



**OFFICE OF THE STATE MEDICAL COMMISSONER (KAR)
EMPLOYEES' STATE INSURANCE CORPORATION**

No. 10, Binny field, Binny Pet, Bangalore – 560 023
Fax No.26741307 Phone No. 26742642



No.SMC.KAR.D.12.11.TEN.2011

Date: 28.07.2011

:: TENDER NOTIFICATION FORM ::

Sub: Equipments/ Instruments for the Hospital

Sealed and super scribed tenders on prescribed form are invited from manufacturers, authorized dealers for the supply of **Equipments/ Instruments** for the use of ESI Dispensaries, in Karnataka.

SL.NO	NAME/ DESCRIPTION OF THE EQUIPMENT	BID
01.	B.P.APPARATUS ANEROID	single bid
02.	FOLDABLE STRECHER	single bid
03.	FOLDING WHEEL CHAIR	single bid
04.	GLUCOMETER WITH GLUCOSTIX	single bid
05.	IUCD KIT	single bid
06.	WEIGHING MACHINE ADULT	single bid
07.	WEIGHING MACHINE PAEDIATRIC	single bid
08.	MANUAL FOOT SUCTION MACHINE	single bid
09.	NEBULIZER	single bid
10.	NEEDLE DESTROYER	single bid
11.	OTOSCOPE	single bid
12.	OXYGEN CONCENTRATOR	single bid
13.	PORTABLE AUTOCLAVE	single bid
14.	RESUSCITATION KIT	single bid
15.	SNELLEN'S CHART	single bid
16.	STETHOSCOPE	single bid
17.	TORCH (MEDUM SIZE)	single bid
18.	WATER PURIFIER	single bid
19.	LCD TV 32" WTH DVD PLAYER	single bid
20.	REFRIGERATOR (100 LTRS WTH STABLIZER	single bid

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- Detailed specification and other information, terms and conditions are given in the tender document.
- Application forms and other details of the Tender can be obtained in person from S.S.M.C. Office, Bangalore by giving a request letter on letter head along with crossed DD / Banker's Cheque for Rs.100/- (Rupees One hundred only) non refundable in favour of ESIC A\C NO.1, payable at Bangalore.
- Venue, date & time for issue of tenders / Documents: from **01.08.2011 to 10.08.2011 up to 3.p.m., during Office working days between 10.00 .a.m. to 3.p.m.** at S.S.M.C. Office, 6th Floor, No. 10, Binny field, Binny Pet, Bangalore – 560 023.
- Last date for receipt of completed tender Documents: **16.08.2011 up to 3.00.p.m.** or if it happens to be holiday on next working day.
- Application forms may also be downloaded from website www.esic.nic.in or www.esic.kar.in and the fee to enclose by DD drawn in favour of ESIC A/C No.1, payable at Bangalore.
- Date of opening the tender is on 17.08.2011at 3 p.m. in the S.S.M.C. Office, Binny Pet, Bangalore – 23 or next working day if it happens to be a holiday.
- The undersigned reserves the right to postpone the date of opening or to accept or reject any or all the bids without assigning any reason at any stage.

Sr. State Medical Commissioner (Kar)

Rbh*

APPLICATION FORM FOR EQUIPMENTS

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1. Name and registered address of the Company / Establishment	
2. Contact Telephone No/Mobile No./e-mail ID	
3. Name and designation of the authorized person/owner	
4. Registration No. under the Shops and Establishment Act	
5. Sales Tax Registration No/KST No./Service Tax No./CST No.	
6. EMD Details: DD No. Amount: (If any)	
7. Proof of turn over:	
8. Wholesaler/ Retailer	
9. PAN/TAN/GIR No.	
10. Any other information / Experience / Empanelment	

Signature & Seal of
Application/Establishment

UNDER TAKING

Date of opening: -
Item No.:-
Name of the Items:-

To,
The Sr, State Medical Commissioner, (Kar)
ESI Corporation, No. 10, Binny field, Binny Pet,
Bangalore – 560 023.

Sir,

1. The undersigned certify that I have gone through the terms and conditions mentioned in the instruction supplement and undertake to comply with them. The rates quoted by me \ us are valid and binding on me \ us for acceptance for the period w.e.f. to
2. It is certified that rate quoted are the lowest quoted for any institution \ Hospital in India.
3. Earnest Money deposited by me \ us Viz Rs _____ in the form Demand Draft\ Banker's cheque in favour of ESIC fund Account No.1, Rajajinagar, Bangalore is attached herewith and shall remain in custody of the Sr. State Medical Commissioner, ESIC MH, RNR, B'lore till the successful completion of the warranty period.
4. I \ We give the rights to Sr. State Medical Commissioner, to forfeit the Earnest money deposited by me \ us any delay occur on my \ agent's part or failed to supply the article at the appointed place and time of the items of the desired quality.
I undertake that I will be in position to provide Annual Maintenance, Contract \ Comprehensive Maintenance Contract (AMC \ CMC) spare parts, and consumables for 5 years after completion of guarantee period I also undertake to keep the equipment in running order throughout the year and in case of equipment going out of order. The fault will be attended within 24 hours of lodging the complaint or a standby will be provided failing which a penalty of 0.5% of the cost of the AMC \ CMC of the equipment per day for the period equipment remains out of order will be levied during comprehensive AMC \ CMC and guarantee \ warranty period.
5. There is no vigilance \ CBI case or court case pending against the firm \ supplier.
6. Should the said officer deem it necessary to change any article, if being found not as per supply orders, it shall be replaced by me \ us in time to prevent any inconvenience.
7. I hereby undertake to supply the items as per directions given in supply order within the stipulated period.
8. I undertake to provide guarantee \ warranty for a minimum period of on e year or as mentioned in specifications from the date of satisfactory equipment and inspection. I also undertake that I will maintain the equipment during this period and replace the defected parts at free of cost, if necessary.
9. I understand that Sr. State Medical Commissioner has the right to accept or reject any or all the tenders without assigning any reason(s) thereof.

Signature and address of the Tenderer
with Rubber stamp.

AUTHORISATION CERTIFICATE

To

The Sr, State Medical Commissioner, (Kar)
ESI Corporation, No. 10, Binny field, Binny Pet,
Bangalore – 560 023.

Dear Sir,

Authority Letter Against

Tender NoDue on

Item\’s quoted

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We _____, who are established and reputable manufacturers of _____ having factory at _____ and hereby authorize M\’S _____ (name and address of agent) to Bid, negotiate and conclude the contract with you against above tender No. for the above goods manufactured by us.

We company or firm or individual other than M\’S

_____ are authorized to Bid, negotiate and conclude the contact in regard to this business against this specific tender as also for all business in the entire territory of India.

The agency commission of _____% included in the gross ex-works price is payable to M\’S _____ in Indian Rupee.

We hereby extend our full guarantee \ warranty as per clause at Sl.No. 7 of the conditions of contract for the goods offered for supply against this invitation for Bid by the above firms.

We also confirm that the spares and any other miscellaneous items (as applicable) of the equipment quoted will be freely available for at least five years after expiry of warranty guarantee period.

Our other responsibilities Includes:

1. Information regarding the name of new agent, in case of change of agent.

2. _____

(Here specify in detail manufacturer’s responsibilities)

The services to be rendered by M\’S _____

Are as under:

1. _____

2. _____

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

Yours faithfully,

(Name of Manufacturer)

For and on behalf of M\’S _____ (Name of Manufacturer’s)

NOTE: This letter of authorization should be on the letter head of the manufacturing concern and should be signed by a person competent and having the power of attorney to bind the manufacturer.

D E C L A R A T I O N F O R M

TENDERERS MUST GIVE SPECIFIC ANSWERS AGAINST EACH OF THE FOLLOWING QUESTION.

1. (i) Brand & Model
(ii) Name and address of manufacturer
(iii) Station of manufacture
2. Guarantee date by which delivery can be completed.
3. Whether sample submitted.
4. Stock in hand at the present time consists of:
 - (a) Held by us.....
 - (b) Held by M\S
over which we have secured an option.
5. Here state specifically whether the price tendered by you is to the best of your knowledge and belief not more than the price which is permissible for you to charge as private purchaser for the same class and description of goods under the provision of any law for the time being in force, if not, state the reasons and the margin profit included.
6. Business name and constitution of tendering firm:
Is the firm registered under?
 - (i) The India Companies Act 1913
 - (ii) The India Partnership Act, 1932
 - (iii) Any act, if not, who are owners
(Please give full names)

Dated the.....

Signature

SPECIFICATIONS OF THE INSTRUMENTS

A) SINGLE BID SYSTEM (SEPERATE ITEM WISE)

QUANTTTY FOR ALL ITEMS ARE : + OR – 10%

SPECIFICATIONS FOR;

1. ANEROID SPHYGMOMANOMETER - 182 Nos

1. TYPE: MANNUAL WTH ISI MARK
2. CUFF SIZE: NYLON CUFF (SILK SCREEN) WITH D RNG (STANDARD ARM SUFF SIZE)
3. GAUZE: EURO TYPE
4. BULB: STANDARD LATEX NFLATION BULB
5. BLADDER SIZE: TWO TUBE ADULT SIZE BLADDER.
6. VALVE SYSTEM: AIR RELEASE VALVE WTH SPSRING . STANDARD END VALVE.
7. MEASURE SCOPE MANOMETER: LIGHT GREYS NON STOP. PIN WTH 0 – 300 MMHG GAUGE + / - 3 MM HG ACCURACY.
8. BLOOD PRESSURE METER MUST NCLUDE A ZIPPERED CARRY CASE.

2. FOLDING STRETCHER PATENT SHFTNG TROLLEY -73 Nos.

1. WIDTH 2.5 FEET
2. LENGTH 7 FEET STEEL ROD WITH HANDLE ON BOTH THE ENDS TO ON THE SIDES TWO IN NUMBERWITH 16 GUAGE THICKNESS.
3. REXINE SHEET IN BETWEEN THE ABOVE SAID RODS MEASURING 6.5 FEET BY 2.5 FEET WATER PROOF AND WASHABLE.

3 FOLDING WHEEL CHAIR: - 78 NOS.

1. WIDTH 26 “ HEIGHT – 36 DEPTH 43”
2. MS TUBULAR FRAMC WORK FITTED WITH HIGH QUALITY REXIN SEAT AND BACK.
3. ALUMINIUM FOOT RESTS.
4. TWO RUBBER BICYCLE WHEELS WITH BRAKES
5. SELF PROPELLING HOOPS
6. HEAVY GUAGE UPTO 100 TO 180 KGS.

Contd..2

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4. BLOOD GLUCOSE MONITORS AND STRIPS (GLUCOMETER WITH STRIPS) – 92 NOS.

1. METER: TWO IN ONE MONITOR (BLOOD GLUCOSE AND BOLD KETONES)
2. 450 MEMORY WITH DATE AND TIME.
3. LARGE DISPLAY WITH BACK LIGHT FACILITY
4. 7,14 AND 30 DAYS AVERAGE. MUST NCLUDE POUCH

STRIPS: INDIVIDUAL FOIL WRAPPED STRIPS

FILL TRIGGER TECHNOLOGY.

SAMPLE REAPPLICATION TIME.

5 IUCD KIT; 70 Nos.

1. ALL THE INSTRUMENTS OF STAINLESS STEEL MAKE WITH AVERAGE SIZE.
2. ANTERIOR VAGINAL WALL RETRACTOR
3. SIM'S SPECULUM
4. UTERINE SOUND
5. TINACULAM FORCEPS/VULSELLUM FORCEPS.
6. COPPER T – 380 A (STERILE)
7. EACH UNIT SHOULD HAVE ATLEAST 176 MG OF COPPER WIRE, A COPPER SLEEVE IS TO BE IMAGED ON EACH OF THE TWO HORIZONTAL ARMS.
8. EACH COPPER SLEEVE – 66.5 MG.
9. TSA OF COPPER S 380 + 23 MM²

6. WEIGHING MACHINE ADULT – 77 NOS.

1. ADULT TYPE : WEIGHING MACHINE ROUND. IT SHOULD BE OF STANDARD MAKE.

7. WEIGHING MACHINE PAEDIATRIC: 65 NOS.

1. BABY (INFANCT) WEIGHING MACHING (ELECTRONIC) WITH DIGITAL DISPLAY 0 TO 5 KG WITH DETACHABLE PLOT FORM. LENGTH MEASURNNG SCALE ON THE WEIGHING PAN. SHOCK PROOF ISI MARK. MEANS AC 210 TO 250 VOLTS, 50 HZ

8 MANUAL (FOOT OPERATED SUCTION MACHINE: - 71 NOS.

1. PORTABLE.
2. PC JAR/GLASS JAR ABOUT 1 LITER CAPACITY.
3. AUTOCLAVABLE.
4. BACTIRIAL FILTER (0.3 MICRON)
5. GLASS JAR SILICONE PATIENT TUBE (9 MM ID)

Contd..3

9. NEBULIZER: - 91 NOS.

1. IT SHOULD BE PORTABLE.
2. IT SHOULD OPERATE ON 250 VAC SUPPLY
3. MAXIMUM PRESSURE SHOULD BE NO LESS THAN 2.5 BARS.
4. PARTICLE SIZE SHOULD BE $< 5 \mu\text{m} = 77\%$, $< 8 \mu\text{m} = 98\%$.
5. VENTILISATION CAPACITY SHOULD BE EQUAL TO OR 7 ML
6. IT SHOULD HAVE CE / FDA approval.
7. COMPRESSOR AIR OUTPUT SHOULD NOT BE LESS THAN 10 L/ML(APPROX)

10.NEEDLE DESTROYER : - 92 NOS.

- 1.ELECTRICALLY OPERATED HEAVY DUTY NEEDLE AND SYRINGE DESTROYER
2. RATED POWER IN WATTS 100 WATTS.

11.OTOSCOPE: 156 NOS.

1. OTOSCOPE – POCKET MODEL WITH SPECULAMS – ALUMINIUM HANDLE

12.OXYGEN CONCENTRATOR – 69 NOS.

1. IT SHOULD HAVE A OXYGEN PURITY OF NOT LESS THAN 93%
2. IT SHOULD HAVE A NEBULIZATION OPTION.
3. IT SHOULD HAVE A DUAL OUTPUT (FLOWMETER) FOR TWO PATIENT CONSUMPTION SMULTANEOUSLY.
4. IT SHOULD BE SUPPLIED WITH 2 SETS OF ACCESSORIES.
5. IT SHOULD HAVE ALARM FOR POWER AND PRESSUR FAILURE.
6. THE OXYGEN TEMPERATURE SHOULD BE SAME AS THE AMBIENT TEMPERATURE.
7. THE WEIGHT OF THE MACHINE SHOULD NOT BE MORE THAN 28 KGS FOR EASY MOVEMENT.
8. IT SHOULD HAVE DEHUMIDITY FUNCTION.
9. IT SHOULD HAVE ADJUSTABLE FLOWRATE.
10. IT SHOULD HAVE PRESSURE SWING ADSORPTION TECHNOLOBY
11. THE COMPANY QUOTNG SHOULD HAVE ISO CERTIFICATE.

13.PORTABLE AUTOCLAVE: - 69 NOS.

1. MADE OF HEAVY DUTY ALUMINUM
2. DOUBLE SAFETY VALVE
3. FITTED WITH 2.5 PRESSURE GUAGE UPTO 150 lbs.
4. STEAM RELEASE VALVE.
5. WATER OUTLET ASSEMBLY.
6. WORKING PRESSURE 15 LB
7. ELECTRIC LOAD 2 KV.
8. SIZE : 300 MM x 300 MM (12" x 12")

Contd..4

14. RESUSCITATION KIT (LARYNGOSCOPT + AMBUBAG + 14 ENDOTRACHEAL TUBES) 78 NOS.

1. ADULT LARYNGOSCOPT:

- * STAINLESS STEEL
- * CURVED MACHNE WITH BLADED SIZE 1,2,3,4.
- * HANDLE WITH 2 BATTERIES

2. PAEDIATRIC LARYNGOSCOPE;

- * STAINLESS STEEL.
- * STRAIGHT MILLER BLADE SIZE: 0, 1
- * PENLIGHT HANDLE.

3. AMGUGAB

- * SCLICONE
- * AUTOCLAVEABLE WITH DIFFERENT SIZE OF SCLICONE MASK NON TOXIC

4. ENDOTRACHEAL TUBES

- * CUFFED PVC TUBES WITH DIFFERENT SIZES NO; 3,3.5,4,4.5,5,5.5,6,6.5,7,7.5,8,8.5,9

15. SNELLEN'S CHART: 220 NOS.

1. SNELLEN'S CHART MUST CONTAIN;

- * ENGLISH LETTERS.
- * KANNADA ALPHABETS.
- * NUMBERS
- * E – CHART

16. STETHESCOPE : - 196 NOS.

1. HEAD SPECIFICATION: THE HEAD OF THE STETHOSCOPE HAS TO BE METAL
2. HEAD SIZE: THE HEAD SIZE SHOULD BE 45 MM
3. CHEST PIECE: IT SHOULD BE SINGLE PIECE, CHEST PIECE HAS TO BE MADE OF SURGICAL METAL STEEL.
4. TUBE SPECIFICATION: TAPERED INNER BORES WITH EXTRA THICK TUBING. THE TUBE SIZE SHOULD BE 21 INCH BORE FLEXIBLE TUBING OR 19 INCH TWO IN ONE BILUMEN TUBING.
5. STETHESCOPE LENGTH: THE LENGTH OF THE STETHOSCOPE SHOULD BE FROM 27 INCH – 29 INCH.
6. ACCESSORIES : EXTRA CHEST PIECE, TWO PAIRS OF EXTRA EAR TIPS MADE OF EXTRA SOFT PLASTIC.

17. TORCH – 373 NOS.

1. STAINLESS STEEL BODY, DOME SHOULD BE FITTED WITH REFLECTIVE GLASS, 3 BATTERIES OF 1.5 VOLTS, AND 4.5 WATTS BULB

18. LCD (32") TV WITH DVD PLAYER: - 78 NOS.

LCD TV

1. BE 3 ENGINE
2. MPEG NOISE REDUCTION.
3. INTELLIGENT PICTURE +
4. 24 P TRUE CINEMA.
5. SCENE SELECT.
6. USB PORT – 2
7. F.M.RADIO
8. HDMI X 2 – 3.
9. HIGH DEFINITION
10. RESOLUTION 70,000; 1 ABOVE
11. REMOTE
12. COMPONENT AND COMPOSITE CONNECTS FOR PC
13. MOTION RESPONSE 6 SEC.

DVD PLAYER

1. FULL HDMI
2. USB/SD CARD SLOT.
- 3.

19. REFRIGERATOR SMALL / 100 LTRS WITH STABILIZER : 75 NOS.

1. REFRIGERATOR : AUTO DEFROST, 5 YRS. WARRANTY ON COMPRESSOR.
2. STABILIZER: 300 VOLTS.
- 2.

20. WATER PURIFIER – 99 NOS.

1. DIMENSIONS (HXDXW): 310 X247 X450
2. NET WEIGHT : 5.88 KG
3. PURIFIED WATER OUTPUT: 2 LITERS / MIN (MAX)
4. POWER RATING: 18 WATTS.
5. INPUT VOLTAGE – 230 V AC / 50 HZ
6. INPUT WATER PRESSURE; 0.4 – 2.0 KG/SQ.CM
7. INPUT WATER TEMPERATURE: 5.45 C
8. INPUT WATER TURBIDITY : 15 NTU (MAX)
9. INPUT WATER IRON : 0.3 PPM (MAX)
10. INPUT WATER CHLORINE : 2 PPM (MAX)
11. INPUT WATER TDS IDEAL UPTO : 500 PPM (MAX)

Sd/-

SR.STATE MEDICAL COMMISSIONER (KAR)

Terms and Conditions:-

1. Only manufacturer, authorized distributor / dealer can participate in the tender. Tenderer should submit authorization by the manufacturer in case he is distributor or dealer and for AMC.
2. Tenderer should quote the basic price of the equipment. Local taxes as applicable should be quoted separately. Form 'D' will not be provided by this Office
3. Name of the manufacturer and model should be indicated in the quotation / tender.
4. The items mentioned as Single bid separate large envelopes, superscripted as single bid
5. Technical information provided by the manufacturer should be enclosed along with the technical bid quotation.
6. E.M.D: Tenderer should enclose E.M.D by way of Demand Draft / Banker's Cheque payable at State Bank of India, Bangalore- in favor of " E.S.I.C A/c No. 1" which will not bear any interest and will be refunded after finalization of the tender or within 6 months which ever is earlier.
7. Separate EMD should be produced for each equipments.
8. The successful Tenderer should submit 10% of the cost of equipment as security deposit (Non interest bearing), which will be retained in bank and will be refunded after the completion of Warranty period.
9. Warranty: The tenderer should provide 2 years warranty by the manufacturer after satisfactory installation of the equipment.
10. A.M.C: The tenderer should quote year wise rates(lump sum or percentage) approved by the manufacturer for service and comprehensive A.M.C of the equipment for a minimum period of 5 years separately after the completion of warranty period. Only agency / person authorized by the manufacturer shall provide after sales service under AMC and should have the service arrangement /center at Bangalore with 24 hours down response time. Rates of A.M.C for Labour (without spare parts) and Comprehensive (inclusive of spare parts) should be provided for 4 preventive and unlimited breakdown calls.
11. Rates quoted should be valid for one year from the date of supply order.
12. Undertaking by the Manufacturer that spares will be made available during the period of A.M.C, should be enclosed along with the Quotation / tender.
13. Application and Documents form fee of Rs. 100/- non refundable payable in person by crossed Banker's cheque / DD in favour of ESIC A/C No.1, payable at Bangalore along with the application.
14. Specimen copy of A.M.C terms and conditions should be enclosed along with the quotation / tender. AMC Amount for each year will be paid in 2 equal installments after satisfactory completion of AMC service. If full year advance is required Bank guarantee for same amount is required.
15. List of institutions (preferably Government) where similar equipment has been installed should be enclosed along with the quotation / tender.

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16. Tenderer should undertake the responsibility for installation of the equipment by the authorized representative of manufacturer.
17. Training of Dispensary staff where ever necessary, in the use of the equipment should be undertaken by the manufacturer, in case, so required. Training should be free of cost and should be given within the hospital premises as far as possible.
18. Packaging, insurance, transport and any other incidental expenditure involved in the supply, installation and commissioning of the equipment shall be borne by the tenderer.
- 19. Date for issue of tender Documents: 25.07.2011 to 10.08.2011 up to 3.p.m.**
20. Last Date for receipt of completed tender documents **17.08.2011 up to 3.00.p.m.** or if it happens to be holiday on next working day.
21. Tender will be opened in the presence of representatives present on **18.08.2011 at 2.pm** in **STATE MEDCAL COMMISSIONER'S CHEMBER, Binny field, Binny Pet, Bangalore** If the same happens to be declared holiday the last date and date of opening stand postponed to next working day same time and place.
22. Tenderer should be ready to demonstrate the quoted equipment to the committee at his own cost at this Office premises or in Bangalore.
23. Application forms may also be downloaded from website www.esic.nic.in or www.esic.kar.in and the fee to enclose by DD drawn in favour of ESIC A/C No.1, payable at Bangalore.
24. No advance payment will be made. Settlement of bill will be made within 4 weeks of satisfactory installation and working.
25. Delivery of items should be made within 4 weeks of giving supply order.
26. Breach of any terms and conditions attracts penalty by way of forfeiture of EMD or security deposit.
27. Sr. State Medical Commissioner, (Kar) Bangalore reserves right to accept or reject, any or all the tenders without assigning any reason what so ever.

Sd/-

SR.STATE MEDCAL COMMISSIONER (KAR)

Rbh*