

## CARDIO THORACIC & NEURO SCIENCES CENTRE ALL INDIA INSTITUTE OF MEDICAL SCIENCES - 29

## TENDER/RATE ENQUIRY

R. E. NO. / CNC/NS/15-16/ST	Dated: -3 /6/2015
NAME OF THE FIRM IN WHOSE	
FAVOUR THE TENDER FORM HAS	
BEEN ISSUED	
THE ASST. STORES OFFICER, ROOM New Private Ward). A.I.I.M.S., Ansar	
LAST DATE OF SUBMISSION : DATE OF OPENING :	1/7/2015 AT 11.00 A.M. 1/7/2015 AT 2.30. P.M.

SEAL OF THE OFFICER

Dear	Sir	

	ar Sir,
1.	I/We hereby submit our sealed quotation along with sample for the
2,	All the terms and condition such as taxes etc. has been indicated in the
	May be presumed that the rates are inclusive of all taxes and other terms  Pen your t
	Per your terms and conditions are also as your requirements.
3.	I/We have deposited security of Rs. 5000/- in favour of A.I.I.M.S., CNC A/C NEW DELHI vide
	C.N. Centre cashier receipt NumberBook
	No through the Stores Section, C.N. Centre and Photocopy of the Deposit receipt is enclosed with as per
	Your terms and conditions.
	R FRM SHOULD SUBMIT COPY OF FOLLOWING CERTIFICATE ALONG
WIT	H SEALED QUOTATION.
a.	A proof of ownership/partnership etc. shall be submitted along with verification of address, telephone & fax numbers.
a. b.	A proof of ownership/partnership etc. shall be submitted along with verification of address, telephone & fax numbers.  The latest income tax certificate & Scale Tax certificate.
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a. b. c. d.	A proof of ownership/partnership etc. shall be submitted along with verification of address, telephone & fax numbers.  The latest income tax certificate & Scale Tax certificate.  The firm also required to submit authority letter from manufactures/principal for  Supplying item without which tender will not be considered.  The firm has to give a certificate that the firm has not been blacklisted
a. b. c. d.	A proof of ownership/partnership etc. shall be submitted along with verification of address, telephone & fax numbers.  The latest income tax certificate & Scale Tax certificate.  The firm also required to submit authority letter from manufactures/principal for

e. The firm has to give an affidavit on a non-judicial stamp paper that there

Vigilance/CBI case pending against the firm/supplier.

f. The firm has to give an affidavit on a non-judicial stamp pater that the

Not supplying the same item at lower rates quoted in the tender to any organization or any other institution during past 1 year, as per FALL

Adhered by DGS & D and other government agencies.

4. I/We hereby agrees to all the terms and conditions, stipulated in the tender document,

In this connection including delivery penalty etc. Quotation for the item is being

Submitted under sealed cover and sheets and be considered on their face value.

5. I/We undertake to sign the rate contract agreement within 10 days from the issue of

The letter of acceptance, failing which our/my security deposit may be forfeited and

Our/my name may be removed from the list of suppliers at the AIIMS.

- 6. I/We have noted that over writing entries shall be deleted unless duly out/written and initialed.
- 7. Tender is duly signed (not thumb impression is affixed)
- If the firm gives a false statement on any of the above information the 8. firm/supplier

Will not considered and their quotation shall be rejected and the security deposited

Shall be forfeited.

9.	in the	is for a period of a locat	
	Relation to the type of item for which th	e quotation and a least two years	
0.	Relation to the type of item for which the quotation are being submitted.  This forbidding letter duly signed is returned along with the sealed quotations.		
		<u> </u>	
		Yours faithfully	
		Signature of tenderer	
		With official rubber stamp and	
		Full Address.	
1. \	Witness and Address		
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W	Vitness and Address		
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## CARDIO THORACIC & NEURO SCIENCES CENTRE ALL INDIA INSTITUTE OF MEDICAL SCIENCES - 29

RE.NO. 19 /CNC/NS/2015-16/ST.

Ansari Nagar, New Delhi Dated: 13 / 6 /2015

Quotations are invited by post/per bearer for the supply of items detailed below which are required for Neurosurgery, C.N. Centre, AIIMS.

The quotations should reach this officer on or before 1/7/2015 at 11.00 A.M. duly sealed & marked tender/R.E. No. 19 /CNC/NS/2015-16/ST. due for opening at 2.30 P.M. on 1/7/2015 in the office of Asst. Stores Officer, Room No. 17, 1<sup>st</sup> Floor, Nurses Hostel (Near New Private Ward), AIIMS, New Delhi-110029. All quotations should be typewritten or in ink. All over writing and erased entries will be deleted from the quotations. The rates should be valid at least for one year.

The tenders are required to deposit security of Rs. 5,000/- through a Demand Draft/Pay order drawn in favour of the AIIMS, CNC, Accounts, New Delhi - 29, before submission of the quotations, failing which the same will not be considered. The tenders already having such security deposited are not required to deposit the same again but they will indicate the number and date of the cash receipt by which the firm had deposited the security purchase shall be made at the cost and risk of the contractors, and or liquidated damages will be recovered from them.

The firms have to quote for one best quality only and only sample of the quality should be submitted. The offers submitted as quality A, B, C, & D etc. will be summarily rejected, any alteration in the specification shall not be considered at all.

The quoted items having quality mark such as I.S.I/C.E. mark/ISO09002 Standardization should be mentioned if any.

5. No.

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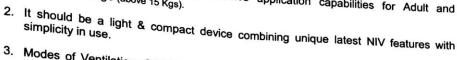
NOMENCLATURE: -

NIV/ Bi-Level Ventilator suitable for hospital use

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## Specification of NIV / Bi-Level Ventilator suitable for hospital use

Non Invasive Ventilator having invasive application capabilities for Adult and



- 3. Modes of Ventilation: S/T (Spontaneous/Timed), PAC (Pressure Assisted Control), PAC (Pressure Assisted Control), Intelligent CPAP(Continuous Positive Airway Pressure), S(Spontaneous), T (Timed), Intelligent Volume Assured Pressure Support (to ensure Alveolar ventilation).
- 4. Should incorporate latest algorithms for leak compensation and synchronization. Both should work together to provide control and flexibility to improve ventilation, comfort and sleep; better disease management, increased patient comfort and therapy acceptance (patient's breathing 'in sync' with their device.
- 5. It should have colour screen for real-time monitoring to provide essential information including simultaneously viewed flow and pressure curves, the Ti-bar graph to finetune ventilation, and SpO2 and FiO2 monitoring.
- 6. The machine should have a choice of disease-specific preset values Defaults (for obstructive, restrictive, normal lung mechanics and obesity hypoventilation) based on commonly used clinical values to help the users for optimising settings
- 7. Should have built in internal battery for minimum 2 hours of back up time.
- 8. Should include user adjustable alarms and essential non-adjustable, fixed alarms for
- 9. Should have oxygen inlet port to accept higher flow up to 30 L/min of oxygen to achieve a high FiO2 with built in FiO2 monitoring
- 10. Data download capability The usage and summary data for up to 365 treatment sessions and seven days of high resolution, breath-by-breath data (including SpO2 and FiO2) should be stored in the device; data can be downloaded via USB or cable, using a data management PC application.
- It should also provide patient reminders, such as filter and mask replacements.

12. The NIV should comply with following technical specifications

Pressure range

IPAP: 2-40 cm H2O & EPAP: 2-25 cm H2O

Ti-Control setting

Ti Max 0.1-4 sec & Ti Min 0.1-Ti Max

**Respiratory Rate** 

5-60 bpm

**Rise Time** 

Min. 150-900 m.sec (approx.)

**Trigger and Cycle** 

Min. 5 sensitivity settings.

Adjustable alarms

High Leak, Low Minute Ventilation, High Pressure,

Low Pressure, Low / High Respiratory Rate, Apnea,

Low / High FiO2, Low SpO2, Non-vented mask

Standard fixed alarms:

Circuit disconnected, over pressure, Blocked tube,

Internal battery empty.

Weight

Less than 3 Kgs.

Air filters

Air outlets

Electrostatic fibre mesh.

Compatible with ISO 5356-1:2004



Power supply Device DC Input

AC 100-240V 50-60Hz,

24 V / 3A

- 13. It should meet IEC 60601-1 Classification, Class II (double insulation), type BF Continuous operation.
- 14. Should be CE & FDA certified.
- 15. Should be supplied with autoclavable patient circuit, Oxygen connector, disposable full face mask (small & medium) 1 each, Reusable / Autoclavable mask (small & medium) 1 each, Fio2 & Spo2 monitoring accessories.
- . 16. Company has to provide training to all the staff, as & when required.