

INVITATION FOR QUOTATION

HSCC/PUR/Low Value/AIIMS Rae Bareli/ Temp OPD Equipment /2018

Dated: 22.02.18

To,

All Bidders

Subject: Invitation for Quotations for supply of Low Value Items for setting up of Temporary OPD for AIIMS, Rae Bareli under PMSSY.

Dear Sirs,

1. HSCC (India) Ltd. for and on behalf of Ministry of Health & Family Welfare, Government of India invites your most competitive quotation for the following goods:

S. No.	Name of Equipment/ Instruments	Qty.
	<u>OPD Consultant Rooms</u>	
1	BP Apparatus	10
2	Tunning Fork	10
3	Stethoscope	10
4	Hammer Patella	10
5	X ray view box Single	10
6	SS Trays with Cover	10
7	Kidneys Trays	10
8	Wash Basin on stand	10
9	Proctoscope Set (Small, Medium, Large)	10
10	Fetus Monitor (Pinnard)	10
11	Cusco Specuulum (small, medium, large)- each set	10
12	Anterior vaginal Retractor	10
	<u>LAB</u>	Qty.
13	Binocular Microscope	1

14	Lab. Incubator	1
	Pediatrics OPD - 2 Nos.	Qty.
	A. OPD	
15	Infant Weighing Machine (Balance type)	2
	Gyn. OPD - 2 Nos.	Qty.
16	Instrument trolley	2
17	Vaginal speculum Dual	2
18	Dressing drums	2
	Ophthalmology - 2 No.	Qty.
19	Schiotz Tonometer	2
20	Distant Vision Snells Test Types with different languages	2
21	Trial Set	2
22	<p style="text-align: center;">RESUSCITATION KIT</p> <p>Laryngoscope (Pediatrics)- The blade should have smooth extending from the base of the tips. The stainless steel blades should have light source as Individual The handle should be matt finish, which accepts two "AA" size, 1.5 V batteries. Should be supplied with Pediatric & Neonatal(Straight) Blade sizes(O & 1 size) 4 Bulbs should be supplied as spares. Should be supplied with a carrying case/ Box. Should have a warranty of minimum 3 years.</p> <p>Ambu bag (Pediatric) must be made of High quality Autoclavable Silicon material.(500ml) Compressible & self inflating. Should have non breathing valve with 40 cm of H2O pressure release. Should have 360 degree swiveling patient connector. Should have corrugated PVC oxygen reservoir & 1.5 meter PVC oxygen . Should be supplied in a carry case. Should have a warranty of minimum 3 years.</p>	2

	<p>The Endo-tracheal (ET) tubes should be made of high quality disposable material.</p> <p>Should be Oro-tracheal type with tapering at end.</p> <p>Should be individually packed & sterile.</p> <p>Should be available in different Pediatric sizes(2.5; 3; 3.5 & 4mm)</p>	
23	<p>ENT HEAD LIGHT WITH LIGHT SOURCE</p> <ol style="list-style-type: none"> 1. Headlight to be used for Examination/ Operative Procedure in ENT Practice. 2. Should be with the double lens system and twin light cable for even distribution the weight on head. 3. Minimum Light Intensity should be more that 1,75,000 Lux. 4. Illuminated area should be adjustable from 20-80 mm in diameter with 40cm working distance. 5. Should be provided with removable and sterillizable focus handle for patient safety in the OR. 6. Headband should be fully adjustable and provided with forehead cushion for better comfort. 7. Twin light cable with the protecting casing to prevent any damage to it in the daily clinical use. 8. It should have precise delineation and no luminous field color margins. 9. It should have homogeneous illumination of the luminous field without shadows. 10. Length of light cable should be more that 280 cm for greater freedom of movement. 11. Should be provided with xenon light source of 175 watts with spare lamp. 12. The product should be US FDA/ European CE certified and safety standard as per IEC 601 13. Warranty as per bid document and CAMC as per bid document 	2
24	<p>LENSOMETER</p> <ul style="list-style-type: none"> • Large measuring capacity (30mm to 90mm) 	2

	<ul style="list-style-type: none"> • LED Light source • Power sources: Dry batteries or Ni-Cd rechargeable batteries with auto shut off • Freely adjustable instrument tilt: 0-90 degrees • Measures all types of lenses including progressive lenses • PD Measurement available <p>Built in thermal printer</p>	
25	<p>APNEA MONITOR</p> <ul style="list-style-type: none"> -Should have combination of both chest wall movements. -Should be able to detect apnoea , RR, HR/ SPO2 (optional) -Alarm loudness adjustable -Easy to operate -Time limit can be set -Alarm for high and low RR/ HR -- Should have CE/ FDA approval. --Warranty/Guaranty: 2 years comprehensive warranty -- List of important spare parts and accessories with their part number and costing log book instructions for daily, weekly, monthly and quarterly maintenance check list --Average life of the equipments should be mentioned by the company 	2

2. Quotation,

2.1 The contract shall be for the full quantity as described above. The rate quoted should be valid till 30.06.18.

2.2 Corrections, if any, shall be made by crossing out, initialing, dating and re writing.

2.3 The prices quoted by the bidder shall be fixed for the duration of the contract and shall not be subject to adjustment on any account. Purchaser reserve the right to increase the quantity at the time of order upto 100% of the original quantity tendered.

2.4 The unit price/ rate of the item should be clearly indicated in the tender. Rates /Prices quoted Inclusive of all taxes, duties, forwarding, insurance & transportation upto

destination (AIIMS, Rae Bareli).

3. Each bidder shall submit only one quotation.

4. Evaluation of Quotations,

The Purchaser will evaluate and compare the quotations determined to be substantially responsive i.e. which are properly signed along with Make & Model must be quoted along with literature duly marked with specification asked in quotation; and confirm to the terms and conditions, and specifications.

5. The Quotations would be evaluated item wise.

6. Award of contract:

The Purchaser will award the contract to the bidder whose quotation has been determined to be substantially responsive and who has offered the lowest rate for the item.

6.1 Notwithstanding the above, the Purchaser reserves the right to accept or reject any quotations and cancel the bidding process and reject all quotations at any time prior to the issue of Purchase order without assigning any reason.

7. Delivery period shall be 10 days from date of placement of order.

8. Payment shall be made in Indian Rupees as follows:

Satisfactory Acceptance - 100% of total cost

9. All supplied items shall under warranty of **12** months from the date of successful acceptance of items.

10. You are requested to provide your offer latest by **14:30** hours on **27.02.18** .The quotations will be opened in HSCC office at 15:00 hours on **27.02.18** in the presence of tenderer or their authorised agents such as they may choose to attend.

11. Information brochures/ Product catalogue, if any must be accompanied with the quotation clearly indicating the model quoted for.

12. Sealed quotation to be submitted/ delivered at the address mentioned below,

General Manager (Procurement)
HSCC (India) Ltd
E- 6 (A), Sector -1
NOIDA - 201 301

THE COVER SHOULD BE SUPERSCRIBED WITH THE FOLLOWING:

Reference to letter of enquiry.

Due date of opening.

13. We look forward to receiving your quotation and thank you for your interest in this project.

14. Quoted amount should be in Indian Rupees only and should be valid till 30.06.18

15. For all items the Technical Evaluation Committee, may opt for Demonstration of the items. The Committee may also ask for Demonstration / Inspection before supply / delivery of the items for quality assurance.

16. Insurance of 110% value upto the delivery of site Shall be arranged by supplier and cost of the same should be included in the price quoted.

Note: Please indicate the quotation reference no. (given at the top of page 1 of this letter) on the quotation envelope.

The details of various medical equipment are also made available at www.hsccltd.co.in, modification/amendments etc, if any, shall only be notified on website.

General Manager (Procurement)

Price bid

SI No.	Name of Item	Qty(Nos)	Unit Price (Rs.) (Incl. Of forwarding, packing, insurance, transportation up to destination)	Tax (if any)	Unit Price (Incl. Tax)	Total Price(Incl. Tax) Rs.

We accept all terms and conditions of the above Invitation of Quotation.

Signature

Authorized signatory *Name & Designation*

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