#### ADMINSTRATION OF DAMAN AND DIU, DIRECTORATE OF MEDICAL & HEALTH SERVICES, COMMUNITY HEALTH CENTER, MOTI DAMAN

No.DMHS/DD/Physio-Instrument/2015-16/3667 Dated

Dated: - 11/01/2016.

#### **E-TENDER (ON LINE) NOTICE**

The Director of Medical & Health Service, Community Health Center, Moti Daman on behalf of President of India, invites tender for following item through on-line on http://daman.nprocure.com from the manufacturer / Authorized Dealers / Suppliers having valid Documents. The tender notice also available on <u>www.nic.daman.in</u>

| Sr.       Description of Items       Estimated cost       EMD (in the<br>form of FDR)       Tender Fees<br>(Non-refundable)         1       Purchase of "Physiotherapy<br>Instruments/Equipments" for<br>CHC/PHC, Moti Daman<br>As per "Annexure-A"       Rs. 38,00,000/-       Rs. 1,00,000/-       Rs.5000/-         Last date of downloading of on line tender documents : Upto 02/02/2016 by 12.00 hours.       Last date of Submission of Tender bid in hard copy :       Upto 02/02/2016 by 13. Hours.         Last date of submission of online tender document :       Upto 02/02/2016 by 15.30 hours         Opening of Technical Bid submitted in hard copy :       On 02/02/2016 by 15.30 hours         On line opening of Price       Bid : If possible on 02/02/2016 at 17.00 hours         Bidders have to submit price bid in Electronic Format only on www.nprocure.com<br>tate and time for submission. Price Bid in physical format shall not be accepted in any case.         Submission of tender fees in the form of DD, EMD in the form of DD/FDR of Nationalised<br>Bank and other supporting documents i.e. copy of valid licence from competent authority,<br>copy of VAT/ST/ Registration and copy to the undersigned by RPAD/Speed Post / by hand on or<br>before 02/02/2016 upto 13.00 hours,<br>however, Tender Inviting Authority shall not be<br>responsible for any postal delay.         The tender inviting authority reserves the right to accept or reject any or all the tenders to be<br>received without assigning any reasons thereof.         Bidders shall have to post their queries on E-Mail address : ddmssu.idsp@nic.in on or before<br>dated 02/02/2016 upto 10.30 hours.         In case bid   | C.,                 | Description of Items             | Estimated cost         | EMD (in the        | Tender Fees          |  |  |  |
|---|---------------------|----------------------------------|------------------------|--------------------|----------------------|--|--|--|
| 1       Purchase of "Physiotherapy<br>Instruments/Equipments" for<br>CHC/PHC, Moti Daman<br>As per "Annexure-A"       Rs. 38,00,000/-       Rs. 1,00,000/-       Rs.5000/-         Last date of downloading of on line tender documents : Upto 02/02/2016 by 12.00 hours.       Last date of Submission of Tender bid in hard copy :       Upto 02/02/2016 by 13. Hours.         Last date of submission of online tender document :       Upto 02/02/2016 by 15.00 hours         Opening of Technical Bid submitted in hard copy :       On 02/02/2016 by 15.30 hours         On line opening of Price       Bid :       If possible on 02/02/2016 at 17.00 hours         Bidders have to submit price bid in Electronic Format only on www.nprocure.com till the last<br>date and time for submission. Price Bid in physical format shall not be accepted in any case.         Submission of tender fees in the form of DD, EMD in the form of DD/FDR of Nationalised<br>Bank and other supporting documents i.e. copy of valid licence from competent authority,<br>copy of VAT/ST/ Registration and copy of PAN/TAN of Income Tax etc., and terms and<br>conditioned duly signed in hard copy to the undersigned by RPAD/Speed Post / by hand on or<br>before 02/02/2016 upto 13.00 hours, however, Tender Inviting Authority shall not be<br>responsible for any postal delay.         The tender inviting authority reserves the right to accept or reject any or all the tenders to be<br>received without assigning any reasons thereof.         Bidders shall have to post their queries on E-Mail address : ddmssu.idsp@mic.in on or before<br>dated 02/02/2016 upto 10.30 hours.         In case bidder needs any clarification or if training required for participating in onli  |                     | Description of items             | Estimated cost         |                    |                      |  |  |  |
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| <ul> <li>Bidders shall have to post their queries on E-Mail address : <u>ddmssu.idsp@nic.in</u> on or before dated 02/02/2016 upto 10.30 hours.</li> <li>In case bidder needs any clarification or if training required for participating in online tender, they can contact the following office.</li> <li>"(n) Code Solution – A division, GNFC Ltd.", 403, GNFC Info Tower, Bodakdev, Ahmedabad-380054, Gujarat (India).</li> <li><u>E-Mail-nprocure@ncode.in</u> Fax: + 917926857321</li> </ul>   |                     |                                  |                        | 5 5                |                      |  |  |  |
| dated <b>02/02/2016</b> upto 10.30 hours.<br>In case bidder needs any clarification or if training required for participating in online tender, they can contact the following office.<br>"(n) Code Solution – A division, GNFC Ltd.",<br>403, GNFC Info Tower, Bodakdev,<br>Ahmedabad-380054, Gujarat (India).<br><u>E-Mail-nprocure@ncode.in</u> Fax: + 917926857321  |                     |                                  |                        | : ddmssu.idsp@     | nic.in on or before  |  |  |  |
| In case bidder needs any clarification or if training required for participating in online tender,<br>they can contact the following office.<br>"(n) Code Solution – A division, GNFC Ltd.",<br>403, GNFC Info Tower, Bodakdev,<br>Ahmedabad-380054, Gujarat (India).<br><u>E-Mail-nprocure@ncode.in</u> Fax: + 917926857321  |                     |                                  |                        |                    |                      |  |  |  |
| they can contact the following office.<br>"(n) Code Solution – A division, GNFC Ltd.",<br>403, GNFC Info Tower, Bodakdev,<br>Ahmedabad-380054, Gujarat (India).<br><u>E-Mail-nprocure@ncode.in</u> Fax: + 917926857321  |                     |                                  | or if training require | d for participatir | ng in online tender. |  |  |  |
| "(n) Code Solution – A division, GNFC Ltd.",<br>403, GNFC Info Tower, Bodakdev,<br>Ahmedabad-380054, Gujarat (India).<br><u>E-Mail-nprocure@ncode.in</u> Fax: + 917926857321  |                     |                                  |                        |                    |                      |  |  |  |
| 403, GNFC Info Tower, Bodakdev,<br>Ahmedabad-380054, Gujarat (India).<br><u>E-Mail-nprocure@ncode.in</u> Fax: + 917926857321  |                     |                                  |                        |                    |                      |  |  |  |
| Ahmedabad-380054, Gujarat (India).<br><u>E-Mail-nprocure@ncode.in</u> Fax: + 917926857321   |                     |                                  |                        |                    |                      |  |  |  |
| E-Mail-nprocure@ncode.in Fax: + 917926857321  |                     |                                  |                        |                    |                      |  |  |  |
|   |                     |                                  |                        |                    |                      |  |  |  |
|   |                     |                                  |                        |                    |                      |  |  |  |

Sd/-( Dr. K. Y. Sultan ) Director, Medical & Health Services

#### ADMINSTRATION OF DAMAN AND DIU, DIRECTORATE OF MEDICAL & HEALTH SERVICES, COMMUNITY HEALTH CENTER, MOTI DAMAN.

#### No.DMHS/DD/Physio-Instrument/2015-16/3667 Dated: - 11/01/2016.

# TERMS AND CONDITIONS FOR SUPPLY AND INSTALLATION OF "Physiotherapy Instruments / Equipments" FOR CHC/PHC, MOTI DAMAN

| 1.  | The rate(s) quoted should be strictly for free delivery F.O.R. at CHC, Moti Daman  |  |  |  |  |
|-----|--|--|--|--|--|
|     | and will be valid and operative for supply orders issued for one year from the date  |  |  |  |  |
|     | of invitation of tenders and inclusive of all Taxes, installation & commissioning  |  |  |  |  |
|     | charges.   |  |  |  |  |
| 2.  | All Taxes/ Duties/ Royalties charges payable on sales/transport etc. within and / or   |  |  |  |  |
|     | outside the UT / State shall be payable by the supplier.   |  |  |  |  |
| 3.  | No extra charge for packing, forwarding and insurance etc. will be paid on the rates   |  |  |  |  |
|     | quoted.  |  |  |  |  |
| 4.  | The rates should be quoted only for the items specified in the list of requirement and   |  |  |  |  |
|     | should be for the items of given special mark / manufacture.   |  |  |  |  |
| 5.  | Rates quoted for items other than required specification/mark/manufacturer may not   |  |  |  |  |
|     | be considered. However, indigenous manufactures may quote their own makes  |  |  |  |  |
| 6   | provided the specifications/mark/manufacturer.   |  |  |  |  |
| 6.  | Where specification / mark/ manufacture are not specifying by this office, the rates   |  |  |  |  |
| 7   | should be quoted only for the first class and standard quality only.   |  |  |  |  |
| 7.  | The tenderer should specify the name of the manufacturer for the item quoted by  |  |  |  |  |
| 8.  | him along with catalogue of the item.  |  |  |  |  |
| 0.  | The decision of the E-Tender Inviting Officer for acceptance/rejection of  |  |  |  |  |
|     | SUPPLY AND INSTALLATION OF "Physiotherapy Instruments /  |  |  |  |  |
|     | Equipments" supplied including the decision for equivalent specifications,   |  |  |  |  |
| 0   | standard and quality etc. shall be final.  |  |  |  |  |
| 9.  | The tenderer should send in advance or enclose along with technical bid an amount of <b>Rs.1,00,000/-</b> as Earnest Money Deposit in form of Demand Draft / F.D.R. of |  |  |  |  |
|     | any Schedule Bank payable at Daman in favour of the officer inviting tender i.e.   |  |  |  |  |
|     | Director, Medical & Health Services, CHC, Moti Daman. The EMD submitted  |  |  |  |  |
|     | other than form mentioned above will not be accepted. Tender received without  |  |  |  |  |
|     | Earnest Money Deposit will be summarily rejected.  |  |  |  |  |
| 10. |  |  |  |  |  |
|     | demand, an amount equal 10% of the total value of articles, that may be  |  |  |  |  |
|     | order, as the amount of Security Deposit.  |  |  |  |  |
|     | (b) Non-receipt of Security Deposit within stipulated time limit 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  |  |  |  |  |
|     | supplier will be recovered from the bills for such articles.   |  |  |  |  |
| 11. | 51 5 5   |  |  |  |  |
|     | against the amount of Security Deposit to be paid by the successful tenderer(s) as per   |  |  |  |  |
| 10  | condition No. 10 above.  |  |  |  |  |
| 12. | 1 1 1  |  |  |  |  |
|     | proper value. Bills for amount exceeding Rs.5000/- not pre-receipted on Revenue Stamp of proper value will not be accepted for payment.                                |  |  |  |  |
| 13. |  |  |  |  |  |
| 13. | •  |  |  |  |  |
|     | the body of the bill.  |  |  |  |  |
|     | TO BERTHEILD THAT THE GOODS ON WHICH SALES LAX/VAL HAS BEEN CHARGED  |  |  |  |  |
|     | "CERTIFIED that the goods on which Sales Tax/VAT has been charged<br>have not been exempted under the VAT/ Central Sale Tax Act or the Rules                           |  |  |  |  |
|     | have not been exempted under the VAT/ Central Sale Tax Act or the Rules  |  |  |  |  |
|     | have not been exempted under the VAT/ Central Sale Tax Act or the Rules<br>made there under and the amount charged on account of VAT/Sales Tax on                      |  |  |  |  |
|     | have not been exempted under the VAT/ Central Sale Tax Act or the Rules  |  |  |  |  |

| 1           |   |  |  |  |  |  |
|-------------|---|--|--|--|--|--|
|             | whole is reserved with the E-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.   |  |  |  |  |  |
| 15.         | If the tenderer whose tender is accepted, fails to execute the supply order within  |  |  |  |  |  |
|             | stipulated time the Earnest Money Deposit of such tenders will stand forfeited to the   |  |  |  |  |  |
|             | Government.   |  |  |  |  |  |
| 16.         | In case, the supplier does not execute the supply order placed with him, the EMD of   |  |  |  |  |  |
|             | the supplier will be forfeited to the Government and the contract for the supply shall  |  |  |  |  |  |
|             | terminated with no further liabilities on either party to the contract.   |  |  |  |  |  |
| 17.         | 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.  |  |  |  |  |  |
| 18.         | The E-Tender should be neatly typed only on letterhead carry the name of supplier   |  |  |  |  |  |
|             | and the signature of the tenderer. No overwriting correction or erasures will be  |  |  |  |  |  |
|             | considered.   |  |  |  |  |  |
| 19          | The rates quoted should be inclusive of all taxes, duties, surcharges, cess, freight,   |  |  |  |  |  |
| 17.         | loading, unloading, insurance, road permits, packing, (VAT and other taxes if   |  |  |  |  |  |
|             | applicable) as applicable. No extra taxes will be given.  |  |  |  |  |  |
| 20.         | All bills should be in <b>TRIPLICATE</b> and should invariably mention the number and   |  |  |  |  |  |
| 20.         | date of supply order.   |  |  |  |  |  |
| 21.         | The Tenders and financial bid should be submitted online on <u>www,nprocure.com</u> in  |  |  |  |  |  |
| <u>∠1</u> . |   |  |  |  |  |  |
| 22          | two bid system.   |  |  |  |  |  |
| 22.         | Orders once placed should be delivered within the given time period and item should be door delivered.  |  |  |  |  |  |
| 00          |   |  |  |  |  |  |
| 23.         | No extra charge for packing, forwarding and insurance etc. will be paid on the rates  |  |  |  |  |  |
| <u> </u>    | quoted.   |  |  |  |  |  |
| 24.         | The rates should be quoted only for the items specifies in the list of requirement  |  |  |  |  |  |
|             | and should be for the items of given special mark/manufacture only.   |  |  |  |  |  |
| 25.         | 1 1 1   |  |  |  |  |  |
|             | will not be considered.   |  |  |  |  |  |
| 26.         | The amount of Earnest Money paid by the tenderer(s) whose tenders are not   |  |  |  |  |  |
|             | accepted will be refunded to them.  |  |  |  |  |  |
| 27.         | Only on satisfactory completion of the supply order for and on payment of all bills   |  |  |  |  |  |
|             | of the supplier, 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  |  |  |  |  |  |
| 28.         | The E-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 supplier is bound to abide by the limit given and liable to make good   |  |  |  |  |  |
|             | any loss to the Government on account of his failure to abide by the time limit.  |  |  |  |  |  |
| 29.         | (a) Railway Receipt or other transport document should be drawn in favor of the   |  |  |  |  |  |
|             | Officer Inviting Tenders.   |  |  |  |  |  |
|             | (b) Railway Receipt or other transport document should not be send by V.P.P. or   |  |  |  |  |  |
|             | through any Bank as this being a Government Office it is not possible to clear  |  |  |  |  |  |
|             | cash demands of Post Office/Bank for delivery of R.R. or other transport  |  |  |  |  |  |
|             | documents unless we have agreed to it as a special arrangements.  |  |  |  |  |  |
|             | (c) Railway Receipt or transport receipt should be sent to this Office by Registered  |  |  |  |  |  |
|             | Post immediately on dispatch of goods from dispatching end.   |  |  |  |  |  |
| 30.         | The supplies of "Physiotherapy Instruments / Equipments" of inferior quality  |  |  |  |  |  |
|             | standard or of different specifications, doses/content, brand, manufacturer etc. other  |  |  |  |  |  |
|             | than that ordered specified and/or incomplete or broken articles will not be accepted.  |  |  |  |  |  |
|             | The supplier has to replace the same at his own cost and risk. Intimation of non-   |  |  |  |  |  |
|             | acceptance of any "Physiotherapy Instruments / Equipments" will be sent   |  |  |  |  |  |
|             |   |  |  |  |  |  |
|             | to the supplier within 10 days from the date of receipt of the stores and the same will<br>be returned to the supplier at his own cost and risk, if he so desires and intimates |  |  |  |  |  |
|             | be returned to the supplier at his own cost and risk, if he so desires and intimates  |  |  |  |  |  |
|             | accordingly within 15 days from the date of dispatch of intimation of the non-  |  |  |  |  |  |
|             | acceptance. However, if no communication is received within 15 days from the date   |  |  |  |  |  |
| 1           | of communication the tender Inviting Officer will not be responsible for any  |  |  |  |  |  |
|             | damage, loss etc. of such rejected articles.  |  |  |  |  |  |

| 31. | In case of failure to replace the accepted and rejected articles from supplies made, as<br>mentioned in the conditions, the loss undergone by the Government will be<br>recovered from the suppliers Security Deposit/Earnest Money or payment due of any |
|-----|---|
|     | bill(s) to the extent required.   |
| 32. | In case of failure to SUPPLY of "Physiotherapy Instruments / Equipments"  |
|     | ordered for, as per conditions and within the stipulated time, the same 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 suppliers Security  |
|     | Deposit/Earnest Money or bills payable. The suppliers shall have no any right to dispute with such procedure.   |
| 33. | Extension of time limit for supplies shall be consider by the Tender Inviting Officer.  |
| 55. | The extension so granted may be with levy of compensation for delay in execution  |
|     | of supply order up to 5% of the cost of supplies ordered 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.   |
| 34. | Demurrage charges paid by the E-Tender Inviting Officer on account of delayed   |
|     | receipt of dispatch documents intimation will be recovered from the bills payable to  |
| 25  | the supplier.   |
| 35. | If at any time after the order for <b>SUPPLY AND INSTALLATION</b>   |
|     | "Physiotherapy Instruments / Equipments" the E-Tender Inviting Officer<br>shall for any reason whatsoever not require the whole or part of the quantity thereof   |
|     | as specified in the order the tender Inviting Officer shall give notice in writing of   |
|     | the fact to the supplier(s) who shall have no claim to any payment of   |
|     | compensation what so ever on account of any profit or advantage which the   |
|     | supplier(s) might have derived from the supply of articles in full, but which did not   |
|     | derive in consequence of the full quantity of articles not having been purchased,   |
|     | nor shall have any claim for compensation by reasons of any alterations having  |
|     | been made in the original instructions which shall invoice any curtailment of   |
| 26  | the supply originally contemplated.   |
| 36. | Rates should be quoted as per the forms prescribed by the department and as per the requirement asked for.  |
| 37. | *   |
|     | tender(s) or supply order(s) is/are not adjustable with Earnest Money or Security   |
|     | Deposit required by these conditions.   |
| 38. | The Tenders/offers received do not confirm with the terms and conditions of this  |
|     | office will be summarily rejected. If any firm desires to consider exemption from   |
|     | payment of Earnest Money Deposit, certified copies of its Registration with D.G.S.  |
| 39. | & D. should be attached to their tenders.<br>Supplier may ensure the goods at his own cost to safeguard the delivery of such  |
| 39. | goods dispatched by him to the consignee, the department will not be responsible for  |
|     | the damage or pilferage of goods during transit.  |
| 40. | The tenderer should attached Scanned copies of Certificate from the respective  |
|     | manufacture company indicating your firm as authorized dealer/supplier for  |
|     | their product, certificate of experience in the field of supply of Physiotherapy  |
|     | Instruments, valid license, proof of fulfilling the norms of  |
|     | ISI/ISO/WHO/GMP, CE Certified specification if any, copy of dealership  |
|     | letter, licence for import, PAN No, Sales Tax No, coy of Turnover for $P_{c}$ 11 40 000/ of the estimated cost during lost 3 years up to $31/(12/2015)$ with  |
|     | <b>Rs.11,40,000/- of the estimated cost during last 3 years up to 31/12/2015</b> with his/their tender. It may please be noted that the tender received without document  |
|     | referred above shall not be considered.   |
| 41. | Rates quoted are for SUPPLY AND INSTALLATION "Physiotherapy   |
|     | Instruments / Equipments" to be supplied at CHC, Moti Daman.  |
| 42. | Tenderer should enclose along with tender an amount of <b>Rs. 1,00,000/-</b> as Earnest   |
|     | Money Deposit in form of Fixed Deposit Receipt of any Nationalized/ Scheduled   |
|     | Bank payable at Daman in favour of Director of Medical & Health Service, Primary  |
|     | Health Centre, Moti Daman. The EMD Submitted other than Form mentioned above  |
| 10  | will not be accepted. <b>Tender received without EMD will be summarily rejected</b> .   |
| 43. | The tender fee must be enclosed in demand draft in favour of undersigned with the   |

|     | tender documents.   |  |  |  |  |
|-----|---|--|--|--|--|
| 44. | AMC: The rates of Annual Maintenance Contract (AMC) should be for the period          |  |  |  |  |
|     | of three years from the expiry of Guarantee / Warranty period of one year and         |  |  |  |  |
|     | should written separately in the Financial bid year-wise. The decision to accept the  |  |  |  |  |
|     | tender with or without AMC is reserve with the Purchase Committee.                    |  |  |  |  |
| 45. | The tenderers should give the guaranty / warranty for the period of not less than one |  |  |  |  |
|     | year from the date of installation against any manufacturing defect.                  |  |  |  |  |
| 46. | The tenderer may be called for a sample / demonstration of the items quoted for       |  |  |  |  |
|     | which they will be informed one week in advance for arranging the necessary           |  |  |  |  |
|     | sample / demonstration in the hospital on a suitable date and time failing which the  |  |  |  |  |
|     | tender will be rejected.  |  |  |  |  |
| 47. | The tenderers shall be bound to give assurance for undertaking the Annual             |  |  |  |  |
|     | Maintenance Contract after expiry of guarantee / warranty period.                     |  |  |  |  |
| 48. | The successful tenderers shall be bound to provide training if any required without   |  |  |  |  |
|     | any extra charges during commissioning.   |  |  |  |  |
| 49. | The successful tenderers should install and commissioning the equipment at the site   |  |  |  |  |
|     | suggested by the office.  |  |  |  |  |
| 50. | The tendered quantity is tentative and the actual purchase can be 15% less or more    |  |  |  |  |
|     | than the quantity put to tender for all items and the tenderer is bond to supply such |  |  |  |  |
|     | requirement without any demur.  |  |  |  |  |
| 51. |   |  |  |  |  |
|     | copy of their registration under the Sales Tax/ VAT bearing the TIN Number            |  |  |  |  |
|     | be provided.  |  |  |  |  |
| 52. |   |  |  |  |  |
|     | year from the date of installation against any manufacturing defect.                  |  |  |  |  |
| 53. | The terms and conditions dully accepted and signed by the tenderer should attached    |  |  |  |  |
|     | with the Technical Bid.   |  |  |  |  |
| 54. | The Financial Bid has to filled in prescribed format.                                 |  |  |  |  |
| 55. | Tender should furnished a non black listed certificate that the firm has not been     |  |  |  |  |
|     | black listed in the past by any Government/private institution that there is no       |  |  |  |  |
|     | vigilance / CBI case against the firms supplier and the firm has not been blacklisted |  |  |  |  |
|     | in the past by any Government or private organization, the tenderers should be        |  |  |  |  |
| 50  | attached an undertaking. (Annexure-I)   |  |  |  |  |
| 56. | The bidder should not have quoted price lower than quoted in this tender to any       |  |  |  |  |
|     | Govt./Semi Govt./public sector undertaking, bidder should enclosed affidavit to that  |  |  |  |  |
|     | effect on a non judicial stamp paper of Rs.20/-                                       |  |  |  |  |

Signature & Designation of Tender Inviting Officer

Sd/-(Dr. K. Y. Sultan) Director, Medical & Health Services, Daman & Diu.

## The above terms and conditions are accepted and are binding to me / us.

Place :

**Dated :** 

Signature of Tenderers Name of Tenderers with seal of the firm

**NOTE:** Please return one copy of these terms and conditions dully sign with seal of firm along with the tender.

# <u>ANNEXURE – I</u>

( to be submitted on the letter head of the company/firm)

I hereby certify that the above firm has not been ever blacklisted by any Central/State Government/Public Undertaking/Institution on any account.

I also certify that the above information is true and correct in any every respect and in any case at a letter date it is found that any details provided above are incorrect, any contract given to the above firm may be summarily terminated and the firm blacklisted.

I also certify that firm will supply the item as per the specifications given by institution and also a bide all the terms and conditions stipulated in tender.

Date: Place: Name: Business Address: Signature Bidder: Seal of Bidder:

# Annexure 'A'

#### ADMINSTRATION OF DAMAN AND DIU, DIRECTOR OF MEDICAL & HEALTH SERVICES COMMUNITY HEALTH CENTER, MOTI DAMAN

No.DMHS/DD/Physio-Instrument/2015-16/3667 Dated: - 11/01/2016.

# (TENDER FORM (TECHNICAL BID)

# Technical Specification for "Physiotherapy Instruments /

Equipments"

| 1. | Combination of Traction & Decompression Therapy Machine   |
|----|---|
|    | Decompression &Traction Therapy offers a complete system with a uniquely<br>engineered spine table, a sophisticated traction unit, and simple harnessing<br>with Wrap. The system is further accessorized with a cervical traction<br>attachment, knee bolsters, and pressure biofeedback device. |
|    | -Support 5 unique Pull Patterns deliver pulls designed to closely replicate the manual therapy experience   |
|    | <ul> <li>Pretension step eases guarding and provides greater comfort for the acute<br/>patient</li> </ul>   |
|    | <ul> <li>Independent timer control for pretension, progression, traction, and regression</li> </ul>   |
|    | <ul> <li>Support Automatic speed variation during the Progressive motion</li> <li>Machine supports different range of motion like Gradient pulls, oscillations, and Progressive</li> </ul>  |
|    | -Machine must equip with Variable speed motor (30%, 50%, 100%) increases treatment flexibility  |
|    | -Clinical Protocol for cervical and lumbar along with support up to 70-80 User-<br>Defined Protocol slots   |
|    | -Static, intermittent, and cycling traction options<br>-Full color graphic library includes anatomical images, common pathologies,  |
|    | and detailed belting techniques on high resolution touch-screen - Multi-lingual software on board   |
|    | - Save patient treatment sessions on Patient Data Cards, which record patient pain mapping, pain scales, and pain types all from the unit to the card   |
|    | Provides maximum patient comfort in prone and supine positions for both manual therapy and traction therapy   |
|    | <ul> <li>Pelvic Tilt section provides flexion of lumbar spine to improve positioning in<br/>traction</li> </ul>   |
|    | <ul> <li>Pelvic Tilt helps address pelvic asymmetry commonly seen in low back pain<br/>patients</li> </ul>  |
|    | -Independently controlled arm and chest sections assist in maintaining a neutral spine  |
|    | -Repositional head piece elevates to 30-35°, allowing easy access to the thoracic and cervical spine  |
|    | -Repositional head piece cradles the patient's head comfortably in prone and supine   |
|    | -Machine must equip with Tuck-away, grab bars for prone hanging traction without a  |
|    | thoracic restraint<br>-Adjustable height table from 50 - 110 cm   |
|    | -Removable axilla posts provide additional fixation to the table, preventing slippage during supine traction  |

Traction Unit Mains Power: Power Consumption: Current Consumption: Dimensions: Electrical Safety Class: Safety Tests:

100 - 240 V, 50/60 Hz 75 W 3.2 Amps Max 45 x 24 x 45 cm Class 1, Type B IEC/UL/EN 60601-1, IEC/EN 60601-1-2, CAN C22.2 No. 601.1-M90 w/A2 - Meets MDD 93/42/EEC, CE 0413 Electrical Safety Class: Class 1,

EMG Module: Type BF

### Traction table

-Machine equip with different two types of table for treatment on it. -The First one adjustable type and is 65-75 cm wide table with an adjustable height from 45 cm - 100 cm and a working load of 170-185 kg. Optional retractable casters are available.

-The Second one fixed type and is 70-80 cm wide table with a fixed height 81 cm from top to floor and a working load of up to 159 kg.

Also it must comply technically as below:

| Mains Power:             | 230 V, 50 Hz; 120 V, 60 Hz        |
|--------------------------|-----------------------------------|
| Current:                 | 230 V - 1.8 A; 120 V - 3.3 A      |
| Power Input:             | 230 V - 230 W; 120 V - 200 W      |
| Dimensions:              | 190-205 x 65-75 x 58-55 to 102 cm |
| Electrical Safety Class: | Class 1, Type B                   |
| Safety Tests:            | IEC/UL/EN 60601-1, CAN/CSA        |
|                          | C22.2 No. 601.1-M90 w/A2          |

#### **Cervical traction unit**

A portable treatment solution that increases patient compliance and satisfaction

- Blow-off valve limits the amount of force that can be applied.

- Self adjusting neck wedges ensure a perfect fit on the Saunders Cervical traction

-Easy to read pressure gauge provides total control of the force at all times. Pump design incorporates a simple click mechanism and pneumatic system ensures force accuracy and leak-free performance.

-Quick and simple patient set-up enables home traction without assistance

### EMG Module

Provides precise biofeedback of muscle activity with a sensitivity of less than 3 micro volts Specific muscle isolation for re-education, strengthening or rehabilitation; especially useful in pelvic floor rehabilitation and CANS prevention Two channel device which can be operated together or independently Three different stimulation channels available Russian, VMS and Symmetrical Biphasic

### **Patient Interrupt Switch**

-single push button type with connector from which patient or therapist can interrupt treatment anytime.

### Patient Data Card

-Patient data Access card like inbuilt storage chip which store patient data and assessable by patient in machine as user friendly

#### Electrodes

- Electrodes for treatment. Sizes for electrodes are round up 3 or 5 cm etc.

|    | Also it is equip with breathable cloth which is comfort for patient. For patient having sensitive skin.<br>-3 years AMC after completion of warranty   |
|----|--|
| 2. | Combination of electrotherapy (IFT, TENS,RUSSIQN, GALVQNIC etc,<br>Ultrasound Therapy Machine  |
|    | Combination electrotherapy and ultrasound. The unique modularity require in<br>the advanced Therapy System which allows for easy customization.<br>Additional components of different therapy can be added to later with a<br>simple upgrade include and it is like EMG, additional channels of stimulation,<br>laser therapy, vacuum, battery etc   |
|    | Main Unit  |
|    | Main unit consist below features and supports additional accessories, for easy and friendly operation  |
|    | <ul> <li>Supports More than 25 clinical waveforms</li> <li>Having independent electrotherapy channels</li> <li>Supports High resolution color display of all screens</li> <li>Supports Over 200 Clinical Protocols</li> <li>Supports Over 100 User-defined protocol slots</li> <li>Supports Over 10 Quick-link Indications for quick parameter retrieval</li> <li>Having inbuilt Impressive clinical library which includes full color graphic anatomical and pathological libraries on vibrant LCD screen</li> <li>Proper Constant current/constant voltage modes</li> <li>Supports system like Patient Data Cards</li> <li>Operate on 1 &amp; 3 MHz ultrasound frequencies</li> <li>Operate on Pulsed &amp; Continuous Modes with different level (10%-100%)</li> <li>Machine need to be variable duty cycles (16 -100Hz)</li> <li>Ergonomically designed sound heads in 1 -10 cm<sup>2</sup> various sizes</li> <li>Independent intensity and parameter controls for each channel</li> <li>Supports various applicator like</li> <li>Sound head coupling features with both visual &amp; audio feedback</li> <li>Head warming option on sound heads for patient comfort</li> <li>Machine must comply standard electrical Safety class: for electrotherapy: Class I, Type BF &amp; for Ultrasound: Class 1, Type B</li> <li>Machine Must comply safety tests: EC 60601-1 IEC 60601-1-2 IEC 60601-2-5 IEC 60601-2-10</li> <li>Dimension without trolley: L-30-40 x W-20-30 x H- 20-35 cm dimension with trolley : 16.5 " inch Length , 17 " inch width, 34 " inch Height</li> </ul> |
|    | SEMG and sEMG + Electrical Stimulation   |
|    | Provides precise biofeedback of muscle activity with a sensitivity of less than<br>3 micro volts<br>Specific muscle isolation for re-education, strengthening or rehabilitation;<br>especially useful in pelvic floor rehabilitation and CANS prevention<br>Two channel device which can be operated together or independently<br>Three different stimulation channels available Russian, VMS and Symmetrical<br>Biphasic  |
|    | Patient Data Card<br>-Patient data Access card like inbuilt storage chip which store patient data<br>and assessable by patient in machine as user friendly   |

#### Applicator

-It is device that require to apply effected area and this able to connect with machine. It is require and available in different size like 1, 2, 5, 10 cm<sup>2</sup>.

#### **Nylatex Wrap**

-small wrap

#### Electrodes

- Electrodes for electrotherapy and other treatment. Sizes for electrodes are round, square etc. Also it is equip with breathable cloth which is comfort for patient. For patient having sensitive skin

#### **Sponges**

Sponge- 2" x 4" inch in size.

#### Ultrasound gel

-Gel suitable with ultrasound frequency and also not skin sensitive

#### **Optional Accessories**

Patient Interrupt Switch

-single push button type with connector from which patient or therapist can interrupt treatment anytime.

#### **Battery Module**

-support Unique battery module with all arrangement in it and able to recharge.

-Nickel Metal Hydride battery self contained in packs of 10 cells -Battery automatically and continually charges when unit is plugged into mains

Supply

- Lightweight battery

-support dimension of 25-30 cm x 20-21 cm x 2-4 cm

-support electrical safety class: class I, Type BF

-support safety test like: IEC 60601-1, IEC 60601-1-2

#### Laser Therapy Module

- Fully functional device with independent control over all parameters

- Display of energy in choice of joules or joules/cm<sup>2</sup>

-Continuous and pulsed treatment modes with fully variable pulsed frequencies

-Real time feedback of energy delivered

- Full selection of clinical indications specific to laser applicator selected

-Wide variety of LED, Laser Diodes, & Cluster Probes available

-3 years AMC after completion of warranty

# 3. Cold therapy device with compression An integrated pneumatic pump within co

An integrated pneumatic pump within cooler lid provides automated **compression with cold therapy.** 

Intermittent cold and compression is clinically-proven to help reduce postoperative swelling and restore range of motion IC provides both gravity and motorized system for flexibility of care design details such as a whisper quiet motor, an insulated cuff, and quick pad disconnect make the this device flexible, durable, and mobile.

This device provides both gravity and motorized cold and compression therapy for flexibility of care.

A portable 2-in-1 device to deliver effective cold therapy & intermittent compression simultaneously.

|   | An inbuilt re-circulation system in device to maintain the skin temperature at $10^{\circ}\text{C} - 16^{\circ}\text{C}$   |  |  |  |
|---|--|--|--|--|
|   | Must have 30 seconds on/off compression cycle and also come with a well insulated tubing for connecting the device to the cuffs/sleeves  |  |  |  |
| supply with anatomically designed knee, ankle & shoulder cuffs/sleeve |  |  |  |  |
|   | Cuffs/sleeves must be made of dual-layer polyurethane material   |  |  |  |
|   | Have sufficiently sized Velcro to hold the cuff/sleeve ends together   |  |  |  |
|   | Accessories<br>Ankle Cuff<br>-Universal size ankle cuff<br>Knee Cuff<br>-Different size like Medium size - 18" to 23" inch and Large Size-20" to<br>31"inch<br>Shoulder Cuff<br>-Universal size Cuff 32" to 48"inch<br>Back/Hip/Rib cuff<br>-Universal size Up to 45"inch waist<br>Power Supply<br>-the power supply designed to connect to a 240 VAC main circuit<br>-Tube assembly, Lid etc<br>-3 years AMC after completion of warranty   |  |  |  |
|   |  |  |  |  |
| 4.  | <ul> <li>HEAVY DUTY Percussion Unit</li> <li>The unit should have the following features: -</li> <li>20 Volt Brushless motor with internal 24 Volt/150 W Transformer.</li> <li>Variable frequency controls 0-60 Cycle Per Second.</li> <li>Rolling caster stand &amp; accessory tray.</li> <li>Must have Physio kit of 4 different applicators for Soft Massage, Deep Massage, Trigger Point, and Relaxation Drainage.</li> <li>Directional – stroking combines both Horizontal and Vertical Forces.</li> <li>Useful for Physiotherapy, Sports Therapy, Chiropractic, Osteopathy.</li> <li>Operable on 230 Volt/50 Hz.</li> <li>Should have the international safety standard like CE / TUV</li> <li>3 years AMC after completion of warranty</li> </ul> |  |  |  |
| 5.  | Ankle Exerciser<br>Painted aluminium boot with strap to hold the foot is mounted on a laminated<br>base with Stainless steel sheet bracket having two springs for ankle (Dorsi<br>and Plantar flexion) exercises. Resistance can be increased further by<br>tightening spring's nut. Degree of flexion can be<br>measured and recorded.<br>-3 years AMC after completion of warranty   |  |  |  |
| 6.  | <b>Continuous Passive Motion ( CPM ) Machine-For Knee &amp; Hip</b><br>Must be designed to provide anatomical motion of the knee for both adult & paediatric patients  |  |  |  |
|   | -Knee joint to foot sole length must be of range 25cm to 57cm<br>-Hip joint to knee joint length must be of range 31cm to 49cm<br>- Range of knee motion must be -100 extension to 120°flexion   |  |  |  |

|    | <ul> <li>Range of Hip motion must be 00 extension to 1150 flexion</li> <li>Must have a 'warm-up protocol' to ensure patient becomes comfortable with<br/>the set maximum extension and flexion values, starting from the middle<br/>position</li> </ul>   |  |  |  |
|----|---|--|--|--|
|    | -Must have programming unit for precise adjustments of patient-specific therapy parameters  |  |  |  |
|    | -Must have graphical representation facility to indicate overall treatment cyc<br>-Must have patient chip card facility to save/store patient-specific therapy<br>parameters  |  |  |  |
|    | -Speed must be adjusted between 5% and 100% in steps of 5%  |  |  |  |
|    | -Must have 'therapy clock' to indicate the elapsed therapy time<br>-Must have the functional buttons on a remote pendant, which is water proof  |  |  |  |
|    | & shock resistant. Graphic display to be on LCD.<br>-Must have key lock function to prevent accidental changes of the set   |  |  |  |
|    | parameters<br>-Power: 100-240V, 50-60 Hz  |  |  |  |
|    | -Electrical Safety Class: Class I, Type B   |  |  |  |
|    | -Weight must not exceed 11 kilograms<br>-3 years AMC after completion of warranty   |  |  |  |
|    |   |  |  |  |
| 7. | Theraband Wall Station  |  |  |  |
| 1. |   |  |  |  |
|    | MAKE BIOTEK<br>It should use in compact & total body rehabilitation center for in-clinic<br>It should use for strength, balance and core training using Tubing, Stability<br>Trainers and Exercise Ball.  |  |  |  |
|    | It should use in MULTI-DIMENSIONAL comprehensive total body<br>rehabilitation for upper and lower extremities featuring three planes of<br>movement for strength training in addition to core stability, posture and<br>balance training.   |  |  |  |
|    | It should have facility of PATIENT LIBRARY using Exercise Software.<br>It should use in Three dimensional & multi-plane of movement .   |  |  |  |
|    | Standard Accessories  |  |  |  |
|    | Wall Station<br>Two 1m Anodized Aluminum Wall Tracks with Sliding Connection<br>45cm Anodized Aluminum overhang Track with Sliding Connection<br>60cm Anodized Aluminum Crossbar Track with Sliding Connection<br>Two Soft Exercise handles with D-Ring Connector<br>Two Extremity Straps with D-Ring Connector<br>Two Head Strap with D-Ring Connector<br>Eight 12" Tubing Lengths (Pairs of Yellow, Green and Blue) with clip-<br>Connectors<br>Two Wall Station Full Color Posters |  |  |  |
|    | Exercise Station<br>One Portable Base Unit with 6 Clip Connection Points<br>One 90cm Padded Bar with 2 Connection Straps<br>Two Soft Exercise Handles with D-Ring Connector<br>Two Nylon Assist Straps with D-Ring Connector<br>Six 30cm Tubing Lengths (Pairs of Red, Green and Blue) with Clip-<br>Connectors<br>Six 45cm Tubing Lengths (Pairs of Red, Green and Blue) with Clip-<br>Connectors  |  |  |  |

Six 60cm Tubing Lengths (Pairs of Red, Green and Blue) with Clip Connector One 45 cm Exercise Ball One 55 cm Exercise Ball One 65 cm Exercise Ball One Stability Trainer Soft One Stability Trainer Firm -3 years AMC after completion of warranty

Seal

Date

Signature and Seal of Tenderer

A attached copy of certificate from the respective manufacture company indicating your firm as authorized dealer/supplier for their product.

#### ADMINSTRATION OF DAMAN AND DIU, DIRECTOR OF MEDICAL & HEALTH SERVICES COMMUNITY HEALTH CENTER, MOTI DAMAN

No.DMHS/DD/Physio-Instrument 2015-16/3667 Dated: - 11/01/2016.

# (TENDER FORM (FINANCIAL BID)

# "<u>Physiotherapy Instruments / Equipments</u>"

| Sr.<br>No. | Description   | Unit | Rate (A) |
|------------|---|------|----------|
| 1.         | Combination of Traction & Decompression Therapy<br>Machine (rate as per technical specification)  | 01   |          |
| 2.         | <b>Combination of electrotherapy (IFT, TENS,RUSSIQN, GALVQNIC etc, Ultrasound Therapy Machine</b> (rate as per technical specification) | 01   |          |
| 3.         | <b>Cold therapy device with compression</b> (rate as per technical specification)   | 01   |          |
| 4.         | <b>HEAVY DUTY Percussion Unit</b> (rate as per technical specification)   | 01   |          |
| 5.         | Ankle Exerciser (rate as per technical specification)   | 01   |          |
| 6.         | Continuous Passive Motion ( CPM ) Machine-For Knee &<br>Hip (rate as per technical specification)                                       | 01   |          |
| 7.         | Theraband Wall Station (rate as per technical specification)  | 01   |          |

| Sr. | Description  | R                    | ate of AMC           | 2                    | Total        | Rate  | Total     |
|-----|--|----------------------|----------------------|----------------------|--------------|-------|-----------|
| No. |  | 1 <sup>st</sup> year | 2 <sup>nd</sup> year | 3 <sup>rd</sup> year | ( <b>B</b> ) | (A)   | (A) + (B) |
|     |  | а                    | b                    | с                    | a+b+c        | above |           |
| 1.  | Combination of Traction & Decompression Therapy Machine  |                      |                      |                      |              |       |           |
| 2.  | Combination of electrotherapy (IFT,<br>TENS,RUSSIQN, GALVQNIC etc,<br>Ultrasound Therapy Machine |                      |                      |                      |              |       |           |
| 3.  | Cold therapy device with compression   |                      |                      |                      |              |       |           |
| 4.  | HEAVY DUTY Percussion Unit   |                      |                      |                      |              |       |           |
| 5.  | Ankle Exerciser  |                      |                      |                      |              |       |           |
| 6.  | Continuous Passive Motion ( CPM )<br>Machine-For Knee & Hip                                      |                      |                      |                      |              |       |           |
| 7.  | Theraband Wall Station   |                      |                      |                      |              |       |           |

AMC period will grant from the date of completion of Warranty/ Guaranty period

Seal

Signature and Seal of Tenderer

Date

#### ADMINISTRATIN OF DAMAN AND DIU DIRECTORATE OF MEDICAL & HEALTH SERVICES, COMMUNITY HEALTH CENTER, MOTI DAMAN.

### E-TENDER DOCUMENTS FOR PURCHASE OF PHYSIOTHERAPY INSTRUMENTS / EQUIPMENTS TO THE PHYSIOTHERAPY DEPARTMENT, COMMUNITY HEALTH CENTER, MOTI DAMAN.

|     | ELIGIBILITY PARAIVIET  |  |
|-----|--|--|
| 1.  | Name of the Organization   |  |
| 2.  | Postal Address of the Organization   |  |
| 3.  | Telephone / Fax / Mobile No. of the Organization / Firm.   |  |
| 4.  | Status of the Organization/Firm (whether<br>Private or Public Sector undertaking or Sole<br>Proprietor or Partnership or co-operative<br>society etc.) The tender should attach a<br>resolution passed by the Executive Body<br>authorizing the specific officer / partner for<br>signing the documents. |  |
| 5.  | Certificate from the respective manufacture<br>company indicating your firm as authorized<br>dealer/supplier for their product   |  |
| 6.  | Certificate of experience in the field of supply<br>of Physiotherapy Instruments   |  |
| 7.  | Valid Licence  |  |
| 8.  | Proof of fulfilling the norms of ISI/ISO/WHO/GMP   |  |
| 9.  | CE Certified specified specification if any  |  |
| 10. | Copy of dealership letter  |  |
| 11. | Licence for import   |  |
| 12. | PAN CARD No.   |  |
| 13. | Sales Tax / VAT No.  |  |
| 14  | Service Tax if any   |  |
| 15  | Copy of Turnover for Rs.11,40,000/- of the estimated cost during last 3 years up to 31/12/2015   |  |

### ELIGIBILITY PARAMETERS.

Place :

Signature of Tenderer Name of Tender with Seal of the firm

Date :