

**Amendment no VI Dated 09.04.2018**

**HSCC/PUR/CNCI/Kolkata/Medical Equipment/04 dated 03.01.2018**

**Procurement of Medical Equipment CNCI 2nd Campus**

All bidders are requested to note the following:

Item No	NAME OF THE EQUIPMENT	Last date & time sale/downloading of Tender document	Last closing/submission date & time for receipt of tender	Date of opening of Techno – Commercial bids.	Earlier date of opening	Amendment Status for opening date
1	High Dose-Rate Brachytherapy	24.04.2018, up to 13.00hrs IST	24.04.2018, 14.00hrs IST	24.04.2018, 14.30hrs IST	17.04.2018	Date extended with Technical specification updating
2	ABG Analyzer					
3	Anesthesia Work Station					
4	Defibrillator -					
5	ECG Machine -6					
6	ECG Machine -12					
7	Patient Warming System					
8	ICU ventilator					
9	Multipara monitor					
10	Paediatric Flexible Video Bronchoscope					
11	Portable Ultra sound					
12	Pulse Oximeter					
13	Rigid Video Laryngoscope					
14	Syringe Infusion Pump					
15	Volumetric Infusion Pump					

<b>Tender Specification</b>	<b>May please read as</b>
<b>Item No. 2. ABG Analyzer</b>	
1.Measured parameters: a. Routine parameters: pH, pCO2, pO2,Cl,Na,K,Ca,Hb, Glucose, Lactate. b. Special parameters: SaO2 with co-oximetry.	Measured parameters: a. No Change b. No Change
7.Electrodes: Maintenance free/low maintenance. Free replacement of allelectrodes/membranes(free of cost) should be included in the warranty period. Electrodes should be individually replaced(and not as single pack /cassette /cartridge together).	Electrodes: Maintenance free/low maintenance. Free replacement of all electrodes/membranes(free of cost) should be included in the warranty period. Electrodes should preferably be individually replaced(and not as single pack /cassette /cartridge together).
9.Should be US FDA approved	No Change

**Item No. 03 ANAESTHESIA WORKSTATION**

<b>Tender Specification</b>	<b>May please read as</b>
The quoted model of Anaesthesia Work Station should confirm US FDA approval.	The quoted model of Anaesthesia workstation, Vaporizer, Airway Monitor & Ventilator should be US FDA approved. The patient monitor should be US FDA approved (preferable)/European CE with four digit approval mark.

<b>Tender Specification</b>	<b>May please read as</b>
Anaesthesia Machine constructed from welded tubular/epoxy powder painted steel	Anaesthesia Machine should be constructed from welded tubular/epoxy powder painted steel or rust proof material.
The quoted model of Anaesthesia Work Station should confirm US FDA approval	The quoted model of Anaesthesia workstation, Vaporizer, Airway Monitor & Ventilator should be US FDA approved. The patient monitor should be US FDA approved (preferable)/European CE with four digit approval mark.
Stainless steel top, a work surface, at least two lockable drawers & electrical outlets to be provided.	Stainless steel top/ABS top, a fixed work surface, two drawers with at least one lockable drawer and at least three integrated electric outlets to be provided.
The Anaesthesia system should have an inbuilt at least 90 minutes battery backup for Anaesthesia machine, ventilator, and multipara monitor & gas delivery system.	The Anaesthesia system should have an inbuilt at least 90 minutes battery backup for Anaesthesia machine, ventilator, gas delivery system & air way monitor.
The Anaesthesia system should have an integrated passive scavenging system with pressure relief valve.	No change.
In case of electricity & battery failure, manual ventilation, gas & agent delivery should be possible	In case of electricity & battery failure, manual ventilation, oxygen & agent delivery should be possible
Gas Delivery System:The machine should separate colour coded pressure gauges for cylinders & central supply lines mounted on front of the Anaesthesia machine for better visibility	The machine should have separate colour coded pressure gauges or digital display on screen for cylinders and central supply line pressure.
Provision of alarm should be there, both audio visual for failure of oxygen supply, decrease in oxygen pressure (2 litres), decrease in nitrous oxide pressure, circuit disconnection, low battery, low drive gas pressure, high airway pressure, and machine failure. Presence of anti - volutrauma and anti-barotraumas devices are preferable	Provision of alarm should be there, both audio & visual for decrease in oxygen pressure, decrease in nitrous oxide pressure, circuit disconnection, low battery, low drive gas pressure, high airway pressure and machine failure with lung protective devices.
Dual cascaded flow meter for oxygen, nitrous oxide & single for compressed air, accurately calibrated with an accuracy of +2.5% & range of at least 10 litre per minute	The Anaesthesia workstation should have precise electronic visual flow meter with electronic/ mechanical setting as well as digital depiction of individual flow of oxygen, nitrous oxide and compressed air and total flow with an accuracy of +2.5% & range of at least 10 litre per minute. It should be capable of delivering minimal flow of 500ml or less.
Having mechanical hypoxic guard with automatic cut off of nitrous oxide. There should be oxygen flow of at least 200ml, even below total 500 ml fresh gas flow with 23% oxygen concentration	Having mechanical/electronic hypoxic guard with automatic cut-off of nitrous oxide. There should be minimum oxygen flow of 100ml, to maintain 25% oxygen concentration.
Facility of delivery basal flow of oxygen without switching on the machine & at Stand By mode	Facility of delivery basal flow of oxygen or an auxiliary O2 outlet without switching on the machine & at Stand By mode.
Dual cascade type flow meter tubes for oxygen, nitrous oxide and single tube for Air with back light	The Anaesthesia workstation should have precise electronic visual flow meter with electronic /mechanical setting, digital depiction of individual flow of oxygen, nitrous oxide and compressed air and total flow with an accuracy of +2.5% & range of at least 10 litre per minute. It should be capable of delivering minimal flow, at least 500ml.
Electronic setting & digital display of oxygen, nitrous oxide & air	Electronic flow meter with electronic/mechanical setting & digital display of oxygen, nitrous oxide & air. The system should have an agent saving decision support tool for delivering safe minimal flow.
The vaporizer should be selectatec type with tool free installation, manifold interlocks, vaporizer mounting should be compatible for Tec 5, Tec 6 plus & Tec 7 vaporizers.	No Change

<b>Tender Specification</b>	<b>May please read as</b>
All sensor connection shall be internal to help prevent disconnection	The point is deleted from Vaporizer and added to Additional Points in Breathing Systems
<b>Additional Amendment Points in Vaporizers:</b>	
Vaporizer should have delivery range of 0 to 6 volume percent	Vaporizer should have delivery range of 0 to at least 5 volume percent
<b>Breathing system</b>	
Should have fresh gas de-coupled, fully auto-clavable, semi -closed circle absorber system	Should have fresh gas de-coupled/fresh gas compensation with fully auto-clavable, semi -closed circle absorber system.
Should have adjustable pressure relief valve from 5 to 75 mbar.	Should have adjustable pressure relief valve from 0. 5 to 75 mbar.
The unit should have a bag arm with height & positional adjustment	The unit should have a bag arm with positional adjustment
Should be integrally fitted with at least 1.5 litre capacity reversible canisters, double chamber type of CO2 absorber system having provision to bypass. Canisters should be allowed to be removed without introducing system leaks	Should be integrally fitted, at least 1 litre capacity canisters, double/single chamber type of CO2 absorber system having provision to bypass. Canisters should be allowed to be removed without introducing system leaks with indication on display.
<b>Additional Points in Breathing Systems:</b>	
All sensor connection shall be internal to help prevent disconnection	All sensor connections to the ventilator shall be internal to help prevent disconnection. The system should have autoclavable swappable flow sensors at both inspiratory and expiratory end.
Modes- volume control, pressure control, pressure support, SIMV- PS, manual, spontaneous	Modes- volume control, pressure control, pressure support, SIMV- PS, manual, spontaneous, lung protective modes.
Tidal volume- 20 to 140 ml	Tidal volume- 20 to 1400 ml
PEEP – 0 to 20 mbar	PEEP – 4 to 20 mbar
I:E ratio – 4:1 to 1:4	I:E ratio – 2:1 to 1:4
Inspiratory pause – 0 to 50% of TI	Inspiratory pause – off, 5 to 50% of TI
Should be able to ventilate with atmospheric air, in case of missing gases	Point Deleted.
<b>Additional Points in Ventilator:</b>	
	Flow trigger : 0.2 to 10L/ min & Peak flow : 120 L/ min + fresh gas flow
<b>AIRWAY MONITOR</b>	
Monitor should be with multi-parameter module with minimum 15 inches colour TFT display with 8 channels	Monitor should be with minimum 12 inches colour TFT display to view Pressure ,Flow and CO2 waveform with both touch screen and manual control facility.
The system should not require any lengthy start-up procedure or calibration. It should be ready to monitor as soon as On/Off switch is pressed	The monitor should not require any lengthy start-up procedure or calibration. The system check should provide an option of bypass in case of emergency.
Should have 24 hours graphical & numeric trend with split screen facility of all parameters with at least 15 critical alarms summary	Should have 24 hours graphical & numeric trend with split screen facility of all parameters with at least 12 critical alarms summary
Integrated monitor for electronic monitoring & display: Expiratory tidal volume, Expiratory minute volume, PEEP, peak, mean & plateau airway pressure, frequency, waveform display for airway pressure & FiO2 monitoring	Integrated monitor for electronic monitoring & display: Expiratory tidal volume, Expiratory minute volume, PEEP, peak, mean & plateau airway pressure, frequency, waveform display for airway pressure,flow,CO2 & inspired and expired values of all gases and agents(with auto identification) as well as MAC value.O2 measurement should be paramagnetic.

Tender Specification	May please read as
<b>PATIENT MONITOR</b>	
These should be integrated, screen size minimum 12 inches or more. It should be modular for easy upgradation, high resolution colour TFT & CD display, should be capable of monitoring the following parameters	The system should have screen size minimum 15 inches or more with 8 channels. It should be modular for easy upgradation, high resolution colour TFT & CD display, should be capable of monitoring the following parameters.Touch screen facility should be there.
Anaesthetic agent monitoring: There should be provision for automatic agent analysis for N2O, MAC value of anaesthetic agents	Deleted as the airway monitor contains the specification of Anaesthetic Agent Monitoring
Alarm: Asystole, arrhythmia, leads off, spo2 probe disconnection, BP cuff occlusion, apnoea, etCO2 alarm	Alarm: Asystole, full arrhythmia, leads off, spo2 probe disconnection, BP cuff occlusion, apnoea etc
<b><u>Additional Points in Patient Monitor:</u></b>	
	Should have 24 hours graphical & numeric trend with split screen facility of all parameters with at least 15 critical alarms summary with printing facility.
Company should provide the UPS from same manufacturer	Point deleted
Certification of machine, ventilator and monitor should be from FDA.	Certification of machine, ventilator and airway monitor should be from US FDA. Patient monitor and all modules should be US FDA approved/European CE with four digit notified body no.
<p><b>Patient Monitor:</b> These should be integrated, screen size minimum 12 inches or more. It should be modular for easy upgradation, high resolution colour TFT &amp; CD display, should be capable of monitoring the following parameters</p> <ol style="list-style-type: none"> <li>a. ECG: leads 3 to 5, provision of 12 lead ECG along with printout facility, protection from interference of electrosurgical apparatus, waveform, ECG or SpO2 selectable, arrhythmia detection, heart rate detection from ECG/ pulse auto change</li> <li>b. NIBP : Range pediatric/ adult, modes: auto/ manual numeric display: systolic, diastolic, mean should be supplied with proper size 5 cuffs each for pediatric, adults (arm &amp; thigh cuffs) &amp; extra large for obese patients</li> <li>c. SpO2: Range from 0 to 100% (accuracy +/- 2%), sensitivity should be good, waveform: ECG or SpO2 selectable/ auto change, should be supplied with proper probe (10 inch for, pediatric and adult patients)</li> <li>d. IBP : provision of two simultaneous measurement of IBP. Display waveform &amp; numeric, 50 universal transducer sets to be supplied</li> <li>e. Temperature: Dual temperature monitoring(core &amp; skin) with sensor cable and probes</li> <li>f. etCO2: Infrared side stream analyser for CO2, capable of monitoring of etCO2 of intubated patient, Display: waveform &amp; digital. Range: 0 to 15 volume percent or 0 to 15 KPa or 0 to 113 mm of Hg</li> <li>g. Anaesthetic agent monitoring: There should be provision for automatic agent analysis for N2O, MAC value of anaesthetic agents</li> <li>h. Anaesthesia depth monitoring: should be provided with for BIS/</li> </ol>	The point is not deleted.Allchanges regarding this point is mentioned in No.14 and 14(g).

<b>Tender Specification</b>	<b>May please read as</b>
Entropy (SE, RE) i. Alarm: Asystole, arrhythmia, leads off, spo2 probe disconnection, BP cuff occlusion, apnoea, etCO2 alarm j. Neuro muscular transmission monitoring with required accessories for 50 patients	

### **ITEM NO. 04Defibrillator**

<b>Tender Specification</b>	<b>May please read as</b>
<b>Operational Requirement</b>	
Should work on Manual & Automated External Defibrillation mode. Manual selection up to 270J	Should work on Manual & Automated External Defibrillation mode. Manual selection up to 200J
Should have defibrillator testing facility.	No Change
<b>Technical Specifications</b>	
Should be allow energy biphasic defibrillator monitor with recorder having capability to arrestall arrhythmia within max energy of 360J.	Should be allow energy biphasic defibrillator monitor with recorder having capability to arrest all arrhythmia within max energy of 200J or more.
<b>Additional Points to be amended(from CNCI-Kolkata)</b>	
Must have facility for external cardiac pacing	Must have facility for external,transcutaneous/percutaneous cardiac pacing
	Should be supplied with Disposable pacing pad-10No.s
Should measure & compensate chest impedance for a range of 250-150 ohms.	Should measure & compensate chest impedance for a range of 30-150 ohms.
Should have a built in 50 mm strip printer/thermal recorder.	No Change
Charging time of less than 3 secs for maximum energy & charging indicator should be there.	Charging time 8 secs or less for maximum energy & charging indicator should be there.
Bright electroluminescent display for viewing messages &ECG wave forms for 4 secs.	Bright electroluminescent 6 inches LCD display for viewing messages &ECG wave forms for 4 secs.
Should have external & internal paddles with paddle contact indicator	Should have external & internal paddles with paddle contact indicator in the external paddle.
Event summary facility for recording & printing of at least 250 events & 50 waveforms is must.	No Change
Facility for self-test/cheque before uses & set up function.	No Change
SpO2 & NIBP integrated facility is a must.	No Change
Should be capable of delivering energy in increment of 1-2 J upto30J & maximum 50 J thereafter.	No Change
<b>System configuration,Accessories, Spares &amp; Consumables</b>	
Paddles-Internal pair 01	Adult standard size paddles. Paediatric paddles to be quoted optionally
NIBP Cuff Adult medium sized-02	NIBP Cuff Adult medium sized-02 &large adult size- 01
NIBP Cuff Paediatrics-02	No change
NIBP Cuff Infants- 02. SpO2 & NIBP integrated facility is a must.	No Change
<b>Power Supply</b>	

<b>Tender Specification</b>	<b>May please read as</b>
Should have a Rechargeable Battery capable of usage for atleast 90 minutes or 30 discharges.	No Change
<b>Standards, Safety and Training</b>	
Should be FDA approved product	Should be US FDA approved product
Drop Test - withstands 1 meter drop to any edge, corner or surface.	No Change
Should meet IEC 529 Level -2 (IP2X) for enclosure protection solid foreign object ingress.	No Change
Should meet IEC 529 Level 3 (IP3X) (spraying water) for enclosure protection, water ingress.	No Change

### **ITEM NO. 05 DEFIBRILLATOR WITH SIX CHANNEL ECG**

<b>Tender Specification</b>	<b>May please read as</b>
ECG machine should have simultaneous 12 lead resting ECG acquisition with measurements, Interpretation and Thrombolysis S/W with Biphasic defibrillator technology.	The Defibrillator should have simultaneous 12 lead resting ECG acquisition with Measurements, Interpretation and Thrombolysis S/W(preferable) with Biphasic defibrillation technology.
<b>Additional Point to be added/modified</b>	
Defibrillation mode: AED	Defibrillation mode: Manual & AED
Charge control: Automatic if shock is recommended based on heart rhythm	Charge control: Automatic if shock is recommended based on heart rhythm & manual.
Should have facility to store ECG events in the memory card (up to 40 ECG events).	Should have facility to store ECG events in the memory card (up to 250 ECG events).
	Machine must be US FDA approved.
Should have internal thermal printer	No Change.
Machine should be supplied with 10 lead patient cable and all standard accessories	No Change.
Energy settings: adults:150-150-150 J, Paediatric 15-30-50 J	Energy settings: adults:150-150-150 J, Paediatric 15-30-50 J for AED and Manual energy setting 2-200 J Biphasic.
Charging time from shock recommended to shock stand by:<10s	Charging time from shock recommended in AED to shock stand by:<10s

### **ITEM NO.6 -ECG Machine**

<b>Tender Specification</b>	<b>May please read as</b>
Should be able to simultaneously print 6 channels of ECG in real time	Should be able to simultaneously print 12 channels of ECG in real time
Should have built in thermal printer to print in automatic and manual mode	Should have built in thermal printer to print in automatic and manual modes in A4 size ECG paper
Should have large backlit LCD display to display 6 channels	Should have large backlit LCD display to display 12 channels ECG and QWERTY key board for data entry. The display should be tilted for easy viewing of ECG during acquisition.
<b>Additional points</b>	
	The system should be able to interface with LAN/ Wi-Fi network to transfer the ECG to a networked shared folder
	The ECG machine should have colour coded lead placement indicator for good contact of leads

	The System should have safety certificate from a competent European CE & US FDA
	The system should have built-in ECG parameters measurement and interpretation. Should also provide age and gender specific interpretation with scoring facility for near MI
	The System should be able to upgrade to DICOM transfer in future
	The system should have the facility to store at least 200 ECGs
	ECG paper should not be proprietary item.
	<b>Accessories to be supplied with each machine:</b> <ul style="list-style-type: none"> <li>• Power cable -01 No</li> <li>• 10 lead ECG cable-01 No</li> <li>• Limb lead electrodes -08 No.s</li> <li>• Chest lead electrodes -12 No.s</li> <li>• Chest lead bulb- pack of 12</li> <li>• ECG A4 size paper -2 packs of 200 sheets each</li> </ul>

### ITEM NO.7 –PATIENT WARMING SYSTEM

<b>Tender Specification</b>	<b>May please read as</b>
The equipment must be US FDA Certified or European CE certified with four digit notified body number certificate and certificate to be submitted.	No Change
Hose end temperature range must be adjustable from 32°C / 34°C to 43°C / 44°C with increment of 1 deg C/4 deg C	No Change
Relative Average Noise Level at 1000 Hz (front and back) must be less than 45 dBA	No Change
Air Flow: 55 to 86 cubic feet/min	No Change
Must have air filtration system with 0.2 micron filters.	No Change
The warmer unit should have the system of securely mounting on any IV pole or bed rail.	The warmer unit should have the system of securely mounting on any IV pole or bed rail or floor mounted.
Non-tipping mounting pole, with robust caster wheels, and wire basket to be provided with each warmer unit.	Deleted.

### ITEM NO.08 - ICU VENTILATOR

<b>Tender Specification</b>	<b>May please read as</b>
<b>General Specifications:</b>	
All the material/equipment should be US FDA certified	No Change
h. Pressure Support Slope: upto 150cmH20/sec.	No Change
<b>General Requirement:</b>	
Electromagnetic Compatible Hinged arm holder to hold the circuit.	Rugged hinged arm holder to hold the circuit
Should have inbuilt facility to upgrade with Etco2.	Should have inbuilt facility to upgrade with Etco2 with CO2 waveform in the same display. Cost to be quoted optionally
Ventilator should be US FDA approved.	No Change
Tidal Volume: Minimum 20ml and Maximum of 1500ml or more in Volume control mode	No Change
Pressure Support Slope: upto 150cmH20/sec	No Change

<b>Tender Specification</b>	<b>May please read as</b>
Should have built-in ultrasonic nebuliser and Nebuliser assembly should be compatible with ventilator and circuit	No Change
Compiled trend analysis at least for 24 hrs for all measured parameters	No Change
Should have inbuilt exhalation filter	No Change
Temperature should be adjustable	No Change
Should have compatibility with existing central pipeline.	No Change
Should have integrated compressor of same manufacturer	Deleted.
Should have internal rechargeable battery backup with at least 30 min	No Change
Should have ultrasonic/paramagnetic cell for O2 analysis	Should have paramagnetic cell for O2 analysis
Expiratory unit-life should be more than 3 yrs.	Expiratory unit-life should be more than 3 yrs and it should be able to be autoclaved.
Ventilator should be US FDA approved	No Change
<b>Additional Points</b>	
Flow sensor should have life more than one year.	Flow sensor should have life more than one year and should be autoclavable.
	Respiratory Mechanics to be added with <ul style="list-style-type: none"> <li>• Auto-PEEP</li> <li>• Compliance(static &amp;dynamic)</li> <li>• P 0.1</li> <li>• NIF</li> <li>• Resistance(Ri&amp;Re)</li> <li>• RSBI</li> <li>• Vital Capacity</li> </ul>

### **ITEM NO.9 MULTI PARA MONITOR**

<b>Tender Specification</b>	<b>May please read as</b>
Advanced high end modular patient monitor having integrated non-invasive and invasive measurements and features suitable for paediatric and adult patients	Advanced high end modular patient monitor of screen size 12 inches or more, having integrated non-invasive and invasive measurements and features suitable for paediatric and adult patients
Monitor must have the facility to display minimum 10 waveforms or more, along with related numerical parameters on single screen	Monitor must have the facility to display minimum 6 waveforms or more, along with related numerical parameters on single screen
Monitor must have facility to display 12 lead ECG	Monitor must have facility to display real-time 12 lead ECG with ST-T changes
Monitor must have the time linked review function for both graphic & tabular trends of all parameters for 48 hours. Monitor must have arrhythmia recall facility.	No Change
Monitor must have inbuilt rechargeable battery for minimum one hour operation for both machine & display board	No Change
Monitor must have inbuilt three channel thermal printer	Monitor must be able to accommodate inbuilt three channel thermal printer as well as printing facility through central station.
Monitor must be USFDA / European CE approved	Monitor with all measurement modules must be USFDA and European CE approved
Each monitor to be supplied with:	Each monitor to be supplied with:



<b>Tender Specification</b>	<b>May please read as</b>
SpO2 probe: Two in number	SpO2 soft probe: <ul style="list-style-type: none"> <li>• Adult Probe: 5 No.s</li> <li>• Pediatric Probe: 3 No.s</li> <li>• Neonatal Probe: 3 No.s (Wrap type)</li> </ul>
etCO2 sampling line : Two in number	etCO2 sampling line: 50 sampling line with 20 water trap
One module each for IBP, CVP, etCO2 must be provided for two monitors each	One module each for Dual IBP,etCO2 must be provided for each monitor.
Average life span of SpO2 probe, battery of monitor for working duration 24 hours×7 days should be mentioned	Point Deleted
Average life span of SPO2 probe, battery of monitor for working duration 24x7 days, EtCO2 sample line to be mentioned	Point Deleted
<b>Additional Points</b>	
	Monitor should be 12 inches display with touch screen and Trim knob.
	Monitors should have capable of future upgradation to monitor and display <ul style="list-style-type: none"> <li>• 4 channel EEG</li> <li>• Cardiac output (both thermos-dilution, as well as minimally invasive)</li> </ul>
	Monitor should have non-volatile memory;the trend data should remain saved during power-off in the monitor/central station.
	The monitors or central station should have HL7 output for future digital upgradation.
	The monitor should be able to measure and display ECG, Respiration, NIBP, SpO2, Dual IBP, Dual Temperature & EtCO2 simultaneously
Each monitor to be supplied with	Each monitor to be supplied with
Three lead ECG electrode cable – Two in number, each for adult & paediatric	Five lead ECG electrode cable – Two in number with adult & paediatric ECG electrodes
SpO2 probe: Two in number	SpO2 soft type probe: <ul style="list-style-type: none"> <li>• 5 No.s for adults</li> <li>• 3 No.s for paediatrics</li> <li>• 3 No.s for neonatal(wrap sensor)</li> </ul>
NIBP cuffs for adult & paediatric: Two in number for each	NIBP cuffs for adult & paediatric: Five each size
Temperature probe: Two in number, skin and core	Temperature probe: One skin and two core probes for each monitor
Each monitor must be supplied with	Each monitor must be supplied with
IBP connection cable: Two in number	IBP connection cable: Four in number
IBP Disposable pressure transducers: Two in number	IBP Disposable pressure transducers: 20(Twenty) in number each monitor
CVP connection cable: Two in number	Deleted
CVP Disposable pressure transducers: Two in number	Deleted.
etCO2 sampling line: Two in number	etCO2 sampling line: 50 sampling line with 20 water trap each monitor
Cabling has to be done by bidder in the ITU	Cabling, switches & hubs for central monitoring network has to be done by bidder in the ITU
One module each for IBP, CVP, etCO2 must be provided for two monitors	Deleted

<b>Tender Specification</b>	<b>May please read as</b>
each	

**ITEM NO. 10 PEADIATRIC FLEXIBLE BRONCHOSCOPE**

<b>Tender Specification</b>	<b>May please read as</b>
Instrument Channel inner diameter: 2.0.mm	No Change
NBI (Narrow Band Imaging): Should be available	No Change
Above Quoted scope should be supplied with compatible VIDEO PROCESSOR AND LIGHTSOURCE with NBI	No Change

**ITEM NO.11 PORTABLE ULTRASOUND**

<b>Tender Specification</b>	<b>May please read as</b>
Minimum grey scale resolution to be 256 with 1024 or more digital processing channels.	Minimum grey scale resolution to be 256 with 512 or more physical processing channels.
10. Transducers (one each):	10. Transducers (one each):
Curved transducer: 2 - 6 MHz	Curved transducer: 2 - 5 MHz( +/- 1)
Linear transducer: 5 - 13MHz for vascular and small part imaging.	Linear transducer: 5 - 13MHz(+/-1) for vascular and small part imaging.
Phased: 1-6 MHz	Phased: 1-5 MHz (+/-1)
All transducers should be lightweight digital phased array broadband type transducers with at least 1024 elements.	11. All transducers should be lightweight digital phased array broadband type transducers.
System should have 500 GB or higher capacity internal HDD	System should have 50 GB or higher capacity internal & external(preferable) HDD
The equipment must be US FDA Certified or European CE certified with four digit notified body number certificate and certificate to be submitted.	The equipment must be US FDA Certified and European CE certified with four digit notified body number certificate and certificate to be submitted.
<b>ADDITIONAL POINT</b>	
The system should have a frame rate of at least 600 frames per second (fps) in B mode and more than 300 fps in /Colour mode.	Specify frame rate in black and white and colour mode, higher frame rate will be given preference
The system should have an ergonomic full alphanumeric soft keys key board with easy access scans controls and trackball. Provision for attaching an external keyboard and mouse should be present.	The system should have an ergonomic full alphanumeric soft keys keyboard with easy access scans controls and trackball/touchpad. Provision for attaching an external keyboard and mouse should be present.
The System must have integrated high resolution TFT/LCD/Single monitor of 15 Inches ormore.	The System must have integrated high resolution TFT/LCD/Single monitor of 12 Inches or more.
The system should have the facility of digital storage and retrieval of B/W and color image data on built in CD/DVD Drive. Provision for USB port and LAN transfer of data should also be present.	Provision for USB port and LAN transfer of data should be present.

**1. Delivery Schedule under SECTION –VI may please read as under:**

**Required Delivery & installation Schedule:**

**a) For Imported goods directly from foreign through LC:**

- (i) Delivery period for **PET –CT, CT –Simulator, Digital Fluro Radiography, Digital Mobile X- Ray, USG (High end and Mid end), Digital Mammography, CT (256 Slice ), MRI (3.0T):** Within **90 days** from date of opening of the final Letter of Credit. The date of delivery will be the date of Bill of Lading / Airway Bill. Installation & commissioning period within **90 days** from receipt of the stores/ goods delivery at site or **90 days** from handing over the site or instruction for installation, whichever is later.
- (ii) Delivery period for **High Dose-Rate Brachytherapy:** Within **120 days** from date of opening of the final Letter of Credit. The date of delivery will be the date of Bill of Lading / Airway Bill. Installation & commissioning period within **90 days** from receipt of the stores/ goods delivery at site or **90 days** from handing over the site or instruction for installation, whichever is later.
- (iii) Delivery period for other Equipment: Within **60 days** from date of opening of the final Letter of Credit. The date of delivery will be the date of Bill of Lading / Airway Bill. Installation and commissioning period within **60 days** from receipt of the stores/ goods delivery at site or **60 days** from handing over the site or instruction for installation, whichever is later.

**b) For Indigenous goods or for imported goods if supplied from India:**

- (i) Delivery period for **PET –CT, CT –Simulator, Digital Fluro Radiography, Digital Mobile X- Ray, USG ( High end and Mid end), Digital Mammography, CT (256 Slice ), MRI (3.0T) :** Within **90 days** from date of Notification of Award to delivery at consignee site, the date of delivery will be the date of delivery at consignee site. Installation & commissioning period within **90 days** from receipt of the stores/ goods delivery at site or **90 days** from handing over the site or instruction for installation, whichever is later.
- (ii) Delivery period for **High Dose-Rate Brachytherapy:** Within **120 days** from date of Notification of Award to delivery at consignee site, the date of delivery will be the date of delivery at consignee site. Installation & commissioning period within **90 days** from receipt of the stores/ goods delivery at site or **90 days** from handing over the site or instruction for installation, whichever is later.
- (iii) Delivery period for other Equipment: Within **60 days** from date of Notification of Award to delivery at consignee site. The date of delivery will be the date of delivery at consignee site. Installation and commissioning period within **60 days** from receipt of the stores/ goods delivery at site or **60 days** from handing over the site or instruction for installation, whichever is later.

**2. Terms and Mode of Payment under GCC 21 may please read as:**

**21.1 Payment Terms**

Payment shall be made subject to recoveries, if any, by way of liquidated damages or any other charges as per terms & conditions of contract in the following manner.

**a) Payment for Imported Goods through Letter of Credit:**

Payment for foreign currency portion shall be made in the currency as specified in the contract in the following manner:

**i) On Shipment:**

**80 %** of the net CIP price (CIP price less Indian Agency commission) of the goods shipped shall be paid through irrevocable, non-transferable Letter of Credit (LC) opened in favour of the supplier in a bank in his country and upon submission of documents specified hereunder:

- (i) Supplier's invoice showing contract number, goods description, quantity, unit price and total amount;

- (ii) Airway bill /Bill of Lading
- (iii) Packing list identifying contents of each package showing contract number duly signed & stamped by thirty party inspection agency i.e SGS, Lloyd, Bureau Veritas, TUV
- (iv) Insurance Certificate as per tender terms
- (v) Manufacturer's/Supplier's warranty certificate.
- (vi) Manufacturer's own factory inspection report.
- (vii) Certificate of origin by the chamber of commerce of the concerned country;
- (viii) Equipment Inspection report by third party inspection agency viz SGS, Lloyd, BureauVeritas, TUV inspection prior to despatch.
- (ix) Despatch note issued by HSCC.

**ii) On Acceptance:**

Balance payment of **20 %** of net CIP price of goods would be made against 'Final Acceptance Certificate' as per Section XVIII to be issued by the consignees/HSCC to the supplier. The supplier shall submit the original final acceptance certificate to the Purchaser (HSCC India Ltd) who shall issue no objection certificate to the banker for payment through irrevocable Letter of Credit (LC) opened in favour of the Foreign Principal in a bank in his country, subject to recoveries, if any.

**b) Payment for Domestic Goods Or Foreign Origin Located within India.**

Payment shall be made in Indian Rupees as specified in the contract in the following manner:

**i) On delivery:**

80 % payment of the contract price shall be paid on receipt of goods in good condition and upon the submission of the following documents:

1. Copy of Purchase order
2. Consignee receipt in original issued by CNCI -Kolkata/HSCC.
3. Invoice in favour of consignee through HSCC
4. Packing list showing NOA duly vetted by third party inspection agency i.eSGS, Lloyd, Bureau Veritas, TUV
5. Insurance certificate as per tender terms
6. Despatch note issued by HSCC
7. Manufacture's / supplier's warranty certificate
8. Equipment Inspection report by third party inspection agency viz SGS, Lloyd, Bureau Veritas, TUV prior to despatch.

**ii) On Acceptance:**

Balance 20 % payment would be made on submission of following document:

1. Copy of Purchase order, copy of performance security valid upto tender terms.
2. Copy of consignee receipt
3. Final Acceptance Certificate (Installation & commissioning certificate) in original issued by CNCI -Kolkata/HSCC on completion of installation & commissioning
4. Insurance certificate as per tender terms.
5. Invoice in favour of consignee through HSCC

**e) Payment of Turnkey, if any:**

Turnkey payment will be paid to the manufacturer's agent in the local currency for an amount in Indian rupees made as indicated in the relevant Price Schedule and shall not be subject to further escalation / exchange variation. Turnkey payment will be made on pro-rata basis against work done certified by site In charge.

**3. SSC Clause 4 may please read as:**

**A. For goods imported from abroad:** The stores (**Import origin goods**) should be dispatched only after ensuring inspection carried out by third party Inspection agencies viz. **LLOYDS/SGS /Bureau Veritas/ TUV** and proof of such documents submitted to HSCC for the goods inspected. Inspection. HSCC on receipt of such documents will issue **Dispatch note**.

To enable HSCC to issue Despatch note, supplier/manufacture is to furnish the following documents in **original hard copy to HSCC office and soft copy by email:**

1. Packing list showing NOA duly vetted by third party inspection agency i.e. viz SGS, Lloyd, Bureau Veritas, TUV.
2. Manufacture's internal test report.
3. Quality Certificate by manufacture
4. Certificate of origin by the chamber of commerce of the concerned country
5. Warranty certificate by manufacture/supplier
6. Inspection report by Third party inspection agency viz SGS, Lloyd, Bureau Veritas, TUV, with photo of equipment, all pages of this report duly signed & stamped by inspector of said agency prior to dispatch.
7. Copy of Insurance as per tender document.
8. Invoice duly signed & stamped showing name of item, letter of credit no. & purchase order no.

No goods (both Indian & Import origin goods) shall be despatched before issue of despatch note issued by HSCC, failing which responsibility (i.e. demurrage charges etc. by the custom department) shall be rest on manufacture/supplier/ its authorised agency in India.

All above documents showing contract number, goods description & LC. The Invoice should in favour of Director, Chittarranjan National Cancer Institute, Kolkata through HSCC. After scrutiny, if the documents found in order, **Despatch note** will be issued to the supplier.

**B. For Domestic Goods, including goods already imported** by the supplier under its own arrangement

To enable HSCC to issue Despatch note, supplier/manufacture is to furnish the following documents in **original hard copy to HSCC office and soft copy by email:**

1. Packing list showing NOA duly vetted by third party inspection agency i.e. viz SGS, Lloyd, Bureau Veritas, TUV.
2. Manufacture's internal test report.
3. Quality Certificate by manufacture
4. Warranty certificate by manufacture/supplier
5. Equipment Inspection report by Third Party Inspection Agency viz SGS, Lloyd, Bureau Veritas, TUV with photo of equipment, all pages of this report duly signed & stamped by inspector of said agency prior to dispatch.
6. Copy of Insurance as per tender document
7. Invoice duly signed & stamped showing name of item & purchase order no.

**Note: Supplier shall submit all above documents in original hard copy to HSCC office, failing which HSCC unable to issue the despatch note.**

No goods (both Indian & Import origin goods) shall be despatched before issue of despatch note issued by HSCC, failing which responsibility shall be rest on manufacture/supplier/ its authorised agency in India.

All above documents showing contract number, goods description. The Invoice should in favour of Director, Chittarranjan National Cancer Institute, Kolkata through HSCC through HSCC. After scrutiny, if the documents found in order, **Despatch note** will be issued to the supplier.

#### **4. Added SCC clause 13.**

Any Statuary variation i.e. custom duty/IGST/ GST etc. will be allowed to the supplier on submission of documentary proof of statutory variation.

**Bid will be rejected, if Custom duty/ GST/ IGST as applicable mentioned by the bidder anywhere in their bid.**

#### **5. Added SCC Clause 14. tender Clause for Opening of Letter of Credit:-**

- (i) **Within 7 days** PROFORMA INVOICE in hard copy shall be submitted by supplier i.e. manufacturer and their Indian authorised agency.
- (ii) PROFORMA INVOICE should be in favour of **Chittarranjan National Cancer Institute, (CNCI –Campus –II) Kolkata through HSCC**
- (iii) Original copy of PROFORMA INVOICE shall be on manufacturer company letter head & signed with stamped by their authorised person.
- (iv) On PROFORMA INVOICE, Purchase order number with date / amendment if any, name of item, model number, Address of manufacturer, quantity, price, banker complete address with swift code, port of shipment, beneficiary complete address & **“accepted all tender terms & condition”** should be mentioned.
- (v) No conditional terms shall be mentioned on PROFORMA INVOICE
- (vi) In case PROFORMA INVOICE not submitted as per above instruction/ conditional terms mentioned on the same such delay period will rest on supplier.
- (vii) Based on PROFORMA INVOICE, the draft of the LC will be issued to supplier to examine all LC terms. Modification/correction on draft LC, if any, shall be mentioned on PROFORMA INVOICE only by the manufacturer.
- (viii) **Within 7 days** supplier shall submit acceptance of draft of LC by signing with stamped by manufacturer.
- (ix) In case any amendment required in the final LC due to HSCC/Banker error, than date of LC amendment issued by banker will consider as the date of LC opening.

#### **6. Added SCC Clause 15 tender Clause for goods supply through Letter of Credit:-**

Supplier i.e. manufacturer and their Indian authorised agency shall submit the following document in advance minimum five working days from the date of arrival of goods at India airport in order to avoid demurrage charged by custom department:

1. Airway Bill showing name of item as mentioned purchase order, letter of credit number (LC) details, purchase order number details, HAWB number, MAHW number.
2. Invoice duly signed & stamped showing name of item, letter of credit number details & purchase order number details.
3. Complete address with mobile number of Custom Clearing Agency.
4. Complete address with mobile number of Carrier Company with Cargo Arrival Notice.
5. Draft for GATT declaration duly filled with consignment information.

**Note: 1. Bank Release Order (BRO) will be issue after submission of Original hard copy of Cargo arrival notice & Airway Bill.**

2. Supplier i.e. manufacturer and their Indian authorised agency shall also ensure that goods safely arrived at consignee without any demurrage charges by custom and plan the shipment accordingly, failing which entire responsibility shall be rest on Supplier i.e. manufacturer and their Indian authorised agency. No request shall be entertained by this office during holiday.

**7. Added SCC Clause 16:**

1. Liquidated damages will be adjusted from final payment due to delay on supply, Installation & commissioning.
2. Bid will be **rejected**, if CMC not quoted by the bidder/ CMC quoted in foreign Currency/ CMC mentioned ZERO value.
3. Bid will be **rejected**, if name of the currency not mentioned by the bidder in price schedule **B)** Price schedule for Goods to be imported from abroad under Section –XI
4. Bid will be **rejected**, if conditional terms mentioned by the bidder in their price bid.

All other terms and conditions of the tender enquiry document shall remain unchanged. Prospective bidders are advised to regularly visit HSCC website/ CPP as corrigendum /amendments etc. if any, will be notified on this portal only, no separate advertisement will published in the news papers.

**Chief General Manager, HSCC (I) Ltd**  
**For & on behalf of Director CNCI, Kolkata**