

**e-tender ID No. 2019_UTDNH_3940_1 Purchase of Physiotherapy Equipments
for Shri Vinoba Bhave Civil Hospital, Silvassa for the Year 2019.**

On Line Tender Notice No. 117 of 2018-19.

Administration of
Dadra & Nagar Haveli, U.T.,
Office of the Directorate,
Medical and Public Health Services,
“Tel.No.0260-2642940, 2642961”
email ID : svbch.sil@gmail.com

No. DMHS/BME/2018-19/PhyisoEqpts/653/1824

Silvassa.

Date: 05/03/2019

e-Tender Notice

The Director of Medical and Health Services, Dadra & Nagar Haveli, Silvassa on behalf of President of India, invites online tender on <https://dnhtenders.gov.in/nicgep/app> from the Manufactures/ Authorized Dealers/ Suppliers for Purchase of Physiotherapy Equipments for use in Shri Vinoba Bhave Civil Hospital, Silvassa.

Sr. No.	Particulars	Estimated Cost	(E.M.D.) Earnest Money Deposit	Tender Fees (Non-Refundable)	e-Tender ID No.
1.	Purchase of Physiotherapy Equipments for SVBCH, Silvassa.	₹.8.00 Lacs	₹.20,000/-	₹.1,000/-	2019_UTDNH_3940_1

Bid document downloading Start Date : **09.03.2019.**
Bid document downloading End Date : **30.03.2019, 12:00 Hrs.**
Last Date & Time for receipt of Bid : **30.03.2019, 14.00 Hrs.**
Preliminary Stage Bid Opening Date : **30.03.2019, 15.00 Hrs.**
Technical Stage Bid Opening Date : **30.03.2019, 15.30 Hrs.**

Bidders have to submit Technical Bid and Price Bid in Electronic format only on <https://dnhtenders.gov.in/nicgep/app> website till the last date and time for submission. Technical Bid and Price Bid in Physical format shall not be accepted in any case.

Bid submission should be done along with tender Fees and EMD in original by R.P.A.D./Speed Post or to be deposited in the tender box kept in the office of the undersigned. However, Tender Inviting Authority shall not be responsible for any postal delay. Tenders can be downloaded from www.dnhtenders.gov.in, www.dnh.nic.in and www.vbch.dnh.nic.in

***e-tender ID No. 2019_UTDNH_3940_1 Purchase of Physiotherapy Equipments
for Shri Vinoba Bhave Civil Hospital, Silvassa for the Year 2019.***

1. The EMD and Tender Fees should not be forwarded by cash.
2. The Tender Fees will be accepted only in form of DD/ A/c payee Cheque of any Nationalized or Scheduled Bank of India payable in Silvassa.
3. The EMD will be accepted in form of FDR / A/c Payee Demand Draft / Bankers Cheque or Bank Guarantee from any Commercial Banks in an acceptable form payable at silvassa in favor Medical Superintendent, SVBCH, Silvassa.

The tender inviting authority reserves the right to accept or reject any or all the tender to be received without assigning any reasons thereof. In case bidder needs any clarification on the process of bidding for participating in online tender for further details, correspondence can be made on E-mail: [cphp-nic\[at\]nic\[dot\]in](mailto:cphp-nic[at]nic[dot]in), Mobile No: +91-7878007972 and +91-7878007973, Tel No. 1800 3070 2232 Website: www.dnhtenders.gov.in.

Sd/-

Director

Medical & Public Health Services
"Tel.No.0260-2642940, 2642961"
email ID : svbch.sil@gmail.com

Copy to :-

- 1) P/A to Secretary (Health), Dadra & Nagar Haveli, Silvassa for information.
- 2) All Heads of Office, Dadra & Nagar Haveli, Silvassa for information & n.a.
- 3) CPO, Dadra & Nagar Haveli, Silvassa for wide publicity in Newspaper.
- 4) I.T. Department, D&NH, Silvassa with a request to publish in Website.
- 5) Accounts Section, DMHS, Silvassa for information.
- 6) P&T Department, DMHS, Silvassa for information.

***e-tender ID No. 2019_UTDNH_3940_1 Purchase of Physiotherapy Equipments
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U.T. ADMINISTRATION OF DADRA & NAGAR HAVELI,
OFFICE OF THE DIRECTORATE,
MEDICAL AND HEALTH SERVICES, SILVASSA.

**Terms and Conditions for the “Purchase of Physiotherapy Equipments
for Shri Vinoba Bhave Civil Hospital, Silvassa & PHC’s of D&NH.”**

• **Instructions to Bidders :**

- 1) All Tender Documents can be downloaded free from the website <https://dnhtenders.gov.in/nicgep/app>
- 2) All bids should be submitted online on the website <https://dnhtenders.gov.in/nicgep/app>
- 3) The user can get a copy of instructions to online participation from the website <https://dnhtenders.gov.in/nicgep/app>
- 4) The suppliers should register on the website through the “New Supplier” link provided at the home page, the registration on the site should not be taken as registration or empanelment or any other form of registration with the tendering authority.
- 5) The application for training and issue of digital signature certificates should be made at least 72 hours in advance to the due date and time of tender submission.
- 6) For all queries regarding tender specifications and any other clauses included in the tender document should be addressed to personnel in tendering office address provided below:

**The Director of Medical & Health Services,
Shri Vinoba Bhave Civil Hospital Campus,
U.T. of Dadra & Nagar Haveli, Silvassa - 396 230.
Tel: 0260-2642940, 2640615, 2630102, Fax: 0260-2642961.**

- 7) All documents scanned/attached should be legible / readable. A hard copy of the same may be send which the department will be use if required. Uploading the required documents in <https://dnhtenders.gov.in/nicgep/app> is essential.
- 8) The Bidder has to give compliance for each quoted product for any false /misleading statement in compliance found any time during the procurement process, the bid shall be outrightly rejected & EMD shall be forfeited.

Keydates:

Bid document downloading Start Date	:	09.03.2019.
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for Shri Vinoba Bhave Civil Hospital, Silvassa for the Year 2019.***

The Tenders shall be submitted in two-bid system, wherein the Technical bid and Commercial Bid is to be filled online on <https://dnhtenders.gov.in/nicgep/app> and the EMD and Tender Fee has to be submitted in Tender Box along with a covering letter. The envelope should be super scribing as **“e-Tender - Sealed Cover of Bid for Purchase of Physiotherapy Equipments for Shri Vinoba Bhave Civil Hospital, Silvassa”**. The EMD and Tender Fees should be enclosed with BID only.

Tender Fees (Non Refundable) ` .1,000/- :

- a. The Tender Fees should not be forwarded by cash.
- b. The Tender Fees (Non Refundable) will be accepted only in form of DD/A/c payee Cheque in favor of **The Director of Medical and Health Services, Silvassa** from any Nationalized or Scheduled Bank of India payable in Silvassa.
- c. All tenders must be accompanied by Tender fees as specified in schedule otherwise tender will be rejected.

Earnest Money Deposit ` .20,000/- :

- a. All tenders must be accompanied by EMD as specified in schedule otherwise tender will be rejected.
- b. The manufacturing units who are placed in Silvassa are exempted for Earnest Money Deposit. For getting exemption, tenderers have to furnish valid and certified documents along with the tender, otherwise tender will be rejected.
- c. Any firm desires to consider exemption from payment of Earnest Money Deposit, valid and certified copies of its Registration with D.G.S. & D. should be attached to their tenders.
- d. EMD can be paid in either of the form of following:
 - i. A/c Payee Demand Draft
 - ii. Fixed Deposit Receipts
 - iii. Bank Guarantee

In favor of **The Director of Medical and Health Services, Silvassa** from any Nationalized or Scheduled Bank authorized by RBI to undertake Government Business.

- e. EMD should be valid upto **12 (Twelve Months)** from the date of its issuance.
- f. EMD in any other forms will not be accepted.

***e-tender ID No. 2019_UTDNH_3940_1 Purchase of Physiotherapy Equipments
for Shri Vinoba Bhave Civil Hospital, Silvassa for the Year 2019.***

- g. EMD/Security Deposit shall be liable to be forfeited in following circumstances:
 - i. Tender is rejected due to failure of supply the requisite documents in proper format or giving any misleading statement or submission of false affidavit or fabricated documents.
 - ii. In case, the contractor does not execute the supply order placed with him within stipulated time, the EMD of the contractor will be forfeited to the Government and the contract for the supply shall terminated with no further liabilities on either party to the contract.
 - iii. Tenderer fails to replace the goods declared to be not of standard quality or not conforming to acceptable standards or found to be decayed/spoilt.
- h. The amount of Earnest Money paid by the tenderer(s) whose tenders are not accepted will be refunded to them by cheque or Demand Draft (as may be convenient to the Tender Inviting Officer if the amount is above ` .200/-) drawn on any Nationalized or Scheduled Bank payable at Silvassa. Where this mode of payment is not possible the amount will be refunded at the cost of the tenderer.
- i. Only on satisfactory completion of the supply order for and on payment of all bills of the contractor, as to be admitted for payment, the amount of Security Deposit/Earnest Money will be refunded after expiry of guarantee/warranty period, if any, or any such date/period as may be mutually agreed upon.
- j. In case of failure to supply the store, materials etc. ordered for, as per conditions and within the stipulated time, the name articles will be obtained from the tenderer who offered next higher rates or from any other sources, as may be decided by the tender inviting Officer and the loss to the Government on account of such purchases(s) shall be recovered from the former contractor Security Deposit/Earnest Money or bills payable. The contractor shall have no right to dispute with such procedure.
- k. The Earnest Money(s) paid by the tender(s) earlier against any tender(s) or supply order(s) is not adjustable with Earnest Money required by these conditions.

Security Deposit: (SD)

- a. The successful tenderer will have to pay within 10 days from the date of demand, an amount equal to 10% of the total value of articles, which may be ordered, as the amount of security deposit.
- b. Non receipt of Security Deposit within stipulated time will result in automatic cancellation of the order for supply without any intimation.
- c. However in case if any articles are received for which the Security Deposit may not have been deposited, the full Security Deposit as may be due from the contractor will be recovered from the bill(s) for such articles.

***e-tender ID No. 2019_UTDNH_3940_1 Purchase of Physiotherapy Equipments
for Shri Vinoba Bhave Civil Hospital, Silvassa for the Year 2019.***

- d. The Security Deposit(s) paid by the tender(s) earlier against any tender(s) or supply order(s) is not adjustable with Security Deposit required by these conditions.
- e. In case of failure to replace the accepted and rejected articles from the supplies made, as mentioned in the conditions the loss undergone by the Government will be recovered from the contractor Security Deposit or payment due of any bill(s) to the extent required.
- f. The tender inviting officer will consider extension of time for remitting the Security Deposit as demanded. However, in case of denial to consider such extension the contractor is bound to abide by the limit given and liable to make good for the loss made to the Government on account of his failure to abide by the time limit.

- **Conditions of Contract :**

- 1. **ACCEPTANCE OF TENDER:**

- a. The tender is liable for rejection due to any of the reasons mentioned below:
 - i. Non-Submission of tender within stipulated time online
 - ii. Submission of tender physically in the Office but not submitted online on <https://dnhtenders.gov.in/nicgep/app>
 - iii. Tender is unsigned or not initialed on each page or with unauthenticated corrections.
 - iv. Non-payment of Earnest Money Deposit (if not exempted)
 - v. Non-Submission of required documents as mentioned in schedule
 - vi. Conditional/vague offers
 - vii. Unsatisfactory past performance of the tenderer.
 - viii. Items with major changes/deviations in specifications/ standard/ grade/ packing/ quality offered
 - ix. Offering an accessory optional even though required to operate the instrument
 - x. Submission of misleading/contradictory/false statement or information and fabricated/ invalid documents.
 - xi. Tenders not filled up properly.
- b. Any discount which the bidder wants to give has to be considered and total final bid amount has to be mentioned clearly in the price bid form on <https://dnhtenders.gov.in/nicgep/app>
- c. Discount offered after price bid opening will not be considered.
- d. The consolidated rates entered in the online website will be taken in to account for preparing price statements. However the tender which is found technically acceptable as well as lowest in terms of evaluated rates only be considered for placing the order.
- e. The Director of Medical and Health Services/ Medical Superintendent (SVBCH), may seek any clarifications/ explanation/ documentary evidence related to offer at any stage from tenderers if required.

***e-tender ID No. 2019_UTDNH_3940_1 Purchase of Physiotherapy Equipments
for Shri Vinoba Bhave Civil Hospital, Silvassa for the Year 2019.***

- f. The rate should be quoted in the prescribed form given by the department; **the rate should be valid upto One Year from the date of tenderization.**
- g. All Taxes/ Duties/ Royalties Charges payable on the sales/transport etc. within and/or outside the state shall be payable by the supplier.
- h. The decision of the Tender Inviting Officer for acceptance/rejection of any articles supplied including the decision for equivalent specifications, standard and quality etc. of articles shall be final.
- i. The right to accept or reject without assigning any reasons or all tenders in part or whole is reserved with the Tender Inviting Officer and his decision(s) on all matters relating to acceptance or rejection of the tenders as a whole or in part will be final and binding to all.
- j. No separate agreement will be required to be signed by the successful tender(s) for the purpose of this contract for supply. Rates tendered/offered in response to the concerned Tender Notice shall be considered as acceptance of all above terms and conditions for supply for all legal purpose.
- k. The rate(s) quoted should be strictly for free delivery at FOR Shri Vinoba Bhave Civil Hospital and will be valid and operative for supply orders issued within one year from the date of invitation of tenders.
- l. The department shall not take any responsibility of unloading the goods; the successful bidder has to make arrangements for unloading at the site.
- m. Bidder / its sister concerns / companies where its Promoters / Directors either directly or indirectly are involved, should not have ever been blacklisted in tender / supplies by any state/Central Govt . Bidder should submit affidavit in this regard. The bidder should provide accurate information of litigation or arbitration resulting from contracts completed or under execution by him over the last ten years. False affidavit would lead to blacklisting and termination of the contract at any stage. In such cases all the losses that will arise out of this issue will be recovered from the Tenderer / Contractor and he will not have any defence for the same. In case of bidder / principal is involved / penalized under any investigation of CVC or any State/Central Govt. Commission in relation to the similar work project issue; the bid will be out rightly rejected.

2. TERMS OF WORK EXECUTION :

- a. Extension of time limit of work order shall be considered by the Tender Inviting Officer. The extension so granted may be without levy of compensation for delay in execution of work the cost of work order for at the discretion of the authority competent to grant extension of time limit provided such request is made well in time, depending upon the circumstances and such decision in the matter will be final.

***e-tender ID No. 2019_UTDNH_3940_1 Purchase of Physiotherapy Equipments
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- b. Inspection will be carried out in the premises of Shri VBCH. If goods to be inspected in factory premises all expenditure to be borne by the Tenderer.

3. Bid Evaluation Methodology :

A. **Preliminary Evaluation:** Tender Fee and EMD Submission.

B. **Technical Evaluation:**

- Scrutiny of technical specifications and other relevant documents as asked by the department with the quoted specification.
- Scrutiny of Compliance Statement given by the bidder.
- Sample Verification (If required).
(If Sample is asked by the Department, it won't be refundable)

C. **Financial Evaluation:** Lowest quoted offered by Technically Qualified Bidders.

4. PAYMENT TERMS :

- a. 100% of the invoice amount will be paid only after completion of work successfully and submission of Security deposit i.e. 10% of the tender value.
- b. Price escalation clause will not be entertained under any circumstances.
- c. All bills should be in **TRIPLICATE** and should invariably mention the number and date of work order.
- d. All bills for amount above ` .5,000/- should be pre-receipted on a Revenue Stamp of proper value. Bills for amount exceeding ` .5,000/- not pre-receipted on Revenue Stamp of proper value will not be accepted for payment.
- e. Each bill in which Service Tax is charged must contain the following certificates on the body of the bill: **“CERTIFIED”** that the service on which Service Tax has been charged have not been exempted under the Central Service Tax Act or the Rules made there under and the amount charged on account of Service Tax on these service is not more than what is payable under the provisions of relevant Act or Rules made there under”.
- f. No extra charge for transportation, forwarding and insurance etc. will be paid on the rates quoted.
- g. The rates should be quoted only for the work specified in the list of requirement.

Signature of Agency
With Rubber Stamp

Sd/-
Director
Medical & Public Health Services
“Tel.No.0260-2642940, 2642961”
email ID : svbch.sil@gmail.com

ANNEXURE - A

UNDERTAKING :

From:

M/s

.....

.....

To,
The Director,
Medical & Public Health Services/
Medical Superintendent (SVBCH),
Shri VBCH Campus, Dadra & Nagar Haveli,
Silvassa - 396 230.

Sub: Supply of Physiotherapy Equipments for SVBCH.....

Ref: Tender Enq #.....

Sir,

I/We enclose the necessary documents duly signed, as shown in Annexure 'B' (in order in which they are mentioned). I/We have carefully read and understood the terms and conditions stated in the tenders from and I/We shall abide by all these conditions. I/We further endorse that in particular, the terms and conditions of Delivery Period, Payment Terms, Place of Delivery etc are acceptable to me/us and no representation will be made by me/us afterwards for altering the same.

I/We verify the copies of the certificates/documents enclosed herewith are authentic true copies of the original certificates/documents for verification on demand. I/We undertake to upload the attested copies of certificates/documents required on the website.

***e-tender ID No. 2019_UTDNH_3940_1 Purchase of Physiotherapy Equipments
for Shri Vinoba Bhave Civil Hospital, Silvassa for the Year 2019.***

I/We will be cautious to see that the uploaded scan documents are legible and I/We understand that if the documents are not legible, my/our tender will be rejected.

I/We verify that I/We are in possession of the requisite licenses/permits required for the manufacture /supply /sale /distribution of the items and further verify that the said licenses/permits have not been revoked/ cancelled by the issuing authorities and are valid as on date. I/We also verify that I/We have not been declared defaulter, blacklisted or debarred by any State or Central Government or Constitutional authority or Financial Institution or Judicial Court or any Government undertakings.

I/We also take cognizance of the fact that providing misleading or questionable information or failure to furnish correct or true information to you or any other Officer or failure to comply with any contractual requirement laid down by you will be considered as a serious breach of the terms and conditions of the tender and will invite disqualification and other penal action as deemed fit by the UT Administration.

Thanking You,

Yours faithfully,

Sign & Stamp of Tenderer.

ANNEXURE - B

SCHEDULE OF DOCUMENTS ATTACHED

Sr. No.	Document / Certificate	Uploaded & Enclosed
A.	General Documents :	
01.	PAN No.	Yes / No
02.	GST Registration.	Yes / No
03.	ISO & CE Certificate.	Yes / No
04.	Partnership Deed / Memorandum / Registration of Firm, etc.	Yes / No
05.	Turnover Certificate of Chartered Accountants for last Two Years.	Yes / No
06.	Verification, Undertaking, Checklist and Documents as per Annexure - A.	Yes / No
07.	Scan copy of Terms and Conditions of the tender documents duly Stamped and Signed on each page.	Yes / No
08.	Scan copy of Scope of Work correctly filled with Stamped and Signed on each page.	Yes / No
09.	Fresh Affidavit Notorised on Stamp Paper for this Tender - As per clause mentioned at Conditions of Contract - Acceptance of Tender at point - (M)	Yes / No
10.	Letter of Authority.	Yes / No
11.	Original Product Literature of each quoted product.	Yes / No
12.	List of Installations / Users / Customers with Phone Numbers.	Yes / No
13.	Compliance Statement as per format on Annexure - C.	Yes / No
14.	Scan copy of Annexure - B of the Tender Documents duly Stamped and Signed.	Yes / No

It is verified that all the certificates/permissions/documents are valid and current as on date and have not been withdrawn/cancelled by the issuing authority. It is further verified that the represents at Sr.No. A-6, A-9 & A-13 declaration part are as per the format prescribed by the Administration and it is clearly and distinctly understood by me/us that the tender is liable to be rejected if on scrutiny and of these certificates is found to be not as per the prescribed format of Administration.

I/We further undertake to produce on demand the original certificate/ permission/ document for verification at any stage during the processing of the tender.

Date:

Place:

Sign & Stamp of tenderer.

ANNEXURE - C

Item Name: _____

Model Quoted: _____

Make: _____

Sr. No.	Specification asked in tender	Specification offered in quoted model	Remarks of deviation

The format should be used separately for each quoted item.

Date:

Place:

Sign & Stamp of tenderer

**e-tender ID No. 2019_UTDNH_3940_1 Purchase of Physiotherapy Equipments
for Shri Vinoba Bhave Civil Hospital, Silvassa for the Year 2019.**

AMC / CMC Details:

1. The Warranty/Guarantee for one year and free service clause to be clearly mentioned by the Manufacturer on their letter head. If the Authorized dealer is going to carry out the service then they have to furnish the authority letter given by the manufacturer to sale/service the specified product in this Territory.
2. Rates for *AMC / CMC Maintenance Contract of Physiotherapy Equipments* for Seven Year should be mentioned separately in the Financial Bid. It should be clearly mentioned whether AMC / CMC will be done through company itself or its service franchise/dealers. In that case Manufacturing Company must give authority letter to such franchise/dealers on their letter head clearly mentioning free service period and AMC / CMC for period of Seven Years.

Type of AMC / CMC	AMC Rate (excluding taxes)	CMC Rate (excluding taxes)	Executed by (manufacturers/authorized service dealers) Name and address to be specified here
1 st Year (after one year warranty)			
2 nd Year			
3 rd Year			
4 th Year			
5 th Year			
6 th Year			
7 th Year			

Note:

1. Quoted AMC / CMC price not more than 10% cost of the system, otherwise offer will be outrightly rejected. The rates of AMC / CMC price should be quoted in Indian Rupees only.
2. The Rates quoted should be excluding taxes. Taxes shall be applicable extra as prevalent in the respective Year.
3. The AMC/CMC rates should be mentioned on Manufacturer's letter head or Authorized Service dealer letter head accompanying the dealership letter, else outrightly rejected.

SCOPE OF WORK:

Schedule of Requirements, Specifications and Allied Technical Details:

**Purchase of Physiotherapy Equipments for
Shri Vinoba Bhave Civil Hospital, Silvassa.**

Please fill the details as mentioned below and attach the Scan copy of the same. Format is as under:

Sr. No.	Particulars	Unit/ Rate	Qty. Reqd.	Offered Make / Model	Compliance Yes/No
1.	<p><u>Elliptical Cross Trainer :</u></p> <ul style="list-style-type: none"> • Stride Length : 20” Stride. • Flywheel : Heavy duty Flywheel. • Handle bars: Custom Moulded Handgrips on moving arms. Pulse grips on stationary arms. • Pedals: Cushioned , Articulating Footpad. • Display : 2 windows <ul style="list-style-type: none"> a) 8*20 Green and Red LCD Display b) 20 Character Window • Readouts : Time, Distance, Calories, Weight, Speed, RPM, Level, Laps, Heart Rate, Age, Heart Rate % Graph and Track. • Programs : 6 Pre set Programs. • One Touch Programs : All 10 Programs One Touch. • Heart Rate Programs: 2 Heart Rate Programs. • Custom Programs : 2 user defined programs. • Resistance levels : 20 levels of resistance. • Fan/ Speakers : Cooling Fan. • Max weight bearing capacity : 300 pounds or 136 kgs. • Dimensions : 80 * 25* 65 inches (L*W*H). • Max weight : 250 pounds or 113 kgs 	1 Nos.	01		
2.	<p><u>Intermittent Pneumatic Compression Therapy Device :</u></p> <ul style="list-style-type: none"> • The System should provide complete solution to meet all Intermittent Pneumatic Compression requirements. • One pump should deliver uniform & or sequential, Gradient and Circumferential Compression therapy options at the press of a button. 	1 Nos.	01		

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Sr. No.	Particulars	Unit/ Rate	Qty. Reqd.	Offered Make / Model	Compliance Yes/No
	<ul style="list-style-type: none"> • The system cycle for leg sleeves compression is 12-14 second and foot cuff is 6 second. Decompression time is 48-52 second for leg sleeves and 24 second for foot sleeves. • The system should be compatible to 3 cuff/sleeves styles like knee length, thigh length and foot garment. • The system should have auto sleeve recognition feature to automatically identify the type of sleeve connected and adjusts the compression therapy cycle accordingly. • When knee and or thigh sequential garment is attached, system should deliver gradient sequential compression the pressures for leg sleeves at 45 mmHg for ankle chamber, 35 mmHg for mid chamber and 25 mmHg for thigh chamber. Chambers inflate sequentially from the ankle upward, then deflate through two outlets at the top and bottom of the garment. • When foot garment is attached, system should deliver single pulse uniform foot compression at 130 mmHg. • When single chamber knee and or thigh length garment is attached, system should deliver single pulse uniform compression at 40 mmHg. • The system should show real time pressure delivered in the sleeves. • The system should have Patient Hours Meter which on selection should show the total therapy time in hours. • While in use, in case if one garment is accidentally get disconnected from pump, then after two inflation cycles, system should give visual alarm indication of display and after 10 inflation cycles, should give audio alarm indication also. • The system should have LCD display of 8.3cm (width) x 5cm (Length) • Sleeve's construction should be lightweight mesh outer fabric helps prevent buildup of heat, to keep the 				

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	<p>patient's skin cool and dry. Cushioning interior fibers aid patient comfort. Soft and breathable inner fabric transfers heat and moisture away from the skin through small micro vents.</p> <ul style="list-style-type: none"> • Sleeves material should be certified at an accredited independent laboratory to assess heat, air and water vapor characteristics following internationally recognized test standards for 76.1% for Water Vapor Permeability WVP Index BS7209:1990 (1997), 5.6 score for Ret Water Vapor Resistance EN31092, 0.76 score for Thermal Resistance (TOG) BS4745. • Sleeves material should be certified at an accredited independent laboratory to assess heat, air and water vapor characteristics following internationally recognized test standards for 76.1% for Water Vapor Permeability WVP Index BS7209:1990 (1997), 5.6 score for Ret Water Vapor Resistance EN31092, 0.76 score for Thermal Resistance (TOG) BS4745. • For Calf and thigh length sleeves, for minimum 12 second in one minute, the sleeves' bottom air chamber should able to hold pressure of 45 mmHg, middle air chamber should able to hold pressure of 35 mmHg and top air chamber should able to hold pressure of 25 mmHg. • For foot sleeve, for minimum 6 second in 30 second, the air chamber should able to hold pressure of 130 mmHg. • The pump should incorporate an internal battery pack, which is a secondary power source to back up the pump in the event of failure or disconnection accidentally or deliberately from the mains power supply. • The system on detection of a fault condition, the pump should have a visual warning followed by an audible and visual alarm if the fault is not cleared. The system should have got ergonomic Integral Carry Handle and swing out bed hooks for mounting system to bed with built in power cord storage. 				

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Sr. No.	Particulars	Unit/ Rate	Qty. Reqd.	Offered Make / Model	Compliance Yes/No
	<ul style="list-style-type: none"> • System will have one year warranty against manufacturing defect. • The system power requirement is 100-240 VAC, 50 VA, 50/60 Hz. • Dimension of system should be 335 (L) x 210 (W) x 130 mm (D) • The System weight should be 3.9Kg. • European or American CE certified. • USFDA approved. Product and sleeve brand name must feature on USFDA website. • System should be supplied with: <ul style="list-style-type: none"> ➤ Sequential calf sleeves up to 43cm circumference. ➤ Sequential calf sleeves up to 58cm circumference. ➤ Sequential thigh sleeves up to 71cm thigh circumference. ➤ Sequential thigh sleeves up to 89cm thigh circumference. ➤ Uniform compression foot sleeves of size uk men/women up to size 7. ➤ Uniform compression foot sleeves of size UK Men/Women up to size 7 ½ and above. 				
3.	<p><u>Wireless Professional Machine :</u></p> <ul style="list-style-type: none"> • Number of Channels: 4 independent and individually adjustable channels. • Number of preset, unique programs : 22 with standard package, 49 with optional package. • Pulse shape: constant rectangular current with pulse compensation. • Maximum Amplitude: 120 mA. • Intensity : Manual Adjustment (energy units) : 0- 999. • Intensity Increments : Minimum 0.25 mA. • Pulse duration/ Width : 30-400 µseconds. • Frequency : 1-150 Hz. • Power Source : Remote Control :- Lithium Polymer (Li Po) rechargeable 3.7 V 	1 Nos.	01		

**e-tender ID No. 2019_UTDNH_3940_1 Purchase of Physiotherapy Equipments
for Shri Vinoba Bhave Civil Hospital, Silvassa for the Year 2019.**

Sr. No.	Particulars	Unit/ Rate	Qty. Reqd.	Offered Make / Model	Compliance Yes/No
	<p>Module :- Lithium Polymer (Li Po) rechargeable 3.7 V</p> <ul style="list-style-type: none"> • Dimensions: Remote Control :- 105×65×20 mm Module:- 55×15 mm Docking Station:- 265×240×200 mm • Weight : Remote Control :- 115 grams including battery. Module :- not more than 70 grams including battery. Docking Station : not more than 2.5 kgs. • Electrical safety Class: Class II, Type BF. • Comply with safety tests : IEC 60601-1, IEC 60601-1-2, IEC60601-2-10 				

Signature of Agency
With Rubber Stamp

Sd/-
Director
Medical & Public Health Services
“Tel.No.0260-2642940, 2642961”
email ID : svbch.sil@gmail.com