

**कर्मचारी राज्य बीमा अस्पताल
रोहिणी, सेक्टर-15, नई दिल्ली-110085**



चिकित्सा अधीक्षक, क.रा.वी. अस्पताल, सेक्टर-15, रोहिणी, दिल्ली-110085 द्वारा निम्नलिखित मदों की आपूर्ति हेतु निविदाएं आमंत्रित की जाती हैं :-

क्र. सं.	उपस्कर का नाम	प्रमात्रा	विभाग	बयाना राशि (रुपयों में)	बोली प्रणाली	निविदाएं खोलने की तारीख
1.	दन्त्य उपचार चेयर	22	दन्त्य कॉलेज	90,000/-	दो बोली	16.11.09
2.	दन्त्य परीक्षण चेयर	01	दन्त्य कॉलेज	2,000/-	दो बोली	16.11.09
3.	वी.आई.एस. (वाई-स्पेक्ट्रियल इंडेक्स) सहित मल्टीसाईन मॉनीटर	01	आई.सी.यू.	10,000/-	दो बोली	17.11.09
4.	मल्टीसाईन मॉनीटर	03	आई.सी.यू.	18,000/-	दो बोली	17.11.09
5.	सेटल मॉनीटिंग सिस्टम	01	आई.सी.यू.	10,000/-	दो बोली	18.11.09
6.	डॉ.वी.टी. प्रोफिलेक्सिस सिस्टम (डॉ.वी.टी. मशीन)	01	आई.सी.यू.	5,000/-	दो बोली	18.11.09
7.	सी-आर्म इमेज इनटेंसीफायर	01	ऑर्थो	1,00,000/-	दो बोली	19.11.09
8.	कलर डॉपलर अल्ट्रा साउंड मशीन/सिस्टम	01	रेडियोलॉजी	30,000/-	दो बोली	19.11.09

इच्छुक फर्मों से अनुरोध है कि निबन्धन और शर्तों सहित निविदा फार्म क.रा.वी. निधि लेखा संख्या-1 नई दिल्ली के पक्ष में देय डिमान्ड ड्राफ्ट/बैंकर चैक (अप्रतिदेय) के रूप में 200/- रुपये के भुगतान पर किसी भी कार्यदिवस को पूर्वाह्न 10.00 वजे से अपराह्न 3.00 वजे तक और शनिवार पूर्वाह्न 10.00 वजे से दोपहर 12.00 वजे तक उप चिकित्सा अधीक्षक, क.रा.वी. अस्पताल, रोहिणी से प्राप्त किया जा सकता है। निविदा दस्तावेज को www.esic.nic.in वेबसाइट से भी डाउनलोड किए जा सकते हैं। उस स्थिति में निविदा दस्तावेज की लागत का डिमान्ड ड्राफ्ट/बैंकर चैक निविदा के साथ संलग्न किया जाए। प्रत्येक मद के लिए अलग बोली दी जाएगी।

डिमान्ड ड्राफ्ट या बैंकर चैक के रूप में क.रा.वी.नि. निधि लेखा संख्या-1 के पक्ष में देय विहित वयाना राशि सहित निविदा फार्म को पूर्णतः भर कर जमा कराया जाए।

हर हालत में पूर्ण रूप से भरा हुआ निविदा फार्म उप चिकित्सा अधीक्षक के कमरे में रखे निविदा बॉक्स में निविदा खोलने की नियत तारीख को अपराह्न 2.00 वजे तक जमा कराए जाएं। विलम्ब से प्राप्त निविदाओं पर गौर नहीं किया जाएगा।

निविदाएं उप चिकित्सा अधीक्षक के कमरे में, बोली बोलने वालों या उनके प्रतिनिधियों की उपस्थिति में नियत तारीख को अपराह्न 2.30 वजे खोली जाएगी। निविदा खोलने की तारीख को सार्वजनिक अवकाश होने की स्थिति में निविदाएं अगले कार्य-दिवस को उसी समय और स्थान पर खोली जाएगी।

चिकित्सा अधीक्षक को किसी निविदा या सभी निविदाओं को, बिना कोई कारण बताए, अस्वीकार करने का अधिकार होगा।

स.वर्मा
23/11/09
चिकित्सा अधीक्षक

01/11/09
23/11/09



EMPLOYEES' STATE INSURANCE HOSPITAL

Rohini, Sector-15, New Delhi – 110085

Website: www.esic.nic.in

Fax: 27553098

Tenders are invited by Medical Superintendent ESI Hospital Sector-15, Rohini-110085 for the supply of following items:-

S.No.	Name of the equipment	Qty.	Department	Earnist Money in (Rs.)	Bid System	Date of Opening of bids
1.	Dental Treatment Chairs	22	Dental College	90,000/-	Two Bid	16.11.09
2.	Dental Examination Chairs	01	Dental College	2,000/-	Two Bid	16.11.09
3.	Multisign Monitor with BIS (Bi-spectral Index)	01	ICU	10,000/-	Two Bid	17.11.09
4.	Multisign monitor	03	ICU	18,000/-	Two Bid	17.11.09
5.	Central Monitoring System	01	ICU	10,000/-	Two Bid	18.11.09
6.	DVT Prophylaxis System (DVT Machine)	01	ICU	5,000/-	Two Bid	18.11.09
7.	C-Arm Image Intensifier	01	Ortho	1,00,000/-	Two Bid	19.11.09
8.	Colour Doppler Ultra Sound Machine/System	01	Radiology	30,000/-	Two Bid	19.11.09

Interested firms are requested to collect tender form with terms & conditions from Dy. Medical Superintendent ESI Hospital, Rohini on any working day from 10 A.M. to 3 P.M. & on Saturday from 10am to 12noon at the cost of Rs 200/- in the form of demand draft/Banker Cheque(Non Refundable) in favour of ESIC FUND ACCOUNT No. 1, New Delhi. Tender documents can also be downloaded from Website- www.esic.nic.in ; in that case DD/Banker Cheque for the cost of tender document is to be enclosed with tender. Separate bid has to be submitted for each item. Tender form is to be submitted complete in all respects along with prescribed EMD in favour of ESIC FUND ACCOUNT No.1 New Delhi in form of DD or Banker cheque only.

Tender complete in all respects must be deposited in tender box kept in DMS room up to **2.00 pm** on due date of opening. Tender received late will not be entertained.

Tender will be opened on the due date at **2.30 pm** in DMS room, in the presence of bidders or their authorized representatives. If due date of opening is declared holiday, tender will be opened on next working day at same time and place.

Medical Superintendent reserves the right to reject any tender or all without assigning any reason(s) thereof.

Medical Superintendent

EMPLOYEES' STATE INSURANCE HOSPITAL
Sector-15, Rohini, New Delhi-85

M/s. _____

(To be returned duly completed latest by _____ **till 1 P.M.** otherwise tender shall not be accepted)

Medical Superintendent, ESI Hospital, Rohini, Delhi invites open tender under two bid system for Med. Equipments as per specifications and terms & conditions enclosed.

Tender should be submitted in sealed envelope & superscribed a "Tender for" _____ in the office of M.S, ESI Hospital, Rohini, Delhi in the tender box placed in the chamber of Dy. Medical Superintendent on dated _____ **up to 1.00 p.m.** In case the Tender is sent by post it must reach in the Office of M.S. by dated _____ **up to 2 .00 P.M.** Proof of postage won't be considered as a claim for timely submission of tender. The tender shall be opened on dated _____ **at 2.30 p.m.** in DMS room in presence of bidders or their representative, who wish to be present. In case _____ is declared holiday, bids will be opened on next working day at the same time and venue.

Encls.

Medical Superintendent

ESI HOSPITAL, ROHINI, DELHI-110085

Tender form for Medical Equipments

No. DM (RH) U/16/19/10/Med. Inst. /08-Tender

Dated: 23.10.09

Tenders are invited by Medical Superintendent ESI Hospital Sector-15, Rohini-110085 for the supply of following items:-

S.No.	Name of the equipment	Qty.	Department	Earnist Money in (Rs.)	Bid System	Date of Opening of bids
1.	Dental Treatment Chairs	22	Dental College	88,000/-	Two Bid	16.11.09
2.	Dental Examination Chairs	01	Dental College	2,000/-	Two Bid	16.11.09
3.	Multisign Monitor with BIS (Bi-spectral Index)	01	ICU	10,000/-	Two Bid	17.11.09
4.	Multisign monitor	03	ICU	18,000/-	Two Bid	17.11.09
5.	Central Monitoring System	01	ICU	10,000/-	Two Bid	18.11.09
6.	DVT Prophylaxis System (DVT Machine)	01	ICU	5,000/-	Two Bid	18.11.09
7.	C-Arm Image Intensifier	01	Ortho	1,00,000/-	Two Bid	19.11.09
8.	Colour Doppler Ultra Sound Machine/System	01	Radiology	30,000/-	Two Bid	19.11.09

TERMS AND CONDITIONS

1. Tender is required to be submitted in two bids viz 'Technical Bid' and 'Financial Bid' separately superscribing on the envelopes as 'Technical Bid' and 'Financial Bid' respectively mentioning the name of equipment and name of tenderer. Each and every page of the quotation is to be serially numbered and duly signed by authorized bidder/signatory. Both the envelopes are to be put in a single envelop superscrib "Tender for (name of the equipment) and name of the bidder and specifying the number of sealed envelopes enclosed/inserted.

(A) Technical bid:- This should include following :

1. EMD (to be furnished in accordance with the instructions at serial No.3 on page 2.
2. Technical details of the quoted items with reference to tender specifications.
3. Catalogue/literature Make and Model of the Equipment offered.
4. Warranty/Guarantee period.
5. Undertaking for providing AMC/CMC for 5 years or as mentioned in specifications after expiry of Warranty/guarantee period with rates blanked
6. Statement of deviations (parameter-wise) from tender technical specifications And commercial condition, if any
7. Authority letter from manufacturer in case bid is submitted by authorized agent **(As per annexure III)**

(B) Financial Bid:- It should comprise of following:-

1. The information given in technical bid (A) marked* should be reproduced with prices Indicated. Any deviation in this regard will render the bid liable for rejection. The prices should be all inclusive lump sum prices as per description given in sl. No. 2 below. The price of AMC/CMC for 5 years after expiry of warranty/guarantee period should be given in financial bid only. The tender will not be considered without offer of AMC/CMC. In case of CMC (Comprehensive Maintenance Contract) the rates should be quoted inclusive of spares. Only technical bid (unpriced) shall be opened first and shall be referred for the technical evaluation. The financial bid of only those bidders whose technical bid is found acceptable by the Technical Evaluation Committee will be opened by purchase committee for further action.

Contd. page 4...

2. Rate should be quoted as lump sum price F.O.R. destination in Indian Rupees inclusive of cost of the equipment, freight, insurance, transit insurance, packaging, forwarding, sales tax, excise duty etc as well as charges for installation and commissioning with all the men and material required for the same. All inclusive lump sum prices need to be accompanied by a statement indicating a clear 'break up' of lump sum price in its various components constituting it along with values/amount indicating against each of such component adding to arrive at all inclusive lump sum price. No other charges in addition will be payable on any account over and above the lump sum price quoted. Price variation clause will not be acceptable. The rates quoted in ambiguous terms such as "freight on actual basis" or "taxes as applicable extra" or packaging forwarding extra will render the bid liable for rejection irrespective of its gradation in respect of lump sum prices quoted. Bidders in their own interest shall ascertain the eligibility of whatsoever concession and exemption eligibility applicable to the Hospital and shall advise the purchaser and quote accordingly. Bidder shall indicate the actual amount of octroi, excise duty, sales tax etc. which becomes otherwise payable in the extreme event of hospital authorities being not in a position to release certificate such as octroi exemption certificate Form-D.

Tender should be typed in words as well as in figures free from erasing and error in typing. The bidder must attest any erasing/error otherwise the rates in reference of that particular item shall not be considered. The bidder along with seal of the firm must sign each page of the tender. The covering letter should indicate the list of enclosures

3. **EMD** : shall be deposited by the bidder by enclosing Demand Draft or Bankers Cheque only in favour of 'ESI Fund A/c No.1, ESI Hospital, Rohini, Delhi -85 along with Technical bid which shall be refunded to bidders without any interest after finalization of tender.

4. **Security Deposit**: equivalent to 10% of the total cost of the equipment shall have to be deposited by the successful tenderer through Demand Draft/Bankers Cheque in favour of ESI Fund A/C No. 1, ESI hospital, Rohini, Delhi-85 or Fixed deposit only in favour of Medical Superintendent, ESI Hospital Rohini, Delhi-85 on demand. The same shall be released after fulfilment of all contractual obligations and no interest shall be payable thereof.

5. **Supply**: shall be made by successful tenderer within 6 weeks from the date of placement of supply order.

6. **Working Demonstration**: shall be provided in Delhi to Technical Evaluation Committee within stipulated time frame as and when asked for & only two chances for demonstration will be given.

7. **Only manufacturer/authorized distributor/stockiest** of the firm whose item is being quoted would be considered.

8. **Name, Designation and Specimen signature** of the person/representative authorized by the competent authority of the firm to deal with the tender/sign the tender document must be enclosed along with the tender

9. (a) Tenderer must provide Delhi address, if any, along with the telephone no. and fax no. with tender for all correspondence.

(b)The firm should also provide the complete address along with telephone and fax no. of service station from where after sale service would be provided.

10. **The offer** -should be valid for 1 year from the date of opening of the tender.

11. **Guarantee/warranty** - The equipment should be guaranteed/warranted for minimum period of 1 year or as mentioned in specifications from the date of satisfactory installation.

2.a) The tenderer shall enclose an undertaking by the manufacturer of the equipment for servicing the equipment and supply of spare parts whenever required at least for 5 years after completion of warranty/guarantee..

(b) The firm should ensure to keep the equipment in working order throughout the year.

(c) In event of equipment covered under CMC/AMC going out of order the fault shall have to attend to within 24 hours of lodging the complaint. In case the equipment is not restored in functional order within a reasonable time without acceptable reasons a penalty of 0.5% of total cost of AMC/CMC of the equipment per day for the period of equipment remaining out of order will be levied during AMC/CMC.

(d) If the equipment needs calibration, the firm shall be responsible for calibration as a part of AMC/CMC

(e) During the warranty/guarantee period in event of equipment remaining out of order for a period 24 hrs.of lodging the complaint without any acceptable reasons penalty to extent of 0.25% of the purchase value of the equipment shall be levied for each day of the equipment remaining non functional beyond permissible limit.

13. For spares – Along with rates of AMC/CMC a list of commonly used spares with price as on date be also enclosed in financial bid.

14. One agent cannot represent two manufacturers or quote on their behalf in a particular tender for particular item.

15. CDEC: If the equipment is imported, the custom duty Exemption certificate will be provided by the hospital.

16. Tenderer has to submit signed Declaration Form given in the main tender document.

17. Any other miscellaneous items required for equipment may also be quoted in financial bid.

18. A certificate from principal that –

(a) Regarding AMC/CMC spares and any other miscellaneous items (As applicable) of the equipment quoted will be made freely available for at least 5 years after expiry of warranty/guarantee period (As per annexure II). “To be made part of technical bid”.

(b) Information regarding appointment of new agent in case a change of agent shall be furnished immediately (As per Annexure III)

(c) A certificate about satisfactory performance of the equipment duly authenticated by other adjusting users of the equipment.

19. Tenderer has to submit a signed undertaking on stamp paper of Rs.100/- (one hundred only) along with tender as per enclosed Annexure-II “To be made part of technical bid”.

20. Tenderer has to submit manufacturer’s authorization certificate on letter head as per annexure III in case bid is submitted by authorized agents “.To be made part of technical bid.”

21 .Payment shall be released after satisfactory installation of the equipment.

22. In the event of non supply of equipment ordered the earnest money deposit shall be forfeited.

23. Medical Superintendent reserves the right to reject/accept any or all tenders without assigning any reason thereof and also has right to place order on one or more firms. No Correspondence will be entertained in this regard.

Medical Superintendent

Annexure I**CHECK LIST**

The bidder should ensure that the following information/documents are enclosed along with the bidding documents (Technical Bid).

- (I) EMD (As per Sl. No. 3 of page 2 of Terms & Condition) Yes/No
- (II) Bid-Form and price schedule as given in S.No1 of Terms and conditions Yes/No.
- (III) Five years AMC/CMC charges as given in S.No.1 of Terms & conditions Yes/No
- (IV) Rate certificate indicating that they have not supplied the said equipment to any individual, Govt. or private institution at the rate lowers than the quoted rate.
Yes/No
- (V) Manufacturer's Authorization Certificate (As per Annexure III) in case Bid is submitted by Agents.
Yes/No
- (VI) User's list along with the Certificates about SATISFACTORY PERFORMANCE REPORT OF THE EQUIPMENT AND QUALITY OF AFTER SALE SERVICE duly authenticated from existing users of the quoted model of equipment. A list of the users of quoted model, indicating the complete postal address of the users and date of supply of the equipment is also endorsed.
Yes/No
- (VII) Authorization Certificate from the Principal/manufacturer that they will be solely responsible for maintenance of equipment during guarantee/warranty and AMC/CMC period even when the Agent is changed during this period (As per Annexure- III)
Yes/No
- (VIII) Authorization certificate from principal that spares and any other miscellaneous items (As applicable)of the equipment quoted will be freely available for at least five years after expiry of warranty/guarantee period (As per annexure III)
Yes/No
- (IX) Tenderer has to submit a signed undertaking on stamped paper of Rs.100/- (Rupees One hundred only) along with tender (As per Annexure II)
Yes/No
- (X) For the equipments where consumables/reusable etc are required a list indicating cost and life of consumables be given. Yes/No

NAME, SIGNATURE AND ADDRESS OF THE TENDERER WITH RUBBER STAMP

Annexure-II**UNDERTAKING**

Date of Opening:

Item No.

Name of Item

To,
 Medical Superintendent,
 ESI Hospital, Sec-15, Rohini,
 Delhi-110085

Respected Madam, /Sir,

1. The undersigned certifies that I have gone through the terms and conditions mentioned in the tender document including annexure and undertake to comply with them. The rates quoted by me/us are valid and binding on me/us for acceptance for the period of one year from date of opening of tender.

2. It is certified that rate quoted are the lowest quoted for any institution/Hospital in India.

3. Earnest money deposited by me/us viz Rs. _____ in the form Demand Draft/Banker's Cheque in favour of ESI Fund Account No.1 New Delhi is attached herewith and shall remain in custody of the Medical Superintendent, ESI Hospital, Rohini, Delhi as per SI No 3 of terms and conditions.

4. (A) I/We give the rights to Medical Superintendent, ESI Hospital, Rohini, Delhi to forfeit the Earnest Money deposited by me/us if any delay occur on my/agent's part or fails to supply the article at the appointed place and time and of the desired specification.

(B) I/we undertake that I/we will be in position to provide annual Maintenance contract/comprehensive Maintenance Contract (AMC/CMC) , Spare Parts, and consumables for five years after completion of guarantee/warranty period .I/we also undertake to keep the equipment in functioning state throughout the year and in case of equipment going out of order, the fault will be attended within 24 hours of lodging the complaint failing which, a penalty of 0.5% of the total cost of the AMC/CMC of the equipment per day for the period equipment remains out of order be levied on me/us. During Guarantee/Warranty period in event of equipment remaining out of order for a period exceeding 24 hrs. of lodging the complaint without any acceptable reasons, penalty to extent of 0.25% of the purchase value of the equipment be levied on me/us for each day of the equipment remaining non functional beyond permissible limit.

5. There is no vigilance/CBI case or court case pending against the firm/supplier.

6. On Inspection if any article is found not as per supply order, it shall be replaced by me/us in time as asked for, to prevent any inconvenience at my /our own expenses.

7. I/we hereby undertake to supply the items as per directions given in supply order within the stipulated period.

8. I/we undertake to provide guarantee/warranty as mentioned in specifications from the date of satisfactory installation and inspection. I also undertake that I will maintain the equipment during this period and replace the defective parts free of cost, if necessary.

9. I/we understand that Medical Superintendent, ESI Hospital, Rohini, has the right to accept or reject any or all the tenders without assigning any reasons (s) thereof.

NAME, SIGNATURE AND ADDRESS OF THE TENDERER WITH RUBBER STAMP

Annexure-III**AUTHORIZATION CERTIFICATE**

To,

Medical Superintendent,
ESI Hospital, Sec-15, Rohini,
Delhi-110085

Respected Sir, /Madam,

Authority letter against

Tender No. -----due on -----item quoted-----

-----We,-----, who are
established and reputed manufacturers of-----having factory at-----
-----and hereby authorize M/s-----
------(Name and address of agent) to bid, negotiate and conclude the contract
with your institution against above tender for the above goods manufactured by us.

We hereby extend our full guarantee/warranty as per Clause at S. No. 11 of the Terms & Conditions of tender for the goods offered for supply against this invitation of bid from the above firm. We also confirm that the spares and any other miscellaneous items (As applicable) of the equipment quoted will be freely available for at least five years after expiry of warranty/guarantee period.

Our other responsibilities include:

1. Information regarding the name of new agent, in case of change of agent
2. -----(Here specify in detail manufacturer's responsibilities)

The services to be rendered by M/s-----are as under

1. -----

2. -----

(Here specify the services to be rendered by the agent)

Yours faithfully,

(Signature & Name of manufacturer)
With address and seal

NOTE: This letter of authorization should be on the letter head of the manufacturing concern and should be signed by a person competent and having the Authorization to issue said certificate on behalf of the manufacturing firm. The said certificate should also bear the signature of participating bidder as a witness.

1. Specifications of Dental Treatment Chair

1. It should have 3 way syringes (Sterilisable) on the unit side.
2. It should have 2 High speed terminals with water control on coupling with 02 Nos. Hand piece (Air Rotor hand piece).
3. It should have ultra sonic scaler with minimum five tips.
4. It should have infection control system (Biosystem) with Non Retraction Valves.
5. Latest Foot Operated Light of upto 35,000 Lux (Double Intensity)
6. It should have Medium Vacuum Suction & Canula, for High Vacuum is sufficient.
7. Dental Chair should have (up and down movement) simultaneously.
8. It should have Headrest with SEESAW movement suitable for Pediatric Patients.
9. It should be provided with soft cervical support.
10. It should have following programmes:
 - a) Auto Return to Zero position
 - b) One programmable working positions.
 - c) It should have Multifunctional foot control.
 - d) It should be provided with Doctor's stool (with up and down movement facility) and with adjustable backrest tilt.
 - e) It should have operating Voltage 220V to 250V (specially designed for Indian condition)
 - f) It should have Maximum Height 90 to 100 cm Minimum Height up to 40-45cm.
11. 5 years warranty on motor be provided.

Compressor

1. It should have Low noise oil free compressor for dental use type with minimum HP head.
2. It should have Durable metallic body with internal Epoxy coated paint.
3. It should have 35-40 liter tank capacity, auto cut off switch
4. It should have Pressure indicator, safety valve
5. It should have Dust and oil filter pressure regulator with outlet pressure Gauge.
Make: Indigenous / Imported.

2. Specification of Dental Examination Chair:-

1. It should have 3 way syringes (Sterilisable) on the unit side.
2. It does not require working hand pieces.
3. Latest Foot Operated Light of up to 35,000 Lux (Double Intensity)
4. Dental Chair should have (up and down movement) simultaneously.
5. It should have Headrest with SEESAW movement suitable for Pediatric Patients.
6. It should be provided with soft cervical support.
7. It should have following programmes:
 - a) Auto Return to Zero position
 - b) One programmable working position.
 - c) It should have Multifunctional foot control.
 - d) It should be provided with Doctor's stool (with up and down movement facility) and with adjustable backrest tilt.
 - e) It should have operating Voltage 220V to 250V (specially designed for Indian condition)
 - f) It should have Maximum Height 90 to 100 cm Minimum Height up to 40-45cm.
8. 5 years warranty on motor be provided.

Compressor

1. It should have Low noise oil free compressor for dental use type with minimum HP head.
2. It should have Durable metallic body with internal Epoxy coated paint.
3. It should have 35-40 liter tank capacity, auto cut off switch
4. It should have Pressure indicator, safety valve
5. It should have Dust and oil filter pressure regulator with outlet pressure Gauge.
Make: Indigenous / Imported.

3. Specifications of Multisign Monitor with BIS (Bi-spectral Index)

1. It should have modular design with colour coded interchangeable modules.
2. Should function on AC mains and should have rechargeable internal battery of more than 2 hrs capacity.
3. Monitor should have port for connectivity to central nursing station and hospital local networking system interfacing compatible.
4. It should have bright and highly visible TFT screen display of more than 10".
5. Should have capability to monitor at least 6 real time wave forms along with related numerical parameters on a single configurable screen.
6. It should monitor SPO2, HR, ECG, NIBP, Respiration, temperatures, 2 Invasive pressures, ETCO2 and Bispectral Index with provision of suitable audio visual Alarms.
7. It should have capability to monitor the above parameters in adult as well as Pediatric patients.
8. The size of numeric and wave forms should be adjustable & readable at suitable distance.
9. Colors of display of various parameters should be interchangeable.
10. It should have facility for monitoring 12lead ECG including 12 lead ST segments through 5 lead ECG cable.
11. It should have a minimum of 24 hours graphical, tabular trend facility.
12. It should have advanced multi-lead arrhythmia analysis capability.
13. Standard accessories and peripherals for monitoring the parameters mentioned in Para 7 for Pediatric and adult patients should be provided.
14. Demonstration of quoted model is must.
15. Installation: should be safe, wall mounted at ICU bed head.
16. Quality Certification's//BIS/FDA/CE.
17. Source :Indigenous/Imported

4 Specifications of Multisign Monitor

1. It should have modular design with colour coded interchangeable modules.
2. It should have valid FDA approval and CE certification.
3. It should function on AC mains and should have rechargeable internal battery of more than 2 hrs capacity.
4. Monitor should have port for connectivity to central nursing station and hospital local networking system interfacing facility.
5. It should have bright and highly visible TFT screen display of more than 10".
6. Should have capability to monitor at least 6 real time wave forms along with related numerical parameters on a single configurable screen.
7. It should monitor SPO2, HR, ECG, NIBP, Respiration, temperatures, 2 Invasive pressures, side stream ETCO2, and provision of suitable audio visual Alarms.
8. It should have capability to monitor the above parameters in adult and Pediatric patients.
9. The size of numeric and wave forms should be adjustable & Readable at suitable distance.
10. Colors of display of various parameters should be interchangeable.
11. It should have facility for monitoring 12 lead ECG including 12 lead ST segments through 5 lead ECG cable.
12. It should have a minimum of 24 hours graphical, tabular trend facility.
13. It should have advanced multi-lead arrhythmia analysis capability.
14. Standard accessories and peripherals for monitoring the parameters mentioned in Para 7, Paediatric and adult patients should be provided.
15. Demonstration of quoted model is must.
16. Quality Certification : CE/ BIS/FDA
17. Source :Indigenous/Imported

5. Specifications of Central Monitoring System

1. Should have capability of monitoring at least 6 beds on central station with at least two waveforms from each bedside being viewed and should be upgradeable to 10 Beds. Additional parameters to be displayed in numeric form.
2. Should have display of at least 19" flat TFT screen
3. Should have facility for alarm review capability of a minimum of two waveforms per event.
4. Should have storage of minimum of 40 events.
5. Should provide multi-lead arrhythmia analysis. Arrhythmia algorithm should be accurate and validated against AHA/MIT tapes.
6. Should be supplied with Laser printer should also be included for printing of data including 'holter like' full disclosure reports and vital sign data from bedside.
7. Should have 24 hour full disclosure for at least three waveforms.
8. Should have facility for remote access of patient data including waveforms and numerics.
9. Should have facility to be upgraded for viewing of patient's data remotely from anywhere through modem.
10. Should be supplied with UPS of suitable rated capacity with full backup for the system.
11. Installation of the complete system should be on turn key basis and free of cost.
12. Quality Certification: CE /BIS/FDA
13. Source :Indigenous/Imported

6. Specifications for DVT, Prophylaxis System (DVT Machine)

1. It should Compact & Portable Unit.
2. It should be a sequential Pneumatic Compression Device for prevention postoperative deep vein thrombosis.
3. It should have a pressure range of 50-60 mmHg.
4. It should have a physiologically optimal cycle for maximum filling and emptying of blood vessels, of 10-second compression and 50 sec pause time approx.
5. The unit also should have facility to use in single limb . A separate adapter should be provided to enable single limb operation.
6. It should be compatible with both disposable and reusable sleeves.
7. Single sleeve should cover both foot and calf areas and should be available in three different sizes: Small/Medium/Large.
8. Each sleeve should consist of four different compression cells to provide greater directionality of flow, and each compression cell should be fitted with different tubes, having color coded connectors, to avoid wrong connections.
9. It should be portable and bed mountable.
10. Should have alarm for faulty function.
11. Accessories: Stockings, Reusable sleeves – calf (Two Pair).
12. Quality Certification: CE /BIS/FDA
13. Source :Indigenous/Imported

6. Specifications of Mobile C-Arm Image Intensifier System for Orthopaedic Surgery

A. X-Ray Generator

1. Mono-block high frequency (HF) microprocessor controlled X-ray generator for continuous and pulsed fluoroscopy and electronic radiography
2. KV range – 40-110 kv
3. Fluoroscopy range – 0.10 to 8.0 mA
4. Radiography range – 20 to 70 mA

B. X-Ray tube

1. Rotating anode, X-Ray tube with focus range – 0.3 – 0.6 mm
2. Automatic dose rate control and m.A / k.V control.
3. Display of Selected technique factors

C. Image Intensifier

1. 6” latest generation image intensifier, input window with cesium iodide
2. Fluorescent layer
3. High resolution CCD camera

D. Monitor

1. Two 17” LCD Camera 525-625 lines resolution
2. Facility for image rotation (+-90*),
3. Image inversion right, left, up, down
4. Unit should have at least 1+12 frame digital memory with last image hold
5. facility for pulsed fluoroscopy

E. C-Arm movements

1. Unit should have steer able wheels with locks
2. Motorized vertical movement---450 mm or more
3. Horizontal movement-----200 mm or more
4. Swing-----+10* or more
5. Rotation of C-arm-----115* or more
6. Source to image distance-----900 mm or more
7. C-arm depth-----60 mm or more
8. Free space between x-ray tube and image intensifier----at least 700 mm or more
9. Orbital rotation-----+180* or more

F. Collimator

1. Motorized remote iris/parallel shutter type

G. Digital Image storage system

Power requirement

Single phase AC 200 V-220 V able to withstand voltage fluctuation

And safeguard for sudden fluctuation,

50/60 Hz 3 k. VA

Line Switch 30 A

H. Accessories:-

- Sterile covers- 5 Nos.
- Gonadal shield-10 Nos.
- Cassette Holder
- Light weight Lead apron-15
- Hanger and stand for lead aprons.
- Thyroid shield-10 Nos.
- Lead Goggles-5Nos.
- Lead Gloves-2Nos.
- Laser targeting device.

I. General: - The manufacturer should have ISO 9001/9002 & CE Certification/EC

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- (a) The company should have a local service centre in Delhi.
- (b) Guarantee of supply parts for 10 years period.
- (c) Outside repair response time of less than 48 hours

8. Specifications of Colour Doppler Ultrasound System/Machine.

1. Mobile with integrated trolley
Colour Doppler Ultrasound unit with four probes, soft touch alphanumeric key board with track ball (size to be mentioned). Capable of supporting three or more probes with facility to switch between transducers with single touch on console.
 - With panel switches and controls easily operable.
 - Integrated high resolution 15 or more inches monitor with swivel & tilt facility, height adjustment.
 - Probes and gel holder conveniently placed.
 - Standard accessories, machine cover manual. Catalogue of quoted model.
 - Adjustable dynamic range of over 150db or more.
2. Electronic transducer, light weight, broad band, multi frequency & high density probe.
 - (a) 2-5 MHz convex probe
 - (b) Linear probe 5-10 MHz
 - (c) TVS/TR 180 degree.
 - (d) High frequency broad band Pediatric Probe (5-10 MHz).
Should have aperture and depths of scanning which should be up to > 24 cm or more.

3. Technical Data:

- Image matrix 512 x 512 x 6 Bit (minimum).
- Controls for depth, gain compensation, body markers with transducer positions.
- Real time continuous dynamic focus.
- Annotation facility anywhere on the image.
- At least 8 steps STC/TGC Control.
- Image display in B, B/M and M mode (2B & 2D).
- 3D facility should be available.
- Alphanumeric keyboard.
- Panel switches and foot controls.
- Suitable servo controlled voltage standard stabilizer.
- Frame rate in colour > 200.
- Pre and post processing facility.
- Zoom Facility.
- Shades of gray 256.
- Tissue Harmonic Imaging.
- Patient reports for obs./ gynae including fetal growth trends, including histograms facility for tissue texture and trend graphs for IUGR cases, urology and orthopaedics.
- Hard Disc of 10 GB or more for image storage for documentation.
- For Image magnification in real time and frozen mode, inversion, and changing scan direction, freeze facility.
- Calipers with track ball for measurement of distance, circumference area volume etc, should be possible to make different measurement on single image.
- Channels > 1000
- Should have PW, Pulse wave Doppler, directional power Doppler with triplex display mode on all probes and real time Doppler analysis.
- Free angular M mode to be performed both on freeze & real time mode with at least three cursors should be available.
- Noise suppression.
- DICOM compatibility.

- Programmable image parameter function should be present.
- Inbuilt CD read/write.
- Upgradable to 4D

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Essential accessories:

1. 1 KVA UPS with 15 minutes back up.
 2. Colour inject printer
 3. Thermal printer
 4. 2 revolving chairs
 5. 1 computer table
- Make : Indigenous/Imported.