

Tender Document

For

Supply of OVE & VIA Equipments & Kit and Physiotherapy Equipment

Tender Document No: 870 / NCD Cell-19-20

Dated: 26-02-2020

Issued by:

**Office of the CDM & PHO,
Dist- Sundargarh, Pin-770001
Contact No- 06622-273650**



SCHEDULE OF TENDER

Tender No.	870 /CDM & PHO/ 2018-19 2019-20
Name of the tender issuer	CDM & PHO cum District Mission Director, Sundargarh
Scope of Work	Supply of OVE & VIA Equipments & Kit and Physiotherapy Equipment
Quantity to be supplied	The Quantity may vary as per requirement.
Delivery Location	CDM & PHO, Sundargarh
Cost /fee of Tender Documents	<ul style="list-style-type: none">• Tender document cost Rs. 2000/- shall be in the form of Demand Draft payable in favour of ZSS Non NRHM, Sundargarh, and payable at Sundargarh drawn from any nationalized bank.• Tender documents can be downloaded by tenderers from district website i.e. www.sundergarh.nic.in / obtained from Sub- Store, DHH, SNG.
Earnest Money Deposit (EMD)	<ul style="list-style-type: none">• Rs. 40000/- (Rupees Forty thousand Only)• Earnest Money Deposit shall be in the form of Demand Draft payable in favor of ZSS Non NRHM, Sundargarh, payable Sundargarh drawn from any nationalized bank.
Date of issue of tender document	26.02.2020
Pre-bid meeting	02.03.2020 at 11.30 A.M
Last Date for Submission of Bids	17.03.2020 at 5.00 P.M
Date of Opening of Technical & Financial Bids	18.03.2020 at 11.30 A.M
Name of the contact person for Communication	CDM & PHO cum District Mission Director
Address for Communication	Office of CDM & PHO, District Headquarter Hospital, Dist- Sundargarh, Pin-770001



ELIGIBILITY CRITERIA

1. List of items quoted with make or model having details technical specification offer by the bidder **Annexure- A**.
2. Deviation if statements regarding deviations from technical specifications -if any **Annexure-B**.
3. Details name, address, telephone number, Fax, e -mail of the manufacturer / authorized distributor / service center / contract person office in odisha.
4. Tender document fee of Rs.2, 000/- and EMD Rs.40, 000/- in shape of Demand Draft in favor of ZSS Non NRHM, Sundargarh, payable Sundargarh.
5. Furnish of security deposit in form of Bank Guarantee of 10% of purchase order value excluding taxes and other duties, which will be returned back after six month of supply.
6. Copy of PAN with GSTIN Registration certificate
7. Manufacturer's Authorization Format in **Annexure-C** (In case of the bidder is not the manufacturer) Importers are also required to produce the authorization from the manufacturer
8. Manufacturing license in case of the manufacturer.
9. Bidders are requested to furnish the drug License certificate and other license as required.
10. Income Tax Return of last three years.
11. Proof of Annual Turnover with Financial statement (Balance sheet & Profit & Loss a/c) each year wise of the last three financial years (2016-17,2017-18 & 2018-19) and should be certified by Chartered Accountant in **Annexure- D**. The ceiling limit of Annual Turnover is Rs. 50 lakh. or more in each year.
12. Proof of supply of 5 nos or more of the equipments to any Govt. organization / Corporate Hospitals / PSU Hospitals / UN Agencies and certificate in support of that from the user in last 3 years
13. Submission of samples (B.P Instruments, Autoclave, Examination Lamp, weighing scale (Adult), Height Measurement scale etc.) after ethically qualifying the technical bid. These items will be selected as per the sample verification.
14. For physiotherapy equipment the Supplier (s) shall provide guarantee 95% uptime during comprehensive warranty period, i.e., for 3 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
15. Copy of Valid ISO certificate of the manufacturer if any.
16. Copy of Valid ISI / CE / US FDA certificate if any.For weighing scale the bidder (if distributor) should have valid distributor and repair license from legal metrological deptt., Govt of Odisha.
17. Copy of Certification in support of IEC certificate
18. The original Tender Booklet with conditions and the schedules will be signed by the bidder at the bottom of each page with his official seal duly affixed.
19. Submission of Declaration format/ Agreement format Guarantee & Warranty CMC undertaking.
20. The order quantity of the items may be increased or decreased as per decision of the authority.
21. Price Bid will be submitted in the prescribe format as per annexure.
22. Certificate in support of service center in Odisha or undertaking to set up service center in odisha within one month from the date of installation.



BID SUBMISSION

This section outlines and the steps to be used for submission of bids:

The bid shall be submitted in three parts, the EMD, Technical Bid & the Price Bid.

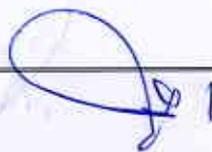
1) **Tender cost & Earnest money Deposit (EMD):** Bidder has to submit Tender cost Rs. 2000/- & EMD of Rs 40,000/- (Rupees Forty thousand only) in the form of Demand draft drawn from any nationalized Bank in favor of "ZSS Non NRHM, Sundargarh" payable at Sundargarh. The EMD should be sealed in one envelope marked as "Tender Cost & EMD".

2) The Technical bid sealed in another envelope marked as "**Technical Bid**" shall contain

- The bidder should fill-up the format given in **Annexure I and attached document**. No alteration / modification in the format shall be permitted.

(3) The **Price bid** shall be sealed in an envelope marked as "Price Bid" and shall contain the price bid as per **Annexure III** duly completed in all respects.

The three separate envelopes containing EMD, technical bid and price bid should be sealed in one envelope which should be superscribed as "**Tender for the supply OVE & VIA equipments & Kit and Physiotherapy equipment** and should be addressed as per tender schedule.



GENERAL TERMS AND CONDITIONS OF THE BID

Note: Bidders must read these conditions carefully and comply strictly while submitting their bids.

- 1) Bidder shall prepare the bid and submit it in a sealed envelope addressed to **Office of CDM & PHO, District Headquarter Hospital, Dist- Sundargarh, Pin-770001** and send it through Speed Post/Registered Post/ Courier only (no other means will be entertained). Each envelope should bear the name of bidder, along with the tender number. However the authorities shall not be responsible for postal and other delays in receipt of the bids.
- 2) Prospective Bidders are requested to remain updated for any notices /amendments, clarifications etc. to the Tender Document through the website **www. Sundergarh.nic.in / Notice board** of the office address mentioned at Sl.no.1. No separate notifications will be issued for such notices / amendments /clarifications etc. in the print media or individually.
- 3) The Bidders should note that Prices should not be indicated in the Technical bid and should be quoted only in the Price Bid. In case the prices are indicated in the Technical bid, the tender shall stand rejected.
- 4) EMD amount will be returned to unsuccessful bidders (authorized representative) on the day of opening of Price Bid and EMD of the successful bidder will be returned after the submission of Security Deposit.
- 5) The bids not submitted in prescribed format or in prescribed manner, shall be rejected by the Tender Committee at the risk and responsibility of the bidder.
- 6) All the information as called for in the tender document should be submitted truly, clearly, legibly, transparently, unambiguously and without using abbreviations. The total figures should be written in figures followed by words.
- 7) Each page of the tender document should be signed by the bidder with seal, in token of having understood and accepted the terms and conditions of the contract and serially numbered and page marked.
- 8) A bid submitted cannot be withdrawn. The bidder or his authorized representative with valid ID (one person only) will be allowed to be present at the time of opening of tenders.
- 9) The Tendering Authority reserves, the right to accept any bid, and to annul the bid process and reject entire bids process at any time prior to award of contract, without assigning any reasons.
- 10) "Price Bid" shall be opened only those bidder qualifying the technical bid. The decision of the Tender Committee will be final.
- 12) All the transit risks shall be the responsibility of the supplier.
- 13) Failure to render service as per the approved technical specification may lead to forfeiture of security money deposit and blacklisting of the suppliers.
- 14) All the disputes shall be subjected to the jurisdiction of civil Courts situated in Sundargarh.



15) Bids shall remain valid for a period of one year from the date of finalization of the Tender.

16) Any matter which has not been covered under these provisions shall be governed as per the provisions of Odisha State Government Rules.

17) Furnish of security deposit of 10% of purchase order value excluding taxes in the form of an account payee demand draft/ fixed deposit receipt from a commercial bank to "ZSS Non NRHM", Payable at Sundargarh within twenty (21) working days from received of purchase order which will be returned back after six month of supply.

18) The supply should be completed within 45 days from the date of receipt of Purchase Order.

19) The items will be delivered to the office of the consignee i.e. CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, SUNDARGARH

20) LIQUIDATED DAMAGE:-

- The C.D.M & P.H.O, Sundargarh may allow extension for a maximum period of 2 (two) weeks (14 days), after the stipulated date of supply (i.e. 45 days) with a penalty of 0.5% which will be deducted from the purchase order value as "Liquidated Damage", for each week (7 days) up to a maximum 2% on the value of the goods.
- If the supplier fails to complete the supply within the extended period, i.e. 60 days after being allowed by the C.D.M & PHO, no further purchase order will be placed to the firm for the said item and the concerned firm will be blacklisted for two (2) years from the date of issue of letter for the said item.

21) The goods should be supplied to the FOR destination and no charge for freight should be claimed.

PAYMENT CONDITION:-

22) If installation for those equipments required then after submission of installation report and stock entry certificate 90% of the purchase order value will be paid to the supplying firm and another 10% of the purchase order value will be paid after receipt of the performance certificate after six weeks from the date of installation.

23) For those items where installation not required, 100% payment will be done to the supplying firm after receipt of the stock entry certificate.

24) All payments will be made within 45 days of submission of invoice, based on completion of respective terms & conditions.

25) Applicable TDS will be deducted on payment.



List of Items with Technical Specifications

SL No	Name of the items
1-A	Sphygmomanometer- Aneroid Type
1-B	Sphygmomanometer- mercury Type
1-3	Sphygmomanometer- Digital Type
2	Autoclave
3	VIA Kit- (Visual Inspection With Acetic Acid Kit)
	I. Cotton Swap
	II. Distilled Water
	III. Acetic acid 5%
	IV. Led focusing torch
	V. Cusco's speculum
	VI. Class Slide
	VII. Hand Cloves
	VIII. Bag for Carrying above items
4	OVE Kit (Oral Visual Examination Kit)
	I. Angular Mirror
	II. Hand Gloves
	III. Led Focusing Torch
	IV. Wooden Specula
	V. Bag for Carrying above items
5	Cotton
6	Gauze
7	Examination Lamp
8	Weighing Scale (Adult)
9	Height Measuring Apparatus

Physiotherapy Equipments:-

1	Lumbar & Cervical Traction with Bed
2	TRACTION BED (MANUAL)
3	Interferential Current Therapy Unit (Combo)
4	Transcutaneous electrical nerve stimulation (TENS)
5	Muscle stimulator unit (FC/GC)
6	Therapeutic Ultrasound Unit(Dual Frequency)
7	Shock wave Therapy unit
8	Shockwave Applicator Hand Piece
9	Therapeutic Laser Unit (Physiotherapy)
10	Infra Red Therapy unit with stand
11	PhysioHydrocollator unit
12	Paraffin Wax Bath Unit
13	Short wave diathermy unit (500W) for Physiotherapy
14	Vacuum Therapy Unit



15	Knee and Hip Auto Passive mobilize
16	Shoulder, Elbow and Wrist auto passive mobiliser
17	Parallel Bar
18	Stair climbing training unit
19	Adult Trampoline
20	Tilt Table (Electrical)
21	Manual therapy Bed unit
22	Wage board
23	Adult Roller & Balance board (wobbles' Board)
24	Therapeutic Mat
25	Shoulder wheel, over head pulley, Shoulder ladder (set)
26	Foot Bath Unit
27	Quadriceps training unit including weight cuffs & dumbbells
28	Treatment wooden beds with Mattress
29	Hand rehabilitation Therapy unit
30	Thera bands /Elastic bands (Flat type)
31	Diagnostic equipments
	1. BP apparatus:
	2. X ray-reader/X-ray veiw Box: use for X-ray viewing
	3. Gonio-meter
	4. Hand grip & pinch Dynamometers
	5. Knee hammer
	6. Plumb unit
	7. Stadio meter
	8. Weighing scale
	9. Inch tape
	10. Skin fold measurement Calliper

N.B:- The quantity of requirement may vary as per the requirement during the rate contract period.

TECHNICAL SPECIFICATIONS of ITEMS

1- Sphygmomanometer

A- Sphygmomanometer- Aneroid Type

- a. Should be aneroid type.
- b. Should have ISI mark.
- c. Should have a measuring range from 0 to 300 mmHg.
- d. Should be provided with adult arm cuffs of size medium & large.
- e. The hand dial meter markings and graduations should be permanently visible and filled with pigments, with diameter of minimum diameter of 160 mm.
- f. Connection: brass, nickel plated for 3-4 mm rubber hose.
- g. Dial- Aluminum, Window lenses - Clear plastic.
- h. All plastic parts, If any, should not crack, flake, peel or disintegrate in normal use.
- i. The inflating rubber bag should be capable of withstanding an internal pressure of 450 mmHg without leaking.
- j. The inflating bulb should be soft and should not have any joints or in normal use ridges.
- k. The threading and fastening arrangement of the cuff should no sign of slip or failure when subjected to maximum test conditions.
- l. The rubber tubes used should have an internal diameter of $3 \pm 0.5\text{mm}$ and the external diameter should not be less than 8mm.
- m. The tubes should be fitted with male and female connectors.
- n. Should you provide a carry bag to keep the whole system safe and sound All parts should be replaceable in case of breakage.

B- Sphygmomanometer- Mercury Type

- Should be Portable mercurial type.
- Should have ISI mark.
- Should have ON and OFF provision for mercury reservoir.
- Should have a measuring range from 0 to 300 mmHg.
- Should be provided with adult arm cuffs of size medium & large.



- All plastic parts, if any, should not crack, flake, peel or disintegrate in normal use.
- The rubber tubes used should have an internal diameter of 3 +/- 0.5 mm and the external diameter should not be less than 8 mm.
- The tubes should be fitted with male and female luer connectors.

C- Sphygmomanometer - Digital Type

- Fully digital measuring enables users easy self measurement for frequent checking of blood pressure.
- Easy, one-touch operation.
- Body movement detection and hypertension indicator.
- Irregular heartbeat detection.
- Memory for last reading and simultaneous display of systolic, diastolic and pulse rate.
- Main unit, medium cuff (146 millimeter A-446 millimeter), Instruction manual, battery set.
- 5 years extended brand warranty from date of purchase. T & C: To claim warranty, Original Invoice is mandatory.

2. Autoclave

- Deactivates all Bacteria & Viruses.
- Used for Sterilization of Surgical Dressings & Instruments.
- Seamless Construction made of Aluminum.
- Available in various size both Electrical & Gas Fueled.
- Fitted with ISI (Statistical Quality Control and Operations Research)
- Marked Gasket (For Hygiene).
- ISI marked heating Element for a longer life.
- ISI marked 3 pin plug and element connector for extra safety.
- Element with a Magnesium Oxide Powder better result.
- ISI wire with cloth covering.
- Inner stainless stand tripod stand.
- Outer stainless steel tripod stand



3. VIA KIT (Visual Inspection with Acetic Acid Kit)

I. Cotton Swap	Sterile and 100 swabs per Pkt (zipped)
II. Distilled Water	1 lt. / Bottle
III. Acetic acid 5%	Glacial Acetic Acid 100ML/ Bottle
IV. Led focusing torch	LED Focusing torch Chrome/ Steel ribbed body (medium Size) with battery
V. Cusco's speculum	<ul style="list-style-type: none">➤ Vaginal speculum- Cusco Medium and Small➤ Stainless steel 410 grade
VI. Class Slide	1Packet of 100 slides
VII. Hand Cloves	<ul style="list-style-type: none">➤ Plastic Gloves (sterile)➤ Size: 6.5, 7 & 7.5 pkt of 100 gloves➤ Made from good grade plastic
VIII. Bag	Good quality bag for storing the above mentioned items

4. OVE KIT (Oral Visual Examination Kit)

I. Angular Mirror	2 pieces to provide indirect vision to retract lips, cheeks and tongue to reflect light into the mouth. Accurate image from flat surface mirror, image magnifying with concave mirrors. Size of 14mm-22mm of plane size, stainless steel, fog free with flat/ round ribbed handle. The mirror shall be made of fiber glass and the handle shall be made of stainless steel410/420 grade.
II. Hand Gloves	<ul style="list-style-type: none">➤ Plastic Gloves (sterile)➤ Size: 6.5, 7 & 7.5 pkt of 100 gloves➤ Made from good grade plastic
III. Led Focusing Torch	LED Focusing torch Chrome/ Steel ribbed body (medium Size) with battery
IV. Wooden Specula	Set of 100 mini Medline wood tongue depressors: 6 inches in length and flat, thin wooden blades smoothed and rounded at both end. Warranty not applicable
V. Bag	Good quality bag/ pouch for storing the above mentioned items

5. Cotton

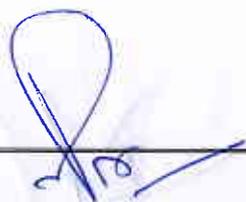
- 100 gms per packet

6. Cusco's speculum

- Vaginal speculum- Cusco Medium and Small
- Stainless steel 410 grade

7. Led Focusing Torch

- LED Focusing torch Chrome/ Steel ribbed body (medium Size) with battery



8. Gauze

- Gauze most commonly used by doctors, hospitals 7.5 cm X 10 mtr. Rolled sterilized.

9. Examination Lamp

Technical Characteristics

1.1. Technical Characteristics (specific to this type of device)

- 1) LED Light
- 2) Illumination (1x) should be LED
- 3) Minimum 25,00 lux at 0.5 meter
- 4) Height adjustment (mm) :<=440
- 5) R Radical and axial movement of the lamp.
- 6) CRI.90
- 7) Colour temperature minimum 4300k

1.2. User's interface: Manual

- 1) Software and /or standard of communication (where ever required): NA
- 2) Physical Characteristics
- 3) Dimensions (metric):NA
- 4) Weigh (lbs, Kg): NA
- 5) Configuration: NA
- 6) Noise in DBA: NA
- 7) Heat dissipation: heat dissipation: should maintain nominal temp and the heat should be disbursed through an cooling mechanism.

1.3. Mobility, Portability

- 1) Energy Source (Electricity)
- 2) Power requirements: Recharging unit Input Voltage- 220V-240V AC, 50Hz
- 3) Battery Operated: Yes
- 4) Tolerance 9 to variations, shutdowns) : NA
- 5) Protection: Should have over- charging Cut- off visual symbol.
- 6) Power consumption: NA

1.4. Accessories, Spare Parts, Consumables

Accessories (mandatory, standard, optional): spare parts (main ones);
Consumables/ reagents 9 open, closed system): NA

1.5. Environmental and departmental Considerations

Atmosphere / Ambiance (air Conditioning , humidity, dust...)

- 1) Operating Condition: Capable of operating continuously in ambient temperature of 10 to 40 degree C and relative humidity of 15 to 90% in ideal circumstances.
- 2) Storage codition: capable of being stored contiuously in ambient temperature of 0 to 50 deg c and relative humidity of 15 to 90%.

1.6. User' care, Cleaning Disinfection 7 Sterility issues:

- 1) Disinfection : Parts of the Device that are designed to come into contact with the patient or the operator should either be capable of easy disinfection or be protected by a single use/ disposable of easy disinfection or be protected by a single use / disposable cover.
- 2) Sterilization not required and standard 7 safety.

- 1.7. Certificates (pre-market, sanitary,...) Performance and safety standards (specific to the device type); Local and or international.
- 1) Should be USFDA./ CE/ BIS and ISO 13485 approved product.
 - 2) Electrical Safety conforms to the standards for electrical safety IEC 60601-1 general requirements (or equivalent BIS standard)
 - 3) Shall met internationally recognized for Electromagnetic Compatibility (EMC) and Electromagnetic interference (EMI) for electro medical equipment: IEC 60601-1-2
 - 4) Certified to be compliant with IEC 60601-2-4 for usability.
- 1.8. Local and or international: Manufacturer / supplier should have ISO certificate for quality standard.
- 1.9. Training and installation
- Pre- installation requirements: Nature , Values, quality, tolerance
- 1) Availability of 5 amp socket;
 - 2) Safety and operation check before handover
- 1.10. Requirements for sign- of: Certificate of calibration and inspection from the manufacturer.
- 1.11. Training or staff (Medical, Paramedical, Technicians)
- 1) Training of users on operation and basic maintenance;
 - 2) Advance maintenance tasks required shall be documented warranty and maintenance.
- 1.12. Warranty 3 years
- 1.13. Maintenance tasks:
- 1) Manitenance manual detailing;
 - 2) Complete manintenance schedule;
- 1.14. Service contract clauses, including prices: the spare loist of all spare and accessories (including minor) required for maintenance and repairs in future guarantee / warranty period should be attached.

10. Adult Weighing Scale

- Sturdy dial type mechanical platform weighing machine for adult and children.
- Zero adjustment facility should be there.
- Sensitivity: 500 gm
- Range of weighing : 0- 120 kg
- The manufacturer shall have the valid manufacturing license and should have model approval by legal metrological deptt. and the weighing scale must be stamped by the legal metrological deptt. in case of distributor, the bidder should have valid distributor and repair license from legal metrological deptt., Govt of Odisha.
- ISO 9001 certified manufacturer (certificate to be submitted) Warranty:1 year

11. Height Measuring Apparatus.

- Height Measuring Scale
- Floor model with mechanical weighing scale
- Measuring range: 20- 2015 cm
- Manufacture must be ISO certified

Note: Price will be compare for one kit, not item wise, so request you furnish accordingly.

TECHNICAL SPECIFICATION OF PHYSIOTHERAPY EQUIPMENT

1. Lumbar & Cervical Traction with Bed

1.1: Clinical Requirement: A cervical/lumbar traction device is used to help relieve pain associated with Cervical & Lumbar spine in case of Prolapsed inter vertebral disc, Listhesis of vertebra, Spinal nerve root Compression etc. and nerve root impingement. It also Spine and skeletal system, gently stretching the tight muscles and soft tissues of the spine area. By helping to open the space between the compressed vertebrae, a traction device assists in releasing the tension and pressure of the vertebrae structure.

1.2 Technical Specification:

- Microprocessor/ microcontroller based unit for treatment of cervical & lumbar regions of patient.
- It should be microprocessor controlled for smooth traction effect.
- The therapy time, HOLD and REST times should be easily programmable.
- Should be provided with Adjustable, single size PELVIC and THORACIC belts and the head halter fit for adult patient.
- The unit should have LED indicators for hold and rest time.
- Buzzer indicator for completion of treatment
- Separate selection for cervical and lumbar
- The unit should be sensitive to weight for accurate operation.
- Force – 4-90 Kg with doubler
- Cervical tension – 4, 6, 8, 10, 12, 14 (Kg)
- Lumbar tension – 18,21,24,27,30,33,40,45 (Kg)
- All the above increments are must be in steps.
- Mode: static and intermittent – cervical as well as lumbar.
- Hold time – 10-80 (Sec) adjustable in continuous mode.
- Rest time – 1-20 (Sec) adjustable in continuous mode
- Treatment time - 1 to 30 minutes –Adjustable.
- Patient control switch option should be there for safety.

1.3. Power Supply:

- The unit should work on 230volt & 50HZ supply
- The unit should have inbuilt over voltage protection.

1.4. Quality Standard:

- The model should be USFDA/CE/BIS certified
- The manufacturer should be ISO13485 certified
- The model should be compliance to electrical safety standards of IEC60601-1

1.5. TRACTION BED (MANUAL)

- Traction Bed – 3Fold sliding for horizontal cervical and lumbar traction
- Made of complete MS frame with wooden TOP
- Bed Dimensions: : 6' (L) x 2.5' (W) x 2.5' (H)
- Provided with appropriate dimension of mattress of 2inch thickness made of 40density PUF and cover with heat resistance rexin.
- Fully made on 30mm square tube with 18 gauge thickness.
- The lumbar section should roll freely on rollers for friction-free lumbar pull.
- The Cervical traction angle should controlled by vertical adjustment of the Machine mounting board.

1.6. Flexion stool: Adjustable Height range of 13"-20" which allows the therapist to place the lumbar spine into neutral or flexed position increasing patient comfort during traction treatments

The manufacturer should be ISO certified.

2. Interferential Current Therapy Unit (Combo)

2.1: Clinical Requirement: is an effective therapy option used for relieve of pain and accelerate the self-healing process, getting your body back to a healthy, pain Free State. The high frequency signals of an IFC penetrate through the skin into deeper lying muscle tissues. It also improves circulation to muscles and reduces inflammation, stimulate muscles to contract.

2.2: Technical Specification:

- Digital four channel with LED display interferential therapy device.
- Rotating Multi vector scale facility
- Pre-programmed memory with treatment applications
- Carrier frequency 2000 Hz and 4000 Hz
- Base frequency 0-150 Hz (1Hz step) Continuously adjustable
- Sweep frequency 0-150 Hz (1Hz step), Continuously adjustable
- Sweep modulation: 1/1 sec, 1/5/1/5 sec, 6/6/ sec.
- Therapy modes – two pole linear, four pole linear, four poles trapezoidal and four poles non-linear, four pole vector ,Russian current and tens mode, faradic and galvanic ,plane galvanic ,Plane DC mode.
- Output current 0 -100 mA
- Timer 0-60min
- Indication for improper placement of electrodes for channel 1 and channel 2 separately.
- With attached trolley

2.3: Power Supply:

- The unit should work on 230volt & 50HZ supply
- The unit should have inbuilt over voltage protection.

2.4: Quality Standard:

- The model should be USFDA/CE(Notified)
- The manufacturer should be ISO13485 certified

- The model should be compliance to electrical safety standards of IEC60601-1

3. Transcutaneous electrical nerve stimulation (TENS)

3.1: Clinical Requirement: Used for Pain Relief and Treatment. TENS stands for (Transcutaneous Electrical Nerve Stimulation). Which are predominately used for nerve related pain conditions (acute and chronic conditions), muscle spasm. TENS machines works by sending stimulating pulses across the surface of the skin and along the nerves to close pain gates to reduce pain & spasm.

3.2: Technical Specification:

- A micro controller based multi programmable transcutaneous electric nerve stimulator
- The unit should be a table top model.
- The unit should have dual Independent Channels
- The unit should have Adjustable Timer ranging from 0-90sec
- Adjustable Frequency and Pulse Duration parameters
- Therapy mode: Continuous, burst, linear, trapezoidal ,triangular and non- linear
- Tens Frequency: 2 Hz to 150 Hz Adjustable
- Pulse Amplitude:0-80 mA
- Pulse width 50 msec – 300 msec, variable
- Therapy mode: Continuous, burst, linear, trapezoidal and no- linear
- Parameter selection: Manual and programmed.
- Treatment timer: Digital timer
- Output display: Display for CH1 & CH2.
- With attached trolley

3.3: Power Supply:

- The unit should work on 230volt & 50HZ supply
- The unit should have inbuilt over voltage protection.

3.4: Quality Standard:

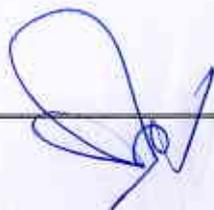
- The model should be USFDA/CE/BIS certified
- The manufacturer should be ISO13485 certified
- The model should be compliance to electrical safety standards of IEC60601-1

4. Muscle stimulator unit (FC/GC)

4.1: Clinical Requirement: An electric muscle stimulator (often referred to as an EMS machine or unit) is an electronic device used to deliver electrical impulses to the body, in order to make the muscles contract and use in case of treatment of paresis and paralyse muscles. It also use as a primary diagnostic tool to know the innervated & de-nervated state of muscle.

4.2: Technical Specification:

- The device should produce Faradic and Galvanic types of current with variable Pulse width
- Should have provision for Galvanic & Faradic Curve
- The unit should have LCD display for therapy type and time along with all user settings infaces.



- Facility to plot SD Curve and Ionotophoresis
- Pulse duration, rest period, timer, intensity control Buzzer
- The unit should have treatment modes: Galvanic, Int.Galvanic, Faradic, & Surged Faradic,

4.3: Galvanic Mode:

- Therapeutic time adjustable from 30 – 300 mSec in (1 mSec step)
- Diagnostic time adjustable from -0.1, 0.3, 1, 3, 10, 30, 100, 300 mSec
- Frequency : 18 PPM to 3000 PPM
- Repetition Time : 300 mS to 1 mS

4.4: Faradic Frequency - 100 PPM

- Contraction time: 1 Sec to 9 Sec.
- Relaxation time: 1 Sec to 9 Sec.
- Digital display for diagnostic model
- Patient safety should be available with no output while intensity is high by switching on the machine.

4.5: Accessories:

- Velcro strap of 2" wide and 3 meter long
- Standard accessories: different electrodes small and large sizes and shapes (two of each size), active electrode of small and large size (two of each size) Both Carbon & steel electrode, 2 different size pen electrode.
- With attached trolley

4.6: Power Supply:

- The unit should work on 230 volt & 50HZ supply
- The unit should have inbuilt over voltage protection.

4.7: Quality Standard:

- The model should be USFDA/ CE (Notified)
- The manufacturer should be ISO13485 certified
- The model should be compliance to electrical safety standards of IEC60601-1

5. Therapeutic Ultrasound Unit (Dual Frequency)

5.1: Clinical purpose: For treatment of painful conditions involving the musculoskeletal and neuromuscular structures, reduce inflammation of muscles, tendons, repair muscle, tendon, ligaments etc. It is also very use full for sports injury management, diabetic & leprosy foot ulcer healing etc.

5.2: Technical Specification:

- It should be double frequency ultrasound machine.
- Modes of operation should be in continuous and pulsed
- It should have at least in 4 different settings for Pulse ratio.
- Maximum output 2.5-3 watts/Sq.cm.
- Output frequency 1 MHz and 3MHz
- Treatment time should be adjustable from 0-30 minutes
- Automatic alarm should be their on completion of the treatment.

- Digital LCD display to indicate the output in w/cm^2 and other required services.
- All settings should be provided using touch panel.
- Both the transducer should be high quality water and impact resistant.
- The beam type :Divergent/Collimated
- Transducer: The Effective radiating area should be of 0.5 to 0.8mm for 1MHz and 0.4 to 0.6mm for 3MHz.
- The Beam Non uniformity Ratio (BNR) for both the transducer should be 4-6.
- With attached trolley

5.3: Power Supply:

- The unit should work on 230volt & 50HZ supply
- The unit should have inbuilt over voltage protection.

5.4: Quality Standard:

- The model should be USFDA/ CE(Notified)
- The manufacturer should be ISO13485 certified
- The model should be compliance to electrical safety standards of IEC60601-1

6. Shock wave Therapy unit:

6.1: Clinical Use: shock wave therapy primarily used in musculoskeletal disorders for the treatment of tendon pathies (proximal plantar fasciopathy, lateral elbow tendinopathy, calcific tendinopathy of the shoulder, and patellar tendinopathy, etc.) and bone defects (delayed- and non-union of bone fractures, avascular necrosis of femoral head, etc.)

6.1: Technical Specification:

It should be a table top model:

6.2: Console:

- The unit should be a ballistic radial shockwave therapy-system with electromagnetic generator as projectile accelerator
- User interface with facility for adjustment of parameter
- The unit should have LCD display for display of parameter during the therapy.
- The unit should have inbuilt preset programme of at least 7nos with minimum of
- The Unit should have facility for Adjustment of the parameters during the course of the therapy.
- The unit should provide non-invasive treatment for pain associated with musculoskeletal system
- Energy levels from 60 to 185 mJ (equivalent 1-5 bar)
- The energy should be adjustable in steps of 10 mJ
- Pulse frequencies from 1 to 20 Hz
- Burst mode for Trigger Point Treatment
- Positive shockwave counter
- The unit should not produce any negative shock.
- The unit should indicate the preset treatment protocols in the programme menu.

6.3: Shockwave Applicator Hand Piece

- The hand piece should be light in weight and ergonomic in design for user friendly operation.
- The hand piece should be made of anodized aluminium casing.
- It should have inbuilt fan for cooling.
- Minimum length of the hand piece should be 23-25 cm and a 5-6cm diameter (max.)
- Weight ca. 0.85 -0.90 kg (with cable)
- The Life of the shock generation should be minimum of 2,000,000 shocks

6.4: ACCESSORIES:

1. Hand-piece, complete with a 15 mm applicator
2. Holder for hand-piece
3. 25 mm a applicator
4. Silicon covers, 10 pcs
5. Endopuls lotion, bottle 250 ml
6. Foot switch
7. Carrier case
8. With attached trolley

6.5: Power Supply:

- The unit should work on 230volt & 50HZ supply
- The unit should have inbuilt over voltage protection.

6.7: Quality Standard:

- The model should be USFDA/CE(Notified)
- The manufacturer should be ISO13485 certified
- The model should be compliance to electrical safety standards of IEC60601-1

7. Therapeutic Laser Unit (Physiotherapy)

Clinical Use: Laser Therapy Equipments use for treatment of the pain, trigger point, wound healing, Soft Tissue Injury Treatment etc effectively.

7.1: Technical Specification:

- Table top model consists of laser console, delivery system with accessories.
- Operating Frequency range 2Hz - 20kHz
- The unit should have facility to show the power in joules once the therapy time is set and Vis-a – vis.
- Timing range between 0-99 Minutes
- The unit should provide with two probes as single point and cluster type along with scanner.
Probe -1:
 - Power output range: 100mW at 905nmProbe-2:
 - Power output of 10mW at 640nmScanner:
 - Should have inbuilt predefined programme for easy/ default operation
 - The unit should have LCD display for parameter set & delivered etc

- Should have inbuilt memory for patient database.
- The unit should have two separate channel for connecting two probes for simultaneous operation.
- The unit should be operated in continuous and pulse modes of operation.
- Laser Dosage: 0.1-100 J/cm²
- Therapy area 0.1-100 cm²
- Laser class 3B

7.2: ACCESSORIES:

- 1) Hand-piece
- 2) Foot switch
- 3) Carrier case
- 4) With attached trolley

7.3: Power Supply:

- The unit should work on 230volt & 50HZ supply
- The unit should have inbuilt over voltage protection.

7.4: Quality Standard:

- The model should be USFDA /CE (Notified) approved.
- The manufacturer should be ISO13485 certified
- The model should be compliance to electrical safety standards of IEC60601-1

8. Infra Red Therapy unit with stand

8.1: Clinical Use: An infrared lamp is the means to give superficial thermotherapy. Superficial thermotherapy is effective in pain and stiffness relieving, fasciitis in number of cases like back pain, cervical pain, frozen shoulder. It also use in facilitating healing of chronic ulcers.

8.2: Technical Specification:

- Out put Power: 150 Watt
- Cord length: 3meter.
- Insulation: Class II (double isolation)
- Type of lamps: PAR 38 E, 150 W + prismatic rings for more focus.
- Make of lamp: Philips / Osram

8.3: Power Supply:

- The unit should work on 230volt & 50HZ supply
- The unit should have inbuilt over voltage protection.

8.4: Quality Standard:

- The model should be USFDA /CE(Notified)/BIS approved .
- The manufacturer should be ISO13485 certified

- The model should be compliance to electrical safety standards of IEC60601-1, Complies to IEC 60335

9. PhysioHydrocollator unit

9.1: Clinical Use: A moist heat modality use as a superficial to medium penetration thermotherapy modality. Clinically use for chronic pain management & joint stiffness cases.

9.2: Technical Specification:

- Water tank made up of Stain less steel inner & outer Cabin (20-25 Gauge thickness)
- High grade thermally insulated
- Static/Movable base
- Top lid of stainless still, thermally insulated with Fibre handle.
- Dimensions: : L (33 cm) x W (42cm) x H(69cm)
- Tank thickness: 20-22 Gauge
- Tank capacity: Should be such so as to accommodate 8 Packs
- Temperature range: 50-90 degrees Celsius
- Thermostatic temperature control (50 - 90 degree C) - Auto cut-off
- Thermal cut-out temperature
- Temperature accuracy: +/- 10%
- Heat-up time to 90 degree Celsius: in 8 hrs.
- Cool-down time from 90 degrees Celsius: 3 hrs.

9.3: Power supply

- Mains power: 220-230 V, 50/60 Hz
- Power consumption: 1000-1500 W

9.4: Quality Standard:

- The model should be CE/BIS approved.
- The manufacturer should be ISO13485 certified
- Safety tests: Conforms to IEC 60601-1

Accessories must include:

- Hydrocollator Moist Heat Hot Pac : Standard Size-2, Over size-2,Cervical Standard size-2, Hydrocollator Knee or Shoulder Hot Pac-2
- Cotton Terry towel (Adult size): 8 Nos. to be supplied.

10.Paraffin Wax Bath Unit:

10.1: Clinical use: Paraffin wax treatments are used for the Symptomatic relief of pain and stiffness due to Arthritis, Bursitis, and Tendonitis, Muscle strains or Sports-Injuries. It is basically use as a superficially thermotherapy modality in physiotherapy.

10.2: Technical Specification:

- Double walled Construction with adequate insulation made of SS body.
- Wax tank made of 18-20 gauge Stainless steel & anodized Aluminium cover Mounted on 5cm dia. Four casters.

- Capacity – 25 Kg (Min.) to hold 20 Kg Wax
- Heater - 2000 watts
- Thermostatic temperature control (30 - 90 degree C) - Auto cut-off
- Thermostat - 30 to 110o C
- Perforated steel plate to cover heating element for safety of patient
- The scope of supply includes 20 Kg of Wax.

10.3: Power Supply:

- The unit should work on 230volt & 50HZ supply
- The unit should have inbuilt over voltage protection.

10.4: Quality Standard:

- The model should be CE/BIS approved.
- The manufacturer should be ISO13485 certified

11. Short wave diathermy unit (500W) for Physiotherapy

11.1: Clinical Use: It is a deep heating thermotherapy modality used for pain relief, joint stiffness reduction in number of cases like post fracture rehabilitation, Back & neck pain, Frozen Shoulder, Arthritis etc.

11.2: Technical Specification:

- High power medical diathermy transmitting oscillator valve and solid state rectifier
- RF power source Vacuum generating valve
- Power output: 500 watts
- Operation Frequency: 27.12 MHz
- Wave length: 10 to 12 meters
- Automatic timer, (timer 0 – 30min)
- Intensity control: 5 step smooth control with gradual increase
- The unit should have digital display.
- Cooling fan should be provided
- Two sets of cable and treatment Pads for Adult and Paediatric should be provided. (Pad Type Electrode)
- Disc electrode of two different sizes to be provided.

11.3: Power Supply:

- The unit should work on 230volt & 50HZ supply
- The unit should have inbuilt over voltage protection.

11.4: Quality Standard:

- The model should be CE/BIS approved.
- The manufacturer should be ISO13485 certified

12. Vacuum Therapy Unit

12.1: Clinical Use:

- Decrease or relieve pain and inflammation from injury or chronic conditions.
- Relieve deep muscular issues and reduces muscle spasms.
- Release and soften scar tissue and loosen post-surgery adhesions.
- Lift and stretch soft tissue to separate fascia and restrictions.
- Increase range of movement and flexibility in joints.
- Promote healthy circulation and open the energy flow of the body.
- Move stagnation and enable normal lymphatic flow.
- Enhance any athletic training program to improve performance.

12.2: Technical Specification:

- It should be a table top model of dual channel.
- The unit should generate continuous and pulsed outputs with variable pulse speed
- The vacuum pressure should be adjustable as per requirement.
- Vacuum: 100 – 500 mbar continuously adjustable
- Therapy forms: continuous or pulsed
- Pulsed vacuum: 2 – 6 secs. Adjustable
- No. of vacuum electrodes: Four of 60-70mm
- The unit should have digital display.
- All required accessories should be provided with the unit for smooth functioning. Glass or plastic cups and a vacuum pistol, bulb or machine to create suction on the body surface.
- With attached trolley

12.3: Power Supply:

- The unit should work on 230volt & 50HZ supply
- The unit should have inbuilt over voltage protection.

12.4: Quality Standard:

- The model should be USFDA /CE(notified) approved.
- The manufacturer should be ISO13485 certified

13. Knee and Hip Auto Passive mobilise

13.1: Clinical Use: The mobiliser used during the first phase of rehabilitation following a soft tissue surgical procedure or trauma, Post fracture management of Femur, Tibia-Fibula, Knee & hip replacement etc. . This rehabilitation procedure follow-up for control post-operative pain reduces inflammation, provide passive motion in a specific plane of movement, and protect the healing repair or tissue.

13.2: Technical Specification:



- The device should provide anatomical motion of the knee & hip for the adult and paediatric patient.
- Gear mechanism for continuous operation.
- Can be used for both left and right portion of the patient.
- Must be well cushioned for comfortable feel.
- Should have adjustable flexion angle up to 120 degree
- Provided with patients safety switch.
- Treatment timer : 0 to 60 min
- Features for Up & Down control limit button to control reverse direction movement
- Flexion delay : 5,10,15 sec
- Extension Delay : 5,10,15 sec

13.4: Power Supply:

- The unit should work on 230volt & 50HZ supply
- The unit should have inbuilt over voltage protection.

13.5: Quality Standard:

- The model should be USFDA /CE approved.
- The manufacturer should be ISO13485 certified
- The model should be compliance to electrical safety standards of IEC60601-1

14. Shoulder, Elbow and Wrist auto passive mobiliser

14.1: Clinical Use: The mobiliser used during the first phase of rehabilitation following a soft tissue surgical procedure or trauma, Post fracture management of Humerus, Radius-Ulna, frozen shoulder etc. This rehabilitation procedure follow-up for control post-operative pain reduces inflammation, provide passive motion in a specific plane of movement, and protect the healing repair or tissue.

14.2: Technical Specification:

- The device should provide anatomical motion of the shoulder (Flexion-extension, Abduction-Adduction (vertical & Horizontal plane), Circumduction & Elbow (Flexion-extension), wrist combination of ulnar deviation, flexion (range - 0-80 deg) and Dorsiflexion plus radial deviation (range : 0-80 deg for the adult and paediatric patient).
- Gear mechanism for continuous operation.
- Can be used for both left and right portion of the patient.
- Must be well cushioned for comfortable feel.
- Should have adjustable for range of motion
- Provided with patients safety switch.
- Treatment timer : 0 to 60 min
- Features for Up & Down control limit button to control reverse direction movement
- Range of motion delay (For each movement pattern) : 5,10,15,30,45 sec
- Range of motion delay (For each movement pattern: 5,10,15,30,45 sec

14.4: Power Supply:

- The unit should work on 230volt & 50HZ supply
- The unit should have inbuilt over voltage protection.

14.5: Quality Standard:

- The model should be USFDA /CE approved.
- The manufacturer should be ISO13485 certified
- The model should be compliance to electrical safety standards of IEC60601-1

15. Parallel Bar

15.1: Clinical Use: It use for horizontal surface gait training, Coordination training of lower limb in various neurological conditions like paralysis, GBS, Parkinson etc.

15.2: Technical Specification

- The parallel bar should be a height adjustable; plat form based one which should be very simple for easy accommodation of multiple patients of age group.
- The handrails should be in single piece, circular in design stainless steel ribbed pipe of minimum diameter 1 1/2".
- Both the end of the handrails should be fitted with bumpers.
- The Uprights should be made of heavy gauge square 1 1/2" steel tubes.
- All parts should be powder coated except the handrail. The handrail should single piece stainless steel pipe
- The uprights are to be fitted on a 1 1/2" thick hard plywood base water and termite resistance. Both end of this platform should be curved slope for obstruction free. The platform should be stain finish. Both the end of the plat form should have two anti-slip threads for none skidding.
- Safety treads at both ends of platform should be provided for safety of the patient when take turn.
- Models make it safer for patient to turn

15.3: Minimum dimension of the structure:

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

16. Stair climbing training unit

16.1: Clinical Use: It use for vertical gait training, Coordination training of lower limb in various neurological conditions like paralysis, GBS, Parkinson etc.



16.2: Technical Specification

- The stair case shall be a Small Up and Down type with 6step UP and 4 step down.
- The patient can ascend and descend without turning.
- The stairs are to be 10" of minimum depth.
- The total length of the stair case should be fitted with two full width rails
- It should bear a load capacity under normal for all category of patient.
- Can be easily sifted to any space.
- Dimension:
 - For down four steps: 10"L x 30" W x 6" H
 - For UP four steps : 10"L x 30" W x 4" H
 - The base platform: 24"Lx 30"W x 24" H
- Complete unit shall be made of good quality Poly Wood of water and termite resistance
- The supplier should be ISO certified.

17. Adult Trampoline

17.1: Clinical use: Use for coordination training of Parkinson, tabes dorsalis and vestibular rehabilitation.

17.2: Technical Specification:

- Compact round trampoline, shape- round.
- Dimensions: diameter of the mat minimum 350cm
- The mat made of polypropylene.
- The perimeter should be padding to cover the springs and protect jumpers from a fall or finger pinching. The padding should be made of
- Anti-UV treatment on the safety pad, bed and net for optimal outdoor use
- Minimum lateral installation clearance
- Minimum 40mm galvanised steel frame.
- Maximum user weight 200kg
- Height of the mat above ground minimum 1feet
- 5-6 legs U shaped legs.
- 65-70 springs

17.3: Quality specification

- The product should be CE approved.
- The manufacturer should be ISO certified.

18. Tilt Table (Electrical)

18.1: Clinical use:

- Tilt Table is primarily use to transitionally bring a patient into a progressively upright standing position. They are used with bedridden, wheelchair bound patients or with people who are unable to support their own weight due to neurological impairment or injury.

18.2: Technical specification:

- It should function like an electric operated table with vertical to horizontal tilt is achieved with an easy-to-turn.
- Crank is angled to provide leverage for maximum lifting efficiency.
- The table should have three positioning (0-90 degree) straps for security on raising the patient.
- Should have minimum 28" wide surface with an extra-wide footboard (20"W x 18"D),
- Minimum 2"-thick high-density (40) foam/Moulded foam padding.
- Made of heavy-duty steel frame with vinyl upholstery.
- Surface area: 28"W x 78" L x 33"H (approx.). approximate
- The table should be operate on 230Volt, 50Hz AC electricity supply

Standard Quality

- The manufacturer should be ISO 13485 certified
- The model should be CE/BIS approved.

19. Manual therapy Bed unit

19.1: Clinical Use: Use for examination bed, Manual therapy bed for providing mobilisation, stretching, passive movement etc.

19.2: Technical Specification:

- A 3 section, variable height plinth.
- With breathing slot at head end
- This plinth is built for sustained heavy use.
- Length : 74" Approx
- Width : 28 " (Approx.)
- Height Adjustment : 21 inches to 37 inches approx
- Head rest up and down Gas Spring
- Couch up and down Motorised
- The frame and the base shall be made of MS with powder coating.

20. Wage board:

20.1: Clinical use:

- For gross-motor activities as rolling tumbling, walking up or downhill or just lying down to read or study. Excellent for positioning severely disabled children.

20.2: Technical specification:

- Size : 10" X 24" X 26" & 12" X 24" X 26"
- Made up of plywood of 19mm Thickness.
- It should be covered with a polyvinyl coating cover.
- Should not collect sweat, odour or dirt and should be easily wiped & cleaned with a damp cloth.
- Should have non sticky & non skidding surface.
- Should provide cover bag for safe keeping & handling.

- The manufacture should be ISO certified.

21. Adult Roller & Balance board (wobbles' Board)

21.1: Clinical use

- It should be useful for adult & paediatric.
- It should be used for rocking from side to side, spinning around and balancing where a patient can stand or sit.

21.2: Technical Specification:

- The board made up off 19mm thick ply wood.
- The board should be provided with anti skid profile and four integrated handlebars.
- It should be covered with a polyvinyl coating cover.
- Should not collect sweat, odour or dirt and should be easily wiped & cleaned with a damp cloth.
- Dimension:
 - Adult roller: length – 30", Radius -8" approx.
 - Balance board: approximate 4' (L) x 2'(W) across and approximately 7 inches height.
- The manufacturer should be ISO certified.

22. Therapeutic Mat:

22.1: Clinical use:

- Used for various mat exercises like stretching, active exercises to geriatric patients, paralysis and other neurologically impaired patients.

22.2: Technical Specification

- Made of good quality foam of minimum density of 40kg/cm³
- The thickness of the mattress should be 4"
- Dimension: 6.5ft (L) and 3 ft(W)
- It should be covered with a polyvinyl coating cover.
- Should not collect sweat, odour or dirt and should be easily wiped & cleaned with a damp cloth.
- Should have non sticky & non skidding surface.
- Should provide cover bag for safe keeping & handling.
- The manufacturer should be ISO certified.

23. Shoulder wheel, over head pulley, Shoulder ladder (set)

23.1: Clinical use:

- Used for improving mobility & strength of shoulder girdle & rotator cuff muscles in case of frozen shoulder, paresis & paralysis cases.

Technical Specification:

A. Shoulder Wheel:

- It should be a wall mounted one.
 - The wheel for use of adult and paediatric
 - The motion arc can be adjustable from 10 to 38 inches by adjusting the handle.
 - The wheel shall be mounted on a two chrome plated height adjustable (8" to 26") rails.
- 

- The resistance can be varied by turning the resistance knob.
- The manufacturer should be ISO certified

B. Over Head Pulley:

- Heavy duty, medical grade, shoulders pulley exerciser for physical therapy use.
- Over the door metal bracket allows easy one hand setup.
- Units with a door strap require two hands, which is difficult with an injured shoulder.
- Easily adjustable cord length for any height and for use in both seating and standing position.
- The overhead pulley should have the provision of wall mounting.

C. Shoulder Ladder:

- Wood Finger/Shoulder Ladder
- 32 vertical finger steps
- Solid wood with heavy topcoats
- Pre-drilled mounting holes
- The manufacturer should be ISO certified.

24. Foot Bath Unit

24.1: Clinical Use: Use for diabetic foot .leprosy foot for debridement of dead skins and softening the skins in case of neuropathy.

24.2: Technical specification:

- Foot bath tub of size-L-12 X B-14 x D-6 1/2
- With top lid to cover when not in use.
- 3 function vibration massage bubble massage water tempering
- Attached infrared light spots
- Attached massage naps
- Removable splash protection
- Non Slip rubber feet
- Cord length -6 meter with auto winder
- Power : 220 Volt, 50 Amp & 60-100W

25. Quadriceps training unit including weight cuffs & dumbbells:

25.1: Clinical Use:

- Use for strengthening of lower limb and abdominal muscles in cases of paresis, paralysis, post surgical rehabilitation etc.

25.2: Product Eligibility Criteria:

- Should be CE /ISI approved product.
- Manufacturer should be ISO 9001 certified for quality standards.
- Manufacturer should have ISO 18001 certification for Occupational Health & Safety Assessment Series (OHSAS)

25.3: Technical Specifications:

- 2 folded top.
- Should be made up of rectangular CRC frame with epoxy powder coating.
- Should have facility of arm rest with height adjustment.
- Should have 2 inch cushion top-seat with high quality rexin cover.

- Should have back rest adjustment with angle range of 5 to 90 degree with locking facility.
- The torque unit should have two lever arms with one adjustable weight and other one providing fixed contact with patient.
- Should have facility of changing the angle between two arms for providing maximum resistance at any point in the range.
- Should have height adjustment facility for torque unit with locking facility.
- Load range should be with maximum 100kg.
- Weight cuffs (6 Nos.) : ½ Kg - 3 Kg (1 each)
- Dumbbell (6 nos.) : ½ Kg - 5 Kg (1 each)

26. Treatment wooden beds with Mattress

Technical Specification:

- Foam rubber padded top,
- Size 72" x 24",
- upholstered with rexine & had adjustable back rest of 18" length which can be adjusted in height for desired position
- Two drawers is provided underneath the top.
- Top is mounted on sturdily built well polished hardwood legs & frames. Total height 31"
- 2 step wooden stairs should be provided with the bed.

27. Hand rehabilitation Therapy unit

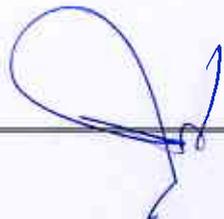
27.1: Clinical use : Used for exercise of fingers, intrinsic muscles, wrist flexor & extensor etc. In cases of paresis & paralysis of upper extremity.

27.2: Technical specification:

- Hard-wood table with laminated top, size 25" x 35" x 30" high.
- Fitted with 6 pulleys in a steel frame. Leather loops and nylon cord passing through the pulleys with adjustable hanging weight underneath for Fingers Hand, Wrist and Forearm exercises.
- Especially for Metacarpo-phalangeal & Inter-phalangeal joints.
- Provided with Supinator/Pronator and Wrist-Circum-duction wheel for Wrist exercises.
- Comes with Five sets of weights, each set consists of 5 weights of One each of 100, 200, 300, 400 and 500 grms.
- Attached hand gym kit board on table top. Which have following features
 - Laminated exercise board with storage drawer,
 - Have several holes to fix Pegs and Springs.
 - Comes with One finger Disc, One Roller, Three Spring loaded Knobs, 3 Aluminium pegs and 3 Sets of Springs of different tensions.
 - The unit permits active flexion and extension exercises of the finger and grip.
- Therapy Putty: FIVE packs of 450gm each in five different resistances.
- Medicine Ball Set: FIVE balls, 1, 2, 3, 4 & 5kg.

28. Thera bands /Elastic bands (Flat type) :

28.1: Clinical use: Stretch-It a resistive treatment & exercise system with unlimited options.



28.1.2: Technical specification:

- With each roll of 15cm wide x 5 meter long bands. Full Set of Five rolls come in following FIVE resistances for adult use.

(a) Light: Yellow.

(b) Medium-Light: Red.

(c) Medium-Heavy: Green.

(d) Heavy: Blue.

(e) Extra-Heavy: Black.

28.2: Grip Exerciser: Use for strengthening of hand grip.

- Chrome plated finished, metallic grip exerciser is fitted on a 75mm wide laminated base.
- Suitable for patients with very weak / infirm hand.
- Gives heavy resistance with Six detachable springs.
- The upper bar is calibrated in centimeters and is provided with a needle to mark & record the daily progress.

30. Diagnostic equipments

30. 1. BP apparatus:

- Technique: Aneroid
- Shock proof
- Latex free, Light weight ; easy to carry
- Range of BP monitoring : upto 300mm Hg with a accuracy of +3Hg
- The housing of the meter should be made of good quality thermoplastic/ corrosion proof aluminium alloy.
- The insufflations bulb should be made of good quality material and should allow rapid insufflations.
- The pressure release valve should permit precise release of pressure and also allow fast deflation.
- Micro filter must provide to protect air release valve and measuring system.
- Spoon-shaped grip made of stainless steel.
- The device should be shock resistant
- Should be supplied with a good quality carrying case
- Should be supplied with following reusable cuffs: Child, and Adult.
- The cuff should be latex free. The cuff surface should be easily cleanable by wash.
- The equipment should have comprehensive warranty for 3 years. The calibration should be for 3 years free.
- The instruments should be CE marked (certificate to be submitted in technical bid)
- Manufacturer should be ISO 13485 approved

30.2. X ray-reader/X-ray view Box: use for X-ray viewing.

- Single plate X-ray viewing screen
 - LED lamps controlled by dimming ballasts
- 

- Control luminance without flicker
- Uniform level of illumination across the entire front panel
- Sealed flush with the inside face of the operating theatre wall
- Spring loaded clips to secure the X-ray
- Minimum lamp hour: 30000hr
- Colour temperature should be of minimum: 4500K

30.3. Gonio-meter: Use for measurement of joint range of motion.

- 3 different size Goniometer to accurately measure the axis and range of motion in a particular joint.
- Manufactured from clear toughened plastic for unrivalled durability.
- 12 Inch Goniometer featuring three different scales. 360 degrees. Metric and Imperial.
- Calibrated with the ISOM System.
- Manufacturer should be ISO certified.

30.4. Hand grip & pinch Dynamometers: Use for hand grip test and muscle strength measurement.

- Maximum reading remains until the unit is reset
- Five position handle and body
- Strength reading can be viewed as pounds or kilograms
- CE Certified
- Supplied in a protective carrying case
- The manufacturer should be ISO certified.

30.5 Knee hammer:

- Used to test joint reflexes or bone fractures in the joints
- The Taylor hammer features a 7.5 inch chrome handle
- Has a colored triangular rubber head
- The manufacturer should be ISO13485 approved

30.6 Plumb unit: Metallic plum with nylon thread

30.7 Stadio meter:

- The measuring rod can be dismantled into several pieces and can be set easily.
- The scale must be printed along the side of the measuring rod.
- Measuring range (Both in cm & inch) : 20-205 cm and 8 - 81". Graduation of measuring rod: 1mm / 8inch.
- The structure should be made of ABS plastic.
- The product should be CE certified (certificate to be submitted in technical bid)
- The manufacturer should be ISO certified
- Warranty : 1 Year

30.8 Weighing scale:

- Sturdy dial type mechanical platform weighing machine for adult and children.
- Zero adjustment facility should be there.
- Resolution : 50 gm
- Range of weighing: 0-120kg
- The manufacturer shall have the valid manufacturing license and should have model approval by the legal metrological Deptt. and the weighing scale must be stamped by the by legal metrological Deptt. In case of distributor, the bidder should have valid distributor and repair license from legal metrological Dept., Govt. of Odisha.
- ISO 9001 certified manufacturer (certificate to be submitted). Warranty: 1 Year

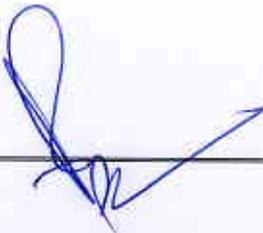
30.9 Inch tape:

- Spring controlled.
- The measuring tape should be
- The measuring tape made of woven fabric.
- It should be cleanable .Measurment range - 5 foot
- The tape should have both inche and centimeter scale.
- The calibration certificate should be provided.

30.10 Skin fold measurement Calliper: Use to measure skin fold thickness for body fat analysis.

Technical specification:

- Measurement Range: 0 to 70mm
- Material: ABS
- 1 Body Fat Calliper
- Measure Tape
- Measurement Chart



(To be submitted in Cover A- Technical Bid)

DECLARATION FORM

I / we _____ having my / our
_____ office at-_____
_____ do declare that I / we have carefully
read all the terms & conditions of tender of the _____, 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-recognized/ black list 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 Deposits 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 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.

ANNEXURE-C

To be submitted in Cover A -Technical Bid)

Annexure -B

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)
MANUFACTURER'S AUTHORISATION FORMAT

To

The Chief District Medical &
Public Health Officer, Sundargarh,
Odisha.

Ref: Tender No. _____ Dated _____ for _____.

Dear Sir,

We, _____ are the manufacturers of _____
_____ (name of item(s) and have the manufacturing factory at _____
_____.

1. Messrs _____ (name and address of the agent) is our authorized distributor for sale and service of _____ (name of item(s))
2. We confirm that no supplier or firm or individual other than Messrs _____ (name of the above distributor) is authorized to submit a tender and enter into a contract with you for the above goods manufactured by us.
3. We also extend our full warranty i.e 3 years comprehensive warranty as required by the purchaser.
4. We undertake that we have adequate infrastructure and spare part support to carry out the warranty services and do accept to provide uptime guarantee of 95% as per this tender.

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 – D

(To be furnished in the letter head of the Auditor/ Chartered Account)

ANNUAL TURN OVER STATEMENT

The Annual Turnover for the last three financial years of M/s _____ who is a Manufacturer /Distributor/Importer (Pl. tick whichever is applicable) are given below and certified that the statement is true and correct.

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

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

Date:

Place:

Signature of Auditor/
Chartered Accountant
(Name in Capital)

Seal

Membership No.-

Registration No. of

FirmNote:

- To be issued in the letter head of the Auditor/Chartered Accountant mentioning the Membership no.
- Separate certificates should be furnished for different manufacturer/importer in case the bidder (authorized distributor) is quoting products of different manufacturers/importers. The authorized distributor has also to furnish his turnover statement in the above format.



The above is a true and correct copy of the original document as shown to me by the person who presented it for my signature. I have read the same and find it correct and true.

 [Signature]

(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	Copy of manufacturing license of Manufacturer	
Name of the issuing authority		
License valid upto		

Signature of the Tenderer:

Date:

Official Seal:





CHECK LIST

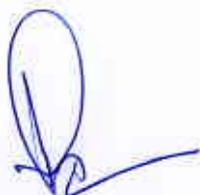
(To be Submitted in Cover A Technical Bid)

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

Please put tick mark in the respective box

COVER-A (TECHNICAL BID)		DOCUMENTS : SUBMITTED OR NOT		
		Page No	Yes	No
1	List of Item (s) - Annexure II			
2	Details of Manufacturing Unit / Contract person Liasining agent / serviceing centre (Annexure-III)			
3	Declaration from (annexure-IV) signed by the Tenderer & adffidvit befor Notary public / Executive Magistrate			
4	Manufacturer's Authorization format (Annexure- V)			
5	Proof of avg. Annual turnover of Rs. 1 crore / More with audit repot for preceeding 3 financial years (Annexure- VI)			
6	Deviation / No Deviation Statement (Item wise) & Details of techincal specification (Annexure- VIIA & B) leaflets/ Techincal Brochures of the products offerd (Item wise)			
7	Copy of Manufacturing License / import license			
8	Copy of Valid ISO Certificate			
9	Attested Photocopy of Up- to date CE/ US/ FDA/ BIS Certificate (Item wise) (as per techical specification)			
10	Atested Photocopy of Up- to - date IEC Certificate (Item wise) (As per techincal specification)			
11	Photocopy of PAN			
12	Photocopy of GST Registration Certificate			
13	Copy of original Tender and scheules, duly signed by the Tenderer			

Signature of the Tenderer



10
11
12

13

Annexure- B

To be submitted in Cover B - Price Bid
PRICE BREAK UP OF UNIT PRICE OF ONE SET OF VIA /OVE KIT FIXTURE AS MENTIONED IN THE TECHNICAL BID

Sl No.	Name of the Item	Manufacturer	Make / Model	Cost (Rs) excluding GST,excisebduty charges and other taxes	GST (%)	GST amount (Rs.)	Cost (Rs.) including GST



Signature of the Bidder
Name
Seal

10/10

10/10