



PTR. NO. : E-69, AHMED NAGAR

SHRI SAIBABA SANSTHAN TRUST, SHIRDI

SHIRDI: Post: Shirdi - 423109, Tal. Rahata, Dist. Ahmednagar, Maharashtra (India).
Telephone: +91 - 2423 - 258 671-672-673, Fax: +91 -2423 - 258660, Telegram: Sainath, Shirdi.
Email : saibaba•hospital@sai•org•in

Shri Saibaba Hospital, Shirdi Annexure "A"

Technical Specification for Syringe Pump - ICCU DEPARTMENT
(Preferred Make :- B Braun, Fresenius Cabi, Smith Medical or equivalent)

Sr. No.	Description	Qty.	Rate Per Inclu. of All Tax	Total Amt. in Rs.
1	Syringe Pump	01		
	<ul style="list-style-type: none">• Graphic LCD display for Running Mode message display ,Syringe Type/Size, Delivery Rate, Infused Volume, Mains/Battery Operation, Real time pressure curve to detect occlusion of venous line, Remaining battery time			
	<ul style="list-style-type: none">• Syringe type- 5ml,10ml,20ml,30ml,50ml/60ml and setting for all type syringe brands			
	<ul style="list-style-type: none">• Syringe Loading Technique: Front Bottom loading technique			
	<ul style="list-style-type: none">• Flow Rate Range- Min 0.01ml/Hr. to 200ml/Hr. or more			
	<ul style="list-style-type: none">• Accuracy-Driver accuracy +/- 2 %			
	<ul style="list-style-type: none">• Infusion Modes: Rate Mode, Time Mode, Body Weight Mode, Night Mode			
	<ul style="list-style-type: none">• Rapid Mode for Purge or Bolus- 1-1200 ml/Hr. (User Selectable)			
	<ul style="list-style-type: none">• Volume infused Pre-selection- 1 to 999.9 ml in 0.1 ml increments.			
	<ul style="list-style-type: none">• Occlusion Detection- 3 Selectable Occlusion pressure limit for different therapy up to 1.2 bar			
	<ul style="list-style-type: none">• Alarms -(Audible & visible alarms): Occlusion Pressure alarm , Syringe Empty & Volume infused alarm , Internal Malfunction , Battery Charge Low , Syringe Disengaged & Incorrectly place alarm			
	<ul style="list-style-type: none">• Classification: Type CF - protected against defibrillation, Protection class II & (IP 22) Splash Proof and EMC EN60601-1 or better			
	<ul style="list-style-type: none">• Battery : Ni-Cd rechargeable battery with back-up time of min 10 Hrs			
	<ul style="list-style-type: none">• Power supply: 170-250 V, 50/60 HZ			
	<ul style="list-style-type: none">• Weight: less than 2 Kg			

Quotation-2017 - Jadhav 1



MUMBAI: Sainiketan, 804 - B, Dr. Ambedkar Marg, Dadar, Mumbai - 400014
Telephone: +91 - 22 - 24166556, Fax: +91 - 22 - 24150798. Telegram: Sainiketan, Mumbai.
Website: <http://www.shrisaibabasansthan.org>, E_mail: [saibaba_anr@sancharnetin/saisandesh_anr@sancharnetin](mailto:suibaba_anr@sancharnetin/saisandesh_anr@sancharnetin)



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	• Additional Features:			
	History of infusion data, operational alarms and device alarms must be available			
	Up gradable to Fluid management system			
	In-built maintenance counter			
	Automatic bolus reduction system to avoid accidental bolus delivery after occlusion incident			
	Vertical Stacking of 3 pumps together, for clearly structured fixation, must be possible with locking mechanism for optimum space management			
	Option for RS-232 Connection for PDMS			
	Option for ambulance power supply connection			
	• After selection of parameter key pad locking available for security purpose with option to keep it off. Have facility to set time duration for enabling keypad locking			
	• Operators should be given training for its regular use & maintenance training should be given to Biomedical Engineer free of cost.			
	• All Technology should be mandatorily with safety approval- FDA / UL & CE for Device Safety			
	approval. Approval certificate must be submitted for the total unit.			
	• The product should be time tested, branded and should be OEM			
	• The life of the equipment should be mentioned			
	• Warranty- 1 Year. It should include PMS visits -4 Nos. and unlimited Breakdown call and calibration whenever necessary.			
	• AMC/CMC Cost- AMC/CMC cost should be including Taxes. It should be fixed for next 5 years.			
	• Cost of Consumables to be fixed for warranty period.			

**Medical Director
& Civil Surgeon,
Shri Saibaba Hospitals, Shirdi**





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NO.SSS/WS/SSBH/STORES/(P/S)/ /2018
DATE:

To,

**Sub :- Quotation for Purchase of Syringe Pump for ICCU DEPARTMENT
of Shri Saibaba Hospital, Shirdi.**

Dear Sir,

We have to purchase Syringe Pump for Shri Saibaba Hospital, Shirdi given in enclosed Annexure "A" & the following terms and Conditions.

Terms and Condition

1. The **Syringe Pump** will have to be supplied F.O.R. Shirdi.
2. The rate should be inclusive of GST, transport charges, T.O.T. Etc.
3. You will have to mention name of the company, packing, rate per unit, total cost etc.
4. Packing, forwarding, and other charges will not be paid by the Sansthan.
5. The delivery of the ordered material will have to be made at Shri Saibaba Hospital, Shirdi on any working days between 10 a.m. to 6 p.m.
6. In case if supply is not made in the proper time and if material is to be purchased from other party at higher rates than the rates given in quotation you will be responsible to compensate the excess amount paid by the Sansthan.
7. You will have to supply the ordered material at the quoted rates in the quotation and no increase will be given or allowed in the rates for any reason whatsoever.
8. In case of breakage / leakage in transit, prior to delivery to Sansthan, you will have to replace the same immediately failing which payment will be made by deducting the cost of the same.
9. Payment will be made by the Sansthan on confirmation of the name of the company, quality, quantity, grade if any etc. as specified in the quotation. No advance payment will be made against the supply.
10. All the Equipments shall be new and manufactured from virgin materials. All the requirements of this supply shall be sourced from the original equipment manufacturer of the model quoted. In case the machine is imported one to import substitution is permitted neither before the wards nor after the award for any part or accessory.
11. Any accessory / accessories not mentioned specifically but required to make system working will have to be supplied without any extra cost.

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12. The supplier has to mention the one time visit charges for breakdown and servicing.
13. Equipment mentioned in the Technical specification shall operate on 230V $\pm 10\%$, 50Hz, single phase electric supply if not mentioned specifically.
14. The necessary protective relaying / circuitry shall be there with the machines.
15. The equipment shall have valid CE marking and US FDA approval (Wherever necessary) and documentary evidence to that effect shall be submitted.
16. The equipment shall be having warranty of 01 year. The warranty and CMC shall cover the batteries and lamps irrespective of whether those are treated as consumables or otherwise.
17. Minimum 4 Nos. of preventive maintenance visits and unlimited breakdown call visits as per requirement must be attended in the warranty and AMC/CMC period. The services to the equipment in warranty and CMC period will be considered as same.
18. The equipment should be provided with one hard copy in original of the detailed service manual and operation manual. Further, a soft copy is also required.
19. Repairs and maintenance training to two Biomedical Engineers should be given for one week or more as per requirement.
20. The equipment must be tropicalized as below-
Working Temperature : Max.45⁰
Storage Temperature : Max.50⁰C,
Relative humidity for working : 40 - 60%,
Relative humidity for Storage : Max 90%
21. Among the other things, the responsiveness in Technical Bid will be based on successful demonstration of the offered model of the equipments to SSST officials as mentioned elsewhere in the tender specifications.
22. The supplier has to submit user list with contact telephone numbers for the model quoted.
23. The supplier has to give past performance certificate of the quoted equipment.
24. The supplier should submit all the Datasheets of the quoted model for technical comparison.
25. The product should be time tested, branded and should be OEM.

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26. The life of the equipment should be mentioned.
27. The quotation must be clearly mention on the sealed envelope **“Syringe Pump of ICCU DEPARTMENT for Shri Saibaba Hospital”**.
28. The quotation in sealed cover may please be submitted to our Shirdi office on or before **Dt. 10/02/2018**.

Thanking you and with blessings of Shri Saibaba.

Yours Sincerely,

**Medical Director
& Civil Surgeon,**
Shri Saibaba Hospitals, Shirdi



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