



**EMPLOYEES STATE INSURANCE CORPORATION
MEDICAL COLLEGE & HOSPITAL, KALABURAGI**

[Ministry of Labour & Employment Govt. of India]

SEDAM ROAD, KALABURAGI- 585106

Ph. No. 08472- 265546/ 47/ 48 Fax No. 08472- 265545

No. 532/GLBMC/U/26/12/Re-E Tender/MSO-14/2017-18 Vol. III (2) Date: 21.06.2018

Invitation of Re-E Tender for procurement of Equipment's for Department of Anesthesia and ENT.

General Terms and Conditions

Annexure – “A”

SCHEDULE

Sl. No.	Details	Dates and Time
1.	Period for submission of Re-E Tender form	21.06.2018 to 10.07.2018 up to 14.00 P.M
2.	Last date & time of submission of Re-E Tender	10.07.2018 up to 14.00 P.M.
3.	Date & Time of opening Re-E Tender	11.07.2018 at 11.00 A.M.
4.	Pre-bid Meeting	02.07.2018 at 11:30 A.M.
5.	Bid Security/Earnest Money to be sent through post/delivered in hand/dropped in tender box	Mentioned against each equipment
6.	Total Approximate Tender of Value	Rs. 4.45 Crore

(Important Instructions for Bidders regarding Online Payment)

All bidders/contractors are required to procure Class-IIIB Digital Signature Certificate (DSC) with Both DSC Components i.e. Signing & Encryption to participate in the Re-E Tenders.

Bidder should get registered at <https://esictenders.eproc.in>.

Bidders should add the below mentioned sites under Internet Explorer → Tools → Internet Options → Security → Trusted Sites → Sites of Internet Explorer:

<https://esictenders.eproc.in>

<https://www.tpsl-india.in>

<https://www4.jpg-online.com>

Also, Bidders need to select “Use TLS 1.1 and Use TLS 1.2” under Internet Explorer → Tools → Internet Options → Advanced Tab → Security.

Bidder needs to submit Bid Processing Fee charges of Rs. 2495/- (non-refundable) in favour of M/s. C1 India Pvt. Ltd. payable at New Delhi via Online Payment Modes such as Debit Card, Credit Card or Net Banking for participating in the tender.

Bidders can contact our Helpdesk at <https://esictenders.eproc.in/html/Support.asp>



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RE-E TENDER NO: 04/18-19

Re-E Tenders under Two Bid system through 'e' procurement solution are invited by Dean ESIC Medical College & Hospital, Kalaburagi for the supply of following items required for ESIC Medical College & Hospital, Kalaburagi.

Sl. No.	Old T. Sl. No.	Name of Equipment	Qty	Department	EMD	Approx. Cost of each item Rs.
1	1	Anesthesia work station	10	Anesthesia	300000	1500000
2	2	Multipara monitor with capnography	10	Anesthesia	300000	1500000
3	3	Defibrillator	2	Anesthesia	20000	500000
4	4	Ultrasonography machine	1	Anesthesia	30000	1500000
5	5	Peripheral nerve stimulator	2	Anesthesia	4000	100000
6	6	Resuscitation manikin-adult	2	Anesthesia	20000	500000
7	7	Resuscitation manikin-pediatric	2	Anesthesia	20000	500000
8	9	OAE Impedance Audiometer	1	ENT	6000	300000
9	10	Bronchoscopy set	1	ENT	21400	1070000
10	11	FESS SET	1	ENT	42000	2100000
11	12	Endoscopic camera with suitable display with recording archiving facility	1	ENT	48000	2400000
12	13	Teaching models/Simulators as a part of college CAL lab to teach clinical skills and procedures to students	1	ENT	10000	500000
13	14	Flexible Nasopharyngolaryngoscope	1	ENT	28000	1400000
14	15	Electronystagmograph	1	ENT	12000	600000
15	16	ENT TREATMENT UNIT	4	ENT	128000	400000

Tender documents are available on line from 21.06.2018 (<https://esictenders.eproc.in>). Bidders have to deposit the Earnest Money Deposit as detailed above through DD/ Bankers Cheques drawn in favour of "ESIC Fund A/C No. 1" payable at Kalaburagi for the last date on 10.07.2018 upto 14:00 PM.

The interested tenderers should upload duly filled tender form and their bids along with scanned copies of all the relevant certificates, documents, etc. in support of their technical & price bids all duly signed on the website <https://esictenders.eproc.in> latest by 10.07.2018 up to 14:00 PM.

The envelope containing EMD and Undertaking (Annexure-II) should be dropped in the Tender Box kept in Medical College, Kalabuaragi before closing date and time. The technical bids will be opened online on 11.07.2018 at 11.00 AM.

Hard Copy of EMD and Undertaking (Annexure-II) received late will not be considered. Proof of postage/courier won't be considered as a claim for timely submission of tender. All the bids received will be opened on next day at 11.00 AM. Bidders or their authorized representative (with authority letter & ID Proof) can attend. In case 11.07.2018 is declared a holiday, bids will be opened on next working day at the same time & venue. Bid without Earnest Money deposit will not be accepted.

Pre Bid Meeting: A pre bid meeting shall be held on 02.07.2018 at 11:30. a.m at Conference Hall I st Floor ESIC Medical College & Hospital, Kalaburagi to clarify issues connected with the tender. Prospective bidders are invited to attend.

Re-E Tender documents is also available for viewing on the tenders link of the websites of ESIC i.e. www.esic.nic.in and <https://esictenders.eproc.in>.

Any corrigendum to this letter will be notified through the aforesaid website

DEAN



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No. 532/GLBMC/U/26/12/Re-E Tender/MSO-14/2017-18 Vol. III (2)

Date: 21.06.2018

Check list of compulsory scanned copy of documents to be uploaded (Check List)

Annexure-I

Sl. No.	Document	Yes/No
1	EMD must be submitted in tender box before closing date and time (As per Sl.No.1 of Terms & Conditions)	
2	Technical details of the quoted items with reference to tender specifications	
3	Catalogue/literature containing make & model of the Equipment offered	
4	Certificate stating Warranty/Guarantee period of equipment quoted is minimum 2 years.	
5	Five years CMC charges as given in Sl.No.13 of T&C along with rates of spares, if any in the price bid.	
6	Undertaking indicating that they have not supplied the said equipment to any individual, Govt. or private institution at the rate lower than the quoted rate	
7	Manufacturer's Authorization Certificate (As per Annexure III) in case bid is submitted by agents	
8	A certificate about Satisfactory performance report of the equipment & quality of after sales service form any Govt./Semi Govt. Hospital/Institutions duly authenticated from existing users of the equipment (As Annexure IV).	
9	A signed undertaking on non judicial stamp paper of 100/- (One hundred only) along with tender (As per Annexure II) to be submitted along with EMD (also Hard copy in the tender box).	

10	For the equipments where consumables/reusables etc. are required, a list indicating cost of consumables/spares be given in the price bid.	
11	Copy of GST.	
12	Compliance certificate to CE/FDA/BIS etc. attached as per requirement in tender specifications	
13	Service Centre address.	
14	Authority letter from the competent authority with respect to name, designation and specimen signature of the representative signing the tender document/authority letter.	
15	ITR of last three (3) F.Y. 2014-15, 2015-16, 2016-17.	
16	Declaration certificate as per Annexure-V	
17	Blacklist certificate on letter head/Undertaking	

Hard Copy of following documents to be submitted in the tender Box placed in the Medical College before date and time of opening the tender.

Sl.No.	Tender Documents	Yes/No
1.	EMD	
2.	Undertaking as per Annexure-II	

Note : 1. It should be ensured that all documents uploaded after scanning are legible, failing which the tender will be rejected.

2. Numbering of all pages uploaded should be done.



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Date: 21.06.2018

E -Tender Notice No: 04/18-19

Subject : Invitation of Re-E Tender for procurement of Equipment's for Department of Anesthesia and ENT.

Annexure – "B "

Technical Bid

1		Name of firm and type of firm		
2	a	Full Postal Address		
	b	Cell Phone No.		
	c	Telephone No.		
	d	Fax No.		
	e	Email-id		
3		Name and address of your bankers stating the name in which the account stands.	Name of the Bank Name of Branch A/C No. & Type IFSC Code No. MICR Number	_____ _____ _____
4		Are you in the list of approved contractors of any other organization/ institution, if any give details.		_____
5		Any other information which you consider necessary to furnish		

(B) Price Bid: (It should comprise of following)

1. The information given in technical bid should be reproduced with prices indicated. Any deviation in this regard will render the bid liable for rejection. The prices should be all inclusive lump sum prices as per description given in Sr. No. 2 below. The price of CMC for five years after expiry of warranty/guarantee period should be given in the price bid only.

The tender will not be considered without the offer of CMC. Rates of CMC will be considered for ranking purpose. In case of CMC, the rates should be quoted inclusive of spares. Only technical bid shall be opened first. The price bid of only those bidders whose technical bid is found acceptable by the Technical Evaluation Committee will be opened by the purchase committee for further action.

Any other item supplied along with equipment (e.g. Equipment part etc.) as per specifications should be covered under CMC.

The rates quoted in ambiguous terms such as “freight on actual basis” or “packaging/forwarding extra” will render the bid for rejection irrespective of its gradation in r/o lump sum prices quoted. Bidders in their own interest shall ascertain the eligibility of whatsoever concession & exemption eligibility applicable to the Hospital & shall advise the purchaser & quote accordingly. GST may be claimed as per rules.

Tender should be typed in words as well as in figures free from erasing & errors in typing. The bidder must attest any erasing/error, otherwise the rates in reference of that particular item shall not be considered. The covering letter should indicate the list of enclosures.

TERMS & CONDITIONS

1. **EMD** must be deposited by the bidder only through Demand Draft/Banker's Cheque in favour of 'ESIC fund A/c No.1' along with technical bid which shall be refunded to bidders without any interest after finalization of the tender.
2. **Security Deposit** equivalent to 10% of the total cost of the equipment must be deposited by the successful bidder through Demand Draft/Banker's Cheque in favour of 'ESIC fund A/c No.1' or Fixed Deposit/Bank Guarantee only in favour of 'Dean, ESIC Medical College & Hospital, Sedam Road, Kalaburagi.585106. (In case of Bank Guarantee (BG), a forwarding letter from the Branch Manager should be attached.) **The same shall be released after fulfillment of all the contractual obligations including submission of CMC proposal and security deposit of CMC (10% of CMC Charges quoted).** No interest shall be payable thereof. It is sole responsibility of the manufacturer/ authorized agent to submit CMC proposal one month before expiry of warranty.
3. The Technical qualified bidders have to give working **demonstration** of equipments at Gulbarga within 2 (Two) week, after the intimation letter.
4. Only Manufacturer/Authorized Distributor/Stockiest of the firm whose equipment is being quoted will be considered.
5. Only appropriate model as per specifications should be quoted.
6. Name, designation & specimen signature of the person/ representative authorized by the competent authority of the firm to deal with the tender must be enclosed along with the tender.
7. Tenderer must provide address, along with the Telephone No., fax No. , E-mail ID & Mobile No.with tender for all correspondence. The firm should also provide the complete address along with telephone No. & fax No. of the Service Centre from where after sales service would be provided.
8. **The tender will be valid for a period of one year from the date of opening of the tender.**
9. The equipment must be guaranteed/warranted for a minimum period of 2 years from the date of satisfactory installation.
10. **Delivery period** will be **45 (Forty Five) days** from the date of supply order. The date of delivery will be the date of delivery at consignee site.
11. If the supplier encounters any conditions hindering timely delivery of the goods, the supplier shall inform the consignee in writing about the same & it's likely duration and make a request to the consignee for extension of the delivery schedule accordingly with no increase in price at any account. In this regard dean shall be authority to decided/accord permission.
The consignee, at its discretion, may agree to extend the delivery schedule with or without late delivery charges as specified in Para 12.
In case the supplier dispatches the goods without obtaining an extension, it would be doing so at its own risk & no claim for payment for such supply and/or any other expense related to such supply shall lie against the consignee.
12. **If the supplier fails to deliver the goods within the time frame, the consignee shall, without prejudice, deduct from the contract price, a sum equivalent to 0.5% per week of delay or part thereof, subject to a maximum of 10% of the contract price. Once the maximum is reached, the EMD may be forfeited.**
13. a) The tenderer must enclose an undertaking by the manufacturer of the Equipment for servicing the equipment & supply of spare parts whenever required at least for 5 years, or as mentioned in the specifications, after completion of warranty.
b) The firm must ensure to keep the equipment in working order throughout

the year.

- c) In event of equipment, covered under CMC, going out of order, the fault shall have to be attended within 24 hours of lodging the complaint. In case the equipment is not restored in functional order within a week, a penalty of 0.5% of total cost of CMC of the equipment per day for the period of equipment remaining out of order will be levied during CMC.
- d) If the equipment needs calibration, the firm shall be responsible for calibration as a part of CMC.
- e) During the warranty period, in the event of equipment remaining out of order beyond a period of 24 hours of lodging the complaint, a penalty to extent of 0.25% of purchase value of the equipment shall be levied for each day of the equipment remaining non functional beyond permissible limit.
14. Along with rates of CMC, a list of commonly used spares with prices as on date must also be enclosed in the price bid.
15. **A Certificate about satisfactory performance &** quality of after sales service of the equipment duly authenticated by the HOD/MS of the institution must be furnished as per annexure IV. Installation report/user list will not be considered as Performance Certificate.
16. Tenderer has to submit a signed undertaking on a non judicial stamp paper of ₹ 100/-(One hundred only) along with the technical bid as per enclosed annexure II.
17. Tenderer has to submit Authorization Certificate along with the technical bid, on manufacturer's letter head as per annexure-III, in case bid is submitted by authorized agents.
18. Payment shall be released through RTGS after satisfactory installation of the equipment.
19. Equipment manufacturer must also provide technical documents explaining the prerequisites, data exchange format & detailed user & technical manuals explaining how to integrate & transfer data with third party hospital management application.
20. Either the Indian agent on behalf of the Principal/OEM or Principal/OEM itself can bid, but both cannot bid simultaneously for the same item in the same tender. **One manufacturer cannot authorize more than one agent for the same model for the same tender otherwise tender of both agents will be rejected.**
21. If an agent submits bid on behalf of the Principal/ OEM, the same agent shall not submit a bid on behalf of another Principal/OEM in the same tender for the same item.
22. The documents should be submitted as per annexure given in the tender, the bid may be rejected if any deviation/discrepancy is found.
23. Compliance certificate to any standard as mentioned in the specification (eg. CE/FDA/BIS etc.) must also be enclosed with the technical bid.
24. It is essential to submit legible online bid and also hard copy of EMD and Undertaking (Annexure-II). If any of these two is not submitted within scheduled date and time of opening of tender, the bid will not be considered.
25. All documents as per published tender (Annexure-I) should be uploaded.. Incomplete documents/ not legible documents will result in rejection of the tender.
26. Dean reserves the right to decrease/increase the quantity of any item or reject/accept any or all tenders without assigning any reason thereof. No correspondence will be entertained in this regard.
27. In case numbers of bids received for each equipment are less than three, it will not be considered. The bids will be returned without opening.

28. The competent Authority can cancel or reject the tender at any stage without assigning any region.

Dean

Undertaking (To be submitted on Rs.100 Non judicial stamp paper) Annexure-II

1. I, undersigned certifies that I have gone through the Terms & conditions mentioned in the tender document including annexure & undertake to comply with them. The rates quoted by me/us are valid & binding on me/us for acceptance for the period of one year from date of opening of tender.
2. It is certified that rate quoted are the lowest quoted for any govt. institution/Hospital in India.
3. EMD deposited by me/us viz _____ ₹ _____ in the form of Demand Draft/Banker's Cheque in favour of "ESIC Fund Account No.1" Kalaburagi is attached herewith and shall remain in custody of the Dean, ESIC Medical College & Hospital, Kalaburagi as per Sl. No. 1 of Terms & Conditions.
4. (A) I/We give the rights to Dean, ESIC Medical College & Hospital, Kalaburagi-585106, to forfeit the EMD deposited by me/us if any delay occur on my/agent's part or fails to supply the article at the appointed place & time & of the desired specification.
(B) I/we undertake that I/we will be in position to provide Comprehensive Annual Maintenance Contract (CMC), Spare Parts, & consumables for 5 years after completion of guarantee/warranty period .I/we also undertake to keep the equipment in running order throughout the year under warranty / guarantee/ CMC and in case of equipment going out of order, the fault will be attended within 24 hours of lodging the complaint. The firm shall ensure the machine is set right within 7 days of intimation. However I/we have to arrange similar equipment as a standby at mine/ours cost & risk, in case of breakdown of machine is not set in working condition within the specified period. Failing which, a penalty of 0.25% of the total cost of the equipment per day for the period equipment remains out of order be levied on me/us.
5. There is no vigilance/CBI case or court case pending against the firm/supplier.
6. I/we do hereby undertake that the firm is in this business since the last three years.
7. On Inspection, if any article is found not as per supply order, it shall be replaced by me/us in time as asked for, to prevent any inconvenience at my /our own expenses.
8. I/we hereby undertake to supply the items as per specifications and directions given in supply order within the stipulated period.
9. I/we undertake to provide guarantee/warranty as mentioned in specifications from the date of satisfactory installation & inspection. I also undertake that I will maintain the equipment during this period & replace the defected parts free of cost, if necessary.
10. I/we understand that Dean, ESIC Medical College & Hospital, Kalaburagi-585106, has the right to accept or reject any or all the tenders without assigning any reasons (s) thereof.
11. The firm is not black listed in any Govt. org. /institution

Name, Signature & Address of the tenderer with rubber stamp

AUTHORIZATION CERTIFICATE

Annexure III

To,
Dean,
ESI C Medical
College&Hospital,
Kalaburagi-585106.

Respected Sir,

Authority letter against Re - E Tender No.
due on item quoted

We,M/s _____, who are established & reputed manufacturers of _____having factory at_____ & hereby authorize M/s _____(Name & address of agent) to bid, negotiate & conclude the contract with your institution against above tender for the above goods manufactured by us.

We hereby extend our full guarantee/warranty as per Clause at S. No. 9 of the Terms & Conditions of tender for the goods offered for supply against this invitation of bid from the above firm. We also confirm that the spares & any other miscellaneous items (As applicable) of the equipment quoted will be freely available for at least five years after expiry of Warranty/guarantee period.

Our other responsibilities include:

- 1. Information regarding the name of new agent, in case of change of agent
 - 2. -----(Here specify in detail manufacturer’s responsibilities)
- The services to be rendered by M/s-----are as under
- 1. -----
 - 2. -----

(Here specify the services to be rendered by the agent)

-----**(Name of the firm)** is responsible for timely submission of CMC Proposal.

Yours faithfully,

(Signature & Name of manufacturer with address & seal)

Note: This letter of authorization should be on the letter head of the manufacturing concern & should be signed by a person competent & having the authorization to issue the said certificate on behalf of the manufacturing firm. The said certificate should also bear the signature of participating bidder as a witness.

Annexure IV**Satisfactory Performance Certificate**

Certified that M/S _____ has supplied the equipment _____ which has been functioning satisfactorily at _____ Department of this Govt. Hospital/Institution since .

It is also certified that after sales service provided by the manufacturer M/S _____ have been satisfactory.

Note: This certificate should be on the letter head of the Hospital/Institution & should be signed by Dean/MS/HOD of the Govt.Hospital/Institution. The said certificate should also bear the signature of participating bidder as a witness.

Annexure “V”

DECLARATION

1. I,Son/Daughter of
Shri.....
Proprietor/Partner/Director/Authorized Signatory of am
competent to sign this declaration and execute this tender document.
2. I have carefully read and understood all the terms and conditions of the tender and hereby
convey my acceptance of the same.
3. The information/document furnished along with the above application is true and authentic
to the best of my knowledge and belief. I/We am/are well aware of the fact that furnishing
of any false information/fabricated document would lead to rejection of my tender at any
stage besides liabilities towards prosecution under appropriate law.

Signature of Authorized person.

Date:

Place:

Full Name:

Company's seal:

*N.B. The above declaration, duly signed and sealed by the authorized signatory of the company
should be enclosed with Technical tender.*



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No. 532/GLBMC/U/26/12/Re-E Tender/MSO-14/2017-18 Vol. III (2)

Date: 21.06.2018

Subject: Invitation of Re-E Tender for procurement of Equipments for department of Anesthesia and ENT.

Annexure- "C"

FINANCIAL BID

Sl. No.	Name of the Equipment	Qty.	Rate Per unit (A)	CMC (5 Year) (B)					AMC (5 year) (C)					Total of Rs. (A+B)	Total of Rs. (A+C)
				I	II	III	IV	V	I	II	III	IV	V		
1.															

Date:

Place:

Signature of Tenderer

With address & Seal

Note:

1. Tenderer should enclose the list with unit price of spare parts which may require after expiry of warranty.
2. Tenderer should also quote the consumable price (if required for equipment).
3. GST as applicable.
4. **The L1 shall be decided by the committee based on A the price quoted at as mentioned above. The committee shall decide the criteria to be adopted.**

Signature of Tenderer

With address & Seal

Sl. No.	Specification	Quantity	Dept.	Approx. Cost of per Unit (Rs.)
1.	<p>Anesthesia Workstation Contains: Complete Anesthesia Gas Delivery System, Circle Absorber system, Precision Vaporizers for Isoflurane and Sevoflurane on select Tec bar, Anesthesia Ventilator.</p> <p>Demonstration of quoted model with all required capabilities is a must locally at the place of Anesthesia system should be high end three gas system with Oxygen, Nitrous Oxide and Medical Air. Product must be certified by USFDA and CE (EUROPEAN).with high and low flow and minimal flow provisions. The machine should have electronic flow meter with digital display of colour Virtual Flow Meter for individual flow meters for O₂, N₂O & Medical Air. System should be designed such that all components are integrated to minimize dead space. System should have at least three drawers and an additional writing surface that can be easily accessed. Should have provision to attach 2 cylinders for O₂ and one for N₂O. Should have facility of delivering basal flow of oxygen on switching on the machine. A single pneumatic/electric on/off switch should activate the gas flow. The unit should have a battery backup facility for the ventilator in the event of power loss and should operate for a minimum of one hour. Should have unlokable Oxygen flush to deliver oxygen flow of approximately 40 L/min. Should have built in safety features like O₂ failure alarm, N₂O cut-off, Low O₂ pressure etc., Should have motion sensitive back lighting for vaporizer dial adjustment. Should also have preferably illumination of the writing table. Should have big caster wheels with central brakes. Should have in-built AGSS system.</p> <p>Gas Flow: The machine should have digital color display of individual flow meters for Oxygen, Nitrous Oxide & Medical Air. The unit should have a mechanical hypoxic guard system to control the ratio of Oxygen and Nitrous oxide to ensure a minimum of 25% of oxygen delivery at all times to avoid delivery of hypoxic mixture. The unit should have an independent measurement and display of fresh gas flow offering safety for low and minimal flow anesthesia.</p> <p>Vaporizers: The unit should accommodate two vaporizers for anesthetic agent delivery to allow easy selection of agent to be used. Vaporizer should be select Tec type, tool free installation and vaporizer of our choice can be mounted at will with interlocking facility to allow operation of only one vaporiser at one time. Should provide Isoflurane and Sevoflurane quick fill vaporizers</p> <p>Breathing System: All parts of the breathing system that are in contact with patient gas should be latex free and auto cleavable. Should not require tools when dismantled for cleaning and sterilization. Should have bag / vent selecting valve integrated onto the absorber and should automatically turn on the ventilator when positioned to vent mode.</p> <p>Ventilation: Ventilator should be pneumatically driven, electronically controlled and should be ascending bellows type. Ventilator shall have a large colour display of minimum 12.5 inch with Touch Screen knob user interface. Ventilator should have the following ventilation abilities, Volume Control, Pressure Control, SIMV with Pressure Support, Advance Pressure Support and Spirometry loops. Ventilator should be capable of ventilating diverse range of patient groups from neonates to adult patients with restrictive airways with single bellows system. The control range should be as follows. Tidal volume range: 20 ml to 1600 ml Breath rate : 2 to 60 BPM Pressure range : 10 to 50 Cm H₂o Airway pressure limit: 10 to 70 Cm H₂o</p>	10	Anesthesia	1500000/-

	<p>Pressure Support : 5 to 30 Cm H₂o PEEP :3 to 20 Cm H₂o I:E Ratio: 2:1 to 1:5 Aspiratory time: 0.2 to 3 sec Should have alarms for Low and high O₂, low and high pressure, Low and high tidal volume, minute volume, Low and high FIO₂, Mains failure, Low battery, etc. Assisted modes of breathing should be flow triggered. Ventilator should have a leak and compliance test that can be done independently of the full system check. On switching on, the ventilator system should be able to and shall give the user a choice of doing a unit test or bypassing in the case of an emergency. Ventilator shall compensate for fresh gas flow and compliance of the entire circuit dynamically. Ventilator shall compensate for fresh gas flow and compliance of the entire circuit dynamically. Measurement at the patient end of the circuit (sensor at the patient end) should be provided to compensate for small leakages and compressible volume variability that occur during ventilation. Apnea alarms must be user adjustable to allow for all operating conditions and phases during Anesthesia. Ventilator should have the ability to display and store Patient Spirometry loops including Flow-Volume and Pressure Volume curves. Ventilator should also display waveforms for flow and airway pressure. All the Ventilator Parameters are available for the display on the Patient Monitor Screen. All the Ventilator Parameters are available for the display on the Patient Monitor Screen. Should have US FDA & CE certifications for the whole system. The whole systems should be from One manufacturer including, Anesthesia Machine, Vaporizer & Ventilator. The quoted model should be working satisfactorily in any Government/Private hospitals. Should enclose user certificates.</p> <p>Accessories and spares: Main unit-1 no Vaporizers 2 no's per unit (Isoflurane & Sevoflurane) Patient circuits: Reusable Adult & pediatrics 2 no's each Soda lime canister 5 kg -1</p> <p>Environmental factors: Safe disposal system : AGSS – Anesthetic Gas Scavenging System, should be in place The unit shall be capable of operating continuously in ambient temperature of 10C to 40C and relative humidity of 15-90%. System should be imported and all components like Anesthesia Machine, Vaporizer and Ventilator should be from one manufacturer.</p>			
2	<p><u>TECHNICAL SPECIFICATIONS FOR OT MONITORS</u></p> <ol style="list-style-type: none"> Should be suitable for adult, pediatric neonatal patients monitoring in fixed environment. Should have medical grade 19” and above TFT Touch screen display with large font and provide access to minimum 8 and above waveforms with ergonomic representation of multi-functionality Should have event recall minimum up to 150 events, graphical and tabular trends, drug dose calculations, alarm logs, OxyCRG, Oxygen/ventilation & Hemodynamic calculations as standard. Should have minimum 5 lead ECG, NIBP, SpO₂, BIS, IBPs, 2 Temperature, anesthesia gas monitoring (AGM) as standard in modules. All other parameters should be through upgrades through modules and software. Should have Arrhythmia detection including life threatening arrhythmias such as VT, ASYSTOLE, VF as standard feature Should have non-volatile graphic and tabular trending of all monitored parameters as standard for minimum 96hrs. Should have manual as well as automatic setting of screen format with selectable parameter priority & colour selection for parameter on screen. Should have excellent cable management with as minimum as possible cables at monitor & patient end for maximum comfort to patient as well as user. It should be US FDA and EC approved for monitor as well as all the parameters and modules 	10	Anesthesia	1500000/-

<p>10. Should have built in rechargeable battery for minimum 2 hours.</p> <p>11. Should have Defibrillator and ESU protection, ECG Sync.</p> <p>12. Ready for wired networking.</p> <p>13. Bed to Bed monitoring as standard</p> <p>14. Facility to upgrade to automatic electronic charting and data management solution with data archival facility for patient monitor and ventilator data. It should be single centralized server based for multiple beds upgradable.</p> <p>15. Install base in India.</p> <p>16. Should have manual as well as automatic setting of screen format, mini trend and should support min 10 different layout.</p> <p>17. 180-degree alarm bar & Rotary knob lights up when conformation for user selection is required</p> <p>18. Touch screen& keyboard mouse interface.</p> <p>19. Touchscreen technology enables crystal clear screen for better readability as used for display of HIS, LIS & PACS images.</p> <p>20. Large fonts and provide access to up to 18 waveforms</p> <p>21. Upto 96 hours of real time trend and patient information at the bedside as standard</p> <p><u>Should have following parameters:</u></p> <p>22. ECG</p> <ul style="list-style-type: none"> - 5 lead ECG monitoring with three leads of ECG waveform simultaneously monitoring. - Should display 12 leads of ECG monitoring - Range 15 to 300bpm - Should display 12 leads of ECG by connecting 6/5 ECG lead wires (Reduced lead set algorithm) as standard feature with max. lead positions as per standard lead placement <p>23. RESPIRATION Through impedance pneumography/ Capnography method</p> <p>24. SpO2</p> <ul style="list-style-type: none"> - Should be supplied with masimo SET technology SPO2 with respective adult, paediatric and neonate soft tip sensors - Should display digital value and Plethysmograph <p>25. NIBP</p> <ul style="list-style-type: none"> • By oscillometric principle of measurement with step wise deflation. • Suitable for adult, pediatric , neonatal patients • Should display Systolic, diastolic, mean pressure in large easy to read display • Should have manual/ stat mode or automatic mode with adjustable time intervals from 2 – 240 minutes and adjustable alarm limits • Monitor should have capability for continuous arterial pressure monitoring through non-invasive technique – preferred • Continuous Non-invasive Arterial BP measurement module with 3 sizes of cuffs - preferred <p>26. IBPs - Simultaneous monitoring of 2 IBP's should be standard</p> <ul style="list-style-type: none"> - Range: -50 to 400mmHg <p>27. Temperature - two temperature one core and second skin simultaneous monitoring. -Range: -5 to 50Deg C</p> <p>28. Simultaneously monitoring of Two IBP & two Temperature should be standard</p> <p>29. Monitor should be ready for interface with select model of equipment</p>			
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	<p>like Anesthesia machine/ventilators of reputed companies displaying ventilation parameters, trends, waveforms & loops.</p> <p>30. Advanced Neuro Muscular Monitoring (NMT).</p> <p>31. BISx Module for measuring depth of anesthesia with 50 adult BIS sensors</p> <p>32. Anesthesia gas monitoring (N2O, CO2, O2, MAC) with auto-gas identification</p> <p>33. Facility for Micro stream EtCO2 with dedicated accessories for Adult, Pediatric & Neonates (25 each)</p> <p>34. Wall Mounts or Anesthesia mounts as applicable depending on department to be used</p> <p>35. Demonstration of quoted model with all required capabilities is a must locally at the place of work.</p> <p>36. Product must be certified by USFDA and CE.</p> <p>Standard Scope of supply must include:</p> <ul style="list-style-type: none"> - Main unit – 1no - 5 lead ECG Cable – 1 no - SpO2 soft tip finger sensor with extension cable – adult 2 no, pediatric 2no and neonate 2. - Skin temperature Probe – 1 no - Rectal / Esophageal temperature probe – 1 no - NIBP Hose – 1 no - Adult & Pediatric and neonate Cuff – 2 each <p>Instruction for Use</p>			
3.	<p><u>Defibrillator with multipara monitoring:-</u></p> <ol style="list-style-type: none"> 1. The machine should have facility for ECG Monitoring, Defibrillation external & internal, AED, & in-built recorder. 2. Machine should be a low energy biphasic defibrillator with recorder, having facility to monitor vital parameters such as ECG, Heart rate. 3. Should work on manual and automated external defibrillation (AED) in Bi-phasic mode. The maximum energy delivered by the device should be at least 360J or more. 4. Should monitor ECG through external paddies and monitoring electrodes. 5. Should have high power backlit 8 inch or more LCD display that provide clear visibility even under strong daylight. 6. Should have display of atleast 4 waveforms of various monitoring parameters and their numerical data. 7. System should have instant boot up time, less than 5 seconds. 8. Should have easy operation of all functions through single rotary knob. 9. Should have external paddles with paddles contact indicator- for good paddle contact. Single adult and pediatric paddles should be available. 10. Should have compensation for chest impedance for a range of 25 to 150 ohms. 11. The unit should be capable of doing synchronized and asynchronous Cardio version. 12. Should have fast charging time, charging 200J in 5 seconds or less on both mains & battery. 13. Should have a battery capable of giving 70 discharges of maximum energy, 2 hours of continuous monitoring. 14. The machine should have charge and discharge button on front panel & paddles. 15. Should have both manual and automatic disarm facility. 16. The machine should be compact, portable with built in rechargeable battery, weight of the total machine should not be more than 7 Kg. 17. Should have status indicator that displays daily and monthly self-test results. 18. The machine should have in built recorder for printing ECG trace & stored information. 	02	Anesthesia	500000/-

	<ol style="list-style-type: none"> 19. The machine must have capability for providing internal defibrillation shocks. The internal paddles of different sizes for adult and pediatric patient should be available (Price to be quoted separately). 20. The machine must have vital sign parameter such as mainstream EtCO₂, SpO₂, NIBP. 21. The machine should have user selectable alarm settings. 22. Should display alarm message and have alarm indicator on top of the machine to view from distance the alarm type and patient condition 23. After defibrillation, the ECG waveform must recover within 5 seconds for immediately checking the result of defibrillation. 24. The machine should work on mains as well as on rechargeable battery. 25. The battery charging time should be less than 4 hours to full charge. 26. It should have facility to store patient data and review data on SD Card/USB. 27. The machine should be onsite upgradeable to mainstream EtCO₂ that can be use on both non-incubated and Incubated patients. (Price to be quoted separately). This need to be demonstrated. 28. Adult SPO₂ sensor with connectivity. 29. Should have optional disposable pads with noiseless function to reduce the noise during CPR. (Price to be quoted separately) 30. Machine must be vibration resistant, it should meet international standard for truck ambulance transfer and transfer of patient by Helicopter ambulances. 31. Machine must be able to operate in extreme environment conditions; it should operate from -5°C to 45°C. And should be highly resistant to water and dust. 32. Should meet IP34 Level for water resistance and Protection against harmful ingress of dust. 33. Should conform to latest safety standards, such as IEC-60601-2-4, IEC-60601-1-2, ISO 14971: 2007, EN 1789: 2007 etc. 34. Must be European CE approved product. 35. The machine should be supplied with <ol style="list-style-type: none"> a. ECG 3 lead cable with connection cord – 01 No. b. ADULT & Pediatric External Paddles – 1 set c. AED Cable reusable 1 no d. ADULT Multipurpose Electrodes – 2 nos e. Pediatric Multipurpose Electrodes – 1 no 			
4.	<p>DIGITAL PORTABLE COLOR DOPPLER ULTRASOUND SCANNER FOR REGIONAL ANESTHESIA AND NERVE BLOCK APPLICATIONS WITH MAXIMUM FREQUENCY OF 22 MHz LINEAR PROBE</p> <ol style="list-style-type: none"> 1. High quality imaging for reliable diagnosis and Needle Injection Support with dedicated Steering mode for needle visibility improvement. 2. Should have Speckle reduction imaging, eliminating Noise Artifacts and enhancing tissue margins. 3. Should support Very High Frequency of up to 22 MHz Bandwidth on Linear probes. 4. Should be ergonomic and portable weighing not more than 7kgs including the weight of the battery. 5. Should have at least 14" or more LCD/TFT with integrated touch screen display, which can be controlled by finger or stylus. 6. Dedicated features and settings with presets for <ol style="list-style-type: none"> <input type="checkbox"/> Deep Nerves <input type="checkbox"/> Medium Deep Nerves <input type="checkbox"/> Superficial Nerves <input type="checkbox"/> Vascular Access 7. Should have B-mode, M- Mode, Tissue harmonics imaging, Colorized B-mode, CFM and Pulse wave and continuous wave doppler mode. 	01	Anesthesia	150000/-

	<p>8. Should have in-built battery backup and suitable height adjustable trolley must be provided for use in OT and Bed side scanning.</p> <p>9. Should be able to store the Cine frames / Loops in to the Hard Disk for review. Inbuilt storage must be minimum 500 GB.</p> <p>10. Should have CD/DVD writer to write images and Loops in the CD/DVD and USB facility.</p> <p>11. Wide band Electronic Convex probe with latest matrix technology Operating Bandwidth Frequencies (2-7 MHz).</p> <p>12. Wide band Electronic Matrix Linear Array probe - Operating Bandwidth Frequencies (4-13 MHz) with integrated buttons to activate the user configurable functions through probe.</p> <p>13. The system should be able to support at least 3 transducer with universal ports allowing any Transducer to be connected to any port.</p> <p>14. 2-4 MHz broadband adult echo transducer for adult cardiology imaging.</p> <p>15. Should have Original Imported Trolley with Height Adjustment Suitable for Nerve Block Studies, All 4 wheels should be Multi Directional.</p> <p>16. Should be able to use as a Hand Held Color Doppler and as Trolley mounted Color Doppler System.</p> <p>17. Should be able to take Measurements such as Distance, Area and Volume for Regional Anesthesia Applications.</p> <p>18. Should have a real time multi line compounding imaging facility to enhance the image quality.</p> <p>19. System should have more than 1000 frames of 2D Imaging with digital processing channels of more than 100000.</p> <p>20. System dynamic range is up to 230 db and depth up to 36 cms.</p> <p>21. System gray scale 256</p> <p>22. Transfer of images by LAN, DICOM and Wi-Fi facility must be possible.</p> <p>23. Should have a facility to connect ink jet printer and video thermal printer</p> <p>24. Multiple focus adjustments</p> <p>25. Should be quoted 6-18 MHz High frequency Linear probe .</p>			
5.	<p>Specifications for Peripheral nerve stimulator</p> <p>Hand held device weighing less than 300 grams</p> <p>Should have real time display of delivered current intensity, stimulus duration and impedance</p> <p>Should have visual and audible alarms for an open circuit, failing battery and high impedance</p> <p>Should be able to deliver stimulus current from 0- 5 mA with accuracy at each set intensity with stimulation frequency of 1-2 Hz.</p> <p>The impulse duration should be constant at each set current intensity. The PNS Should have options for multiple stimulus duration with accurate short duration (within5%).</p> <p>The accuracy of measuring delivered current should be within +/-0.02mA.</p> <p>Should deliver repeatable, rectangular, monophonic and negative impulse whose amplitude should correspond to the current intensity expressed in mill amperes.</p> <p>It should be FDA /CE approved.</p> <p>It should be supplied with stainless steel needles</p> <p>1)50mm needle-- 50</p> <p>2)100mm needle --50</p>	02	Anesthesia	100000/-
6.	<p>CPR MANIKIN ADULT</p> <p><u>The Manikin should be from a manufacturer of international quality with proven track record and the Manufacturer should have a functional registered office in the Indian Sub continent for proper after sales support and functioning atleast for the last three years.</u></p> <p>This manikin should focus on complete BLS Training, where students learn quality CPR with real-time feedback from the manikin & Also Intubation Practice.</p> <p>The training system should contain a hand held control device for real-time CPR performance feedback with ventilation and compression as per AHA 2015 guidelines.</p> <p>The training system should allow further software up gradation to adapt future AHA and European resuscitation council guidelines to improve</p>	02	Anesthesia	500000/-

	<p>feedback with quality.</p> <p>Features:</p> <ol style="list-style-type: none"> 1. The Manikin should be a adult torso CPR training manikin with anatomically correct landmarks and sternal notch allow the students to practice identification of all anatomical landmarks relevant to adult CPR. 2. Realistic different resistances for chest compressions allows the students to experience the amount of pressure needed to perform proper chest compressions in a real life situation like <ul style="list-style-type: none"> • Hard (60 kg approx.) • Soft (30 kg approx.) • Medium (45 kg approx.). 3. The manikin should simulate natural obstruction of the airway allows students to learn the important technique of opening the airway according to ILCOR guidelines. Occluded airway with hyperextension stresses proper head position. 4. Head tilt/chin lift and jaw thrust allows students to correctly practice airway manoeuvres necessary when resuscitating a real victim. 5. Ventilation of the manikin must be possible through the following procedures: <ul style="list-style-type: none"> • Mouth to mouth • Mouth to nose • Mask to mouth (both Pocket Mask and Bag-Valve Mask (BVM)) 6. The manikin must show a realistic chest rise during ventilation. The manikin should have disposable airways and easily removable face skin to avoid cross contamination 7. The manikin should be provided with face shields and one number of pocket mask and resuscitator bag 8. The feedback system should be wireless and a graphical user interface .Feedback should compile following features. <ul style="list-style-type: none"> ➤ Compression depth ➤ Compression release (recoil) ➤ Compression frequency/ score. ➤ Ventilation tidal volume/score ➤ Ventilation frequency/ score. ➤ Correct hand placement ➤ Session time 			
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	<p>Feedback system should provide real time feedback on CPR performance for the students to practise, summary overviews highlighting areas for improvement, annotation of events during CPR simulation in evaluation mode.</p> <p>Adjustable limits/thresholds for compressions and ventilations (default set to Guidelines G2015)</p> <p>Simple to use software for PC that measures the quality of CPR, providing real-time and summative feedback on compression rate, depth, release, hands-off time and other critical components of high-quality CPR as defined in the American Heart Association Consensus Statement. The CPR feedback device should be a hand held control unit, with touch screen and graphical user interface.</p> <p>The feedback device should be wireless and should be able to connect to 6 QCPR manikins simultaneously.</p> <p>The device should be able to provide live feedback with 6 manikins simultaneously.</p> <p>The feedback should focus on depth of the compression, chest recoil, rate of the compression, interruption time, and hand position and ventilation volume.</p> <p>The feedback device should also provide over score of the CPR and debrief on the CPR performed.</p> <p style="padding-left: 40px;">The feedback device should allow practicing scenarios like single rescuer, two rescuer, ventilation only and compression only.</p> <p style="padding-left: 40px;">The feedback device should follow AHA guidelines and also should have platform to other resuscitation guidelines.</p> <p style="padding-left: 40px;">The feedback device should be as per AHA 2015 guidelines and should have facility to upgrade to future change in guidelines.</p>			
7.	<p>CPR MANIKIN PAEDIATRIC <u>CHILD BLS TRAINING MANIKIN</u></p> <p>The manikin should be designed to provide high quality Child CPR training. The training system should contain a hand held control device for real-time CPR performance feedback with ventilation and compression as per AHA 2015 guidelines. It should resemble 6 year old child.</p> <p>The training system should allow further software up gradation to adapt future AHA and European resuscitation council guidelines to improve feedback with quality.</p> <p>Features -</p> <ol style="list-style-type: none"> 1. Should have naturally obstructed airway and realistic anatomy for performing head tilt, chin lift and placing proper hand position. 2. Should have sensor indicate correct hand placement and provide feedback on depth, recoil and rate. 3. Ventilation system provides realistic chest rise with BVM (Bag Valve Mask) and MTM (Mouth to Mouth) and measures volume and rate to help train correct ventilation technique. 4. The feedback system should be wireless and a graphical user interface 5. Feedback should compile following features. <ul style="list-style-type: none"> ➤ Exact Compression depth ➤ Compression release (recoil) ➤ Compression frequency/ score. ➤ Ventilation tidal volume/score 	02	Anesthesia	500000/-

	<ul style="list-style-type: none"> ➤ Ventilation frequency/ score. ➤ Correct hand placemen ➤ Session time <p>6. Feedback system should provide real time feedback on CPR performance for the students to practise</p> <p>7. Feedback system should provide summary overviews highlighting areas for improvement, annotation of events during CPR simulation in evaluation mode.</p> <p>8. Adjustable limits/thresholds for compressions and ventilations (default set to Guidelines G2015)</p> <p>9. Should have facility to connect to feedback system which should be handheld, touch screen with graphical feedback.</p> <p>10. The manikin should be provided with face shield for 36 participants and one number of pocket mask and resuscitator bag.</p>			
9.	<p>OAE Impedance Audiometer</p> <ul style="list-style-type: none"> • Three-component tympanometry (Admittance, Susceptance and Conductance) 226 Hz, and 1000 Hz (Probe tones: 226 Hz: 85 + 1.5 dB SPL/1000 Hz: 75+3 dB SPL). Probe assembly with contra lateral insert ear phones • Acoustic reflex measurement: • Acoustic reflex thresholds: 500Hz to 4 kHz : 110 dBHL • Acoustic reflex decay • Eustachian tube function tests (Intact and perforated) • Multiple Frequency Tympanometry (both sweep frequency & pressure method) • Facility for altitude calibration • Printer and paper (at least 1 dozen roll) with at least 10 boxes of ear tips of different sizes. • Interface with computer • Facility for calibration (inbuilt or separate) should be provided • Accessories/consumables: • Compatible probe assembly compatible: 5 pair • Compatible extra tips other than the standard 10 boxes: 10 • Complete cleaning kit <p>CE/ANSI certified</p>	1	ENT	300000/-
10..	<p>Bronchoscope set</p> <p>Bronchoscopes different size for different age group (Pediatric bronchoscope size 5 with auto clavable prismatic light deflector with glass window plug with rubber telescope guide; adult bronchoscope with auto clavable prismatic light deflector with glass window plug with rubber telescope guide)</p> <p>Light Source and cable</p> <p>Biopsy forceps (for different bronchoscope sizes)</p> <p>Foreign body forceps (Optical forceps for pediatric bronchoscope size 5, with Killian bean jaw for grasping peanut fragments and soft foreign bodies with spring action handle)</p> <p>Peanut forceps (for different bronchoscope sizes)</p> <p>Suction canola (for different bronchoscope sizes)</p>	3	ENT	300000/-

11.	<p>FESS SET Rigid Nasal endoscope Zero degree 2.7 mm Rigid Nasal endoscope 30 degree 2.7 mm Light source and cable</p> <ul style="list-style-type: none"> • POWER LED 150W LIGHT SOURCE • Cold Light Fountain Power LED 150, with integrated, high-performance LED and • one light outlet, power supply 110 - 240 VAC, 50/60 Hz consisting of: Cold Light • Fountain Power LED 150 400 A Mains Cord Connecting Cable, length 100 cm • LIGHT CABLE • Fiber Optic Light Cable, with straight connector, diameter 3.5 mm, length 230 cm <p>General FESS instruments</p> <ol style="list-style-type: none"> 1. 1 Telescope Handle, flat, standard model, length 11 cm, for use with Staright Forward Telescopes 0° with diameter 4 mm and length 18 cm 2. 1 Septum Needle, angular, LUER-Lock 3. 1 Bipolar Suction Forceps, 15° upturned, with suction channel, for bipolar coagulation in paranasal areas, working length 12.5 cm, for use with Bipolar High Frequency Cords 4 1 Antrum Curette, oblong, small size, length 19 cm 5 1 KUHN-BOLGER Frontal Sinus Curette, 55° curved, oval, forward cutting, length 19 cm 6 1 KUHN-BOLGER Frontal Sinus Curette, 90° curved, oval, forward cutting, length 19 cm 7 1 Probe, double-ended, maxillary sinus ostium seeker, ball-shaped ends diameter 1.2 and 2 mm, length 19 cm 8 1 COTTLE Raspatory, double-ended, for tunneling, length 22.5 cm 9 1 Suction Tube, conical, malleable, with finger grip plate, LUER-Lock, outer diameter 2.5mm, working length 13 cm 10 1 FRAZIER Suction Tube, with cut-off hole and stylet, angled, outer diameter 9 Fr./3mm, working length 10 cm, total length 17.5 cm 11 1 v. EICKEN Antrum Cannula, LUER-Lock, long curved, malleable, serrated grip plate, outer diameter 2.5 mm, length 12.5 cm 12 1 v. EICKEN Antrum Cannula, LUER-Lock, long curved, malleable, serrated grip plate, outer diameter 3 mm, length 12.5 cm 13 1 v. EICKEN Antrum Cannula, LUER-Lock, short curved, outer diameter 3 mm, length 12.5 cm 14 1 v. EICKEN Antrum Cannula, LUER-Lock, short curved, outer diameter 4 mm, length 12.5 cm 15 1 STAMMBERGER Antrum Punch, right side downward and forward cutting, with cleaning connector, working length 10 cm 16 1 STAMMBERGER Antrum Punch, left side downward and forward cutting, with cleaning connector, working length 10 cm 17 1 STAMMBERGER RHINOFORCE® II Antrum Punch, right side backward cutting, with cleaning connector, working length 10 cm 18 1 STAMMBERGER RHINOFORCE® II Antrum Punch, left side backward cutting, with cleaning connector, working length 10 cm 19 1 GRÜN WALD-HENKE SilCut® Nasal Cutting Forceps, straight, through-cutting, extremely powerful resection, patented uniform force transmission for gently controlled cutting, new ergonomic handle design, BLAKESLEY shape, size 0, with cleaning connector, working length 13 cm 20 1 STAMMBERGER Suction Punch, for biopsy and grasping, straight, with central suction channel, with Cleaning Stylet size 1, with cleaning connector, working length 10 cm 21 1 STAMMBERGER Suction Punch, for biopsy and grasping, curved upwards, with central suction channel, with Cleaning Stylet size 1, with cleaning connector, working length 10 cm 22 1 HEUWIESER Antrum Grasping Forceps, jaws curved downwards, fixed jaw curved 90°, movable jaw backward opening 120°, with cleaning connector, working length 10 cm 	1	ENT	2100000/-
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	<p>23 1 BLAKESLEY-WILDE Nasal Forceps 90° upturned, size 1, working length 11 cm</p> <p>24 1 BLAKESLEY-WILDE Nasal Forceps 45° upturned, size 0, working length 11 cm</p> <p>25 1 BLAKESLEY Nasal Forceps, straight, size 0, working length 11 cm</p> <p>26 1 RHINOFORCE® II Nasal Scissors, straight, with cleaning connector, working length 13cm</p> <p>27 1 Biopsy and Grasping Forceps, extra fine, with oval cupped jaws 3 x 5 mm, sheath diameter 1.5 mm, with cleaning connector, working length 14 cm</p> <p>28 1 STAMMBERGER RHINOFORCE® II Double Spoon Forceps, vertical opening, 65°upturned, spoon diameter 3 mm, with cleaning connector, working length 12 cm</p> <p>29 1 RHINOFORCE® II Forceps, horizontal opening, pear-shaped jaws, 45° upturned, with cleaning connector, working length 13 cm</p> <p>30 1 Biopsy and Grasping Forceps, vertical opening, malleable sheath end, cupped jaws diameter 4 mm, with cleaning connector, working length 18 cm, to be used for sinoscopy through Trocar</p> <p>31 1 STAMMBERGER Punch, circular cutting, for sphenoid, ethmoid and choanal atresia, diameter 4.5 mm, with cleaning connector, working length 18 cm, including Cleaning Tool</p>			
12	<p>Endoscopic camera with suitable display with recording and archiving facility</p> <ul style="list-style-type: none"> • THREE CHIP CAMERA SYSTEM WITH OPTICAL ZOOM f = 25 - 50mm (2x) <p>3-Chip Camera Control Unit (CCU), with integrated Communication Bus and integrated Image Processing Module, Color System: PAL/NTSC, Power Supply: 100- 240 VAC, 50/60 Hz consisting of: Three Chip Camera Control Unit Mains Cord Connection</p> <p>3-Chip Camera Head with 2 freely programmable Camera Head buttons, Color System PAL, with integrated Parfocal -Zoom focal length f = 25 - 50mm (2x)</p> <p>Should have 2 X electronic zoom function, with 4 selectable settings, integrated digital image processing module, patented auto-exposure system. menu in 6 languages(German, English, French, Italian, Portuguese and Spanish) country Specific keyboard available, Freely programmable camera head buttons</p> <p>with integrated communication Bus and integrated digital Image Processing Module, colour system PAL, power supply: 100-240 VAC, 50/60Hz, with par focal</p> <p>Zoom lens, F=25-50mm</p> <p>consisting of: Camera control Unit, Mains Cord, Keyboard, connecting cable, for controlling peripheral devices, length 180cm, BNC video cable, length 180cm, video(y/c) connecting cable, length 180cm, Special RGB connecting cable, connecting cable,</p> <ul style="list-style-type: none"> • 21" MEDICAL GRADE MONITOR <p>2 1 21 inch Medical Grade HD Monitor High resolution- 1920 x1080 Pixels LCD Monitor</p> <p>Equipped with a full range of analogue SD inputs including analogue composite and S- video component and RGB.</p> <p>Resolution 1920x1080pixels Full HD)</p> <p>Effective picture size (HxW) (diagonal) 477x268mm (187/8x105/8inches) 547 mm</p> <p>(21 5/8 inches)</p> <p>Colors Approx. 16.7 Million Colors</p> <p>View angle (LED panel specification) 17°/160° (typical) (horizontal/vertical contrast>10:1)</p> <p>RGB: 0.7 Vp-p+ (sync on Green, 0.3 Vp-p sync negative)</p> <p>Component: 0.7Vp-p+ dB 75% chrominance standard color bar signal)</p> <p>OPTION AUDIO IN: phono jack (x1) -5 dBu 47 kilohms or higher</p> <p>External Sync BNC (x1), 0.3Vp-p to 4.0Vp-p +bipolarity ternary or negative</p>	1	ENT	2400000/-

	polarity binary D-sub 9-pin (x1), female Option in connector Parallel remote Modular connector 8-pin (x1) (pin-assignable)Output Composite BNC (x1), loop-through, with 75 ohms automatic termination Y/C Mini DIN 4-pin (x1), loop-through, with 75 ohms automatic termination RGB, Component BNC (x3), loop through, with 75 ohms automatic termination External sync BNC(x1), loop through with 75 ohms automatic termination <ul style="list-style-type: none"> • LAPAROSCOPE TROLLEY 1 Endoscopic Trolley 4 shelves, powder coated finish on mild steel construction			
13.	Teaching models/Simulators as a part of college CAL lab to teach clinical skills and procedures to students <ul style="list-style-type: none"> • Temporal bone dissection lab unit with bone holder, operating microscope upto 2x optical zoom microscope with drill motor, LED light source • Anatomical models for head and neck • Anatomical models for ear • Anatomical models for nose • Anatomical models for pharynx and larynx • Manquitte for tracheotomy 	1	ENT	500000/-
14.	Flexible Nasopharyngolaryngoscope <ul style="list-style-type: none"> • Nasopharyngolaryngoscope, should have deflection up/down 180°/100°, direction of view 0°, angle of view 90°, working channel inner diameter 1.5 mm, distal end outer diameter 3.5mm, working length 34 cm consisting of: Case, Pressure Compensation Cap, Leakage Tester Cleaning Brush, Biopsy Forceps Grasping Forceps. • Should have Endoscopic video unit for use with all one-chip camera heads and video endoscopes, incl. LED light source with integrated digital Image Processing Module, 15" monitor, USB/SD memory module, color systems PAL/NTSC, power supply 100 - 240 VAC, 50/60 Hz including: • Should have USB Keyboard, with touchpad, US character set USB Flash Drive, 32 GB 400 F • Mains Cord, length 300 cm Inbuilt Recording System • Should have 1-Chip Camera Head with 2 freely programmable Camera Head buttons, Color System PAL • C-MOUNT Lens, soakable, f = 30 mm Should have Fiber Optic Light Cable, with straight connector, extremely heat-resistant, with safety lock, diameter 4.8 mm, length 250 cm	1	ENT	1400000/-
15.	Electronys tagmography (ENG) Input offset voltage : range, $\pm 20\text{mV}$: CMRR, 90 dB minimum : IMRR, 130 dB : Noise, 5 μV peak to peak Resolution : 16 bit Sampling rate : 60, 120 or 240 Hz Range of eye position : $\pm 30^\circ$	1	ENT	600000/-
16.	ENT TREATMENT UNIT <ul style="list-style-type: none"> • Spraying device with a built in automatic micro switch and spray directly coupling with compressor motor for nasal spray and laryngeal spray • Suction device is operated by an automatic switch system • Examination lamp and arm set to be assembled on the post pole • Instrument tray which can pull out for checking inside of unit • Can with cap for swap and medicine • Waste container for instrument and waste materials • Medicine bottle • Mirror warmer 	4	ENT	1600000/-

	<ul style="list-style-type: none">● Endoscopic light source● Head light with adjustable head band (halogen) with suitable fibro-optic cable● Doctors chair hydraulic● X-ray view● Head mirror● Tray● Endoscope tray● Monitor medical grade● Endoscope camera system● Otoendoscope, Sinoscope 0 degree, laryngoscope● CCD camera with integrated light source with fibro-optic cable● 14 inch TFT monitor● Otoscope with cable			
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