### SHRI SAIBABA SANSTHAN TRUST, SHIRDI

POST : SHIRDI – 423 109 TAL : RAHATA, DIST : AHMEDNAGAR (MS)

TELEPHONE NOS. (02423) 258671 / 676

E-mail: <a href="mailto:hospital.purchase@sai.org.in/hospital.store@sa

Website: <a href="http://www:shrisaibabasansthan.org">http://www:shrisaibabasansthan.org</a>
Link to Website: <a href="http://www.mahatenders.gov.in">www.mahatenders.gov.in</a>



**Tender Fee: Rs. 17,000/-**

EMD Amt.: Rs. 1,70,000/-

PURCHASE OF SHADOWLESS LAMP (OT LIGHT), OPERATION TABLE, IABP MACHINE & HEART LUNG MACHINE FOR SHRI SAIBABA & SHRI SAINATH HOSPITAL, SHIRDI.

### E-TENDER DOCUMENT

Dates for Submission of Online Tenders: 11/03/2024 FROM 10 A.M. TO 28/03/2024, 5 P.M.

Issued to -

NAME OF TENDERER:

**ADDRESS:** 

#### SHRI SAIBABA SANSTHAN TRUST, SHIRDI

The Chief Executives Officer, Shri Saibaba Sansthan Trust, Shirdi hereinafter referred after as "Purchaser" invites the following online tender as given in following table. The tender copy can be downloaded from the website <a href="http://www:mahatenders.gov.in">http://www:mahatenders.gov.in</a> Interested eligible Tenderers may obtain further information of technical specifications, required quantities and other terms and conditions applicable for procurement of enclosed items from the e-tendering Website: <a href="http://www:mahatenders.gov.in">http://www:mahatenders.gov.in</a>

#### **E-TENDER SCHEDULE**

All bid related activities (Process) like Tender Document Download, Bid Preparation and Hash submission, bid submission and transfer of EMD and other documents will be governed by the time schedule given under Key Dates below:

| Online Publish Date :                 | 11/03/2024        |                  |
|---------------------------------------|-------------------|------------------|
| Pre Bid Meeting Date :                | 13/03/2024        | Time 11.00 A.M.  |
| Venue -                               | Sai Sabhagruha, S | hirdi.           |
| Online Document Download, Sale &      | 11/03/2024        |                  |
| Submission starts Date :              |                   |                  |
| Online Document Submission last Date: | 28/03/2024        | Time 05.00 P.M.  |
| Online Technical Bid Opening Date     | 30/03/2024        | Time 11.00 P.M   |
|                                       |                   | (If possible it) |

- 1. The Tenderer can get digital signature from any one of the certifying Authorities (CA's) licensed by the Controller of Certifying Authorities namely Safes crypt, IDRBT, National Informatics Centre, TCS, Customs, MTNL GNFC and eMudhra.
- 2. No need to submit or provide hard copy of any documents, the technical evaluation will be done only on the basis of uploaded documents.
- 3. You have to deposit the amount of EMD & Tender Form Fee directly online to <a href="https://www.mahatenders.gov.in.">www.mahatenders.gov.in.</a> In no case, tender cost / Fee should be mixed with EMD amount.
- 4. The tenders shall be rejected summarily upon failure to follow procedure prescribed in the Tender document. The conditional tender is liable for rejection.
- 5. Online Commercial bid shall be opened as per e-tendering procedure after opening of Online Technical Bid only if contents of Technical Bid are in accordance with the tender conditions stipulated in the tender document. Likely date and time of price bid opening will be intimated to you electronically by the purchaser separately to the eligible tenderers.
- **6.** After tender allotment committee meeting if required tenderer may be called for negotiation.
- **7.** Recommendations will be made to Higher Authorities and to purchase Committee for sanction of the contract, as decided by tender committee meeting.
- **8.** After sanction of Higher Authorities or purchase Committee, issuance of the acceptance letter to successful Tenderer will be carried out.
- 9. Sansthan Administration reserves the right to increase or decrease the quantity to be purchased and also reserves the right to cancel or revise the tender or part of tender without giving any reasons thereto, at any stage of tender.

Check List

The Copies of following original documents should be scanned & uploaded online only

| Sr.No. | Documents to be Submitted                             | Page No. |
|--------|---|----------|
| 1      | Letter from Tenderer about Tender acceptance          |          |
| 1      | (As per Annexure V)                                   |          |
| 2      | Information about Tenderer (As per Annexure II)       |          |
| 3      | PAN Card  |          |
| 4      | GST Registration Certificate                          |          |
|        | Average Annual Turn Over (More than 17843004/-) for   |          |
| 5      | last 3 years duly Certified by CA (2019-20, 2020-21,  |          |
| 3      | 2021-22)  |          |
|        | (As per Annexure IV)                                  |          |
| 6      | Authorisation Letter of Concerned Company /           |          |
| O      | Manufacturer  |          |
| 7      | You have to Submit your Company Registration          |          |
| ,      | Certificate / Shop Act.                               |          |
| 8      | Technical Specification compliance Schedule           |          |
| O      | (As per Annexure VII)                                 |          |
|        | Self Declaration about not being black listed by any  |          |
| 9      | Hospital run by Government / Semi Government          |          |
|        | /Municipal Corporations. ((As per Annexure VI)        |          |
| 10     | Company Data Sheet of the Product along with the      |          |
| 10     | coloured brochure                                     |          |
|        | Certificates : As per demanded in Technical           |          |
| 11     | Specification by Biomedical Dept. (e.g. USFDA, CE, UL |          |
|        | etc.)   |          |

[ Note - Above documents should be submitted in above sequence only.]

### Annexure "I"

#### **Letter about invitation of Tender**

|     | NO.SSS/WS/SSBH/STORE/(P/S)/<br>DATE : - | /2024 |
|-----|---|-------|
| TO, |   |       |
|     |   |       |
|     |   |       |

## SUBJECT: SUPPLY OF SHADOWLESS LAMP (OT LIGHT), OPERATION TABLE, IABP MACHINE & HEART LUNG MACHINE FOR SHRI SAIBABA & SHRI SAINATH HOSPITAL, SHIRDI.

Dear Sir,

SHRI SAIBABA SANSTHAN TRUST, SHIRDI registered under the BPT Act. 1950 and having its registered office at Shirdi runs Public Charitable 300 bedded Shri Saibaba Superspeciality Hospital & 300 bedded Shri Sainath General Hospital at Shirdi invites sealed Tender from the eligible & qualified manufacturers / distributors, who meet the requirement for the supply of above items.

Shri Saibaba Sansthan Trust, Shirdi reserves the rights to reject any or all tenders without assigning any reasons thereof.

Yours Sincerely,

CHIEF EXECUTIVE OFFICER, SHRI SAIBABA SANSTHAN TRUST, SHIRDI.

# Annexure "II" Information about Tenderer

| 1) Name of Tenderer:   |                  |
|--|------------------|
| 2) Permanent Address for Correspondence  | e:               |
| 3) Ph. No. Office / Authorised person:   |                  |
| Mob. No. :   |                  |
| Factory :  |                  |
| Fax No. :  |                  |
| E-mail :   |                  |
| 4) Name of Owner / Partner / Director: 1) 2) 3)  |                  |
| 5) GST No. :   |                  |
| 6) PAN No. :   |                  |
| 7) RTGS (Real Time Gross Settlement) System or Core Banking A/c No.:- Name of the Bank:- IFSC Code:- |                  |
| Thanking you.  |                  |
|  | Yours Sincerely, |
| Sig  | gn -             |
| Na   | ame -            |
| De   | esignation -     |

### Annexure "III"

#### SHRI SAIBABA SANSTHAN TRUST, SHIRDI. AT. PO. SHIRDI. - 423109 TAL. RAHATA DIST. AHMEDNAGAR (MS)

#### **E-TENDER**

## E-TENDER FOR SUPPLY OF SHADOWLESS LAMP (OT LIGHT), OPERATION TABLE, IABP MACHINE & HEART LUNG MACHINE FOR SHRI SAIBABA & SHRI SAINATH HOSPITAL, SHIRDI.

#### TERMS AND CONDITIONS

#### Please read the Terms & Conditions carefully before filling the tender.

#### 01. Introduction: -

- 1.1 Interested eligible Tenderers may obtain further information of technical specification, required quantities and other terms and conditions applicable for procurement of item from E-tendering website: <a href="http://www:mahatenders.gov.in">http://www:mahatenders.gov.in</a>
- 1.2.1 All tender related activities (Process) like Tender Document Download, Tender Preparation and Hash submission, Tender submission and submission of EMD and other documents will be governed by the time schedule.

#### 02. Cost of bidding -

The tenderer shall bear all costs associated with the preparation and submission of their online tenders and the Purchaser will in no ease be responsible or liable for those costs, regardless of the conduct or outcome of the tendering process.

- 03. At any time prior to the deadline for Sale of tender, the Purchaser may amend the tender documents by issuing Agenda / Corrigendum.
- 04. Tenderer state the Make & Model brand name (if available), Name of manufacturer, Mfg, Lic. No. of the product offered against every item quoted. The rate for imported item must be offered in Indian currency. No rate revision shall be offered on the basis of the exchange rate fluctuations during the contract period. Supply should be made from fresh stock; minimum seventy five percent of the expiry period at the time of delivery should be available for consumption in hospital etc. Tenderers shall note that Provisions of Essential Commodity Act 1955 and order issued there under specifically shall be applicable.
- 05. Eligibility Criteria The Bidder must be a primary manufacturer/ Importer/Company Authorised distributor having valid manufacturing licence for manufacture & import - export licences for importer for the item quoted. Henceforth manufacturer / importer or Company Authorised distributor

- hereinafter named as tenderer. Third party manufacturer are not eligible for Tenderer. Manufacturer will be solely responsible for all types of quality issue even if the supplies are made by the distributor.
- 06. All tenderers must disclose the names of their partners, if any in the particular contract.
  - A. Firms with common proprietor / partner or connected with one another either financially or as principal and agent or as master and servant or with proprietor / partner closely related to each other such as husband, wife father/mother and son/daughter and brother /sister shall not tender separately under different names for the same contract.
  - B. If it is found that firms as described in clause 10A have tendered separately under different names for the same contract, all such tender (s) shall stand rejected and tender deposit of each such firm/establishment shall be forfeited. In addition such firms/establishment shall be liable, at the discretion of the Chief Executive Officer for further penal action including blacklisting.
  - C. If it is found that closely related persons as in clause 10A have submitted separate tenders/quotations under different names firms /establishment but with common address for such establishment/firms and /or in such establishment/firms though they have different addresses, are managed or governed by the same person / persons jointly or severally, such tenderers Shall be
    - liable for action as in clause No.10B including similar action against the firms/establishments concerned.
  - D. Any tenderer failing to disclose information as indicated in 10A to 10C thus violating clauses, shall render himself liable to have his EMD forfeited and the contract, if entered into, and cancelled at any time during its currency. Further it shall invite penal action including black listing against the Tenderer as well as related firm/establishments.
- 07. If any tenderer wishes to lodge any complaint against the other tenderer regarding submission of false documents, information etc. The tenderer has to submit the complaint before price bid opening along with deposit of Rs.50,000 (Rupees Fifty Thousand only) online in favour of Chief Executive Officer, Shri Saibaba Sansthan Trust, Shirdi in terms of deposit. The Chief Executive Officer reserves the right to forgo the said deposit amount depending on the prima facie of the case. This issue will be submitted to Appeals Committee (Medical Director, Dy Medical Director, Senior & Junior Biomedical Engineer, Purchase Manager, Store Manager, Finance Manager & two Doctors) along with facts. The amount so deposited shall be refunded, if after scrutiny the complaint is found to be true by the Appeals Committee. However, if the complaint found to be false and malafide the deposit will be forfeited on the discretion of the Chief Executive Officer. No interest shall be paid against this deposit. Any complaint received after price bid opening will not be entertained.

#### 08. Prices

The prices quoted and accepted will be binding on the tenderer and valid for a period of one year from the date of signing the contract and any increase in price will not be entertained during the contract period.

- 8.1- The Tenderer shall indicate on the Price Schedule the Unit prices and total bid prices of the goods it proposes to supply under the "Contract". Tenderers shall quote for the complete requirements of Equipment, failing which such tenders will not be taken in to account for Evaluation.
- 8.2- Rates should be quoted in Indian Rupees only for each of the required Equipment separately on door delivery basis according to the unit asked in tender for the supply of Equipment etc. with conditions like 'AT CURRENT MARKET RATES' shall not be accepted. The Purchaser shall not be responsible for damages, handling, clearing, transport charges and will not be paid. The deliveries should be made as stipulated in the purchase order placed with successful tenderer. Conditional offers are not accepted and liable for rejection.
- 8.3- The price quoted by the tenderer shall not in any case, exceed the controlled price, if any, fixed by the Central Government and the Maximum Retail Price (MRP). The Purchaser at their discretion will exercise the right to revise the price at any stage so as to confirm to the controlled price or MRP as the case may be. The discretion will be exercised without prejudice to any other action that may be taken against the tenderer. Only landed cost (including all charges and taxes) mentioned in the price bid (quoted by the bidder) is considered for rate comparison. Payment of all applicable taxes to concerned authority is the responsibility of the tenderer.
- 8.4- If at any time during the period of contract, the price of tendered items is reduced or brought down by any Law or Act of the Central or State Government or by the tenderer himself, the tenderer shall be morally and statutorily bound to inform the Purchaser immediately bout such reduction in the contracted prices. The Purchaser is empowered to reduce the rates accordingly.
- 8.5- In case of any enhancement in GST due to statutory Act of the Govt. Or any other taxes newly levied by Govt. after the date of submission of tenders and during the tender period, the quantum of additional GST so levied will be allowed to be charged extra as separate item without any change in price structure of the Equipment approved under the tender. For claiming the additional cost on account of the increase in GST, the tenderer should produce a letter from the concerned Competent Authorities for having paid additional GST on the goods supplied to the Purchaser and can also claim the same in the invoice.
- 8.6- To ensure sustained supply without any interruption the Purchaser reserves the right to split orders for supplying the requirements amongst more than one tenderer provided that, the rates and other conditions of supply are same.

#### Fall Clause

It is a condition of the contract that all through the currency thereof, the price at which you will the supply stores should not exceed the lowest price charged by you which to any customer during the current of the rate contract and that in the event of the prices going down below the rate contract prices you shall promptly furnish such information to us to enable to amend the contract rates for subsequent supplies.

#### 9. Evaluation of tenders:

- **9.1-** Any tender during the evaluation process do not meet the tender conditions laid down in the tender document will be declared as not acceptable and such tenders shall not be considered for further evaluation. However, the tenderers can check their tender evaluation status on the website.
- 9.2- Tenders which are in full conformity with tender requirements and conditions shall be declared as Eligible Tender for opening Commercial bid on the website and Commercial bid of such tenderers shall be opened later, on a given date and time.
- 9.3- Each item will be evaluated separately.
- 9.4- Tenderer can call for original documents for verification.

#### 10. Post Qualification:

- 10.1- The Purchaser will further evaluate the Tenderer's financial, technical, and production capabilities based on the documentary evidence and information submitted by the Tenderer as well as other information the Purchaser deems necessary and appropriate.
- 10.2- An affirmative post-qualification determination of the Purchaser will be a prerequisite for acceptance of Technical Bid. A negative determination will result in rejection of the Tenderer's tender, in which event the Purchaser will proceed to the next Tender to make a similar determination of that Tenderer's capabilities to perform satisfactorily.

#### 11. Security Deposit & Contract Agreement

- 11.1- The successful tenderer shall furnish the security deposit to the Purchaser within 30 days from the date of communication of Acceptance of Tender for an amount of 3% of the contract value.
- 11.2- The security deposit shall be discharged (forfeited) as a compensation for any loss resulting from the failure to perform the obligations under the contract or in the event of termination of the contract or in any event as the Purchaser thinks fit and proper.
- 11.3- The contract has be signed within 15 days after receiving the work order.
- 12. The rates are to be given F.O.R. at Central Medical Store, Shri Saibaba Hospital, Shirdi inclusive of G.S.T., duties, transportation, If it is not mentioned clearly your quoted rates will be treated Inclusive of all taxes and duties etc. No extra amount will be paid for packing, forwarding, transportation and taxes etc. It is mandatory to provide system generated service log from the date of installation of equipment including downtime of equipment at every breakdown, after the

13. If said quantity of goods are not delivered within stipulated period the purchaser reserves the right either for extension of period or recovery by forfeiting the security deposit & blacklisting of the firm.

#### 14. Default Clause / Cancellation on failure to supply:

If the supplier fails to commence delivery as scheduled or to deliver the quantities ordered to him within the delivery period stipulated in the contract, it shall be discretion of the purchaser either. (a) To extend the delivery period or (b) To cancel the contract in whole or in part for the unsupplied quantities without any show cause notice. In the event of extension, liquidated damages, will be applicable. If the purchaser decides to cancel the contract, the mode of repurchase will be at the discretion of the purchaser. Purchaser are free to purchase the non-supplied material from open market to avoid the inconvenience of patient & hospital. The supplier shall be liable to pay any loss by way of extra expenditure or other incidental expenses, which the purchaser may sustain on account of such repurchase at the risk and cost of the supplier. In addition to action above, the purchaser may debar the defaulting supplier from future orders, for maximum period of 10 years. In any case the supplier will stand debarred for future contracts for the period till extra expenditure on account of cancellation and repurchase in terms of action above is paid by the supplier or recovered from his bill for supplied goods against any orders with the purchaser or his authorized consultants / agents.

#### 15. Force Majeure:

- 15.1- For purposes of this Clause, Force Majeure' means at any time during subsistence of contract an event beyond the control of the Supplier and not involving the Supplier's fault or negligence and not foreseeable. Such events may include, but are not limited to, acts of the Purchaser either in its sovereign or contractual capacity, wars of revolutions, fires, floods, epidemics, quarantine restrictions and freight embargoes
- 15.2- If a Force Majeure situation arises, the Supplier shall promptly but not later than 36 days notify the Purchaser in writing of such conditions and the cause thereof Unless otherwise directed by the Purchaser in writing, the Supplier shall continue to perform is obligations under the Contract as far as is reasonably practical, and shall seek all reasonable alternative means for performance not prevented by the Force Majeure event.
- 15.3-Force Majeure will be accepted on adequate proof thereof.
- 15.4- If contingency continues beyond 30days, both parties argue to discuss and decide the course of action to be adopted. Even otherwise contingency continues beyond 60days then the purchaser may consider for termination of the contract on equitable basis.

#### 16. Corrupt or Fraudulent Practices

- 16.1- The Purchaser as well as Tenderers shall observe the highest standard of ethics during the procurement and execution of such contracts.
- 16.2- "Corrupt Practice" means the offering, giving, receiving or soliciting of anything of value to influence the action of a public official in the procurement process or in contract execution; and.

- 16.3- "Fraudulent practice" means a misrepresentation or omission of facts in order to influence a procurement process or the execution of a contract to the detriment of purchaser and includes collusive practice among Tenderers (prior to or after tender submission) designed to establish tender prices at artificial non-competitive levels and to deprive the Purchaser of the benefits of free and open competition;
- 16.4- "Collusive practice" means a scheme or arrangement between two or more tenderers, with or without the knowledge of the Purchaser, designed to establish tender prices at artificial, non-competitive level; and.
  - 16.5-"Coercive practice" means harming or threatening to harm, directly or indirectly, persons or their property to influence their participation in the procurement process or effect the execution of the contract.
  - 16.6- "The Purchaser will reject a tender for award if it determines that the tenderer recommended for award has directly or through an agent engaged in corrupt or fraudulent practices in competing for the contract in question;
  - 16.7- The Purchaser will declare a firm or individual as ineligible, either indefinitely or for a stated period of time, to be awarded a contract if it at any time determines that they have, directly or through an agent, engaged in corrupt, fraudulent, collusive or coercive practices in competing for, or in executing, a contract.

#### 17) RESOLUTION OF DISPUTE

17.1- In the event of any question, dispute or differences in respect of contract or terms and conditions of the contract or interpretation of the terms and conditions or part of the terms and conditions of the contract arises, the parties may mutually settle the dispute amicably.

#### 17.2- ARBITRATION

In the event of failure to settle the dispute amicably between the parties, the same shall be referred to the sole arbitrator (insert name and designation of the officer), Government of Maharashtra. The award passed by the sole Arbitrator shall be final and binding on the parties.

The arbitration proceedings shall be carried out as per the Indian Arbitration and Conciliation Act, 1996 and the rules made thereunder.

17.3- GOVERNING LANGUAGE: English language version of the contract shall govern its interpretation.

#### 17.4- APPLICABLE LAWS.

The contract shall be governed in accordance with the law prevailing in India, Act, Rules, Amendments and orders made there on from time to time.

#### 18 IDEMNIFICATION

The contractor shall indemnify the purchaser against all actions, suit, claims and demand or in respect of anything done or omitted to be done by contractor in connection with the contract and against any losses or damages to the purchaser in consequence of any action or suit being brought against the contractor for anything done or omitted to be done by the contractor in the execution of the contract.

- 19 You have to give self affidavit on your letter head with sign and stamp regarding the firm has not been found guilty of malpractice / misconduct / black listed / debarred either by Public Health Dept., Govt. of Maharashtra or by any local authority and other State Govt. / Central Govt. Organisation in past three years for the quoted items in the Tender etc..
- To prepare and submit the tender/offer online all bidders are required to have token based Digital Signature and This should be obtained from competent authority. However the e tender website or helpline numbers may guide you for obtaining the same.
- 21 The Bid Validity period shall be 120 days from the last date of submission of the Tenders.
- The name of the Manufacturer, details of packing, rate per unit, total cost etc details shall be mentioned in the tender.
- The tenderer must quote details of size, make, model, etc clearly along with coloured brochure. In absence of these details, tender will not be considered.
- 24 <u>Machinery/Equipment other than the prefer in make Brand,will not be considered</u>
- The rates are to be given F.O.R., **Shri Saibaba Hospital**, **Shirdi** inclusive of all taxes, transportation etc. No extra amount will be paid for packing, forwarding, transportation etc.
- After being successful bidder the delivery of the Tendered Items is to be made at SHRI SAIBABA HOSPITAL, SHIRDI on any working days between 10 a.m. and 5 p.m., except Sundays.
- In the BOQ, the rate of the Product should be mentioned including GST and any other tax applicable and transportation, loading and downloading.
- Online E Tender will be opened in the presence of tender opening authority through e-tendering procedure.
- 29 There should be no collusive or fraudulent practice involved in the entire tendering process amongst all the tenders, If so found proper action shall be taken.
- The tenders shall be evaluated on the basis of Technical & Commercial bids.

- The tenderer will have to supply material along with **Three** copies of bills one copy of delivery challan, if payment is delayed due to Tax invoice Sansthan will not be responsible for it.
- Wherever an amount is mentioned in figures the same should be clearly written in words also.
- No escalations, for any reason will be given / allowed in the quoted prices.
- 34 Substitute or alternative Products are not acceptable.
- In case of breakage / damage in transit, prior to the delivery & unsatisfactory installation to the Sansthan. Supplier will have to replace the same immediately, failing which payment will be stopped until satisfactory replacements or installation. Also adequate penal action may be taken.
- 36. In case supply is not made within stipulated period of time, Sansthan will be free to purchase the material from open market. In such case the supplier will have to bear the cost difference and in this case Sansthan will not bound to provide the deduction details and supplier will be blacklisted for minimum 3 years from Shri Saibaba Sansthan Trust without any intimation or prior notice. Or supplier will suffer from following penalty clause whichever is higher

| Category of Stores                        | Penalty Amount                 |
|---|--------------------------------|
| If the amount of undelivered material     | At the rate of ½ % per week    |
| from purchase order will be not exceeding | subject to maximum limit of    |
| Rs. 2.00 Lakh in value                    | 10%                            |
| If the amount of undelivered material     | At the rate of ½% per week     |
| from purchase order will be exceeding     | subject to maximum limit of 5% |
| Rs.2.00 Lakh and above                    |                                |

- Payment will be made after delivery of Tendered Items after satisfactory installation & working of it, within reasonable period. No advance payment will be made against Installation.
- No interest will be paid on retention money / security deposit or earnest money deposit.

#### 39 Terms Related to Biomedical Dept.

- 39.1- Authorised dealer should submit latest copy of authorisation letter of the concerned company / manufacturer, OEM certification & installation base list. If not submitted tender may be liable for rejection. OEM certification, Installation base list all over India.(preferred nearby)
- 39.2- **Incidental Services :** The purchase of award company shall be required to perform the following services:
  - a. Installation & Commissioning, Supervision and Demonstration of the goods.

- b. On Site training to Doctors/ Technicians/ Staff / Biomedical Engineers is to be provided by Supplier for operation and maintenance of the equipment to the satisfaction of the user department during warranty period whenever required.
- 39.3- While quoting the rates wherever required Accessories or the Contents of the set or UPS (Include batteries)/ Stabiliser etc. is required the price of such extra items should be incorporated in total amount.
- 39.4- Whenever spare part is product form authorised dealer or OEM than no advance payment will be made after warranty period. Sansthan will be liable to pay the spare parts. Tax invoice within reasonable period after warranty period.
- 39.5- All the above 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, no import substitution is permitted neither before the award nor after the award for any part or accessory.
- 39.6 If Machine repair time is more than 2 days vender should provide standby equipment for the same. A same make & model capacity.
- 39.7- Any accessory / accessories not mentioned specifically but required to make system working will have to be supplied without any extra cost.
- 39.8- The necessary protective relaying/circuitry shall be there with the machines.

#### 39.9- Documents:

- a. The bidder shall provide in its tender the required as well as the relevant documents like technical data, literature, drawings etc. to establish that the goods and services offered in the tender fully confirm to the goods and services specified by the purchaser in the tender documents.
- b. The bidder shall provide a list of major Government and Private Institutions where its relevant bid item has been supplied during last one year.
- 39.10- You have to give Warranty & CAMC/LAMC be as per mention in specification by Biomedical Department.
- 39.11- 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. Supplier is responsible to provide final installation compliance report.
- 39.12 -Repairs and maintenance training to all Biomedical Engineers should be given.
- 39.13- The equipment must be tropicalized as below:

Working temperature : Max. 35° C

Storage temperature : Max. 50° C

Relative humidity for Working : 40 - 60 % Relative humidity for Storage : Max. 90%

- 39.14- The product should be time tested, branded and should be OEM.
- 39.15- Warranty & AMC should include PMS visits 04 Nos per year & unlimited breakdown calls. Warranty included all spare parts & calibration whenever necessary free of cost.

- 39.16- List of consumables & accessories not included in warranty & CAMC should be submitted along with tender document. Parts other than above list will be considered as included in warranty & CAMC. Price of such Consumable & accessories should be fixed for warranty & CAMC period.
- 40 While quoting the rates it should be filled in the on line BOQ only.
- 41 T.D.S. will be deducted from your bill as per the Government rule applicable.
- Average annual turnover for the last 3 years should be more than Rs.28053257/- (2019-20, 2020-21 & 2021-22) (Note You must have to give turnover certificate of the years mention as above, otherwise your tender may liable for rejection.)
- Late submitted tender will not be accepted after due date.
- 44 You have to deposit separate EMD & Tender form fee for each Tender.
- If company is taking participation in tender then company should have to submit Company Registration Certificate & if supplier / agency / distributor / dealer is taking participation in tender then you should have to submit Shop Act Certificate.
- 46 L1 will be inclusive of basic cost of Machine with mentioned warranty + 5 year CAMC/LAMC
- 47 Inspection:
  - a. The Chief Executive Officer, SSST, Shirdi shall be the final authority to reject full or any part of the supply which is not confirming to the specification and other terms and conditions.
  - b. No payment shall be made for rejected Stores. Rejected items must be removed by the Bidders within two weeks of the date of rejection at their own cost and replaced immediately. In case these are not removed, these will be auctioned at the risk and responsibility of the suppliers without any further notice.
- The product which we are going to quote is as per the specification given by Sansthan, there is no deviation of specification.
  - If rates quoted are more than the rates already given to any other Institutes / Hospital in India, the reasons thereof should mentioned in Annexure.

(As per Annexure "VI").

- Shri Saibaba Sansthan Trust, Shirdi reserves the rights to reject any or all the tenders at any stage without assigning any reasons thereof.
- This Tender shall be governed by and construed in accordance with the laws of India and the Courts at Rahata, Kopargaon, Bombay High Court Bench at Aurangabad shall have the exclusive jurisdiction.

CHIEF EXECUTIVE OFFICER, SHRI SAIBABA SANSTHAN TRUST, SHIRDI.

### Annexure "IV"

#### **Annual Turnover Statement for Three Years**

|         | •       | ed that the statement is true an  |  |
|---------|---------|-----------------------------------|--|
| Sr. No. | Year    | Turnover Rs. in Lakhs /<br>Crores |  |
| 1       | 2010-20 |                                   |  |

2 2020-21

3 2021-22

Average of the above Three Years.

Date:

Seal:

Signature of Chartered Accountant Name (in capital letters)

Note – You must have to give turnover certificate of the years mention as above, otherwise your tender may liable for rejection.

## Annexure "V" Acceptance Letter from Tenderer

DATE: / /2024

TO, THE CHIEF EXECUTIVE OFFICER, SHRI SAIBABA SANSTHAN TRUST, SHIRDI. AT PO. SHIRDI - 423 109 TAL - RAHATA, DIST. AHMEDNAGAR.

## SUBJECT: SUPPLY OF SHADOWLESS LAMP (OT LIGHT), OPERATION TABLE, IABP MACHINE & HEART LUNG MACHINE FOR SHRI SAIBABA & SHRI SAINATH HOSPITAL, SHIRDI.

#### Dear Sir,

Having examined the tender document, the receipt of which is hereby acknowledged, we, the undersigned, offer to supply and deliver the goods under the abovenamed Contract in full conformity with the said tender document and our financial offer in the Price schedule submitted in BOQ which is made part of this tender.

We undertake, if our tender is accepted, to deliver the goods in accordance with the delivery schedule specified in the tender document.

If our tender is accepted, we undertake to submit the security deposit in the form DD / RTGS / Current Invoice, and within the times specified in the tender document.

We agree to abide by this tender, for the Tender Validity Period specified in the tender document and it shall remain binding upon us and may be accepted by you at any time before the expiration of that period.

Until the formal final Contract is prepared and executed between us, this tender together with your written acceptance of the tender, shall constitute a binding Contract between us. We understand that you are not bound to accept the lowest or any tender you may receive.

| Signed:   |
|---|
| Date:   |
| Ouly authorized to sign this bid for and on behalf of |
| Thanking you.   |
| Signature & Stamp of Tenderer                         |

Date -

### Annexure "VI"

## Self Declaration

DATE: / /2024

TO, THE CHIEF EXECUTIVE OFFICER, SHRI SAIBABA SANSTHAN TRUST, SHIRDI. AT PO. SHIRDI - 423 109 TAL - RAHATA, DIST. AHMEDNAGAR.

- 1) In response to your E-Tender we are submitting our Tender for supply of Machinery on your Website. I / We hereby declare that our firm has not been found guilty of malpractice / misconduct / black listed / debarred either by Public Health Dept., Govt. of Maharashtra or by any local authority and other State Govt. / Central Govt. Organisation in past three years for the quoted items in the Tender. We further confirm that we have quoted for Machinery / Equipment / Instrument / Furniture etc. of reputed brands with name of the manufacturing firms.
- 2) We are not supplying this Machinery / Equipment / Instrument / Furniture etc.to any other Institution / Hospital in India below than the rates quoted in this Tender.
- 3) The material which we are going to quote is as per the specification given by Sansthan, there is no deviation of specification.
- 4) If rates quoted are more than the rates already given to any other Institutes / Hospital in India, then reason for this is as below-

| a) | • | • • | • • | • | <br>• | <br>• | • | <br>• | • | • | <br>• |   | • | • | • | • | • |     | • | • | • | • | • | • | • | • |      | <br>• | • | • |   | • | • |   | • | • | • |   | • | • |   | • | • | • |   | <br>• | • | • | • | • • |   |
|----|---|-----|-----|---|-------|-------|---|-------|---|---|-------|---|---|---|---|---|---|-----|---|---|---|---|---|---|---|---|------|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------|---|---|---|-----|---|
| b) |   |     |     | • |       | <br>• |   | <br>  | • |   |       | • |   | • |   |   |   | • • |   |   | • |   |   |   |   | • | •    | <br>• |   |   | • |   |   | • |   |   |   |   | • |   | • |   |   |   | • | <br>• |   |   | • | •   | • |
| c) |   |     |     |   | <br>  |       |   |       |   |   |       |   |   |   |   |   |   |     |   |   |   |   |   |   |   |   | <br> |       |   |   |   |   |   |   |   |   |   | • |   |   |   |   |   | • |   |       |   |   |   |     |   |

Signature & Stamp of Tenderer

Date -

(Tenderer will have to upload self-affidavit on their Letter Head with Authorise Person signature and stamp.)

## SHRI SAIBABA HOSPITAL, SHIRDI TECHNICAL SPECIFICATION WITH COMPLIANCE REPORT ANNEXURE "VII"



## PURCHASE OF SHADOWLESS LAMP (OT LIGHT) FOR SHRI SAIBABA & SHRI SAINATH HOSPITAL, SHIRDI.

(Preferred make-KLS Martin, Dragger, Maquet (Gettinge), BENQ, Stann)

| Sr.No. | Description of Work / Item(s)   | Qty. | We Comply |
|--------|---|------|-----------|
|        | LED Shadow less Lamp-2 dome   | 4    |           |
|        | • The light head should be suspended by heavy duty drift free spring balance arm for the life time of the LED light.  |      |           |
|        | • Light heads should have easy handling & high mobility in axial, radial & angular direction with 360-degree rotation around the vertical axis; secure fixing in the desired position.  |      |           |
|        | • It should support good air circulation for the modern laminar flows.  |      |           |
|        | • Light heads should be compact, closed, smooth surface, light weight and should have environmentally friendly, disinfectant resistance, high thermal stability powder paint finish.  |      |           |
|        | • The light source should be based on white phosphor-based LED to achieve pure white light with proper heat management system for long life of the internal components of the circuitry to provide cool white intense light. Day light spectrum (Colour temperature: 4200K-4800K) |      |           |

| Sr.No. | Description of Work / Item(s)  | Qty. | We Comply |
|--------|--|------|-----------|
|        | • The Light should have all the controls like on/off, light intensity, focusing nearby maneuvering handle which should be autoclavable located at the centre of lamp head. The extra handle with each dome must be supplied. |      |           |
|        | • It should have Homogeneous light in the operating field, with small heat development without infrared and ultraviolet rays and excellent shadow less effect and focusing depth.  |      |           |
|        | • The power supply should work on 180 V-250 Volt, 50/60 Hz power supply & should be sturdy to take care of power fluctuation and having max. 200 W power consumption.  |      |           |
|        | • Both the light heads should be equipped with an uninterrupted power supply with 4 Hr. backup.  |      |           |
|        | • There should be provision for attachment of camera in future, all the wiring and mechanical attachments should be present in the unit.   |      |           |
|        | • Illumination should be min. 1,60,000 lux for one light head & 1,60,000 lux for another light head at 1 mtr. to 1.2 mtr distance.   |      |           |
|        | Operating light field should be adjustable from min.180mm to max.350 mm  |      |           |
|        | • Light intensity should be adjustable from 10% to 100% step less.   |      |           |
|        | • Natural color rendering should be >95.<br>No infrared & ultraviolet rays, no chromatic distortion etc.   |      |           |
|        | Bulb life cycle should be min. 40000      Hrs.   |      |           |
|        | • Each LED should have separate individual lens.   |      |           |
|        | There should be negligible heat dissipation at the surgeons head   |      |           |

| Sr.No. | Description of Work / Item(s)   | Qty. | We Comply |
|--------|---|------|-----------|
|        | • Operators should be given training for its regular use & maintenance training should be given to Biomedical Engineers free of cost.   |      |           |
|        | • All Technology should be mandatorily with safety approval- USFDA / UL / European 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   |      |           |
|        | • Mandatory Accessories/consumables must be provided with machine on FOC basis.   |      |           |
|        | • Warranty-5 Years. It should include PMS visits -4 Nos. and unlimited Breakdown call and calibration whenever necessary. Battery should be covered in warranty. All manufacturing defect must be covered under warranty. |      |           |
|        | • List of consumables along with price must be submitted & cost should be fixed for warranty period.  |      |           |
|        | • List of all the spare parts along with cost must be given.  |      |           |
|        | • Spare parts, Accessories & consumables must be available for at least 10 years after the date of installation.  |      |           |
|        | Hard copy of Operating Manual and<br>Service Manual must be submitted.  |      |           |
|        | • System generated Monthly service Log must be submitted along with the downtime for every breakdown.   |      |           |



## PURCHASE OF ELECTRO HYDRAULIC OPERATION TABLE FOR SHRI SAIBABA & SHRI SAINATH HOSPITAL, SHIRDI.

(Preferred make-Maquet (Gettinge), Kopran, BENQ, Stann)

| Sr.No. | Description of Work / Item(s)   | Qty. | We<br>Comply |
|--------|---|------|--------------|
| 1      | a)- Cardiothoracic & Vascular Surgery Operation Table   | 1    | Jone Poly    |
|        | • The Operation Table should necessarily have all movements electro-hydraulically operated on high storage capacity batteries housed within the table base or column. Complete return to 'O' position must be possible by pressing one button on the corded hand control box. |      |              |
|        | • Base of table should be made of stainless steel, resistant to impact, fracture, and disinfectants, greydyed with scratch resistant coat.  |      |              |
|        | • Table should have column casing and base cover made of steel.   |      |              |
|        | • Table should have supporting bars for the seat section and back section, leg plate sockets, joint covers, and side rails made of steel  |      |              |
|        | • Operating table top subdivided into diff sections: head rest, lower back plate, seat plate, leg plates, with electrohydraulic longitudinal shift  |      |              |
|        | • Table should have symmetrical accessory interfaces for NORMAL and REVERSE positioning.  |      |              |
|        | • Table top should be designed without crossbars to permit radiography during surgical interventions.   |      |              |
|        | • The table should have an electrical longitudinal shift should be around 600-650mm, Electrical longitudinal shift both cranial and caudal to create perfect access to the patient during induction.  |      |              |
|        | • Length of table including head rest should be at least or around 2000mm.  |      |              |

| Sr.No. | Description of Work / Item(s)   | Qty. | We<br>Comply |
|--------|---|------|--------------|
|        | • Width without side rails, minimum 500 mm or more.   |      |              |
|        | • The table should offer consistent radiolucency of more than 1600mm.   |      |              |
|        | • OT Table should have a stable three-point stance ensures the safety of patients, base of the OT Table should come on ground, and wheels should retract for stability, so as to provide total stability of the operation table of patient load around 450 kg, and unrestricted capacity of 250 kg. |      |              |
|        | Motorized leg plate adjustment.   |      |              |
|        | • Optionally, the OT Table should have an Auto Drive function for helping safe movement of table within the OR or corridor, without operator strain. For user-controlled movement of the operating table  |      |              |
|        | • The OT table should be provided with a cable connected hand control with battery charge indicator. The surgeon should be able to give intra operative adjustments during surgery with the corded hand control box.  |      |              |
|        | • Hand Control should have free selectable memory positions to support preparing complex positions like predefined table positions like beach chair facilitate patient positioning.   |      |              |
|        | • OT Table should provide a great Trendelenburg / tilt combination that allows gravity to assist the surgeon, naturally moving organs out of the way in procedures like laparoscopic colon surgery.   |      |              |
|        | • The LCD/TFT display at the hand control shows status notifications.   |      |              |
|        | • As a back up, the table should also be capable of working on 220/240 V AC c/s single phase direct main power supply.  |      |              |
|        | • In case of failure of the hand control an electrical override key panel on the table column should be provided for all the functions.   |      |              |

| Sr.No. | Description of Work / Item(s)  | Qty. | We<br>Comply |
|--------|--|------|--------------|
|        | • Base of the OT Table should come on ground and wheels should retract for stability, so as to provide total stability of the operation table of patient load more than 450 kg, and unrestricted capacity of 250 kg. |      |              |
|        | • Patient orientation should be possible on both sides of the table top. The patient orientation should be able to be locked into memory.  |      |              |
|        | • The table top should be completely free of disturbing cross bars, offering generous latitude for using C-Arm Image Intensifier from pelvis to head end region with the patient in either Orientation.              |      |              |
|        | • Guide rails for X-Ray cassette should be provided under the table top.   |      |              |
|        | • The Table top should be provided with at least 80 to 100 mm special foam core mattress so as to prevent pressure points developing during long duration surgeries.   |      |              |
|        | • There should be no crevices in the table for ingress of liquids so as to enable proper infection control.  |      |              |
|        | • In case the table is imported the accessories must also be imported with the table and must not be locally sourced.  |      |              |
|        | • OT Table should have batteries with capacity for two/three working days use in the operating room.   |      |              |
|        | • OT Table should have electronic monitoring of<br>the battery charge level with optical indicator and<br>acoustic signal.   |      |              |
|        | • The quoted equipment should be having ISO, CE, IEC certification, and US FDA registration.   |      |              |
|        | • OT Table should have batteries recharged from mains power supply.  |      |              |
|        | • OT Table should be 100–240 V AC (adjustable), 50–60 Hz, via power supply cord.   |      |              |
|        | • OT Table should be safety class II type B; the enclosure leakage current meets the requirements of the patient leakage current for CF conditions as per EN 60601-1.  |      |              |

| Sr.No. | Description of Work / Item(s)   | Qty. | We<br>Comply |
|--------|---|------|--------------|
|        | The table should be provided with a cable connected hand control having following features:   |      |              |
|        | Should display, table set up information  |      |              |
|        | • Should have Memory function for table top positions   |      |              |
|        | Should show charging status of column and hand control  |      |              |
|        | <ul> <li>Should show service and error messages</li> <li>Should have Pre-programmed positions: flex, reflex and back-horizontal</li> </ul>              |      |              |
|        | Should have Backlight function  |      |              |
|        | The following adjustments shall be electrohydraulically operated through Hand remote:   |      |              |
|        | Height Up/down without mattress   |      |              |
|        | Lower Back section up/down  |      |              |
|        | Trendelenburg/Rev. Trendelenburg  |      |              |
|        | Lateral Tilt right/left   |      |              |
|        | Combination tilt / Trend  |      |              |
|        | Leg plate up/down   |      |              |
|        | Reflex and flex position  |      |              |
|        | Reset to zero position  |      |              |
|        | Electric Base Brake mechanism   |      |              |
|        | Guiding Roller  |      |              |
|        | The Table shall be provided with the following accessories:   |      |              |
|        | Head Rest with Side Rails 1 Nos   |      |              |
|        | Arm board with pad and clamp 2 Nos  |      |              |
|        | Anesthesia screen with clamp 2 Nos  |      |              |
|        | Body Strap- Long and short 1 Nos  |      |              |
|        | • Double Joint, Abductable, with side rails, Leg Plates, pair 1 Nos   |      |              |
|        | Radial setting clamp 1 Nos  |      |              |
|        | Leg Support   |      |              |
|        | • All Technology should be mandatorily with safety approval- USFDA / European CE for Device. Approval certificate must be submitted for the total unit. |      |              |
|        | The product should be time tested, branded and should be OEM  |      |              |

| Sr.No. | Description of Work / Item(s)   | Qty. | We<br>Comply |
|--------|---|------|--------------|
|        | The life of the equipment should be mentioned   |      |              |
|        | • Warranty-5 Years. It should include PMS visits -4 Nos. and unlimited Breakdown call and calibration whenever necessary. Battery should be covered in warranty. All manufacturing defect must be covered under warranty.   |      |              |
|        | • AMC Cost- AMC cost should be 1% of book value of machine/on 1st year after ends of warranty period & it should be given for next 5 years.   |      |              |
|        | • All the internal parts, Modules, body covers & software must be covered & replaced on FOC basis whenever required in Warranty & CMC.  |      |              |
|        | • List of consumables along with price must be submitted & cost should be fixed for warranty period.  |      |              |
|        | • List of all the spare parts along with cost must be given.  |      |              |
|        | • Software, Spare parts, Accessories & consumables must be available for at least 10 years after the date of installation.  |      |              |
|        | • Hard copy of Operating Manual and Service Manual must be submitted.   |      |              |
|        | • System generated Monthly service Log must be submitted along with the downtime for every breakdown.   |      |              |
| Sr.No. | Description of Work / Item(s)   | Qty. | We<br>Comply |
| 2      | <u>b - Electrohydraulic Operation Table For Neuro</u><br><u>Surgery</u>   | 1    |              |
|        | • The Operation Table should necessarily have all movements electro-hydraulically operated on high storage capacity batteries housed within the table base or column. Complete return to 'O' position must be possible by pressing one button on the corded hand control box. |      |              |
|        | • Base of table should be made of stainless steel, resistant to impact, fracture, and disinfectants, greydyed with scratch resistant coat.  |      |              |

| Sr.No. | Description of Work / Item(s)  | Qty. | We<br>Comply |
|--------|--|------|--------------|
|        | • Table should have column casing and base cover made of steel.  |      |              |
|        | • Table should have supporting bars for the seat section and back section, leg plate sockets, joint covers, and side rails made of steel   |      |              |
|        | • Operating table top subdivided into five sections: head rest, lower back plate, seat plate, leg plates, with electrohydraulic longitudinal shift   |      |              |
|        | • Table should have symmetrical accessory interfaces for NORMAL and REVERSE positioning.   |      |              |
|        | • Table top should be designed without crossbars to permit radiography during surgical interventions.  |      |              |
|        | • The table should have a electrical longitudinal shift of around 600 to 650mm, Electrical longitudinal shift both cranial and caudal to create perfect access to the patient during induction.  |      |              |
|        | • Length of table including head rest should be at least or around 2000mm.   |      |              |
|        | • Width without side rails, minimum 500 mm or more.  |      |              |
|        | • The table should offer consistent radiolucency of more than 1600mm.  |      |              |
|        | • OT Table should have a stable three-point stance ensures the safety of patients, base of the OT Table should come on ground, and wheels should retract for stability, so as to provide total stability of the operation table of patient load around to 450 kg, and unrestricted capacity of 250 kg. |      |              |
|        | Motorized leg plate adjustment.  |      |              |
|        | • Optionally, the OT Table should have an Auto Drive function for helping safe movement of table within the or corridor, without operator strain. For user-controlled movement of the operating table  |      |              |
|        | • The OT table should be provided with a cable connected hand control with battery charge indicator. The surgeon should be able to give intra operative adjustments during surgery with the corded hand control box.   |      |              |

| Sr.No. | Description of Work / Item(s)   | Qty. | We<br>Comply |
|--------|---|------|--------------|
|        | • Hand Control should have free selectable memory positions to support preparing complex positions like predefined table positions like beach chair facilitate patient positioning.                               |      |              |
|        | • OT Table should provide a great Trendelenburg / tilt combination that allows gravity to assist the surgeon, naturally moving organs out of the way in procedures like laparoscopic colon surgery.               |      |              |
|        | • The LCD/TFT display at the hand control shows status notifications.   |      |              |
|        | • As a backup, the table should also b e capable of working on 220/240 V AC c/s single phase direct main power supply.  |      |              |
|        | • In case of failure of the hand control an electrical override key panel on the table column should be provided for all the functions.   |      |              |
|        | • Base of the OT Table should come on ground and wheels should retract for stability, so as to provide total stability of the operation table of patient load around 450 kg, and unrestricted capacity of 250 kg. |      |              |
|        | • Patient orientation should be possible on both sides of the table top. The patient orientation should be able to be locked into memory.   |      |              |
|        | • The table top should be completely free of disturbing cross bars, offering generous latitude for using C-Arm Image Intensifier from pelvis to head end region with the patient in either Orientation.           |      |              |
|        | • Guide rails for X-Ray cassette should be provided under the table top.  |      |              |
|        | • The Table top should be provided with at least 80 to 100mm special foam core mattress so as to prevent pressure points developing during long duration surgeries.   |      |              |
|        | • There should be no crevices in the table for ingress of liquids so as to enable proper infection control.   |      |              |
|        | • In case the table is imported the accessories must also be imported with the table and must not be locally sourced.   |      |              |

| Sr.No. | Description of Work / Item(s)   | Qty. | We<br>Comply |
|--------|---|------|--------------|
|        | OT Table should have batteries with capacity for two/three working days use in the operating room.  |      |              |
|        | • OT Table should have electronic monitoring of<br>the battery charge level with optical indicator and<br>acoustic signal.  |      |              |
|        | • OT Table should have batteries recharged from mains power supply.   |      |              |
|        | • OT Table should be 100–240 V AC (adjustable), 50–60 Hz, via power supply cord.  |      |              |
|        | • OT Table should be safety class II type B; the enclosure leakage current meets the requirements of the patient leakage current for CF conditions as per EN 60601-1. |      |              |
|        | The table should be provided with a cable connected hand control having following features:   |      |              |
|        | <ul> <li>Should display, table set up information</li> <li>Should have Memory function for table top positions</li> </ul>   |      |              |
|        | Should show charging status of column and hand control  |      |              |
|        | Should show service and error messages  |      |              |
|        | • Should have Pre-programmed positions: flex, reflex and back-horizontal  |      |              |
|        | Should have Backlight function  |      |              |
|        | The following adjustments shall be electrohydraulically operated through Hand remote:   |      |              |
|        | Height Up/down without mattress   |      |              |
|        | Lower Back section up/down  |      |              |
|        | Trendelenburg/Rev. Trendelenburg  |      |              |
|        | Lateral Tilt right/left   |      |              |
|        | Combination tilt / Trend  |      |              |
|        | Leg plate up/down   |      |              |
|        | Reflex and flex position  |      |              |
|        | Reset to zero position  |      |              |
|        | Electric Base Brake mechanism   |      |              |
|        | The Table shall be provided with the following accessories:   |      |              |
|        | Head Rest with Side Rails 1 Nos   |      |              |
|        | Arm board with pad and clamp 2 Nos  |      |              |

| Sr.No. | Description of Work / Item(s)   | Qty. | We<br>Comply |
|--------|---|------|--------------|
|        | Anesthesia screen with clamp 2 Nos  |      |              |
|        | Body Strap- Long and short 1 Nos  |      |              |
|        | • Double Joint, Abductable, with side rails, Leg  |      |              |
|        | Plates, pair 1 Nos  |      |              |
|        | Radial setting clamp 1 Nos  |      |              |
|        | • Connecting Bracket for Skull Clamp accessories 1 Nos  |      |              |
|        | • Standard holder for skull clamp, width-adjustable 1 Nos   |      |              |
|        | Clamp adapter for skull clamp 1 Nos   |      |              |
|        | Cross Bar Attachment 1 Nos  |      |              |
|        | Radial Setting Clamp 2 Nos  |      |              |
|        | Doro skull clamp 1 Nos  |      |              |
|        | • Pins Children, includes 3 pcs 1 Nos   |      |              |
|        | • Pins Adults, includes 3 pcs 1 Nos   |      |              |
|        | Connecting fixture 1 Nos  |      |              |
|        | Horse Shoe- Shaped Head Rest- two-part 1 Nos  |      |              |
|        | Guiding Roller 1 Nos  |      |              |
|        | Spine Accessories   |      |              |
|        | Radiolucent spine surgery frame 1 Nos   |      |              |
|        | • Pad for positioning the patient, during surgical procedures on the spine 1 Nos  |      |              |
|        | • Two-piece pad for positioning the patient, especially during surgical procedures on the spine 1 Nos   |      |              |
|        | • All Technology should be mandatorily with safety approval- USFDA / European CE for Device. 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-5 Years. It should include PMS visits -4 Nos. and unlimited Breakdown call and calibration whenever necessary. Battery should be covered in warranty. All manufacturing defect must be covered under warranty. |      |              |

| Sr.No. | Description of Work / Item(s)   | Qty. | We<br>Comply |
|--------|---|------|--------------|
|        | • <b>AMC Cost</b> - AMC cost should be 1% of book value of machine/on 1 <sup>st</sup> year after ends of warranty period & it should be given for next 5 years.   |      |              |
|        | • All the internal parts, Modules, body covers & software must be covered & replaced on FOC basis whenever required in Warranty & CMC.  |      |              |
|        | • List of consumables along with price must be submitted & cost should be fixed for warranty period.  |      |              |
|        | • List of all the spare parts along with cost must be given.  |      |              |
|        | • Software, Spare parts, Accessories & consumables must be available for at least 10 years after the date of installation.  |      |              |
|        | • Hard copy of Operating Manual and Service Manual must be submitted.   |      |              |
|        | • System generated Monthly service Log must be submitted along with the downtime for every breakdown.   |      |              |
| Sr.No. | Description of Work / Item(s)   | Qty. | We<br>Comply |
| 3      | C - Electrohydraulic Operation Table For<br>Orthopedic Surgery  | 3    |              |
|        | • The Operation Table should necessarily have all movements electro-hydraulically operated on high storage capacity batteries housed within the table base or column. Complete return to 'O' position must be possible by pressing one button on the corded hand control box. |      |              |
|        | • Base of table should be made of stainless steel, resistant to impact, fracture, and disinfectants, greydyed with scratch resistant coat.  |      |              |
|        | • Table should have column casing and base cover made of steel.   |      |              |
|        | • Table should have supporting bars for the seat section and back section, leg plate sockets, joint covers, and side rails made of steel  |      |              |

| Sr.No. | Description of Work / Item(s)  | Qty. | We<br>Comply |
|--------|--|------|--------------|
|        | • Operating table top subdivided into five sections: head rest, lower back plate, seat plate, leg plates, with electrohydraulic longitudinal shift   |      |              |
|        | • Table should have symmetrical accessory interfaces for NORMAL and REVERSE positioning.   |      |              |
|        | • Table top should be designed without crossbars to permit radiography during surgical interventions.  |      |              |
|        | • The table should have a electrical longitudinal shift of more than 300mm, Electrical longitudinal shift both cranial and caudal to create perfect access to the patient during induction.  |      |              |
|        | • The table should offer consistent radiolucency of more than 1600mm.  |      |              |
|        | • OT Table should have a stable three-point stance ensures the safety of patients, base of the OT Table should come on ground, and wheels should retract for stability, so as to provide total stability of the operation table of patient load around to 450 kg, and unrestricted capacity of 250 kg. |      |              |
|        | Motorized leg plate adjustment.  |      |              |
|        | • Optionally, the OT Table should have an Auto Drive function for helping safe movement of table within the or corridor, without operator strain. For user-controlled movement of the operating table  |      |              |
|        | • The OT table should be provided with a cable connected hand control with battery charge indicator. The surgeon should be able to give intra operative adjustments during surgery with the corded hand control box.   |      |              |
|        | • Hand Control should have free selectable memory positions to support preparing complex positions like predefined table positions like beach chair facilitate patient positioning.  |      |              |
|        | • OT Table should provide a great Trendelenburg / tilt combination that allows gravity to assist the surgeon, naturally moving organs out of the way in procedures like laparoscopic colon surgery.  |      |              |
|        | • The LCD/TFT display at the hand control shows status notifications.  |      |              |

| Sr.No. | Description of Work / Item(s)   | Qty. | We<br>Comply |
|--------|---|------|--------------|
|        | • As a backup, the table should also be capable of working on 220/240 V AC c/s single phase direct main power supply.   |      |              |
|        | • In case of failure of the hand control an electrical override key panel on the table column should be provided for all the functions.   |      |              |
|        | • Base of the OT Table should come on ground and wheels should retract for stability, so as to provide total stability of the operation table of patient load around 450 kg, and unrestricted capacity of 250 kg. |      |              |
|        | • Patient orientation should be possible on both sides of the table top. The patient orientation should be able to be locked into memory.   |      |              |
|        | • The table top should be completely free of disturbing cross bars, offering generous latitude for using C-Arm Image Intensifier from pelvis to head end region with the patient in either Orientation.           |      |              |
|        | • Guide rails for X-Ray cassette should be provided under the table top.  |      |              |
|        | • The Table top should be provided with at least 80 to 100mm special foam core mattress so as to prevent pressure points developing during long duration surgeries.   |      |              |
|        | • There should be no crevices in the table for ingress of liquids so as to enable proper infection control.   |      |              |
|        | • In case the table is imported the accessories must also be imported with the table and must not be locally sourced.   |      |              |
|        | OT Table should have batteries with capacity for<br>two/three working days use in the operating room.   |      |              |
|        | • OT Table should have electronic monitoring of<br>the battery charge level with optical indicator and<br>acoustic signal.  |      |              |
|        | • OT Table should have batteries recharged from mains power supply.   |      |              |
|        | • OT Table should be 100–240 V AC (adjustable), 50–60 Hz, via power supply cord.  |      |              |

| Sr.No. | Description of Work / Item(s)   | Qty. | We<br>Comply |
|--------|---|------|--------------|
|        | • OT Table should be safety class II type B; the enclosure leakage current meets the requirements of the patient leakage current for CF conditions as per EN 60601-1.   |      |              |
|        | The table should be provided with a cable connected hand control having following features:   |      |              |
|        | Should display, table set up information  |      |              |
|        | • Should have Memory function for table top positions   |      |              |
|        | • Should show charging status of column and hand control  |      |              |
|        | Should show service and error messages  |      |              |
|        | • Should have Pre-programmed positions: flex, reflex and back-horizontal  |      |              |
|        | Should have Backlight function  |      |              |
|        | The following adjustments shall be electrohydraulically operated through Hand remote:   |      |              |
|        | Height Up/down without mattress   |      |              |
|        | Lower Back section up/down  |      |              |
|        | Trendelenburg/Rev. Trendelenburg  |      |              |
|        | Lateral Tilt right/left   |      |              |
|        | Combination tilt / Trend  |      |              |
|        | Leg plate up/down   |      |              |
|        | Reflex and flex position  |      |              |
|        | Reset to zero position  |      |              |
|        | Electric Base Brake mechanism   |      |              |
|        | The Table shall be provided with the following accessories:   |      |              |
|        | • Extension Device, with pelvis plate and buttock support sections, with 80 mm SFC padding  |      |              |
|        | Including the following main: 1 Nos each  |      |              |
|        | 1 x Pair of Adaptors, 1 x Transport cart with basket,1 x Traction Bar Short, 1 x Traction Bar Long, 1 x Screw Tension Device,1 x Foot Plate Mount, 2 x Supporting Bars, 2 x Radial Setting Clamps,1 x Countertraction Post for Neck of Femur, 1 x Side Rail Extension |      |              |
|        | Traction Stirrup Clamp with Rotation 1 Nos  |      |              |
|        | Rotation and Tilting Clamp 1 Nos  |      |              |

| Sr.No. | Description of Work / Item(s)   | Qty. | We<br>Comply |
|--------|---|------|--------------|
|        | Goepel Knee Crutch 1 Nos  |      |              |
|        | Radial Setting Clamp 1 Nos  |      |              |
|        | • Foot Plates, pair, width-adjustable, with Velcro strap and heel pad 1 Nos   |      |              |
|        | Leg plates, pair, SFC padding 1 Nos   |      |              |
|        | Femur Nailing in Supine:  |      |              |
|        | • Countertraction post for femur for interlocking nailing in supine position 1 Nos  |      |              |
|        | Tibia Fibula Nailing:   |      |              |
|        | Countertraction post for tibia and fibula 1 Nos   |      |              |
|        | Condyle fixation, individually adjustable 1 Nos   |      |              |
|        | Joint supporting arm 1 Nos  |      |              |
|        | Hand Surgeries:   |      |              |
|        | Hand Operating Table 1 Nos  |      |              |
|        | Radial Setting Clamp 1 Nos  |      |              |
|        | Shoulder Surgeries:   |      |              |
|        | Back plate for shoulder operations 1 Nos  |      |              |
|        | • Head support for shoulder operations (helmet) 1 Nos   |      |              |
|        | Hip Endoprosthesis with Flexible Arm rest:  |      |              |
|        | Fixture for body supports 3 Nos   |      |              |
|        | Back-buttocks support 1 Nos   |      |              |
|        | Pubis-sacrum-sternum support 1 Nos  |      |              |
|        | Lateral Support 1 Nos   |      |              |
|        | Flexible Arm Rest 1 Nos   |      |              |
|        | • All Technology should be mandatorily with safety approval- USFDA / European CE for Device. 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-5 Years. It should include PMS visits -4 Nos. and unlimited Breakdown call and calibration whenever necessary. Battery should be covered in warranty. All manufacturing defect must be covered under warranty. |      |              |

| Sr.No. | Description of Work / Item(s)   | Qty. | We<br>Comply |
|--------|---|------|--------------|
|        | • <b>AMC Cost</b> - AMC cost should be 1% of book value of machine/on 1 <sup>st</sup> year after ends of warranty period & it should be given for next 5 years. |      |              |
|        | • All the internal parts, Modules, body covers & software must be covered & replaced on FOC basis whenever required in Warranty & CMC.                          |      |              |
|        | • List of consumables along with price must be submitted & cost should be fixed for warranty period.  |      |              |
|        | • List of all the spare parts along with cost must be given.  |      |              |
|        | • Software, Spare parts, Accessories & consumables must be available for at least 10 years after the date of installation.                                      |      |              |
|        | • Hard copy of Operating Manual and Service Manual must be submitted.   |      |              |
|        | • System generated Monthly service Log must be submitted along with the downtime for every breakdown.   |      |              |



#### PURCHASE IABP MACHINE FOR SHRI SAIBABA HOSPITAL, SHIRDI.

(Preferred make-Maquet (Gettinge), Arrow)

| Sr.No. | Description of Work / Item(s)  | Qty. | We Comply |
|--------|--|------|-----------|
|        | INTRA AORTIC BALLOON PUMP<br>SYSTEM  | 2    |           |
|        | Display:   |      |           |
|        | Large Bright Colour Display Monitor  |      |           |
|        | • Size: 10.4" Swivel-Mounted to provide 330 <sup>0</sup> Rotation for convenient Viewing angle   |      |           |
|        | with 180 <sup>0</sup> tilting capability.  |      |           |
|        | • Detachable & can be mounted remotely for clinical convenience.   |      |           |
|        | Modes of Operation:  |      |           |
|        | Auto, Semi Auto, Manual  |      |           |
|        | Multiple trigger modes   |      |           |
|        | Multilead (7 Lead) ECG trigger.  |      |           |
|        | Arterial Pressure trigger.   |      |           |
|        | Trigger on Arterial or Ventricular or<br>Arterial / Ventricular Pacer Spike  |      |           |
|        | Automatic Internal Rate Trigger.   |      |           |
|        | Colour coded Trigger Source  |      |           |
|        | Monitoring:-   |      |           |
|        | Display of ECG, Arterial Pressure & balloon Pressure Waveforms and Digital Readouts.   |      |           |
|        | • Should have Advanced Software for Automatically Selecting Optimum Trigger Source as ECG or Pressure and analyzes and anticipate the emerging rhythm, adapts to dysrhythmic beats & rate changes, helps control timing to maximize trigger reliability & augmentation |      |           |
|        | • Should detect A-Fib automatically and can switch over to R-Wave deflate mode to maximize Coronary Perfusion, without any user Intervention.  |      |           |

| Sr.No. | Description of Work / Item(s)  | Qty. | We Comply |
|--------|--|------|-----------|
|        | • Should indicate elapsed time in standby and alerts user after 20-30 Min to prevent thrombosis risk that may occur due to pump accidentally left in STANDBY.                    |      |           |
|        | Single Key Start-up  |      |           |
|        | Automatic scaling of ECG & Pressure Waveforms to optimally utilize the screen  |      |           |
|        | On screen Battery capacity & Helium level  |      |           |
|        | • Display of Assisted and unassisted Pressures in 1:2 & 1:3  |      |           |
|        | • Frequency in addition to Augmented Pressure and other information  |      |           |
|        | • Should have full ECG Lead selection (I, II, III, Avr ,aVL ,aVF ,V & External) for optimized Trigger and ECG Diagnostics.   |      |           |
|        | • IABP should be FDA approved for use on pediatric patients.   |      |           |
|        | • Should record min. 8-Hours Trend Data of<br>Heart rate, Peak Systolic, Diastolic, Mean,<br>Augmented Diastolic Pressures and allows<br>User to print last 20 alarm conditions. |      |           |
|        | • Should have Integrated Dual channel<br>Recorder / Printer to provide hardcopy<br>recording of waveforms, Trended Data, Event<br>Marker etc. with Annotations.                  |      |           |
|        | • Should have Electrosurgical Interference Suppression, to enable visualization of ECG waveforms even during Cautery.  |      |           |
|        | • Should have Positive & Negative Pressure<br>Pump and Patient Isolation Safety Disk   |      |           |
|        | • Should have Maintenance free Condensation Removal and Disposal Module.   |      |           |
|        | Should have Automatic Optical Blood Leak<br>Detector.  |      |           |
|        | • Should have Built-in System & Service Diagnostics including Error Logs etc.  |      |           |
|        | • Should have Tethered Doppler Probe for quick, convenient & non-invasive  |      |           |
|        | check of the vascular Blood Flow and Pulse   |      |           |

| Sr.No. | Description of Work / Item(s)   | Qty. | We Comply |
|--------|---|------|-----------|
|        | • Should operate directly from 230V, 50Hz AC Mains, or, from its own built-in Rechargeable Battery for Balloon-support of high risk-patient, even during transport.   |      |           |
|        | • The complete System should be mounted on a unique rugged, yet elegant Dual Cart that allows quick & easy detachment of the IABP, with its own integral Wheels, from its Mother Cart, for transport within the Hospital, or, outdoors. |      |           |
|        | • Standard RS-232 interface for data transfer to Central Computerization System.  |      |           |
|        | System should be supplied with Standard Accessories including:-   |      |           |
|        | 1) Chart paper,   |      |           |
|        | 2) ECG Patient Cable Lead Wires,  |      |           |
|        | 3) External Signal Cables for 230V, 50Hz Operation.   |      |           |
|        | 4) Intra Aortic Balloon Catheters- 04 Nos.  |      |           |
|        | 5) Blood Pressure Transducer- 01 No.  |      |           |
|        | 6) Refillable Helium Cylinder (Set of 3 Nos.)-01No.   |      |           |
|        | 7) Set of Operator & Service Manuals, 01  |      |           |
|        | • All Technology should be mandatorily with safety approval – USFDA, European CE. Approval certificates should be submitted for total Unit.   |      |           |
|        | • The product should be time tested, branded and should be OEM  |      |           |
|        | Life of Equipment must be mentioned.  |      |           |
|        | Warranty- 5 Years from the date of Installation.<br>It should be included 4 PMS Visit, Unlimited<br>Breakdown call & Calibration whenever required.<br>Battery must be covered under warranty.  |      |           |
|        | • After warranty CMC Cost should be 5% of Book value of the machine & It should be fixed for next 5 years.  |      |           |
|        | • All internal parts, modules, Body cover & software update & upgrade must be covered during warranty & CMC.  |      |           |



#### PURCHASE HEART LUNG MACHINE FOR SHRI SAIBABA HOSPITAL, SHIRDI.

(Preferred make-Gettinge, Liva Nova)

| Sr.No. | Description of Work / Item(s)  | Qty. | We<br>Comply |
|--------|--|------|--------------|
| 1      | Heart Lung Machine   | 1    |              |
|        | The Heart Lung Machine should have direct drive<br>pump mechanism to prevent noise, vibrations, wear<br>and tear. Less down time and prolonged lifetime.                       |      |              |
|        | Heart Lung Machine Should have Incremental encoder with both Fine tuning and course adjustment for high flow (v/s potentiometers).   |      |              |
|        | Heart Lung Machine should have Individual processors for every pump starts in less than 10sec. No possible total system breakdown.   |      |              |
|        | Heart Lung Machine should have Individual screens for every pump, which can easily be replaced.  |      |              |
|        | Heart Lung Machine should have UPS back up battery at least up to 90 minutes in normal working condition. (It shows time remaining, Charging conditions & Battery conditions). |      |              |
|        | Heart Lung Machine should have Horse Shoe pump head / U-shaped Pump Head.  |      |              |
|        | Heart Lung Machine should have smallest foot print.  |      |              |
|        | Heart Lung Machine should have Rotatable Heads.  |      |              |
|        | Heart Lung Machine should have complete text message for warnings and alarms with different tones and with different color coding.   |      |              |
|        | Heart Lung Machine should have Thumbwheel Locking Mechanism.   |      |              |
|        | Heart Lung Machine should have Touch Screen. BSA Factor can be set.  |      |              |
|        | Heart Lung Machine should have Facility of making all the pumps pulsatile with master slave control.   |      |              |
|        | Heart Lung Machine should have Mast Pump<br>Available (Reduces tubing length and priming<br>volume and can be taken close to the patient).                                     |      |              |

| Sr.No. | Description of Work / Item(s)  | Qty. | We<br>Comply |
|--------|--|------|--------------|
|        | Should be modular / compact in design and the basic console should have a spill proof base 2 which shall accommodate minimum 4 pumps with provision to attach an additional pump as mast pumps. The console shall have (preferably) telescopic masts and cross arm, side guard where ever possible.  |      |              |
|        | In all 5 numbers of direct driven roller pumps should be provided which should operate independently and should have controls such as power on-off, forward, reverse, pulsatile flow, etc. Of the 5 pumps 3 should be rated for flow capacity 0 -10 l/m and the other 2 pumps shall have flow capacity 0-1.5 l/m. At least one pump shall have pulsatile flow facility. One pump may be given as a mast pump with necessary fittings. Should have easy access connectors for interchanging the pump. |      |              |
|        | Each pump should be provided with tube clamp assembly and non-reversing hand crank. Each pump should have convenient hand occlusion setting. Each pump must display flow rates for various tubing sizes. Individual pump heads should have Harvey roller pumps with facility for tubing to be used adjustable from ¼" to 5/8" through 3/8" & ½" by easily changeable mechanism.  |      |              |
|        | Individual pump heads should have display in digital- the total infusion volume in liters and delivery time, the flow rate in LPM and in RPM. Each pump should have easy mechanism for occlusion setting for different thickness of tunes available in the market, 1/32" to 3/32".   |      |              |
|        | Should be provided with air bubble detection and oxygenator blood level detection facility. The system should provide both audible and visual alerts and alarms on detection and the arterial pump should stop in case low blood level is sensed, or air is detected.  |      |              |
|        | The console should have a compact base mount for<br>the entire pump heads together with pole and<br>handles.   |      |              |
|        | Should have variable changeable tubing holder in each pump head: $\frac{1}{4}$ ", $\frac{3}{8}$ ", $\frac{1}{2}$ ", $\frac{5}{8}$ " & double $\frac{1}{4}$ ".  |      |              |

| Sr.No. | Description of Work / Item(s)   | Qty. | We<br>Comply |
|--------|---|------|--------------|
|        | Should have a venous control module with single pole mast with electronic venous line occlude.  |      |              |
|        | Should have movable oxygenator holder.  Should have a monitor mount with adjustable monitoring arm. Instrument tray position able with long monitoring arm. Lightweight surface table; writing surface.   |      |              |
|        | There should be provision for monitoring arterial line pressure and cardioplegia line pressure. Facility for monitoring minimum 4 temperature viz. core i.e., nasopharyngeal, rectal, arterial blood and cardioplegia shall be there with all required sensors, probes, transducers, etc. Timer should be provided for measuring total bypass time, ischemia time and elapsed time from cardioplegia and total duration of cardioplegia delivery. 4 temperature display for patient monitoring and for cardioplegia monitoring with digital display in Celsius with 4 necessary compatible temperature probe and 6 additional probes (6x2=12 probes) with 3x2=6 of them for nasal, rectal & esophageal use. |      |              |
|        | Facility for 4-time display- 2 for arterial & 2 for cardioplegia delivery. With stop, reset and start function.   |      |              |
|        | Pump should have self diagnostic circuit with provision to detect and display the following alarm conditions. (a) Over speed (b) Pump jams (c) Over occlusion. There should be provision of feeding the flow constant while using a tube of unknown internal diameter.  |      |              |
|        | Should have computer interface capability.  |      |              |
|        | Suitable line UPS with voltage regulation & spike protection for two hours & battery backups to provide power to minimum two higher flow pumps, all safety monitors and the console LED/halogen lamp for minimum two hour. Switch over from main power to battery backup should be automatic and immediate. The battery unit should be built in to the pump base and it should be recharged automatically when the system is operating with main power supply.  |      |              |

| Sr.No. | Description of Work / Item(s)  | Qty. | We<br>Comply |
|--------|--|------|--------------|
|        | Should have a suitable flexible high intensity halogen/LED lamp assembly with adequate length and maneuverability duly mounted. a. The unit should be provided with blender for air and oxygen. To work at 50-60PSI for membrane oxygenator with water trap attached with necessary hoses & connector of minimum of 5-meter length & with triple flow glass flow meter.                            |      |              |
|        | It should have suitable gas flow meter.  |      |              |
|        | Should be provided with electronic or mechanical occlude for controlling venous occlusion.   |      |              |
|        | The central control monitor shall preferably have a high resolution TFT/LED touch screen display.  |      |              |
|        | Should be provided with suitable poles and arms for mounting sensors and monitors.   |      |              |
|        | Should be provided with holders for mounting pressure transducers.   |      |              |
|        | Should be provided with hoses and hose adapters and connectors for connecting to local gas supplies O2 & Air. (As per site).   |      |              |
|        | Safety monitor should have optional capability for computer interface to retrieve perfusion data ultrasonic air sensor: Ultrasonic air sensor to detect bubbles to work equally well with crystalloid and blood; should be possible to fit anywhere in the circuit easily. Level sensor system: Ultrasonic transducers to work with crystalloid and blood with adhesive pads, with alarm settings. |      |              |
|        | Remote control module for the temperature control monitors optional remote-control unit should be capable of taking 9 temp. Probes and display temperature in digital readouts. Alarm limits setting for at least probes at crucial sites.   |      |              |
|        | Occlusion: - Should have thumb wheel locking mechanism   |      |              |
|        | Pressure sensor should have 2 modes: - Stop & control mode   |      |              |
|        | Level sensor should be with 2 modes: - Normal & control mode   |      |              |

| Sr.No. | Description of Work / Item(s)  | Qty. | We<br>Comply |
|--------|--|------|--------------|
|        | Warranty should 5 Years. It should include PMS visits -4 Nos. and unlimited Breakdown call and calibration whenever necessary. Battery should be covered in warranty. All manufacturing defect must be covered under warranty. |      |              |
|        | CMC Cost- CAMC cost should be 5% of book value per year after warranty & it should be fixed for next 5 years.  |      |              |
|        | All Technology should be mandatorily with safety approval- USFDA / European CE for Device. 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.   |      |              |

Medical Director, Shri Saibaba Hospital, Shirdi