

**TENDER DOCUMENT FOR SUPPLY OF EQUIPMENTS UNDER NPHCE,
JAJPUR
FOR THE YEAR 2019-2020**

**CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, JAJPUR
(HEALTH & F.W. DEPTT., GOVT. OF ORISSA)**

Bid Reference No. – CDM & PHO/Jajpur (9685/24.12.2019) 2019-2020

DATE OF COMMENCEMENT OF THE BID DOCUMENT : 24.12.2019

LAST DATE & TIME OF RECEIPT OF BID DOCUMENTS : 07.01.2020 at 04.00 PM

DATE & TIME OF OPENING OF COVER-A (Technical Bid) &
(Price Bid) : 08.01.2020 at 11.30 AM

PLACE OF OPENING OF BID DOCUMENTS
AND : Office Chamber, CDM&PHO,
Jajpur

ADDRESS FOR COMMUNICATION
AND : O/o Chief District Medical &
P.H. Officer, Jajpur

RECEIPT OF BID DOCUMENTS

**Email: cdsjajpur@gmail.com
dpmujajpur1@gmail.com**

CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, JAJPUR

Handwritten signature and date: 24/12/19

NOTICE INVITING BID DOCUMENT

Sealed tenders are invited from different bidders having valid PAN Card & GST registration certificate for supply of Equipments under NPHCE, Jajpur as per the specification given by Chief District Medical and Public Health Officer, Jajpur. The Bidders download the Tender Documents directly from the WEBSITE available at www.jajpur.nic.in. The Tender cost fee of Rs.1000/-(One thousand) only and the EMD cost for the tender will be Rs 5000/-(Five thousand) only by Demand Draft drawn in favour of C.D.M.& P.H.O., Jajpur should be enclosed along-with the Technical Bid. The Bidders should specifically super scribe, "DOWNLOADED FROM THE WEBSITE" on the top left corner of the outer envelope containing Technical Bid and Price Bid separately. The Tender cost fee and the EMD amount should be submitted separately in shape of demand drafts in the technical bid. In case of any bid amendment and clarification, responsibility lies with the bidders to collect the same from the website, the CDM&PHO, Jajpur shall have no responsibility for any delay / submission on part of the bidder.

Price of bid document: Rs. 1000.00 (Non-refundable)

The tender paper will be rejected if the bidder changes any clause or Annexure of the bid document downloaded from the website (www.jajpur.nic.in)



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TERMS AND CONDITIONS

Sealed tenders will be received by Dated. **07.01.2020** up to **04.00 P.M** by the CDM&PHO, Jajpur for the Supply of **Equipments under NPHCE, Jajpur.**

- 1.1 Any tender received after the due date & time will be rejected / returned to the sender unopened.
- 1.2 The bidder(s) are to submit their tender in separate sealed covered envelopes for technical bid and price bid by super scribing Cover "A" (Technical Bid) & Cover "B" (Price Bid) and both the covers should be put into a third Cover, which should be super scribed as "Tender for supply of Equipments under NPHCE, Jajpur".
- 1.3 The Sealed tenders "Cover A" (Technical Bid) submitted by the tenderers will be opened in the Office Chamber of the **CDM & PHO, Jajpur** on date **08.01.2020 at 11.30 AM**. The tenderers or their duly authorized representatives are allowed to be present during the opening of the tenders if they so like.
- 1.4 No tender documents can be accepted after the scheduled date and time for receipt of bids.
- 1.5 The scope of work shall include Supply, Installation & commissioning. This will also include delivery & installing at site. The successful bidder will assume full responsibility of the complete system until final acceptance.
- 1.6 The Tax will be charged as per the guidelines given by the Finance Dept., Govt. of Odisha from time to time. Only GST will be paid to the supplier.
- 1.7 The tenders will be received through Regd.post/Speed post/Courier service only.
- 1.8 All legal disputes relating to the purchase etc. are subject to the jurisdiction of court of law at Jajpur.
- 1.9 The authority reserves the right to accept /reject all the bids or any part thereof without assigning any reason thereof.
- 1.10 All the tender paper should be self attest by the bidder.

A. Price:

1. The price quoted for the above items should be inclusive of packing, transportation, insurance, free installation, Trunkey and exclusive of GST and other tax (if any) only. The price should be quoted in price format.

Specifications:-

1. The quoted product should be recent one and as per the specification enclosed at Section-A. (Required catalogue on the product description should be attached with the technical Bid).



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B. Following documents should be submitted with the Technical Bid (COVER-A):-

1. Tender cost of Rs.1000/-
2. Earnest Money Deposit (EMD) of Rs.5,000/-
3. List of items quoted.(Annexure-II)
4. GST registration Certificate of bidders
5. Latest GSTR3B Copy.
6. Catalogue /sample of the quoted items.
8. Photo copy of PAN of the bidding firm
9. Annual Average Turnover of Rs. 1 Crore or more of bidders/firms in the last 3 financial years (Annexure-III).
10. Details name, address, telephone no., Fax, e-mail of the bidder..(Annexure-IV)
11. Declaration as per format.(Annexure-V).
12. Other document/certification as per technical specifications.

C. COVER – B (PRICE BID)

1. The tender format (Price Schedule) in the prescribed form (Annexure-VI) , must be submitted in Cover-B. The price of the item should be quoted inclusive of insurance, packing, forwarding, freight (door delivery), installation, warranty but exclusive of GST and other tax (if any). The rate should be quoted for each item both in figures and words. **In case of difference in words and figures, words will be taken into consideration for evaluation.**
2. The Cover "B" will be opened of successful bidders in the Office Chamber of the CDM&PHO, Jajpur in the presence of the tenderer or their authorized Representatives which will be intimated later.

D. Earnest Money Deposit & Tender processing fee

1. The tender should be accompanied with Earnest Money Deposit (EMD) amounting Rs.5000/- and tender processing fees of Rs.1000/- in shape of Bank Draft from any Nationalized/ Scheduled Bank in favour of CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, JAJPUR, payable at Jajpur should be enclosed along with bid, failing which tender will be rejected.

EVALUATION:

1. The price bid (Cover-B) will be opened only for the bidders qualified in the technical evaluation.
2. The cost of Equipments (inclusion of the transportation, packing & forwarding & onsite warranty + cost of the Turnkey job) but excluding GST will be evaluated.

E. Delivery and Installation:

1. Delivery and installation at the destination point of each item should be completed within 15days from the date of issue of purchase order falling which liquidated damage @ 0.5% per week shall be deducted from final payment, for each week of delay beyond the delivery period up to maximum of 2%.

F. Warranty:

1. All the items should be covered under 2 year **onsite comprehensive warranty** from the date of installation & commissioning.

G. Payment:

100 % payment shall be made after submission of stock entry certificate(s) duly certified by the concerned officer with installation & demonstration certificate/s and warranty certificate.

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List of Items:

1. Traction equipment shoulder wheel and pulley or combo
2. Height adjustment walker
3. Height adjustment walker stick
4. BIPAP/ CPAP
5. Paraffin wax bath
6. Pulse Oxymeter Finger
7. Infra red Radiant Therapy Unit
8. Interferenal Therapy Unit
9. TENS
10. Nebulizer (Heavy Duty)
11. Peg Board
12. Hand Therapy Unit
13. Quadriceps Table



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Specification

Section-A

Description of the Items

1. Traction equipment shoulder wheel and pulley or combo.

1.1. Clinical use:

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

Technical Specification:

A. Shoulder Wheel:

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

B. Over Head Pulley:

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

C. Shoulder Ladder:

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

2. Height adjustment walker

Light weight Walker (w/o wheels), Single button release allows Walker to be folded on M.S. pipe hinge for storage.

3. Height adjustment walker stick

Light weight, elegant and economical anodized Aluminium stick/ cane have a long plastic handle for comfortable grip.

4. BIPAP/ CPAP

BIPAP stands for bi-lable positive airway pressure. It is the breathing apparatus that helps people get more air into their longs.

Technical Specification:

- IPAP 42 to 30 cm
- EPAP 4 to 25 cm
- Breath rate 0 to 30 bpm which spontaneous for time mode.
- Timed inspiration 0.5 to 3.0 sec.
- Rise time 100 to 600 m sec.

- Machine should be based on the solenoid valve technology and should offer preferably auto track sensitivity and adjustable rise time.
- System should be supplied reusable accessories.
- Power input to be 220 to 240 vac.
- UPS of suitable rating with voltage regulation.
- Manufacturer should have ISO Certification.
- Should be CE/ BIS approved product.

5 Paraffin wax bath

- 4.1. Clinical Use: Paraffin wax treatments are used for the Symptomatic relief of pain and stiffness due to Arthritis, Bursitis and Tendonitis, Muscle strains or Sports Injuries. It is basically use as a superficially thermotherapy modality in physiotherapy.
- 4.2. Technical Specification:
- Double walled Construction with adequate insulation made of SS body.
 - Wax tank made of 18-20 gauge Stainless Steel & anodized Aluminium cover Mounted on 5cm dia. Four casters.
 - Capacity- 25 Kg (Min.) to hold 20 Kg Wax
 - Heater- 2000 watts
 - Thermostatic temperature control (30- 90 degree C) – Auto cut-off
 - Thermostat- 30 to 110^oc
 - Perforated steel plate to cover heating element for safety of patient
 - The scope of supply includes 20 Kg of Wax.
- 4.3. Power Supply:
- The unit should work on 230 volt & 50HZ supply
 - The unit should have inbuilt over voltage protection.
- 4.4. Quality Standard:
- The model should be CE/ BIS approved.
 - The manufacturer should be ISO 13485 certified.

6 Pulse Oxymeter Finger

Instant Digital Fingertip Pulse oximeter provides quick and easy to read information on vital parameters of oxygen saturation and Pulse Rate

- Multifunction monitor with measurement of oxygen saturation (SpO₂) and Pulse Rate
- Screen and adjustable brightness
- Easy to carry and handy
- Uses 2 AAA 1.5 V batteries

7 Infra red Radiant Therapy Unit

- a. Clinical Use: An infrared lamp is the means to give superficial thermotherapy. Superficial thermo therapy is effective in pain and stiffness relieving, fasciitis in number of cases like back pain, cervical pain, frozen shoulder. It also use in facilitating healing of chronic ulcers.
- b. Technical Specification:
- Output Power: 150 Watt
 - Cord length: 3 meter.
 - Insulation: Class II (double isolation)
 - Type of lamps: PAR 38 E, 150 W+ prismatic rings for more focus.
 - Make of lamp: Philips/ Osram
- c. **Power Supply:**
- The unit should work on 230 volt & 50 HZ supply

- The unit should have inbuilt over voltage protection.
- d. Quality Standard:**
- The model should be USFDA/ CE (Notified)/ BIS approved.
 - The manufacturer should be ISO 13485 certified
 - The model should be compliance to electrical safety standards of IEC 60601- 1, Complies to IEC 60335

8 Interferential Therapy Unit

- a. Clinical Requirement: is an effective therapy option used for relieve of pain and accelerate the self – healing process, getting your body back to a healthy, pain free state. The high frequency signals of an IFC penetrate through the skin into deeper lying muscle tissues. It also improves circulation to muscles and reduces inflammation, stimulate muscles to contract.
- b. . Technical Specification:
- Digital four channel with LED display interferential therapy device.
 - Rotating Multi vector scale facility
 - Pre-programmed memory with treatment applications
 - Carrier frequency 2000 Hz and 4000 Hz
 - Base frequency 0-150 Hz (1Hz Step), Continuously adjustable
 - Sweep modulation: 1/1 sec, 1/5/1/5 sec, 6/6/ sec.
 - Therapy modes – two pole linear, four pole linear, four poles trapezoidal and four poles non-linear, four pole vector, Russian current and tens mode, faradic and galvanic, plane galvanic, Plane DC mode.
 - Output current 0 – 100 Ma
 - Timer 0- 60 min
 - Indication for improper placement of electrodes for channel 1 and channel 2 separately.
 - With attached trolley
- c. . Power Supply:
- The unit should work on 230 volt & 50 HZ supply
 - The unit should have inbuilt over voltage protection.

Quality Standard:

- The model should be USFDA/ CE (Notified)
- The manufacturer should be ISO 13485 certified
- The model should be compliance to electrical safety standards of IEC 60601-1.

9 TENS

- a. Clinical Requirement: Used for pain relief and treatment. TENS stands for (Transcutaneous Electrical Nerve Stimulation). Which are predominately used for nerve related pain conditions (acute and chronic conditions), muscle spasm, TENS machines works by sending stimulating pulses across the surface of the skin and along the nerves to close pain gates to reduce pain & spasm.
- b. Technical Specification:
- A micro controller based multi programmable transcutaneous electric nerve stimulator.
 - The unit should be a table top model.
 - The unit should have dual Independent Channels.
 - The unit should have Adjustable Timer ranging from 0-90 sec.
 - Adjustable Frequency and Pulse Duration parameters.
 - Therapy mode: Continuous, burst, linear, trapezoidal, triangular and non-linear.
 - Tens Frequency: 2 Hz to 150 Hz Adjustable
 - Pulse Amplitude: 0-80 Ma

- Pulse width 50 msec- 300 msec, variable
- Therapy mode: Continuous, burst, linear, trapezoidal and no – linear
- Parameter selection: Manual and programmed.
- Treatment timer: Digital timer
- Output display: Display for CH1 & CH 2.
- With attached trolley
- c. Power Supply:
 - The unit should work on 230 volt & 50HZ supply
 - The unit should have inbuilt over voltage protection.
- d. Quality Standard:
 - The model should be USFDA/ CE/ BIS certified
 - The manufacturer should be ISO 13485 certified
 - The model should be compliance to electrical safety standards of IEC 60601-1

10 Nebulizer (Heavy Duty)

Power: AC

Medication capacity: 5 ml

Particle size: 0.5 to 10 um

Durability: Should be 4 hours continuous run minimum

Litter flow range: 6-8 lpm

Accessories: Nebulizer, air tube, adult mask, mouthpiece, filters (5 PCS) jet caps.

11 Peg Board

12 Hand Therapy Unit

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

13 Quadriceps Table

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

b. Product Eligibility Criteria:

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

c. Technical Specifications:

- 2 folded top.
- Should be made up of rectangular CRC frame with epoxy power coating.
- Should have facility of are rest with height adjustment.
- Should have 2 inch cushion top seat with high quality rexin cover.
- Should have back rest adjustment with angle range of 5 to 90 degree with locking facility.
- The torque unit should have two lever arms with one adjustable weight and other one providing fixed contact with patient.
- Should have facility of changing the angle between two arms for providing maximum resistance at any point in the range.
- Should have height adjustment facility for torque unit with locking facility.
- Load range should be with maximum 100kg.
- Weight cuffs (6 nos): ½ Kg – 3 Kg (1 each)
- Dumbbell (6 nos) : ½ Kg – 5 Kg (1 each)



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CHECK LIST(To be submitted in **Cover A Technical Bid**)**Note: The documents has to be arranged serially as per the order mentioned in the check list**Please put in the respective box ✓**COVER – A (TECHNICAL BID) DOCUMENTS: SUBMITTED OR NOT**

		PAGE No.	YES	NO
1	List of Item (s) (Annexure II)			
2	Tender document Fee			
3	Earnest Money Deposit			
4	Proof of Annual turnover for preceding 3 financial years. (Annexure III)			
5	Local Contact Address(Annexure-IV)			
6	Declaration by bidders(Annexure-IV)			
7	Other documents/Certificate as per specification			
8	Photocopy of PAN			
9	Photocopy of GST Certifcate			
10	Photocopy of GSTR-3B form			
11	Copy of original Tender and schedules, duly Signed by the Tenderer			
	Total Page No.			

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Annexure II

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

LIST OF ITEM(S) QUOTED

Sl.	Name of Item(s)	Make	Model

Signature of the Tenderer :

Date :

Official Seal:



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

ANNEXURE – III

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

ANNUAL TURN OVER STATEMENT

The Annual Turnover for bidders of
M/s _____ (who is a
manufacturing unit/ importer/Bidder) for the last _____ years are given below and certified that
the statement is true and correct.

Sl.No.	Year	Turnover in Crores (Rs.)
1.	2016-17	
2.	2017-18	
3.	2018-19	

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

Date:
Place:

Signature of Auditor/
Chartered Accountant
(Name in Capital)

Seal

Membership No.-

Registration No. of Firm

Note:

a) To be issued in the **letter head** of the Auditor.

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

DETAILS OF THE TENDERER & LOCAL CONTACT PERSON

	Tenderer details- (The address in which the purchase orders and payment details will be communicated)	Address of Local Contact Person.
Name & Full Address		
Telephone Nos., landline		
Mobile		
Fax		
E – Mail		

**Signature of the Tenderer:
With seal**

**Date:
Official Seal:**



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

DECLARATION FORM

I / Wehaving My /
our.....office
at.....do declare that I / We have carefully read all
(the terms & conditions of tender of the CDM &PHO ,Jajpur, Odisha for the supply of Equipments under
NPHCE, Jajpur . The approved rate will remain valid for a period of one year from the date of approval. I
will abide with **all the terms & conditions** set forth in the **Tender Reference no.** _____

I/We do hereby declare I/We have not been de-recognised / black listed by any State Govt. / Union
Territory / Govt. of India / Govt. Organization / Govt. Health Institutions for supply of Not of Standard
Quality (NSQ) items / non-supply.

I/We agree that the Tender Inviting Authority can forfeit the Earnest Money Deposit and blacklist
me/us for a period of 3 years if, any information furnished by us proved to be false at the time of inspection
/ verification and not complying with the Tender terms & conditions.

I / We do hereby
declare that I / we will supply the _____ as per the terms, conditions & specifications of the
tender document..

Signature of the bidder :

Seal Date :

Name & Address of the Firm:

Affidavit before Executive Magistrate / Notary Public.



To be submitted in Cover B – Price Bid

(PRICE SCHEDULE)

Name of the Item (With Make & Model)	UOM	Unit Price (which includes Instalation, packing, insurance, forwarding / transportation (door delivery) with 2 (two) years onsite warranty) & excludes GST	GST Rate(%)	GST Amount(Rs)	*Total Cost per Unit	Remarks if any
		Cost in Rs. (both in words & figures)				
(1)	(2)	(3)	(4)	(5)	6=3+5	7

* The unit Price shall be taken into account for evaluation. This will exclude the GST and other tax if any.

Signature of the Bidder:

Name

Date :

Place :

Seal

* The unit Price shall be taken into account for evaluation. This will exclude the GST and other tax if any.

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24/11/19.

