The Purchaser/User shall enter into tripartite agreement with the principal manufacturer and the agent for warranty and CAMC services as per Annexure I. The principal Manufacturer and the agent shall adhere to it.

21. Bidders should provide list of consumables and standard spare parts separately in the Techno-commercial Bid along with details of source of supply.

22. The warranty will be governed by the clause 26 of GCC read with clause 20 of SCC of the bidding document, unless until specifically specified in the technical specifications. **Where ever there is specific mention of Warranty in the technical specifications the same will prevail.**

23. Where ever the word **"Line Item"** is appearing in the Bidding Documents the same will be replaced by the words **" Items"**

24. MEA reserves the right to accept /place order for part item(s) of a item.

Joint Secretary – DPA-III

SECTION - IV

TECHNICAL SPECIFICATIONS

Item No.1: BLOOD GAS ANALYSER

A fully automatic upgradeable blood gas-cum-electrolyte analyzer based on liquid calibration without using gas or cartridge :

1.	**Measured Parameters**	**:**	pH, pCO_2, pO_2, Ionized calcium, lactate, Na+ and K+
2.	**Calculated Parameters**	**:**	Std. pH, CH+, HCO_3, Std. HCO_3, O_2 Sat, BE, BE ecf, BB, O_2 Content, TCO_2, all at patient's temperature
3.	**Sample container**	**:**	Should accept both syringe and capillary sample
4.	**Sample volume**	**:**	Should be less than 100 µl
5.	**Readout Time**	**:**	Less than 1 min
6.	**Quality Control**	**:**	Instrument should have upgradeable QC Program
7.	**Printer**	**:**	In-built or external
8.	**Calibration**	**:**	Liquid based technology with automatic calibration in cycles without use of gas and cartridge
9.	**Display**	**:**	Digital display (preferably on larger screen)
10.	**Electrodes**	**:**	Maintenance free electrodes with shelf-life of not less than one year
11.	**Reagent bottle**	**:**	Reagent bottle / bags should be separate & not a single pack to avoid wastage
12.	**Life of Reagents**	**:**	On-board life of reagents should be more than one week
13.	Certification	:	US-FDA/CE(Europe) certificate required

Item No.2: Intramedullary Nailing Set

Specification: Following items manufactured to international Standards by reputed multinationals firm

2. INTRAMEDULLARY NAILING SET WITH REAMERS:

Serial no	Name of the instrument	Quantity
1	Drill Bit 3.2mm,225/200mm,2Flut,quick coupling	2
2	Pin Wrench,4.5mmdia,120mm long	1
3	Tissue Protector, for Medullary nailing	1
4	Small Awl, for medullary reaming	1
5	T-Handle with quick coupling , 85mm long	1
6	Holding Forceps for reaming Rod 2.5mm	1
7	Removing Tool	1
8	Reaming Rod 2.5mm dia , 1150mm long	4
9	Flexible Shaft, 7.0mm dia, reaming depth to 470mm	1
10	Cleaning Brush for 3.6mm Flexible Shaft , 600mm long	1
11	Reduction Head Straight	1
12	Reduction head , displacement 2.5mm	2
13	Reamer head, 8.5mm , 9.0mm ,9.5mm,10.0mm,10.5mm 11.0mm,11.5mm,12.0mm,13.0mm,13.5mm,14.0mm	2 of each
14	Hand Reamer 8mm	2 of each
15	Cannulated Socket Wrench 11mm, Curved Driving piece	1 of each
16	Driving head	1
17	Cannulated Guide Rod	1
18	Ram	1
19	Flexible Grip for cannulated guide rod	1
20	Insertion Handle for tibial nails	1
21	Conical Bolt for tibial nails	1
22	Knurled Nut for tibial nails	1
23	Insertion Handle (femoral Nails 9-12mm)	1
24	Conical bolt (femoral Nails 9-12mm)	1
25	Knurled Nut (femoral Nails 9-12mm)	1
26	Distal Aiming Device	1
27	Protection Sleeve 11.0/8mm,4.5mm	1 of each
28	Drill Sleeve 3.2mm,trocar 8mm, Depth Gauge`	1 of each
29	Drill bits 4.0/4.5mm,225/200mm long	1 of each
30	F – tool	1

Item No.3: Fiber operative Bronchoscope-OT

- The set should contain two video bronchoscopes, one for adult use and other for pediatric use.
- Telescopic eyepiece for direct compatibility to CCTV system if required.
- Video bronchoscopes should be based on charge couple device (CCD) to collect image data.
- The CCD should be in the control section.
- For Adult Bronchoscope:
  Optical System: Field-120 degrees or more
  Depth of field =3-100 mm
  Insertion Tube-distal end outer diameter= 6 mm or less
  Insertion tube outer diameter= 6 mm or less
  Instrument channel: Inner diameter= at least 2.8 mm
  Bending range: Up/down= 180/130 degrees
  Channel diameter=2.8 mm or more
- For Pediatric Bronchoscope
  The working length should be more than 550mm.
  The distal end of the scope should have a provision for anterior and posterior angulation of more than 120 degrees.
  External diameter should be between 3.0- 4.5 mm
- Bending mechanism knob without lock
- Light weight, high resolution with integral (non-detachable) light cable
- Fully immersible in liquid disinfectant solution.
- Leak testing facility with regulated (flow and pressure) air feeding (non-pressure gauge system) through light source.
- Autoclavable suction valve to avoid risk of cross contamination
- Laser and electrocautery compatibility
- Standard set should include reusable and autoclavable biopsy forceps and cleaning/maintenance kit.
- Image grabbing and editing software
- Camera with CCD chip with monitor
- Equipment should include facility for recording images and video on DVD recorder and computer and should be equipped with DVD recorder, computer and compatible software to record and edit videos and high resolution still images for patient report.
- Equipment should have facility for simultaneous recording on DVD and Computer
- Computer requirement: Core 2 duo, at least 2G b RAM, Minimum 250 GB hard disk, DVD-Recorder, at least 17 inch LCD monitor, mouse & Keyboard
- High resolution color laser printer (at lest 1200 dpi)
- Digital video and photo capture card (fire-wire port)
- S-video facility
- Halogen light source (compact, weight less than 5-6 kg; minimum 250 watt; with stand-by lamp option)
- Built in air pump for distension and automatic leakage testing
- Should be compatible with rigid and flexible bronchoscope both
- Pump pressure 0.3-0.6 kg/cm2 (at 0 cc/min); 0.18 kg/cm2 or below (at 2000 cc/min)
- The set should have 5 biopsy forceps.

Item No.4: Ultrasound Machine

Specification

1. The system should be capable of high resolution 2D, PW, 3D with Multiplanar Reformatting, M mode, Color flow imaging and power Doppler mode.

2. The system should have 20,000 or more digital processing channels.

3. The system should have 256 Gray shades or more.

4. Transducers should be of broad band or multi-frequency technology.

5. The system should have a dynamic range of 170 dB or above. Higher dynamic range will be preferred.

6. The system should have a frame rate of 300 frames per second or above.

7. The system should have tissue Harmonic imaging facility with pulse inversion technology.

System should be able to do volume acquisition of 30 volumes/sec or more.

8. System should have compound imaging of 9 lines per steering or more.

9. The system should have Pan Zoom facility (up to 6 times or more magnification) with high resolution results in both real time and frozen images.
10. The system should have imaging depth of 30 cm or more.

11. The system should have Cine loop facility; both frame by frame and in cine mode, with a memory for at least 500 2D color images review and at least 30 seconds of Doppler and M mode data.

12. The system should have facility of Panoramic Imaging or equivalent for extended field of viewing. The system should have Real-time Compound Imaging with at least nine lines of sight for achieving excellent image quality.

13. The system should have auto optimization features for ease of use and automatic quantification of Doppler parameters in Real-time & freeze modes.

The system should have an easy to use control panel and also be rotated sidewise more than 100 degrees. Should have an alphanumeric keyboard with illuminated keys and status display and should have height adjustable control panel.

14. The system should have a High resolution Non **Interlaced** Flat Panel Monitor of 17 inches or more.

15. Should have minimum 3 active ports with direct switching from console.

16. The system should be DICOM 3.0 (or higher version) ready (like send, receive, print, record on CD/DVD, acknowledge etc.) for connectivity to any network, PC/computer etc in DICOM format.

17. System should have extensive calculation packages for general, vascular and obstetric measurements.

18. Foot switch operation for freeze and expose facility to be available.

Transducers:

Following transducers to be offered with the system:

1. Convex Array Transducer with frequency range of 2 to 5 MHz.
2. Linear Array Transducer with frequency range of 3 MHz to 12 MHz or more.
3. Endovaginal transducer with frequency range between 4 to 9 MHz with FOV not less than 120 degrees.

Image Storage and Documentation Devices:

1. Should have inbuilt hard disk for > 140,000 image storage.

2. Should have inbuilt CDRW facility to transfer images.

3. Hardcopy documentation using a multi-port DICOM compatible high-resolution laser dry chemistry camera with flexible formatting of images on 8" X 10" & 14" X 17" films. At least two active trays. DPI of camera should be 500 or more.

Certification : US FDA approval/ Certification required

Miscellaneous:

On line UPS with 5 KVA capacity for half an hour backup to support all functions of the equipment i.e. Performing ultrasound procedure, exposure on to films or copy on a CD.

Upgrading requirements

A free, comprehensive software upgrade (compatible with the existing platform) guarantee for 10 years (after installation) of the ultrasound unit must be provided.

Guarantee/Warranty

Three years comprehensive onsite warranty of entire system (Spares and labour), without exclusion, including transducers and all other accessories. This will be followed by 3 years CMC to be quoted separately, year wise.

95% uptime guarantee should be given. In case down time exceeds 5%, penalty in the form of extended warrantee, double the number of days for which the equipment goes out of service, will be applied.

General Instructions for the Vendor

1. Supplier must ensure availability of expertise service and maintenance at site for installation. Uninterrupted availability of spare parts and repair for next ten years must be assured.

2. Please note that all technical features, facilities and accessories mentioned in the tender document are standard requirements and hence, these should be offered as the standard feature. None of these should be offered as optional items.

3. In price bid, cost of locally supplied items must be quoted separately in Indian currency.

4. Please respond to each specification in the same format and order as mentioned in the tender document and specify/ indicate the verification document from the product data sheet against each column.

5. Original product data sheets, complete manuals and other necessary documents should be provided. Photocopies of these documents or printouts of the email/web pages will not be accepted.

6. When required, information other than those in the data sheets should be provided as a separate document from the principals only and should refer to the specific sections being addressed. When standard vendor data sheet disagrees with the bid response (offer/ compliance statement), clarification should accompany in the form of certificate from the principals only. In absence of this, the vendor data sheet will prevail for the purpose of evaluation and decision of the technical committee shall be final and binding on the supplier.

Item No.5 ICU Ventilator

Technical Specification:-

1. Should have facility for Invasive and Non-Invasive ventilation
2. Microprocessor control suitable for Paediatric and adult ventilation
3. Electromagnetic compatible hinged arm holder for holding the circuit
4. Should have inbuilt facility to upgrade with EtcO2
5. Should have built user friendly and large comfortable operable with screen lock, intuitive menu structure, mode preset compatibility, pressure bar graph/breath indicator & prioritized alarms display of waveforms and monitored value. Along with the following settings/features.

Facility to Measure and display:-

1. Status indicator for ventilator mode
2. Battery indication
3. Pressure Vs time Vs Volume Vs time, Flow Vs time 3 curves/waveforms
4. Alarms setting
5. Automatic compliance and leakage compensation for circuit and ET tube
6. Should have facility of book, for events and alarms with date & time

Should have following settings (ventilating settings and ranges)

1. Tidal volume 05ml to 2000ml or more)
2. Inspiratory peak flow 5-200LPM(Compensated)
3. Maximum inspiratory peak flow>180/min (depending on gas supply pressure)
4. Respiratory rate- up to 100bpm
5. SIMV respiratory rate -1 to 60 bpm
6. Inspiratory plateau 5-60% of IT
7. Apnoea back up rate
8. CPAP/PEEP
9. Pressure support
10. Fio2-21% to 100%
11. Pause time
12. Pressure & flow trigger
13. Inspiratory flow up to 120 LPM
14. Inspiratory & expiratory pause, programmable sign
15. Inspiratory Trigger (Pressure and flow trigger)

Monitoring and display of the following parameters

1. Air way pressure (Peak & Mean)
2. Tidal volume (Inspired & Expired)
3. Minute Volume (inspired & Expired)
4. Respiratory machines
5. Spontaneous Minutes Volume
6. Total frequency
7. F102 dynamic
8. Intrinsic PEEP

9. Plateau Pressure
10. Resistance & Compliance
11. Use selector alarm for all measured & monitored parameters
12. Occlusion pressure
13. Pressure Flow and volume curves

Mode of ventilation equipped with newer modes:-

1. Volume controlled ventilation (assisted/control)
2. Pressure control. Ventilator((assisted/control). PCV
3. Synchronized intermittent mandatory ventilation V-SIMV & P-SIMV
4. Pressure support ventilation (Spont, CPAP, PEEP)-PSV
5. SIMV with pressure support (Pressure and volume control)
6. PEEP
7. Inverse ratio Ventilation
8. Non-invasive ventilator-BIPAP, CPAP(NIV in PCV, SIMV, PSV)
9. Pressure support with volume guaranteed
10. APRV/BI-Phasic ventilation
11. Pressure regulated volume control (PRVC)
12. Continuous positive airway pressure(CPAP)
13. Apnoea Ventilation, User selectable, volume & pressure control
14. Should have built in safety alarms for Airway pressure High & Low, Minute volume
15. High & Low , power failure, Low oxygen, high respiratory rate, Air source inoperable
16. Should have inbuilt exhalation filter
17. Compressor should be of same company inbuilt/mounted with ventilator assembly
18. Should have compatibility with existing central pipe line

Humidifier

1. Servo controlled heated Respiratory Humidifier
2. Temperature of delivered Gas on LED display
3. Temperature should be adjustable
4. Jar should be autoclavable

Certification and Accessories

1. Quality Certification: Valid CE/BIS/US FDA
2. Demonstration of the quoted model is must, preferable on site
3. Nebulisation assembly compatible with ventilator and circuit
4. Should gave interface facility
5. Flow sensor life should have be more than 1 year
6. Expiratory Unit Life should have life more than 3 year
7. Data storage facility for at least 24HRS
8. Internal rechargeable battery at least 60 Min back up
9. Should be supplied with compatible UPS
10. Should have flow sensors having long life and the company shall specify the life cycle and the cost of the flow sensors at the time of quoting the tender
11. CMC for the at least 3 year and cost of consumable spares
12. Source: indigenous/Imported

13. Warranty 3 year from the date of installation

Standard Accessories along with:

1. Patients breathing circuit of silicone for Adult & Paediatric
2. Non invasive ventilators mask reusable for adult(3 size) and paediatric according to age 4 set each
3. ET tube Cuff pressure monitor-1 and HME filter-10

MOBILE, C-ARM X_RAY UNIT

Supply of a State-of-the-Art, Compact, Easily Transportable Image intensifier based Mobile C-Arm X-ray Unit.

The system should have the following essential features:

1. **Generator and X-ray Tube :**
   - Generator should be high frequency type, with power output of 2.5KW or more with the following modes :
     1 Continuous boost Fluoroscopy.
     2 Pulsed Fluoroscopy.
     3 Digital Radiography mode.
   - The range of KV should be at least 40-100 KV for each mode.

   Give details of :
     1 mA for each mode.
     2 Pulse width.
     3 Pulse rate.
   - The Generator should be capable of providing Pulse Fluoroscopy with Pulse rates up to 20 frames/sec or more.
   - Foot switch for fluoroscopic control should be provided
   - Automated dose regulation and manual mode of fluoroscopy should be available
   - X-ray tube should have a:
     1. Dual focal spot (specify the focal spot sizes)
     2. Focal spot of nominal value suitable for Fluoroscopy and Radiography.
     3. Nominal X-ray tube voltage 100 KV.
     4. Please mention filters available.
     5. Automatic Dose Control.
     6. Heat storage capacity should be 35 KJ or more. Minimum of 20 minutes of continuous fluoroscopy should be possible.
     7. Mention thermal protection device of the tube available
   - Collimator unit :

     A. Shutters/Diaphragm for radiation free collimation and 360^{o} rotation.
   - Grid details to be provided
2. **C-Arm :**
   - **Fully counterbalanced C-Arm movement with integrated cables and electromagnetic brakes**

   Give details of:
     - Angulation and orbital movement
     - Horizontal movement
     - Longitudinal movement
     - Swivel range
     - Source to detector distance
   - The system should have a minimum of 68 cm free space within the C-Arc to provide a large imaging space.
   - The C-Arm depth should be 60 cm or deeper to provide a large imaging space and C-Arm clearance around the patient and the imaging table.

- The C-Arm should have a manual rotation of +/- 180^0 to allow the imaging chain to accomplish angled projections.

3. **X-ray image intensifier**
   - At least dual field X-ray image intensifier with field sizes of 23 cm (9")or more and 16 cm (6")or more should be available
   - Specify the make, model and name of the manufacturer
   - Minimum resolution should be 1lp/mm
   - The II entrance should have a grid of minimum of 40lp/mm; 8:1 or more
   - Unit should be provided with cassette holder
   - It should have a CCD based camera of reputed make (atleast 1Kx1K pixels). Specify the make, model and name of manufacturer.
   - **Image rotation and top/bottom and left/ right reversal should be possible**

4. Image viewing
   - Two TFT monitors of 15" size or more (medical grade) mounted on a trolley should be provided. Specify the make, model and name of the manufacturer
   - **The display system should have a minimum brightness of 550cd/m2**
   - **Standard 4 frame image memory at the control console and last image hold capability should be available**
   - **Cine image acquisition and long cine loop visualization in real time should be available through either control console or separate add-on imge viewing system**
   - **System should have a hard disc drive storage capacity of 200GB or more with post-processing facility**
   - **Storage and transfer facility to CD or pen drive should be available.**
   - Alphanumeric keyboard for entering patient data and for image annotation etc.

5. **Image Documentation:**
   - The unit should be DICOM ready for networking to the hospital network & any PC and PACS.
   - Should be possible to archive images on CD R / W DICOM 3 format.
   - Print images on paper / Film.

- **Essential Accessories:**
   - Online UPS for least 30 minutes back up for the system.
   - Zero Lead Aprons (light weight): 5 Nos.
   - Sterile covers (100 disposables) for C-Arm, X-ray tube and Flat Panel Detector.
   - Integrated dose measuring chamber displaying the dose at the end of the study must be available.

- **Other features :**
   - Quoted equipment should meet European CE or USA FDA approval standards.
   - The system offered should have AERB type approval / NOC for installation and use in India.

8. **IMPORTANT INSTRUCTIONS:**

- All information in the tender document must be supported by original product data sheets. Computer generated data sheet shall not be accepted.
- All information asked for must be provided in the compliance statement under the headings given above.
- Supplier must ensure the availability of 'expertise service' and maintenance in New Delhi. Spare parts and repair for the next 10 years must be ensured.

d) Application Specialist should be available for on-site training

e) DICOM format image transfer facility to remote workstation with at least for image review/archive.

9. **INSTALLATION:**

Installation, including networking, shall be free of cost and shall be the responsibility of the supplier. All accessories like cables, ports and spares etc as necessary for complete, smooth and breakdown-free functioning of the entire system shall be the responsibility of the supplier.

10. **AFTER INSTALLATION WARRANTY:**

After installation, **three years comprehensive onsite warranty** of the equipment, inclusive of all parts/components including X-ray tube, batteries of UPS, software should be provided by the Principals, with free upgradation with newer software technology, as and when evolved. The supplier shall separately quote annual CMC rates for three (inclusive all parts as above) in continuity after the warranty period with year wise break up.

The supplier shall give a commitment for 98% uptime of the equipment**.**

11. The C-Arm should be matched with the existing OT Table supplied at Emergency and Trauma Centre, Kathmandu, Nepal

Item No. -7 SPECIFICATIONS FOR DIGITAL MOBILE X-RAY UNITS

Battery Driven, compact, easily transportable digital with flat panel detector mobile radiographic unit with telescopic/articulated arm with inbuilt DAP meter suitable for bedside X-Ray for ward patients, intensive care unit and operation theatre. It must include the following:

A. Generator:

1. It should be microprocessor controlled high frequency with output 30 KW or more.
2. KV range: 40 KV to 125 KV or more.
3. Tube current: 300 mA or more.
4. It should have an electronic timer with shortest exposure time – 1ms or less.
5. It should have a digital display of mAs and KV.

B. X-Ray Tube:

1. Output should match the output of the generator.
2. It must be a rotating anode type with 3000 rpm or more.
3. Dual Focal spot X-Ray tube with 0.6 mm for small focus and 1.2 mm for large focus.
4. Anode heat storage capacity should be high. Please specify.
5. Multi leaf collimator with FFD display should be supplied with the system.

C. Flat panel detector:

1. The flat panel detector made up of amorphous selenium/silicon with CsIscientillator size atleast 14" x 17"
2. Detector should be Wi Fi enabled wireless).
2. The detector pixel matrix should be 2k x 2k or more with DQE atleast 65%.
3. Pixel size should be 170 µm or less.
4. The machine should have provision for detector storage compartment.
5. The image processing time after exposure should not be more than 5 sec.
6. Weight of the detector shouldn't be > 5 Kg.

D. Battery:

1. The machine should be able to run on mains as well as on battery supply. Please specify battery backup time/number of exposures.
2. The battery should also provide power for the motor to move the machine.
3. The battery should be able to be charged from a normal 15A, 220-240V single phase socket in less than 4 hours.
4. It should be capable of at least 100 exposures on battery.

E. Inbuilt Console:

1. The machine should have an integrated/inbuilt console with a TFT touch screen.
2.The console should be able to view the image, and provide post processing features, using touch screen.
3.The post processing features should include zoom, contrast and brightness adjustment etc.
4.It should have image storage memory of at least 3000 images.

F. Other features:

1. The unit must have an effective braking system for parking, transport and emergency braking. The tube stand must be fullycounter balanced with rotation in all directions.

2. It must have a telescopic/articulated arm for maximum positioning flexibility in any patient position. The angles in various planes to be specified by the manufacturer. The cables should preferably be concealed in the arm system.

3.The facility for exposures with remote control/detachable exposure switch should be possible.

4.Detachable exposure switch should be supplied with a chord of at least 5 meters.

5. The whole unit should meet European CE and USA FDA approved standards and must have AERB type approved/NOC.

G. Connectivity:

The machine should be fully network ready and it should be possible to transfer images and patient data from and to hospital network using LAN connectivity or wireless LAN.

H. Accessories:

A dry chemistry camera with DPI of 500 or more. It should have three active trays of different sizes.

I. Warranty/ Guarantee:

Vendor should offer on site warranty for 5 years for the whole unit including x-ray tube, detector and all other accessories, batteries and consumables required to run this unit.
After expiry of warranty, CMC should be for five years which includes x-ray tube, detector all other accessories, batteries and consumables required to run this unit.

SECTION - V

FORMATS

BID FORM

To: (Name and address of Purchaser)
IFB Ref.:…….
Item Ref.: …….

Having examined the Bidding Documents including if any Addenda Nos. issued _____ , the receipt of which is duly acknowledged, we, the undersigned, offer to supply and deliver…… (Description of Goods and Services) in conformity with said bidding documents.

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

If our bid is accepted, we will submit performance security in a sum of equivalent to 10% of the Contract Price for the due performance of the contract.

We agree in consideration of Rs.100/- if demanded to abide by this bid for a period of 180 (one hundred eighty) days after the date fixed for bid opening and it shall remain binding upon us and may be accepted at any time before the expiration of that period.

Until a formal contract is prepared and executed, this bid together with your written acceptance thereof shall constitute a binding contract between us.

We enclose our Comprehensive Maintenance Contract for three years, which forms part of our bid.*

We confirm that stipulated Bid Security is enclosed herewith as a part of bid.

We understand that you are not bound to accept the lowest or any bid you may receive.

We accept all your terms and conditions stipulated in this tender document without deviations, both technical & techno-commercial.

Dated this……. Day of…… 200……

* Applicable for Equipments only.

(Signature) (In the capacity of)

Duly authorised to sign Bid for and on behalf of

_____
Signed

MANUFACTURERS' SELF AUTHORIZATION FORM

No._____ dated_____.

To
_____
_____
_____
_____

Dear Sir,

IFB NO. _____.

We _____ who are established and reputable manufacturers of_____ (name and description of goods offered) having factories at _____ (address of factory) do hereby submit a bid, and sign the contract with you against the above IFB. No……..

No company or firm or individual other than M/s _____ (name of the manufacturer) are authorised to bid, and conclude the contract in regard to this business, against this specific IFB.

We hereby extend our full guarantee and warranty as per Clause 26 of the General Conditions of Contract & CMC for the goods and services offered for supply by us against this IFB.

Yours faithfully,

(Name)

(Name of Manufacturers)

Note:- This letter of authority should be on the letterhead of the manufacturer and should be signed by a person competent and having the power of attorney to bind the manufacturer. It should be included by the Bidder in its bid.

MANUFACTURERS' AUTHORIZATION FORM

No._____ dated_____.

To

_____
_____
_____
_____

Dear Sir,

IFB.No. _____.

We _____ who are established and reputable manufacturers of_____ (Name and Description of Goods offered) having factories at _____ (Address of Factory) do hereby authorize M/s_____ (Name & Address of the Agent) to submit a bid, and sign the contract with you against the above IFB. No……..

No company or firm or individual other than M/s _____ (Name of the Agent) are authorised to bid, and conclude the contract in regard to this business, against this specific IFB.

We hereby extend our full guarantee and warranty as per Clause 26 of the General Conditions of Contract & CMC for the goods and services offered for supply by the above firm against this IFB.

Yours faithfully,

(Name)

(Name of Manufacturers)

Note:- This letter of authority should be on the letterhead of the manufacturer and should be signed by a person competent and having the power of attorney to bind the manufacturer. It should be included by the Bidder in its bid.

Proforma for Performance Statement (for a period of last five years)**(Please read foot-note below)**

Name of Item offered_____Date of Opening_____ Time_____ Hours_____

Name of the Firm _____

Order placed by (full address of Purchaser)	Order No. and date	Description and quantity of Goods ordered	Value of order	Date of completion of delivery as per contract	Remarks indicating reasons for late delivery if any	Has the stores been satisfactorily supplied? (Attach a certificate from the Purchaser\ Consignee)	
1	2	3	4	5	6	7	8

Signature and seal of the Bidder _____

_____

Note: This form will be considered complete only if duly filled and supported with proof of order copies, satisfactory order execution certificates from client and other relevant details enclosed with this form and same shall be applicable for assessing single order execution criteria as per SCC clause 4A (iv) of this document.

Technical Compliance Statement Format

This information to be filled in as per the following format by all the bidders for each equipment bid by them and duly signed and to be submitted along with the techno-commercial bid:

Schedule Ref. **(1)**	**Name of the Equipment with Tender Specifications** **(2)**	**Compliance of parameter/ specification** **(3)**	**Non-Compliance of parameter/ specification** **(4)**	**Remarks for Sr.No.(4)** **(5)**

The information given above is factual & based on product specification details as per the latest catalogues/ product data sheets and technical literature enclosed.

Signature of the bidder & seal:

SAMPLE PRICE SCHEDULE

A) PRICE SCHEDULE FOR DOMESTIC GOODS OR GOODS OF FOREIGN ORIGIN LOCATED WITHIN INDIA

1	2	3	4	5							6
				Price per unit							
Item	Brief description of goods	Country of origin	Qty (No's)	Ex - factory/ Ex - warehouse /Exshowroom /Off - the shelf	Excise Duty (if any) [%age & value]	Sales Tax/CST against Form D/ VAT/ CENVAT (if any) [%age & value]	Packing and Forwarding charges	Inland Transportation, Insurance loading/ unloading and Incidental costs till consignee's site	Incidental Services (including Insurance, Installation & Commissioning, Supervision, Demonstration and Training) at the Consignee's site	Total Unit Price =a+b+c+d+e+f	Total Price (Rs.)
				5 (a)	5 (b)	5 (c)	5(d)	5(e)	5 (f)	5(g)	4 x 5(g)

Total Tender price in Rupees: _____

In words: _____ _____

Note: -

1. If there is a discrepancy between the unit price and total price THE UNIT PRICE shall prevail.

2. The Bidder will be fully responsible for the safe arrival of the goods at destination (consignee site) in good condition.

Signature of Bidder_____

Name_____

Business Address_____

Seal of the Bidder_____

Place: _____

Date: _____

SAMPLE PRICE SCHEDULE

B) PRICE SCHEDULE FOR GOODS TO BE IMPORTED FROM ABROAD

1	2	3	4	5							6
				Price per unit							
Item	Brief description of goods	Country of origin	Qty (No's)	FOB price at port/ airport of Loading	CIP price at port/ air port	Custom Duty amount with CDEC & NMIC if applicable (To be reimbursed by the purchaser)	**Customs Clearance & Handling	**Inland Transportation, Insurance loading/ unloading and Incidental costs till consignee's site	**Incidental Services (including Insurance, Installation & Commissioning, Supervision, Demonstration and Training) at the Consignee's site	Total Unit Price =a+b+c+d+e+f	Total Price (Rs.)
				5 (a)	5 (b)	5 (c)	5(d)	5(e)	5 (f)	5(g)	4 x 5(g)

** To be paid in Indian Currency (Rs.)

Total Tender price: _____

In words: _____

_____

Note: -

1. If there is a discrepancy between the unit price and total price THE UNIT PRICE shall prevail.

2. The Bidder will be fully responsible for the safe arrival of the goods at destination (consignee site) in good condition.

Indian Agency Commission - ___% of FOB (included/excluded above)

Custom Duty with CDEC & NMIC if applicable: ____% of CIF value [Column 5 (c)]

Signature of Bidder_____

Name_____

Business Address_____

Seal of the Bidder_____

Place: _____

Date: _____

SAMPLE PRICE SCHEDULE

C) PRICE SCHEDULE FOR COMPREHENSIVE ANNUAL MAINTENANCE CONTRACT AFTER WARRANTY PERIOD

1	2	3	4			5
Item No.	Brief description of Goods	Qty (No's)	Comprehensive Annual Maintenance cost with spares for each unit year wise after warranty period			Total CAMC cost for 3 years [(col. 3 x (4a+4b+4c)]
			1st	2nd	3rd	
			a	b	c	

- After completion of Warranty period

NOTE: -

1. ***In case of discrepancy between unit price and total prices, THE UNIT PRICE shall prevail.***

Place: _____

_____

Date: _____

_____

Signature of Bidder

Name

Business address_____

Seal of the Bidder_____

BID SECURITY FORM

Whereas .....1 *(hereinafter called "the Bidder")* has submitted its bid dated ..... *(date of submission of bid)* for the supply of ..... *(name and/or description of the goods)* (hereinafter called "the Bid").
KNOW ALL PEOPLE by these presents that WE ..... *(name of bank)* of ..... (name of country), having our registered office at ..... *(address of bank)* (hereinafter called "the Bank"), are bound unto **Ministry of External Affairs, Govt. of India** *(name of Purchaser)* (hereinafter called "the Purchaser") in the sum of _____ for 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 _____ 20___.

THE CONDITIONS of this obligation are:

1. If the Bidder

    (a) withdraws its Bid during the period of bid validity specified by the Bidder on the Bid Form; or

    (b) does not accept the correction of errors in accordance with the ITB; or

2. If the Bidder, having been notified of the acceptance of its bid by the Purchaser during the period of bid validity:

    (a) fails or refuses to execute the Contract Form if required; or

    (b) fails or refuses to furnish the performance security, in accordance with the Instruction to Bidders;

We undertake to pay the Purchaser up to the above amount upon receipt of its first written demand, without the Purchaser having to substantiate its demand, provided that in its demand the Purchaser will note that the amount claimed by it is due to it, owing to the occurrence of one or both of the two conditions, specifying the occurred condition or conditions.

This guarantee will remain in force up to and **including forty five (45) days after the period of the bid validity,** and any demand in respect thereof should reach the Bank not later than the above

Date: (Signature of the Bank)

_____
Name of Bidder

PERFORMANCE SECURITY FORM

To: Ministry of External Affairs, Govt. of India (Name of Purchaser) **WHEREAS** ..... (Name of Supplier) hereinafter called "the Supplier" has undertaken , in pursuance of Contract (Purchase order) No..... dated,..... 2013 to supply.....(Description of Goods and Services) hereinafter called "the Contract".

AND WHEREAS it has been stipulated by you in the said Contract that the Supplier shall furnish you with a Bank Guarantee by a recognized bank for the sum specified therein as security for compliance with the Supplier's performance obligations in accordance with the Contract.

AND WHEREAS we have agreed to give the Supplier a Guarantee:

THEREFORE WE hereby affirm that we are Guarantors and responsible to you, on behalf of the Supplier, up to a total of .... (Amount of the Guarantee in Words and Figures) 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 limit of ..... (Amount of Guarantee) 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.....20……

Signature and Seal of Guarantors
……..
……..
……..
Date.....20…….

Address : ……..
……..

AFFIDAVIT/UNDERTAKING

I/ We have read and understood the instructions and the terms and conditions contained in the document. I/We accordingly accept all terms and conditions of the tender enquiry document including the essential conditions specially incorporated in the tender enquiry like terms of terms of payment, liquidated damages clause, warranty clause, dispute resolution mechanism applicable law. I/ We confirm that we do not stand deregistered/banned/blacklisted by any Govt. Authorities. I/ We do hereby declare that the information furnished/ uploaded is correct to the best of my/our knowledge and belief. I/ We also hereby certify that if at any time, information furnished by us is proved to be false or incorrect; I/ We are liable for any action as deemed fit by the purchaser in addition to forfeiture of the earnest money and blacklisting of our firm.

Date: (Signature of the bidder)

NAME & ADDRESS OF THE BIDDER

NOTE: To be submitted on non-judicial stamp paper of Rs. 100/- duly certified by Public Notary

CONSIGNEE RECEIPT CERTIFICATE

(To be given by consignee's authorised representatives)

The following Goods (Quantity mentioned against each) has/have been received in good conditions along with a copy of inspection report.

Name of items supplied …….

Against P.O. ref. dated…….

Suppliers Name

Consignee name and Address
with telephone No. & Fax No.

Description of the Item

Make & model:

Quantity:

Date of receipt:

Date:
Place:

_____
(Authorised Representative)/ Consignee

Name and Designation of the officer
Phone No.:

CONSIGNEE ACCEPTANCE CERTIFICATE

(To be issued by Consignee's authorised representative)

The following goods/equipment, supplied by the Supplier at this Hospital are as per the specification mentioned in the Purchase Order/ Contract and have been successfully installed, tested and commissioned by the Supplier including imparting training:

1. Description of the item(s) supplied :

2. Name of Supplier :

3. a) Quantity Supplied :

   b) Quantity supplied in damaged condition, if any :

4. Name and address of Consignee :

5. Date of receipt of Consignee :

6. Date of Installation, Demonstration and Training by Supplier :

7. Signature of the Director of Hospital with date :

8 Name of the Director

9. Seal of Consignee :

   Telephone Number of Consignee :

   Facsimile Number of Consignee :

10. Contract No.

.

Fill up the Check List for Bidders and enclose with the Bid

1. The Bidder should furnish specific answers to all the questions/issues mentioned in the Checklist. In case a question/issue does not apply to a bidder, the same should be answered with the remark "not applicable"

2. Wherever necessary and applicable, the bidder shall enclose certified copy as documentary proof/ evidence to substantiate the corresponding statement.

3. In case a bidder furnishes a wrong or evasive answer against any of the question/issues mentioned in the Checklist, its bid will be liable to be ignored

CHECKLIST

Name of Bidder:
Name of Manufacturer:

S. No.	Activity	Yes/No	Page No. in bid	Remarks
1.	Have you enclosed EMD of required amount for the quoted Items?			
2.	Have you enclosed Bid document fee of required amount in case the Bid document has been downloaded from websites? In case the Bid document fee has been paid in cash at HSCC office, have you enclosed the receipt?			
3.	Have you enclosed duly filled Bid Form as per format?			
4.	Have you enclosed purchase/ downloaded bid document duly authenticated.			
5.	Have you enclosed Power of Attorney in favour of the signatory, on non judicial stamp paper duly notarized.			
6.	Have you enclosed clause-by-clause technical compliance statement for the quoted goods vis-à-vis the Technical specifications?			
7.	In case of Technical deviations in the compliance statement, have you identified and attached the list of deviations?			
8.	Have you submitted satisfactory performance certificate as per the Proforma for performance statement in Bid document in respect of all orders?			
9.	Have you submitted copy of the order(s) and end user certificate?			
10.	Have you submitted manufacturer's authorization as per format?			
11.	Have you submitted prices of goods, turnkey (if any), comprehensive AMC etc. in the Price Schedule?			
12.	Have you kept validity of 180 days from the Techno-Commercial Bid Opening date as per			

	the Bid document?			
13.	Have you intimated the name and full address of your Banker (s) along with your Account Number			
14.	Have you submitted the certificate of incorporation?			
15.	Have you accepted all terms and conditions of Bid document?			
16.	Have you furnished documents establishing your eligibility & qualification criteria as per Bid documents?			
17.	Have you furnished Annual Report (Audited Balance Sheet and Profit & Loss Account) for last three years prior to the date of Bid opening?			

N.B.

1. **All pages of the Bid should be page numbered and indexed.**
2. **The Bidder may go through the checklist and ensure that all the documents/confirmations listed above are enclosed in the Bid and no column is left blank. If any column is not applicable, it may be filled up as N A.**
3. **It is the responsibility of bidder to go through the Bid document to ensure furnishing all required documents in addition to above, if any.**

_____

(Signature with date)

_____

(Full name, designation & address of the person duly authorized sign on behalf of the Bidder)

For and on behalf of

_____

_____

(Name, address and stamp of the Biding firm)

Annexure - I

Tripartite Agreement

Whereas the agreement is made this …..... day of …..... ..... 200 …... between _____ Director NAMS for Nepal- Bharat Maitri Emergency and Trauma Centre (NBMETC) Kathmandu, Nepal. .(Hereinafter called the first party), _____ Principal Manufacturer (hereinafter called the second Party) and _____Agent (Third party)

1. That this contract shall be effective from the date of satisfactory installation of _____ equipment(_____) to (_____) i.e the warranty period and the through Comprehensive annual Maintenance contract for two years beyond the Warranty period, which may, if the parties hereto mutually agreed to extend from time to time

2. The first party has entered into an agreement with the second and third party for supply of _____ equipment against order No. _____ for supply, installation, Warranty and comprehensive Annual Maintenance contract as per the terms and conditions of the tender document No. _____

3. The second and third party should provide 3 years full onsite comprehensive warranty with spares and 3 years comprehensive Annual Maintenance Contract (AMC) (with spares) for the 4rd, 5th & 6th year after expiry of initial three years satisfactory comprehensive warranty with spares. Warranty will start only from the date of final acceptance of the machine at the department.

4. The comprehensive Warranty shall include free services and free provision of spares. It shall be the responsibility of Second party to ensure all consumables/reagents/necessary spares are available continuously without interruption.

5. The First party shall promptly notify the second or third party in writing of any claim arising under this warranty. Upon receipt of such notice, the second or third party shall, with all reasonable speed, repair or replace the defective Goods or parts thereof, free of cost at the site. The second or third party shall take the replaced parts/goods at the time of their replacement. No claim whatsoever shall lie on the first party for the replaced parts thereafter. The warranty period will stand extended accordingly. The warranty period will stand extended accordingly. The second or third party shall ensure a minimum uptime guarantee of 95% for the equipment.

6. If the second or third party having been notified fails to remedy the defect (s) within a reasonable period, the first party may proceed to take such remedial action as may be necessary, at the Second party's risk and expense and without prejudice to any other rights which the first party may have against the second party under the Contract or in Law.

7. The First party reserves the right to reject any set of equipment found defective within 30 days after the date of acceptance of equipment. The cost towards replacement will have to be borne by the second or third party.

8. During the Warranty period, the second or third party is required to visit the consignee's

site at least once in 6 months commencing from the date of installation for preventive maintenance of the goods. Besides this, the second party or third party will also depute their engineer on the receipt of letter or telephonic message and shall arrange to repair the equipment immediately.

9. If the second party cancel/terminate/expire the agency contract with the third party. The Second party will be liable for the contractual obligation including delivering the ordered goods and for undertaking satisfactory installation and commissioning etc. including warranty servicing and CMC.

10. In Case of any defaults, the First party shall be authorised to levy a penalty not exceeding Rs.1000/- for each default and in case of three consecutive defaults may forfeit the performance security in part or full at the discretion of the Director NAMS for Nepal-Bharat Maitri Emergency and Trauma Centre (NBMETC) Kathmandu, Nepal.

11. In Case, the second party fails to comply with the terms & conditions of the contract or fails to carry out the servicing/maintenance the first party shall be entitled to forfeit the security money.

12. The second or third party shall attend to any number of break down calls without extra payment and the call will be attended immediately.

First Party	Second Party	Third Party
Director NAMS for Nepal- Bharat Maitri Emergency and Trauma Centre (NBMETC) Kathmandu, Nepal	**Principal Manufacturer**	**Agent**

Description & Specifications

SCHEDULE OF REQUIREMENT

Item No.	Name of the Item	Qty
1.	Blood Gas Analyzer	1
2.	Intramedullary Nailing Set	3 set
3.	Fiber operative Bronchoscope-OT	1
4.	Ultrasound Machine	2
5.	ICU Ventilator	14
6.	C Arm	2
7.	Digital Mobile X ray Machine	1

Delivery , Installation and commissioning (GCC 9)

Delivery, installation and commissioning of the Goods upto the site (Director NAMS for Nepal- Bharat Maitri Emergency and Trauma Centre (NBMETC) Kathmandu, Nepal.) shall be made by the Supplier within 12 weeks from the date of contract (or from the date of establishing Letter of Credit in favour of the Principals in case of imported origin Goods) **unless specified in IFB**

Name of consignee: Director NAMS for Nepal- Bharat Maitri Emergency and Trauma Centre (NBMETC) Kathmandu, Nepal.