



**OFFICE OF THE CHIEF EXECUTIVE OFFICER,
SHRI MATA VAISHNO DEVI SHRINE BOARD,**
Central Office, Jammu Road, Katra (J&K) – 182301
Fax: +91- 1991-232120

E-mail: nes_purchase@maavaishnodevi.net, aceog@maavaishnodevi.net

Notice Inviting e-Tender

e-NIT No. CO/Pur/NE/612/3736, Dated: 25.07.2024

e-Tenders on the prescribed format are invited on behalf of Shri Mata Vaishno Devi Shrine Board through its Chief Executive Officer from the reputed suppliers / manufacturers for **finalization of Rate Contract** for the Supply, Installation, Testing, Commissioning and post-warranty Comprehensive Annual Maintenance Contract for a period of 05 years of Machinery and Equipment required for establishment of Anatomy, Physiology, Pathology, Community Medicine, Biochemistry, Pharmacology Forensic Medicine & Toxicology, Microbiology Departments of Medical College, Kakryal

S. No	Particulars	EMD (in Rs.)	Tender Fee (in Rs.)
1.	Supply, Installation, Testing, Commissioning and post-warranty Comprehensive Annual Maintenance for the period of 05 years of Machinery and Equipment required for establishment of Anatomy, Physiology, Pathology, Community Medicine, Biochemistry, Pharmacology Forensic Medicine & Toxicology, Microbiology Departments of Medical College, Kakryal. (Group E – High End Medical Equipments)	11.00 Lakh	2,500/-

The e-NIT consisting of Qualifying Information, Eligibility Criteria, Specifications, indicative Bill of Quantities, (B.O.Q), set of Terms & Conditions of Contract and other details can be seen / downloaded from the websites:- <http://jktenders.gov.in> & www.maavaishnodevi.org per following:

Publishing Date	25.07.2024 at 4:30 PM
Download Start Date	25.07.2024 at 4:45 PM
Pre-Bid Conference	02.08.2024 at 12:00 Noon
Bid Submission Start Date	03.08.2024 at 12:00 Noon
Bid submission End Date (Online)	14.08.2024 at 02:00 PM
Submission of Hard Copy (end) date and time	14.08.2024 upto 04:00 PM
Date of Opening of Technical Bid (Online)	16.08.2024 at 04:00 PM (In Office of the Asstt. Chief Executive Officer (G), SMVDSB, Katra)

The tender must accompany an earnest money in the form of CDR / FDR / TDR of the amount mentioned above drawn from any Nationalized / scheduled Bank duly pledged to the Accounts Officer, Shri Mata Vaishno Devi Charitable Society, Katra and Tender Fee of Rs. 2,500/- (Two Thousand Five Hundred only) either in the form of DD pledged to Accounts Officer, SMVDCS, Katra or can be deposited in the official account of Shri Mata Vaishno Devi Charitable Society Branch J&K Bank Katra, Account No. **50100417566279, IFSC – HDFC0002344**. The bidder shall mention UTR No. in the prescribed Technical Bid Form at **Annexure-‘A’**. Complete bidding process will be done online on e-Tender portal www.jktenders.gov.in. However, the bid document shall be available on official website of SMVDSB (www.maavaishnodevi.org) for reference only. The tenders be submitted strictly in accordance with the provisions of the detailed e-NIT. **The bidder shall submit the hardcopies of the uploaded documents in the Tender Box kept at Central Office, SMVDSB, Katra by or before 14.08.2024 upto 04:00 PM.**

**Sd/-
(Dr. Gopal K Sharma)
Asstt. Chief Executive Officer**

Instruction to Bidders regarding e-Tendering process:

1. The interested bidder can download the e-NIT / bidding document from the website www.jktenders.gov.in & www.maavaishnodevi.org.
2. To participate in bidding process, bidders have to get (DSC) "Digital Signature Certificate" as per information Technology Act-2000, to participate in online bidding. This certificate will be required for digitally signing the bid. Bidders can get above mentioned digital certificate from any approved vendors.
3. The Bidders, who already possess valid (DSC) Digital Signature Certificates, need not to procure new Digital Signature Certificate.
4. The bidders have to submit their bids online in electronic format with Digital Signature. The bids cannot be uploaded without Digital Signature. No Proposal will be accepted in physical form.
5. Bids will be opened online as per time schedule mentioned in the e-NIT.
6. Before submission of online bids, bidders must ensure that scanned copies of all the necessary documents have been attached with bid.
7. The SMVDSB will not be responsible for delay in online submission of bids whatsoever reasons may be.
8. All the required information for bid must be filled and submitted online.
9. Bidders must attach scanned copies of all documents & EMD as specified in the tender documents.
10. The details of cost of documents, EMD specified in the tender documents should be the same, as submitted online (scanned copies) otherwise bid will not be accepted.
11. Bidders are advised to use "My Documents" area in their user on <http://jktenders.gov.in>, e-tendering portal to store important documents like Balance sheet, GST Registration Certificate, Tax Clearance Certificate, IT certificate, and other related documents etc., and attach these certificates as Non-Statutory documents while submitting their bids.
12. Bidders are advised not to make any change in BOQ (Bill of Quantities) contents or its name. In no case they should attempt to create similar BOQ manually. The BOQ downloaded should be used for filling the item rate as prescribed and it should be saved with the same as it contains.
13. Bidders are advised to scan their documents at 100 DPI (Dots per Inch) resolutions with Black and White, PDF \ Scan properly.
14. The guidelines for submission of bid online can be downloaded from the website <http://www.jktenders.gov.in> & www.maavaishnodevi.org
15. The Tenderer(s) should carefully study the document and prepare his tender with consideration of all provisions of the document. He should fully acquaint himself / herself with site conditions and all other factors which may influence preparation of his tender.

Sd/-
(Dr. Gopal K Sharma)
Asstt. Chief Executive Officer

No: - CO/Pur/NE/612/3736

Dated: 25.07.2024

Copy to the:

1. Chief Executive Officer, SMVDSB, Katra.
2. Addl. Chief Executive Officer, SMVDSB, Katra.
3. Accounts Officer, SMVDCS, Katra.
4. Dy. Manager (IT), SMVDSB, Katra with the request to generate link for pre-bid conference to be held on 02.08.2024.
5. Concerned file / Master file.



**OFFICE OF THE CHIEF EXECUTIVE OFFICER,
SHRI MATA VAISHNO DEVI SHRINE BOARD,**

Central Office, Jammu Road, Katra (J&K) – 182301

Fax: +91- 1991-232120 Tel.: +91-1991-232189

E-mail: nes_purchase@maavaishnodevi.net, ddm@maavaishnodevi.net

Notice Inviting e-Tender

e-NIT No. CO/Pur/NE/612/_____, Dated: _____,2024

SUBJECT: Notice inviting E-Tender on the prescribed format duly affixed with Revenue Stamp worth Rupees Six only are invited on behalf of Shri Mata Vaishno Devi Shrine Board through its Chief Executive Officer are invited the reputed suppliers / manufacturers for finalization of Rate Contract for the Supply, Installation, Testing, Commissioning and post-warranty Comprehensive Annual Maintenance for the period of 05 years of Machinery and Equipment required for establishment of Anatomy, Physiology, Pathology, Community Medicine, Biochemistry, Pharmacology Forensic Medicine & Toxicology, Microbiology Departments of Medical College, Kakryal:

1. REQUIREMENT:

For and on behalf of SMVDSB, through its CEO, SMVDSB, e-Tender affixed with e-Stamp under Two Bids System are invited from the reputed suppliers / manufacturers for finalization of Rate Contract for the Supply, Installation, Testing, Commissioning and post-warranty Comprehensive Annual Maintenance for the period of 05 years of Machinery and Equipment required for establishment of Anatomy, Physiology, Pathology, Community Medicine, Biochemistry, Pharmacology Forensic Medicine & Toxicology, Microbiology Departments of Medical College, Kakryal. The detailed Tender Document with full description and Terms and Conditions is available at www.iktenders.gov.in & www.maavaishnodevi.org

2. TENDER SCHEDULE:

Publishing Date	25.07.2024 at 4:30 PM
Download Start Date	25.07.2024 at 4:45 PM
Pre-Bid Conference	02.08.2024 at 12:00 Noon
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Date of Opening of Technical Bid (Online)	16.08.2024 at 04:00 PM (In Office of the Asstt. Chief Executive Officer (G), SMVDSB, Katra)

3. ELIGIBILITY CRITERIA:

- a) All the demanded equipment should have United States Food and Drug Administration (USFDA) / European CE certification Notified Body/CE and ISO 9001:2015, ISO 13485:2016, ISO 8655-1:2022, ISO 7153-1: 2016, ISO 14001:2015, ISO 14937:2009, ISO 45001:2018, ISO 50001:2018, WHO-GMP, IEC 61010-1:2010, Production Capacity certificate) besides others mentioned in the specifications.
- b) The bidder must have an experience of minimum 03 years for the supply of medical machines / equipments to Government Medical Colleges, Government Universities/ Institutes of National Importance as on 31 March, 2024.

- c) Average Annual turnover of the bidder should be more than **Rs. 4.40 Crore** for the last three financial years (**2021-22, 2022-23 & 2023-24**) as per the annual audited balance sheet and profit & loss account of the relevant period duly authenticated by a Chartered Accountant (The turnover of the sister concern firms / subsidiaries shall not be considered by Shrine Board).
- d) The bidder must have sound financial background and a certificate from Chartered Accountant for positive Net Worth be submitted for the last three financial years (**2021-22, 2022-23 & 2023-24**). Further, in case the final accounts i.e. Profit & Loss, Balance Sheet for FY- 2023-24 is under audit process, the bidder may attach the P&L, Balance Sheet for F. Y. 2020-21.
- e) The bidder should be an Income Tax Payee.
- f) The bidder must be an authorized distributor / dealer / supplier of the medical machines / equipments.
- g) The Authorized signatory of bidder must attach / upload an affidavit on stamp paper duly attested by 1st Class Magistrate to the effect that:
 - i. The documents catalogue etc. enclosed with the e-tender are genuine and have not been tampered or fabricated.
 - ii. The firm has not been blacklisted in the past by any Govt/ Private institution of the country.
 - iii. If anything found wrong at any stage, I will be personally responsible for the same.
- h) The bidder must attach / upload the copies of following with bid document:
 - i) Pan card
 - ii) GST registration certificate.
 - iii) Income Tax Return, Balance Sheet, Profit & Loss Account for the last three years.
 - iv) **Declaration Certificate:** Declaration Certificate that no case is pending with the police / court against the bidder / firm / company /Agency and not been suspended / blacklisted by any PSU / Government Department / Financial Institution / Court etc (**as per annexure C**).
 - v) **No Deviation Certificate:** - No Deviation Certificate (as per **Annexure – D**).
 - vi) Undertaking (**as per Annexure-E**).
 - vii) Authorization Certificate from Principal Manufacturer, if applicable (**as per Annexure-F**).
 - viii) Assurance Certificate from Principal Manufacturer, if applicable (**as per Annexure-G**)

4. **PROCEDURE FOR SUBMISSION OF TENDER:**

Bidders are invited to submit Bids for “**e-Notice Inviting Tender (e-NIT) for the procurement of Machinery and Equipment (High End) required for establishment of Anatomy, Physiology, Pathology, Community Medicine, Biochemistry, Forensic Medicine & Toxicology, Microbiology Departments of Medical College, Kakryal**” in two parts viz. Technical Bid (**Annexure-‘A’**) and Financial Bid (**refers to BoQ Online only**) as per enclosed proforma along with supporting documents, application fee, EMD etc. The Tenderers are required to submit their tenders under 2 bids system with Cover-I (Technical Bid) and Cover-II (Price Bid).

A. Cover-I (Technical Bid)

(This cover shall contain): -

- (i) **Annexure-‘A’** form duly filled in along with relevant documentary proofs.

- (ii) Scanned copies of EMD in the shape of CDR / FDR pledged to Accounts Officer, SMVDCS. However, EMD in original shall be submitted along-with the technical bid document.
- (iii) Tender Fee of **Rs. 2,500/-** either in the form of DD pledged to the Accounts Officer, SMVDCS, Katra or to be deposited in the official account of Shri Mata Vaishno Devi Charitable Society, Branch J&K Bank Katra, Account No. **50100417566279, IFSC – HDFC0002344(in IFSC Code “0” stands for Zero)**. The bidder shall mention UTR No. in the prescribed Technical Bid Form at **Annexure- ‘A’**
- (iv) Tender Document containing Instructions, **Terms and Conditions duly signed** on each leaf by the Tenderer, along with documentary proof wherever required.

B. Cover II (Price Bids):

- (i) The bidder shall quote price separately for the Supply, Installation, Testing and Commissioning of machinery / equipments and Comprehensive Annual Maintenance for a period of 05 years after the expiry of Warranty / DLP period. The prices have to be submitted **online** in the form of BOQ only.
- (ii) The bidding firm shall have to quote all-inclusive rates F.O.R. site (including taxes, freight, transportation, loading / unloading, etc. i.e. without any exclusions). A single cumulative price (including SITC & CAMC for 5 years) shall serve as the competition platform for the technically qualified bidders.
- (iii) The price bid should be absolute and unconditional.
- (iv) Conditional bids shall be rejected.
- (v) The price bid shall be opened in favour of bidders who qualify in the technical bid. Rates are required to be quoted strictly as per prescribed BOQ/item of works.
- (vi) Price bids not conforming to above standards or suffering from any flaw shall be rejected

5. SELECTION CRITERIA:

- i. In the first stage of evaluation, offer shall be rejected, if found deficient as per the requirements of Tender / Bid Processing Fee and other eligibility criteria. Only bids confirming the e-NIT conditions shall be further taken up for evaluation. Evaluation of the technical Bid will start first. The bidder qualifying the technical bid shall only be admitted in process of financial bid evaluation.
- ii. Financial bids of the technically qualified bidders shall be opened and the bidder offering lowest rates cumulatively for the cost of SITC of machinery / equipments and cost of CAMC for the period of 05 years shall be emerged as L-1 bidder and can be considered for the allotment of the contract. In-case of the tie in rates, revised sealed bid can be obtained on the spot and the bidder offering lowest rates shall be considered for the allotment of the contract. In-case of tie in the second instance as well, it shall be decided by the process of “draw of lots”.
- iii. The Shrine Board reserve the right to negotiate the quoted rates, terms & conditions with the lowest tenderer or any of the other tenderers on quality basis to ascertain the suitability of the acceptance offer.

6. PRE-BID CONFERENCE:

A pre-bid conference will be held on **02.08.2024 at 12:00 Noon** at Conference Hall, SGC, Katra. The prospective bidders are requested to preferably send their queries at-least 02 days in advance before scheduled pre-bid meeting on e-mail ID nes_purchase@maavaishnodevi.net. Further, in case, any of the prospective bidder(s) intends to join the pre-bid conference through online mode, they shall forward their request on the official e-mail ID nes_purchase@maavaishnodevi.net by or before 31.07.2024. **Shrine Board reserves the right to modify the terms & conditions of e-NIT after the pre-bid conference in view of any practical modalities which may emerge during the pre-bid meeting.**

7. **GENERAL TERMS & CONDITIONS:**

- i. The list of medical machines / equipments alongwith detailed specifications (Annexure-B).
- ii. The quantity of the material is indicative in nature and can be increased or decreased during the period of Contract.
- iii. The Technical Bid should be accompanied by a copy of e-NIT with each page duly signed by the authorized signatory of the bidder(s), who has signed the tender document, as a token of acceptance of the terms and conditions of the e-NIT otherwise, bid(s) shall not be considered.
- iv. The validity of the bid shall remain valid for 90 days from the last date of submission of bid document.
- v. For imported goods, prices shall be quoted in any freely convertible currency say Dollar, Euro, GBP or Yen. As regard price(s) for allied services, if any required with the goods, the same shall be quoted in Indian Rupees only if such services are to be performed/undertaken in India. Commission for Agent, if any and if payable shall be indicated in the space provided in the price schedule. The prices for comparison (only) shall be taken as the prevailing rates on the day of opening of tenders.
- vi. The documents, asked in original should be page marked and bearing signature with seal on each and every page.
- vii. The tenderer supplying indigenous goods or already imported goods shall quote in Indian Currency only.
- viii. Tender where prices are quoted in any other way shall be treated as non-responsive and rejected. It will be mandatory on part of the tenderer to ensure that the rates quoted are not variable as are quoted in other Govt. Institutes of J&K State at least during the current financial year. If at any stage it is found that the supplier has executed the supplies or has quoted the rates lower than the approved ones, the differential amount shall be recouped from the supplier and further orders shall be placed on lower rates only.
- ix. The rates quoted should be F.O.R. Katra and inclusive of all taxes, duties, other charges like packing, transportation n etc. Including entry tax, if any. No separate Tax/Levies shall be allowed. The rates should be quoted in accordance with the BOQ through online mode only.
- x. No conditional tender shall be accepted. The authority reserves right to accept or reject any tender/ quotation without assigning any reasons thereof.
- xi. The approved firm shall be bound to deliver ordered Machinery and Equipment within 8 weeks or a period mutually agreed up by the authorities.
- xii. The successful tenderer shall be responsible for execution of the supplies strictly in accordance with the contract in full and shall not in any case assign or sublet any part thereof. Deviation, if any can lead to forfeiture of Earnest money with holding of other deposits in Accounts Section as a whole or even black listing of the suppliers/ firms/ dealers/original manufacture.
- xiii. If in case the tenderer fails to supply the material within the delivery period, the order will be liable to be treated cancelled and earnest money shall be forfeited.
- xiv. Rates should be quoted for the superior quality material only with Nomenclature/ catalogue duly marked with seal & signature of the firms.
- xv. In case any Tenderer, if charges higher rates for any item(s) more than the MRP, the action like forfeitures of earnest money/security money/ performance bank guarantee and removal of name from the list of the supplier shall be taken against the firm.
- xvi. The Successful tenderer is bound to supply the material on the approved rates. Any hike in tax on later stage will not be paid if not levied by the J&K Govt. However, in the event of any revision in the existing rates of duties or introduction of any statutory duty and taxes imposed by the Government, the same will be paid extra on production of satisfactory documentary proof.
- xvii. The successful bidder shall carefully examine the conditions, specifications, size and Catalogue/drawings etc. of the goods to be supplied wherever

- applicable. In case of any doubts, the successful bidder shall before sign the contract refers to the competent authority and get clarifications.
- xviii. If at any stage during the tenure of the tender the successful tenderer reduces the sales price lower than the quoted rates under agreement will forthwith notify such reductions of the sale price to the competent authority immediately.
 - xix. All terms and conditions of tender shall conform part of the supply order/agreement.
 - xx. Each machine / equipment quoted shall be under warranty of five years from the date of installation and its successful commissioning at required site. The details of Comprehensive Maintenance Contract for the period of 05 years **(including spares)** after the warranty period shall also be mentioned. Any condition mentioned against each item in the list of items in tender document shall also be the part of the terms & conditions.
 - xxi. The successful tenderer should ensure immediate supplies after issuance of Supply order and they are bound to supply material strictly as per the conditions approved by the Authority. If at any stage it is found that material supplied by the firms is not according to, as approved by the Authority, the action as deemed fit will be taken against the firm.
 - xxii. The competent authority shall also have right to alter/ modify the specifications of any item(s) for purchasing in the best interest of the SMVDSB during the process of finalization of a contract viz. Placement of supply order.
 - xxiii. All the items supplied shall be of the best quality, specification, trade mark and in accordance with the approved standard, catalogue, samples if provided. In case of any articles supplied not being approved, shall be liable to be rejected or replaced and any expenses as a result of rejection or replacement of supplies, shall be entirely at the cost of tenderer.
 - xxiv. The tenderer shall be responsible for the proper packing, so as to avoid damage under normal conditions of transport by rail, road or air and delivery of material in good condition to the consignee at the destination. In the event of any loss, damage, breakage, leakage or any shortage, the tenderer shall be liable to make good such loss and shortage found at the checking/ inspection/ verification of the materials by the consignee, no extra cost on such account shall be admissible.
 - xxv. The supplies shall be accepted only in proper packing where-ever required.
 - xxvi. **Performance Bank Guarantee:** The Successful bidder shall furnish Performance Bank Guarantee (PBG) pledged to Accounts Officer, SMVD Charitable Society, Katra for an amount equals to 5% of the Contract Value as Security Deposit within a period of 20 days from the issuance of Letter of Award and the same shall be released after successfully completion of Comprehensive Annual Maintenance Contract of 05 years. The EMD of the Successful bidder shall be returned within 15 days of submission of Security Deposit.
 - xxvii. **Down Time:** The engineer for servicing of the equipment shall be deputed within 48 hours of report from the concerned authorities and for any spare part required, same shall be arranged by the successful bidder at its own cost.
 - xxviii. The equipment to be supplied shall have to be guaranteed for **95% uptime** by the tenderer during the warranty period. The period during which the equipment remains non-functional or unserviceable for want of engineer or non-availability of spare parts shall not be counted towards the guarantee period and has to be extended accordingly by that period. (1 day down = 1day extended) besides the competent authority shall be at liberty to impose suitable penalty upto Rs.4,000/- per day.
 - xxix. The original manufacturer shall undertake that they will also remain responsible for after sale services for the supplies executed by the tenderer on their behalf.
 - xxx. No advance payment shall be authorized unless required under specific terms & conditions. For the purpose of payment, the supply shall mean full supply of the ordered material and no requests for on-account payment shall be entertained.

- xxxi. Any other condition that is not indicated here can be incorporated in the supply order or agreement before execution of a contract if need arises.
- xxxii. Any changes/corrigendum/extension of closing / opening dates in respect of this e-NIT shall be issued **through SMVDSB's website, or e-publishing portal only and no press notification will be issued in this regard. The bidder(s) are therefore requested to regularly visit SMVDSB's website and e-publishing portal for updates.**
- xxxiii. In case of rejection of the bid(s) due to incomplete information or not meeting the terms & conditions mentioned in e-NIT, the competent authority's decision will be final and the bidder shall not be entitled to any compensation for non-issue of work.
- xxxiv. In case of any document attached found forged/tampered, the bidder (s) is likely to face legal action against them under rules including forfeiture of their earnest money and debarred to participate in the tendering process of SMVDSB for the period of 03 years.
- xxxv. After the successful culmination of tender, if the successful bidder(s) refuses to comply with the rate approval order and subsequently failed to comply the supply orders on account of any reason, the same bidder(s) shall be debarred from further dealing with the Board for a period of 03 years and forfeiture of Performance Security.
- xxxvi. SMVDSB reserves the right to allot the Contract to one or more firms on the same rates / terms and conditions after the successful culmination of e-NIT.
- xxxvii. SMVDSB reserves the right to seek clarifications or additional information/documents from any bidder regarding its technical bid. Such clarification(s) or additional information/document(s) shall be provided within the time specified for the purpose. Any request / response thereafter shall not be considered and the proposal shall be liable to be rejected.
- xxxviii. SMVDSB reserves the right to negotiate the rates offered, terms and conditions with the lowest bidder or any of the bidder on quality basis to ascertain the suitability of the acceptable offer.
- xxxix. It is clearly understood by the parties that no financial liability of any type is created by issuance of the letter of Award.
 - xl. SMVDSB reserves the right to modify/change/delete/add any further terms and conditions prior to the issue of work order.

8. **TERMS OF CONTRACT**

- a) **Period of Contract:** The rates contract shall remain valid for a period of one year from the date of its issuance and can be further mutually extended for a period of 90 more days.
- b) **Contract Agreement:** The successful bidder shall be bound to execute an agreement on non- judicial stamp paper of Rs. 500/- (Five hundred only). The SMVDSB reserves the right to amend the terms & conditions of contract by mutual discussions and shall be in writing. The amended terms and condition will form part of the agreement.
- c) **Sub-Contracting:** The successful bidder shall not assign, sub-contract or sub-let the whole or any part of the contract in any manner.
- d) SMVDSB also reserves the right to modify the Terms and Conditions of the e-NIT at any time.
- e) **Delivery Period:** The successful bidder has to execute all the Purchase Orders against this Rate Contract, within the stipulated time frame.

9. **PENALTY:** In case of delay in executing the SITC orders issued against the Rate Contract, a Penalty @1% of order amount per week of delay shall be imposed, subject to a maximum penalty amount of 10% of the order value, beyond which the order shall be cancelled and the PBG forfeited.

10. **BILLING AND PAYMENTS:**

- (i) No advance payments shall be made.

- (ii) The payment to the successful bidder(s) shall be made in the following manner:
 - a) 80% payment (excluding cost of Comprehensive Annual Maintenance Contract) shall be made against full supply of order material against certificate of Executive Director, Medical College, Kakryal.
 - b) 20% payment shall be made after successful installation, testing, commissioning and handover of equipment(s) to the end users against certificate to be issued by Executive Director, Medical College, Kakryal.
 - c) The Comprehensive Annual Maintenance Charges shall be paid in 05 Annual equal instalments at the end of each year of CAMC coverage.
- (iii) The supplier shall have to mention the GST No. 01ABIAS9784P1ZK of Shri Mata Vaishno Devi Charitable Society, Katra while raising their bill of supplies. While filing GSTR-I, the supplier shall classify the supply / Service made to Shrine Board under Business (B to B) Sales. The supplier shall also mention six-digit HSN code of the material to be supplied. In case the vendor doesn't upload / mention the bill under B to B, the GST amount levied in the Bill shall not be paid.
- (iv) The supplier shall file GSTR 1 and 3B within the due dates prescribed under the CGST / SGST Act 2017 so as to enable SMVDSB to claim timely input credit. In case of default, interest @2% per-month of tax amount shall be charged and recovered from the defaulting supplier.
- (v) In case of quarterly based GST filling firms, the supplier shall have to transfer their bills (B to B) on monthly bases under Invoice Furnishing Facility (IFF).

11. **INSPECTION / LIFTING BACK OF REJECTED SUPPLIES:**

- i. The supplied machines / equipments shall be checked / inspected by the team nominated by the authorities and if found defective or not as ordered, the same shall be rejected at the sole risk of vendor.
- ii. The rejected material shall have to be lifted by the supplier at his own risk and cost within a week's time failing which storage charges per day as may be deemed fit by the authority shall be levied. Beyond one month the material shall be auctioned and storage charges shall be recovered from the supplier @2% per day.

12. **TERMINATION OF CONTRACT:**

If the successful bidder fails to execute the SITC orders within the stipulated time or violates the terms and conditions of the e-NIT. The rate contract is liable to be cancelled by the competent authority. In such an eventuality, no compensation / damages, whatsoever shall be payable to the successful bidder.

13. **ARBITRATION:**

All disputes and differences between the parties hereto shall be referred to the sole arbitration of the person to be nominated and appointed by the **Chief Executive Officer, Shri Mata Vaishno Devi Shrine Board**, whose decision shall be final and binding upon the parties to this agreement. The provision of The Arbitration and Conciliation Act, 1996 shall apply. Courts at Jammu only shall have the jurisdiction to entertain any legal proceeding arising out of this contract.

14. **FORCE MAJEURE:**

Any failure or omission to carry out the provisions of the order shall not give rise to any claim by one party against the other, if such failure or omission arises from an "Act of God" which shall include all acts of Natural Calamities such as fire, flood, earthquakes, hurricanes or any pestilences or from civil strikes, compliances with any statute or regulations of the Government lock outs and strikes, riots,

embargoes or from any other reasons beyond the control of the parties including the war (Whether declared or not) Civil War or State of Insurrection.

Queries may be addressed to:

1. Executive Director, Medical College, Kakryal
E-Mail: edir.smvdime@maavaishnodevi.net
Contact No. 9906035050
2. Asstt. Chief Executive Officer (G), SMVDSB
E-Mail: aceog@maavaishnodevi.net
Contact No. 9906019466

No.: CO/Pur/NE/612/3736
Dated: 25.07.2024

Sd/-
(Dr. Gopal K Sharma)
Asstt. Chief Executive Officer

(Technical Bid)

**(To be submitted on the letter head of the Agency)
FOR SUPPLY OF MACHINES / EQUIPMENTS TO SHRI MATA VAISHNO DEVI
SHRINE BOARD, KATRA**

Name of the Tenderer: _____

Detail of Tender Fee:

a) UTR No. _____ date _____ Amount _____

Detail of EMD:

EMD in the form of CDR/FDR/TDR No. _____, Amount: _____

Date: _____, Bank _____, Branch _____

To,

**The Chief Executive Officer,
Shri Mata Vaishno Devi Shrine Board,
Katra.**

Sir,

I hereby submit my tender / bid for supplying medical machines / equipments for Shri Mata Vaishno Devi Shrine as mentioned in the **Clause No. 03 of the e-NIT**. The detail of the particulars submitted through online mode and in a hardcopy format is as produced below:

S. No.	Particulars	Attached/Not Attached
1.	Name of the Supplier / Manufacturer with Address (telephone number/Mobile No.) along with brief description of background.	
2.	Authorized dealer / distributor / supplier of medical machines / equipments certificate.	
3.	Experience of supply of Medical machines / equipments to Government Medical Colleges, Government Universities/ Institutes of National Importance for not less than 03 years as on 31 March, 2024 (Attach relevant copies of work order).	
4.	Affidavit on stamp paper dully attested by 1 st Class Magistrate	
5.	Average Annual turnover for the last three years (2021-22, 2022-23 & 2023-24). (Proof to be enclosed)	
6.	The tenderer must have sound financial background and a positive net worth for the last three years (2021-22, 2022-23 & 2023-24). (Proof to be enclosed)	
7.	Audited Balance sheet for the last 03 years 2021-22, 2022-23 & 2023-24.	
8.	a) PAN (proof to be enclosed) b) ITR statement/ Income Tax Assessment Order (for the last three years to be enclosed) i.e. 2021-22, 2022-23 & 2023-24. c) GST No. (proof to be enclosed)	
9.	Declaration Certificate (Annexure-C)	
10.	No Deviation Certificate (Annexure-D)	

S. No.	Particulars	Attached/Not Attached
11.	Undertaking (Annexure-E)	
12.	Authorization Certificate from Principal Manufacturer (Annexure-F)	
13.	Assurance Certificate from Principal Manufacturer (Annexure-G)	

Copies of documentary proof may be furnished where-ever required. Additional pages may be used, if needed.

Signature: _____

Name: _____

Designation: _____

R/o: _____

Contact No.: _____

Annexure-B**Specifications of Medical Machines / Equipments:**

S. No	Item Name	SKILLS LABS
1	First aid, Bandaging, Splinting & Bandage model	<p>Should have correct anatomy of face to place bag valve mask and immobilizing neck with neck collar.</p> <p>Splints, traction and spine board application should be possible.</p> <p>Should have to 5 and a half inch in height and 26 kg in weight.</p> <p>It should be a full body adult male manikin with correct anatomical landmarks for extrication, immobilization and can be used for victim handling.</p> <p>The manikin should mimic a full body to simulate patient handling in internal and external environment and must be extremely durable and rugged.</p> <p>The manikin should have articulating limbs, knees, ankle, elbow, wrists and head to simulate real patient handling</p> <p>Should have solid head with no opening.</p> <p>Should come with IM injection sites at least on gluteal, vastus lateralis and deltoid.</p> <p>Should come with BTLS Victim Injury kit</p> <p>A set of wound lay-ons, blood splats, and simulated blood should be designed for use on manikins or humans to simulate injuries required in the BTLS Instructor's, with following features -</p> <ul style="list-style-type: none">Distended jugular veinBurns - 1st, 2nd, 3rd degreeProjectile entry/exit - large and smallExposed visceraCompound fracture <p>Simulate injuries required in 12 patient scenarios (BTLS 'lated blood, included</p>
2	Basic Life Support For All Stages Of Life	<p>General Technical Specifications of Basic Life Support For All Stages Of Life</p> <p>Infant Quality CPR</p> <p>Should be a full body infant manikin with articulating limbs. Relevant cloth should come along with manikin</p> <p>Should be compliant with guidelines for CPR</p> <p>Feedback of CPR – Depth, recoil, rate of compression should be available on a handheld device or mobile device</p> <p>Feedback of proper and improper ventilation volume should be available</p> <p>Feedback of interruption time should be available.</p> <p>Feedback of correct hand placement should also be available.</p> <p>Manikin should also give feedback of CPR with results</p> <p>Manikin should be battery operated and should have to be rechargeable battery</p> <p>should have smooth and non-hazardous skin and true anatomy of the face with eyes, ear, nose for proper placement of mask and teach C-E technique for mask holding.</p> <p>Airway correction should be possible with Head-tilt/chin-lift and jaw thrust.</p>

Chest rise should be seen on manikin with bag valve ventilation.
 No chest rise should be seen if airway is occluded during bag valve ventilation
 Should have nipples, sternal notch, belly button and ribs to teach hand placement for chest compression. Collar bones/Shoulders should be identifiable for teaching of tap and shout.
 Should have easy-to-use software on mobile device.
 Should have one-way non-breathing lung and should come with extra lungs.
 Should be light weighted and can be carried by hand and learning can be done remotely.
 Should come along with direction for Use module, which can direct the user for easy care and maintenance.
 Software should be easily downloadable and multiple manikins can be connected with software at a time.
 Demonstration is must
 Training should be provided by OEM only

Child CPR

The manikin should fulfil following standards

Teaching Goals –
 Should compile with AHA 2020 recommendations.
 The manikin should provide feedback on all 5 key points of CPR that is depth, chest recoil & rate of the compressions; interruption time and ventilation volume.
 The manikin should be able to provide overall CPR performance score and performance de-briefing.
 Should provide visual graphical user-friendly feedback.
 Should allow instructor to monitor multiple students' performance at one time through smartphones.

Anatomy -
 Should be a half body manikin with accurate anatomical landmark resembling an Child.
 Should have nose, eyes, ear canal, articulating mandible to teach the students C-E technique for mask holding.
 Should have naturally obstructed and the airway to be cleared only when head/tilt or jaw thrust is performed.
 Should have collar bones to identify shoulder allowing to teach tap and shout.
 Should have nipples, sternal notch, belly button and ribs to teach hand placement for chest compression.

Hygiene -
 Should have removable face skin and one additional face skin to be provided.
 Should have one-way non-rebreathing lungs and to be provided with one extra airways

Technical –
 Should be portable and light weight
 Should be able to connect to feedback devices wirelesses.
 Must Have CE Certificate
 Must support remote BLS training

Adult CPR Manikin
 The manikin should fulfil following standards Teaching Goals

		<p>–</p> <p>Should compile with AHA 2020 recommendations.</p> <p>The manikin should provide feedback on all 5 key points of CPR that is depth, chest recoil & rate of the compressions; interruption time and ventilation volume.</p> <p>The manikin should be able to provide overall CPR performance score and performance de-briefing.</p> <p>Should provide visual graphical user-friendly feedback.</p> <p>Should allow instructor to monitor multiple students' performance at one time through smartphones.</p> <p>Anatomy -</p> <p>Should be a half body manikin with accurate anatomical landmark resembling an adult.</p> <p>Should have nose, eyes, ear canal, articulating mandible to teach the students C-E technique for mask holding.</p> <p>Should allow nose pinch technique for mouth to mouth resuscitation.</p> <p>Should have naturally obstructed and the airway to be cleared only when head/tilt or jaw thrust is performed.</p> <p>Should have collar bones to identify shoulder allowing to teach tap and shout.</p> <p>Should have nipples, sternal notch, belly button and ribs to teach hand placement for chest compression.</p> <p>Hygiene -</p> <p>Should have removable face skin and one additional face skin to be provided.</p> <p>Should have one-way non-rebreathing lungs and to be provided with one extra airways</p> <p>Technical –</p> <p>Should be portable and light weight</p> <p>Should be able to connect to feedback devices wirelesses.</p> <p>Must have CE Certificate</p> <p>Should support remote BLS training</p>
3	<p>Various types of Injections Trainers-</p>	<p>Pediatric multi-vein IV Arm</p> <p>Arm should mimic to pediatric manikins and task trainers with replaceable skin and multi-vein system designed for peripheral intravenous access.</p> <p>Venipuncture should be possible in the antecubital fossa and dorsum of the hand</p> <p>Accessible veins should include median, basilic and cephalic</p> <p>Skin should be self sealable and has to be</p> <p>Kit should includes: 1 Pediatric IV Arm - Right, 1 Replacement Skin and Multi-Vein System, 1 Bottle Red Simulated Blood, 1 Can of Manikin Lubricant, 1 Blood Bag with Tubing and Connector, 1 Clamp and Hook, 1 Set of Shoulder Attachment Hardware, 1 Carry Case and Directions for Use</p> <p>Demonstration is must</p> <p>Training should be provided by OEM only</p> <p>Adult IV Arm – Male with deltoid IM</p> <p>Lifelike and anatomically correct adult-male arm with multi-vein system designed for peripheral intravenous therapy.</p> <p>Rotation at deltoid for easier anterior and posterior vein access</p>

Should have to be open-fist arm.
 Multiple injection sites for IV insertion: 3 numbers of Dorsal veins of hand and
 Median, Basilic and Cephalic vein access should be possible
 Touch and feel of arm and skin should comply high realism.
 feel and resistance at puncture sites should be real and simulated blood should come out after cannulation.
 Material of skin and vein should allow multiple pricks with no leakage.
 Veins should be palpable that enable site selection and preparation
 Subcutaneous and intramuscular injections may be performed in the deltoid
 Infusible veins allow peripheral therapy with IV bolus or push injection
 Should come with a carry case and clamp with hook for hanging blood bag.
 Should come with extra set of skin and veins.

Injection Trainer
 Multilayer Injection trainer pad should come with tightening strap to fix on different part of body for injection training.
 Pad layer should have multiple tissue layer of dermis, epidermis, fat, and muscle to practice intradermal, subcutaneous, and intramuscular injection training.
 Tissues of the pad should be soft and warm to create high realism.
 Epidermis layer should be easily peeled to release subcuticular liquid.
 Should be replaceable epidermis layer.
 The pad should have to be highly durable, and material of pad should be able take multiple pricks without replacement.

Arterial Arm Trainer
 Lifelike adult male arm reproduction with infusible arteries designed for training the proper arterial puncture procedure for blood gas analysis.
 Simulation of hand placement during performance of Allen's Test should be possible
 Flexible wrist should enable proper positioning
 Arterial pressure should be generated manually
 Artery palpation should be possible
 Should have percutaneous puncture sites in both brachial and radial artery
 Infusible arteries with ability to pressurize system, should enable blood backflow in syringe
 The kit should be supplied with 1 Adult Male Arm - Right, 1 Replacement Skin and Artery Set, 1 Bottle Red Simulated Blood, 1 Can of Manikin Lubricant, 1 Set of Shoulder Attachment Hardware, 1 Carry Case and Directions for Use

Infant IO Trainer
 Designed for training in infant intraosseous infusion techniques.
 Should be mounted on a board
 Should allow Intraosseous needle insertion
 Should have Simulated tibia and anatomical landmarks at the tibial tuberosity and medial malleolus
 Fluid may be infused for realistic flashback

		<p>Should be supplied with - with one Leg and five Intraosseous Pads Should have Intraosseous Gun (02 Unit) Demonstration is must Training should be provided by OEM only</p>
4	Urine Catheter Insertion-	<p>Urine Catheter Insertion- Life-size female pelvis with interchangeable genitalia designed for practicing urologic and rectal access gastrointestinal care procedures. Should have realistic articulation enabling proper positioning for procedures Should have Interchangeable male and female genitalia Genitalia, when used with urinary connectors and reservoir, should facilitate urologic care procedures such as perineal care, insertion of vaginal medications and indwelling catheter insertion, care, irrigation and removal Genitalia, when used with anal connectors and colon reservoir, should facilitate enema administration using fluid for realistic return Should have abdominal plate with interchangeable stoma site, allowing simulation of cystostomy tube care and urinary diversion stoma care Should have single plug with valve in abdominal plate, used to pressurize the reservoir during urinary catheterization procedures Should have bilateral thigh, dorsal gluteal, and ventral gluteal IM injections possible Must be CE/ISO Certified Demonstration is must Training should be given by OEM only.</p>
5	Skin & Fascia Suturing –	<p>Basic Surgical Skills hands-on kit The trainer should contain the essentials for practicing suturing, knot tying, instrument handling and incision of skin. It can be used as a stand-alone teaching and practice tool The task trainer should help gain following skills- Instrument handling Planning and performing a skin incision Tying safe and secure knots Suturing techniques - interrupted, continuous, subcuticular, vertical and horizontal mattress Suture removal The product should have following features- Skin pad jig should present the skin pad on a curved, life-like profile allowing incisions to ‘gape’, as in real life It should have advanced 3 layer skin pad to give realistic tissue response and should be suitable for practicing a wide range of suturing techniques Should have realistic tissue response and soft skin with a similar drag and strength to human skin All layers should have realistic retention of sutures Demonstration is must Training should be provided by OEM only</p> <p>Surgical Knot Tying Trainer Skills can be gained.</p> <ul style="list-style-type: none"> • One-handed reef knot technique • Instrument tie • Surgeon’s knot

- Slip knot
- Tying in a small opening
- Tying at depth vertically in a large opening
- Tying at depth, at an angle, in a large opening

Should have Features

- Unique magnetic system to represent tissue strength
- 2 perioperative openings represented by: - small, shallow fixed cylinder for tying in a small opening - large, deep removable cylinder, reversible for angled abdominal and gynecological depth tying
- Cylinders should be transparent to allow the trainer to observe and assess trainee competence
- Parallel knotting tubes should be elastic for a realistic tissue response
- Light and compact Package

Should be supplied with

- 1 Two Colored Cord (at least 3 packs)
- 3 numbers of knotting tube
- 1 base
- 1 small removable cylinder
- 1 large removable angled cylinder
- 1 knot tying tension hooks (at least 3 sets)

Advance Surgical Skills Training

Should have basic surgical Knot Tying Trainer along with Surgical Skills Board and Skin Pad Jig with Lesion & Cyst, Soft Tissue Retaining Set
Skin Pad should compose of an epidermis, dermis, and subdermal layer and has a similar drag and strength to human skin. All layers should have a realistic retention of sutures.

Haemostasias Pad should realistically mimic a tissue dissection containing a fluid-filled vessel.

Should have a Double Layer Bowel for training in anastomosis techniques.

Should have Abscess Pad and Traumatic Wound with realistic soft tissue including the skin, fat, muscle layers and foreign bodies

Training manikin should come along with AOCT Frame

Should have Professional AOCT Pad that uses a realistic 3 layered skin pad to represent the abdominal wall anatomy including Skin & adipose tissue, linea alba, and peritoneum.

Should have Drain, Artery and Graft Patch

It should be useful for learning advanced surgical skills with a range of tissue handling techniques.

It should help learn following skills

Knots: One-handed reef knot, Instrument tie, Surgeon's knot, Slip knot, tying in a small opening and Tying at depth both vertically and at an angle

Suturing techniques: Holding and manipulation of needles, interrupted, continuous and subcuticular

Skin lesions and LA techniques: Excising a skin lesion and Excising a sebaceous cyst

Haemostasias: Clip tie, Continuity tie and Pedicle

		<p>transfixion</p> <p>Tissue handling – bowel: End-to-end interrupted sutures and End-to-end continuous sutures</p> <p>Fine tissue handling: Tendon repair</p> <p>Abdominal closure and drain insertion: Open abdominal wall, Insert drain and secure and Close abdominal wall with Aberdeen knot</p> <p>Excising: Skin lesions and Sebaceous cyst</p> <p>Fine needle aspiration cytology and True cut biopsy</p> <p>Fine tissue handling: Vein patch exercise and Tendon repair</p> <p>Wound management: Abscess drainage, Traumatic and necrotic wound debridement</p>
6	Breast examination model	<p>Breast Examination Trainer should provide a highly realistic learning platform for acquiring the skills required to Perform Clinical Breast Examination (CBE). Should feature 6 readily interchangeable and multi-positional pathologies, providing healthcare professionals with the tools to identify various complications and pathologies, including carcinomas, cysts, fibrocystic disease and fibroadenoma. Should be able to use as both Simulated Patient and benchtop training.</p> <p>Should be used for following skills: Clinical breast examination (CBE) Self-breast examination (SBE) Identification of anatomical landmarks Identification of lymph nodes (axillary, supra & infraclavicular) Location and diagnosis of pathologies Professional-to-patient communication</p> <p>Product should have anatomy as: Realistic soft tissue breast anatomy Pathologies to be supplied: carcinomas: 2cm, 3cm, 5cm, cyst, fibrocystic disease, fibroadenoma Soft tissue breasts look and feel realistic Clavicular and axilla pads for accurate lymph node placement Can be used with a Standardized Patient Pathologies can be placed in various predetermined location points and are easily changeable Hard torso to be supplied for bench top use Pathologies can be placed in various predetermined location points and are easily changeable Demonstration is must Training should be provided by OEM only</p>
7	Gynecological examination model/mannequin including IUCD (Intra Uterine Contraceptive Device) Training model	<p>Female Pelvic Trainer</p> <p>Female Pelvic Trainer should be a realistic representation of the female pelvis and provides ideal platform for examination and diagnosis of female conditions and minor pathologies. Anatomy should have realistic abdomen, uterus, pelvis, genitalia, vagina, cervix, anus and lower bowel Includes partial thighs which aids in anatomical orientation Should also include interchangeable uterine modules with different complications as follows:- 10-12 Weeks Pregnant 14-16 Weeks Pregnant Normal - Nulliparous Cervix</p>

		<p>Large Fibroid - Nulliparous Ectropion Cervix Small Fibroid - Nulliparous Polyp Cervix Ovarian Cyst - Multiparous Cervix Retroverted - Multiparous Cervix</p> <p>Female Pelvic Trainer should be useful in performing following skills: Recognizing perineal and pelvic anatomy Bi-manual examination Digital vaginal and rectal examination Cervical smear procedure including use of speculum</p> <p>IUCD Training Module The trainer should consist of uterus training models with accompanying essential instruments for IUD insertion. The trainer should allow comprehensive IUD training at all the three main stages. A simplified human anatomical model of a Postpartum Uterus after birth: It supports training in postpartum intrauterine device insertion, uterine balloon tamponade insertions and other postpartum uterus interventions. A simplified human anatomical model with both an interval uterus and a post-abortion uterus: It supports training for a variety of sexual and reproductive health interventions such as vaginal examinations, IUD insertion and removal, and for inspecting anteverted and retroverted position of the uterus The Simulator should be supplied with Instrument bag 1: PPIUCD Forceps, Sponge holding forceps, Sim's Speculum Instrument bag 2: Sponge holding forceps, Vulsellum Forceps, Cusco's Speculum, Uterine sound, MVA Cannula, Artery Forceps</p>
8	<p>Obstetrics mannequins including Obstetric examination, conduct and management of vaginal delivery.</p>	<p>Advance Birthing Simulator</p> <p>Ideal training solution for all skills relating to routine and difficult deliveries and can be used for both hybrid simulation and stand- alone bench top training.</p> <p>It should allow running of scenarios with the ability to record actions and intervention made and time to deliver the baby. Traction applied to the baby's head should be measured in Newtons and plotted throughout the scenarios in an easy to see graph.</p> <p>It should allow training and practice in the following types of birth: Normal Vaginal breech Shoulder dystocia with force feedback Vaginal assisted (forceps and vacuum devices) Third stage of labor Cord prolapse Urinary catheter placement IM injection Communication and teamwork skills</p> <p>The manikin should have the following features- Suitable for use with simulated / standardized patient</p>

		<p>Realistic pelvic floor Articulating thighs for McRoberts's procedure Stretchable perineum Soft, flexible birthing canal Additional modules should be available to upgrade the manikin for training: Post Partum Hemorrhage management C-section Cervical Dilatation and Effacement Optional lower legs for all fours position Should supports bench top training or hybrid simulation. Skin washable with soap and water Should be latex free Should have anatomical landmarks as- Birth canal and cervix Ischial spines and public bone Gynaecoid pelvis Articulating thighs Fully articulated baby with clavicles, fontanelles, flexible head, detachable umbilical cord and placenta</p> <p>Simulation for versatile cervical dilation and effacement training, for assessing both the latent and active stages of labour. The attachment should have following features – Should have inserts to represent early labour cervixes effacement dilation and ripeness in line with Bishop's scoring. Numerous presenting part inserts including flexed, deflexed, brow face breech caput and molding Realistic pelvic floor Stretchable perineum Soft, flexible birthing canal Dynamic positioning mechanism to allow adjustment of dilation in active labour Marks to allow tutor to read positioning in situ Presenting parts and cervix can be set up outside the model for demonstration, then placed inside for examination.</p> <p>The module should help in gaining following skills – Competency in _ Cervical dilation (1-10cm) Cervical effacement (0-100%) Cervical consistency (Soft, Medium, Hard) Cervical position (anterior, mid, posterior) Fetal station (-3 to +3) Head position : occiput anterior, occiput posterior Artificial rupture of membranes Identification of presenting parts – brow, face, breech Caput and molding Communication and teamwork skills Bishops scoring Identification of approximated or overriding sutures</p> <p>PPH Module –</p> <p>Management of post- partum bleeding: Fundal massage Bi-manual compression Hemostatic balloon insertion and management Communication skills with mother when used with simulated</p>
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		<p>patients Intramuscular injection Estimating blood loss Blood loss of up to 2 liters can be simulated Air bulbs are used to stimulate blood flow and control atonic state of the uterus.</p> <p>Episiotomy Suture trainer Module</p> <p>The model should be cost-effective, simplified model to ensure the acquisition of confidence in the training of episiotomy. The crowning of the head should be true-to-life experience.</p> <p>The trainer should help gaining the following skills-</p> <ul style="list-style-type: none"> Identification of fontanelles Handling of a stretched perineum Reducing the risk of damaging the baby or mother Infiltration of perineum prior to episiotomy Performance of mediolateral or midline episiotomy Use of instruments <p>The trainer should have following features-</p> <ul style="list-style-type: none"> Baby head has realistic look and feel, providing landmarks and appropriate tactile response when inserting fingers to guard the baby's head Repair tape increases the longevity of the episiotomy pad, allowing for multiple uses per pad Illustration pack to help trainees get familiarized with key landmarks and where to place the cut Realistic representation of tissue to represent a stretched perineum
9	Neonatal Resuscitation Mannequin	<p>Airway Features</p> <ul style="list-style-type: none"> Positioning the newborn to simulate opening the airway via head tilt, chin lift or jaw thrust Positive Pressure Ventilation (BVM, T-Piece resuscitator, or anesthesia bag) Endo tracheal tube intubation and supraglottic intubation should be possible Auscultation of lung sound with ventilation Orogastric tube insertion Stomach distension (when ET is misplaced) Suctioning (of the nares, nasopharynx, oropharynx, esophagus and the lungs via an ET tube) - Fluids should not be introduced into the airway Meconium module for suction removal <p>Breathing features</p> <ul style="list-style-type: none"> Bilateral and unilateral (with mainstem intubation) chest rise and fall with mechanical ventilation Pneumothorax - Needle thoracentesis left mid axillary (pneumothorax) <p>Cardiac features</p> <ul style="list-style-type: none"> Manual chest compression at appropriate depth (1/3 AP) and force <p>Circulation Features</p> <ul style="list-style-type: none"> Manual umbilical pulse Vascular Access Umbilical Vein/ Artery access via patent umbilicus IO access in left and right lower leg, tibial tuberosity and medial malleolus <p>Other Features</p>

		<p>Full articulation OEM should have their office in India. After Sales Service and Training should be provided by OEM Should have user list of same or similar product Demonstration is must</p>
10	<p>Whole Body Mannequin</p>	<p>Whole Body Mannequin for All Stages of Life</p> <p>Infant ALS Training Technical Specification Infant ALS Training It should be a three-month-old infant with exceptional realism for individual training and realistic airway anatomy with tongue, oropharynx, epiglottis, larynx, vocal cords and trachea It should be a portable skill trainer for realistic infant resuscitation training. It should allow practicing of advanced resuscitation skills, including airway management, professional rescuer CPR, vascular access, and 4-lead ECG monitoring. The manikin should have Brachial pulse (manual bulb) It should allow practicing of bag-valve-mask ventilation, oral and nasal intubation, use of LMA (Laryngeal Mask Airway) and CPR.</p> <ul style="list-style-type: none"> • Ventilation via bag-valve-mask • Endotracheal and nasotracheal intubation • Auscultation of breath sounds • Bilateral chest movement and stomach distention • Oral/Nasal Airways • Insertion of LMA (Laryngeal Mask Airway) <p>It should be supplied with a battery-powered ECG rhythm simulator designed to provide and train on following rhythms.</p> <ul style="list-style-type: none"> • 30 ECG Rhythms • 17 Modified Rhythms including Torsade de Pointes • 7 Pediatric Rhythms • Special Features including paroxysmal, ignore shock and variable pulse strengths <p>It should have a feature of intraosseous needle insertion with aspiration of bone marrow and Sellick Maneuver teaching.</p> <ul style="list-style-type: none"> • It should allow practicing CPR with Bag Valve Mask • Visible chest rise • Chest compressions • It should have CE quality Certificate <p>Should be supplied with 5 leg replacement pads, cleaning kit, airway lubricant, directions for use and a hard-plastic carry case and ECH rhythm generator.</p> <p>Paediatric Advance Cardiac life support manikin</p> <p>The manikin should be designed for AHA Pediatric Advance life support mega code station (PALS) as per 2015 AHA guidelines. The model should be used for practicing ACLS for a 6-year-old. The model should be realistic and look like a real 6-year-old child. Should have following features: - A. Airway Management Realistic life-size intubation trainer with a flexible tongue, arytenoid cartilage, epiglottis, vallecula, vocal cords, trachea, esophagus, and simulated lungs</p>

		<p>Head can be tilted forward, backward, or rotated 90 degrees to either side</p> <p>The following skills can be practiced:</p> <p>Endotracheal Intubation</p> <p>Nasotracheal Intubation</p> <p>Digital Intubation</p> <p>Oropharyngeal airway insertion and suctioning</p> <p>Nasopharyngeal airway insertion and suctioning</p> <p>Bag-Valve Mask Ventilation</p> <p>B. Cardiac/Pulse</p> <p>Manually generated carotid pulse</p> <p>Manual chest compressions</p> <p>3-4 led ECG. With optional patient monitor: 12 lead ECG display image</p> <p>Pacing and defibrillation (25-360j)</p> <p>C. IV/IO Training</p> <p>Articulating IV arm with replaceable skin and infusible vein system allows peripheral intravenous therapy and site care</p> <p>Venipuncture possible in the antecubital fossa and dorsum of the hand</p> <p>Accessible veins include median, basilic and cephalic</p> <p>Intraosseous infusion leg with tibial tuberosity and medial malleolus landmarks</p> <p>Aspiration can be realistically simulated</p> <p>Fluid can be infused</p> <p>D. Sounds</p> <p>Heart sounds synchronized with ECG</p> <p>Auscultated lung sounds synchronized with breathing, 0 - 60 BPM</p> <p>Individual lung sound selection</p> <p>Normal or abnormal bowel sounds</p> <p>Vocal sounds: Computer-generated sounds, recorded vocal sounds and real-time voice input via headset</p> <p>User generated vocal sounds</p> <p>Touch Screen Control Unit</p> <p>Should be Handheld, intuitive touchscreen remote for easy 'pick up and play' experience</p> <p>Mobile - teach anywhere</p> <p>Should have option to Operate on-the-fly or utilize scenarios and Themes for consistent simulation training</p> <p>Should record Time stamped activities, vital signs, and instructor comments in the event log</p> <p>Should have facility to view log files on the device for post-simulation reflection and debriefing</p> <p>Should have option to upload self-authored scenarios and Themes or download pre-programmed scenarios directly from relevant sources.</p> <p>Patient Monitor</p> <p>Touchscreen simulated patient monitor should provide concise clinical feedback for physiological parameters.</p> <p>The monitor's color screen should be configurable and should provide multiple simulated parameters, each presenting multi-level alarms.</p> <p>Simulated parameters should include HR, ECG, SpO2, BP, RR, Temperature, and etCO2</p> <p>The System Must have a CE certificate</p> <p>ACLS Simulator</p>
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It should be able to provide training in quality chest compression as per AHA and ISA protocols, with basic and advanced airway management skills training, vital signs analysis, spontaneous breathing and controlled by an easy-to-use wireless instructor System,

It should include:

Full-body Adult humanoid model with training suit

Airway Management head

Articulating Lower body

Blood Pressure arm and cuff

IV Arm

Wireless control system

2x AC Adapter, USB Cable

Blood pressure cuff

Artificial Blood and Airway Lubricant

carrying case

User Guide

AIRWAY

Realistic airway anatomy including cricoid cartilage

Bag-Valve-Mask (BVM)

Oropharyngeal and nasopharyngeal Airway

Supraglottic Airway Devices

Sellick Maneuver

Spontaneous breathing with realistic chest rises and fall

Controllable On/off & breathing rate

SpO₂ and etCO₂ settings

“Chin lift” & “Jaw thrust and “Head tilt” sensors including tongue fall back

Airway closing mechanism

Overrides an open airway to simulate an obstruction at any time

Open or closed airway status operated via wireless control

CIRCULATION

Eyes for pupil assessment

Normal – Dilated – Constricted

Automatically generated pulses synchronized with ECG

Radial, brachial pulses

Bilateral carotid pulses both sides

Pulse strengths dependent on BP or set individually

Brachial pulse off when BP cuff pressure is above 20 mmHg

Radial pulse off when BP cuff pressure is above systolic BP level

Auscultated and palpated blood pressure simulation

Korotkoff Sounds synchronized with ECG

Systolic and diastolic pressure may be set individually in steps of 2 mmHg

Systolic 0-300 mmHg/diastolic 0-200mmHg

Auscultative Gap, with on/off feature

Pressure accuracy +/- 4 mmHg

Brachial and radial pulse control, palpated BP function

Defibrillation capabilities – Real defibrillation (25-360j)

4 – Lead ECG monitoring

Synchronized variable rate, rhythm abnormalities and duration

Pacing – threshold 20 to 200 mA

QCPR

Live feedback on Basic life support/ cardio-pulmonary

		<p>resuscitation parameters Detailed information about chest compression, compression rate, ventilation volume and combined graphical display cardio-pulmonary resuscitation Performance Summary Debriefing Screen notes Physiological Sounds Lung sounds breath sounds synchronized with breathing rate Normal, crackles, pneumonia, stridor, wheeze, rhonchi Individual lung or bilateral sound selection Vocal sounds – computer generated sounds, mixed with live voice input Heart sounds - synchronized with programmable ECG Aortic Stenosis, Friction Rub, Austin Flint Murmur, Diastolic Murmur, Systolic Murmur, Mitral Valve Prolapse, Opening Snap 70ms, Normal Intravenous cannulation for dorsum of hand, Basilic, cephalic and median veins Logging Instructor can log activities and CRM skills during training sessions individually Log files for debriefing sessions cardio-pulmonary resuscitation log file for detailed debriefing Downloading of logs for “after actions” review/debriefing via software Software for detailed summary of student performance Wireless Instructor Faculty Control The system shall have the ability to manage the following parameters: BLOOD PRESSURE/PULSES The user shall be able to set the blood pressure level, and to make it gradually change over time. TEMPERATURE The user shall be able to set the temperature level, and to make it gradually change over time. Temperature can be presented in Celsius or Fahrenheit. Temperature shall be displayed on the Patient Monitor PULSE OXIMETRY (SpO2) The user shall be able to set the peripheral capillary oxygen saturation level, and to make it gradually change over time. End Tidal CO2 (etCO2) The user shall be able to set the etCO₂ level, and to make it gradually change over time. etCO₂ can be presented in percentage, mmHg or kPa with individual selectable wave forms SOUNDS Heart sounds synchronized with ECG Auscultated lung sounds synchronized with breathing, 0 - 60 BPM Individual lung sound selection Normal or abnormal bowel sounds Vocal sounds: Computer-generated sounds, recorded vocal sounds and real-time voice input User generated vocal sounds</p> <p>Patient Monitor The training system shall also have the ability to work with a simulated Patient Monitor. The patient monitor shall display ECG, SpO₂, etCO₂, BP, Respiration rate and Temperature controllable via wireless device. Should be supplied with</p>
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		<p>simulated Defibrillator, AED trainer and Pacer. Demonstration is must. Training Should be provided by OEM only</p> <p>Trauma Limbs: Should come with bleeding/trauma lower limbs as an additional module. Continuous and heavy bleeding can be simulated. Gauze treatment on wound should allow control or stoppage of bleeding. Penetrating bleeding wound with fractured femur should allow to train control of bleeding Manual bleeding can be simulated at vastus lateralis and tourniquet application can be performed.</p>
11	Trauma Mannequin	<p>USG - Lumbar Puncture Trainer</p> <p>The Ultrasound Epidural & Lumbar Puncture Model should be ideal to teach Lumbar Puncture or Epidurals using the ultrasound-guided technique. Should work on all major ultrasound brands & should include visible facet joints. The Model should have following features – Should have life like anatomy: Palpable sacrum, Iliac crests, Lumbar vertebrae between L2 and L5 with spinous processes Simulator should gives a distinctive “pop” feeling when puncturing the dura during an ultrasound guided lumbar puncture procedure Needle insertion possible between vertebrae Ability to feel when the dura is punctured during lumbar puncture Realistic rate of cerebrospinal fluid (CSF) can be simulated Performing procedures in a sitting and left lateral position Identifying the iliac crests Identifying landmarks under ultrasound – spinous processes, interspinous space and facet joints Pre-puncture ultrasound mark up on the injection site Real time ultrasound guided injection Administering of local anesthetic injections Administering of therapeutic treatments, e.g. antibiotics or chemotherapy medication Administration of an epidural injection should be possible Collection and measurement of cerebrospinal fluid should be possible Demonstration is must Training should be provided by OEM only Paracentesis Trainer Landmark or ultrasound techniques can be practiced (side by side) Internal echogenic anatomy should allow recognition of landmarks under ultrasound Two 3.5 lt chambers can be filled with water for drainage practice Should have realistic tissue and needle response Should have self-sealing pads to withstand up to 200 needle or up to 100 rocket catheter insertions Should have ability to insert and remove drain Should allow both supine and lying on side position Skin surface should be washable using soap and water Should be Latex free</p>

		<p>Should be torso featuring bony landmarks and umbilicus Internal anatomy should include: Liver Spleen Bowel Floating Bowel</p> <p>Following Skills Should be Gained Familiarity with the abdominal regions and underlying anatomy Palpation of anatomical landmarks Identification of excess fluid Using ultrasound guidance, trainees can visualize the insertion site and check for vital organs beneath Insertion of needle into the peritoneal cavity for therapeutic or diagnostic purposes Professional-to-patient communication CHEST TUBE & PNEUMOTHORAX TRAINER</p> <p>It should have representation of adult male thorax with arms raised with realistic anatomy and true to life landmark. It should have facility to perform bilateral needle decompression of tension pneumothorax Should have facility to perform bilateral chest drain insertion. It can be used for training in surgical or guidewire assisted thoracostomy, and thoracentesis. It should be complete with interchangeable modules, allows for a variety of chest drain insertion techniques to be performed including ultrasound-guided techniques. Ultrasound-guided chest drain insertion (Seldinger-type), including insertion of needle under direct vision, and ultrasonic recognition of chest structures Open, or cut-down chest drain insertion: recognition of correct position, surgical incision, blunt dissection through chest wall, perforation of pleura, and finger sweep Suture of tube to chest wall Suitable for supine, sitting, or leaning forwards positions Bony and soft tissue landmarks: manubriosternal joint, clavicles, ribs, pectoralis major and latissimus dorsi Internal ultrasound anatomy: diaphragmatic structures and collapsed lung Can give the impression of breathing under ultrasound Works with thoracic seals when using the Standard Pad Reservoirs can be filled with fluid or mock blood to represent pleural effusion For use with liquids – e.g. effusion, or haemothorax Needle, guide-wire, dilator, and drain-tube can all be realistically inserted Guidewire insertions will self-seal allowing multiple uses For open/surgical techniques where effusion or haemothorax are required Open/surgical incisions will not self-seal Pleural layer, providing realistic give, or “pop”, on puncture with forceps or finger Improved respiratory swing Demonstration is must Training should be provided by OEM only</p> <p>Ascitic Tap Trainer</p>
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		<p>Landmark or ultrasound techniques can be practiced (side by side) Internal echogenic anatomy should allow recognition of landmarks under ultrasound Two 3.5 lt chambers can be filled with water for drainage practice Should have realistic tissue and needle response Should have self-sealing pads to withstand up to 200 needle or up to 100 rocket catheter insertions Should have ability to insert and remove drain Should allow both supine and lying on side position Skin surface should be washable using soap and water Should be Latex free Should be torso featuring bony landmarks and umbilicus Internal anatomy should include: Liver Spleen Bowel Floating Bowel</p> <p>Following Skills Should be Gained Familiarity with the abdominal regions and underlying anatomy Palpation of anatomical landmarks Identification of excess fluid Using ultrasound guidance, trainees can visualize the insertion site and check for vital organs beneath Insertion of needle into the peritoneal cavity for therapeutic or diagnostic purposes Professional-to-patient communication</p>
12	Tracheal Intubation for All Stages Of Life-	<p>Technical Specifications for Tracheal Intubation for All Stages Of Life Infant Airway Management Trainer</p> <p>The Infant Airway Management Trainer should provide the realistic anatomy of a 3-month-old infant for teaching and practicing basic and advanced airway management skills. Following features must be present -</p> <p>Realistic anatomy of the tongue, oropharynx, epiglottis, larynx, vocal cords and trachea Bag-Valve Mask ventilation Sellick Maneuver Intubation (oral and nasal) Laryngeal Mask Airway (LMA) Realistic tissue simulation Correct tube placement can be checked by practical inflation test Simulated stomach inflation Pediatric Intubation Trainer</p> <p>The manikin should be anatomically accurate reproduction of a paediatric torso designed for teaching the differences in paediatric and adult anatomy for airway management procedures. The manikin should have the following features - Anatomically accurate airway allowing sizing and insertion of various airway adjuncts: Oropharyngeal and nasopharyngeal airway insertion. Endotracheal tube insertion and securing</p>

		<p>Bag valve mask ventilation Tracheal suctioning Manually generated carotid pulse Closed chest compressions should be possible. Should have CE/ISO certificate The manikin should be supplied with 1 Pediatric Torso Trainer, 1 Can of Manikin Lubricant, 1 Carry Case and Directions for Use Adult Airway Management Trainer It should be an Adult upper torso with Tongue and teeth It should be able to teach following Intubation Procedures Tracheal (oral and nasal) Pharyngeal (oral and nasal) Retrograde intubation Esophageal Fiber optic intubation (oral/nasal) Possibility of Sellick maneuver Right mainstem intubation Should be able to teach Suctioning techniques The Airway Management Trainer shall be an airway training manikin mounted on practice board. It must be able to provide realistic and complete training in all intubation procedures tracheal-oral and nasal and the use of the Laryngeal Mask Airway and Combitube. It should provide realistic anatomy, nostrils. Lips, teeth, tongue, pharynx-oral and nasal, larynx with glottis opening, vallecula, arytenoids, vocal cords, sub glottis cricoid ring, trachea, including carina lungs, esophagus and stomach. It must provide realistic head positioning. Neck flexion, extension and rotation, head lift and jaw movability. It should be able to provide realistic complications as, laryngospasm, vomiting, and with excessive laryngoscope pressure on teeth will produce and audio signal. It should be able to provide realistic checking for proper tube placement with visual inspection of lung expansion during ventilation, and auscultation of breathing sounds. It should be able to establish and maintain an open airway by head tilt, chin lift, neck lift and jaw thrust. It should permit realistic practice in lung ventilation, also with the use of Bag Mask Ventilation. It should be supplied with separate model for demonstration airway anatomy. It must be able to provide the possibilities for practical training in clearing the obstructed airway by suctioning liquid foreign matter from, oral cavity, oro- or naso pharynx, oro- or naso trachea, via endotracheal tube. Gastric drainage may also be practiced. It should be supplied with a sturdy carrying case, directions for use, sanitation kit, lubrication spray and a container of simulated stomach contents. Manufacturer must conform to the International Quality Certification i.e. ISO /CE must be provided.</p>
13	Debriefing System	<p>The system should be able to Automate, track and report on every aspect of your simulation center's activities The system should be user-friendly and reliable The system should be able to reduce the workload of Simulation center activities Features</p>

		<p> Capture and stream multiple angles of synced video Capture simulator data and real medical devices Annotate, debrief and assess Secure, cloud-based storage and playback Control access by role, department and organizations Scheduling, self-enrollment, and center sign-in Seamlessly integrated checklist and EMR builder Large-scale and automated OSCE workflows In-depth and customizable reporting Flexible design and installation option Synchronized capture of multiple camera angles Simulator data capture and visualization Medical device capture (EKG, Ultrasound, EMR) Learner and faculty tracking and portfolios Center sign-in directs and tracks users Video annotation and session self-reflection* Debrief from anywhere using just a browser Learner, faculty and facility usage reports Customizable scenarios, roles and permissions Flexible and scalable - one room or many Secure, mobile-friendly and cloud-based Training and 24/7 Support Checklist builder and custom assessments Fully customizable and integrated EMR Courses and curriculum tracking Robust and customizable assessment reports Scheduling, self-enrollment and notifications Resources and inventory management OSCE module for large-scale exams Lightweight Directory Access Protocol or Single Sign On module Debriefing features </p> <p> Simulation Instructors can annotate sessions, leverage simulator event and trend data, and administer learner self-reflection evaluations for a true 360-degree view during debriefing and when providing additional feedback to learners. </p> <p> The System should automatically track valuable information about program utilization such as total sessions, learner contact hours and recording hours. Reports can be filtered by scenario, organization, simulators and locations. They can also be exported to Excel to share with other educators or administrator </p> <p> System should be supplied with 1 fixed camera (HD), 1 PTZ camera (HD), 1 Monitor 24- inch HD The bidder should provide training for 4 sessions 3 days each. </p>
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(ON THE LETTER HEAD OF THE FIRM)

DECLARATION

I / We hereby declare that no case is pending with the police / court against the bidder / firm / company (Agency). Also, I / We have not been suspended / blacklisted by any PSU / Government Department / Financial Institution / Court etc.

Seal and Signature of the bidder

Place:

Date:

(ON THE LETTER HEAD OF THE FIRM)

NO DEVIATION CERTIFICATE

Notwithstanding anything mentioned in our bid, we hereby accept all the terms and conditions mentioned in the e-NIT. I/We hereby undertake and confirm that we have understood the specifications properly and shall supply the medical machines / equipments to SMVDSB during the Rate Contract Period.

Seal and Signature of the bidder

Place:

Date:

(ON THE LETTER HEAD OF THE FIRM)

UNDERTAKING

To _____
The _____

Sub: Tender for Procurement of Machinery and Equipment for establishment of Anatomy, Physiology, Pathology, Community Medicine, Biochemistry, Forensic Medicine & Toxicology, Microbiology Departments of Medical College, Kakryal (Group-E)

Sir,

1. I/We hereby agree to abide by all terms and conditions laid down in tender document.
2. **We will be responsible for warranty of Machinery and Equipment for five years, from the date of successful installation.**
3. This is to certify that/We before signing this bid have read and fully understood all the terms and conditions and instructions contained therein and undertake myself/ourselves abide by the said terms and conditions.
4. I/we agree to abide by the tendered terms & conditions
5. I / we declare that our financial position is sound and we are competent to execute the supplies as & when allotted.
6. We will execute the supplies strictly in accordance with the approved specifications, if approved in our favour.

(Signature of the Bidder)

Name and address of the Bidder

(ON A LETTER HEAD OF THE PRINCIPAL MANUFACTURER)

UNDERTAKING

The _____

Sub: Tender for Procurement of Machinery and Equipment for Medical College, Kakryal
(Group-E)

Sir,

This is in reference to your Tender Notice No: _____. In this regard we have authorized the below mentioned Party to quote the above said tender on our behalf:-

M/S _____
Correspondence address _____
Contact person _____
Contact No. _____

Signature with seal: _____
Name of the signing person _____
Designation: _____
Contact No: _____
e-mail: _____

TO BE SUPPLIED BY THE PRINCIPAL MANUFACTURER ON THEIR LETTER HEAD

I _____ do hereby solemnly affirm and declare as under:

1. In case of any change of our local dealer/Agent, we will be fully responsible during the warranty period of the equipment as well as execution of Comprehensive Maintenance Contract after the expiry of the warranty period on the rates quoted by their dealer.
2. Spares of the quoted model shall be available at least for a period of seven years after the expiry of warranty period.
3. The models quoted by our dealer, on our authority, are compliant with the tendered specifications and deviations, if any, are mentioned in "Remarks" Column in compliance sheet.
4. The product / model number being quoted against the tender is currently undergoing production and have not been discontinued by us and
5. Our Average Turnover of last three financial years was_____

Deponent should be the same person who has signed the Annexure "F"

FINANCIAL BID
(to be submitted online only)

FOR THE SUPPLY OF MACHINES / EQUIPMENTS TO SHRI MATA VAISHNO DEVI SHRINE BOARD (Group-E).

S. No.	Item	Indicative Quantity	All inclusive rate per Unit for SITC (in Rs.)	CAMC charges for 5 years (in Rs.)	Total Amount (in Rs.)
1.	First aid, Bandaging, Splinting & Bandage model				
2.	Basic Life Support For All Stages Of Life				
3.	Various types of Injections Trainers				
4.	Urine Catheter Insertion				
5.	Skin & Fascia Suturing				
6.	Breast examination model				
7.	Gynecological examination model/mannequin including IUCD (Intra Uterine Contraceptive Device) Training model				
8.	Obstetrics mannequins including Obstetric examination, conduct and management of vaginal delivery.				
9.	Neonatal Resuscitation Mannequin				
10.	Whole Body Mannequin				
11.	Trauma Mannequin				
12.	Tracheal Intubation for All Stages of Life				
13.	Debriefing System				