

**CARDIO THORACIC & NEURO SCIENCES CENTRE
ALL INDIA INSTITUTE OF MEDICAL SCIENCES**

Dated: 18.02.2016

Subject: Purchase of Wrist Supporting System from M/s Indian Surgical Systems an authorized distributor of M/s ORITAB on proprietary basis for the department of Neurosurgery.

Store section is in the receipt of PAC, Specifications, Price reasonable certificate & authorization of Wrist Supporting System from the department of Neurosurgery, with the request to purchase Wrist Supporting System on proprietary basis from M/s Indian Surgical Systems. The competent authority recommended to purchase Wrist Supporting System as proprietary item of M/s Indian Surgical Systems. The PAC submitted by the department of Neurosurgery & Proprietary certificate provided by the firm are attached & uploaded on website.

The above documents are being uploaded for open information to submit objections, comments, if any, from any manufacturer regarding proprietary nature of the equipment/items within 15 days from the date of issue/uploading of the notification. The comments should be sent to Asstt. Stores Officer, C.N. Centre at AIIMS on or before **04.03.2016 up to 4:30 P.M.**, failing which it will be presumed that any other vendor is having no comment to offer and case will be decided on merits.



(Asstt. Stores Officer)

Encl: Related documents enclosed.

- 1. PAC Certificated enclosed.**
- 2. Specifications**
- 3. Price reasonable certificate**
- 4. Authorization**

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI - 110029

PROPRIETARY/SPECIFIC BRAND GOODS CERTIFICATE

1. Items/type/model No. Required along with Maintenance specification **WRIST SUPPORTING SYSTEM FOR OPERATING**
2. Is the item a spare part attachment Or accessory for an existing equipment **NO required for surgeon's comfort**
3. Name of the manufactures/supplier Of the item proposed by the indenter **ORITAB, GERMANY long duration surgery**
4. Are they sole manufactures/ Sole distributors of the items **YES**
5. Is there any other item with similar/equivalent Specification available in the market to meet The job requirement envisaged. If the answer is yes Why the same can't be procured. Demanding officer should bring out comparative Functional advantages/cost effectiveness of the Recommended item from these offered by other **NO**
6. What were the efforts made to locate alternative Source of supply or use other substitutes **YES, THROUGH INTERNET AND EXISTING VENDORS**
7. Why open/limited tender can't be resorted to, For locating alternative source. **SINGLE COMPANY - we have placed**
8. Are the proprietary certify that the rates are Reasonable or not **YES a tender, only signed bid by same company, hence requesting for proprietary purchase (Tender no. 100/CNC**
9. Any other justification for procuring item for single **1/NS/14-15/ST)**

Sbhan
Officer In-Charge
Neurosurgery Store
Prof. P. Saral Chandra
Professor
सर्विकीय शल्य चिकित्सा / Deptt. of Neurosurgery
सर्विकीय विज्ञान केंद्र / Neuro sciences Centre
अ.भा.आ.सं. पूर्व दिल्ली / AIIMS, New Delhi-28

Countersigned
(HOD, Neurosurgery)
Sbhan
DR. B. S. SHARMA
Professor & Head
Neurosurgery
Neurosciences Centre
New Delhi-110 029, INDIA

I certify that the items at Sr. No. Above is required to be procured on a single tender basis as the source of supply is definitely know/the specified brand proposed was advantage in meeting our functional requirements and limited tender system could be dispensed with as they would serve no useful purpose I this particular case.

(Strike out whichever is not applicable)

1/2

WRIST SUPPORTING SYSTEM FOR OPERATING CHAIRS

UNITS REQUIRED: 7, COST PER UNIT: 5 LAKHS, TOTAL COST: 35 LAKHS

1. The manufacturer should be of international repute having current and valid USFDA certification or CE approval for the product
2. The wrist support system should be meant for supporting the surgeons wrist and forearms close to the surgical field during performance of microsurgical procedures so as to prevent fatigue to the surgeon during long duration of surgeries
3. The system should be a complete unit portable and should be light and compact enough to permit rapid shifting and adjustment (on the operating room floor) by the operating surgeon without breach in sterility.
4. The system should not require attachment or fixation to the operating bed or head clamp for operation.
5. The system should be of adjustable height, so that the height could be easily varied intra-operatively by foot operated controls
6. The system should permit tilting of the wrist support system for about 20 degrees in all directions (the extent of mobility should form an inverted cone around the base of the system and the system should be stable against toppling over in this permissible cone).
7. The height should be adjustable between 90-120 \pm 10 cm to allow its use for all patient positions.
8. During operation, it may be deactivated and adjusted within an area of 12-140 mm.
9. The arm of the device may be removed and gas sterilized.
10. **The desired height of the arm rest can be obtained by lifting or lowering the supported arms.**
11. The manufacturer can quote a MRI compatible equipment if available.
12. Preferably, the system should not be mechanical and should not require external electric power/ rechargeable

proprietary
item. please
put on website
20/2/15

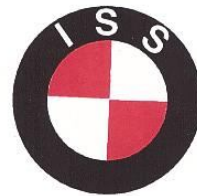
2/2

battery for operation.

UNITS REQUIRED: 7, COST PER UNIT: 5 LAKHS, TOTAL COST: 35 LAKHS

20/12/15

1. The manufacturer should be of international repute having current and valid USFDA certification or CE approval for the product
2. The wrist support system should be meant for supporting the surgeons wrist and forearms close to the surgical field during performance of microsurgical procedures so as to prevent fatigue to the surgeon during long duration of surgeries
3. The system should be a complete unit portable and should be light and compact enough to permit rapid shifting and adjustment (on the operating room floor) by the operating surgeon without breach in sterility.
4. The system should not require attachment or fixation to the operating bed or head clamp for operation.
5. The system should be of adjustable height, so that the height could be easily varied intra-operatively by foot operated controls
6. The system should permit tilting of the wrist support system for about 20 degrees in all directions (the extent of mobility should form an inverted cone around the base of the system and the system should be stable against toppling over in this permissible cone).
7. The height should be adjustable between 90-120 + 10 cm to allow its use for all patient positions.
8. During operation, it may be deactivated and adjusted within an area of 12-140 mm.
9. The arm of the device may be removed and gas sterilized
10. The desired height of the arm rest can be obtained by lifting or lowering the supported arms.
11. The manufacturer can quote a MRI compatible equipment if available.
12. Preferably, the system should not be mechanical and should not require external electric power/ rechargeable



Ref.: ISS/202/2015-16

Date : 21-12-2015

To,
The Director,
All India Institute of Medical Sciences,
Ansari Nagar,
New Delhi-110029

Sub.: Your TE document No. 100/CNC/NS/14-15/ST FOR WRIST SUPPORT
DUE ON - 29.01.2015

Dear Sir,

We are pleased to submit Proforma Invoice & PAC for Wrist Support Make: Oritab Ag
Switzerland.

For any further information, please feel free to contact us.

Thanking You,

With regards,

FOR INDIAN SURGICAL SYSTEMS

PARTNER

For INDIAN SURGICAL SYSTEMS

PARTNER

INDIAN SURGICAL SYSTEMS

B-2/2, IInd Floor, Double Storey, Ramesh Nagar,
New Delhi - 110015 (INDIA)

Tel. : +91-11-45141145

Telefax : +91-11-25910141

E-mail : indiansurgicalsystems@gmail.com

Web Address : www.indiansurgicals.org

ORITAB

- Mechanische Bearbeitung
- Druckgussteile
- Kunststoffteile
- Blechteile

To,
Dept. of Neuro Surgery
AIIMS,
New Delhi

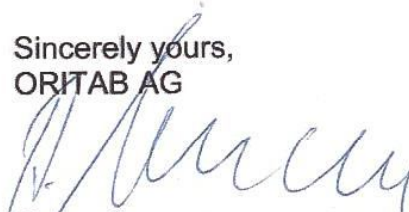
Wiesendangen, 4. Juli 2015

Dear Sir,

This is to certify that Wrist Support is our proprietary product and no other company can supply the same.

Thanking you and assuring you of our best attention at all times,

Sincerely yours,
ORITAB AG


Bruno Ammann
Director

For INDIAN SURGICAL SYSTEMS


PARTNER

ORITAB

- Mechanische Bearbeitung
- Druckgussteile
- Kunststoffteile
- Blechteile

SECTION – XIV MANUFACTURER'S AUTHORISATION FORM

To The 'Director'

All India Institute of Medical Sciences

Ansari Nagar,

New Delhi-29 India.

Dear Sirs,

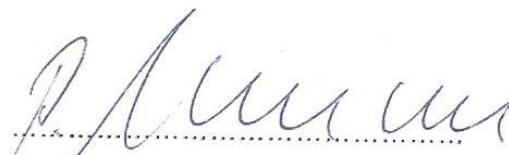
Ref. Your TE document No 100/CNC/NS/14-15/ST

We, Oritab Ag Schulstrasse 11, 8542, Wiesendangen Switzerland who are proven and reputable manufacturers of OP Arm Rest having factories at Schulstrasse 11, 8542, Wiesendangen Switzerland hereby authorise Messrs Indian Surgical Systems, B-2/2, IInd floor, Double Storey, Ramesh Nagar, New Delhi-110015 to submit a tender, process the same further and enter into a contract with you against your requirement as contained in the above referred TE documents for the above goods manufactured by us.

We further confirm that no supplier or firm or individual other than Messrs. Indian Surgical Systems, B-2/2, IInd floor, Double Storey, Ramesh Nagar, New Delhi-110015 is authorised to submit a tender, process the same further and enter into a contract with you against your requirement as contained in the above referred TE documents for the above goods manufactured by us. We also hereby extend our full warranty, CMC as applicable as per clause 15 of the General Conditions of Contract, read with modification, if any, in the Special Conditions of Contract for the goods and services offered for supply by the above firm against this TE document.

Yours faithfully,

Wiesendangen, January 23, 2015



Bruno Ammann, Director

For INDIAN SURGICAL SYSTEMS



PARTNER



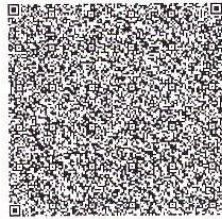
सत्यमेव जयते

INDIA NON JUDICIAL

Government of National Capital Territory of Delhi

e-Stamp

Certificate No.	: IN-DL72155164326973N
Certificate Issued Date	: 24-Feb-2015 11:56 AM
Account Reference	: IMPACC (IV)/ dl728003/ DELHI/ DL-DLH
Unique Doc. Reference	: SUBIN-DL72800341270025344041N
Purchased by	: INDIAN SURGICAL SYSTEMS
Description of Document	: Article 4 Affidavit
Property Description	: Not Applicable
Consideration Price (Rs.)	: 0 (Zero)
First Party	: INDIAN SURGICAL SYSTEMS
Second Party	: Not Applicable
Stamp Duty Paid By	: INDIAN SURGICAL SYSTEMS
Stamp Duty Amount(Rs.)	: 10 (Ten only)



.....Please write or type below this line.....

Your TE document No. 100/CNC/NS/14-15/ST FOR WRIST SUPPORT DUE ON - 29.01.2015

RATE CERTIFICATE
TO WHOM IT MAY CONCERN

“Certified that the rates quoted are not higher than those, which are charged from other Institutes/Departments in India for the same products.”

Thanking you,

FOR INDIAN SURGICAL SYSTEMS

PARTNER

ATTESTED

Oath. Commissioner

Statutory Alert:

1. The authenticity of this Stamp Certificate should be verified at "www.shcliesamp.com". Any discrepancy in the details on this Certificate and as available on the website renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

24 FEB 2015