in favour of Government.
3. The successful Tenderer will have to submit an additional security deposit/Bank Guarantee valid for 5 years to the tune of 2 % of the cost of the equipment after completion of warranty period which will cover the entire maintenance period. If regular servicing is not carried out during the maintenance period the security deposit will be forfeited in the favour of the Government. The earlier bank guarantee of 5% will be returned after the submission of fresh bank Guarantee of 2% of the cost of the equipment, valid for 5 years.
4. As per notification no. 3/40/2003-IND(Part) dated 8th September 2011 issued by Industries Department, Government of Goa, Secretariat, Porvorim Goa, only those Micro and small Enterprises having turnover not exceeding Rs. 10.00crores per annum for the preceeding 3 financial years and acknowledged with Entrepreneurs Memorandum Part II by Director of Industries, Trade and Commerce shall be eligible for the benefit under this scheme. A copy of the certificate may be furnished.
5. The Stockist /Distributor who supplies the machinery on behalf of the Manufacturer should furnish/upload Authority letter for this particular Tender, to quote the items on their behalf wherever required.
6. After Sales Service: - The details of network of service centers in the state of Goa with complete address, phone no, fax no, e-mail ID, to be attached/uploaded.
7. The Director of Health Services reserves the right to reject any or all tenders without assigning any reasons.

8. ISO Certificate of the manufacturer / Company is mandatory and should be uploaded/ attached.
9. CE certificate of the manufacturer / Company is to be furnished and should be uploaded/attached for all the equipments.
10. ISI certified equipments/instruments will be accepted only if CE certified are not available, at the discretion of the Purchase Committee. However the decision of the Director will be final.
11. Information in the following format should be submitted for items quoted:-

Sr. no	Name of the item	Manufacturer and Model quoted	Equivalent specifications quoted by the Tenderer, with the name and address of the manufacturer with model	Whether the item quoted by the Supplier is as per the specifications asked for. Indicate against each item clearly – Yes/No	If the tender quoted is not as per specification then variation/deviation should be clearly indicated against each item asked for.	Authorization Letter Yes/No	ISI Yes /No	CE Yes /No	ISO Yes /No	NSIC /SSI	Remark
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12. Name & Addresses of the Government or Private Institutions to whom such equipment's have been supplied especially in Goa, Karnataka & Maharashtra State may be indicated.

Sd/-
(Dr. Jose D'Sa)
Director of Health Services

FINANCIAL BID

The quotation should be clearly marked as Envelope no 2 along with Tender No 94/DHS/MSD/PT/2021-22/779 dated 02/08/2021 and should be quoted for as per the Schedules I to VI attached.

1. Should contain any/all documents including any price.
2. The Price should be quoted in Indian Rupees on turnkey basis which should also indicate all taxes FOR destination separately.
3. While filling the respective annexure, if any cell is left blank the same shall be treated as "0". Therefore, if any cell is left blank and no rate is quoted by the bidder in the assigned column rate of such item shall be treated as "0" (ZERO) & will be treated as incomplete tender & will be rejected outright. Kindly enter the name of the bidder in the respective cell.
4. Safety equipments if required for machinery & equipment, to be quoted separately. However Director reserves the right to reject the purchase of the safety equipment. Director's decision in the matter will be deemed final.
5. Taxes as applicable and as amended by Government from time to time should be specifically mentioned, failing which no claim for taxes etc. will be entertained at a future date.
6. The rate quoted should be valid for minimum period of 36 months from the date of placement of first order.
7. Rates of AMC after the stated warranty period along with the number of visits, to be quoted showing **yearly prices of unit machine separately upto 5 years (Year wise)**. Rates to be quoted in Indian Rupees as a figure and not as a percentage. The 5 years AMC rates will be considered while computing cost of the equipment.
8. Prices of spare parts / consumables required for the machine should be quoted separately.
9. The Financial bid of all the tenderers, whether technically selected or rejected can be viewed online. However, the technically rejected items/bids will not be taken into consideration for gradation.
10. The Director of Health Services reserves the right to reject any or all tenders without assigning any reasons.

Sd/-
(Dr. Jose D'Sa)
Director of Health Services

ANNEXURE - A

ADDITIONAL QUESTIONS FOR IMPORTED EQUIPMENT MACHINERY

1. Please indicate here prices on the following basis:
 - i. F.O.R.
 - ii. F.A.S. Port of Shipment of your Principals / Manufacturers.
 - iii. C.I.F. Indian Port.
 - iv. F.O.R. Station of dispatch. (also indicate the Station of dispatch)

2. For F.O.B./ F.A.S. quotation please indicate here separately :
 - i. Net ex-factory price.
 - ii. Net F.O.B. /F.A.S Prices exclusive of profit / commission.

3. In case you are a foreign firm quoting direct please indicate:-
 - i. The name and address of your Indian Agents/Associates/Representative for servicing in India.
 - ii. Net F.O.R. /F.A.S. price inclusive of the amount or remuneration or commission for the Indian Agents/ Associates.
 - iii. Commission/remuneration payable to the Indian agents/ associates in Rupees.

4. Please indicate the following particulars:-
 - i. The precise relationship between the foreign manufacturers/Principals and their Indian Agents/Associates.
 - ii. The mutual interest which the Manufacturer/principals and the Indian Agents/ Associates have in the business of each other.
 - iii. Any payment which the Agents/Associates receive in India or abroad from the manufacturer/principals whether commission for the contract or as a general retainer fee.
 - iv. Indian Agents Income Tax Permanent Account Number.
 - v. The foreign suppliers Income Tax Permanent Account Number.

(SIGNATURE OF TENDERER)

ANNEXURE – B

(TENDERER SHOULD FURNISH SPECIFIC ANSWERS TO ALL THE QUESTIONS GIVEN BELOW: TENDERERS MAY PLEASE NOTE THAT IF THE ANSWERS FURNISHED ARE NOT CLEAR AND/OR EVASIVE, THE TENDER QUOTED WILL BE LIABLE TO BE IGNORED)

- 1) Tender No.----- Due Opening on -----
- 2) Offer is open for acceptance for 2 years from the placement of the first order.
- 3) whether the stores offered fully confirm to the technical particulars and specification/ drawings, specified by the purchaser in the schedule to tender, if not mention here details of deviations.
- 4) Brand of Stores offered.
- 5) Name and address of the manufacturer:
- 6) Station of manufacturer:
- 7) Please confirm that you have offered packing :
- 8) What is your permanent Income Tax Account Number & TIN No.
- 9) a) Are you registered with DGS & D for the item quoted, if so, indicate whether there is any monitory limit of registration.

b) In case you are registered with NSIC under Single point Registration Scheme for the item quoted, confirm whether you have attached a photocopy of the registration certificate indicating the items for which you are registered.
1. If you are not registered either with NSIC or with DGS & D, Please state whether you are registered with Directorate of Industries of State Government Concerned.
2. Please furnish your performance statement.

3. Business name and constitution of the firm . Is the firm registered under:
 - i. The Indian Companies Act, 1956.
 - ii. The Indian Partnership Act 1932 (please give full names and address).
 - iii. Any Act, if not, who are the owners (Please give full names and address).

4. Whether the tendering firm is /are:
 - i. Manufacturer
 - ii. Manufacturer's authorized agents.
 - iii. Manufacturer's stock of the stores tendered for.

N.B: If manufacturers, agents, please upload with
Tender the copy of the Manufacturers authorization.

5. For partnership firms state whether they are registered or not registered under Indian Partnership Act, 1932. Should the answer to this question by a partnership firm be in the affirmative, please state further:-
 - a) Whether by the partnership agreement, authority to refer disputes concerning the business of the partnership to arbitration has been conferred on the partner who has signed the tender.
 - b) If the answer to (a) is in the negative, whether there is any general power of attorney executed by all the partners of the firm authorizing the partner who has signed the tender to refer dispute concerning business of the partnership to arbitration.
 - c) If the answer to either (a) or (b) is in the affirmative copy of the partnership agreement and the general power of attorney may be furnished along with the tender, where authority to refer disputes to arbitration has not been given to the partner signing the tender, the tenders must be signed by every partner of the firm.

(Signature of the Tenderer)

SCHEDULE II

PRICE BID FORMAT FOR ACCESSORIES BOTH ESSENTIAL AND OPTIONAL (ITEMWISE)

SR. NO.	ITS SPECIFICATION (ESSENTIAL & OPTIONAL)	QUANTITY	UNIT PRICE	TOTAL
1	2	3	4	5

SIGNATURE OF THE TENDERER

SCHEDULE III

PRICE BID FORMAT FOR ESSENTIAL SPARES AND CONSUMABLES FOR 2 YEARS (ITEM WISE)

SR. NO.	NAME OF THE SPARES AND CONSUMABLES ALONG WITH SPECIFICATION	QUANTITY	UNIT PRICE	TOTAL
1	2	3	4	5

SIGNATURE OF THE TENDERER

SCHEDULE IV

**PRICE BID FORMAT FOR RECOMMENDED SPARES AND CONSUMABLES FOR
TWO YEARS (ITEM WISE)**

SR. NO.	NAME OF THE RECOMMENDED SPARE AND CONSUMABLES WITH ITS SPECIFICATION	QUANTITY	UNIT PRICE	TOTAL
1	2	3	4	5

SIGNATURE OF THE TENDERER

SCHEDULE V

INSTALLATION AND COMMISSIONING CHARGES IF ANY (ITEM WISE)

SR. NO.	NAME OF THE EQUIPMENT/MACHINE INSTALLATION AND COMMISSIONING CHARGES IF ANY	QUANTITY	UNIT PRICE	TOTAL
1	2	3	4	5

SIGNATURE OF THE TENDERER

SCHEDULE VI
ELECTRICAL, MECHANICAL WORKS ETC.

SR.NO.	DESCRIPTION OF WORK	AMOUNT
1	2	3

N.B. For civil works the tenderer should quote lump sum. Works other than Civil the Tenderer shall quote item wise.

SIGNATURE OF THE TENDERER

Annexure

Sr. no.	Items	Qty.
1.	<p>Infant Radiant Warmer for Neonates</p> <p>(a) Should be operated in servo & Manual mode of operation.</p> <p>(b) Temperature probe should be thermistor based interchangeable probe & bio compatible. Temperature display should be bright numerical LED display.</p> <p>(c) Alarm should be present & should be for:</p> <ol style="list-style-type: none"> i. High temperature (more than 0.5⁰ difference) ii. Low Temperature (more than 0.5⁰ difference) iii. Temperature probe failure. iv. System failure v. Heater failure vi. Over temperature vii. Power failure. <p>(d) Halogen examination lamp</p> <p>(e) Timer/ Apgar Timer</p> <p>(f) Should have side mounted Monitor- tray attachment.</p> <ol style="list-style-type: none"> i. Pole for syringe/Infusion pump. ii. Stainless steel IV Stand <p>(g) Unit should be mobile with swivel castors fixed with locking system.</p> <p>(h) Should have a battery back-up to show baby temperature during power failure.</p> <p>(i) Working temperature range should be 25⁰ C to 40⁰ C</p> <p>(j) Heater output control range(Manual) 0 to 100% with increments of 10%</p> <p>(k) Accuracy should be +/- 0.2⁰C</p> <p>(l) Resolution should be 0.1⁰ C</p> <p>(m) Accuracy of probe interchangeability should be +/- 0.1⁰ C</p> <p>(n) Voltage should be 230V +- 10% at 50Hz</p> <p>(o) Maximum power consumption 800 W maximum.</p> <p>(p) Heater power should be 600 watts</p> <p>(q) Heating element should be quartz infrared heater with parabolic reflector</p> <p>(r) Automatic heater power reduction to 60% after 10 min in manual mode for baby safety.</p> <p><u>Bassinets (Baby bed)</u></p> <p>a) The neonatal bed should acrylic with removable & washable</p>	6Nos.

	<p>mattress</p> <p>b) Should have bed tilting facility.</p> <p>c) Should have acrylic side panel with hinges.</p> <p>d) Bassinet should be mobile with swirl castors & brake.</p> <p>e) Below bassinet- Storage shelf.</p>	
2.	<p>Multi para monitor with neonatal and paediatric probes and BP cuff and NIBP (PAEDIATRIC & NEONATAL CUFFS)</p> <p>1. Q5 12.1"/Q3:10.4" Touchscreen Colour TFL lcd Display</p> <p>2. UP TO 7 LEAD ECG display</p> <p>3. Total 10 waveform display simultaneously</p> <p>4. 9 different screen configuration</p> <p>5. Oxy CRG software</p> <p>6. Central monitoring system wired</p> <p>7. Nelcor o Masimo SPO2</p> <p>General: size & weight</p> <p>318 mm x 264 mm x 1.52 mm</p> <p>< 4.5 kg</p> <p>Std. modular slot 2</p> <p>Power supply : AC 100-240 V 50/60HZ</p> <p>Safety close – category 1</p> <p>Battery – rechargeable lithium ion battery</p> <p>Operating Time under normal use and full charge. >210 min</p> <p>Alarms; low medium and high indicator audio and visual</p> <p>Environment Operating temp 0°- 40°c</p> <p>Safety- IEC 60601-1 Approved</p> <p>Heart rate Paediatric & neonate 10 -350 bpm</p> <p>Isolation 1 bpm</p> <p>Accuracy =± 1% on 1 bpm</p> <p>HIBP – Method ; Automatic oscillometry, Cuff pressure range 0~300 mm hg</p> <p>Range : Child sys: 30-135 mm hg</p> <p>Dia:10-100 mmg</p> <p>MAP: 20-125 mmg</p> <p>Measurement mode: Manual, auto, STAT</p> <p>Pulse range rate 40-240 bpm</p> <p>Digital SPO2: measurement range : 0~100%</p> <p>Nelcor/ Masimo</p>	14 Nos.
3.	<p>Infusion pump peristaltic</p> <p>a) Compatible with IV set of any standard</p> <p>b) Flow rate- 0.1-1500 ML/HR. (In 0.1 ML.H Increments)</p> <p>c) Infusion mode- ML/H, Drop/min, Time based.</p> <p>d) Accuracy: +/-3%.</p> <p>e) Battery life: 5 Hours AR 30 ML/HR</p> <p>f) Display showing infusion rate settings</p> <p>g) Total Infusion Times in HH:MM: SS.</p>	14Nos.

	<p>h) Total Volume infused</p> <p>i) Alarm: Zero rate selection drops not being detected, fast or slow infusion rate. Infusion end alarm.</p>	
4.	<p>Pulse Oximeter (With HR monitoring)Neonate</p> <p>1. <u>Mains and battery operated:</u> Power: 220 (+/- 20) Volts, AC, 50 Hz, 0.2 Amp, 4.3 Watts Max Operating temperature: + 10°C to + 40°C Electrosurgery/ Defibrillation protection.</p> <p>2. <u>Nelcor Operating System:</u> Amplifier: Fully isolated, defibrillation – protected, > 5 KV Display: – Numerical display of SpO2 %, which is visible from nursing station. – Graphical display of signal strength – Plethismogram – Numerical display of the peripheral pulse rate visible from nursing station – Text error messages Sampling frequency: 100 Hz. Saturation range: 0 to 100% Pulse range: 0 to 300 bpm Accuracy: – Adult: 70 to 100% (± 2 digits) 50 to 69% (± 3 digits) – Neonatal: 70 to 100% (± 3 digits) – Patient mode: Adult or Neonate Trend: 2 hours, 6 hours, 12 hours and 24 hours of both SpO2 of pulse rate</p>	20 Nos.
5.	<p>Resuscitation kits (Neonatal) To be supplied with the following LaryngoscopeBlade-0,1: - 1 each Stylet -1 each Mask- Preterm &Term.00,0,1 :- 1 each AMBU bag-Preterm (250ml), Term (500ml) :- 1 each Oral Airways – 0,1 :- 1 each</p>	6 Sets
6.	<p>ABG analyser machine</p> <p>a) Fully automatic blood gas analyzer</p> <p>b) Measured Parameter: i. pH, pO 2, pCO2, HCT, Na+, K+, Ca++, cCl and &gt;, 18 Calculated Parameters</p> <p>c) Features: i. Windows XP Embedded ii. Multi test cassette -15 tests to 1200 tests iii. Cassette stability 60 days to 15 days iv. Only small sample of whole blood is required-70 ul</p>	3 No.

	<ul style="list-style-type: none"> v. Big display with touch screen vi. On-line help & amp, Video tutorials vii. Virtually maintenance free analyzer (Only 2 hours in a year) viii. Storage of 500 patient results ix. Data Backup with read /write CD drive and USB Ports x. Accurate and reliable results of all parameter xi. HIS/LIS communication possible xii. All consumables required may be quoted in Schedule II xiii. Rate of Cartridges may be quoted in Schedule II and also should have long expiry. 	
<p>7.</p>	<p>LED Phototherapy- double surface</p> <ul style="list-style-type: none"> a) LED phototherapy top unit b) Light unit should be made of easily cleanable plastic material c) Spectral irradiance of minimum 35-40u W cm²nm⁻¹ at 35 cm distance between bed and light unit. d) Wavelength: 430-490nm and should be free from UV and IR radiation e) Effective surface area should be at least 250*500 mn within a irradiance ration of 0.4 (min/max irradiance) f) Digital timer for monitoring therapy hours (resettable) & lamp usage hours (Non resettable) g) Smooth height adjustment mechanism with adjustable height h) Smooth light unit tilting mechanism i) Minimum height should be at least 1100+-20 mn from the floor to use near the mother bed j) Maximum height should be at least 1600+-20mn from the floor to use with the incubator. k) Electric supply: universal power supply 110V- 230 V AC , 50Hz with a power rating of 25W (MAX) l) Coating: Epoxy/powder coated body for scratch and rust prevention and PU(Poly urethane) coating for plastic m) Mobility: three castors: two rear castors provided with brakes. n) The bases of unit should be such that it will go beneath any incubator/ bed/ trolley , with minimum of 100mn floor clearance o) The specification for bottom unit should confirm to the following p) Irradiance: > 30 u W/cm²/nm at 230V at infant bed. q) Lamp type: LED's r) Electric supply: 110-230 V, 50Hz, 2A s) Power Rating: Maximum -25 W t) Time totalizer: Non- resettable total therapy time, resettable 	<p>3 Nos.</p>

	<p>patient therapy time</p> <p>u) Bassinet Dimension: Maximum of 78 cm x52 cmx 15 cm</p> <p>v) Bassinet Tilting: Upto 12⁰</p> <p>w) Weight of lamp unit: Less than 25 kg</p> <p>x) Bassinet : transparent acrylic bassinet</p> <p>y) Coating: Epoxy/powder coated body for scratch resistance and rust protection should conform to IEC-60601 safety standards</p> <p>z) Should occupy only very little bedside space for convenience in observation and procedures.</p> <p>aa) Should have trendelenburg</p>	
8.	<p>Oxygen hoods infant</p> <p>a) Should be round with adjustable neck post</p> <p>b) T connector for O₂connections.</p> <p>c) Made of acrylic.</p>	16 Nos.
9.	<p>Hepa Filter</p> <p>i. Should be Compact in size</p> <p>ii. Intakes air through cabinets' perforations on each side of the unit and exhausts purified air in a 360-degree pattern at the base of the unit.</p> <p>iii. Two filter modules.</p> <p>iv. Should include a quiet, energy efficient fan, capable of moving upto 256 cubic feet of air per minute.</p> <p>v. Should belightweight and allow portability from room to room.</p> <p style="text-align: center;">Physical and Technical Specification</p> <p>Height (inches) 28</p> <p>Wide (inches) 13</p> <p>Depth (inches) 13</p> <p>Weight (pounds) including installed filters 35.27</p> <p>Individual filter module weight (pounds) 8.75 (2 required for operation)</p> <p>Minimum Ambient Temperature -13 F</p> <p>Maximum Ambient Temperature 140 F</p> <p style="text-align: center;">Electric data</p> <p>Operating Voltage 110-120 Volts</p> <p>Frequency 50-60 Hz</p> <p>Motor Speed 3200 RPM (max)</p> <p>Power 55 Watts</p>	6Nos.
10.	<p>B.P Apparatus</p> <p>To be supplied withfollowing cuffs</p> <p>infant cuff -2nos</p> <p>child cuff -2nos</p> <p>Adult cuff- -2nos</p>	10Nos.

11.	Resuscitation kit (Paediatric) Laryngoscope Blade Straight 1,2- 2 of each Curved 2,3 - 2 of each Stylet- 2Nos Mask Newborn 00 - 2 of each Infant 0 - 2 Nos Child 1,2 - 2 of each Oral airway - 2 of each 0,1,2,3,4,5 Ambu bags - 4 of each 250,500,750 ml or infant, child, adult ambu bags	6Sets
12.	Nasal O₂ Cannula Preemie i. For use with low/ High flow O ₂ ii. Can be used with or without humidity iii. Soft curved prongs iv. Color code as sizes v. O ₂ tubing adaptor to be supplied.	15Boxes of 10 each
13.	Nasal O₂ Cannula Newborn i. For use with low/ High flow ii. Can be used with Or without humidity iii. Soft curved prongs iv. Color code as sizes v. O ₂ tubing adaptor to be supplied.	65 boxes of 10 Each
14.	Nasal O₂ Cannula Infant i. For use with low/ High flow ii. Can be used with Or without humidity iii. Soft curved prongs iv. Color code as sizes v. O ₂ tubing adaptor to be supplied.	40boxes of 10 each
15.	Paediatric O₂ face Mask (Infant)	700 Nos.
16.	Paediatric O₂ face Mask (Child)	700Nos.
17.	Paediatric O₂ face Mask (Adult)	700Nos.
18.	Paediatric NRM Face Mask (Non rebreathing mask) (Infant)	600Nos.
19.	Paediatric NRM Face Mask (Non rebreathing mask) (Child)	625 Nos.
20.	Paediatric NRM Face Mask (Non rebreathing mask) (Adult)	600 Nos.
21.	Paediatric Nebulising Chamber with Mask	1200 Nos.
22.	Examination Treatment Light	4 no
23.	ECG Unit (Neonatal/ Paediatric) POWER SUPPLY Power supply range: AC 230 V + 10% Power consumption: Less than 12W Battery: Rechargeable NiMH 9.6 V, 1500 maH battery (built-in)	1 No.

Battery Capacity: 3 Hrs in single channel mode (with a fully charged battery 200 complete ECG are possible in auto mode with single channel print format)
Battery Charging indicator: Yes
Battery low indication: Yes
Recharging time: Approximately 14 Hrs. for 100% charging
Mains Protection: Fuse: T 0.1A
Internal power supply: Fuse-miniature, 4A, Time-lag, T-protection
Battery Protection: Polymer resettable fuse

ENVIRONMENTAL

Operating Temperature: 10 to 40 deg.C
Relative Humidity: 25 to 90% non-condensing

STANDARDS

Safety standard: Compliant to class II type IEC-601-1 & 601-2-25 standards
EMC: IEC-601-1-2

OTHERS

Dimension: 270 (L) x 180 (H) x 60 (D) mm
< 1.5 Kgs

ECG

ECG Acquisition: 10 bits; 500 samples / sec
ECG Leads: Standard 12 leads; Acquired 8 leads; Reconstructed 4 leads (III, aVR, aVL, aVF) with lead indication
Recording sensitivity: Manual mode; 2.5-5-10-20 mm/ MV + 5%
Auto mode: Dependent on the signal strength
Optimizes automatically to 2.5-5-10-20mm/Mv + 5%
Filters: Mains interference/Muscle filter
 Linear phase digital 50 Hz Notch filter with, linear phase
 Selectable 25 or 35Hz – 3 Db response
Anti drift filter
 Digital 0.5Hz Anti drift High pass linear phase filter always inserted and cannot be switched off
Signal Memory: 10 Seconds for each lead in Auto mode
Operating modes: Manual – acquisition and printing in real time
 Auto-simultaneous acquisition
Parameter Calculation: Yes, in Auto mode (selectable)
Keyboard: Tactile keypad with 9 function keys and 13 LED function indicator
Input Dynamics: +300mV @ 0 Hz; + 5 mV in the pass band
Input Impedance: > 100 Mohms
Frequency Response: 0.5 Hz to 150 Hz (-3dB) without mains/Muscle Filters
Time Constant: >3.2 seconds

	<p>CMRR: >90 dB @ 50 Hz DF Protection: Internal Printer Recording System: Thermal printer, 8 dots/ mm; 48 mm usable print width Thermal paper: In rolls; Height 50 mm, Length 20 m; gridded Print Channel: 1 Paper transport speed: 25 or 50 mm/ sec</p> <p>STANDARD ACCESSORIES to be supplied along with the machine: Patient Cable: 1 no. Limb Electrodes: 4 nos. Paper Roll: 1 no. Battery Charger: 1 no. Chest Electrodes: 6 nos. Gel Bottle: 1 no. User Manual: 1 no</p>	
24.	<p>Oxygen blender</p> <ol style="list-style-type: none"> Low flow/high flow with a building monitor that allows to measure oxygen percentage.(Low Flow 0-3 LPM & High Flow 0-70 LPM) A large backlit LCD- Providing clarity in low light environments Backlot acrylic flow meter One touch smart alarm DC power port for optional external power supply Upto 5000 hrs of operation with batteries Bleed control to minimize gas consumption Oxygen concentration adjustment 21% to 100% 	11 Nos.
25.	<p>Transport incubator (Neonatal)</p> <ol style="list-style-type: none"> Working temperature 30 to 37⁰C (Patient display mode), 30 to 37⁰C (Air set mode) Accuracy +/- 0.2⁰C Resolution 0.1⁰ C Accuracy of probe interchangeability +/- 0.2 ⁰C Temperature of probe: Thermistor based interchangeable probe Alarm: high & low temperature, Power failure Voltage: 90 to 240 V at 50/60 Hz Power: 500 watts maximum Heating element: Flat heaters Temperature display: Bright numerical LED Display Message and Alarm: LCD Display Battery backup time: Minimum 2 Hours Performance Specification 	1 No.

	<ul style="list-style-type: none"> n) Should have temperature rise time: 45 min per 10⁰C o) Should come with collapsible trolley for easy movement of equipment into the ambulance p) Should have inbuilt battery charger and battery should be part of equipment q) Should have provision to attach 2 light weight oxygen cylinder (4.5 Liters aluminum cylinder) with pin index mechanism r) Should have two elbow operate able port s) Should have head access door to pullout the bed to access the head of the baby during transportation. t) Should have front access door u) Should have one iris port and minimum 3 tubing ports v) 3 disposable infant restraint straps w) Should have an indicator for power on x) Should have an indicator for heater on y) Equipment weight should be 36 kg (without cylinder) z) Maximum size (L x W x H) Cm should be with pole of 104x 61x70 CM & without pole- 104x 61x50 cm aa) Should have four wheels, at least 2 with brakes bb) Should have IV stands cc) Should have goose neck examination lamp for flexible examination. dd) Coating epoxy/powder coated body for scratch and rust prevention ee) Should be supplied from manufacturing company having ISO 9001 and ISO 13485 ff) Should be supplied with electrical suction mount on the trolley gg) Should be supplied with resuscitation unit mount on the trolley. 	
26.	Slow mechanized suction machines <ul style="list-style-type: none"> a) Should be light & compact b) Electrically operated c) Operating voltage 220 V AC d) Low pressure vacuum for neonates. 	11 Nos.
27.	24 G Introcan IV Cannula	3000 Nos.
28.	22 G Introcan IV Cannula	1500 Nos.
29.	Infantometer	8 Nos.
30.	Syringe Pumps <ul style="list-style-type: none"> a) Light weight, capacitive touch screen, keypad, ergonomic & leak proof design, stackability, Ebtn LCD display, vertical / Horizontal mounting. b) Syringe capacity 5, 10, 20, 50/60. c) Syringe Brands; Compatible to any brand 	28 Nos

	d) Battery backup- Min 8 hrs at 50 ML/hrs.	
31.	<p>Electronic Weighing Machine</p> <p>a) Should have a transparent acrylic pan with provision for measuring length of neonatal</p> <p>b) Single key facility to initialize the reading to zero before infant is kept on the pan for weight measure.</p> <p>c) Shows accurate weight irrespective of the position of the baby on pan.</p> <p>d) Facility to hold the reading to note weight easily.</p> <p>e) Easily removable & washable pan.</p> <p>f) In built battery operation for 1 hour.</p> <p>g) Capacity- Maxmut 10-15 kg. Accuracy- 5 gm.</p>	6 Nos
32.	<p>Bubble CPAP</p> <p>i. Should be portable & sturdy</p> <p>ii. Should have CPAP Generator</p> <p>iii. Option of pressure setting from 3-12 cm of watt</p> <p>iv. Detachable overflow container</p> <p>v. Separate air oxygen blender with markings to control delivered FIO2</p> <p>vi. Humidifier</p> <p>vii. Should have option of using disposable circuits</p> <p>viii. Should have cap & strap system with provision to fix pt. tubings</p>	2 Nos.
33.	<p>Standard fowler bed with side railing</p> <p>Should have facility to raise the back and upper leg section. The sections should be operated by crank mechanisms provided at the foot end of the bed. Dimensions: 2095mm L x 920mm W x 600mm H. Bed frame dimension: 2095 mm L x 920mm W. Urine bag Holder and I. V. pole. S. S. Laminated head & foot board. Remaining part pre-treated and powder coated. Should have side railings.</p>	14 Nos.
34.	SS Small tray 8X2 inches	25 nos.
35.	Foot operated SS stand to fit on medium size drum	3 Nos.
36.	Cheaters forceps SS	5 nos.
37.	SS jar	5 Nos
38.	Cat paws retractor SS	1 Nos.
39.	Elevator retractor SS	1 Nos.
40.	Instrument Hanger SS	1 Nos.
41.	SS Bowls (medium size 6 inches)	5 Nos.
42.	Feeding SS Bowls	110 Nos.
43.	Palladai size no. 1 &No.2	110 nos. (each)
44.	Bed pans	10 Nos.
45.	Kidney Pans (small)	15 Nos.
46.	Stadiometer	06 Nos
47.	Neonatal Stethoscope	20 Nos

48.	Cardiac Table Overall approx. size 810mm x 352mm W <ul style="list-style-type: none"> • Two section laminated top • MS tubular telescopic stem with geared SS handel for height adjustment from approx. 760mm to 1050mm. • MS rectangular tabular base frame mounted on four twin wheel non rusting castors, 50mm dia. • Pretreated and powder coated 	10 Nos
49.	Pressure Monitoring Line (Extension Line as an accessory of Infusion Set)	20boxes
50.	Cradles (Infant Trolley) <ul style="list-style-type: none"> • It should be made of acrylic • Removable & washable mattresses. • Acrylic side panels with hinges. • Bed tilting facility. • Bassinet should be mobile with swivel castors and brakes. • Storage space/ shelf below the bassinet 	2 nos.

Sd/-
(Dr. Jose D'Sa)
Director of Health Services