

OFFICE OF THE SUPERINTENDENT

SAHEED LAXMAN NAYAK MEDICAL COLLEGE AND HOSPITAL, KORAPUT

Tel.No.06852 252121

E-mail:slnmchkpt22@gmail.com

No. 6332 /2023

Date. 09.11, 2023

QUOTATION/ TENDER CALL NOTICE

Sealed Tenders are hereby invited from the intending Authorized Firms/ Dealers having valid ISO/ISI/GMP Certificate, GST Registration (Odisha only) Certificate, PAN Card, IT Return of last 03 years and Manufacturer Authorization Certificate for supply of the following Equipments for use in Saheed Laxman Nayak Medical College & Hospital, Koraput . The detailed documents are publishing from date 10-11-23.

SL No	Item Name	Specification/ Strength	Rate per unit	GST %	Total cost	Warranty
01	Kangaroo Mother Care Bed	as per enclosure Annexure-A				03 years On-site warranty
02	Kangaroo Mother Care Chair	as per enclosure Annexure-B				03 years On-site warranty
03	Syringe Pump	as per enclosure Annexure-C				03 years On-site warranty
04	Hand Dryer	as per enclosure Annexure-D				03 years On-site warranty

The Firms should quote their rate per unit and tax separately. The sealed Tenders super scribed as "Tenders Call Notice for supply of Equipments for use in SLNMCH, Koraput" should reach the Office of the undersigned by 02-12-23 at 3.00 PM through Speed post/ Regd. post/ Courier only. The tenders received beyond the scheduled date and time will not be considered under any circumstances. The sealed quotation received by the undersigned will be opened on dt: 09-12-23 at 12.30 PM. The tenderer/bidder or their authorized representatives are allowed to be present during the opening of the tenders, if they so like. The undersigned reserves the right to cancel/reject any or all the quotation without assigning any reason thereof. The successful bidder should submit Rs. 20000/- as performance security after awarding with contract.

Documents to be submitted

1. GST Details
2. PAN
3. IT Return of last 03 years (as per Annexure-E)
4. Valid ISO/ISI/GMP certificate
5. Manufacturer Authorisation Certificate (as per Annexure -F)
6. Tender Paper Cost- Rs. 1000/- (non-refundable) in shape of Demand Draft in favour of Medical Superintendent, SLN MCH, Koraput payable at any nationalised bank.
7. Notarized affidavit regarding non-blacklisting by any Govt. Organization in Rs.10/- stamp paper (as per Annexure-G) .


Superintendent
SLNMCH, Koraput

Specification KMC BED

Type of bed	Semifowler
Number of bed platform sections	2 for semi fowler bed
Manual adjustments	Backrest through two screw systems with thrust bearings individually manouvred by handle for semifowler bed
The bottom end of the H legs are provided with PVC shoes	NA in case of bed with castors
Material of handle	SS
Provision of castors	H' Type Legs with 600 mm Height with 125 mm(5") dia High Grade Synthetic Body Castors, two with brake, two w/o brake
Number of hooks in Telescopic I V Pole	2
Number of sections in mattress	2 for semi fowler bed
Provision of collapsible Railing	YES
Size of Buffer in mm	100
Overall length of Back Rest	775-800
Overall length of Fix Section	100-150
Overall width of fix section	750-775
Colour of mattress cover	BLUE
Material of collapsing railing	MS
Types of collapsing railing	Collapsable
Availability of test report from govt/ NABL/ILAC accredited lab covering all parameters	Yes
Copies of all certifications and reports to be provided to buyer on demand at time of supplies	Yes


9/11/2023


Medical Superintendent
SLNMCH, Koraput

Specification Infusion Syringe

Flow rate range	50mlsyringe: From0.1to1800.0ml/h 30mlsyringe: From0.1to1200.0ml/h 20ml syringe: From 0.1 to 800.0 ml/h Increment:0.1ml/h fo rall syringetypes 10ml syringe: From 0.1to 400.0 ml/h 5mlsyringe: From0.1to200.0ml/h
Syringes capacities	5ml,10ml,20ml(30ml),50ml(60 ml)
Accuracy	z1%deviceaccuracy(withoutdisposablevariability),z3%totalaccuracy
Volume to be infused	From0.0to1999.9ml,0.1mlincrement
Infusion Time	From1.0minto1999min,1minincrement
Bolusor Purge rate	50mlsyringe:From0.1to1800.0ml/h 30mlsyringe:From0.1to1200.0ml/h 20mlsyringe:From0.1to800.0ml/h 10mlsyringe:From0.1to400.0ml/h 5mlsyringe:From0.1to200.0ml/h Increment: 0.1ml/h for all syringe types
Bolus volume	From1.0to100.0ml,0.1mlincrement
Anti Bolus System	Yes
Data log event	5,000events
KVO rate	1.0ml/h or the last delivery rate, which ever is lower
PARAMETERS IN DOSE MODE	From0.1to999.9mg,0.1mgincrement
Drug Mass	
Dose	From0.01to99.99uq/kq/min,0.01increment,or From0.01to99.99mq/hq/h,0.01increment
Dose units	ug/kg/min mg/kg/h
Patient weight	From0.1to99.9kg,0.1increment From100to300kg,1incrementt
Solution Volume	From0.1to199.9ml,0.1 mlin crement
Pressure modes	3pre-et levels available: Low(135kPa+15%) Medium(100kPa+20%) High(65kPa+ 30%)
Pump status	Green light running on arrow display for infusion in progress,red alarm alert for warnings, KVO and Bolus indicator Allalarmsareexpressedbymeansoflightindicators,writtenwordsandsoundbeeps
Syringe position control	Syringe barrel clasp check, flange insertion ,plunger head detection
Infusion control	Occlusion pressure alarm,end of infusion alarm and near empty alarm
Device control	Disengaged syringe alarm ,low battery alarm and technical malfunction alarm
Display	Color LCD display(10.4x3.2cm)
Stack ability	Stackuptomaximumof8channels
Dimensions/weight	(L/W/H)230x150x125mm(Not including Pole clamp),Approx.2.2 kg
Drug library	
Battery	11.1Vdc,2000mAh-Li-ionpolymerbattery The battery operating timeisupto8hours when fully charged running at a rate of 25 ml/h Battery recharge: Pump OFF:<10 h, Pump ON:<14h
Compliance Standard	EN/IEC60601-1,EN/IEC60601-2-24,EN/IEC60601-1-8,IEC60529:2001
Water proof ness	IPX4
Electrical compliance	Protection aqains leakage current: type CF applied part Protection aqainst electric shocks: class I
Power supply	AC100-240V,50/60Hz

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9/11/22

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Medical Superintendent
SLNMCH, Koraput

Annexure B

Specification KMC Chair

Material	Metal
Color	Any
Is It Folded	Folded
Waterproof Type	Waterproof
Frame Type	Mild Steel
Seat Material	Foam, PU
Usage	Hospital


9/11/23.


Medical Superintendent
SLNMCH, Koraput

Hand Dryer-D

Hand Dryer SPECIFICATIONS

Mounting	Wall Mounted
Operation	Automatic
HandDryTime	45-60seconds
AutoCutoff	60seconds
Motor	Brush Motor
Speed	2500RPM
RatedPower	1150-1350w
ProtectionClass	IP13
BlowingVolume	97.2m ³ /h
AirSpeed	60m/s
Colour	White
Warranty	3 year


9/11/23


Medical Superintendent
SLNMCH, Koraput

DECLARATION FORM

I/ _____ We _____ having _____ My _____ /our _____ office at _____ do declare that I/We have carefully read all the terms & conditions of tender of the _____, Odisha for the supply of Printed forms, register etc. The approved rate will remain valid for a period of one year from the date of approval. I will abide with all the terms & conditions set forth in the tender paper Reference No. _____

I/We do hereby declare that:-

- i. Our organisation has not been blacklisted by any Government Organization
- ii. Our organisation does not have any legal suit / criminal case pending against it for violation of VAT/ST/CST Act/GST or any other law.
- iii. The Superintendent, SLN Medical College & Hospital, Koraput will have no liability regarding transportation, loading and unloading of material and all the material ordered for shall be delivered at the designated place in good condition. The defective or damaged material, if any, will be replaced by our Organization.
- iv. Our organization agrees to abide by all terms & conditions of tender
- v. Our organization will quote prices inclusive of all taxes.

I / We agree that the Tender Inviting Authority can forfeit the Earnest Money Deposit and or Security Deposit and blacklist me/us for a period of 3 years if, any information furnished by us proved to be false at the time of inspection / verification and not complying with the Tender terms & conditions.

Signature of the bidder : _____

Date : _____

Name & Address of the firm: Affidavit before
Executive Magistrate / Notary Public


Medical Superintendent
SLNMCH, Koraput

MANUFACTURER'S AUTHORISATION FORMAT

(in original)

To

The Medical Superintendent
SLN MCH, Koraput

Sub: LETTER OF AUTHORISATION

Ref: Tender No. _____

Dated _____ for _____

Dear Sir,

We

_____ who are established and reputed manufacturer's of
_____ (name and description of items offered) having
factories at _____

_____ (Address of Factory)

Do hereby authorize M/s _____

_____ (Name and address of
Distributor/ Agent) to submit a bid and sign the contract with you against the above referred
tender.

We also extend our full quality assurance for the items quoted by M/s _____
_____ as per the
terms and conditions in your tender under reference above.

Yours faithfully,

Full Name of the Designated person
(Signature with seal)
Contact Number:
Email:

Note: This letter of authority should be on the letter head 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 in the bid submitted by the tenderer if the tenderer is not the manufacturer.


Medical Superintendent
SLNMCH, Koraput

ANNUAL TURNOVER STATEMENT

The Annual Turnover of M/s _____ who is a manufacturing unit/wholesaler/ distributor for the last three years are given below and certified that the statement is true and correct.

SL No	Year	Turnover in Lakh (Rs)
1	2019-20	
2	2020-21	
3	2021-22	

Date:

Place:

(Name in Capital)


Signature of Auditor/
Chartered Accountant

Registration No.

Seal

NB:

1. This certificate should be supported by figures in PL Account & Income tax return.



Medical Superintendent
SLNMCH, Koraput

CHECK LIST

(To be submitted in the 1st page of Bid Document)

Note: The documents has to be arranged serially as per the order mentioned in the check list

COVER-A (TECHINCAL BID)		DOCUMENTS SUBMITTED (Yes/No)		
List of items		Page No	Yes	No
1	Tender documents fees (Rs. 1000/-)			
2	Copy of Authorisation letters of Manufacturers / Principal firms (Annexure-F)			
3	Copy of Valid ISO/ISI/GMP certificate			
4	Photocopy of valid PAN card			
5	Photocopy of valid up-to-date GSTN certificate			
6	Up to date Annual turnover Certificate with balance sheet for last 3 years (Annexure-E)			
7	IT return of last 3 year			
8	Affidavit for not being black listed (Annexure-G)			


Medical Superintendent
SLNMCH, Koraput