



**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. 5129

Dt. 2.8.21

**[Tender Call Notice]**

Sealed Tenders are invited from manufacturer/Importer/registered firms/dealers/agencies for procurement of Equipments for DEIC, D.H.H.Deogarh. 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 23.08.2021 by 1.00PM to the office of CDM & PHO, DHH, Deogarh .The bids will open on the 24.08.2021 at 11.00AM 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](http://www.deogarh.nic.in) & deposit the tender paper cost of Rs 1000/- 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 of Equipments for DEIC, D.H.H.Deogarh**"

Sd/-

**CDM & PHO cum- District Mission Director, Deogarh**

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21/8/2021

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

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

**Bid Reference No. -C.D.M. & P.H.O. DEOGARH ( / .08.2021)**

**TENDER DOCUMENT FOR SUPPLY OF EQUIPMENT'S OF DEIC**

Bid document may be downloaded from Web site-[www.deogarh.nic.in](http://www.deogarh.nic.in)

LAST DATE & TIME OF RECEIPT OF BID DOCUMENTS : Dt. 23.08.2021 Upto 1 P.M  
DATE & TIME OF OPENING OF TECHNICAL BID : Dt 24 .08.2021 at 11 A.M.  
DATE OF OPENING OF FINANCIAL BID : Dt. 25.08.2021 at 4.00 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](mailto:nhmdeogarh@gmail.com)

**OFFICE OF THE CDM & PHO: DEOGARH**

7-8  
02/08/2021

## **TERMS AND CONDITIONS FOR SUPPLY OF EQUIPMENTS FOR DEIC, DEOGARH**

- 1.1 Sealed tenders will be received upto 1 P.M. of dt. 23.08.2021, in the office of the C.D.M. & P.H.O Deogarh for the procurement of equipments of DEIC. 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 DEIC -2021-22". Tender must be accompanied by Rs 1000/- (Rupees One Thousand) 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 from 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 11 AM on dt. 24.08.2021 under the chairmanship of CDM & PHO, Deogarh and in 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 the 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 bidding 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 L<sub>2</sub> or L<sub>3</sub> bidder, if they agree with the L<sub>1</sub> rate.
- 1.11 Payment will be made after 100% supply of the items and completion installation as per order.
- 1.12 No advance payments towards cost of equipments of DEIC 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 bids 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 debarred/ 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/debarment.
  - (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.

21/8/2021

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.1000/-(One Thousand 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/-** (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 DEIC will be taken after inclusive of transportation, insurance, packing and forwarding but exclusive of taxes.

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**DECLARATION FORM**

I / We .....having my / our  
.....office at.....do  
declare that I / We have carefully read all the terms & conditions of tender of the  
\_\_\_\_\_, Odisha for the supply of equipment's of **DEIC,D.H.H,Deogarh**. 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.**

4/07/2021

**TENDER FORM - B**  
**Financial Bid**

SL.No	Name of The Items	Make & Model of Items Quoted	Rate Per Unit (Excluding taxes)	Remarks
1	Activity Table / Modified Wheel Chair (Pediatric)			
2	Rowing			
3	Parallel Bars (Pediatric)			
4	Weight Cuffs (Pediatric)			
5	Weight & Puller Exercise (Pediatric)			
6	Ankle Exerciser (Pediatric)			
7	Shoulder Wheel (Pediatric)			
8	Fore-Arm-Exerciser (Pediatric)			
9	Depth Perception Peg Board			
10	Tilt Table (Pediatric)			
11	Multi Gym (Pediatric)			
12	Wrist Roll (Pediatric)			
13	Grip Exerciser (Pediatric)			
14	Floor Ladder (Pediatric)			
15	Wrist Circumductor (Pediatric)			
16	Knee Hammer (Pediatric)			
18	Treatment Cuff ( 6X4X2, 6X4X1)			
19	Height adjustable Walker and Rollator			
20	Standing Frame (Pediatric)			
21	Nirmals Hand table apparatus (Pediatric)			
22	CP Chair (Pediatric)			
23	Corner Seat (Pediatric)			
24	Crawler (Pediatric)			
25	Staircase (Pediatric)			
26	Beach Ball with different sizes( Pediatric)			
27	Peanut Ball with different sizes			
28	Electrical Stimulator			
29	Therapeutic Ultrasound Machine (Pediatric, Double Headed)			

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

9/21/2021

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**

Handwritten signature: *02/07/2021*

**Annexure-III**

Sl.No	Name Of the Items
1	Activity Table / Modified Wheel Chair (Pediatric)
2	Rowing
3	Parallel Bars (Pediatric)
4	Weight Cuffs (Pediatric)
5	Weight & Puller Exercise (Pediatric)
6	Ankle Exerciser (Pediatric)
7	Shoulder Wheel (Pediatric)
8	Fore-Arm-Exerciser (Pediatric)
9	Depth Perception Peg Board
10	Tilt Table (Pediatric)
11	Multi Gym (Pediatric)
12	Wrist Roll (Paediatric)
13	Grip Exerciser (Pediatric)
14	Floor Ladder (Pediatric)
15	Wrist Circumductor (Pediatric)
16	Knee Hammer (Pediatric)
17	Treatment Cuff ( 6X4X2, 6X4X1)
19	Height adjustable Walker and Rollator
20	Standing Frame (Pediatric)
21	Nirmals Hand table apparatus (Pediatric)
22	CP Chair (Pediatric)
23	Corner Seat (Pediatric)
24	Crawler (Pediatric)
25	Staircase (Pediatric)
26	Beach Ball with different sizes( Pediatric)
27	Peanut Ball with different sizes
28	Electrical Stimulator
29	Therapeutic Ultrasound Machine (Pediatric, Double Headed)

04/07/2021

## Specification of the Items

### Modified Wheel Chair (Pediatrics).

Front Seat Size-53 cm  
Back Angel-5-15 Degree  
Largest Length-32-36 mm

### Rowing

- 1.1.1. The rowing machine should be operated by the patient of age group 3-9 years.
- 1.1.2. It should be a multifunction type for building of strength of the children.
- 1.1.3. It should be. Self- propelled type for providing low or no impact on the patient.
- 1.1.4. Provided with elastic rope with adjustable resistances of minimum 3.
- 1.1.5. Its design should be play and colorful type to attract the children's.
- 1.1.6. The item should have foam based padding to cover the steer frames for safe use of the children.
- 1.1.7. Manufacturer should be ISO certified.

### Parallel Bar.

#### **Technical Specification**

- 2.1 The parallel bar should be a height a adjustable, platform based one which should be very simple for easy accommodation of multiple patients of age group 2-6 years.
- 2.2 The handrails should be. in single piece, circular in design stainless steel pipe of minimum diameter 1 1/2,'
- 2.3 Both the end of the handrails should be fitted with bumpers.
- 2.4 The Uprights should be made of heavy gauge square 1 1/2" steel tube set.
- 2.5 All parts should be powder-coated.
- 2.6 The uprights are to be fitted on a 1 1/2'thick hard plywood base. Both end of this platform should be UV curved for obstruction free. The platform should be stain finish. Both the end of the platform should have two anti-slip threads for non-skidding.
- 2.7 Safety treads at both ends of platform should be provided for safety of the patient when take turn.
- 2.8 Models make it safer for patient to turn.

#### **Minimum dimension of the structure:**

1. Length of the bar: 10feet
2. Width of the bar: 25" -28"
3. Height adjustment of the Bar: 26"-39"
4. The manufacturer should be ISO 13485 approved.

### Weight Cuff:

- One pair of Wrist Weights for age group of 3\_6 years.
- The Weight of Wrist Weight should be of 500gms\_2 kg of adjustable weights.
- The weight should be covered in a soft, durable material.
- It should be completely latex free.
- It should be Easy and effective way to exercise the arms.
- It should be Simple to fasten for total user comfort.
- It should also be worn around the ankle.
- Manufacturer should be ISO certified.

→ 04/8/2021

### **Multi propose Exercise Chair (Weight and puller Exerciser):**

- a. Should be specifically designed chair for multi exercise facility.
- b. The unit should be used for the age group of 6-18 years.
- c. Made of tubular steel constructed chair of 100 cm long x 65 cm wide approximate.
- d. The chair should be fitted with overhead bar that extends out 80 cm from the frame.
- e. The chair with two stabilizing straps, three handles two foot straps, ropes with pulleys and overhead pulley system can be used for variety of exercises involving reciprocal Motion for Elbow, shoulder, Knees and Hips; Active quadriceps and Hamstrings stretching; Resistive and Assistive exercises.
- f. A set of ten locking weights should be provided for graded resistance for all exercises.
- g. The unit should not have any sharp edges.
- h. The manufacturer should be ISO certified.

### **Ankle exerciser:-**

- i. It should be useful for the ankle exercises for the age group of 6-18 years who has injury and/or weakened ankles.
- j. Design with a painted aluminum boot with strap.
- k. The boot should be mounted on a laminated stainless steel sheet bracket having two springs for ankle.
- l. The resistance can be increased further by tightening spring's nut.
- m. Degree of flexion can be measured and recorded.
- n. Manufacturer should be ISO certified.

### **Shoulder Wheel**

- o. It should be a wall mounted one.
- p. The wheel for use of age group 6-18 years.
- q. The motion arc can be adjustable from 10 to 38 inches by adjusting the handle.
- r. The wheel shall be mounted on a two chrome plated height adjustable to (8" to 26") rails.
- s. The resistance can be varied by tuning the resistance knob.
- t. The manufacturer should be ISO certified.

### **Fore- Arm Exerciser:-**

- u. Adjustable Hand grip Exerciser shall be ideal for early stages of rehabilitation.
- v. The fore Arm Exerciser for use of age group 5\_18 years.
- w. It should be ideal for hand, finger, wrist or arm exercises.
- x. The tension can be increased or decreased as per the user tuning the adjustment knob.
- y. The tension range can be, set at any level between **0.5kg-5kg** allowing the tension to be steadily increased as the user regains strength.

01/08/2021

### **Depth perception peg board:-**

It should be used for Stimulating the depth perception and eye-hand co-ordination on two levels.

Board is 30cm square and has 25 holes of 12mm dia.

The board comes with 21 solid of two colors of red and green pegs to place in.

The Top level of the peg should be clear made of transparent plastic and the base should be made of poly wood.

### **Tilt table:-**

→ It should function like a motorized table with vertical to horizontal tilt is achieved with an easy-to-turn by crank mechanism.

→ Crank is angled to provide leverage for maximum lifting efficiency.

→ The table should have three positioning straps for security on raising the patient.

→ Latex free.

→ Should have minimum 30" wide surface with an extra-wide footboard (20"W X 18"D),

→ Minimum 2" thick high-density (40) foam//moduled foam padding.

→ Made of heavy-duty steel frame with vinyl upholstery.

→ Surface area: 28"W x 78"L x 33"H approx.

→ The manufacturer should be ISO certified.

### **Multi Gym Pediatric:-**

Multiple Exerciser multi gym system for fitness as well as therapy.

It should have facility for exercises for Chest extension, high pull. Low pull, Rowing, Peck-Deck, Leg Extension Etc.

Easy to Use, Space saving, no Cable-Change Design.

The frame work should be made of good quality material with smooth finish (no sharp edges).

It should be easy to use, space saving and there should not be any cable to change in design.

The Product may be delivered in two or three parcels for Heavy products.

### **Wrist Roll for children use:**

Unit should consist of double hand grips, rope and weight of minimum .5kg.

### **Grip Exercise: Grip exerciser tool for kids only.**

### **Floor Ladder**

- It should be used for improvement of acceleration, lateral speed and change of direction.
- It should be used for development of the core skills necessary to enhance balance, rhythm and body control.
- The ladder should be of 15 feet long with 11 heavy-duty plastic rungs for high-intensity training.
- The ladder should be made of thick, rugged, nylon straps and are sewn in place so that the rungs on the ladder don't move even when you bump into them repeatedly.
- The ends of the ladder should have strong double- reinforced D rings to keep ladder staked and in place on grass surfaces.
- Includes carry bag for easy portability.

01/08/2021

### Wrist Circumductor:-

- An iron wheel mounted on a laminated wooden base has a small Adjustable fitted handle to the wheel.
- A knob shall be provided at back of the wheel to control resistance 0 to maximum.  
Hollowed foam Padded platform fitted with two straps to hold arm and is fitted over the base in front of the wheel for wrist circumduction.

### Knee Hammer (Pediatric)

### Treatment Cuff (6X4X2, 6X4X1)

#### Height adjustable walker and rollator:-

- Approximate user height: 4' 10" - 6'1"
  - Height adjustments: Seat height: 18" – 22", Handles 29.5" – 38".
  - Includes seamless padded seat and zippered carry pouch.
  - Loop-lock brakes.
  - Removable, hinged, padded backrest.
  - Ergonomic handgrips.
  - Weight: 14 lbs.
  - Weight capacity): 300 lbs.

#### Standing Unit:-

The unit should be a vertical sander.

The unit should be provided with four points of support for e therapeutic benefits of standing and Places children at peer level.

#### Minimum Features:

- Height-adjustable Chest, pelvic & Knee supports.
- Adjustable foot restraints.
- Detachable rimmed tray for activities.
- Chrome-plated uprights fitted on non-slip matted foot board.
- The unit should be finished with multiple colors to attract the child.
- The manufacturer should be ISO certified.

#### Nirmal hand table apparatus:-

Hard-wood table with laminated top is fitted with pulleys, Leather loops, Nylon cord & Weights for Fingers, Hand, Wrist & Forearm exercises. Especially for Metatarsophalangeal/ Interphalangeal joints. Also provided with Supinator / pronator & wrist-circumduction wheel for Wrist exercises.

#### **TECHNICAL SPECIFICATION:**

Table: Hard-wood table with laminated top.

Size; 24" x 30" x 30,' high.

Natural wood polish Finish.

Pulleys 6 (Six) Nylon pulleys, fitted in Steel Frame with powder coated finish.

12 leather Loops with Nylon cord that passes through the pulleys.

Weight Hangers: Six, Weight Hangers with pulley underneath the Table to hang weights.

Weight: Five sets, each set consists of 5. Sets weight of one each of 100, 200, 300, 400 & 500 grams. Weights with a hole to hang, have chrome finished.

01/08/2021

Finish: Metal parts with powder coating finish.

### **Corner seat:-**

- Comer chairs assist with visual scanning, breathing, eating, and development of arm mobility; they are ideas for children who lack postural control of the head, neck, or trunk.
- The back of the chair is v-shaped rather than straight, and the seat can be rified or lowered' A raised seat promotes thigh alignment, reducing both tightness in the hamstrings and spasticity in spinal and pelvic alignment.
- A lowered seat allows the child to relax with legs extended.
- Comer chairs shall have rectangular cushions that are placed between the distal femurs to ensure hip alignment. Provided with the seatbelt to prevent the child from sliding or pushing out of their chair.
- The dimension should adequate for seating children from 1-6 years of age.

### **Crawler:-**

- Height adjustable type.
- The body should be supported good quality Rexene to bear children of age group 2-6 years.
- The unit should be powder coated frames with no sharp edges.
- It can provide hammock tilts forward or backward for correct positioning of the patient.

### **Staircase:-**

- The stair case shall be a Small Up and Down type with 3step Up and 3 step down.
- The patient can ascend and descend without turning.
- The stairs are to be Small and straight.
- The total length of the stair case should be fitted with two full width rails.
- It should bear a load capacity under normal for age group of 3-9 years.
- Can be easily sifted to any space.
- Dimension:
  - For down two steps: 10'L x 30' W x 6' H
  - For UP Three steps: 10"L x 30'Wx4'H
  - The base platform: 24"Lx 30"W x 12" H
  - Complete unit shall be made of good quality poly Wood.

### **Beach ball : Regular playing beach ball for children size.**

Inflatable 12" in diameter. Rainbowdesing. Made of non-toxic rubber material.

### **Peanut Balls:-**

A favorite occupational therapy tool and physical therapy ball, peanut balls are great for working on balance, body awareness, core strength, body stability, providing vestibular input, and much more.

### **Electrical Stimulator**

### **Therapeutic Ultrasound Machine:-**

#### **NAME & CODING**

#### **GMDN name-Therapeutic Ultrasound Machine**

Definition-ultrasound is a method of stimulating the tissue beneath the skins surface using very high frequency sound waves, between 800.000 Hz and 2.000,000 Hz. which cannot

*5/24/2021*

b; heard by humans. Therapeutic ultrasound in physical therapy is alternating compression and rarefaction of sound with a frequency of > 20,000 cycles/second.

### **GENERAL USE**

- i. Clinical purpose for treatment of painful conditions involving the musculoskeletal and neuromuscular structures.
- ii. Used by clinical department/ward- It is used in physiotherapy, neurology, trauma care.
- iii. Overview of functional requirements.

### **22.1 TECHNICAL:-**

#### **TECHNICAL CHARACTERISTICS.**

- It should be double frequency ultrasound machine.
- Modes of operation should be in continuous and pulsed.
- It should have at least in 4 different settings for pulse ratio.
- Maximum output 2.5-3 watts/Sq.cm.
- Output frequency 1 MHz and 3MHz.
- Treatment time should be adjustable from 0-99 minutes.
- Automatic alarm should be there on completion of the treatment.
- Digital LCD display to indicate the output in w/cm<sup>2</sup>, and other required services.
- All settings should be provided using keys/touch panel.
- Both the transducer should be high quality water resistant (minimum IPX 5).
- The beam type: Divergent/Collimated.
- Transducer: The Effective radiating area should be of 0.5 to 0.8 for 1 MHz and 0.4 to 0.6 for 3MHz.
- The BNR for both the transducer should be 4-6.

22.2-Settings-Treatment time, frequency selection, pulse ratio etc.

22.3-User's interface-manual

22.4-software and/or standard of communication (where ever required)-inbuilt.

#### **22.5-PHYSICAL CHARACTERISTICS**

22.6-Dimensions (metric)-Stand alone

22.7-Weight (lbs., kg)-<5kg

22.8-Configuration-NA

22.9-Noise (in dBA), heat dissipation-NA

22.10 Mobility, portability-Table top

#### **22.11. ENERGY SOURCE (electricity, UPS)**

22.11.1-Power Requirements-NA

22.11.2.-Battery operated-NA

22.11.3.-Tolerance (to variations, shutdowns)-NA

22.11.4.-Protection-NA

22.11.5-Power consumption-NA

22.11.6-Other energy supplies-NA

#### **22.12 ACCESSORIES, SPARE PARTS, CONSUMABLES**

22.12.1-Accessories (mandatory, standard, optional)

22.12.2-Spare parts (main ones)-

22.12.3-Consumables / reagents (open, closed system)-

#### **22.13 ENVIRONMENTAL AND DEPARTMENTAL CONSIDERATIONS**

22.13.1-Atmosphere / Ambiance (air conditioning, humidity, dust ...)

21/02/2023

operating condition: capable of operating continuously in ambient temperature of 0 to 50 deg C and relative humidity of 15 to 90% in ideal circumstances. An ambient air velocity is less than 0.3 m/s.

22.13.2 -user's care, cleaning, Disinfection & Sterility issues- complete unit to be easily washable & sterilizable using both alcohol and chlorine agents.

#### **22.14.STANDARDS AND SAFETY**

22.14.1-certificates (pre-market, sanitary,) performance and safety standards (specific to the device type); Local and/or international-

. ISO: 13485; Manufacturer / supplier should have ISO certificate for quality standard. Should be USFDA / CE(notified) approved product or BIS certified.

. Safety standard to meet IEC 60601

#### **22.15-TRAINING AND INSTALLATION:**

22.15.1-Pre-installation requirements: nature, values, quality, tolerance -supplier to perform installation, safety and operation checks before handover.

22.15.2-Requirements for sign-off-Certificate of Calibration and inspection from the factory.

22.15.3-Training of staff (medical, paramedical, technicians)-Training of users in operation and basic maintenance shall be provided.

#### **22.16-WARRANTY AND MAINTENANCE:**

22.16.1-Warranty- 1 year.

22.16.2-Maintenance tasks-maintenance manual detailing complete maintaining schedule.

22.16.3-Service contract clauses, including prices

22.16.4-Others

#### **22.17.DOCUMENTATION**

22.17.1.-Operating manuals, service manuals, other manuals-Required

22.17.2.-Other accompanying documents-Demonstration CDs

22.17.3-Recommendations for maintenance-NA

#### **22.18.NOTES**

22.18.1- service Support Contact details (hierarchy wise; including a toll free/landline number- NA

22.18.2.-Recommendations or warnings- NA

→  
21/07/21

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.	2018 - 2019	-
2.	2019 - 2020	-
3.	2020 - 2021	-

Date:

Place:

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

*Handwritten signature*

**DETAILS OF THE BIDDERS & LOCAL CONTACT PERSON**

	<b>Corporate Office (The address in which the purchase orders and payment details will be communicated)</b>	<b>Local Contact Person / Branch Office / Zonal Office / Service Centre if any, in Orissa</b>
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:**

21/5/2021

## CHECK LIST

Please put ✓ "in the respective box

DOCUMENTS : SUBMITTED OR NOT

**TECHNICAL BID FOR COMPUTER, PERIPHERALS, FUNTITURE & ELECTRONICS ITEMS**

1	Cost of Tender Paper (Rs. 1000/-)	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 <b>Annexure - I</b> 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 ( <b>Annexure - VI</b> ).	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 centre 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 <b>Annexure -IV</b> ) 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	

02/07/2021

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.**

Handwritten signature and date: 01/08/2024

**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.

*[Handwritten signature]*

8. The demurrage / storage charges, if any, payable to the customer on non-receipt of required documents in time by the hospital / 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 and shall abide by them.
10. I / we undertake to get the equipment's repaired within 48 hours 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.

02/08/2021