

# **SHREE SAIBABA SANSTHAN TRUST, SHIRDI**

POST : SHIRDI – 423 109

TAL : RAHATA, DIST : AHILYANAGAR (MS)

TELEPHONE NOS. (02423) 258671 / 676

E-mail : [hospital.purchase@sai.org.in](mailto:hospital.purchase@sai.org.in) / [hospital.store@sai.org.in](mailto:hospital.store@sai.org.in)

Website : <http://www.shrisaibabasansthan.org>

Link to Website : [www.mahatenders.gov.in](http://www.mahatenders.gov.in)

**Tender Form Fee : Rs.19000/-**

**EMD Amt.: Rs.190000/-**

## **PURCHASE OF FULL FOWLER BED WITH 5 YEAR WARRANTY + 5 YEAR LAMC FOR SHREE SAIBABA & SHREE SAINATH HOSPITAL, SHIRDI.**

### **E-TENDER DOCUMENT**

**Dates for Submission of Online Tenders:  
27/10/2026 FROM 10 A.M. TO 17/11/2026, 5 P.M.**

Issued to -

NAME OF TENDERER:

ADDRESS:

1

**SHREE SAIBABA SANSTHAN TRUST, SHIRDI**

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: <http://www.mahatenders.gov.in>

**E-TENDER SCHEDULE**

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

|                                           |                               |                                 |
|-------------------------------------------|-------------------------------|---------------------------------|
| Publish Date :                            | 27/10/2026                    | Time 10.00 A.M                  |
| Document Download & Sale Date :           | 27/10/2026                    | Time 10.00 A.M                  |
| Pre Bid Meeting Date & Time :             | 30/10/2026                    | Time 12.00 A.M                  |
| Venue -                                   | Shree Sai Sabhagruha, Shirdi. |                                 |
| Bid Submission Start Date (Online) :      | 27/10/2026                    | Time 10.00 A.M                  |
| Closing of Bid Submission (Online) :      | 17/11/2026                    | Time 05.00 P.M                  |
| Date of Opening of Technical Bid : Online | 19/11/2026                    | Time 05.00 P.M (if possible it) |

1. If you wish to give discount for a Charitable Trust it should be incorporated in total price. But 'Nil' Tenders shall not be accepted. (i.e. Price Quoted as Zero.)
2. No Need to Submit or provide hard copy of any documents, the technical evaluation will be done only on the basis of uploaded document.
3. You have to deposit the amount of EMD & Tender Form Fee directly online to [www.mahatenders.gov.in](http://www.mahatenders.gov.in)
4. The tenders shall be rejected summarily upon failure to follow procedure prescribed in the Tender document. The conditional tender is liable to be 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 to be 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. Shree Saibaba Sansthan Trust, Shirdi reserves the right to increase or decrease the quantity to be purchased and also reserves the right to cancel or revise the tenders or part of tenders at any stage without giving any reasons thereto.

## *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 (As per Annexure V)                                                                                  |          |
| 2      | Information about Tenderer (As per Annexure II)                                                                                                   |          |
| 3      | PAN Card                                                                                                                                          |          |
| 4      | GST Registration Certificate                                                                                                                      |          |
| 5      | Average Annual Turn Over (More than 35,25,000/-) for last 3 years duly Certified by CA (2022-23, 2023-24, 2024-25) (As per Annexure IV)           |          |
| 6      | Authorisation Letter of Concerned Company / Manufacturer (If Available)                                                                           |          |
| 7      | You have to Submit your Company Registration Certificate / Shop Act.                                                                              |          |
| 8      | Technical Specification compliance Schedule (As per Annexure VII)                                                                                 |          |
| 9      | Self Declaration about not being black listed by any Hospital run by Government / Semi Government / Municipal Corporations. ((As per Annexure VI) |          |
| 10     | Company Data Sheet of the Product along with the coloured brochure                                                                                |          |

*Annexure "I"***Letter about invitation of Tender**

NO.SSS/WS/SSBH/STORE/(P/S)/  
DATE : -

/2026

TO,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUBJECT : SUPPLY OF FULL FOWLER BED WITH 5 YEAR WARRANTY + 5  
YEAR LAMC FOR SHREE SAIBABA & SHREE SAINATH  
HOSPITAL.**

Dear Sir,

SHREE SAIBABA SANSTHAN TRUST, SHIRDI registered under the BPT Act. 1950 and reconstituted under the Shree Saibaba Sansthan Trust Act 2004 and having its registered office at Shirdi runs Public Charitable 250 bedded Shree Saibaba Superspeciality Hospital & 300 bedded Shree Sainath General Hospital at Shirdi invites sealed Tender from the eligible & qualified manufacturers / distributors, who meet the requirement for the supply of above items.

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

*Annexure "II"*  
*Information about Tenderer*

- 1) Name of Tenderer:
- 2) Permanent Address for Correspondence:
- 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,

Sign -

Name -

Designation -

## *Annexure "III"*

***SHREE SAIBABA SANSTHAN TRUST, SHIRDI.***

**AT. PO. SHIRDI. - 423109**

**TAL. RAHATA DIST. AHILYANAGAR (MS)**

### **E-TENDER**

**E-TENDER FOR SUPPLY OF FULL FOWLER BED WITH 5 YEAR WARRANTY +  
5 YEAR LAMC FOR SHREE SAIBABA & SHREE 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 : <http://www.mahatenders.gov.in>
- 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. 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.
05. The Bid Validity period shall be 180 days from the last date of submission of the Tenderers.
06. The name of the Manufacturer, details of packing, rate per unit, total cost etc details shall be mentioned in the tender.
07. 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.

08. The rates are to be given F.O.R., **Shree Saibaba Hospital, Shirdi** inclusive of all taxes, transportation etc. No extra amount will be paid for packing, forwarding, transportation etc.
09. After being successful bidder the delivery of the Tendered Items is to be made at SHREE SAIBABA HOSPITAL, SHIRDI on any working days between 10 a.m. and 5 p.m., except Sundays.
10. In the BOQ, the rate of the Product should be mentioned including GST and any other tax applicable and transportation, loading and downloading.
11. Authorised dealer should submit latest copy of authorisation letter of the concerned company / manufacturer (If Available).
12. Online E - Tender will be opened in the presence of tender opening authority through e-tendering procedure.
13. 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.
14. The tenders shall be evaluated on the basis of Commercial bids.
15. 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.
16. Wherever an amount is mentioned in figures the same should be clearly written in words also.
17. No escalations, for any reason will be given /allowed in the quoted prices.
18. Substitute or alternative provisions / quotations are not acceptable.
19. 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.
20. **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.

21. In case supply is not made within 4 weeks, 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 Shree Saibaba Sansthan Trust without any intimation or prior notice.

And supplier will suffer from following penalty clause also-

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

22. 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.
23. No interest will be paid on retention money / security deposit or earnest money deposit.
24. **While quoting the rates it should be filled in the on line BOQ only.**
25. The successful tenderers will have to deposit 3% security deposit of the total value of purchase order and no any interest will pay by Sansthan. Which will refund after warranty period.
26. T.D.S. will be deducted from your bill as per the Government rule applicable.
27. Average annual turnover for the last 3 years should be more than 35,25,000/- Lakh. (2022-23, 2023-24, 2024-25) (Note – You must have to give turnover certificate of the years mention as above, otherwise your tender may liable for rejection.)
28. If company is taking participate 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.
29. You have to give Warranty & LAMC be as per mention in specification.
30. List of consumables & accessories not included in warranty & LAMC should be submitted along with tender document. Parts other than above list will be considered as included in warranty & LAMC. Price of such Consumable & accessories should be fixed for warranty & LAMC period.

31. L1 will be inclusive of basic cost of Machine with mentioned warranty + 5 year LAMC.
32. **Inspection:**  
The supplied Full Fowler Bed will be checked & evaluated as per specification of tender.
33. **Documents:**  
The bidder shall provide a list of major Government and Private Institutions where its relevant bid item has been supplied during last three years.
34. The Full Fowler Bed should be provided with one hard copy in original of the detailed service manual and operation manual. Further, a soft copy is also required.
35. You have to give self-affidavit 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. Any entity which has been barred by the Central / a State Government, or any entity controlled by them, from participating in any project and the bar subsists as on the date of Application, would not be eligible to submit bid.
36. You have to further confirm that you will quote for Full Fowler Bed. of branded products with name of the manufacturing firms. And also declare that you are not supplying of Full Fowler Bed etc. to any other Institution / Hospital in India below than the rates quoted in this Tender.

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").

37. **Regarding online Submission of tender rates-**
  - a) While submitting the rates online supplier must consider GST, GST-TDS, TDS or any other government tax as well as Packing and Forwarding, Loading & Unloading expenses, transportation costs of reaching Shirdi Sansthan Education Complex i.e. F.O.R. Shirdi should be considered. Rates shall be filled inclusive of all taxes and expenses.
  - b) No other expenses will be paid separately by the Sansthan.
  - c) As per the government rules, the taxes currently applicable and applicable from time to time will be binding on the supplier and the amount will be deducted from the bill accordingly. The Government vide Circular No. 201809281714366605 has directed to deduct 2% GST-TDS from supplies to suppliers for taxable goods/services or both with effect from 1st October 2018. The tenderer should consider it while submitting the tender.

More information about this is available on the website of the Government of Maharashtra.

- d) The supplier should give more attention while filling the rates in the online tender. After getting the supply order the mistake in filling the rate will not be considered.

38. SCOPE OF SERVICES TO BE PERFORMED BY BIDDER

- a) Free maintenance services shall be provided during the period of contract. The response time for addressing the complaints shall be as per incident-based schedule.
- b) Bidder will have to provide 5 years warranty for supplied material and other peripherals.
- c) If any dispute arises and persists between the Supplier and the Employer the same shall be referred to an Arbitrator appointed by the Management Committee of the Trust, Shree Saibaba Sansthan Trust, Shirdi, under the Arbitration and Conciliation (amendment) Act 2015 and the Arbitration and Conciliation Act 1996.

39. GENERAL TERMS AND CONDITIONS

- a) The tenderer should not submit documents other than those called in the tender. Extra documents will not be considered.
- b) Conditional tenders will be rejected immediately. The tenders of the tenderers who fail to fulfil the conditions and qualifications mentioned in the said tender will be rejected.
- c) The Sansthan reserves the right to increase or decrease the quantity at the time of placement of contract. Bidders are bound to accept the orders accordingly. The bills shall be paid as per the rates quoted and accepted by the bidder.

40. Method of Acceptance of Material –

- 1) All materials supplied will be accepted after verification by the concerned officer/ staff from the Shree Saibaba Sansthan Trust, Shirdi. Materials varies will not be accepted. If the material is not accepted, it will be the responsibility of the supplier to take it back immediately at his own cost. If they are not taken back, the Sansthan will not be responsible for the same.
- 2) Materials should be supplied as per the description in supply order and bill should be submitted accordingly.
- 3) The supplier shall be bound to supply the material at the approved rate. Price hike will not be given/asked for any reason.

41. Shree Saibaba Sansthan Trust, Shirdi reserves the rights to reject any or all the tenders at any stage without assigning any reasons thereof.
42. All the suits arising out of the contract shall be instituted in the court of competent jurisdiction situated in Rahata / Kopargaon Court only and not elsewhere.

**CHIEF EXECUTIVE OFFICER,  
SHREE SAIBABA SANSTHAN TRUST, SHIRDI.**

*Annexure "IV"***Annual Turnover Statement for Three Years**

The **Annual** Turnover of M/s. .... for the past three years are given below and certified that the statement is true and correct.

| Sr. No. | Year                              | Turnover Rs. in Lakhs / Crores |
|---------|-----------------------------------|--------------------------------|
| 1       | 2022-23                           |                                |
| 2       | 2023-24                           |                                |
| 3       | 2024-25                           |                                |
|         | Average of the above Three Years. |                                |

Date:

Seal:

Signature of Chartered Accountant  
Name (in capital letters)

**Note :**

- 1) You must have to give turnover certificate of the years mention as above, otherwise your tender may liable for rejection.
- 2) Previous last three years, audited avg. annual turnover of Tenderer, duly signed & stamped by CA (As per Annexure III). (Minimum Avg. Annual Turnover should be as per clause No.27 of Tender Terms & Conditions)
- 3) Turnover should be of materials sale only.
- 4) Last three years avg. annual turnover of each tenderer, duly signed & stamped by CA.  
(Balance Sheet will not be accepted)

*Annexure "V"*  
**Acceptance Letter from Tenderer**

DATE:        /        /2026

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

**SUBJECT : SUPPLY OF FULL FOWLER BED WITH 5 YEAR WARRANTY + 5  
YEAR LAMC FOR SHREE SAIBABA & SHREE 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 above-named 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: .....

Duly authorized to sign this bid for and on behalf of .....

Thanking you.

Signature & Stamp of Tenderer

Date -

*Annexure "VI "*  
*Self Declaration*

DATE :     /     /2026

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

- 1) In response to your E-Tender we are submitting our Tender for supply of Full Fowler Bed with 5 Year Warranty + 5 Year LAMC 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 Full Fowler Bed of reputed brands with name of the manufacturing firms.
- 2) We are not supplying this Full Fowler Bed 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) .....
  - b) .....
  - c) .....

Signature & Stamp of Tenderer

Date -

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

**SHREE SAIBABA HOSPITAL, SHIRDI**  
**TECHNICAL SPECIFICATION WITH COMPLIANCE REPORT**  
**ANNEXURE "VII"**

**PURCHASE OF FULL FOWLER BED WITH 5 YEAR WARRANTY + 5 YEAR**  
**LAMC FOR SHREE SAIBABA & SHREE SAINATH HOSPITAL, SHIRDI.**

**(Tender Form Fee – Rs.19,000/- & Earnest Money Deposit – Rs.1,19,000/-)**  
**(Preferred Make: Paramount, Arjo, Hill-Rom (Baxter))**

I / we hereby certify that, the details of the Full Fowler Bed for which I / we have submitted the bids are as follows –

| Sr. No. | Description of Work / Item(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Qty.             | We Comply               |                  |    |               |                 |    |                          |                  |    |                |                 |    |                         |                  |    |                      |                  |    |            |                 |    |            |                 |  |  |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------|------------------|----|---------------|-----------------|----|--------------------------|------------------|----|----------------|-----------------|----|-------------------------|------------------|----|----------------------|------------------|----|------------|-----------------|----|------------|-----------------|--|--|
|         | Full Fowler Bed With 5 Year Warranty + 5 Year LAMC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 22               |                         |                  |    |               |                 |    |                          |                  |    |                |                 |    |                         |                  |    |                      |                  |    |            |                 |    |            |                 |  |  |
| 1       | Should be electrically operated on 230V AC Input with 50/60Hz.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                         |                  |    |               |                 |    |                          |                  |    |                |                 |    |                         |                  |    |                      |                  |    |            |                 |    |            |                 |  |  |
| 2       | It should follow following general specs: <table><tr><td>01</td><td>Overall standard Length</td><td>2000mm or better</td></tr><tr><td>02</td><td>Overall width</td><td>950mm or better</td></tr><tr><td>03</td><td>Mattress Length Standard</td><td>1900mm or better</td></tr><tr><td>04</td><td>Mattress width</td><td>850mm or better</td></tr><tr><td>05</td><td>Overall Extended Length</td><td>1200mm or better</td></tr><tr><td>06</td><td>Overall Length Short</td><td>2100mm or better</td></tr><tr><td>07</td><td>Top height</td><td>700mm or better</td></tr><tr><td>08</td><td>Low height</td><td>300mm or better</td></tr></table> | 01               | Overall standard Length | 2000mm or better | 02 | Overall width | 950mm or better | 03 | Mattress Length Standard | 1900mm or better | 04 | Mattress width | 850mm or better | 05 | Overall Extended Length | 1200mm or better | 06 | Overall Length Short | 2100mm or better | 07 | Top height | 700mm or better | 08 | Low height | 300mm or better |  |  |
| 01      | Overall standard Length                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2000mm or better |                         |                  |    |               |                 |    |                          |                  |    |                |                 |    |                         |                  |    |                      |                  |    |            |                 |    |            |                 |  |  |
| 02      | Overall width                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 950mm or better  |                         |                  |    |               |                 |    |                          |                  |    |                |                 |    |                         |                  |    |                      |                  |    |            |                 |    |            |                 |  |  |
| 03      | Mattress Length Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1900mm or better |                         |                  |    |               |                 |    |                          |                  |    |                |                 |    |                         |                  |    |                      |                  |    |            |                 |    |            |                 |  |  |
| 04      | Mattress width                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 850mm or better  |                         |                  |    |               |                 |    |                          |                  |    |                |                 |    |                         |                  |    |                      |                  |    |            |                 |    |            |                 |  |  |
| 05      | Overall Extended Length                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1200mm or better |                         |                  |    |               |                 |    |                          |                  |    |                |                 |    |                         |                  |    |                      |                  |    |            |                 |    |            |                 |  |  |
| 06      | Overall Length Short                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2100mm or better |                         |                  |    |               |                 |    |                          |                  |    |                |                 |    |                         |                  |    |                      |                  |    |            |                 |    |            |                 |  |  |
| 07      | Top height                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 700mm or better  |                         |                  |    |               |                 |    |                          |                  |    |                |                 |    |                         |                  |    |                      |                  |    |            |                 |    |            |                 |  |  |
| 08      | Low height                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 300mm or better  |                         |                  |    |               |                 |    |                          |                  |    |                |                 |    |                         |                  |    |                      |                  |    |            |                 |    |            |                 |  |  |
| 3       | 5 Function Electrically operated including with Back raise, Knee raise, Hi-low Trendelenburg, and reverse Trendelenburg. One button cardiac chuit. One button CPR ICU Bed with minimum 4 motor.                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                         |                  |    |               |                 |    |                          |                  |    |                |                 |    |                         |                  |    |                      |                  |    |            |                 |    |            |                 |  |  |
| 4       | Bed frame should be made of high grade Electric Resistant with powder coating finish.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                         |                  |    |               |                 |    |                          |                  |    |                |                 |    |                         |                  |    |                      |                  |    |            |                 |    |            |                 |  |  |
| 5       | It should have entrapment free split/Dampening side rail, one hand operation without noise with anti-tampering safety lock                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                         |                  |    |               |                 |    |                          |                  |    |                |                 |    |                         |                  |    |                      |                  |    |            |                 |    |            |                 |  |  |
| 6       | Auto contour, for optimum positioning, to evenly distribute patient weight & to help prevent patient from sliding towards foot end of the bed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                         |                  |    |               |                 |    |                          |                  |    |                |                 |    |                         |                  |    |                      |                  |    |            |                 |    |            |                 |  |  |
| 7       | One step ahead board removal for easy access to patient's head.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                         |                  |    |               |                 |    |                          |                  |    |                |                 |    |                         |                  |    |                      |                  |    |            |                 |    |            |                 |  |  |
| 8       | Blow-moulded head & foot boards with push handle made up of HDPE/Polypropylene/ABS Plastic material easily detachable (It should be highly durable & highly stand with climate condition or external forces).                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                         |                  |    |               |                 |    |                          |                  |    |                |                 |    |                         |                  |    |                      |                  |    |            |                 |    |            |                 |  |  |
| 9       | Should have easily detachable Head Board/Foot Board for easy access to patients.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                         |                  |    |               |                 |    |                          |                  |    |                |                 |    |                         |                  |    |                      |                  |    |            |                 |    |            |                 |  |  |
| 10      | Manual CPR (Quick release) & Electric CPR function should be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                         |                  |    |               |                 |    |                          |                  |    |                |                 |    |                         |                  |    |                      |                  |    |            |                 |    |            |                 |  |  |

| Sr. No. | Description of Work / Item(s)                                                                                                             | Qty. | We Comply |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------|------|-----------|
|         | provided.                                                                                                                                 |      |           |
| 11      | It should have integrated x-ray cassette holder.                                                                                          |      |           |
| 12      | Side rails with separate embedded patient controls & nurse controls & also external wite                                                  |      |           |
| 13      | remote option should be available.                                                                                                        |      |           |
| 14      | Bed should have safety lock button for operational control,                                                                               |      |           |
| 15      | Should have electrically operated side adjustment between/approx. 320mm to 800mm.                                                         |      |           |
| 16      | Electrically hight adjustment High & low.                                                                                                 |      |           |
| 17      | Should have indication/alarm for indicating low/high height position                                                                      |      |           |
| 18      | Should have LED indicator on the operational control panel for indicating the battery charging while connected to power supply.           |      |           |
| 19      | Motorized retracting & elevating backrest moment up to 60-70 Deg & it should be prevented from any pressure buildup on Patient's abdomen. |      |           |
| 20      | Motorized retracting & elevating Leg section movement up to 25-30 Deg.                                                                    |      |           |
| 20      | It should have Trend & reverse Trend operation of 12 Deg                                                                                  |      |           |
| 21      | Headend side rail should cover full length of patient while patient is seating.                                                           |      |           |
| 23      | Nurse functions integrated with locking mechanism.                                                                                        |      |           |
| 24      | Electric function lockout controls.                                                                                                       |      |           |
| 25      | Battery backup function and duration should be for at least 1 week.                                                                       |      |           |
| 26      | Corner rotor corner roller bumper.                                                                                                        |      |           |
| 27      | Company Should quote latest Model with appropriate specifications.                                                                        |      |           |
| 28      | 4 positions IV Poles fixation option.                                                                                                     |      |           |
| 29      | To be supplied with pressure reduction or shear reduction foam mattress and IV pole.                                                      |      |           |
| 30      | Safe working load 200 Kg or more.                                                                                                         |      |           |
| 31      | It should be Four section fully removable with non-rusting metal/high graded plastic/HDPE material entrapment free platform.              |      |           |
| 32      | Bed should provide along with Cardiac table and patient side bed FOC 1 set with each unit.                                                |      |           |
| 33      | Should have IEC/EN 60601-1/2-52                                                                                                           |      |           |
| 34      | IPX4 standard for fluid ingress.                                                                                                          |      |           |
| 35      | Should be European CER USFDA approved.                                                                                                    |      |           |
| 36      | Should be supplied with X-ray translucent and Latex free mattress 1 Nos each.                                                             |      |           |
| 37      | IV Pole 1 Nos each.                                                                                                                       |      |           |
| 38      | Should provide with 1 Nos Oxygen cylinder cage                                                                                            |      |           |
| 39      | It Should be with 5 Years of Warranty.                                                                                                    |      |           |

| Sr. No. | Description of Work / Item(s)                                                                                                                                                                                                                                                                                                              | Qty. | We Comply |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------|
| 40      | The Manufacturing & launch date/year of model should be mentioned.                                                                                                                                                                                                                                                                         |      |           |
| 41      | The product should be time tested, branded and should be OEM                                                                                                                                                                                                                                                                               |      |           |
| 42      | Cost of consumables (or items not included in warranty or AMC) should be given                                                                                                                                                                                                                                                             |      |           |
| 43      | All Technology should be mandatorily with safety approval European CE/ USFDA approved, IEC/EN 60601-1/2-52, Approval certificates should be submitted.                                                                                                                                                                                     |      |           |
| 44      | Certificate of Origin to be provide along with the same.                                                                                                                                                                                                                                                                                   |      |           |
| 45      | GUARANTEE: The vendor should guarantee the service and spare support for 12 years of the system including Probes, display, all Hardware and Software and all accessories.                                                                                                                                                                  |      |           |
| 46      | Warranty should be- 5 Years.                                                                                                                                                                                                                                                                                                               |      |           |
| 47      | Demonstration of quoted equipment model is a must.                                                                                                                                                                                                                                                                                         |      |           |
| 48      | Should have local service facility. The service provider should have the necessary equipment recommended by the manufacturer to carry out preventive maintenance test as per guidelines provided in the service/maintenance manual.                                                                                                        |      |           |
| 49      | AMC Cost- After end of warranty period, AMC cost Should be 1% of the machine's book value & will be freeze for next 5 Years after warranty,                                                                                                                                                                                                |      |           |
| 50      | All the above equipment shall be new & 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. |      |           |
| 51      | The equipment should be provided with one hard copy in original of the detailed service manual & operation manual. Further, a soft copy is also required.                                                                                                                                                                                  |      |           |
| 52      | Repairs & maintenance training to Biomedical Engineers should be given.                                                                                                                                                                                                                                                                    |      |           |

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