

No.COL/COM/228/12/2010
High Commission of India
Colombo

27/03/2011

**Tender Notice for Supply and Installation of Medical
Equipment to Kilinochchi and Mullaitivu General
Hospitals**

Tender Notice

High Commission of India, Colombo invites sealed quotations under the two bid system (technical and financial) from eligible bidders for supply and Installation of Medical equipments to Kilinochchi and Mullaitivu General Hospitals

Bidders may purchase the Tender Documents from the address mentioned below, against payment of SLR 1,500.00 (non-refundable) in cash or in the form of Demand Draft drawn in favour of High Commission of India, Colombo. These can also be downloaded from the Mission's website www.hcicolombo.org, in which case a draft for SLRs.1,500/- drawn in favour of High Commission of India towards the fee of tender documents may be enclosed with the technical bid.

Address for purchase of Document: **Attaché (Commerce)**
High Commission of India
36-38, Galle Road, Colombo-03

Tender Date: 27 March 2011

Pre-Bid Meeting: 08 April 2011 (1000 hrs)

Last Date of Submission of Bids: 18 April 2011 (1500 hrs)

Opening of Technical Bids: 18 April 2011 (1530 hrs)

Bids (technical and financial) may be submitted in a sealed cover marked "**Tender for supply and Installation of Medical equipments to Kilinochchi and Mullaitivu General Hospitals**" so as to reach latest by 1500 hrs on 18 April, 2011. **All tenders received after the deadline will be rejected.**

The technical bid and the financial bid documents (**in duplicate**) should be sealed by the bidder in separate covers duly superscribed thus and both these sealed covers are to be put in a bigger cover which should also be sealed and duly superscribed. The bid may be deposited with the undersigned at the High Commission of India. The bid may include all the details and meet terms and conditions as listed in the tender documents.

The sealed quotations (technical bids) will be opened in presence of authorized representatives of bidders **at 1530 hrs on 18/04/2011** in the High Commission of India.

Attaché (Commerce)
High Commission of India
36-38, Galle Road, Colombo 3

Terms and Conditions

1. Sealed quotations may be submitted under the two bid system (technical and financial) by manufacturers or authorized dealers/sales agents of items mentioned in **Annexure A** (as per listed specifications) based in Sri Lanka.
2. The supplier needs to have service outlets in the Island, particularly in Northern Province.
3. A certificate guaranteeing that adequate amount of spare parts will be available for **at least seven years** including warranty period may be provided along with the technical bid.
4. Bidders are requested to submit their bid documents (technical and financial) – **in duplicate** - in a sealed cover marked “**Tender for supply and Installation of Medical equipments to Kilinochchi and Mullaitivu General Hospitals**” so as to reach latest by **1500 hrs on 18 April, 2011**. The technical bid and financial bid should be sealed by the bidder in **separate covers duly superscribed thus and both these sealed covers are to be put in a bigger cover which should also be sealed and duly superscribed**.
5. The bid may be submitted to **Attaché (Commerce), High Commission of India, 36-38, Galle Road, Colombo 3** and acknowledgement obtained.
6. **OPENING OF BIDS:** The sealed quotations (technical bids) will be opened in presence of authorized representatives of bidders at **1530 hrs on 18/04/2011** in the High Commission of India. After scrutiny of technical bids by the Tender Evaluation Committee, financial bids of only those bidders who qualify the technical evaluation will be opened at a time and date to be intimated later.
7. **EARNEST MONEY DEPOSIT (EMD):** Technical bids should contain EMD (based on the package bid for- **please see paragraph 8 below and also Annexure A**) in the form of a DD/PO drawn in favour of High Commission of India, Colombo. Alternatively, a standard bid guarantee (format as in **Annexure D**) issued by a commercial bank or an insurance agency approved by the Central Bank of Sri Lanka, in favour of the High Commission of India, Colombo of this amount may be provided. The Bid Guarantee of all unsuccessful bidders will be released after the tender is finalized. The Bid Guarantee should be valid for **a minimum period of 90 days** from the date of opening of tenders. **Earnest Money Deposit/ Bid Guarantee must be submitted with the technical bids (in the same**

envelope) otherwise the bid will be rejected.

8. **PACKAGES FOR BIDDING:** Bidders may bid for one or more of the packages as listed in **Annexure A**. The EMD payments may be made accordingly.

Package	EMD (in Sri Lankan rupees)
ONE (Diagnostic and Laboratory Equipment)	500,000
TWO (Operation Theatre Equipment)	500,000
THREE (ICU Equipment & Others)	1,000,000
Any two of the above	As applicable
All three packages	2,000,000

9. **VALIDITY AND CURRENCY OF BIDS:** All bids shall hold good for acceptance for a minimum period of **90 days** from the date of closing of tender. The price quoted in the Price Schedule Form (at **Annexure B**) should be in Sri Lankan Rupees and written clearly in ink or typewritten. The total amount of the bid should be given in words as well as in figures.

10. **PRICE QUOTATIONS:** The price as quoted in the Price Schedule Forms (**Annexure B**) should be as of point of delivery. The price both exclusive and inclusive of all taxes, duties and levies etc must be quoted and the taxes, duties and levies etc. as applicable may be quoted separately. The VAT Registration number should be indicated, if registered for VAT. Otherwise, the tender is liable to be rejected. If the bidder is not registered for payment of VAT, a certificate to that effect, obtained from the Commissioner General of Inland Revenue, should be annexed to the tender.

11. The bidder may provide the following:

With the Technical Bid:

- (i) Self-attested photo-copy of registration of the company/firm/ proprietorship with the concerned Sri Lankan / Indian authorities.
- (ii) Annual Report (where statutorily required to be filed), and Financial Reports for the last 3 years, preferably audited ones.
- (iii) Details of experience in the field of supplying similar items to Government or companies in Sri Lanka or in India
- (iv) Manufacturer's authorization letter authorizing the bidder to

supply the goods.

(v) Documentary evidence to establish conformity of the goods to the technical specifications in the bidding documents along with the Technical Specification Form (**Annexure A**).

(vi) Documents and information as required in the Manufacturers Authorization Form (**Annexure C**)

(vii) All equipment offered should be established brands with a previous history of supply in Sri Lanka or India. Bidders should either be ISO 9001 certified Medical Equipment companies registered with the Ministry of Health, Government of Sri Lanka or with relevant authorities of Government of India. A certified copy of such registration should be submitted with the technical bid.

(viii) The bidder shall also furnish a list giving full particulars, including available sources and current prices of spare parts, special tools, etc., necessary for the proper and continuing functioning of the goods during the warranty period.

(ix) EMD as mentioned in paragraph 7 above (**the bid will be rejected if the EMD is not submitted in the Technical Bid envelope**)

With the Financial Bid:

(i) Price quotation in the Price Schedule Forms (as in **Annexure B**)

12. Any alteration or deletions in the bid should be authenticated by the full signature of the bidder.

13. **WARRANTY:** The Supplier shall provide on-site warranty. In the event of any correction of defects or replacement of defective material during the warranty period, the warranty for the corrected/replaced material shall be extended to a further period as originally agreed. Suppliers shall ensure the availability of after sales service for a period of **at least seven years** including warranty period. The warranty period shall be **as specified in the technical specifications**. Supplier shall also carry sufficient inventories to assure ex-stock supply of consumables and spares in Sri Lanka. **All charges with regard to the supply of spare parts, labour, travel, per diem and accommodation to supplier's staff etc. shall be borne by the supplier during the period of warranty. No additional expenditure for services rendered during the above period will be paid.**

14. **PERFORMANCE GUARANTEE:** The successful bidder shall submit, within **fourteen** working days after the award of tender, a Performance Guarantee provided by a commercial bank or an insurance agency approved by the Central Bank of Sri Lanka, of an amount equal to ten percent (10%) of the value of order, drawn in favour of the High Commission of India, Colombo for the due execution of the contract within the specified period. The Performance Guarantee should be valid for a period of **120 days** from the date of award. If the Performance Guarantee is not submitted within **14 days** of the letter of award, the award will be cancelled and the Guarantee will be forfeited. The EMD of the bidder, whose tender is accepted, will be discharged when the said bidder's Performance Guarantee has been accepted.

15. **DELIVERY:** The successful bidder must complete delivery, as stipulated above, of the items **within a period of 90 days from the issue of Purchase Order**. Payment will be done only after successful supply and installation of equipment at designated places in Kilinochchi and Mullaithivu hospitals. Breakage, if any, in transit during the supply period shall be the responsibility of the supplier and should be replaced free of cost. The exact places and the quantities to be supplied there will be intimated later. If the successful bidder fails to hand over within the stipulated period, liquidated damages @ 1% of the tender amount shall be levied for a delay of each calendar week or part thereof, subject to a maximum of 10%.

16. **MODE OF PAYMENT:** Payments will be released only after the items as tendered are handed over/delivered at designated places in Kilinochchi and Mullaitivu District in perfect working condition, to the High Commission of India or its authorized representative and physical verification of the supplies, as also technical verification has been carried out by a competent team authorized by the Government of Sri Lanka/ High Commission of India. Upon completion of delivery, the items will be inspected and defect, shortcomings or non-conformity to specifications, if any, will be brought to the notice of the Bidder who should take immediate action to rectify those **within seven days**.

17. **RETENTION MONEY:** Retention money to the extent of 5% of the invoice amount will be retained up to the warranty period or a period of three year whichever is later.

18. Withholding Tax will be deducted as per Section 153, 155 and 160 of the Inland Revenue Act. No. 10 of 2006.

19. **ACCEPTANCE OF TENDERS:** The Tender Evaluation Committee reserves the right to reject any or all tenders or accept any tender or a part thereof without assigning any reason whatsoever.

Annexure A : Specification for Supplies

Package ONE : Diagnostic and Laboratory Equipment

EMD = 500,000

Nr	Equipment and Instrument	Specification	The most appropriate answer	Required Number
1	Colour Doppler Ultrasound Scanner	<p>01. The Unit shall operate on power supply of 230V +/- 10% 50Hz.</p> <p>02. Unit shall be a colour Doppler plus B/M mode diagnostic ultra sound system, capable of electronic liner and sector scanning mounted on a mobile stand on casters and consists of the following components;</p> <p style="margin-left: 20px;">(a) High-resolution 30 cm diagonal TV monitor tiltable and rotatable for user convenience.</p> <p style="margin-left: 20px;">(b) Four transducers.</p> <p style="margin-left: 40px;">I. 2.5 – 5.0 MHz. Convex sector electronic probe with scanning width of 60-90 mm.</p> <p style="margin-left: 40px;">II. 3.0 - 7.5 MHz. Convex sector probe for Paediatric abdomen with scanning width of 30 - 50 mm.</p> <p style="margin-left: 40px;">III. 03 - 7.5 MHz. Electronic linear probe, Steered liner (carotid artery) with scanning width of 50 - 60 mm.</p> <p style="margin-left: 40px;">IV. Endocavity, transvaginal probe electronic, angled grip probe with 5 - 7.5 MHz probe; 14 - 24 mm range scanning angle 120.</p> <p style="margin-left: 20px;">(c) Two puncture adopters for above probes Number (b) I and (b) II.</p> <p style="margin-left: 20px;">(d) Foot switch to freeze image</p> <p style="margin-left: 20px;">(e) Multifformat camera that takes up 8" x 10" X-ray films and gives at least a 06 image format.</p> <p style="margin-left: 20px;">(f) Colour video printer.</p> <p style="margin-left: 20px;">(g) Video cassette recorder.</p> <p>03. Tenderers shall quote separately for the items (components) listed above.</p> <p>04. There shall be an additional mode-sensitive colour touch command screen for easy selection of advance functions on the control panel.</p> <p>05. The unit shall be associated and incorporated to the facilities specified below :</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	1

		<p>(a) Scanning modes of Linear, convex and colour power doppler.</p> <p>(b) Display mode of B-mode M mode and B/M mode and colour Doppler. It shall be possible to display B, M and doppler modes simultaneously. (triplex mode).</p> <p>(c) Real time continuous wave dynamic focussing.</p> <p>(d) User selective display formats of two side by side images in each display mode.</p> <p>(e) Depth selection of not less than 22 cm.</p> <p>(f) Measuring facility using calipers with provision for calculations of distance channels (4 channels) circumference, volume heart rate, gestational age by GS, CRL, BPD, foetal weight, HIP joints angel etc.</p> <p>(g) Colour doppler flow velocity pressure gradient, half pressure time, pulsating index, resistive index etc.</p> <p>(h) It should be possible to display echo amplitude in B mode and velocity, power amplitude and variance profiles in colour doppler mode.</p> <p>(i) DICOM 3 compatibility.</p> <p>(j) Ability for three dimension reconstruction.</p> <p>6. System should have facility to diagnose normal 2D image with a high precision image on the same screen side by side by using compounding imaging technology and software generate special image sharpening facility for better diagnose of Liver Homogeneity, and the accurate defines the borders and the internal structure of lesions.</p> <ol style="list-style-type: none"> 1. The following measurements shall be available: distance, area, volume, angle. 2. The system shall have the following features for M-mode: 3. Gain adjustment correlated to B-mode gain. 4. Variable sweep speed. Colour palette, gain control and edge enhancement <p>07. Facility to connect 03 probes (transducers) simultaneously to the machine shall be available.</p> <p>08. Warranty: 36 calendar months from the date of successful commissioning on full parts and labour basis. Such a warranty shall also include servicing and maintenance during the period of validity. Tenderers must specify in detail the means available to them to implement such a warranty.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
2	Video Endoscope	<ol style="list-style-type: none"> 1. The unit shall operates on mains power supply of 230 V \pm 10%, 50 Hz 2. The video Gastrointestinal videoscope shall have the following facilities <ul style="list-style-type: none"> • Forward viewing with a field of view not less than 140^o • Observation range should be 3 -100 mm • The outer diameter of the distal end/ insertion tube less than 8.8 mm • The inner diameter of the instrument channel not less than 2.6 mm • Working length not less than 110 cm • The bending angle of the tips shall be Up - 210^o, Down – 90^o Right – 100^o, Left – 100^o 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	1

		<ul style="list-style-type: none"> • Observation range should be 3-50 mm • Field of view not less than 120⁰ • Distal end outer diameter of the insertion tube should be not greater than 4.8mm • The inner diameter of the instrument channel not less than 2.2 mm • Working length not less than 38 cm • The bending angle of the tip shall be Up : 210⁰ Down : 120⁰ • The scope should supplied with a reusable Biopsy forceps and a Grasping forceps. • Separate processor and light source. <p>Technical Specification for Processor and Light Source</p> <ol style="list-style-type: none"> 1. A Xenon light source providing even illumination over entire viewing field with intensity not less than 300 W Xenon lamp supplied with the unit. There should be a emergency lamp of Halogen 75 W and it should be automatic change over to emergency lamp from the failure of main lamp. 2. There should be a lamp cooling method by forced air cooling. 3. There should be a data indicator, brightness adjustment buttons, emergency lamp alarm, lamp buttons, power switch, multi switching button, pump button and air supply indicator on the front panel of the processor and light source 4. There should be a digital output from D.V.I (Digital visual interface) and analog outputs from RGB, SDTV, Y/C and composite. 5. There should be a facility of auto gain control picture in picture, colour adjustment BLV, Brightness control and electric zooming. 6. TV system shall incorporate a high resolution LCD monitor of not less than 20" and shall deliver high quality color video images with automatic exposure and automatic gain control <ol style="list-style-type: none"> 7. The equipment supplied must be covered by a comprehensive "parts & labor" warranty for a period of at least 24 months from the date of delivery 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
3	Laparosope - Diagnostic & Therapeutic	<ol style="list-style-type: none"> 1. The system shall operate on main supply of 230V+_ 10% 2. The telescope of 10mm "0⁰" with working length more than 315mm with autoclavable, fiber optic light transmission shall be incorporated. 3. The light source shall be cold light type with maximum power not less than 150W with twin 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	1

	<p>source interchangeable by selector switch provided with optic light cable not less than 230cm.</p>		
	<p>4. The trocar tube of 11mm stopcocks, 80mm, spike for 11mm, triangular tip 80mm, spare valve flap for 11mm 10 pcs & sealing caps 10pcs.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<p>5. The trocar tube of 5.5mm, 80mm triangular tip 80mm spike for 5.5mm, triangular tip 80mm, spare valve flap for 5.5mm 10pcs, sealing cap for 5.5mm, 10pcs.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<p>6. The reducing tubes 11mm to 5mm – 3 Nos</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<p>7. The trocar tube and cannula with pyramidal tip 11mm, 105mm and Blunt tip 11mm, 105mm with spare valve flap, pack of 10pcs and sealing cap pack of 10pcs.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<p>8. The trocar tube and cannula with pyramidal tip 6mm, 105mm with 10pcs valve flaps & 10pcs sealing cap.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<p>9. There shall be electronic CO₂ endoflator, germ connector insufflator, 16 l complete unit with veress pneumoperitoneum needle 7cm and CO₂ cylinder 02 Nos.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<p>10. Trocar size 7mm & 12mm with cannular automatic valve with examination sheath for diagnostic purposes.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<p>11. There shall be silastic ring 50per package – 02 Nos and palpation probe with CM making – 01 No.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<p>12. The system shall include high frequency electro surgical unit with patient plate, two pedal foot switch, neutral electrode, coagulating electrode L 36mm, high frequency cord with 4mm plug for HF electro surgical generator.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<p>13. There shall be clip applicator,dismantling,rotating for pilling Titanium legating clips (medium-large) box with 16 cartridges with reached to lock the jaw part holding the clip,10clips each(300-12, 400-4).</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<p>14. The suction and irrigation tubes with lateral holes with two-way cock for single hand control.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

		<p>15. 21" flat screen colour TV system with stainless steel trolley & U video adapter.</p> <p>16. Camera system, colour pal system with control unit, mount & standard set.</p> <p>17. Dissecting spatula blunt 5mm,36cm,L shaped,5mm,36mm.</p> <p>18. There shall be macro needle holder ergonomic handle with ratchet,knot tier,5mm for extra corporeal knotting, length 36mm.</p> <p>19. The equipment shall be supplied with following forceps:</p> <ul style="list-style-type: none"> ➤ Click line 5mm MANHES Grasping forceps 33cm ratchet – 02Nos. ➤ Click line KELLY Grasping forceps 36cm -02Nos. ➤ Click line ROBI Grasping forceps with jaws 36mm, -01No. ➤ Click line 10mm CLAW Grasping forceps 33cm, ratchet-01No. ➤ Click line BABCOCK Grasping forceps 36mm -01No. ➤ Click line 5mm METZENBAUM scissors 33cm– 01No. ➤ 5mm PREPARATION forceps, straight – 01No. ➤ 5mm MARTLAND forceps, 33cm – 01No. <p>20. The system should have full, warranty on at least two year on equipment, and labour for supply of item & installation.</p> <p>21. The system should be given by proper demonstration with user literature and technical literature in English language.</p> <p>The tender document should be incorporated with full technical literature of the items to be supplied with model no. and type.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
4	Mobile X-Ray Machine	<p>1. The unit shall operate on an ordinary 15 Amp mains supply of 230V ±10%, 50Hz.</p> <p>2. The X-ray generator shall produce a maximum potential of not less than 120kvp , and minimum not less than 40kvp. The mAs shall be variable from 0.2 to 320.</p> <p>3. The x-ray generator shall be a high frequency inverter type & output shall not be less than 40 kHz. The output power of the generator shall be at least 6kw.</p> <p>4. The x-ray tube shall have following features</p> <ul style="list-style-type: none"> a) Small focus in range 0.5 – 1mm b) Large focus in range 1.0 – 2mm 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	1

		<p>c) Anode heat storage capacity shall not be less than 350 KHU</p> <p>5. The unit shall be equipped with a multi-leaf collimator or a Dual shutter collimator. The collimator shall be manually or automatically adjustable with a built-in light beam full-field localiser with centre field indication.</p> <p>6. A hand switch with a cable not less than 1m long or a remote controlled hand switch shall also be supplied.</p> <p>7. X-Ray protective screen facility shall be available in the machine for the safety of the operator.</p> <p>8. The unit shall be mounted on a mobile base antistatic caster wheels & should be able to easily move around.</p> <p>9. The unit shall have a protected cassette storage unit divided into two compartments for storing at least 12 up to a size of 36*44 cm².</p> <p>10. Scale for accurately setting the focus to film distance shall be incorporated in the unit.</p> <p>11. Warranty: 3 years from the date of delivery.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
5	Wax Bath	<p>1. The unit shall operate on power supply 230V \pm 10%, 50Hz.</p> <p>2. The unit shall have a stainless steel inner tank with a splash cover and mounted on a mobile stand.</p> <p>3. Tank Capacity Shall be not less than 30Lt.</p> <p>4. It shall be possible to control the temperature between 30⁰ to 90⁰ C and there should be overheating safety mechanism.</p> <p>5. Machine supply with necessary wax.</p> <p>6. Possible to use for foot & hand.</p> <p>8. Detailed installation, service and user manuals in English shall be supplied together with the equipment.</p> <p>9. Fully graphic, illustrated original technical literature in English describing the equipment offered & detailing the specifications shall also be supplied with the offer.</p> <p>10. The main unit and accessories must be covered by a comprehensive "parts & labour" warranty for a period of at least 24 months from the date of delivery.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	2

Signature of the Bidder
 (Common Seal of the Company)

Name & address of the Company -

Package TWO : Operation Theatre Equipment

EMD = SLR 500,000

Nr	Equipment and Instrument	Specification	The most appropriate answer	Required Number
1	High Pressure Sterilizer – 150 L	<ol style="list-style-type: none">1. The unit shall operate on a 3-phase, four wire, 400V±10%, 50 Hz mains supply.2. The unit shall be suitable for sterilising at the temperatures 134 °C and 121 °C.3. The net chamber volume shall not be less than 150 litres.4. The chamber of the sterilizer shall be manufactured of acid proof stainless steel and shall be designed to withstand a pressure at least 20% higher than a working pressure of 2.2 kg/cm² (32 p.s.i.). The jacket shall be manufactured of pressure vessel steel.5. The unit shall be fitted with an automatically operated door with a signal light on the control panel to indicate that the door is locked.6. All controls shall be fully automatic and there shall be visual indication of each step of a process during a cycle.7. The unit shall be capable of evacuation to an absolute pressure of not greater than 50 mm Hg.8. The unit shall be fitted with a reducing valve for the supply of steam to the jacket and chamber.9. The chart recorder/printer showing temperature and pressure of the complete cycle should be fitted to the unit.10. A chamber pressure gauge, together with a jacket pressure gauge shall be mounted on the front panel.11. A steam generator fitted with immersion type elements of loading not less than 15 kW shall be provided.12. There shall be no critical water supply pressure for the operation of the sterilizer.13. The steam generator shall be fitted with<ol style="list-style-type: none">a) A safety valve.b) A pressure gauge (calibrated from 0 to 1 1/2 times the working pressure).c) A water level gauge.d) A critical water level electrical cut-out.e) An automatic air vent.	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p>	2

	<ul style="list-style-type: none"> c) CMV d) PSV e) PEEP f) SIMV 	<ul style="list-style-type: none"> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 	
	<ul style="list-style-type: none"> 3. The bellows shall be driven by an electrically powered motor or Gas. 	<ul style="list-style-type: none"> Yes <input type="checkbox"/> No <input type="checkbox"/> 	
	<ul style="list-style-type: none"> 4. There shall be an internal battery system for continuous operation of the unit at least for a period of 1 hour in case of a power failure. 	<ul style="list-style-type: none"> Yes <input type="checkbox"/> No <input type="checkbox"/> 	
	<ul style="list-style-type: none"> 5. The equipment shall have the controls and displaying facilities for the followings. <ul style="list-style-type: none"> a) Tidal Volume : 100ml - 1600 ml b) Respiratory Frequency : 6 - 40 cycles/min. c) I: E Ratio : 1 : 2 d) Airway Pressure : 10 - 80 cm H₂O e) O₂ Concentration monitor shall be available f) Electronic PEEP control 	<ul style="list-style-type: none"> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 	
	<ul style="list-style-type: none"> Tidal Volume and Respiratory Frequency shall be independently controllable. 		
	<ul style="list-style-type: none"> 6. There shall be an illuminated pressure gauge to indicate circuit pressure. 	<ul style="list-style-type: none"> Yes <input type="checkbox"/> No <input type="checkbox"/> 	
	<ul style="list-style-type: none"> 7. There shall be a safety mechanism for limiting high and low pressures. 	<ul style="list-style-type: none"> Yes <input type="checkbox"/> No <input type="checkbox"/> 	
	<ul style="list-style-type: none"> 8. There shall be audible and visual alarm facility for indicating the followings: <ul style="list-style-type: none"> a) High/low pressure b) High/low tidal volume c) High/low O₂ d) Power failure e) Apnea f) O₂ /air failure 	<ul style="list-style-type: none"> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 	
	<ul style="list-style-type: none"> 9. The unit shall have facilities for use as a bag squeezer for closed circuits via hose with standard accessories. 	<ul style="list-style-type: none"> Yes <input type="checkbox"/> No <input type="checkbox"/> 	
	<ul style="list-style-type: none"> 10. All gas outlets, circuit connections shall be compatible with BS standards. 	<ul style="list-style-type: none"> Yes <input type="checkbox"/> No <input type="checkbox"/> 	
	<ul style="list-style-type: none"> 11. The tenderer should quote separately for all the fast moving accessories, disposables and spare parts. 	<ul style="list-style-type: none"> Yes <input type="checkbox"/> No <input type="checkbox"/> 	
	<ul style="list-style-type: none"> 12. Detailed installation, service and user manuals in English shall be supplied together with the equipment. 	<ul style="list-style-type: none"> Yes <input type="checkbox"/> No <input type="checkbox"/> 	
	<ul style="list-style-type: none"> 13. Fully graphic, illustrated original technical literature in English describing the equipment offered & detailing the specifications shall also be supplied with the offer. 	<ul style="list-style-type: none"> Yes <input type="checkbox"/> No <input type="checkbox"/> 	
	<ul style="list-style-type: none"> 14. Quote the price of anaesthetic machine and ventilator separately 		
	<ul style="list-style-type: none"> 15. Warranty: 24 months from the date of delivery. 	<ul style="list-style-type: none"> Yes <input type="checkbox"/> No <input type="checkbox"/> 	

3	Operation Theatre Lamp	<ol style="list-style-type: none"> 1. It shall operate on mains supply of $230 \pm 10\%$, 50 Hz. It shall also be provided with 1 hour standby UPS. 2. It shall be a suspended ceiling - mounted system, suitable for use in major operating theatres and a cool and shadow free system. It shall also comprise a main lamp and a satellite and the bulb type shall be LED. The Type of LED should be 2nd generation warm white LED only. 3. Minimum illuminance of the main lamp at 1000mm away shall be 100,000 Lux. The field diameter shall be between 200mm and 300mm. The no. of LEDs in the main lamp shall be over 100 units. 4. It shall be possible to adjust the stem of the lamp to facilitate installation as required. 5. Satellite shall be attached to the same structure as the main lamp and shall have a minimum illuminance of 100,000 Lux at 1000mm away. It's field diameter shall be between 180mm and 280mm. The no. of LEDs in the satellite lamp shall be over 100 units. 6. Color temperature of main lamp and satellite shall be 4500K. 7. Life span of the LEDs should be minimum 40,000 hours. 8. There shall be a flux management system to prevent drop of illumination during long hours of operation. 9. Continuous illumination and auto focusing should be possible. 10. The lamp shall be easily tilted to any position in the working area and could be locked at any position. 11. The cost of fast moving spares and accessories shall also be quoted giving unit cost in each case. 12. Warranty: 24 calendar months from the date of successful commissioning on a full "parts & labour" basis. 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	2
4	Operation Theater Table	<ol style="list-style-type: none"> 1. The table shall be made out of corrosion resistant metal with a stainless steel lined base cover and have anti static, anti slip mattresses upholstered in durable water proof material. The table surface shall be X - ray translucent throughout with one side having sufficient space to use an image intensifier. The table shall comprise at least four sections with tiltable head rest, upper basic plate, lower back plate, and split type leg plates. 2. The table shall be mounted on a set of antistatic caster with break suitably large to permit least of motion and minimal damage to high quality floor. 3. The all adjustments of the OT Table should be foot Controlled and not by Hand cranks 4. The height of the table shall be adjustable in the range of 65 to 100 cm $\pm 10\%$, above floor level by means of a hydraulic pump. 5. There shall be facility to slide Table top minimum by 200mm. 6. The table surface should be adjustable to positions required for all standard surgical procedures such as a trendelenburg and reverse trendelenburg (of approximately 30°), a 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	2

		i. Programmable memory card j. Operating instructions. 8. The unit cost of the accessories necessary to operate the above equipment shall be quoted separately. 9. The tender shall supply two sets off operation and service manuals in ENGLISH having full details of operation, maintenance, servicing and detailed circuit diagrams. 10. Warranty: warranted for a period of not less than 24 calendar months from the date of successful commissioning on full parts & Labour basis.	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
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Signature of the Bidder
 (Common Seal of the Company)

Name & address of the Company -

Package THREE : ICU Equipment & Others

EMD = 1,000,000

Nr	Equipment and Instrument	Specification	The most appropriate answer	Required Number
1	Therapeutic Ventilator	<p>1. The unit shall operate on power supply of 230V \pm10% , 50Hz.</p> <p>2. It shall be suitable for long duration uses for therapeutic applications. It should be software upgradable for Neonatal Ventilation in future.</p> <p>3. It shall be possible to operate the ventilator on following modes.</p> <p style="padding-left: 40px;">Volume controlled</p> <p style="padding-left: 40px;">Pressure controlled</p> <p style="padding-left: 40px;">Pressure support</p> <p style="padding-left: 40px;">SIMV with flow by /SIMV+ Pressure support</p> <p style="padding-left: 40px;">Proportionate Assist Ventilation</p> <p style="padding-left: 40px;">CPAP, Non-invasive Ventilation</p> <p style="padding-left: 40px;">Apnea back-up Ventilation – With facility to adjustment Apnea interval time</p> <p style="padding-left: 40px;">Manual</p> <p>4. The unit shall be able to create flow patterns of constant, acceleration & deceleration.</p> <p>5. The unit shall have the following controls.</p> <p style="padding-left: 40px;">Working Pressure : up to 120 cm H₂O</p> <p style="padding-left: 40px;">Tidal Volume : adjustable range 25ml - 2000 ml</p> <p style="padding-left: 40px;">Respiratory rate : adjustable range 4 - 60 b/min.</p> <p style="padding-left: 40px;">I : E Ratio : adjustable range 1 : 4 - 4 : 1</p> <p style="padding-left: 40px;">Airway Pressure : adjustable range 0 - 100 cm H₂O</p> <p style="padding-left: 40px;">Peak Inspiratory Flow : in the range 0 - 120 l/min.</p> <p style="padding-left: 40px;">PEEP : in the range 0 - 30 cm H₂O</p> <p style="padding-left: 40px;">Trigger Sensitivity : adjustable range -20 - 0 cm H₂O below PEEP</p> <p style="padding-left: 80px;">Tidal Volume and Respiratory rate independently adjustable.</p> <p>6. Following monitoring facilities shall be incorporated with the unit. The display shall have a minimum 15" touch screen monitor.</p> <p style="padding-left: 40px;">Working pressure, Airway pressure, Expired Minute volume, Tidal Volume, Respiratory</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	5

		<ul style="list-style-type: none"> b. NIBP using osillometric technique (Range: 20 to 250 mmHg & accuracy +/- 5mmHg) c. Pulse oxymetry capable of performing accurately under motion and low perfusion conditions. (Range: 0 to 100% & accuracy +/- 2 digits) d. Two IBP with capability to monitor Arterial, CVP or PAP. (range:30 to 300mmHg & accuracy +/- 2mmHg) e. Side Stream EtCO₂ module. f. One temperature channel <p>7. All relevant accessories to monitor above parameters in adult, pediatric and neonate modes shall be provided.</p> <p>8. Display should have the capability to display at least 8 traces including up to 3 channels of ECG, Two channels of IBP, SPO₂, Respiration or CO₂.</p> <p>9. Display should be of high- resolution active TFT with a minimum size of at least 12 inches and shall have a bright screen easily viewable even at a distant from different angles under all lighting conditions.</p> <p>10. Trend graphing and listing of all monitored parameters shall be possible up to 48hours.</p> <p>11. Continuous ST segment analysis and arrhythmia analysis of different types shall be possible.</p> <p>12. All alarm indicators should be graded, prioritized and color-coded according to their severity.</p> <p>13. Monitors should be compact with all patient connections on one side of the monitor for better cable management.</p> <p>14. A built-in printer / recorder shall be available.</p> <p>15. There should be display management features that allow automatic spacing of waveforms according to the number of parameters monitored.</p> <p>16. Warranty: At least 24 months for the machine and the accessories.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
3	Multipara Monitor – Basic	<ul style="list-style-type: none"> 1) Operating voltage shall be 230V (+/-10%), 50Hz AC mains with built in power supply and rechargeable maintenance free batteries. 2) Monitor shall have configuration setting to adjust for adult, neonatal, or pediatric patient applications. All monitoring measurement algorithms and alarm settings shall be changed in accordance with the setting. 3) All input connectors shall be color/key coded to avoid incorrect connections. 4) Monitor shall simultaneously display the real time waveforms, numerical data and graph trends. 5) All bedside Monitor shall have provision to monitor process and display following parameters in different colors. 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	4

	<ul style="list-style-type: none"> • Facility for monitoring at least 150 minutes and delivering at least 100 shocks of 360J on fully charged battery • Battery low-level indication. • Should be supplied with External paddles for both adult and pediatric use. • A minimum number of dedicated hard keys to operate for quick defibrillation in emergencies. • ECG derivation via paddles and ECG cable (3/5 lead) • Defibrillator self-testing facility • Standard Pacing facility • Pacing, SpO2 Monitoring as an option • Should have facility to enter patient info and storing of critical event record • Original printed technical data/brochures us to be provided • IPX 4 Standard 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
	<p>4.ECG Monitor</p> <ul style="list-style-type: none"> • The monitor screen shall be Two Trace (ECG & SpO2-optional). Color LCD Type measuring at least 7 inch diagonally. • It shall be possible to select and display lead I, II and III ECG waveforms. Display sweep speed : 25mm/ sec • Shall have Continuous Patient Surveillance System (CPSS). • Shall incorporate ESU noise filtering and Defibrillator discharge protection. • Shall have a heart rate display range from 20 to 350 bpm, with pre-settable high and low alarm settings. 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
	<p>5.Printer</p> <ul style="list-style-type: none"> • Shall operate manually and also automatically wider conditions. • Shall automatically print out Defibrillator data on each Defibrillator Performed. • Printing of a summary report of comparison Pre-shock ECG with post shock ECG shall be possible. 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
	<p>6.Optional- Monitoring of SpO2</p> <ul style="list-style-type: none"> • Pulse tone and the Pleth wave form • Saturation Accuracy: (70-100%) <ul style="list-style-type: none"> Adult/Pediatric +/- 2 digits (during no motion conditions) +/- 2 digits (during motion conditions) Neonates +/- 3 digits (during no motion conditions) +/- 3 digits (during motion conditions) 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
	<p>7. The unit shall be supplied with a 3-pin hospital grade plug top.</p> <p>8. The equipment shall have a patient leakage current of less than 10 micro Amps and chassis</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

		leakage current of less than 100 micro Amps. 9. Warranty: The machine shall carry a two years warranty on “full parts and labour “ basis.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5	Cardiac Bed	<ol style="list-style-type: none"> 1. The bed shall be designed to manage the patient conveniently and its dimension shall be 2150L x 1000W x 450-700H mm approximately. 2. It shall be made of stainless steel with 150 mm strong caster wheels and of which two shall be with break facility. Should have Central locking castors with 2 total & 2 directional lock 3. Should have 2-way Tilting – Trendelenburg (12°) & Reverse Trend (6°) by gas activation 4. Should have a quick release lock for immediate CPR positioning of the bed 5. The Bed shall rest on rubber buffers at four corners. 6. The height of the bed shall be adjusted by hydraulic foot pump. 7. The back rest and leg rest shall be adjusted for the convenient position by hand crank 8. The head and foot panels should be Removable ABS-moulded head and foot board, with Maica lamin with laminated panels. 9. The bed shall include a mattress, stainless steel I.V. rod and collapsible side railings. 10. Warranty: 24 months from the date of delivery. 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	10
6	Obstetric Bed	<ol style="list-style-type: none"> 1. The unit shall be operated by hydraulic system. <ul style="list-style-type: none"> ▪ The dimension of the bed shall be approximately L1400-2040 x W900 x H550-900mm with three sections, made of stainless steel with collapsible side railings. Should have Detachable ABS head and foot boards 2. The head section shall be adjustable and the leg section shall be removable from main frame. 3. Gas spring shall assist for Trendelenberg and reverse Trendelenberg of 25°. 4. Bed pan urine pot may be automatically fixed in the chamber. 5. The unit shall include standard accessories: <ul style="list-style-type: none"> - Stainless steel fluid collection bowl - Solid stainless steel flat bar to clamp; - Stainless steel adjustable hand grip - Stainless steel adjustable foot stirrup support - Stainless steel adjustable leg rest 6. Warranty: 24 months from the date of delivery. 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	7
7	Transport Incubator	<ol style="list-style-type: none"> 1. The unit shall be used in transporting the critical conditioned infants from and to hospitals 2. The power supply to unit shall be by a generator supply of 230V 10% 50Hz or by a rechargeable battery supply. 3. A voltage stabilizer shall be provided with the system. 4. The unit shall display the skin temperature, air temperature, set temperature & humidity with 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	2

		<p>4. The unit shall have easy access to infant with snap – open access and access holes for tubing. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>5. There shall be facility to increase the O₂ concentration inside the hood. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>6. The unit shall be provided with audible and visual alarms for safety system. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>7. The unit shall be with variable positions of trendeleburg / fowler Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>8. The unit should consist of the following accessories.</p> <p>a. Skin temperature probe-01 No Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b. Dust cover – 01 No Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c. Bacteria filter -01 No Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>9. The unit should be mounted on trolley with two drawers Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>10. Should have double wall construction to minimize heat loss Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>11. Should have built in X-ray cassette tray to inser X-ray cassette Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>12. Should have built-in weighing scale to monitor continuous weight gain Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>13. Warranty: 24 calendar months from the date of successful commissioning on full parts & labour Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
11	Interferential Therapy Unit	<p>1. The unit shall operate 230±10%, 50 Hz, single phase supply. The power code shall be supplied with a B.S. 3-pin plug. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2. Output waveform should be sine wave and burst wave. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3. Treatment frequency shall be up to 200 Hz. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>4. Basic frequency shall be selectable from 2000 Hz to 5000 Hz. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>5. Stimulation form should be 2 directional, 4 directional, wide area and bipolar. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>6. Treatment time shall be selectable in steps of 1 min up to 90 min. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>7. Output should be of minimum 2 channels. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>8. There should be programs software for memory and performance. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>9. Maximum output shall be 6 to 8 Watts. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>10. The following safety features should be included</p> <p>Over voltage protection Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Over current protection Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Over heat protection Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Safety self return Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>11. The following accessories should be included</p> <p>Receptacles for mild pack 04 nos. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gel electrodes 04 nos. Yes <input type="checkbox"/> No <input type="checkbox"/></p>	2

Signature of the Bidder

(Common Seal of the Company)

Name & address of the Company -
.....
.....
.....

General

- 1. A complete and detailed set of operation, service and maintenance manuals in English must be supplied with each unit.
- 2. Fully graphic, illustrated original technical literature in ENGLISH describing the equipment offered & detailing the specifications shall also be supplied with the offer.

Annexure B: Price Schedule Form

B- 1 : Price Schedule for Supply and Installation of Diagnostic and Laboratory Equipment

SN	Equipment and instrument	Req. No	Rate per Unit (SLR. or INR. as applicable)	Custom duty, Sales Tax or other taxes (SLR. or INR. as applicable)	Total amount with Custom duty and taxes (SLR. or INR. as applicable)	Total amount without Custom duty and taxes (SLR. or INR. as applicable)
1	Colour Doppler Ultrasound Scanner	1				
2	Video Endoscope	1				
3	Laparosope - Diagnostic & Therapeutic	1				
4	Mobile X-Ray Machine	1				
5	Wax Bath	2				

(Please submit separate forms for any alternate models proposed)

VAT registration number (if applicable)

Total amount in words; Sri Lankan Rupees

.....

Signature of the Bidder

.....

(Common Seal of the Company)

Name & address of the Company -

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Name address of the Authorized Officers:

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Telephone Number -

Fax Number -

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Date/...../2011

**B -2 : Price Schedule for Supply and Installation of Operation Theatre
Equipment**

SN	Equipment and instrument	Req. No	Rate per Unit (SLR. or INR. as applicable)	Custom duty, Sales Tax or other taxes (SLR. or INR. as applicable)	Total amount with Custom duty and taxes (SLR. or INR. as applicable)	Total amount without Custom duty and taxes (SLR. or INR. as applicable)
1	High Pressure Sterilizer – 150 L	2				
2	Anaesthesia Machine	1				
	Ventilator	1				
3	Operation Theatre Lamp	2				
4	Operation Theater Table	2				
5	Diathermy Machine	3				
6	Dryer	2				
7	Ironer	2				
8	Washing Machine with Extractor	2				
9	Ultrasonic Cleaner	2				
10	Electrotherapy Stimulator	2				

(Please submit separate forms for any alternate models proposed)

VAT registration number (if applicable)

Total amount in words; Sri Lankan Rupees
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Signature of the Bidder

(Common Seal of the Company)

Name & address of the Company -
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Name address of the Authorized Officers:

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Telephone Number - Fax Number -

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Date// 20010

B-3 : Price Schedule for Supply and Installation ICU Equipment &

Others

SN	Equipment and instrument	Req. No	Rate per Unit (SLR. or INR. as applicable)	Custom duty, Sales Tax or other taxes (SLR. or INR. as applicable)	Total amount with Custom duty and taxes (SLR. or INR. as applicable)	Total amount without Custom duty and taxes (SLR. or INR. as applicable)
1	Therapeutic Ventilator	5				
2	Multipara Monitor with Capno	3				
3	Multipara Monitor – Basic	4				
4	Defibrillator	4				
5	Cardiac Bed	10				
6	Obstetric Bed	7				
7	Transport Incubator	2				
8	Transport Monitor	2				
9	Transport Ventilator	3				
10	Infant Incubator	6				
11	Interferential Therapy Unit	2				
12	IR Lamp	2				
13	Shortwave Therapy Unit	2				

VAT registration number (if applicable)

Total amount in words; Sri Lankan Rupees

.....

Signature of the Bidder

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(Common Seal of the Company)

Name & address of the Company -

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Name address of the Authorized Officers:

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.....

Telephone Number - Fax Number -

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Date// 2011

Annexure C: Manufacturer's Authorization

[The Bidder shall require the Manufacturer to fill in this Form in accordance with the instructions indicated. This letter of authorization should be on the letterhead of the Manufacturer and should be signed by a person with the proper authority to sign documents that are binding on the Manufacturer. The Bidder shall include it in its bid, if so indicated in the BDS.]

Date:

No.:

To:

WHEREAS

We....., who are official manufacturers of having factories at [insert full address of Manufacturer's factories], do hereby authorize to submit a bid the purpose of which is to provide the following Goods, manufactured by us, and to subsequently negotiate and sign the Contract.

We hereby extend our full guarantee and warranty in accordance with Clause 27 of the Conditions of Contract, with respect to the Goods offered by the above firm.

Signed:

Name:

Title:

Duly authorized to sign this Authorization on behalf of:

Dated on _____ day of _____, _____ .

Annexure D

BID BOND FORM

WhereasHereinafter called "The TENDERER" has submitted his/their Tender dated For the supply and Installation of Medical Equipment in Kilinochchi and Mullaitivu District", as per specification schedule annexed. Know all men by these presents that we
..... (Here in after called the Bank) are bound to the

..... (Here in after called THE PURCHASER) in the sum offor which payment well and truly to be made to the said PURCHASER The bank binds itself, its successors and assigns by these presents sealed with the common seal of the said bank this Day of 2011.

The conditions of the obligation are:- .

1. If the TENDERER withdraws his bid during the period of bid validity specified by the TENDERER on the bid form or
2. If the TENDERER having being notified of the acceptance of his bid by the PURCHASER' during the period of Bid validity
 - a. Fails or refuses to execute the CONTRACT.

Or

- b. Fails or refuses to furnish the performance bond. We undertake to pay to the PURCHASER up to the above amount upon receipt of his first written demand, without the PURCHASER having to substantiate his demand PURCHASER will state that the amount claimed by him is due to him owing to the occurrence of one or both conditions, specifying the occurred condition or conditions.

This guarantee will remain in Force up- to and including 120 days after the period at BID validity, and any demand in respect thereof should reach the BANK not later than the above date.

.....
Signature of the Bank

Annexure E

PERFORMANCE BOND FORM

"Supply and installation of Medical equipment in Kilinochchi and Mullaitivu"

Whereas hereinafter Called "The SUPPLIER" has undertaken, in pursuance of CONTRACT dated 2011 to supply and installation of Medical equipment in Kilinochchi and Mullaitivu District.

Hereinafter called "The CONTRACT" and where as it has been by you in the said CONTRACT that the SUPPLIER shall furnish you with a "Bank. Guarantee" by a recognized Bank for the sum specified herein as security for compliance with the SUPPLIER's performance obligation in accordance with the CONTRACT and whereas we agreed to give the SUPPLIER a Guarantee.

Thereof we hereby affirm that we are guarantors and responsible to you on behalf of SUPPLIER, up to a total of and we undertake to pay you upon, your first written demand declaring the SUPPLIER to be in default under the CONTRACT and without cavil or argument any sum or sums within the limits of as aforesaid, without your needing to prove or to show grounds or reasons for your demand or the sum specified therein. This guarantee is valid until the day of 2011..

.....
Signature and the Seal of the Bank

..... We understand that you are not bound to accept the lowest or any tender you may receive Dated thisday of Two Thousand and Eleven.

Signature

.....in the capacity of duly authorized to sign tenders for and on behalf of
.....(Name and Address of the company)

(IN BLOCK CAPITAL LETTERS)

Name : _____

WITNESSES

.....
Address:

.....
Signature:

.....
Name

.....
Address:

.....
Signature: