

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES
DEPARTMENT OF GASTROENTEROLOGY**

Rate Enquiry No. **09A/Gastro/PCA Pump/2015-16**

Dated: 02.11.2015

Date of submission of quotation : 16.11.2015 up to 5.00 P.M.

Date of opening of quotation : 17.11.2015 At 3.00 p.m.

S. No.	Nomenclature	Qty. Required
01.	<p>Purchase of Patient Controlled Analgesia Pump (PCA Pump)</p> <p>Technical Specification:-</p> <ul style="list-style-type: none"> • The Patient Controlled Analgesia Pump which can program up to 10 pre-set PCA protocols that can be user modified to suit the individual patient's needs • The syringe loading should be simple with clear program functions • Standard disposable syringes can be used. • Internal battery should be present for atleast 6 hours. • Proper display and monitoring of infusion pressure. • Adjustable alarm levels • Facility to print report. • Should automatically record history of events <p>PCA dose and delivery range:</p> <ul style="list-style-type: none"> • Dose Adjustments: 0.0µg - 99.9µg with 1µg increment and 1mg - 99.9mg with 0.1mg increment • Volume Adjustments: 0.0ml - 99.9ml with 0.1ml increment • There should be an option to set duration from 1 to 60 mins in 1 min steps with minimum rate of 0.1ml/h and maximum rate as above. <p>Lockout interval:</p> <ul style="list-style-type: none"> • 0 - 180 minutes in 1 minute steps <p>Bolus Dose range:</p> <ul style="list-style-type: none"> • Mass Mode: 0µg - 999µg with 1µg increment <p>Alarm should ring if:</p> <ul style="list-style-type: none"> • Pressure Limit is exceeded • Syringe is Empty • Low Battery Warning • Hand-set Disconnected • Max Dose Limit is reached • Internal Malfunction • Cover Open during operation • Should be US FDA approved. 	01 No.

TERMS & CONDITIONS:

1. The quotation should be addressed to 'Professor & Head, Department of Gastro, Room No. 3111, 3rd Floor, AIIMS, New Delhi -29' and sent by post/ courier by **16 November 2015 up to 5.00 p.m.** Quotations should be sealed in an envelope and the reference no. clearly written on top of the envelop. (i.e. quotation for the item).
2. The firm must be registered and having TIN no./ registration no. (Please mentioned TIN/ registration no. on the bid) or else the quotation will be treated as cancelled.
3. The make/model of the article offered should invariably be quoted. Quotation should be typed/ written in ink. No overwriting or erased entries should be there in the quotation. **The rates should be valid for at least six months.**
4. VAT/Sales tax or any other kind of tax(s) must be mentioned separately as applicable on the item. In case no sales tax is chargeable, prices must be quoted as NET PRICE.
5. The firm should be competent to supply the item at the mentioned place/location within 30 working days after issuing the Supply Order.
6. The payment will be made electronically viz RTGS/NEFT after delivery and inspection of the item.
7. The Professor & Head, Dept. of Gastro. , have reserves the right to cancel/reject full or any part of the rate enquiry which generally do not fulfill the conditions stipulated in the rate enquiry.
8. The equipment will only be approved as per specification by the department SPC committee.
9. Earnest Money Deposit (EMD) The firm should have to deposit EMD fees Rs. 1,000/- (Rs. One Thousand only) along with the bid in one of the following form in favour of the 'Director, AIIMS, Payable at New Delhi. 01. **D.D.** 02. **Banker's cheque** 03. **FDR** 04. **bank guarantee.** The EMD shall be valid for a period of Six months. The EMD money of the successful bidder and the unsuccessful bidders will be returned to them without any interest.
10. The system must have a standard comprehensive warranty of 5 years (2 years with spares and 3 years without spares.)
11. Demo will be taken before finalization of the purchase of equipment.
12. The successful bidder firm shall be submit a 10% performance bank Guarantee equivalent to offered price of the item. The PBG shll be valid for the warranty period of equipment.

Dr. S.K. Acharya
Prof. & Head

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SEALED QUOTATIONS are invited by post for supply of the items as per list attached, which are required for the Department of Gastroenterology of the Institute.

The make of the articles offered should invariably be quoted. Percentage of S.T. ,VAT or Tin No. may also be indicated.

The quotations should reach of the Dr. S.K. Acharya, Prof. & Head, Department of Gastroenterology & Room No. 3111, 3rd Floor, Teaching Block, AIIMS, New Delhi-29 before the date as indicated in the enclosed list in a sealed envelope, with written Rate Enquiry Number. All quotations should be clearly written or typed. All over writings and entries will quotations disqualified.

The quotations will be opened at 03.00 p.m. on 16.11.2015 as indicated in the enclosed proforma in the office of the Prof. & Head, Dept. of Gastroenterology, AIIMS, New Delhi-29 in the presence of the members of committee.

Dr. S.K. Acharya
Prof. & Head