



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



NO. 3670

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



Dt. 09/11/2020

SHORT TENDER CALL NOTICE

Sealed Tenders are invited from manufacturer/Importer/registered firms/dealers/agencies procurement equipments of model HWC. 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 23.11.2020 by 1.30 PM to the office of CDM & PHO, DHH, Deogarh .The quotation will open on dt.23.11.2020 at 03.30 PM 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 of model HWC".

Sd/-

CDM & PHO cum- District Mission Director, Deogarh

**TERMS, CONDITIONS & SPECIFICATION FOR SUPPLY OF
EQUIPMENT'S OF MODEL HWC.**

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

Bid Reference No. -C.D.M. & P.H.O. DEOGARH (3671 / 09.11.2020)

TENDER DOCUMENT FOR SUPPLY OF EQUIPMENT'S OF MODEL HWC

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

LAST DATE & TIME OF RECEIPT OF BID DOCUMENTS : Dt. 23.11.2020 Upto 1.30 P.M
DATE & TIME OF OPENING OF TECHNICAL BID : Dt 23 .11.2020 at 3.30 P.M.
DATE OF OPENING OF FINANCIAL BID : Dt. 23.11.2020 at 4.30 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 EQUIPMENTS OF MODEL HWC

- 1.1 Sealed tenders will be received upto 1.30 P.M. of dt. 23.11.2020, in the office of the C.D.M. & P.H.O Deogarh for the procurement of equipments of model HWC. 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 equipments of model HWC -2020-21". 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 3.30 P.M on dt. 23.11.2020 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.
- 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 equipments of model HWC 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. 50 (Fifty) 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 The warranty period of the equipment's should be mentioned as per Annexure - III.
- 3.8 Details name, address, telephone no., Fax, e-mail of the manufacturer / authorized distributor / service centre / contract person / office in Odisha (**Annexure - V**).
- 3.9 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).
- 3.10 ITR Copy of last preceding 3 (three) Assessment years.
- 3.11 Latest GSTR Copy.
- 3.12 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.
- 3.13 Certificate duly filled by the Auditor / Chartered Accountant (as per **Annexure -IV**) that the annual turnover of the tendering firm is Rs. 50 (Fifty) 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 model HWC 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 model HWC**. 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	Head Light			
2	Ear Specula			
3	Nasal Specula			
4	Otoscope			
5	Jobson Horn Probe			
6	Tuning Fork			
7	Noise Maker			
8	Ear Syringe			
9	Near Vision Chart			
10	Color Vision Chart			
11	Snellen's Chart			
12	Mouth mirror			
13	Periodontal probe			
14	Tooth Model			
15	Torch			
16	Shoulder Wheel Over Head pully Shoulder ladder			
17	Walker			
18	Cervical traction (manual)			
19	Exercise Bicycle			
20	Lumber Traction manual			
21	Pulse oximeter finger			
22	Gait Training Apparatus/ Parallel bar			
23	Hydro Collator Unit			
24	Traction Bed			

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

Annexure-III

EQUIPMENTS

Sl.No	Name Of the Items	Warranty period
1	Head Light	
2	Ear Specula	
3	Nasal Specula	
4	Otoscope	
5	Jobson Horn Probe	
6	Tuning Fork	
7	Noise Maker	
8	Ear Syringe	
9	Near Vision Chart	
10	Color Vision Chart	
11	Snellen's Chart	
12	Mouth mirror	
13	Periodontal probe	
14	Tooth Model	
15	Torch	
16	Shoulder Wheel Over Head pully Shoulder ladder	
17	Walker	
18	Cervical traction (manual)	
19	Exercise Bicycle	
20	Lumber Traction manual	
21	Pulse oximeter finger	
22	Gait Training Apparatus/ Parallel bar	
23	Hydro Collator Unit	
24	Traction Bed	

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

SL.No	Name of the EIF	Technical Specification
1	Head Light	<p>Purpose: Coaxial luminaire provides shadow free illumination for improved efficiencies</p> <p>Light weight and comfortable head band options : Yes</p> <p>Supply of accessory like charger,cable & batteries : Yes</p> <p>Color of light : Cool day light</p> <p>Brightness (Lumen): 40</p> <p>Color Temperature (Degree Kelvin): 4500 degree K,</p> <p>Minimum LED Life (Hours): 20000</p> <p>Nature of focusing: Spot</p> <p>Portable compact design with no wires- into shirt pocket: Yes</p> <p>Charging time (Hours): 2-4Hours</p> <p>Color rendering index (CRI): 90</p> <p>Type of battery : Alkaline</p> <p>Run time (Minutes): 60</p>

		<p>ON/OFF control: Yes</p> <p>MINIMUM Spot diameter (mm): 10</p> <p>MAXIMUM Spot diameter (mm) : 60</p> <p>Standards:</p> <p>Product complies with: IEC 60601-1 and IEC60601-2-41 :Yes</p> <p>Model Should be CE/BIS certified :Yes</p> <p>Manufacturer should be ISO13485 certified: Yes</p>
2	Ear Specula	<p>Shape: Oval cone design</p> <p>Material: Stainless Steel, antimagnetic, acid-resistant</p> <p>Supply: Set of 4nos. Diameter: 3mm, 4mm, 5mm & 7mm respectively.</p> <p>Sterilization / Disinfection: Completely reusable and fully autoclavable.</p> <p>Each instrument shall be embossed/etched with manufacturer's name, initials or recognized trade-mark and the words 'Stainless Steel' or letters 'ss'</p> <p>Manufacturer should be ISO 13485 certified</p> <p>Product should be CE/BIS approved</p>
3	Nasal Speculum	<p>Type: Thudichum</p> <p>Product: Nasal Specula</p> <p>Profile: Set of 3 (Adult sizes-4&5 & pediatric sizes-3)</p> <p>Specialty: Rhinology Instruments</p> <p>Material: Stainless Steel (ASI410/420)</p> <p>Surface Finish: Satin</p> <p>Sterilization / Disinfection: Completely reusable and fully autoclavable.</p> <p>Each instrument shall be embossed/etched with manufacturer's name, initials or recognized trade-mark and the words 'Stainless Steel' or letters 'ss'</p> <p>Manufacturer should be ISO 13485 certified</p> <p>Product should be CE/BIS approved</p>
4	Mouth Mirror	<p>Type Mirror With Handle</p> <p>Shape of Mirror: Round</p> <p>Diameter of Mirror (mm) set : 18 millimeter & 20 millimeter</p> <p>Material of housing of the mirror: Medical Grade Stainless Steel (316/ASi410)</p> <p>Anti Fog Coating Yes</p> <p>Thick Non-Slip Handle for perfect grip: Yes</p> <p>Mirror should be With minimum 10 Cm Length of Handle: Yes</p> <p>Mirror should be detachable from the handle: Yes</p> <p>Extra light and handy for more fatigue-free working: Yes</p> <p>GENERAL FEATURES</p> <p>Product Description: Dental Mouth Mirror or Dentist's Mirror</p> <p>Clinical Purpose: For allowing indirect vision by the dentist, reflecting light onto desired surfaces and retraction of soft tissues</p> <p>Disposable or Reusable: Reusable</p> <p>Sterile : Yes</p> <p>Autoclavable: Yes</p> <p>PACKAGING: Individually Packed</p> <p>CERTIFICATIONS & REPORTS</p> <p>Submission of Test Report from Central Govt/NABL/ILAC accredited Lab to prove the conformity to declared specification at the time of</p>

		<p>supply: YES</p> <p>Product certification: Manufacturer should be ISO13485 certified</p> <p>Product should be CE /IS approved</p> <p>WARRANTY & MAINTENANCE</p> <p>Warranty (Yrs) :Replacement warranty of 1year</p>
5	Otoscope	<p>Diagnostic Otoscope rechargeable set is to be supplied in Leather / hard case preferably HIP (High Impact Plastic) with internal soft cushion material for easy portability and protection :Yes</p> <p>Light source : LED bulb</p> <p>Lamp Hour: 20,000 hours minimum /2years warranty of free replacement</p> <p>Number of Spare bulbs to be provided along with the otoscope:0</p> <p>Speculum adapter to be provided : Yes</p> <p>Number of sets of different sizes of Ear Specula to be provided along with otoscope : 2nos (One for Adult & one for pediatric)</p> <p>Disposable :No, It should be reusable</p> <p>Removable Otoscope head : Yes</p> <p>Rotatable lenses : Yes</p> <p>Rechargeable handle: Yes</p> <p>Provision for variable light intensity : Yes</p> <p>CRI: Minimum 90</p> <p>Color temperature: 4300K minimum</p> <p>CONSTRUCTION/FUNCTIONAL FEATURES</p> <p>Material of the device body: Medical Grade Stainless Steel/Medical grade ABS body</p> <p>Instrument Head Matt-black from inside: NA</p> <p>Fibre optics for Cool Light Transmission: Yes</p> <p>Magnification:3x/3.5x</p> <p>Wide angle viewing lens allowing instrument under Magnification: Yes</p> <p>Provision of sealed system for Pneumatic otoscopy with detachable pneumatic bulb : NA</p> <p>Voltage Rating of the bulb (Volts)(Min) :2.5/3/3.5</p> <p>Type of rechargeable battery: Li-ion/Ni-Cd/AA</p> <p>Capacity of the Battery (mAh):NA</p> <p>Battery Voltage(Volts) : 2.5/3/3.5</p> <p>Continuous runtime of the battery (Minutes):Minimum 60minutes</p> <p>Charger to be provided along with the device: Yes</p> <p>Weight (gms):200-300</p> <p>STANDARD</p> <p>Conformity to Standard : EU-CE/USFDA/BIS</p> <p>Manufacturer Should be ISO13485 certified</p>
6	Jobson Horn Probe	<p>Jobson Horne Probe size: 5.5"</p> <p>Features: double end one side screw and other side round loop.</p> <p>Rust free sturdy construction for better grip.</p> <p>A light-weight, flexible and strong.</p> <p>Probes designed as a dual-purpose instrument with Curette loop at one end and a threaded section at the other for holding wrapped cotton wool.</p> <p>Reduced patient trauma due to smooth edges.</p> <p>Sterilization / Disinfection: Completely reusable and fully autoclavable.</p>

		<p>Each instrument shall be embossed/etched with manufacturer's name, initials or recognized trade-mark and the words 'Stainless Steel' or letters 'ss'</p> <p>Manufacturer should be ISO 13485 certified</p> <p>Product should be CE/BIS approved</p>
7	Tuning Fork	<p>Nickel-plated steel, material thickness 8 mm, Frequency: 128 Hz / 512 Hz and 1024 Hz.</p> <p>Sterilization / Disinfection: Completely reusable and fully autoclavable.</p> <p>Each instrument shall be embossed/etched with manufacturer's name, initials or recognized trade-mark and the words 'Stainless Steel' or letters 'ss'</p> <p>Manufacturer should be ISO 13485 certified</p> <p>Product should be CE/BIS approved</p>
8	Noise Maker	<p>Bell made of brass. Minimum length -8.5cm and minimum weight - 70gram. Should be child friendly.</p> <p>Manufacturer should be ISO certified</p>
9	Mouth mirror	<p>Type Mirror With Handle</p> <p>Shape of Mirror: Round</p> <p>Diameter of Mirror (mm) set :18 millimeter & 20millimeter</p> <p>Material of housing of the mirror: Medical Grade Stainless Steel(316/ASi410)</p> <p>Anti Fog Coating Yes</p> <p>Thick Non-Slip Handle for perfect grip: Yes</p> <p>Mirror should be With minimum 10 Cm Length of Handle: Yes</p> <p>Mirror should be detachable from the handle: Yes</p> <p>Extra light and handy for more fatigue-free working: Yes</p> <p>GENERAL FEATURES</p> <p>Product Description: Dental Mouth Mirror or Dentist's Mirror</p> <p>Clinical Purpose: For allowing indirect vision by the dentist, reflecting light onto desired surfaces and retraction of soft tissues</p> <p>Disposable or Reusable: Reusable</p> <p>Sterile :Yes</p> <p>Autoclavable: Yes</p> <p>PACKAGING: Individually Packed</p> <p>CERTIFICATIONS & REPORTS</p> <p>Submission of Test Report from Central Govt/NABL/ILAC accredited Lab to prove the conformity to declared specification at the time of supply: YES</p> <p>Product certification: Manufacturer should be ISO13485 certified</p> <p>Product should be CE /IS approved</p> <p>WARRANTY & MAINTENANCE</p> <p>Warranty (Years) :Replacement warranty of 1year</p>
10	Periodontal probe	<p>Double ended periodontal probe. Provides accurate pocket depth measurement – and information on sub gingival calculus and other root surface unevenness</p> <p>Ball end of \varnothing 0,5 mm - Increases tactile sensitivity - Does not damage tissue or pierce pocket bottom</p> <p>Sterilization / Disinfection: Completely reusable and fully autoclavable.</p> <p>Each instrument shall be embossed/etched with manufacturer's name, initials or recognized trade-mark and the words 'Stainless Steel' or</p>

		<p>letters 'ss'</p> <p>Manufacturer should be ISO 13485 certified</p> <p>Product should be CE/BIS approved</p>
11	Tooth Model	<p>Enlarged mouth model with toothbrush to demonstrate correct brushing and dental care.</p> <p>This model is three times life size and has normal anatomy. It's great for teaching proper brushing and flossing techniques.</p> <p>This teeth care demonstration model features a mouth with 32 teeth at three times life-size, for closer observation</p> <p>European CE Declaration according to 2014/53/EU and European Directive on Medical Devices</p> <p>Manufacturer's Quality Certification according to ISO 13485</p> <p>Yes</p> <p>Packing Each model should be packed individually.</p> <p>Warranty 1 year</p>
12	Torch	<p>Should provide even field of light</p> <p>Bright and natural white light by high performance LED.</p> <p>LED burns at least 20,000 hours.</p> <p>Metal /ABS casing.</p> <p>Easy to use with on/off switch.</p> <p>Includes blade holder, batteries and nylon case.</p> <p>Designed for durability, comes with a 2-year warranty including LED</p> <p>Adjustable spot size from 2-5CM</p> <p>Manufacturer should be ISO certified</p> <p>Product should be CE/BIS approved</p>
13	Near Vision Chart	<p>Name of Tool : Lea Symbols Near Vision Card/ISIHARA Near Vision Chart</p> <p>Type : "16 inches/40 centimeter Lea Near vision chart"</p> <p>Objective : To fulfill the criteria to be a good vision for children by measuring near visual acuity</p> <p>Use : "To assess the child's functional vision at near distances"</p> <p>Utility: Pre-school children of 3 to 5 years age group</p> <p>PRODUCT INFORMATION AND TESTING</p> <p>"Front side of the Lea symbol cards printed with proportionally spaced (log MAR) lines" : Yes</p> <p>"Back side of Lea symbol card printed with 25% and 50% spacing" : Yes</p> <p>"The card contains very familiar 4 symbols like circle, square, house and apple" : Yes</p> <p>All optotypes should be similar legibility : Yes</p> <p>Each line should have optotypes size ranging from 20/400 to 20/10 (6/120 to 6/3) equivalent : Yes</p> <p>Detection of mild amblyopia is possible with closed spacing of the symbols on Lea symbol card : Yes</p> <p>Test distance (cm) : 40</p> <p>Response key printed on the test card : Yes</p> <p>"Includes Student response or training card and instructions" : Yes</p> <p>Inclusive of conditioning flash card : Yes</p> <p>Can be used as wall hanging : Yes</p> <p>Material of the card "Non-tear waterproof material"</p> <p>Card size (cmxcm) : 20.3x25.4</p> <p>PACKING</p>

		Packing (including user instructions) :Packed in a wallet CERTIFICATIONS Certification Available :Yes Manufacturer Quality certification (ISO) Product approval certificate for Clinical Use
14	Color Vision Chart	<ul style="list-style-type: none"> • Individuals with color vision defect should see a different figure from individuals with normal color perception. • Makes use of the peculiarity that in red-green blindness, blue and yellow appear remarkably bright compared with red and green • Diagnostic plates: intended to determine the type of color vision defect. • International standard test chart books for color deficiency 38 plates with user manual • Book should be specially printed to measure incrementally higher color sensitivity and specificity Manufacturer should be ISO certified
15	Snellen's Chart	Snellen chart with Red/Green bar to test visual acuity. Assessment distance 6m. Size: 23 x 35.5 cm
16	Shoulder Wheel Over Head pully Shoulder ladder	<p><u>Shoulder wheel, Overhead pulley, Shoulder ladder (set)</u></p> <p>Clinical use: Used for improving mobility & strength of shoulder girdle & rotator cuff muscles in case of frozen shoulder, paresis & paralysis cases.</p> <p>Technical Specification:</p> <p>A.Shoulder Wheel:</p> <ul style="list-style-type: none"> ➤ It should be a wall mounted one. ➤ The wheel for use of adult and pediatric ➤ The motion arc can be adjustable from 10 to 38 inches by adjusting the handle. ➤ The wheel shall be mounted on a two chrome plated height adjustable (8" to 26") rails. ➤ The resistance can be varied by turning the resistance knob. ➤ The manufacturer should be ISO certified <p>B. Over Head Pulley:</p> <ul style="list-style-type: none"> ➤ Heavy duty, medical grade, shoulders pulley exerciser for physical therapy use. ➤ Over the door metal bracket allows easy one hand setup. ➤ Units with a door strap require two hands, which is difficult with an injured shoulder. ➤ Easily adjustable cord length for any height and for use in both seating and standing position. ➤ The overhead pulley should have the provision of wall mounting. <p>C. Shoulder Ladder:</p> <ul style="list-style-type: none"> ➤ Wood Finger/Shoulder Ladder ➤ 32 vertical finger steps ➤ Solid wood with heavy topcoats ➤ Pre-drilled mounting holes ➤ The manufacturer should be ISO certified.
17	Walker	Product type: Frame type, foldable walker Purpose : Walking training device for improving postural

		<p>alignment while walking, overcoming musculoskeletal impairments and for improving mobility anterior support with less energy consuming</p> <p>Usage : Youth & OLD</p> <p>PRODUCT INFORMATION</p> <p>Posture control possible: Yes</p> <p>Light weight: Yes</p> <p>Wiped clean with a damp cloth: Yes</p> <p>Safety mechanism provided to prevent the user from slipping while walking : Yes</p> <p>Foldable for easy storage and transportation: Yes</p> <p>Anterior support Yes</p> <p>Forearm Supports with latex free flanged hand grips: Yes</p> <p>DIMENSIONS, MATERIAL & WEIGHT</p> <p>Material frame: Stainless steel tubular frame</p> <p>Height of walker with standard wheels (cm) : NA</p> <p>Height of walker with activity wheels (cm) : NA</p> <p>Distance between hand grips (cm): 34</p> <p>Frame width (Cm) : 58 to 60</p> <p>Frame length (cm) : 52-59</p> <p>Maximum user weight (kg): 100</p> <p>Frame weight (kg) : 2.5 to 3.0</p> <p>PACKING MODE</p> <p>All the main parts and accessories are Individually bubble wrapped and packed in a strong box to avoid transit damage Yes</p> <p>CERTIFICATIONS & REPORTS</p> <p>Submission of Test Report from Central Government /NABL/ILAC accredited Lab or Manufacturer's in house Test Report to prove the conformity to declared specification at the time of supply Yes</p> <p>Certification Available: ISO for manufacturer</p> <p>Product should be CE/ BIS approved</p> <p>WARRANTY: 1 year</p>
18	Cervical traction (manual)	<p>Cervical Traction Kit is a complete apparatus designed to provide traction to the cervical and upper dorsal vertebrae.</p> <p>Cervical traction Kit includes the following:</p> <ul style="list-style-type: none"> ➤ Traction Pulley Bracket ➤ Cervical Traction Head Halter ➤ Cervical Traction Spreader Bar ➤ Traction Cord (Nylon rope) 5 meter. ➤ Traction Weight Bag with weights <p>Controlled continuous traction</p> <p>Easy removal and application</p> <p>Reduced frictional losses</p> <p>Durable and sturdy for a long life and multiple use.</p> <p>Can be used in sleeping posture. Pulley is ergonomically designed to fit any bed side. Soft padded head halter provides a comfortable interface for the traction, is easy to wear and use.</p> <p>Manufacturer should be ISO 13485 certified</p> <p>Product should be CE/BIS certified.</p>
19	Exercise Bicycle	<p>i) Tubular steel frame on properly balanced legs with four rubber tips</p> <p>ii). Fitted with one hard rubber type wheel, standard chain and a</p>

		<p>socket</p> <p>iii). Seat should be adjustable</p> <p>iv). Should be fitted with a ball bearing resistance roller which permits controlled movement in riding</p> <p>v. LCD/LED display with speedometer.</p> <p>vi. Warranty: 3 Years</p> <p>Manufacturer should be ISO13485 certified</p> <p>Product should be CE/BIS certified</p>
20	Lumber Traction manual	<p>It strengthening broken bones, immobilization or relieving pressure on the skeletal system.</p> <p>Composition:</p> <p>Universal type</p> <p>Includes pelvic belt, spreader bar & 3 meter long cord.</p> <p>It contains traction water and sand weight bag</p> <p>traction pulley bracket</p> <p>the pelvic traction bel</p> <p>traction cord and 8 kg weight.</p> <p>Manufacturer should be ISO 13485 certified</p> <p>Product should be BIS/CE approved</p>
21	Gait Training Apparatus/ Parallel bar	<p>Clinical Use: It use for horizontal surface gait training, Coordination training of lower limb in various neurological conditions like paralysis, GBS, Parkinson etc.</p> <p>Technical Specification</p> <p>The parallel bar should be a height adjustable; plat form based one which should be very simple for easy accommodation of multiple patients of age group.</p> <p>The handrails should be in single piece, circular in design stainless steel ribbed pipe of minimum diameter 1 1/2".</p> <p>Both the end of the handrails should be fitted with bumpers.</p> <p>The Uprights should be made of heavy gauge square 1 1/2" steel tubes.</p> <p>All parts should be powder coated except the handrail. The handrail should single piece stainless steel pipe</p> <p>The uprights are to be fitted on a 1 1/2" thick hard plywood base water and termite resistance. Both end of this platform should be curved slope for obstruction free. The platform should be stain finish. Both the end of the plat form should have two anti-slip threads for none skidding.</p> <p>Safety treads at both ends of platform should be provided for safety of the patient when take turn.</p> <p>Models make it safer for patient to turn</p> <p>15.3: Minimum dimension of the structure:</p> <p>Length of the bar: 10feet</p> <p>Width of the bar: 25" – 28"</p> <p>Height adjustment of the Bar: 26" – 39"</p> <p>The manufacturer should be ISO approved.</p>

22	Hydro Collator Unit	<p>Clinical Use: A moist heat modality use as a superficial to medium penetration thermotherapy modality. Clinically use for chronic pain management & joint stiffness cases.</p> <p>Technical Specification:</p> <ul style="list-style-type: none"> ➤ Water tank made up of Stain less steel inner & outer Cabin (20-25 Gauge thickness) ➤ High grade thermally insulated ➤ Static/Movable base ➤ Top lid of stainless still, thermally insulated with Fibre handle. ➤ Product Type:Table Top ➤ Dimensions: NA ➤ Tank capacity: 10- L ➤ Temperature range: 50-90 degrees Celsius ➤ Thermostatic temperature control (50 - 90 degree C) - Auto cut-off ➤ Thermal cut-out temperature ➤ Temperature accuracy: +/- 10% ➤ Heat-up time to 90 degree Celsius: in 3 hrs. ➤ Cool-down time from 90 degrees Celsius: 2 hrs. <p>Power supply Mains power: 220-230 V, 50/60 Hz Power consumption: 1000Watt</p> <p>Safety Standard Electrical safety class: Class 1, type B Safety tests: Conforms to IEC 60601-1</p> <p>Quality Standard: The model should be CE/BIS approved. The manufacturer should be ISO13485 certified</p> <p>Accessories must include:</p> <ul style="list-style-type: none"> ➤ Hydro collator Moist Heat Hot Pac : Standard Size-1, Over size-1,Cervical Standard size-1, Hydro collator Knee or Shoulder HotPac-1. ➤ Cotton Towel: 4 pieces.
23	Traction Bed	<p>i.Traction Bed – 4 Fold ii. Size : 6 (L) x 2.5 (W) x (H) 3 feet iii. For horizontal cervical and lumbar traction. Should have complete with Storage Shelf & a Flexion Stool Manufacturer should have ISO certified. Product should be CE/BIS Certified</p>
24	Ear Syringe	<p>Metal Ear Syringe is a useful tool in cleaning of the ear canal. The syringe should be filled with body temperature water, as water that is too hot or cold may cause dizziness. The syringe is equipped with a protective shield to guard against splash back. The syringe is available in three different sizes with either a tapered or bulbous tip depending on surgical need. Please note that website images are often representative of the product family and may not conform to the exact specifications or features of the item you select. The final specifications will match the description of the specific catalogue item you select.</p>

ANNEXURE – IV

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.

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

Date:

Place:

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

N.B-Shall be submitted in the letter head of Chartered Accountant Firm.



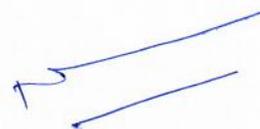
DETAILS OF THE BIDDERS & LOCAL CONTACT PERSON

	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 MEDICAL INSTRUMENTS & EQUIPMENTS.

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(2016-17),(2017-18),(2018-19)	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	
13	The declaration form in Annexure - III duly signed by the bidder	Yes	No		Page No	

ANNEXURE – VII

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,

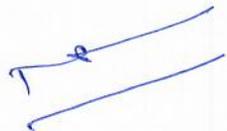
We _____ who are established and reputed
manufacturer's of _____ (name and description of items offered) having
factories at _____ (Address of Factory) do hereby authorize M/s _____
_____ (Name and address of Distributor / Agent) to submit a bid .

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.

