

| Items   | Specifications   |
|---|--|
|   | <p>inspection from the manufacturer</p> <p>8.3 Training of staff (medical, paramedical, technicians)</p> <p>1) Training of users on operation and basic maintenance;</p> <p>2) Advanced maintenance tasks required shall be documented</p> <p>9 WARRANTY AND MAINTENANCE</p> <p>9.1 Warranty 3 years</p> <p>9.2 Maintenance tasks "CMC 5 years 2 PM Visits Annually. All Breakdown calls to be attended within 24 hrs of registration."</p> <p>9.3 Service contract clauses, including prices The spare price list of all spares and accessories (including minor) required for maintenance and repairs in future after guarantee / warranty period should be attached;</p> <p>10 DOCUMENTATION</p> <p>10.1 Operating manuals, service manuals, other manuals "Should provide 2 sets (hardcopy and soft-copy) of:-</p> <p>1) User, technical and maintenance manuals to be supplied in English/Hindi language along with machine diagrams;</p> <p>2) List of equipment and procedures required for local calibration and routine maintenance;</p> <p>3) Service and operation manuals (original and copy) to be provided;</p> <p>4) Advanced maintenance tasks documentation;</p> <p>5) Certificate of calibration and inspection"</p> <p>10.2 Other accompanying documents List of important spares and accessories, with their part numbers and cost;</p> <p>11 NOTES</p> <p>11.1 Service Support Contact details (Hierarchy Wise; including a toll free/landline number) "Contact details of manufacturer, supplier and local service agent to be provided; Any Contract (AMC/CMC/add-hoc) to be declared by the manufacturer;"</p> <p>11.2 Recommendations or warnings any warning signs would be adequately displayed</p> |
| <b>Items required for providing RMNCHA services</b> |  |
| Weighing Scale, Infant (10 Kg)                      | <ul style="list-style-type: none"> <li>• Table top, light and portable,</li> <li>• Built in rechargeable battery,</li> <li>• Easy to clean baby tray (acrylic),</li> <li>• Zero weight adjustment facility,</li> <li>• Quick, clear digital read outs with LCD display</li> <li>• Measurement does not change with position of baby on the pan;</li> <li>• Provision to measure the height of the baby in its laying position.</li> <li>• Accuracy: 10g, resolution: 1g, limit: 10gm ~ 10kg</li> </ul>   |

| Items   | Specifications   |
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|   | <ul style="list-style-type: none"> <li>Settings-Auto setting to 0.00 once a the machine is switched on or when no external weight has been put on</li> </ul> <p><b>Dimension :Base: 300mm x 265mm x 85mm, Pan: 510mm x 300mm x 85mm/As per IS standard</b></p> <p><b>Power Requirements-230 V AC &amp; Battery operated-6V, one hour backup</b></p> <p>The Scale should be as per BIS specifications.<br/>The scale should have ISI mark ie IS: 2489 Or CE/USFDA certified. Should have model approval from Legal Metrology Dept., Govt. of India.<br/>The manufacturer shall have the valid license and should have model approval by thelegal metrological Deptt. And the weighing scale must be stamped by the by legalmetrologicalDeptt. In case of distributor, the bidder should have valid distributor andrepair license from legal metrological Deptt., Govt. of Odisha.</p> |
| Vulsellum Uterine                             | Vulsellum Uterine Forceps curved 25.5 cm   |
| Cusco`s/Graves Speculum vaginal bi-valve      | Cusco`s/Graves Speculum vaginal bi-valve small size  |
| Sims retractor/depressor                      | Sims retractor/depressor small size  |
| Sims Speculum vaginal double ended ISS Medium | Sims Speculum vaginal double ended ISS Medium size   |
| Uterine Sound Graduated                       | Uterine Sound Graduated 10-12"   |
| Cord cutting Scissors                         | Cord cutting Scissors- Size 6 inch double action jaw with round handle. Blunt, curved on flat, 160 mm ss   |
| Foetal Doppler                                | <p>A portable, hand-held, battery-powered device assembly consisting of a measuring and display unit and an attached probe or interchangeable probes designed to noninvasively detect foetal heart beats using ultrasound/Doppler technology.</p> <ul style="list-style-type: none"> <li>Water proof probes of 2MHz &amp; 3MHz frequency.</li> <li>Ultra sound Intensity &lt;10mw/ cm<sup>2</sup>,</li> <li>Auto Shut Of Facility to save Battery Power</li> <li>Built –in Speaker, Volume Control Facility and Audio Output for Ear Phone</li> <li>Heart Rate Range should be from 50 to 200 bpm with accuracy of +/-2%,</li> <li>Should be Water Proof Body, Should have Facility for FHR Data transfer to PC.</li> <li>LCD display</li> </ul> <p>Power Requirements AA batteries<br/>Battery operatedAA battery type; Minimum Battery Time of 300 minutes.</p>                    |

| Items                                     | Specifications  |
|---|---|
|   | <p><b>Accessories:</b></p> <ul style="list-style-type: none"> <li>▪ AA battery(rechargeable)-2nos</li> <li>▪ 2MHz probe-1no</li> </ul> <p><b>STANDARDS AND SAFETY:</b></p> <ul style="list-style-type: none"> <li>▪ USFDA or CE(Notified) or UL approved product.</li> <li>▪ Type B or BF, Performance and safety standards (specific to the device type)</li> <li>▪ Shall meet IEC-60601-1-2:2007 Medical electrical equipment - Part 1-2: General requirements for basic safety and essential performance</li> <li>▪ Local and/or international Manufacturer should be ISO 13485 certified</li> </ul>   |
| Suction Machine                           | <p><b>Technical Specification</b></p> <p>0-760 mm Hg <math>\pm</math> 10 regulable<br/> 1/4 HP; single phase motor<br/> flutter free vacuum control knob<br/> Wide mouthed 1 LITRE (Polycarbonate) with self-sealing bungs and mechanical over flow safety device.<br/> Dimensions (metric) : Portable Table top<br/> Noise (in dBA) <b>50 dB A <math>\pm</math> 3</b><br/> Accessories &amp; Spares Collection container &amp; its cap, suction tube tips, a vacuum gauge and control knob.</p> <ul style="list-style-type: none"> <li>• Tubing:8 mm ID x 2 mtr (PVC)</li> <li>• 1 lt polycarbonate jar of 1nos</li> </ul> <p><b>Quality Standard:</b><br/> Quoted model should be USFDA /CE certified,ISO 13485:2003; ISO 10079-1- 1999</p> |
| Ambu Bag (Paediatric size) with Baby mask | <ul style="list-style-type: none"> <li>• Manual resuscitator with transparent face-mask</li> <li>• Child models (750ml, &amp;500ml bag capacity);</li> <li>• Standard 15/22 mm Swivel connector allows connections to all common masks Endo-tracheal Tubes;</li> <li>• Provision to give supplemented oxygen-by-oxygen reservoir providing 100% oxygen;</li> <li>• Non-re breathing valve enabling the patient to inspire oxygen from the reservoir bag.</li> <li>• Should be single hand opera table</li> </ul>  |

| Items                       | Specifications  |
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|                             | <ul style="list-style-type: none"> <li>• Should be easy to disassemble for cleaning and disinfection</li> <li>• Should have pressure release valve at 40cm H2O</li> <li>• Should have silicone oxygen tube 2m length.</li> <li>• 10. It should be upto 40 times autoclavable including bag and washers.</li> <li>• The bag should be made of soft silicone material.</li> <li>• Self-Inflating Resuscitator bag should be of medical grade silicone rubber.</li> <li>• The reservoir should be a PVC bag of 600ml capacity 500ml bag capacity and 1000ml for 750ml bag capacity.</li> </ul> <p><b>1 Accessories (mandatory):-</b><br/>Silicon bellows, Non Rebreathing Valve, 2 meter oxygen tube, Guedel Airway sizes viz 0 and 1, Neonatal Mask of 3 sizes viz 00, 0 and 1</p> <p><b>STANDARDS AND SAFETY</b><br/>ISO 13485; Manufacturer / supplier should have ISO certificate for quality standard.<br/>Should be USFDA / CE (From notified body) approved product or BIS certified<br/>should meet ISO 10651-4 standard requirement</p> |
| <b>Lab Materials</b>        |   |
| Rapid Pregnancy Testing Kit | <p><b>Urine Pregnancy Test:</b><br/><b>Intended of Use:</b> One step hCG Serum/Urine Combo Rapi-Card rapid test for the qualitative detection of human chorionic gonadotropin (hCG) in serum and urine.</p> <ul style="list-style-type: none"> <li>• Serum/Urine Combo Pregnancy Test Cassette is a rapid test that qualitatively detects the presence of hCG in serum and urine specimens at the sensitivity of 20mIU/mL. The test utilizes a combination of monoclonal and polyclonal antibodies to selectively detect elevated levels of hCG</li> <li>• Result should be produced with 1minute.</li> <li>• Accuracy:99%</li> <li>• Sensitivity:20mIU/mL</li> <li>• The test strips should have inbuilt quality control to achieve the above accuracy.</li> </ul> <p><b>Kit Configuration</b></p> <ul style="list-style-type: none"> <li>• Urine Pregnancy Test Rapid Card</li> </ul>   |

| Items   | Specifications  |
|---|---|
|   | <ul style="list-style-type: none"> <li>• Disposable pipette</li> <li>• Instructions for use</li> <li>• Storage condition 2-30 degree</li> </ul> <p><b>Quality Standards:</b></p> <ul style="list-style-type: none"> <li>• The manufacturer should be ISO 13485 certified.</li> <li>• The strips should be USFDA/CE (IVD) approved.</li> <li>• The strips should be DCGI approved.</li> </ul>  |
| <p>Dipsticks for urine test for protein and sugar</p> | <p><b>URINE Complete rapid test reagent strips :</b></p> <ul style="list-style-type: none"> <li>• Urine Reagent Strips are for in vitro diagnostic use only.</li> <li>• Indications for urine test strips: <ul style="list-style-type: none"> <li>▪ Screening for prevention</li> <li>▪ Treatment monitoring</li> <li>▪ Patient self-testing</li> </ul> </li> <li>• Urine Reagent Strips provide tests for the following parameters: <ul style="list-style-type: none"> <li>▪ Glucose</li> <li>▪ Bilirubin</li> <li>▪ Ketone (Acetoacetic acid)</li> <li>▪ Specific Gravity</li> <li>▪ Blood</li> <li>▪ pH</li> <li>▪ Protein</li> <li>▪ Urobilinogen</li> <li>▪ Nitrite</li> <li>▪ Leukocytes</li> <li>▪ Ascorbic Acid in Urine.</li> </ul> </li> <li>• The Urine Reagent Strips should be packaged along with a drying agent in a plastic bottle with a cap to provide complete air tight.</li> <li>• Each strip should be stable and ready to use upon removal from the</li> </ul> |

| Items   | Specifications   |
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|   | <p>bottle.</p> <ul style="list-style-type: none"> <li>• The entire reagent strip should be disposable.</li> <li>• Results are obtained by direct comparison of the test strip with the color blocks printed on the bottle label.</li> <li>• All the reagent strips should be withstand at a room temperature between 15°-30°C (59°-86°F) and out of direct sunlight.</li> <li>• The minimum self-life of the urine strips should be 1 year unopened and minimum 3 months once it is opened.</li> <li>• The required controlled shall be provided along with the strip packet.</li> <li>• The strip pack sizes should be of 25/50/100 sizes.</li> <li>• Urinalysis test strips types <ul style="list-style-type: none"> <li>▪ Ketones- Single test</li> <li>▪ Glucose, Protein &amp; pH- Three parameter</li> <li>▪ Glucose, Protein pH, Leukocytes, Nitrites, Ketones, Bilirubin, Blood, Urobilinogen, and Specific Gravity-10 parameter</li> <li>▪ Leukocytes and Nitrite-Special parameter</li> </ul> </li> </ul> <p><b>Quality Standards:</b></p> <ul style="list-style-type: none"> <li>• The manufacturer should be ISO 13485 certified.</li> <li>• The strips should be USFDA/CE (IVD) approved.</li> <li>• The strips should be DCGI approved.</li> </ul> |
| <b>Items required for providing Speciality services</b> |  |
| <b>Oral Health</b>                                      |  |
| Interdental cleaning aids                               | <b>Wooden/plastic Triangular Sticks</b><br><b>Interproximal Brushes</b>  |
| Dental Probe  | Single Ended with round handle. Made of SS, Handle of size 12mm, and Graduated probe. CPI TN/UNC15 type made of stainless steel 410 /420 grade.  |
| Universal tooth extractor                               | Dental Forceps of standard size for adult use .<br>Straight curvature with Serrated work surface area.<br>Made of Stainless Steel 410 grade.<br>Instrument handle is of English pattern.<br>The set shall be consists of 12 items of universal dimensions.   |

| Items                                | Specifications   |
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| <b>ENT</b>                           |  |
| Torch                                | LED focusing torch with chrome/steel ribbed body (medium size) with battery  |
| Tongue Depressor                     | Wooden flat disposable toungedepressor. Box size:100/Box   |
| Mouth Gag                            | Size-5", Finger ring instrument with grip & locking system.Blades of 1" long &1/4" wide.   |
| Mouth Mirror                         | Angular mirror-2 piecesTo provide indirect vision To retract lips, cheeks, and tongue To reflect light into the mouth.Accurate image from flat surface mirrors, image magnified with concave mirrors.<br>Size of 14mm -22 mm of Plane size.StainlessSteel.Fog free with Flat/round ribbed handle.<br>The mirror shall be made of fiber glass and the handle shall be made of stainless steel 410/420 grade   |
| Tuning fork                          | Nickel-plated steel, material thickness 8 mm, Frequency: 128 Hz / 512 Hz   |
| Nasal Speculum (St. Claire's)*       | Nasal Speculum of length 3" having two 5mm wide x 11mm long blades.  |
| Ear Speculum – metallic, dull finish | Ear Speculum – metallic, dull finish   |
| Jobson-Horne probe                   | Jobson-Horne probe-Curette loop at one end and threaded section at the other end for holding cotton wool<br>Manufactured from carbon filled nylon material to provide better strength and flexibility.   |
| Otoscope                             | <p><b>Otoscope</b></p> <ul style="list-style-type: none"> <li>• GMDN name: Otoscope <ul style="list-style-type: none"> <li>▪ Clinical purpose: An otoscope or auriscope is a hand-held and battery powered device containing illumination and viewing optics medical device which is used to look into the ears. Health care providers use otoscopes to screen for illness during regular check-ups and also to investigate ear symptoms. An otoscope potentially gives a view of the ear canal and tympanic membrane, or eardrum.</li> <li>▪ Used by clinical department/ ward: ENT</li> </ul> </li> <li>• Technical characteristics (specific to this type of device): <ul style="list-style-type: none"> <li>▪ Battery (3.5v) operated,high efficiency Fiber optic LED otoscope with detachable head and handle with high quality optics.</li> <li>▪ The viewing window with 3x magnification.</li> <li>▪ Should have on/off button on the handle for illumination, the handle should be made of Solid metal- chrome slip type shock proof.</li> <li>▪ The light should have minimum colour temperature of 4000k with CRI &gt;90 for Bright and homogeneous illumination with excellent colour rendering.</li> <li>▪ Should have rotating knob to control the intensity of the</li> </ul> </li> </ul> |

| Items | Specifications   |
|-------|--|
|       | <p>otoscope.</p> <ul style="list-style-type: none"> <li>▪ The LED lamp life should be more than 10000 hrs.</li> <li>• User's interface: Manual</li> <li>• Software and/or standard of communication (where ever required) :NA</li> <li>• PHYSICAL CHARACTERISTICS <ul style="list-style-type: none"> <li>▪ Dimensions (metric): Hand Held Portable</li> <li>▪ Weight (lbs, kg): NA</li> <li>▪ Configuration : NA</li> <li>▪ Noise (in dBA) : NA</li> <li>▪ Heat dissipation: NA</li> <li>▪ Mobility, portability : Handheld device</li> </ul> </li> <li>• ENERGY SOURCE (electricity) <ul style="list-style-type: none"> <li>▪ Power Requirements : NA</li> <li>▪ Battery operated : Yes</li> <li>▪ Tolerance (to variations, shutdowns): NA</li> <li>▪ Protection : NA</li> <li>▪ Power consumption : NA</li> </ul> </li> <li>• ACCESSORIES, SPARE PARTS, CONSUMABLES <ul style="list-style-type: none"> <li>▪ Accessories (mandatory, standard, optional); Spare parts (main ones); Consumables / reagents (open, closed system) <ul style="list-style-type: none"> <li>✓ Battery -2nos</li> <li>✓ Reusable EAR specula of 2mm, 3mm, and 4mm three from each. The specula should be autoclavable.</li> <li>✓ Storage case (rigid and steady)</li> </ul> </li> </ul> </li> <li>• ENVIRONMENTAL AND DEPARTMENTAL CONSIDERATIONS: <ul style="list-style-type: none"> <li>▪ Atmosphere / Ambiance (air conditioning, humidity, dust ...) <ul style="list-style-type: none"> <li>✓ Operating condition: Capable of operating continuously in ambient temperature of 10 to 40 deg C and relative humidity of 15 to 90% in ideal circumstances.</li> <li>✓ Storage condition: Capable of being stored continuously in ambient temperature of 0 to 50 deg C and relative humidity of 15 to 90%.</li> </ul> </li> <li>▪ User's care, Cleaning, Disinfection &amp; Sterility issues<br/>Disinfection:Parts of the Device that are designed to come into contact with the patient or the operator should either be capable of easy disinfection or be protected by a single use/disposable</li> </ul> </li> </ul> |

| Items | Specifications  |
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|       | <p>cover.</p> <ul style="list-style-type: none"> <li>• STANDARDS AND SAFETY <ul style="list-style-type: none"> <li>▪ Certificates (pre-market, sanitary, ..); Performance and safety standards (specific to the device type);Local and/or international <ul style="list-style-type: none"> <li>✓ Product should be USFDA/CE approved</li> <li>✓ Should have IEC 60601-1/IEC 60601-1-2/CE (EU) certificate;</li> <li>✓ Manufacturer / supplier should have ISO 13485 certificate for quality standard;</li> </ul> </li> </ul> </li> <li>• TRAINING AND INSTALLATION <ul style="list-style-type: none"> <li>▪ Pre-installation requirements: nature, values, quality, tolerance:NA</li> <li>▪ Requirements for sign-off Certificate of calibration and inspection from the manufacturer</li> <li>▪ Training of staff (medical, paramedical, technicians) <ul style="list-style-type: none"> <li>✓ Training of users on operation and basic maintenance;</li> <li>✓ Advanced maintenance tasks required shall be documented</li> </ul> </li> </ul> </li> <li>• WARRANTY AND MAINTENANCE <ul style="list-style-type: none"> <li>▪ Warranty: 3 years including bulb</li> <li>▪ Maintenance tasks <ul style="list-style-type: none"> <li>✓ Maintenance manual detailing;</li> <li>✓ Complete maintenance schedule;</li> </ul> </li> <li>▪ Service contract clauses, including prices: <ul style="list-style-type: none"> <li>✓ The spare price list of all spares and accessories required for maintenance and repairs in future after guarantee / warranty period should be attached.</li> <li>✓ Free servicing (min. 2/year) during warranty period</li> </ul> </li> </ul> </li> <li>• DOCUMENTATION <ul style="list-style-type: none"> <li>▪ Operating manuals, service manuals, other manuals Should provide 2 sets(hardcopy) of:- <ul style="list-style-type: none"> <li>✓ User, technical, maintenance and service manuals to be supplied along with machine diagrams;</li> <li>✓ List of equipment and procedures required for local calibration and routine maintenance;</li> <li>✓ Certificate of calibration and inspection;</li> </ul> </li> <li>▪ Other accompanying documents List of important spares and accessories, with their part numbers and cost;</li> </ul> </li> </ul> |

| Items  | Specifications   |
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|  | <ul style="list-style-type: none"> <li>• NOTES <ul style="list-style-type: none"> <li>▪ 11.1 Service Support Contact details (Hierarchy Wise; including a toll free/landline number):Contact details of manufacturer, supplier and local service agent to be provided;</li> <li>▪ Any Contract (AMC/CMC/add-hoc) to be declared by the manufacturer;</li> <li>▪ Recommendations or warnings: Any warning signs would be adequately displayed</li> </ul> </li> </ul>  |
| <b>Communicable Diseases</b>                                 |  |
| Malaria Rapid Test Kit                                       | Central store/NVBDCP   |
| Whole blood finger prick HIV Rapid Test & STI screening test | <p><b>Intended of Use:</b> The assay should be able to detect antibodies of HIV1, HIV2 and all the subtypes by detection of antibodies by the agglutination/ Enzyme</p> <p><b>Should be 3rd generation:</b></p> <ul style="list-style-type: none"> <li>• The assay should have sensitivity of 100% or more and specificity of 100% or more as per data from an identified national reference laboratory.</li> <li>• The assay should have solid phase/ particles coated with synthetic and/ or recombination or both types of antigens of HIV1 &amp; HIV2.</li> <li>• Total procedure time should not be more than 30 minutes.</li> <li>• The manufacturers should ensure that: <ul style="list-style-type: none"> <li>▪ The test kit should be packed such that there is a provision to conduct single test at a time;</li> <li>▪ The assay components should include HIV positive and negative serum controls sufficient for conducting 20% of the tests (10% negative and 10% positive controls); and</li> <li>▪ The pack size of HIV rapid test kits should be 30 tests per Kit.</li> </ul> </li> <li>• The manufacturer should be ISO 13485 certified.</li> <li>• The strips should be USFDA/CE (IVD) approved.</li> <li>• The strips should be DCGI approved.</li> </ul> |
| Typhoid rapid test kit                                       | <p><b>Widal test KIT</b></p> <p><b><u>The test kit should have the following configuration</u></b></p> <ol style="list-style-type: none"> <li>1. 'O' Antigen 5ml</li> <li>2. 'H' Antigen 5ml</li> <li>3. AH' Antigen 5ml</li> </ol>  |

| Items                              | Specifications   |
|------------------------------------|--|
|                                    | 4 BH' Antigen 5ml<br>5 Positive control 5ml<br>6 Negative control 5ml<br>7 Test Serum Sample 2 ml<br>8 Glass Slide 1 No.RT<br>9 Disposable Mixing Sticks<br>➤ Result should be within 3 minutes<br><br>➤ Homologuesantigen antibody reaction with no cross reactivity with other salmonellar groups<br><br>➤ High specificity:98%<br>➤ Higher sensitivity:98%<br>➤ Self-life 1year   |
| Rapid test kit for Hepatitis B & C | <p><b>Intended Of Use:</b>HBsAg/HCV Ab Rapid Test is a lateral flow chromatographic immunoassay for the qualitative detection of Hepatitis B surface antigen (HBsAg) and anti-Hepatitis C virus antibodies (IgG, IgM, IgA) in human serum, plasma and whole blood. It is intended to be used as a screening test and as an aid in the diagnosis of infection with Hepatitis B virus (HBV) and Hepatitis C virus (HCV).</p> <ul style="list-style-type: none"> <li>➤ Should be immunoassay/capture principle</li> <li>➤ Should be lateral flow device</li> <li>➤ Should have in built quality control band or dot</li> <li>➤ Should have short interpretation time not more than 10 minutes</li> <li>➤ Should have specificity and sensitivity of 100 %</li> <li>➤ Must be evaluated and approved by NIB</li> </ul> <p><b>Kit Configuration</b></p> <ol style="list-style-type: none"> <li>1. Diagnostics Rapid Card</li> <li>2. HBsAg colloidal gold rapid test strips, each placed in white plastic cassette and packed in foil pouch.</li> <li>3. Instructions for use.</li> <li>4. 1 vial of sample diluent.</li> </ol> <p><b>Sensitivity</b> 100 %<br/> <b>Specificity</b> 100 %</p> |
| NCD                                |  |
| Glucometer with strips and lancet  | <p style="text-align: center;"><b><u>GLUCO METER</u></b></p> <p><b>Description of Function:</b></p> <p>A glucose meter (or glucometer) is a medical device for determining the approximate concentration of glucose in the whole blood.</p> <p><b>Product Quality Standards:</b></p> <ul style="list-style-type: none"> <li>• Should be USFDA/CE (Notified) of the quoted model</li> <li>• Manufacturer should be ISO certified for quality standards.</li> </ul>  |

| Items                                 | Specifications   |
|---------------------------------------|--|
|                                       | <p><b>Technical Specifications</b></p> <ul style="list-style-type: none"> <li>• Small, portable and user friendly device is required. Blood should not go into the glucometer while measurement.</li> <li>• It should be able to measure whole blood in capillary mode.</li> <li>• Minimum analytical range: 30 – 600 in mg/dl.</li> <li>• Accuracy should be as per International Standard ISO 15197- Requirements for blood-glucose monitoring systems for self-testing in managing diabetes mellitus.</li> <li>• Reproducibility/Precision: +/- 5%</li> <li>• Display should be 43mm± 5 mm measured diagonally.</li> <li>• It should be battery operated electronic system and the battery life should be for at least 1000 tests.</li> <li>• Shelf life of strips: Minimum 12 months at the time of delivery to consignee.</li> <li>• Packing of strips: not more than 50 strips in a pack. Strips should work min. 3 months after opening of strips pack.</li> <li>• Control solution for checking reliability of strips will be supplied free of cost as &amp; when required.</li> <li>• Ready availability of reagent test strips, battery &amp; other consumables across Odisha for at least 5 years.</li> <li>• Machine should be supplied with lancing device of 2nos.</li> <li>• <b>Machine should have 4 yrs. of replacement warranty.</b></li> </ul> <p><b>Equipment Configuration:</b></p> <ol style="list-style-type: none"> <li>1-Glucometer-1no</li> <li>2-Lancing Device-2no</li> <li>3-Standard batteries-1Set</li> <li>4-Carrying case-1</li> <li>5-Instruction manual</li> <li>6-Warranty card</li> </ol> <p><b>Consumables:</b></p> <ol style="list-style-type: none"> <li>1. 115 nos. single use auto-disabled lancets in multi packs.</li> <li>2. Test strips -100 nos. in two packs</li> <li>3. Control strip.</li> </ol> |
| VIA Kit for screening cervical cancer | <p><b>VIA –Visual Inspection with acetic Acid kit:</b></p> <ul style="list-style-type: none"> <li>• Acetic Acid 0.5%=100ml=2bottles</li> <li>• Cotton swabs-1 pack of 100 swabs</li> <li>• LED focusing torch with chrome/steel ribbed body (medium size) with battery</li> <li>• Glass Slides -1 packet of 100 slides</li> </ul>  |

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| Items                      | Specifications  |
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|                            | <ul style="list-style-type: none"> <li>• Cosco speculum Made of SS 410 grade. Medium Size</li> <li>• Sterilized disposable gloves-1 packet of 100 gloves</li> <li>• Good Quality bag/pouch for storing the above mentioned items</li> </ul> |
| <b>Ophthalmic services</b> |   |
| Snellen vision chart       | Snellen vision chart  |
| Near vision chart          | Near vision chart   |
| Color Vision Chart         | Color Vision Chart  |

#### **FW family planning Bio medical Equipment**

1. NSV KIT
2. IUCD Kit
3. Minitap Kit
4. PPIUCD

#### **8. The lists of items of Physiotherapy & geriatric Equipment & Instrument.**

1. Examination Table
2. Wheel chair-
3. Partition screens-
4. Traction equipment: shoulder wheel and pulley or combo.
5. Height adjustment walker-
6. Height adjustment walking Stick-
7. BIPAP (Continuous positive air pressure)/ CPAP (Billable positive air pressure) -.
8. Paraffin wax bath-
9. Pulse Oximeter finger-
10. Infrared radiation Therapy unit-
11. Patient Monitor (5 Parameter)-
12. Interferential Therapy unit (IFT)-
13. TENs (Transcutaneous Electrical Nerves stimulator)- .
14. Nebulizer (Heavy duty)-
15. Peg board-
16. Hand therapy unit.
17. Quadriceps Table-
18. Weighing machine-
19. Head light
20. Foreign Body Removal Forceps
21. Tooth Model
22. Tooth Extraction Forceps set
23. Binocular Microscope
24. Stadiometer
25. Peak Flow Meter
26. Hydro Collator Unit

## TECHNICAL SPECIFICATION

### **1. Lumbar & Cervical Traction with Bed**

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

#### **1.2 Technical Specification:**

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

#### **1.3. Power Supply:**

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

#### **1.4. Quality Standard:**

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

#### **1.5. TRACTION BED (MANUAL)**

- Traction Bed – 3Fold sliding for horizontal cervical and lumbar traction
- Made of complete MS frame with wooden TOP

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

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

## 2. Interferential Current Therapy Unit (Combo)

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

### 2.2: Technical Specification:

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

### 2.3: Power Supply:

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

### 2.4: Quality Standard:

- The model should be USFDA/CE (Notified)
- The manufacturer should be ISO 13485 certified
- The model should be compliant to electrical safety standards of IEC60601-1

### 3. Transcutaneous electrical nerve stimulation (TENS)

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

#### 3.2: Technical Specification:

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

#### 3.3: Power Supply:

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

#### 3.4: Quality Standard:

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

### 4. Muscle stimulator unit (FC/GC)

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

#### 4.2: Technical Specification:

- The device should produce Faradic and Galvanic types of current with variable Pulse width
- Should have provision for Galvanic & Faradic Curve
- The unit should have LCD display for therapy type and time along with all user settings infaces.
- Facility to plot SD Curve and Ionotophoresis
- Pulse duration, rest period, timer, intensity control Buzzer

- The unit should have treatment modes: Galvanic, Int.Galvanic, Faradic, & Surged Faradic,

#### 4.3: Galvanic Mode:

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

#### 4.4: Faradic Frequency - 100 PPM

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

#### 4.5: Accessories:

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

#### 4.6: Power Supply:

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

#### 4.7: Quality Standard:

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

## 5. Therapeutic Ultrasound Unit( Dual Frequency)

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

### 5.2: Technical Specification:

- It should be double frequency ultrasound machine.
- Modes of operation should be in continuous and pulsed
- It should have at least in 4 different settings for Pulse ratio.
- Maximum output 2.5-3 watts/Sq.cm.
- Output frequency 1 MHz and 3MHz
- Treatment time should be adjustable from 0-30 minutes
- Automatic alarm should be their on completion of the treatment.
- Digital LCD display to indicate the output in w/cm<sup>2</sup> and other required services.
- All settings should be provided using touch panel.

- Both the transducer should be high quality water and impact resistant.
- The beam type :Divergent/Collimated
- Transducer: The Effective radiating area should be of 0.5 to 0.8mm for 1MHz and 0.4 to 0.6mm for 3MHz.
- The Beam Non uniformity Ratio (BNR) for both the transducer should be 4-6.
- With attached trolley

#### 5.3: Power Supply:

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

#### 5.4: Quality Standard:

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

### 6. Shock wave Therapy unit:

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

#### 6.1: Technical Specification:

It should be a table top model:

#### 6.2: Console:

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

#### 6.3: Shockwave Applicator Hand Piece

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

#### 6.4: ACCESSORIES:

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

#### 6.5: Power Supply:

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

#### 6.7: Quality Standard:

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

### 7. Therapeutic Laser Unit (Physiotherapy)

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

#### 7.1: Technical Specification:

- Table top model consists of laser console, delivery system with accessories.
- Operating Frequency range 2Hz - 20kHz
- The unit should have facility to show the power in joules once the therapy time is set and Vis-a-vis.
- Timing range between 0-99 Minutes
- The unit should provide with two probes as single point and cluster type along with scanner.
- Probe -1:
- Power output range: 100mW at 905nm
- Probe-2:
- Power output of 10mW at 640nm
- Scanner: -

- Should have inbuilt predefined programme for easy/ default operation
- The unit should have LCD display for parameter set & delivered etc
- Should have inbuilt memory for patient database.
- The unit should have two separate cannal for connecting two probes for simultaneous operation.
- The unit should be operated in continuous and pulse modes pf operation.
- Laser Dosage: 0.1-100 J/cm<sup>2</sup>
- Therapy area 0.1-100 cm<sup>2</sup>
- Laser class 3B

#### 7.2: ACCESSORIES:

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

#### 7.3: Power Supply:

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

#### 7.4: Quality Standard:

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

### 8. Infra Red Therapy unit with stand

**8.1: Clinical Use:** An infrared lamp is the means to give superficial thermotherapy. Superficial 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.

#### 8.2: Technical Specification:

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

#### 8.3: Power Supply:

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

#### 8.4: Quality Standard:

- The model should be USFDA /CE(Notified )/BIS approved .
- The manufacturer should be ISO13485 certified
- The model should be compliance to electrical safety standards of IEC60601-1, Complies to IEC 60335

## 9. PhysioHydrocollator unit

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

### 9.2: Technical Specification:

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

### 9.3: Power supply

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

### 9.4: Quality Standard:

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

Accessories must include:

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

## 10. Paraffin Wax Bath Unit:

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

### 10.2: Technical Specification:

- Double walled Construction with adequate insulation made of SS body.
- Wax tank made of 18-20 gauge Stainless steel & anodized Aluminium cover Mounted on 5cm dia. Four casters.
- Capacity – 25 Kg (Min.) to hold 20 Kg Wax
- Heater - 2000 watts
- Thermostatic temperature control (30 - 90 degree C) - Auto cut-off

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- Thermostat - 30 to 110o C
- Perforated steel plate to cover heating element for safety of patient
- The scope of supply includes 20 Kg of Wax.

#### 10.3: Power Supply:

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

#### 10.4: Quality Standard:

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

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

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

#### 11.2: Technical Specification:

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

#### 11.3: Power Supply:

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

#### 11.4: Quality Standard:

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

### **12. Vacuum Therapy Unit**

#### **12.1: Clinical Use:**

- Decrease or relieve pain and inflammation from injury or chronic conditions.

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

#### **12.2: Technical Specification:**

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

#### **12.3: Power Supply:**

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

#### **12.4: Quality Standard:**

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

### **13. Knee and Hip Auto Passive mobilise**

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

#### **13.2: Technical Specification:**

- The device should provide anatomical motion of the knee & hip for the adult and pediatric patient.
- Gear mechanism for continuous operation.
- Can be used for both left and right portion of the patient.
- Must be well cushioned for comfortable feel.
- Should have adjustable flexion angle up to 120 degree

- Provided with patients safety switch.
- Treatment timer : 0 to 60 min
- Features for Up & Down control limit button to control reverse direction movement
- Flexion delay : 5,10,15 sec
- Extension Delay : 5,10,15 sec

#### 13.4: Power Supply:

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

#### 13.5: Quality Standard:

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

### 14. Shoulder, Elbow and Wrist auto passive mobiliser

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

#### 14.2: Technical Specification:

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

#### 14.4: Power Supply:

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

#### 14.5: Quality Standard:

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

### 15. Parallel Bar

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

#### 15.2: Technical Specification

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

#### 15.3: Minimum dimension of the structure:

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

### 16. Stair climbing training unit

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

#### 16.2: Technical Specification

- The stair case shall be a Small Up and Down type with 6step UP and 4 step down.
- The patient can ascend and descend without turning.
- The stairs are to be 10" of minimum depth.
- The total length of the stair case should be fitted with two full width rails
- It should bear a load capacity under normal for all category of patient.

- Can be easily sifted to any space.
- Dimension:
- For down four steps: 10"L x 30" W x 6" H
- For UP four steps : 10"L x 30" W x 4" H
- The base platform: 24"Lx 30"W x 24" H
- Complete unit shall be made of good quality Poly Wood of water and termite resistance
- The supplier should be ISO certified.

## **17. Adult Trampoline**

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

### **17.2: Technical Specification:**

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

### **17.3: Quality specification**

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

## **18. Tilt Table (Electrical)**

### **18.1: Clinical use:**

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

### **18.2: Technical specification:**

- It should function like an electric operated table with vertical to horizontal tilt is achieved with an easy-to-turn.
- Crank is angled to provide leverage for maximum lifting efficiency.
- The table should have three positioning (0-90 degree) straps for security on raising the patient.

- Should have minimum 28" wide surface with an extra-wide footboard (20"W x 18"D),
- Minimum 2"-thick high-density (40) foam/Moulded foam padding.
- Made of heavy-duty steel frame with vinyl upholstery.
- Surface area: 28"W x 78"LL x 33"H (approx.). approximate
- The table should be operate on 230Volt, 50Hz AC electricity supply

**Standard Quality**

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

## 19. Manual therapy Bed unit

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

### 19.2: Technical Specification:

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

## 20. Wage board:

### 20.1: Clinical use:

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

### 20.2: Technical specification:

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

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

### **21.1: Clinical use**

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

### **21.2: Technical Specification:**

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

## **22. Therapeutic Mat:**

### **22.1: Clinical use:**

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

### **22.2: Technical Specification**

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

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

### **23.1: Clinical use:**

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

### **Technical Specification:**

#### **A. Shoulder Wheel:**

- It should be a wall mounted one.
- The wheel for use of adult and pediatric

- The motion arc can be adjustable from 10 to 38 inches by adjusting the handle.
- The wheel shall be mounted on a two chrome plated height adjustable (8" to 26") rails.
- The resistance can be varied by turning the resistance knob.
- The manufacturer should be ISO certified

**B. Over Head Pulley:**

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

**C. Shoulder Ladder:**

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

**24. Foot Bath Unit**

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

**24.2: Technical specification:**

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

**25. Quadriceps training unit including weight cuffs & dumbbells:**

**25.1: Clinical Use:**

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

**25.2: Product Eligibility Criteria:**

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

**25.3: Technical Specifications:**

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

## **26. Treatment wooden beds with Mattress**

### **Technical Specification:**

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

## **27. Hand rehabilitation Therapy unit**

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

### **27.2: Technical specification:**

- Hard-wood table with laminated top, size 25" x 35" x 30" high.
- Fitted with 6 pulleys in a steel frame. Leather loops and nylon cord passing through the pulleys with adjustable hanging weight underneath for Fingers Hand, Wrist and Forearm exercises.
- Especially for Metacarpo-phalangeal & Inter-phalangeal joints.
- Provided with Supinator/Pronator and Wrist-Circum-duction wheel for Wrist exercises.
- Comes with Five sets of weights, each set consists of 5 weights of one each of 100, 200, 300, 400 and 500 grms.
- Attached hand gym kit board on table top. Which have following features
  - Laminated exercise board with storage drawer,
  - Have several holes to fix Pegs and springs.
  - Comes with One finger Disc, One Roller, Three Spring loaded Knobs, 3 Aluminum pegs and 3 Sets of Springs of different tensions.

- The unit permits active flexion and extension exercises of the finger and grip.
- Therapy Putty: FIVE packs of 450gm each in five different resistances.
- Medicine Ball Set: FIVE balls, 1, 2, 3, 4 & 5kg.

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

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

### **28.1.2: Technical specification:**

- With each roll of 15cm wide x 5 meter long bands. Full Set of Five rolls come in following FIVE resistances for adult use.
  - (a) Light: Yellow.
  - (b) Medium-Light: Red.
  - (c) Medium-Heavy: Green.
  - (d) Heavy: Blue.
  - (e) Extra-Heavy: Black.

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

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

## **30. Diagnostic equipments**

### **30. 1. BP apparatus:**

- Technique: Aneroid
- Shock proof
- Latex free, Light weight ; easy to carry
- Range of BP monitoring : upto 300mm Hg with a accuracy of +3Hg
- The housing of the meter should be made of good quality thermoplastic/ corrosion proof aluminum alloy.
- The insufflations bulb should be made of good quality material and should allow rapid insufflations.
- The pressure release valve should permit precise release of pressure and also allow fast deflation.
- Micro filter must provide to protect air release valve and measuring system.
- Spoon-shaped grip made of stainless steel.
- The device should be shock resistant
- Should be supplied with a good quality carrying case
- Should be supplied with following reusable cuffs: Child, and Adult.

- The cuff should be latex free. The cuff surface should be easily cleanable by wash.
- The equipment should have comprehensive warranty for 3 years. The calibration should be for 3 years free.
- The instruments should be CE marked (certificate to be submitted in technical bid)
- Manufacturer should be ISO 13485 approved

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

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

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

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

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

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

**30.5 Knee hammer:**

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

**30.6 Plumb unit:** Metallic plum with nylon thread

**30.7 Stadio meter:**

- The measuring rod can be dismantled into several pieces and can be set easily.
- The scale must be printed along the side of the measuring rod.
- Measuring range (Both in cm & inch) : 20-205 cm and 8 - 81".
- Graduation of measuring rod: 1mm / 8inch.

- The structure should be made of ABS plastic.
- The product should be CE certified (certificate to be submitted in technical bid)
- The manufacturer should be ISO certified
- Warranty : 1 Year

**30.8 Weighing scale:**

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

**30.9 Inch tape:**

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

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

Technical specification:

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

## 10. Waste Management Item

| Sl.No | Item   | Specification  | Rate inclusive of all taxes |
|-------|--|--|-----------------------------|
| 1     | Color Coded Bins with Bio Hazard symbol                        | Size: 10 liter, 30 liter & 50 Liter, HDPE Material with Flip cover ISO Certified Colors Red, Yellow, Blue, and Black. Each bin is branded with water proof material with Bio Hazard symbol, Colour Pictorial Message in Odia and English printed with Govt. of Odisha, CDMO, Kendrapara supply |                             |
| 2     | White Puncture Proof container with lid with Bio Hazard Symbol | Size: 5 litter ,Plastic with an imprint of text on the bins in Odia and English printed with Govt. of Odisha ,CDMO Kendrapara supply,  |                             |
| 3     | Electric needle Syringe Terminator                             | Body shock proof product with One year warranty  |                             |
| 4     | Manual needle syringe Destroyer/Hub cutter                     | Plastic and stainless steel  |                             |
| 5     | Hepatitis B Vaccine(Biological E                               | 10ml vial dose (10dose)  |                             |
| 6     | Tetanus Toxoid   | 10ml vial dose   |                             |
| 7     | PPE  | (Gun boot) Gloves Heavy duty rubber gloves, Cloth face mass, Cloth head cap Reusable Rubber /plastic apron   |                             |
| 8     | Trolley  | Iron Body, 25mmX25mmX5mm angle ,25mm wheel bar ,16G GI sheet, Fibre wheel , 3'X2'x1.5' size  |                             |
| 9     | Portable weighing Machine (Scale with sling )                  | With capacity up to 50 KG  |                             |
| 10    | AD Syringe   | 0.5 ml   |                             |
| 11    | AD Syringe   | 1 ml   |                             |
| 12    | Sodium Hypo chloride 5ltr Jar                                  | 1% Solution  |                             |

**11. LIST OF PANCHAKARMA AYURVEDA MEDICINE**

| <b>A-: ARISHTAM</b> |                           |                |
|---------------------|---------------------------|----------------|
| <b>SL.NO.</b>       | <b>PRODUCT NAME-:</b>     | <b>Remarks</b> |
| 1                   | ABHAYAARISHTAM            |                |
| 2                   | ASHOKARISHTAM             |                |
| 3                   | AMRUTHARISHTAM            |                |
| 4                   | ASHWAGANDHAARISHTAM       |                |
| 5                   | DASHMOOLARISHTAM          |                |
| 6                   | JEERAKAADYARISHTAM        |                |
| 7                   | KHADIRAARISHTAM           |                |
| 8                   | MRUTHASANJIEEVANI         |                |
| 9                   | SAARASWATHAARISHTAM       |                |
| <b>B-: AASAVAM</b>  |                           |                |
| <b>SL.NO.</b>       | <b>PRODUCT NAME-:</b>     |                |
| 1                   | CHANDANAASAVAM            |                |
| 2                   | KUMAARVAASVAM             |                |
| 3                   | PANCHAKOLAASAVAM          |                |
| 4                   | LOHAASAVAM                |                |
| 5                   | SHAARIBAADYAASAVAM        |                |
| 6                   | PIPPALYAASAVAM            |                |
| <b>C-: CHOORNAM</b> |                           |                |
| <b>SL.NO.</b>       | <b>PRODUCT NAME-:</b>     |                |
| 1                   | AVIPATHICHOORNAM          |                |
| 2                   | HINGUVACHADI CHOORNAM     |                |
| 3                   | KALLYAANAKAAVALEHAM       |                |
| 4                   | KOLAKULATTHAADI CHOORNAM  |                |
| 5                   | NAASIKA CHOORNAM          |                |
| 6                   | THAALEESAPATRADI CHOORNAM |                |
| 7                   | VARAA CHOORNAM            |                |
| 8                   | VYSHWAANARA CHOORNAM      |                |
| 9                   | PUSHYAANUGA CHOORNAM      |                |
| <b>D-: GULIKA</b>   |                           |                |
| <b>SL.NO.</b>       | <b>PRODUCT NAME-:</b>     |                |
| 1                   | AMRUTHA GULGULU GULIKA    |                |
| 2                   | CHANDRAPRABHA GULIKA      |                |

|        |                                |  |
|--------|--------------------------------|--|
| 3      | DHAANWANTHARAM GULIKA          |  |
| 4      | GULGULU PANCHAPALAM GULIKA     |  |
| 5      | KAANCHANAARA GULGULU GULIKA    |  |
| 6      | KAANKAAYANAM GULIKA            |  |
| 7      | KAISHORA GULGULU GULIKA        |  |
| 8      | LAKSHA GULGULU                 |  |
| 9      | MAANASAMITRA VATAKAM           |  |
| 10     | MAHAAYOGARAADA GULGULU GULIKA  |  |
| 11     | MANDOORA VATAKAM               |  |
| 12     | SHIVA GULIKA                   |  |
| 13     | THRIPHALA GULGULU GULIKA       |  |
|        | E-: KASHAAYAM                  |  |
| SL.NO. | PRODUCT NAME-:                 |  |
| 1      | AAMAVAATHA HARAM KASHAYAM      |  |
| 2      | AARAGWADHAM KASHAAYAM          |  |
| 3      | ASHTAVARGAM KASHAAYAM          |  |
| 4      | BALAAJEERAKAADI KASHAAYAM      |  |
| 5      | CHIRUVILWADI KASHAAYAM         |  |
| 6      | DASHMOOLA KATUTHRAYAM KASHAYAM |  |
| 7      | DHANADANAYANAADI KASHAAYAM     |  |
| 8      | GANDHARVAHASTTHADI KASHAAYAM   |  |
| 9      | GULGULU THIKTHAKAM KASHAAYAM   |  |
| 10     | GULOOCHYADI KASHAAYAM          |  |
| 11     | KOKILAAKASHAM KASHAAYAM        |  |
| 12     | MAHAARAASNAADI KASHAAYAM       |  |
| 13     | MAHAAMANJJISHTAADI KASHAAYAM   |  |
| 14     | MUSALEE KHADIRADI KASHAAYAM    |  |
| 15     | PRASAARANVAADI KASHAAYAM       |  |
| 16     | RAASNAASAPTHAKAM KASHAAYAM     |  |
| 17     | RAASNEIRANDAADI KASHAYAM       |  |
| 18     | VARANADI KASHAAYAM             |  |
| 19     | SAHACHARAADI KASHAAYAM         |  |
|        | F-: LEHYAM                     |  |
| SL.NO. | PRODUCT NAME-:                 |  |
| 1      | BRAHMA RASAAYANAM              |  |
| 2      | ASHWAGANDHADI LEHYAM           |  |

|        |                                    |  |
|--------|------------------------------------|--|
| 3      | GOMOOHRA HAREETHAKI LEHYAM         |  |
| 4      | HARIDRAA KAANDAM                   |  |
| 5      | VYOSHAADI VATAKAM                  |  |
| 6      | BRAHMI GHRUTHAM                    |  |
| 7      | JEEVANTHYAADI GHRUTHAM             |  |
| 8      | MAHAAKALLYAANAKA GHRUTHAM          |  |
| 9      | MAHAAKALLYAANAKA GHRUTHAM          |  |
| 10     | MAHAATHIKTHAKA GHRUTHAM            |  |
| 11     | PANCHAGAVYA GHRUTHAM               |  |
|        | G-: AVARTHI                        |  |
| SL.NO. | PRODUCT NAME-:                     |  |
| 1      | DHAANWANTHARAM 101 AVARTHI CAPSULE |  |
| 2      | KSHEERABALA 101 AVARTHI CAPSULE    |  |
|        | H-: THAILAM                        |  |
| SL.NO. | PRODUCT NAME-:                     |  |
| 1      | GANDHARVVAHASTHAADI THAILAM        |  |
| 2      | ANU THAILAM                        |  |
| 3      | SAHACHARAADI THAILAM               |  |
| 4      | PINDA THAILAM                      |  |
| 5      | DHAANWANTHARAM THAILAM             |  |
| 6      | KOTTAMCHUKKADI THAILAM             |  |
| 7      | KSHEERABALA THAILAM                |  |
| 8      | PRASAARANEE THAILAM                |  |
|        | I-: LEPAM                          |  |
| SL.NO. | PRODUCT NAME-:                     |  |
| 1      | JAATHYAADI GHRUTHAM                |  |
| 2      | RASOTTHAMAADI LEPAM                |  |
| 3      | MAHAATHIKTHAKA LEPAM               |  |

b

## CHECK LIST

Please put  in the respective box

## DOCUMENTS submitted

| Sl. No. | Details  | Provided or not |    |
|---------|--|-----------------|----|
|         |  | Yes             | No |
| 1.      | Cost of tender document Rs. 1000 /-(Rupees one thousand ) only   |                 |    |
| 2.      | Earnest Money Deposit Rs 20000/-(Rupees twenty thousand only)(Not Applicable for SSI UNITS)  |                 |    |
| 3.      | List of items being quoted with specification and strength   |                 |    |
| 4.      | Duly attested Valid up-to-date Photocopy of Manufacturing License/Drug License<br>N.B.-Information will be supplied by the bidder as per the format given in annexure No-II  |                 |    |
| 5.      | Details of Manufacturing Unit / contact person for Liaisoning / local office in Odisha   |                 |    |
| 6.      | Valid up-to-date WHO GMP/ GMP certificate<br>N.B.- Information will be supplied by the bidder as per the format given in annexure No-II  |                 |    |
| 7.      | Valid up-to-date ISO Certificate<br>N.B.- Information will be supplied by the bidder as per the format given in annexure No-II   |                 |    |
| 8.      | Attested photo copy for Purchase order of Lab. Materials, Consumables, Reagents, Drugs and Medical Consumables, Instrument & Equipment from Govt./Corporate/PSU Hospitals in India in support of marketing experience for last 3 years. (Marketing experience for supplier to retailer is not allowed) |                 |    |
| 9.      | The annual average turnover of the bidder should be Rs 1 Crore or more during the last three financial years certified by a Chartered Accountant. (Annexure VII)   |                 |    |
| 10.     | Authorization letter of the Manufacturer if the bidder is an authorized distributor (Annexure VI)<br>N.B.- Information will be supplied by the bidder as per the format given in annexure No-II  |                 |    |



(To be submitted in Cover A -Technical Bid)

**DETAILS OF THE BIDDER & LOCAL CONTACT PERSON**

|                             | <b>Corporate Office<br/>(The address in which the<br/>purchase orders and payment<br/>details will be communicated)</b> | <b>Local Contact Person / Branch<br/>Office / Zonal Office / if any, in<br/>Odisha.</b> |
|-----------------------------|---|---|
| Name & Full Address         |   |   |
| Telephone Nos.,<br>landline |   |   |
| Mobile                      |   |   |
| Fax                         |   |   |
| E – Mail                    |   |   |

**Signature of the Bidder:  
With seal**

**Date:**

**Official Seal:**

(To be submitted in Cover A -Technical Bid)  
DECLARATION FORM

I / We .....having My / our  
.....office the at  
.....do declare that I / We have carefully read all the  
terms & conditions of tender of the Chief District Medical Officer, Kendrapara, Odisha for  
the supply of drugs and medical consumables. 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** of  
the **Tender Reference no.** \_\_\_\_\_

I/We do hereby declare I/We have not been de-recognized / 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 2 years if any information furnished by us proved to be false at the  
time of inspection / verification and not complying with the Tender terms & conditions.

I/We further declare that I/We possess valid manufacturing license / Drug License bearing  
No. (s) .....Valid upto ..... I / We  
..... do hereby declare that I / we will supply the  
\_\_\_\_\_ as per the terms, conditions & specifications of the tender document.

Signature of the bidder :  
Seal Date :

Name & Address of the Firm:

(To be submitted in Cover A -Technical Bid)  
MANUFACTURER'S AUTHORISATION FORMAT

To

The Chief District Medical Officer,  
Kendrapara, Deptt. Of Health & Family Welfare  
Govt. of Odisha.

Ref: Tender No. \_\_\_\_\_ Dated \_\_\_\_\_ for supply of drugs and  
medical consumables.

Dear Sir,

We, \_\_\_\_\_ are the manufacturers of \_\_\_\_\_  
\_\_\_\_\_ having factories at \_\_\_\_\_.

1. Messrs \_\_\_\_\_ (name and address of the agent) is our authorized agent for  
sale of \_\_\_\_\_ (name of items)
2. We confirm that Messrs. \_\_\_\_\_ (name of the above agent) is authorized to  
submit a tender, and enter into a contract with for the above goods manufactured by us.

Yours faithfully,

\_\_\_\_\_  
\_\_\_\_\_

(Signature with date, name and designation)

For and on behalf of Messrs \_\_\_\_\_  
(Name & address of the manufacturers)

Seal

Note:

1. This letter should be on the **letterhead** of the **manufacturer** and should be signed by a person  
having the power of attorney to legally bind the manufacturer.
2. Original letter shall be attached to the technical bid.

h

(To be submitted in Cover A -Technical Bid)

ANNEXURE – VI

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

**ANNUAL TURN OVER STATEMENT**

The Annual Turnover for Drugs and consumables of

M/s \_\_\_\_\_ who is a  
**manufacturing unit / Distributor** for the last \_\_\_\_\_ years are given below and certified that  
the statement is true and correct.

| Sl.No. | Year        | Turnover in Lakhs (Rs.) |
|--------|-------------|-------------------------|
| 1.     | 2017 - 2018 | -                       |
| 2.     | 2018 – 2019 | -                       |
| 3.     | 2019-2020   | -                       |

**Average Annual Turnover** (for the above three years) (Rs.) \_\_\_\_\_

Date:

Signature of Auditor/ Chartered Accountant

Place:

(Name in Capital)

Seal

Membership No.-

Registration No. of Firm

**Note:**

- To be issued in the **letter head** of the Auditor.
- Separate certificates** should be furnished for different manufacturer in case the bidder is quoting products of different manufacturers.

(To be submitted in Cover A - Technical Bid)

Annexure VII

**PROFORMA FOR PERFORMANCE STATEMENT**  
(For the period of last three years)

Name of Manufacturer

| Sl. | Order placed by<br>(Address of purchaser)<br>(attach documentary proof)* | Order no. &<br>Date | Value of<br>Contract (Rs.) | Date of Completion |        | Reasons for delay<br>if any |
|-----|--|---------------------|----------------------------|--------------------|--------|-----------------------------|
|     |  |                     |                            | As per<br>contract | Actual |                             |
| 1   |  |                     |                            |                    |        |                             |
| 2   |  |                     |                            |                    |        |                             |
| 3   |  |                     |                            |                    |        |                             |
| 4   |  |                     |                            |                    |        |                             |
| 5   |  |                     |                            |                    |        |                             |
| 6   |  |                     |                            |                    |        |                             |
| 7   |  |                     |                            |                    |        |                             |
| 8   |  |                     |                            |                    |        |                             |
| 9   |  |                     |                            |                    |        |                             |
| 10  |  |                     |                            |                    |        |                             |

Signature and seal of the Bidder

- The documentary proof will be copies of the purchase order (during the last 3 years) indicating Contract No. and date/
- \*\* The documentary proof will be certificate from the consignee/end user indicating Contact No. and date.

| <u>Drug and Medical Consumables.</u> |                   |               |             |                                      |        |        |
|--------------------------------------|-------------------|---------------|-------------|--------------------------------------|--------|--------|
| Sl. No.                              | Name of the Items | Specification | Unit / Pack | Rate / Unit (Inclusive of all Taxes) | Mfg By | REMARK |
| 1                                    | 2                 | 3             | 4           | 5                                    |        |        |
|                                      |                   |               |             |                                      |        |        |
|                                      |                   |               |             |                                      |        |        |
|                                      |                   |               |             |                                      |        |        |

Annexure - VIII (B)

LABORATORY REAGENTS & X-RAY ARTICLES

| Sl. No. | Name of the Items     | Specification | Unit / Pack | Rate / Unit (Inclusive of all Taxes) | Mfg By | REMARK |
|---------|-----------------------|---------------|-------------|--------------------------------------|--------|--------|
|         | 2                     | 3             | 4           | 5                                    |        |        |
|         |                       |               |             |                                      |        |        |
|         |                       |               |             |                                      |        |        |
|         |                       |               |             |                                      |        |        |
|         | <u>X-Ray Articles</u> |               |             |                                      |        |        |
|         |                       |               |             |                                      |        |        |
|         |                       |               |             |                                      |        |        |
|         |                       |               |             |                                      |        |        |

Annexure - VIII (C)

INSTRUMENT & EQUIPMENT

| Sl. No. | Name of the Items | Specification | Unit / Pack | Rate / Unit (Inclusive of all Taxes) | Mfg By | REMARK |
|---------|-------------------|---------------|-------------|--------------------------------------|--------|--------|
| 1       | 2                 | 3             | 4           | 5                                    |        |        |
|         |                   |               |             |                                      |        |        |
|         |                   |               |             |                                      |        |        |