

**TERMS, CONDITIONS & SPECIFICATION FOR
SUPPLY & INSTALLATION OF INSTRUMENT, EQUIPMENTS
FOR DENTAL CLINIC**

Name of the District / Health Institution: **SDH, BONAI, Dist-Sundargarh**
(HEALTH & F.W. DEPTT., GOVT. OF ORISSA)

Tel: (06626)244500/ 9439993426 /27
Bid Reference No. 1349- SDH Bonai - 2018 - 2019

**TENDER DOCUMENT FOR SUPPLY & INSTALLATION
OF
DENTAL INSTRUMENT & EQUIPMENTS**

LAST DATE & TIME OF RECEIPT OF BID DOCUMENTS : 15.10.2018 BY 10.30 AM.

DATE & TIME OF OPENING OF COVER-A &B (Technical

Bid& Financial Bid) : 15.10.2018 BY 11.00 AM.

PLACE OF OPENING OF BID DOCUMENTS : O/o The Sub Collector & SDM,Bonai

ADDRESS FOR COMMUNICATION : O/o Superintendent,
AND At- SDH Bonai,P.o - Bonai
RECEIPT OF BID DOCUMENTS Dist.: Sundergarh -770038

**OFFICE OF THE SUPERINTENDENT, SDH BONAI, DIST-
SUNDERGARH**



SECTION -I

SALE OF TENDER / BID DOCUMENT

The Bidders have to download the Tender Documents directly from the WEBSITE available at www.sundergarh.nic.in. The Tender cost fee of Rs.2100/- (Two thousand one hundred) (Non-refundable) by way of separate Demand Draft drawn in favour of RKS,SDH Bonai,Dist- Sundargarh should be enclosed along-with the Technical Bid. The Bidders should specifically superscribe, "**DOWNLOADED FROM THE WEBSITE**" on the top left corner of the outer envelope containing Technical Bid and Price Bid separately. The Tender cost fee and the EMD amount should be submitted separately in shape of demand drafts in the technical bid. In case of any bid amendment and clarification, responsibility lies with the bidders to collect the same from the website or the office notice board before last date of purchase of tender document and the Superintendent shall have no responsibility for any delay / omission on part of the bidder.

The tender paper will be rejected if the bidder changes any clause or Annexure of the bid document downloaded from the website.



SECTION -II

IMPORTANT INSTRUCTIONS TO BE NOTED CAREFULLY BY THE TENDERERS

1.	Purchaser	Health & F.W. Department
2.	Indenter	Superintendent,SDH Bonai.,Dist- Sundergarh
3.	Consignee	Sub Divisional Hospital.Bonai Dist-. Sundergarh
4.	Delivery Period	Within 10 days from issue of the work order.
5.	Mode of Delivery	By Air / Road / Rail
6.	Guarantee / Warranty	Guarantee / Comprehensive warranty: including spares, maintenance etc. for a period 2(two) years from the date of installation & commissioning. 3(three) years CMC after warranty period.
7.	EMD	The Earnest Money of Rs.5000/- Deposit will be deposit in the shape of Bank Guarantee/Demand Draft only in favour of RKS ,SDH Bonai,Dist- Sundargarh from any Nationalised / Scheduled Bank payable at Sundargarh.
8.	Pre-qualification	<p>A. Manufacturing units / Importers are eligible to participate in the tender provided, they have</p> <ul style="list-style-type: none">(i) Valid manufacturing license / Import License.(ii) Valid ISO certificate.(iii) Product must be CE / US FDA etc certified as per Technical Specification (Section V)(iv) Tenderer (Manufacturer/Importer) should have proof of supply of 10 nos or more of the quoted equipment(s) to any Govt. organization / Corporate Hospitals / PSU Hospitals / UN Agencies and certificate in support of that from the user in last 2 years.(v) Proof of annual average turnover (Manufacturers) of Rs.2 Crore or more in the last three (3) financial years (2014-15, 2015-16, 2016-17)(vi) Proof of manufacturing of these equipments from last 3 years.(vii) Manufacturing unit who has been blacklisted either by the Tender inviting authority or by any state Govt. or Central Govt. organization for the quoted item is not eligible to participate in the tender during the period of blacklisting. <p>B. Authorised distributors on behalf of the manufacturer are eligible to participate in the tender provided:</p> <ul style="list-style-type: none">(i) They submit manufacturer's authorization and power of attorney to transact business on behalf of the manufacturer as per the format at Annexure - V. The authorised distributor may raise bill, if specially authorised by the manufacturer.(ii) The authorised distributor will submit all the documents in support of eligibility of the manufacturer as mentioned above in clause No. "A" along with the tender.
9.	Production of sample	Sample should be produced before the technical committee for verification and selection on the day of opening of the technical bid. Quality cannot be compromised with the lowest one.

SECTION -III

TERMS AND CONDITIONS FOR SUPPLY & INSTALLATION OF IMR/MMR INSTRUMENT & EQUIPMENTS

- 1.1 Sealed tenders will be received by Dated 15.10.2018 BY 10.30 AM.by the undersigned in the office of the Superintendent,SDH Bonai for the purchase of dental equipments. Any tender received after the due date & time will be rejected / returned to the sender unopened. **The tenders will be received through Regd. Post / Courier services / Speed Post only..**
- 1.2 The bidder(s) are to submit their tenders in **separate** sealed covered envelops for **technical bid** and **financial 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 "Tender for the supply & installation of Dental Instrument & Equipments to the Office of Superintendent,SDH Bonai,Dist- Sundargarh, Orissa" & Tender Reference No. SDH BONAI – 2018-19
- 1.4 The Sealed tenders submitted by the tenderers will be opened by the Cairperson, RKS Executive Committee in the office chamber of the Sub Collector& SDM Bonai on 15.10.2018 BY 11.00 AM.

The tenderer or their duly authorized representatives are allowed to be present during the opening of the tenders if they so like.

ELIGIBILITY CRITERIA

- 2.1 Manufacturing units / Importers are eligible to participate in the tender provided, they have
- (i) Valid manufacturing license / Import License. Importers have to furnish the authorization from the manufacturer.
 - (ii) Valid ISO 9001, ISO 14001 certificate.



- (iii) Product must be BIFMA/BIS 18001/CE / US FDA/BS OHSAS etc Certified (As per **Section V** - technical specification).
- (iv) Renderer should have proof of supply of ten (10) or more of the item (s) mentioned in the schedule of requirement to any Govt. organization / Corporate Hospitals / PSU Hospitals / UN Agencies and certificate in support of that from the user in last 2 years. (Annexure VII)
- (v) Proof of Average annual turnover of the manufacturing firm of Rs.2 Crore or more in last three (3) financial years in India (Annexure VI).
- (vi) Proof of compliance with IEC Certificate (As per **Section V** - technical specification) -Medical Electrical Equipments, particular requirement for Electrical Safety of the equipments.
- (vii) Proof of manufacturing these equipments from last 3 years at least (Certificate of Incorporation of the manufacturer)
- (viii) Manufacturing unit who has been blacklisted either by the Tender inviting authority or by any state Govt. or Central Govt. organization is not eligible to participate in the tender for that item during the period of blacklisting.

2.2 Authorised distributors are eligible to participate in the tender provided:

- (i) They submit manufacturer's authorization and power of attorney to transact business on behalf of the manufacturer as per the format at **Annexure - V**. The authorised distributor may raise bill, if specially authorised by the manufacturer.
- (ii) The authorised distributor will submit all the documents in **support of eligibility of the manufacturer** as mentioned in clause No. 2.1 along with the tender.

The following documents should be enclosed in Cover "A" (Technical Bid) by the tenderer. All the photocopies are to be attested by a Notary Public / Gazetted Officer.



TECHNICAL BID :

- 3.1 Checklist with detail of the documents enclosed in **Cover "A"** (as per **Annexure - I**) with page number. The document should be *serially arranged* as per this **Annexure - I** and should be securely tied and bound.
- 3.2 List of Item (s) Quoted with name of the Make & Model of the item (s) (**Annexure - II**)
- 3.3 Tender document fee of Rs.2100/- in shape of Demand Draft in favour of RKS SDH Bonai only.
- 3.4 Earnest Money Deposit of Rs. 5000/-in shape of **Demand Draft** in favour of RKS SDH Bonai only.
- 3.5 Details name, address, telephone no., Fax, e-mail of the manufacturer / authorized distributor / service centre / contract person / office in Orissa (**Annexure - III**).
- 3.6 The declaration form in **Annexure - IV** duly signed by the tenderer before Notary Public / Executive Magistrate.
- 3.7 Manufacturer's Authorization Format in **Annexure -V** (In case the bidder is not the manufacturer)
- 3.8 Certificate duly filled by the Auditor / Chartered Accountant (as per **Annexure -VI**) that the annual average turnover of the manufacturing firm is Rs. 2 Crore or more in the last 3 (three) financial years.
- 3.9 Performance Statement (**Annexure - VII) (Item wise)** during the last two years towards proof of supply of (10) or more of the quoted item (s) to any Govt. organization / Corporate Hospitals / PSU Hospitals / UN Agencies. The copy of Purchase orders and certificate from the user should be furnished in support of the information provided in the performance statement.
- 3.10 Deviation/No Deviation Statement from Technical Specification & details of technical specification of the product (**Annexure-VIIIA & B**).
- 3.11 Copy of Valid Manufacturing License of the manufacturer (s) / Import License by the Importer (also to be submitted by the authorized distributor).
- 3.12 Copy of Valid ISO 9001 and ISO 14001 certificate.
- 3.13 Copy of Valid BIFMA/BIS/BS OHSAS 18001/ISI / CE /US FDA certificate (as per Section V-Technical Specification).



- 3.14 Copy of Certificate in support of IEC certificate (as per Section V-Technical Specification).
- 3.15 The Original Tender Book with Conditions and the schedules signed by the tenderer at the bottom of each page with his official seal duly affixed.
- 3.16 Certificate in support of service center in Orissa or undertaking to set up service center in Orissa within one month from the date of installation if approved (for those who have no service centers in Orissa).

COVER – B (PRICE BID)

4. The tender format giving the quoted rate for medical equipments should be sent in a separate sealed cover hereafter called **Cover “B” (Price Bid)**.

Cover –B (Price Bid) will be opened only of the tenderers who qualify in Technical Bid (Cover – A) and product is as per tender specification.

- 4.1 The tender format (Price Schedule) in duplicate in the prescribed form (as per **Annexure – IX**), both hard copy and soft copy must be submitted in Cover-B. The price of the item should be quoted inclusive of excise duty, insurance, packing, forwarding, freight (door delivery), warranty for 2 years. The price of CMC for 3 years, turnkey job (accessories if any for installation), sales tax / VAT and entry tax charges (if any) should be quoted in a separate column. The rate should be quoted for *each item* both in figures and words. **In case of difference in words and figures, words will be taken into consideration for evaluation.**

N.B: Valid means the certificate should be valid on or beyond the date of opening of tender (Cover-A).

- 4.2 The Cover “B” of tenderers who qualifies in their technical bid, will only be opened on the same date at the office chamber of the Sub Collector & SDM Bonai Dist-Sundargarh by the Sub Collector in the presence of the tenderers or their authorized representatives.

REJECTION OF TENDER

5. The tender paper will be rejected, if any of the following documents are wanting / not submitted with the tender:
- (i) Manufacturing license of the manufacturer / Import License.
 - (ii) Manufacturing authorization in case of distributor/importer



- (iii) Earnest Money Deposit (EMD).
- (iv) Annual Average Turnover of Rs. 2 Crore or more (Manufacturer) in the last 3 financial years.
- (v) Copy of Valid ISO 9001 and ISO 14001 certificate.
- (vi) Copy of Valid BIFMA/BIS/BS OHSAS 18001/ISI / CE /US FDA certificate (as per Section V-Technical Specification).
- (vii) IEC Certificate as per as per Section V – Technical Specification.
- (viii) Proof of supply/ installation of ten (10) or more of the item (s) mentioned in the schedule of requirement to any Govt. Organization / Corporate Hospitals / PSU Hospitals / UN Agencies and certificate in support of that from the user during the last two years.
- (ix) Major deviations from the technical specification of the item(s) as per tender.
- (x) Price bid / quoted rate with signature and seal (Hard Copy).

EARNEST MONEY DEPOSIT

- 6.1 The Earnest Money Deposit will be submitted in the shape of Demand draft only in favour of RKS ,SDH Bonai,Dist-Sundargarh from any Nationalised / Scheduled Bank payable at Bonai
- 6.2 The EMD of the unsuccessful tenderers will be returned back without interest after placement of purchase order to the successful tenderer and EMD of successful tenderer will be returned after submission of performance security.
- 6.3 The EMD will be forfeited if the tenderer withdraws the tender or doesn't sign the contract / doesn't supply the items (in case of successful bidder) within the stipulated time period.

TENDER CONDITIONS:

- 8.1 The details of the medical equipments with specifications are mentioned in Section V. The firm must clearly mention their specification, special features, upgraded version (if any) in their tender.
- 8.2 Tenders should be typewritten or computerized and every correction in the tender should invariably be attested with signature by the tenderer with date



before submission, failing which the tender will be ineligible for further consideration.

- 8.3 Rates inclusive of excise duty / customs duty, packing, forwarding, insurance, transportation charges with 2 years onsite warranty and exclusive of Sales Tax/VAT & Entry Tax should *be quoted for the medical equipments (Item wise) on door delivery basis. The turnkey job (cost of accessories if any required for Installation/Commissioning), 3 year CMC cost & Sales Tax/VAT & Entry Tax should be mentioned in separate columns.* The rates quoted should be in **Indian Rupees only**. Rates quoted in any other currency will not be accepted.
- 8.4 The purchaser shall be responsible only after delivery and due verification, installation and commissioning of the equipment.
- 8.5 The rate per unit packing shall not vary with the quantum of order placed for destination point.
- 8.6 If there is difference between figures & words, words will be taken into consideration.
- 8.7 In the event of the date being declared as a holiday by Govt. of Orissa, the due date of sale, submission of bids and opening of bids will be the following working day at the appointed place & time.
- 8.8 The price quoted by the tenderers shall not in any case, exceed the controlled price, if any, fixed by the Central / State Government / DGS&D and the Maximum Retail Price (MRP). The purchaser, at his discretion, will in such case, exercise the right of revising the price at any stage so as to conform to the controlled price or MRP as the case may be.
- 8.9 To ensure sustained supply without any interruption the tender inviting authority reserves the right to split orders for supplying the requirements among more than one tenderer if the lowest eligible bidder fails to supply in scheduled time and L₂ & L₃ firms agree to match the L₁ rate.
- 8.10 The rate quoted and accepted will be binding on the tenderer for a period of **one year** from the date of placement of purchase order and on no account any increase in the price will be entertained till the completion of this tender period.
- 8.11 No tenderer shall be allowed at any time on any ground whatsoever to claim revision of or modification in the rate quoted by him. Clerical error /



typographical error, etc. committed by the tenderers in the tender forms shall not be considered after opening of tenders. Conditions such as “ **SUBJECT TO AVAILABILITY**” / “**SUPPLIES WILL BE MADE AS AND WHEN SUPPLIES ARE RECEIVED**” etc., will not be considered under any circumstance and the tenders of those who have given such conditions shall be treated as incomplete and for that reason, shall be rejected.

- 8.12 Approved rate with terms, conditions & the quoted price of the tender shall remain valid for a period of 12 months from the date of issue of the purchase order or till issue of next tender for these items whichever is earlier.
- 8.13 If the relevant documents / certificates which are required to be furnished along with the tender are written in language other than English, the tendering firm shall furnish English version of such documents / certificates duly attested by a Gazetted Officer / Notary with his seal and signature.
- 8.14 If any information or documents furnished by the tenderer with the tender papers are found to be misleading or incorrect at any stage the tender of the relevant items in the approved list shall be cancelled and steps will be taken to blacklist the said firm for five (5) years.
- 8.15 Rate should be quoted in Indian Currency, both in words and figures against each item as the payments will be made in Indian currencies only (Annexure-IX). The tenderer shall not quote his own rate for any item other than the item specified in the list. (**Section IV – Schedule of Requirement**).
- 8.16 Both Cover-A and Cover-B should have an **index and page number** of all the documents submitted inside that cover.
- 8.18 The requirement of items may increase or decrease depending on the situation.

PACKAGING :

- 9.1 All the packaging should be primary (New). The supplier shall provide such packaging of the goods as is required to prevent their damage or deterioration during transit to their final destination. The packaging shall be sufficient to withstand without limitation, rough handling during transit and exposure to extreme temperature, salt and precipitation during transit and upon storage.

TURNKEY :

- 10.1 The external power supply will be provided by the purchaser but the internal wiring and electrical fittings inside the room and accessories if any required for installation & commissioning of the equipment required for installation & commissioning will be provided by the supplier without any extra cost (apart from the cost mentioned under turnkey in the Price schedule).

COMPREHENSIVE WARRANTY & CMC:

(Undertaking as per Annexure – XI & XII)

- 11.1 The comprehensive warranty will remain valid for 2 years from the date of installation & commissioning of the equipment. The original copy of warranty documents will be submitted to the consignee and photocopy of that to Superintendent, SDH Bonai, Sundargarh after installation.
- 11.2 The warranty will cover **all the parts of the machine or item and any replacement or repair required** within the warranty period and will be provided by the supplier free of cost at the destination point (installation point). The supplier will take back the replaced parts / goods at the time of their replacement. No claim whatsoever shall be on the purchaser for the replaced parts / goods thereafter. No traveling allowances or transportation cost will be paid by the purchaser during the warranty period.
- 11.3 The Supplier shall warrant that the Goods supplied under this contract are new, unused, of the most recent or current models and they incorporate all recent improvements in design and materials. The Supplier shall further warrant that all Goods supplied under this contract shall have no defect arising from design, materials or workmanship or from any act or omission of the Supplier that may develop under normal use of the supplied Goods in the conditions prevailing in the place of final destination.
- 11.4 **CMC:** The tenderer shall also commit to provide offer for CMC (**Labour + all spare**) for the next three (3) years after two (2) years of warranty. No extra cost will be paid other than the CMC cost for functioning of the item during this period. The supplier will provide **two (2)** preventive maintenance in every **six months** during the period of CMC.
- 11.5 The selected firm should have a service centre in Orissa.
- 11.6 All the warranty certificates must be handed over to the consignee after installation.

TRAINING & OPERATIONAL MANUAL:

- 12.1 The firm / supplier will provide hands on training to two doctors and two technicians in his own cost for operating / handling the medical equipments within 15 days of installation of equipment.
- 12.2 The supplier / firm will provide the operational / maintenance manuals and tools (if required) of all items, equipments & turnkey to the consignee at the time of installation.

UPTIME GUARANTEE:

13.1 UP-TIME BALANCE :

The Supplier (s) shall provide guarantee 95% uptime during comprehensive warranty period i.e. for 2 years from the date of installation & commissioning.

Any uptime less than the specified period above will be compensated by the Supplier(s) by extending the warranty period. The consignee shall maintain a logbook in the format provided by the Supplier(s) which will indicate usage of the equipment every day and for calculation of up-time.

- 13.2 The principals or their agents are required to submit a certificate that they have satisfactory service arrangements and fully trained staff available to support the uptime guarantee.

SPARE PARTS:

- 15.1 The spare price list of all spares and accessories (including minor) required for maintenance and repairs in future after guarantee / warranty period should be attached / enclosed along with the sealed quotation.
- 15.2 The tenderers are required to furnish the list of spares along with their cost in the financial Bid separately which will not be taken for evaluation.
- 15.3 Local agents / distributors quoting on behalf of the manufacturer / importer must attach the authority letter in their favour.

ACCEPTANCE OF TENDER AND SUPPLY CONDITIONS:



- 17.1 The Superintendent ,SDH Bonai, Sundargarh, Orissa reserves the right to reject the tenders or to accept the tenders for the supply of the item tendered without assigning any reason thereof.
- 17.2 The The Superintendent ,SDH Bonai, Sundargarh, Orissa will be at liberty to terminate the contract either wholly or in part without assigning any reasons thereof. The tenderers will not be entitled to any compensation whatsoever for such termination.
- 17.3 The supply should be completed within 60 days from the date of issue of purchase order unless otherwise specified. If no supply is received even after 60 days or 88 days with liquidated damage from the date of issue of the purchase orders from the The Superintendent ,SDH Bonai, Sundargarh, such orders will stand cancelled automatically without further notice. Penalties shall also thereafter be applied to the tenderer as specified in clause no. 21.1 to 21.2. The approved firm shall also suffer forfeiture of the EMD and Security Deposit.
- 17.4 If the approved supplier fails to execute the supply within the stipulated time, the The Superintendent ,SDH Bonai, Sundargarh is empowered to purchase the same items from L₂ or L₃ tenderer if they match the L₁ rate.
- 17.5 The The Superintendent ,SDH Bonai, Sundargarh, Orissa or his authorised representative (s) has the right to inspect the factory of those company who have quoted for the tender, before accepting the rate quoted by them or before releasing any purchase order (s) or at any point of time during the validity period of tender and has also the right to reject the tender or terminate / cancel the orders issued or not to reorder based on the facts brought out during such inspections.

EVALUATION:

18.1 The rates of the item quoted by the tenderer who qualify technically will be evaluated after taking the following points into consideration: -

- a) Rate of the medical equipments will be taken after inclusion of the excise duty / customs duty, transportation, insurance, packing & forwarding & comprehensive warranty for two (2) years, cost of turnkey

(cost of accessories if any for installation/commissioning) & CMC for for next three(3) years but excluding VAT & ET.

- b) The cost of the medical equipments (excise duty / customs duty, transportation, insurance, packing & forwarding & comprehensive warranty for two (2) years but excluding VAT & ET), cost of turnkey (cost of accessories if any for Installation & Commissioning with all taxes for turnkeys) & cost of CMC for next three(3) years after warranty will be added and the lowest responsive bidder will be selected.
- c) The circulars issued by the Finance Department, Govt. of Orissa from time to time regarding tax matters shall be taken into account for evaluation and shall be binding on the bidders.

- 18.2 No claims shall be made against the Superintendent,SDH Bonai, Sundargarh, Orissa in respect of interest on earnest money deposit or security deposit or any delayed payment or any other deposit.
- 18.3 Payments in shape of Draft / Pay Order will preferably be dispatched to the supplier by Registered post with A.D or e-payment / on-line transfer or may be handed over to the authorized person of the supplier.
- 18.4 The payment of CMC will be made on a six monthly basis, after completion of warranty period and signing of the CMC agreement.

Inspection /Testing :

- 19.1 The selected supplier shall have to arrange for demonstration of the equipment at the supply point. The purchaser or its nominated representative(s) shall inspect and test the equipments at the supply point to check their conformity to the specifications and other details incorporated in the contract.



CONDITIONS APPLICABLE TO LOCAL MSEs / SSI OF ORISSA:

The MSE / SSI Units of the State of Orissa will be given the following preferences in the tenders provided they produce the following documents as per MSME Development Policy-2009 and IRP - 2007:

- 20.1 Attested copy of valid manufacturing licence.
- 20.2 P.M.T Certificate from the Director of Industries, Orissa or General Manager District Industries Centre that it is a MSE / SSI Units of the State of Orissa, provided that MSE / SSI units has not been derecognised by the Govt. for that specified period.
- 20.3 Local Micro & Small Scale Enterprises (MSE) and Khadi & Village industrial units including handloom and handicrafts will enjoy a price preference of 10% vis-à-vis over local medium and large industries as well as industries outside the State. Local Micro & Small Scale Enterprises having ISO, ISI Certification for their product shall get an additional price preference of 3% as per provision of IPR-2007.
- 20.4 Local MSEs registered with respective DICs, Khadi, Village, Cottage and Handicraft Industries, OSIC, NSIC shall be exempted from payment of earnest money and shall pay 25% of the prescribed security deposit.
- 20.5 Clause number 1 to 19 is also applicable to the Small Scale Industry Units of the State of Orissa.



**SECTION-IV
SCHEDULE OF REQUIREMENTS**

LIST OF ITEMS FOR IMR/MMR

SL.NO.	ITEMS NAME	MAKE & MODEL	RATE PER UNIT EXCLUSIVE OF ALL TAXES	REMARKS
EIF FOR DENTAL CLINIC				
1	DENTAL CHAIR WITH COMPRESSOR & PACKAGE			
2	RADIOVISIO GRAPHY(RVG)			
3	DC X RAY			
4	ENDOMOTOR			
5	B CLASS AUTOCLAVE			

**SECTION -V
TECHNICAL SPECIFICATIONS OF EIF**

DENTAL CHAIRS WITH COMPRESSOR

Product Quality Standard:

- Should be US FDA or CE approved for the quoted model.
- Manufacturer should be ISO 13485 certified for quality standards.
- Shall meet IEC 60601 General Requirements of Electrical Safety for medical devices.

Technical Specifications:

The Complete unit should be consist of Micro motor, Air Rotor, Scaler, Light Cure, Staright & cotraangle hand piece, medical grade oilfree compressor, Motorized suction, Shadow less lamp, Spittoon, Three way syringe, Instrument tray, X-ray viewer with LED light.

1. Electrically operated microprocessor based multi-programmable Dental Chair.
2. The chair should have erasable programs with microprocessor controlled.
3. The right side arm of the chair should have lateral rotation for easy access of the patient.
4. Body converging movement back rest and body should move together, so that it will not strain the back of the patient.
5. Lowest height achievable should be between 300 to 450mm to improve visibility & access.
6. Should have weight lifting capacity of minimum 200kg.
7. The water connection should have filter attachment.
8. Should have anti-skid rubberised base and seamless upholstery
9. When it is completely flat, surgeon chair mount unit should be fitted with:
 - a. Operating LED light with latest sensor controlled to avoid any stagnant infection. Two intensity illumination 15,000 to 20,000 Lux. Color temperature should be of minimum 4000K & CRI of atleast 90.
 - b. Auto water connection for spittoon and tumbler. Total basin cover should be single piece high quality porcelain with perfect smooth spittoon.



c. Stainless steel instrument tray should be provided for keeping instruments d. High and low vacuum motorized noise-free suction should be with flow control valve & autostart feature. The fluid collection container should have auto-drain system and also auto-flux system, amalgam collection filter.

10. Should be modular delivery system over patient fitted with

A) Fibre Optic Airtor with autoclavable hand piece: Should be CE (Notified) approved.

- Fiber optic twin beam, Ultra push Q.D. Twist free coupling having non-retraction
- valve Airtor High Torque Handpiece., one number with two extra cartridges.

B) Micromotor with autoclavable hand piece:

- Should be CE (Notified) approved.
- Micromotor Brushless Speed range 2000 to 40,000 rpm with digital display of speed.
- Should be supplied with:
 - a) Contrangle Handpiece – Autoclavable, speed 20,000 to 40,000 RPM – 1 no.
 - b) Straight Handpiece: Autoclavable, speed 40,000 RPM – 1 no.

C) 3 way syringe for Air, Water and Spray – 2 no.

D) Zero Back Ache Stool(2nos.):

Should be latest surgical stool, having raising and lowering by pneumatic piston with chromium plated legs. Backrest should move forward and backward along with the body by pneumatic piston and it should give support all the time. The seat should have a piston to move with the body when a surgeon leans forward.

Autoclavable pad should be provided on the unit where the hand pieces are placed.

Airtor Air Compressor:

- Should be CE certified.
- Monobloc Oil free medical grade 0.75 HP Compressor with drier and filter fitted on MS
- Tank: 2 nos. All the joints used should be of brass.

Power supply:

- Should work on 220-240V AC as well as rechargeable batteries.
- Mains adaptor to be supplied.

INTRA-ORAL DENTAL X-RAY MACHINE

Product Quality Standard:

- Should be US FDA or CE approved for the quoted model.
- Manufacturer should be ISO 13485 certified for quality standards.
- Shall meet IEC 60601 General Requirements of Electrical Safety for medical devices.
- Should be AERB approved model.
- Should be RVG compatible.

Technical Specifications:

1. Movable: Mounted on stand & wheels.
2. High voltage selections : 60KV & 70KV
3. Anode current selections: 4mA & 8 mA.
4. Expose time settings: 0.02sec to 3.2sec.
5. Should have digital display in control panel.
6. Classification: Electromedical equipment, Class 1 type B. X-ray tube head: Toshiba DG 073B DC double anode tungsten tube head. Microprocessor based digital timer with hand operated switch for exposure.
7. Exposure times can be set by soft touch buttons on the panel board. Radiations leakage <0.25 mGy/hour maximum at a distance of 1m from focal spot (IEC 601 – 2 –7 standards).
8. Total filtration equivalent to 2mm AL at 70KV.
9. Input power supply: 230V, 50Hz.
10. Maximum power consumption: 1400W.
11. Error message should appear on the digital display at the time of low power supply.

RVG (Radiovisiography)

1 Description of Function

- 1.1 RVG is used for digital dental x-rays which can be instantly viewed and evaluated with minimal radiation exposure

2 Operational Requirements

- 2.1 High resolution RVG based on CCD/CMOS technology with optical fibre.

3 Technical Specifications

- 3.1. Maximum reduction in patient radiation as compared to X-ray film
- 3.2. Should supply sensor with minimum active area – 600 mm²
- 3.3. Outer dimension app. 35-40 mm X 25-30mm.
- 3.4. Pixel size : 20 µm x 20 µm
- 3.5. Thickness of the sensor should be less than or equal to 5 mm
- 3.6. Spatial resolution approx. 20-25 line pairs/mm
- 3.7. Computer with LCD color monitor 20 inch screen, latest processor, DVD-RW, 500 GB HDD, 4 GB RAM, All-in-4 laserjet printer.
- 3.8. Should have positioning devices
 - a. Bitewing
 - b. Periapical
 - c. Endodontic

4. Power Supply

- 4.1 Power input to be 220-240VAC, 50Hz fitted with Indian plug
- 4.2 Servo Voltage stabilizer of appropriate ratings meeting ISI Specifications. (Input 160-260 V and output 220-240 V and 50 Hz)

5. Standards, Safety and Training

- 5.1 Should be FDA/ CE approved product
- 5.2 Manufacturer/ Supplier should have ISO certification for quality standards.
- 5.3 Electrical safety for dental x-ray unit conforms to standards for electrical safety IEC-60601 / IS-13450

6. Documentation

- 6.1 User/Technical/Maintenance manuals to be supplied in English.
- 6.2 List of important spare parts and accessories with their part number and costing
- 6.3 Log book with instructions for daily, weekly, monthly and quarterly maintenance checklist. The job description of the hospital technician and company service engineer should be clearly spelt out.

ENDOMOTOR

Technical Specifications:

1. Should be European CE or US FDA approved.
2. Should contain handpiece, contra head, charger, battery, probe cord, file holders, contrary electrodes and other accessories
3. Cordless handpiece should have AUTO START/STOP on handpiece automatically starts when the file enters the canal and stops when the file is removed from the canal.
4. Should have AUTO TORQUE REVERSE when too much pressure is applied.
5. Should have AUTO APICAL REVERSE: The handpiece automatically stops and reverses the rotation of the file when the tip reaches a distance from the apex preset by the clinician.
6. Position of file tip monitored via an LED control panel during root canal shaping and cleaning on handpiece.
7. Automatic shut-off after three minutes of non-use to conserve power
8. Speed: 280 ± 50 rpm (with no load at 3.6 VDC).
9. Push button chuck release
10. Choice of automatic or manual mode.



B CLASS AUTOCLAVE

Features & Specifications:

- Adopts European Class B standard
- Automatic water filling option
- High quality stainless steel chamber
- Stainless steel chamber
- Descriptive indicators and alarms
- Built-in printer
- Over heat protection
- Built-in steam generator
- vacuum dry effect
- Meets European Standard EN 13060
- Digital control panel
- Independent Pressure Gauge
- Double locking system ensures safety
- 18 liter capacity
- 220 volt /1500 wt Power supply
- Chamber size-245 x 360 mm
- Vaccume dry procedure
- LCD screen display
- Residual humidity should be $< 0.2\%$



SECTION –VI

ANNEXURES

**(Technical Bid, Price Bid, Undertaking for
CMC)**



CHECK LIST

(To be submitted in Cover A Technical Bid)

Note : The documents has to be arranged serially as per the order mentioned in the check list

Please put ✓ in the respective box

COVER – A (TECHNICAL BID) DOCUMENTS : SUBMITTED OR NOT

1.	List of Item (s) – Annexure II	Page No. <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Tender document Fee	Page No. <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Earnest Money Deposit	Page No. <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Details of Manufacturing Unit / contract person Liaisioning agent / servicing centre (Annexure III)	Page No. <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Declaration form (Annexure -IV) signed by the Tenderer & affidavit before Notary Public / Executive Magistrate	Page No. <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Manufacturer's Authorization Format (Annexure – V)	Page No. <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Proof of avg. Annual turnover of Rs. 1 Crore or more for preceding 3 financial years (Annexure - VI)	Page No. <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	Performance Statement (Item wise) during the last two year (Annexure -VII)	Page No. <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Copies of Purchase order (Item wise) in support of the performance statement	Page No. <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	Deviation/No deviation Statement (Item wise) & details of technical specification (Annexure -VIII A & B)	Page No. <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11.	Leaflets/Technical Brocheures of the Products offered (Item wise)	Page No. <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12.	Copy of Manufacturing License / import license	Page No. <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

- | | | | | | | | |
|--|---|----------|--|-----|--|----|--|
| 13. Copy of Valid ISO Certificate | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="padding: 2px;">page</td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr><td style="padding: 2px;">Yes</td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr><td style="padding: 2px;">No</td><td style="width: 20px; height: 20px;"></td></tr> </table> | page | | Yes | | No | |
| page | | | | | | | |
| Yes | | | | | | | |
| No | | | | | | | |
| 14. Attested Photocopy of Up-to-date CE / US FDA/BIS Certificate (Item wise)
(As per technical specification) | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="padding: 2px;">Page No.</td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr><td style="padding: 2px;">Yes</td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr><td style="padding: 2px;">No</td><td style="width: 20px; height: 20px;"></td></tr> </table> | Page No. | | Yes | | No | |
| Page No. | | | | | | | |
| Yes | | | | | | | |
| No | | | | | | | |
| 15. Attested Photocopy of Up-to-date IEC Certificate (Item wise)
(As per technical specification) | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="padding: 2px;">Page No.</td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr><td style="padding: 2px;">Yes</td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr><td style="padding: 2px;">No</td><td style="width: 20px; height: 20px;"></td></tr> </table> | Page No. | | Yes | | No | |
| Page No. | | | | | | | |
| Yes | | | | | | | |
| No | | | | | | | |
| 16. Photocopy of PAN | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="padding: 2px;">Page No.</td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr><td style="padding: 2px;">Yes</td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr><td style="padding: 2px;">No</td><td style="width: 20px; height: 20px;"></td></tr> </table> | Page No. | | Yes | | No | |
| Page No. | | | | | | | |
| Yes | | | | | | | |
| No | | | | | | | |
| 17. Photocopy of VAT clearance certificate | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="padding: 2px;">Page No.</td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr><td style="padding: 2px;">Yes</td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr><td style="padding: 2px;">No</td><td style="width: 20px; height: 20px;"></td></tr> </table> | Page No. | | Yes | | No | |
| Page No. | | | | | | | |
| Yes | | | | | | | |
| No | | | | | | | |
| 18. Copy of original Tender and schedules, duly signed by the Tenderer | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="padding: 2px;">Page No.</td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr><td style="padding: 2px;">Yes</td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr><td style="padding: 2px;">No</td><td style="width: 20px; height: 20px;"></td></tr> </table> | Page No. | | Yes | | No | |
| Page No. | | | | | | | |
| Yes | | | | | | | |
| No | | | | | | | |

ANNEXURE – III
(Refer Clause No. 3.5)

(To be submitted in *Cover A -Technical Bid*)

DETAILS OF THE TENDERER & LOCAL CONTACT PERSON

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

**Signature of the Tenderer :
with seal**

Date :

Official Seal :

/ 13

(To be submitted in *Cover A -Technical Bid*)
DECLARATION FORM

I / Wehaving
My / ouroffice
at.....do declare that I / We have
carefully read all the terms & conditions of tender of the _____, Orissa for the
supply of medical equipments. 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 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. Organization / Govt. Health Institutions for
supply of Not of Standard Quality (NSQ) items / non-supply.

I/We agree that the Tender Inviting Authority can forfeit the Earnest Money Deposit
and or Security 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 (s) bearing No. (s)
.....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 :

Seal

Date :

Name & Address of the Firm:

Affidavit before Executive Magistrate / Notary Public

(To be submitted in *Cover A - Technical Bid*)
MANUFACTURER'S AUTHORISATION FORMAT

To

The SDMO _____
Deptt. of Health & Family Welfare
Govt. of Orissa.

Ref: Tender No. _____ Dated _____ for

Dear Sir,

We, _____ are the manufacturers of _____
_____ (name of equipment(s) having factories at _____
_____.

1. Messrs _____ (name and address of the agent) is our authorized agent for sale and service of _____ (name of equipment(s))
2. We confirm that Messrs. _____ (name of the above agent) is authorized to submit a tender, and enter into a contract with for the above goods manufactured by us.
3. We also extend our full guarantee / warranty and also full back-up support for AMC/CMC as required by the purchaser.

Yours faithfully,

(Signature with date, name and designation)

For and on behalf of Messrs _____

(Name & address of the manufacturers)

Seal

Note :

1. This letter should be on the *letterhead* of the *manufacturer* and should be signed by a person having the power of attorney to legally bind the manufacturer.
2. Original letter shall be attached to the technical bid.

(To be submitted in Cover A -Technical Bid)

ANNEXURE – VI
(Refer Clause No. 3.8)

(To be furnished in the letter head of the Auditor)

ANNUAL TURN OVER STATEMENT

The Annual Turnover for Equipment products of
M/s _____
who is a manufacturing unit for the last _____ years are given below and certified
that the statement is true and correct.

Sl.No.	Year	Turnover in Crores (Rs.)
1.	2013-2014	-
2.	2014-2015	-
3.	2015-2016	-

Average Annual Turnover (for the above three years) in Crores (Rs.) _____

Date:
Place:

Signature of Auditor/
Chartered Accountant
(Name in Capital)

Seal

Membership No.-

Registration No. of Firm

Note:

- To be issued in the letter head of the Auditor.
- Separate certificates should be furnished for different manufacturer in case the bidder is quoting products of different manufacturers.



(To be submitted in Cover A - Technical Bid)
Annexure VII (Refer Clause no. 3.9)
PROFORMA FOR PERFORMANCE STATEMENT
 (For the period of last two years)

Tender Reference No. : _____
 Name of Tenderer : _____
 Name of Manufacturer : _____ Name of the Item (s) : _____

Sl.	Order placed by (Address of purchaser) (attach documentary proof)*	Order no. & Date	Item Name	Make & Model	Qty	Value of Contract (Rs.)	Date of Completion		Reasons for delay if any	Have the goods been functioning satisfactorily (attach documentary proof)**
							As per contract	Actual		
1										
2										
..										
..										

Signature and seal of the Tenderer

* The documentary proof will be **copies of the purchase order** (during the last 2 years) indicating Contract No. and date along with a notarized certification (by the bidder) authenticating the correctness of the information furnished.

** The documentary proof will be certificate from the consignee/end user indicating Contract No. and date along with a notarized certification (by the bidder) authenticating the correctness of the information furnished.

(To be submitted in *Cover A -Technical Bid*)

Annexure VIII A
(Refer Clause No. 3.10)

STATEMENT REGARDING DEVIATIONS FROM TECHNICAL SPECIFICATIONS (IF ANY)

Following are the Technical deviations and variations from the purchaser's Technical Specifications.

Sl. No.	Item Name	Clause of Technical Specification	Statement of Deviations / Variations if any
1			
2			
..			
..			
..			

In case there is no deviation from technical specification, Pl. Mention *No Deviation*.

Signature of the Bidder

Name :

Date :

Place :

Seal



(To be submitted in *Cover A -Technical Bid*)

Annexure VIII B
(Refer Clause No. 3.10)

DETAILS OF TECHNICAL SPECIFICATION OF THE PRODUCT OFFERED BY THE BIDDER

Sl. No.	Item Name	Make	Model	Detail Specification of the product offered* (Pl. Describe the detail specification of the product offered)
1				
2				
..				
..				
..				

* Leaflets/Technical Brocheures of the product offered must be attached in support of the information provided above.

Signature of the Bidder

Name :

Date :

Place :

Seal



ANNEXURE

(To be submitted in COVER B - PRICE BID)

To be submitted in Cover B – Price Bid

ANNEXURE-IX
(Refer Clause No. 4.1 & 8.16)

MODEL TENDER FORMAT (PRICE SCHEDULE)

Name of the Item (s) (Items mentioned in the schedule of requirement) (With Make & Model)	Specification (Section V)	Unit Price which includes excise duty / customs duty, packing, insurance, forwarding / transportation (door delivery) with 2 (two) years onsite warranty & excludes VAT/sales tax / entry tax Cost in Rs. (both in words & figures)	CMC (excluding Service Tax) for three years after expiry of two years warranty period (please mention on yearly basis)	**Cost of Turnkey if any (all accessories for installation & commissioning including all taxes for turnkey in Rs. (Door delivery & installation)	*Total Cost of the Item (Unit Price with CMC & Turnkey if any) (Exclusive of CST/VAT & ET)	CST/VAT & ET (if any) on & above the item price mentioned in (3) (Mention whether CST/ VAT and ET, the % of tax & it's value in Rs.)
(1)	(2)	(3)	(4)	(5)	6=3+4+5	7
			1 st year: 2 nd year: 3 rd year: Total			

Price of each item (s) quoted should be mentioned separately by creating separate rows for each item

- * The total cost of each item mentioned at (6) shall be taken into account for evaluation. This will exclude the CST/VAT & entry tax if any. CST/VAT & ET which will be chargeable on the price (3) shall be mentioned separately in column 7 above.
- ** The cost of turnkey shall only be quoted if any specific accessories/equipment is required for installation & commissioning. In case of turnkey, the details of accessories/equipment are to be mentioned.

Date :
Place :

Signature of the Bidder:

Name

Seal

1. Rates should be quoted both in figures & words for each item and if there is any discrepancy, the quoted rates in words will be taken for evaluation.
2. The tenderer has to mention the make / brand, specification, warranty of all the items in turn key.



ANNEXURES
(Warranty and CMC Undertaking)



WARRANTY / GUARANTEE /CMC UNDERTAKING
(to be submitted on Rs.50/- stamp paper)

Tender ref. No. _____

Name of the equipment:

Date of Installation:

Name of the Consignee:

Name of the purchaser:

I / we / M/s _____

hereby declare that

- i. I / we do Accept / Agree for the warranty / guarantee (2 years Warranty followed by 3 years CMC (Spares + Labour) as per this tender clause No. 11.1 to 11.6.
- ii. I / we will not charge / quote any extra price on account of the above said warranty / guarantee.
- iii. I / we do accept / agree to provide uptime guarantee 95% as per this tender clause No. 13.1.
- iv. The 2year comprehensive warranty is valid from dt. _____ to dt. _____.
- v. The 3 year CMC is valid from dt. _____ to dt. _____.

Date:

Place:

Signature of the competent authority

on behalf of the company / firm.

Seal of the firm.

N.B: 1. To be attested by Notary Public

2. Only to be submitted by the approved supplier / tenderer to the consignee and a copy to the purchaser before release of payment.



UNDERTAKING

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

Tender ref. No. _____

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 2 years followed by 3 years CMC) 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 365 days from the date of approval of the tender.
5. I / we have necessary infrastructure for the maintenance of the equipment and will provide all the accessories / spares as and when required.
6. I / we also declare that in case of change of Indian Agent or for any other change, merger, dissolution solvency etc. in the organization of our foreign principles, we would take care of the Guarantee / warranty / maintenance of the machinery / equipment and have provided written confirmation for the same.



7. I / we shall provide assistance to the consignee in clearance and delivery of store at consignee's stores / premises.
8. The demurrage / storage charges, if any, payable to the customs department, due to non-receipt of required documents in time by the hospital / delay due to incorrect entries, mistakes to the documents etc. shall be borne by me / us.
9. I / we have carefully read and understood all the terms and conditions of the tender and shall abide by them.
10. I / we undertake to get the equipment's repaired within 48 hours of receiving of the complaint from the indenting hospital / consignee failing which a penalty @ 1% of the cost may be recovered from the performance security before releasing the same to us after 5 years.

Signature of the witness
Name & address

Signature of the Tenderer
Name & address

Dated

Seal of the firm.

N.B: 1. To be attested by Notary Public

2. Only to be submitted by the approved supplier / tenderer to the consignee and a copy to the purchaser before release of payment.

