



OFFICE OF THE CDMO & DISTRICT MISSION DIRECTOR, DEOGARH
DISTRICT PROGRAMME MANAGEMENT UNIT (DPMU)
(Department of Health & Family Welfare, Govt. of Odisha)
DISTRICT HEAD QUARTER HOSPITAL, AT/PO/DIST. - DEOGARH, 768 108
☐ (06641) 226103, Fax : (06641) 226103, E-mail : nhmdeogarh@gmail.com



ZILLA SWASTHYA SAMITI, DEOGARH
(Deptt. of Health & FW, Govt. of Odisha.)



NO. 572

Dt. 15.03.2020

Sealed Tenders are invited from manufacturer/Importer/registered firms/dealers/agencies procurement equipments for Geriatric Ward. The tender documents shall have to submit in one envelope containing two separate envelopes, one for technical bid & another for financial bid through speed post/register post/courier only on or before 30.03.2020 by 1.00PM to the office of CDM & PHO, DHH, Deogarh .The quotation will open on the same day at 2.00PM in the presence of bidders or their authorized representative. The tender paper along with terms and conditions will be available in the website www.deogarh.nic.in & deposit the tender paper cost of Rs 500/- in shape of DD in favour of "ZSS/ Non- NRHM Funds Account, Deogarh Payable at Deogarh", which is not refundable. The authority reserves right to accept or reject any or all the tender without assigning any reason thereof. The envelope containing the tender document must be clearly super scribed as "Tender for procurement equipments for Geriatric Ward".

Sd/-

CDM & PHO cum- District Mission Director, Deogarh

(Handwritten signature)

**TERMS, CONDITIONS & SPECIFICATION FOR SUPPLY OF
EQUIPMENT'S OF GREIATRIC WARD**

Name of the District / Health Institution: Deogarh
(HEALTH & F.W. DEPTT., GOVT. OF ORISSA)

Bid Reference No. -C.D.M. & P.H.O. DEOGARH(673 / 16 .03.2020)

TENDER DOCUMENT FOR SUPPLY OF EQUIPMENT'S OF GERIATRIC WARD

Bid document may be downloaded from Web site-www.deogarh.nic.in

LAST DATE & TIME OF RECEIPT OF BID DOCUMENTS : Dt. 30.03.2020 Upto 1 P.M
DATE & TIME OF OPENING OF TECHNICAL BID : Dt 30 .03.2020 at 2 P.M.
DATE OF OPENING OF FINANCIAL BID : Dt. 30.03.2020 at 4 P.M.

PLACE OF OPENING OF BID DOCUMENTS
AND

ADDRESS FOR COMMUNICATION

: O/o CDM & PHO,Deogarh District Head
Quarter Hospital, At/Po/Dist -
Deogarh, PIN - 768108

AND
RECEIPT OF BID DOCUMENTS

Tel: 06641-226103

Email id: nhmdeogarh@gmail.com

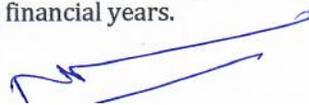
OFFICE OF THE CDM & PHO: DEOGARH



TERMS AND CONDITIONS FOR SUPPLY OF COMPUTER, PERIPHERALS, FURNITURE & ELECTRONICS ITEMS

- 1.1 Sealed tenders will be received upto 1 P.M. of dt. 30.03.2020, in the office of the C.D.M. & P.H.O Deogarh for the procurement of equipment's of geriatric ward. Any tender received after the due date & time will be rejected. **The tenders will be received through Regd. Post / Courier services / Speed Post only.**
- 1.2 The bidder(s) are to submit their quotations in separate sealed covered envelopes for technical bid and Price bid by superscribing Cover "A" (Technical Bid)&Cover "B" (Price Bid) and both the sealed covers should be put into a third outer Cover, which should be superscribed as "FOR SUPPLY OF equipment's of geriatric ward -2019-20". Tender must be accompanied by Rs 500/- (Rupees Five Hundred) Only (Non-refundable) as processing fees and Earnest Money Deposit of Rs.10,000/- (Rupees Ten Thousand) (Refundable) by way of Demand Draft (Must be submitted by way of Demand Draft) , drawn on any Nationalized Bank in favour of "ZSS/ Non- NRHM Funds Account, Deogarh Payable at Deogarh"..
- 1.3 The Sealed envelope containing the tender document submitted by the bidders will be opened in the, office of the C.D.M. & P.H.O, Deogarh at 2 P.M on dt. 30.03.2020 under the chairmanship of CDM & PHO, Deogarh and in the presence of the bidders or their authorized representatives.
- 1.4 The C.D.M. & P.H.O Deogarh will be at liberty to terminate the contract either wholly or in part without assigning any reasons thereof. The bidders will not be entitled to any compensation whatsoever for such termination.
- 1.5 The rate quoted will be valid for one year from the date of approval.
- 1.6 The supply of items shall be made immediately according to volume after placing the supply order in the Office of CDM & PHO cum DMD, Deogarh / any other office under the jurisdiction of the undersigned and supplier shall submit the bill for payment at the approved rate in respect to the quantity of items supplied. The transportation of items is sole responsibility of the supplier and must deliver the item on door delivery basis.
- 1.7 The supplier selected shall have the responsibility to supply the items mentioned in **ANNEXURE - III** as per supply order which is required for carrying out day to day official work.
- 1.8 The suppliers shall also ensure that the quality and quantity has to be as per the supply order and approved rate contract in the quotation process.
- 1.9 In the event of any dispute arising out of the tender, such disputes would be subject to Deogarh jurisdiction.
- 1.10 If the approved supplier fails to execute the supply within the stipulated time, the C.D.M. & P.H.O Deogarh is empowered to purchase the same items from L₂ or L₃ bidder, if they agree with the L₁ rate.
- 1.11 Payment will be made after 100% supply of items and complete installation as per order.
- 1.12 No advance payments towards cost of equipment's of geriatric ward will be made to the bidder.
- 1.13 The successful supplier shall replace any part or whole system as may be necessary in the event of damage during transit or found damaged on arrival or during installation of the system or if found not in conformity to the specifications at his / their own cost.
- 1.14 The undersigned reserves the right to accept or reject any or all the quotations without assigning any reason thereof

ELIGIBILITY CRITERIA

- 2.1 Manufacturing units / Importers/authorized dealer/Agency/Firms are eligible to participate in the tender provided, they have
 - (i) Valid manufacturing license / Import License/ authorized dealer certificate etc.
 - (ii) Manufacturing unit who has been blacklisted either by the Tender inviting authority or by any state Govt. or Central Govt. organization is not eligible to participate in the tender for that item during the period of blacklisting.
 - (iii) ITR Copy of last preceding 3 (three) years.
 - (iv) Latest GSTR Copy.
 - (v) Certificate duly filled by the Auditor / Chartered Accountant (as per **Annexure -IV**) that the annual turnover of the tendering firm is Rs. 20 (Twenty) lakhs or more in each financial year for last preceding 3 (three) financial years.
- 

The following documents should be enclosed in Technical Bid by the bidder. All the photocopies are to be self attested.

TECHNICAL BID:

- 3.1 Earnest Money Deposit of Rs. 10,000/- (Ten thousand only) and tender paper cost (Non-refundable) of Rs. 500/- (Five hundred only) to be submitted in shape of two separate Demand Draft in favour of "ZSS/ Non- NRHM Funds Account, Deogarh Payable at Deogarh".
- 3.2 Copy of Valid Manufacturing License of the tender items of the manufacturer / Import License by the Importer and authorised dealer certificate by the distributors and firms.
- 3.3 Copy of GST registration certificate.
- 3.4 Copy of PAN of the organisation.
- 3.5 The Original Tender Book with Conditions and the schedules signed by the bidder at the bottom of each page with his official seal duly affixed.
- 3.6 The declaration form in **Annexure - I** duly signed by the bidder before Notary Public / Executive Magistrate.
- 3.7 Details name, address, telephone no., Fax, e-mail of the manufacturer / authorized distributor / service centre / contract person / office in Odisha (**Annexure - V**).
- 3.8 Certificate in support of service centre in Odisha or undertaking to set up service centre in Odisha within one month from the date of installation if approved (for those who have no service centers in Odisha)
- 3.9 ITR Copy of last preceding 3 (three) Assessment years.
- 3.10 Latest GSTR Copy.
- 3.11 Checklist with detail of the documents enclosed in **technical bid** (as per **Annexure - VI**) with page number. The document should be serially arranged as per this **Annexure - VI** and should be securely tied and bound.
- 3.12 Certificate duly filled by the Auditor / Chartered Accountant (as per **Annexure -IV**) that the annual turnover of the tendering firm is Rs. 20 (Twenty) lakhs or more in each financial year for last preceding 3 (three) financial years.

Financial BID

- 4.0 Financial Bid will be opened only of the bidders who qualify in Technical Bid as per tender specification.
- 4.1 The Financial bid to be submitted in the prescribed form (as per **Annexure - II**). The price of the item should be quoted exclusive of taxes and including of insurance, packing, forwarding, freight (door delivery), installation, warranty but exclusive of CMC. The rate should be quoted both in figures and words. In case of difference in words and figures, words will be taken into consideration for evaluation.

EARNEST MONEY DEPOSIT

- 5.1 The Earnest Money Deposit shall be Rs.10,000.00 (Ten thousand) only. The Earnest Money Deposit will be submitted in the shape of demand Draft only in favour of ZSS Non- NRHM Funds Account, Deogarh, from any Nationalized Bank payable at Deogarh.
- 5.2 The EMD of the unsuccessful bidders will be returned back without interest after publication of the approved list and EMD of successful tenderer will be returned after successful installation and commissioning of items.
- 5.3 The EMD will be forfeited if the tenderer withdraws the tender or doesn't accept the approved list or doesn't supply the items within the stipulated time period.
- 5.4 No claims shall be made against the C.D.M. & P.H.O, Deogarh in respect of interest on earnest money deposit or security deposit or any delayed payment or any other deposit.

EVALUATION:

- 6.1 The rates of the item quoted by the bidder who qualify in technical bid will be evaluated after taking the following points into consideration: -
 - a) Rate of the equipment's of geriatric ward will be taken after inclusive of transportation, insurance, packing, forwarding but exclusive of taxes.

DECLARATION FORM

I / Wehaving 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 **equipment's of geriatric ward**. 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 I/We have not been de-recognised / black listed by any
State Govt. / Union Territory / Govt. of India / Govt. organisation / Govt. Health
Institutions for supply of Not of Standard Quality (NSQ) items / part-supply / non-
supply.

I/We agree that the Tender Inviting Authority can forfeit the Earnest Money
Deposit and blacklist me/us for a period of 5 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.

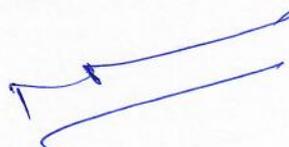
I / We further declare that I / We possess valid manufacturing license /
Authorized distributor bearing No.Valid upto I /
We
..... do hereby declare that I / we will
supply the _____ as per the terms, conditions & specifications of the tender
document. I / we further declare that I / we have a service centre / will establish a
service centre within one month of installation of the equipment in Orissa.

Signature of the bidder :

Date :

Name & Address of the Firm:

Affidavit before Executive Magistrate / Notary Public.



TENDER FORM - B
Financial Bid

Si.No	Name of The Items	Make & Model of Items Quoted	Rate Per Unit (Excluding taxes)	Remarks
1	Height adjustable walker Make – Vissco			
2	Height adjustable walking stick			
3	Pulse oximeter finger			
4	Infrared radiation therapy unit			
5	Nebulizer heavy duty			
6	Peg board Make – Little genius			
7	Tens Make – Technomed Electronics Bipap Make – Oxymed			
8	Cpap Make – Oxymed			
9	Examination table Make – Ub Physio Solutions			
10	Wheel chair Make – Mediquip			
11	Partition screens 3 fold			
12	Traction Model – Autotrac Make – Technomed Electronics			
13	Traction 3 fold bed Make – Ub Physio Solutions			
A	Shoulder wheel axial model Make – UB Physio Solutions T Pulley Make – UB Physio Solutions			
B	Paraffin wax bath Make – Ub physio solutions			
C	Patient monitor 5 parameter Make – RMS Interferential therapy unit IFT Make – Technomed Electronics			
D	Quadriceps table Make – UB Physio Solutions			
20	Weighing machine			
21	Height adjustable walker Make – Vissco			
22	Height adjustable walking stick			
23	Pulse oximeter finger			

Notes: Use different sheets for different model or for higher specification items

I / we _____ agree to supply the above goods & allied services.
We confirm that the same will meet the description, specification and other technical details as required in the tender enquiry.

I / we _____ confirm that we agree to all other terms and conditions of your tender enquiry including the terms of delivery, period of delivery and warranty provision.

I / we _____ have furnished all the information, as required in the tender enquiry and attached the relevant documents.

(In case a tendered desires to put some additional /modified stipulations, terms & conditions etc. the same may be clearly indicated)

I / we _____ confirm that our offer will remain valid or acceptance for _____ days after the date of opening of tenders (preferably at least one year)

(Signature, name and designation of the authorized executive of the tendering firm)

For and on behalf of.....

(Name and address of the tendering firm).....

Place:

Date:

(Signature and seal of the authorized signatory)
Seal

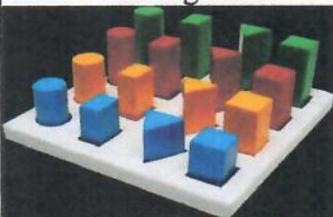


EQUIPMENTS

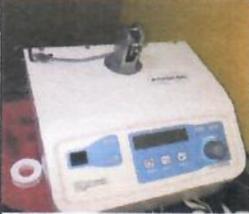
Sl.No	Name Of the Items
1	Height adjustable walker Make – Vissco
2	Height adjustable walking stick
3	Pulse oximeter finger
4	Infrared radiation therapy unit
5	Nebulizer heavy duty
6	Peg board Make – Little genius
7	Tens Make – Technomed Electronics
8	Bipap Make – Oxymed
9	Cpap Make – Oxymed
10	Examination table Make – Ub Physio Solutions
11	Wheel chair Make – Mediquip
12	Partition screens 3 fold
13	Traction Model – Autotrac Make – Technomed Electronics
14	Traction 3 fold bed Make – Ub Physio Solutions
A	Shoulder wheel axial model Make – UB Physio Solutions
B	T Pulley Make – UB Physio Solutions
C	Paraffin wax bath Make – Ub physio solutions
15	Patient monitor 5 parameter Make – RMS
16	Interferential therapy unit IFT Make – Technomed Electronics
17	Quadriceps table Make – UB Physio Solutions
18	Weighing machine

The Specification of the electronics and Electricals Items above mentioned is as follows :-

Sl.No	Item	Description
01	Height adjustable walker Make – Vissco	The Medipedic Prime Walking Plain provides a larger base of support facilitating balancing while walking. This walker gives the user extra support when walking or standing as it offers far more stability than a standard

		<p>walking stick. It provides four additional points of contact and a stable center for gravity positioning.</p> <p>Benefits Of Use Provides larger base of support Helps facilitate balance and stability while walking</p> <p>Features Space Saving Rigid Support Universal Fit Adjustable Support</p>
02	<p>Height adjustable walking stick</p> 	<p>Need a helping hand when you walk around. The Invalid quadripod walking stuck u shape is widely used for greater balance as weight is also applied. It helps direct load through the arms and the walking aid, lowering the impact and static forces transmitted to the affected limbs.</p> <p>Benefits Of Use Provides larger base of support Helps facilitate balance and stability while walking</p> <p>Features Rigid Support Universal Fit Adjustable Support</p>
03	<p>Pulse oximeter finger</p>	<p>Finger pulse oximeter Power supply – battery Type – finger tips Display type - LED</p>
04	<p>Infrared radiation therapy unit</p> 	<p>Mains connection - 220-230 V~ / 50-60 Hz Power consumption - 100 W Max. Radiation intensity: 1900 W/m2 Dimensions (W x H x D) - 120 x 205 x 165 mm Operating Conditions Temperature: +5 C to +35 C; Relative humidity: 15%-93% Storage and transport Temperature: 25 C to +70 C; Relative humidity: 93%</p>
05	<p>Nebulizer heavy duty</p> 	<p>Scure Nec 240 Mini Compressor Nebulizer Compact Size And User Friendly Nebulizer Compact And Travel Convenient</p>
06	<p>Peg board Make – Little genius</p> 	<p>Non toxic A set of 16 pegs of 4 basic shapes, 4 colors and 4 lengths. By fitting each piece into the corresponding hole in the base, and arranging them into rows of ascending height, children learn to distinguish different shapes, colors and lengths.</p>
07	<p>Tens</p>	<p>ACUTENS is an advanced 4-Channel TENS with</p>

	<p>Make – Technomed Electronics</p> 	<p>Acupuncture like TENS capabilities. Sophisticated, compact, light weight with stylish digital display of patient parameters makes this very suitable for both clinic use and house visits. Manual control of output frequency and pulse width enables user to generate even slightest variation in the TENS current thereby enabling effective treatment.</p> <p>Intensity Controls Independent 4-Channel Intensity Control and display of output current for each channel.</p> <p>Digital Display Digital Display of output current of each channel and treatment time.</p> <p>Smart Control Computerized programs ensure that the machine produces output only after Intensity of all 4 channels are set to Zero. This prevents a patient from accidentally receiving a high intensity that was set for the previous patient.</p> <p>1-200 Hz Frequency Conventional TENS produces only above 50 HZ frequency. ACUTENS provides a wider frequency band. Thereby advanced TENS treatments can be performed.</p> <p>Technical Specifications No of Channels: 4 (Independent) Output Current: 0 – 60 mA Output Voltage: 0 – 100 V (Peak to Peak) Treatment Time: 5, 10, 15, 20 Min Frequency: 1 – 200 Hz Pulse Width: 75 – 360 Sec Operating Voltage: +12 V AC, 500 mA Power Consumption: 5 W L x B x H: 15.5 x 21 x 6.5 cms Weight: 1.3 Kgs</p>
08	Bipap Make – Oxymed	
09	Cpap Make – Oxymed	
10	Examination table Make – Ub Physio Solutions	<p>Basic treatment cum Examination table with vinyl upholstered two-section well padded top, size 180cm x 60cm with a fixed working height of 80cm backrest is 67cm long and is easily adjustable for desired positio</p> 
11	Wheel chair Make – Mediquip	<p>Basic Wheelchair Premium BLUE/BLACK/RED Steel Frame, Powder Coated, PVC upholstery,</p>

		<p>Fixed armrest, Fixed Footrest, Solid Composite castors, Solid rubber rear wheels</p>
12	<p>Partition screens 3 fold</p>	<p>Type of Product : Bed Side Screen</p> <p>Dimension (HXW) : 167 x 243 cm</p> <p>Material Finish : Epoxy Powder Coated</p> <p>Color : White</p>
13	<p>Traction Model – Autotrac Make – Technomed Electronics</p> 	<p>Autotrac - DOD is a microprocessor based computerised Intermittent and Continuous Cervical and Lumbar Traction. The new improvised design comes has a very silent , improvised and reliable motor.</p> <p>Key features</p> <ul style="list-style-type: none"> ✓ SEILENT MOTOR with superior performance ✓ DIRECT PULLING POWER of Autotrac – 500 is from 5 to 50 kgs ✓ Cervical/Lumbar Mode Selection provided as additional safety feature ✓ ENCODER selection knob for easy selection of treatment parameters ✓ Three modes of Operation - Static, Intermittent and Incremental Mode (gives lumbar traction in incremental steps of 5 kgs after 20 kgs) ✓ Patient Safety Switch for patient safety <p>Technical specification</p> <p>Operating voltage – 220 VAC , 50 Hz</p> <p>Max traction force – 50 kgs</p> <p>Treatment time – 0-99 min</p> <p>Hold time – 0-99 sec</p> <p>Rest time – 0-99 sec</p> <p>Alarms – treatment time over & patient safety switch.</p> <p>Weight – 15 kgs</p> <p>Max power consumption – 50 watts</p> <p>Operating voltage – 220 VAC, 50</p>
14	<p>Traction 3 fold bed Make – Ub Physio Solutions</p> 	<p>3 fold fixed upholstered traction table is idle for horizontal cervical and lumbar traction purpose. The lumbar section rolls freely on ball bearing roller for friction free lumbar pull. Cervical traction angle is controlled by vertical adjustment of machine mounting board. Complete with a flexion stool, the modified cushioned top traction table is totally folding.</p>
A	<p>Shoulder wheel axial model Make – UB Physio Solutions</p>	<p>Physiotherapy Shoulder Wheel Compact is made having superior quality steel alloy rod with rubber insulated handle for perfect grip. It is most commonly used in rehabilitation centers for doing shoulder exercise. This wheel compact is used by rotating it 360 degrees by holding the handle. It is known for having ergonomic</p>

		<p>structure and is provided with wall mounting clamps for ensuring its quick & easy installation. Shoulder Wheel Compact features a superior quality bearing system that allows smooth & noise-free movement</p>
B	<p>T Pulley Make – UB Physio Solutions</p> 	<p>Tee Pulley is intended to be used for physiotherapy exercise for assuring better recovery from health condition. It is made of superior quality metal alloy and comes with the corrosion resistant surface finish. This pulley can easily be mounted on wall with help of provided flange. It works with help of provided steel wire and PVC pulley by pulling provided handles one by one. Tee Pulley helps in building shoulder & chest muscles with improved blood circulation</p>
C	<p>Paraffin wax bath Make – Ub physio solutions</p> 	<p>Wax Bath made out of stainless steel sheet. The top has an aluminum cover, works on electricity 220-240 V. Provided with special wax immersion type heater and thermostat to control temperature. Externally finished oven baked. MEDIUM SIZE</p>
15	<p>Patient monitor 5 parameter Make – RMS</p> 	<p>ECG, NIBP, SPO2, RESP and 2-TEMP parameters 12.1” high resolution TFT color display Adult, Pediatric and Neonatal monitoring Arrhythmia Detection and Alarm facility 20 days Graphical and Tabular Trends storage Drug Dose Calculation and Titration table Night mode facility 5 days wave review Standard, Large font, Trends, OxyCRG and 7 Lead ECG display</p> <p>Color coded Audio-visual and Voice alarms Pace detection Real time ST segment analysis Electrocautery and Defibrillator Protected Networking Capability Wireless CMS connectivity through WiFi* Dual channel IBP Monitoring * Sidestream and Mainstream capnography * Android compatible CMS *</p>
16	<p>Interferential therapy unit IFT Make – Technomed Electronics</p>	<p>Vectrodyne 100 is a computerized Interferential therapy unit with advanced vector scan features. It has a bright LCD screen displaying the current in 2 channels, mode of operation, programme number and treatment time. Vectrodyne 100 has soft touch membrane keyboard for easy operation. Base and Spectrum frequency variations are clearly displayed through bar graph display.</p>



29 programs on Interferential Therapy.

Vectrodyne 100 provides advanced features like Vector Scan (45 degrees and 90 degrees), automatic intensity control making it safe to use by avoiding accidental wrong settings of intensity and the on-screen "HELP" Program. Vectrodyne 100 uses a rugged linear power supply. Compact and lightweight makes the unit, PORTABLE, particularly designed to be accommodated in a Brief Case.

29 IFT Programs

2 pole, 4 pole, 4 pole vector scan programs with combination of different waveform makes it truly versatile.

Base & Spectrum

Base & Spectrum controls are used to promote effective penetration and pain relief.

SPECTRUM INDICATOR

Displays the Interference spectrum frequency variation on Bar graph display.

SAFETY FEATURES

The patient can stop the machine by pressing the patient switch should there be any discomfort.

INTENSITY BALANCE

To even minutely vary currents between the 2 channels.

SMART FEATURES

Computerized programs ensure that the machine produces output only after Intensity is set to Zero with audio alarm. This prevents a patient from accidentally receiving a high intensity that was set for the previous patient

OPERATING FREQUENCY

2 KHZ and 4KHZ operating frequencies are available.

Technical Specifications

No. of Channels: 2 Channels

Output Current: 0 – 75 mA

Output Frequency: IFT

Channel I – 4000 Hz – 4250 Hz

Channel II – 4000 Hz (Constant)

2000 Hz mode also available

Interference Frequency: Base – 0 Hz – 150 Hz

Spectrum – 0 Hz – 150 Hz

Modes : 2EL/4EL/4EL45 VECTOR/4EL90 VECTOR

Sweep Patterns Triangle/Square/Trapezoidal

Vector Scanning: 45 & 90 Degrees

Operating Voltage: 220V AC / 50 Hz

L x B x H: 30.5 x 32 x 10 cms

Weight: 3.5 Kgs

17	Quadriceps table Make – UB Physio Solutions 	Quadriceps and hamstrings can be exercised without changing the position of patient. The unit consists of foam padded table and a torque unit with two level arms, one of which holds the weight while the other provides contact with the patient. By Changing the angle between the two arms, maximum or minimum resistance can be given at any point in the range. Complete with four weight plates of 1 Kg. Each.
18	Weighing machine	Manual Maximum weight capacity 150 kg

Handwritten blue scribbles consisting of two parallel lines and a small cross-like mark.

ANNUAL TURN OVER STATEMENT

The Annual Turnover of the tendering firm

M/s _____ for the last three years are given below and certified that the statement is true and correct.

<u>Sl.No.</u>	<u>Year</u>	<u>Turnover in Lakhs / Crores (Rs)</u>
1.	2016 - 2017	-
2.	2017 - 2018	-
3.	2018 - 2019	-

Date:

Place:

Signature of Auditor/
Chartered Accountant
(Name in Capital)
Registration No.
Seal

DETAILS OF THE BIDDERS & LOCAL CONTACT PERSON

	Corporate Office (The address in which the purchase orders and payment details will be communicated)	Local Contact Person / Branch Office / Zonal Office / Service Centre if any, in Orissa
Name & Full Address		
Telephone Nos., landline		
Mobile		
Fax		
E – Mail		
Date of Inception		
Manufacturing License Nos. & Date		
Name of the issuing authority		
License valid up to		

**Signature of the Bidder :
With seal**

Date:

Official Seal:



CHECK LIST

Please put ✓ "in the respective box

DOCUMENTS : SUBMITTED OR NOT

TECHNICAL BID FOR COMPUTER, PERIPHERALS, FUNITURE & ELECTRONICS ITEMS

1	Cost of Tender Paper (Rs. 500/-)	DD No				Date	
2	Earnest Money Deposit in shape of Demand Draft for Instrument & equipments. Rs.10,000/- (Ten thousand only)	DD No				Date	
3	Copy of Valid Manufacturing License of the tender item of the manufacturer / Import License by the Importer.	Yes		No		Page No	
4	Copy of Valid ISO certificate	Yes		No		Page No	
5	Copy of GST certificate	Yes		No		Page No	
6	Copy of PAN of the organisation	Yes		No		Page No	
7	Latest GSTR	Yes		NO			
8	The declaration form in Annexure - I duly signed by the bidder before Notary Public / Executive Magistrate.	Yes		No		Page No	
9	Details name, address, telephone no., Fax, e-mail of the manufacturer / authorized distributor / service centre / contract person / office in Orissa (Annexure - VI).	Yes		NO		Page No	
10	ITR Copy of last 3 years	Yes		No		Page No	
11	Certificate in support of service center in Orissa or undertaking to set up service center in Orissa within one month from the date of installation if approved (for those who have no service centers in Orissa).	Yes		No		Page No	
12	Certificate duly signed by the Auditor / Chartered Accountant (as per Annexure -IV) that the annual turnover of the tendering firm is Rs.20 (Twenty) lacs or more in each financial year for last preceding 3 (three) financial years.	Yes		No		Page No	

MANUFACTURER'S AUTHORISATION FORMAT

To

The C.D.M. & P.H.O Deogarh,
Deptt. of Health & Family Welfare
Govt. of Orissa.

Ref: Tender No. _____ Dated _____ for _____.

Dear Sir,

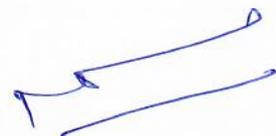
We _____ who are established and reputed
manufacturer's of _____ (name and description of items offered) having
factories at _____ (Address of Factory) do hereby authorize M/s _____
_____ (Name and address of Distributor / Agent) to submit a bid .

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

Yours faithfully,

Name of the Manufacturer
(Signature with seal)

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 bidder if the bidder is not the manufacturer.



UNDERTAKING

(to be submitted on Rs.50/- stamp paper)

Tender ref. No. _____ Due for opening on _____

Name of the equipment:

Date of Installation:

Name of the Consignee:

Name of the purchaser:

Sir,

I / we _____ hereby
declare that

1. I / we am / are the manufacturers / authorized agents / distributors of _____
_____.
2. I / we do accept / agree for the all clauses including the warranty and payment terms and conditions of this tender.
3. I / we do hereby confirm that the prices / rates quoted are fixed and are at par with the prices quoted by me / us to any other Govt. of India / Govt. of Orissa Hospitals / Medical Institutions. I / we also offer to supply the stores at the prices and rates not exceeding those mentioned in the price bid.
4. I / we agree to abide by my / our offer for a period of 1 year from the date of approval of the tender.
5. I / we have necessary infrastructure for the maintenance of the equipment and will provide all the accessories / spares as and when required.
6. I / we also declare that in case of change of Indian Agent or for any other change, merger, dissolution solvency etc. in the organization of our foreign principles, we would take care of the Guarantee / warranty / maintenance of the machinery / equipment and have provided written confirmation for the same.
7. I / we shall provide assistance to the consignee in clearance and delivery of store at consignee's stores / premises.

8.

The demurrage / storage charges, if any, payable to the customs department, due to non-receipt of required documents in time by the hospital / delay due to incorrect entries, mistakes to the documents etc. shall be borne by me / us.

- 9. I / we have carefully read and understood all the terms and conditions of the tender and shall abide by them.
- 10. I / we undertake to get the equipment's repaired within 48 hours of receiving of the complaint from the indenting hospital / consignee failing which a penalty @ 1% of the cost may be recovered.

Signature of the witness
Name & address

Signature of the Tenderer
Name & address

Dated

Seal of the firm.

NB. Only to be submitted by the approved supplier.

