



**OFFICE OF THE DEAN & PRINCIPAL,  
MAHARAJA KRISHNA CHANDRA GAJAPATI MEDICAL COLLEGE,  
BRAHMAPUR.760 004, GANJAM, ORISSA.**

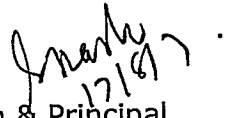
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NO. 9979 / MCB-24/Welfare/ Berhampur dated the 17<sup>th</sup> August, 2024

**ADVERTISEMENT**

Sealed Tender is invited in two bid system from the Registered, Rate Contract holding firms having valid GST Registration **for supply of Equipments/Instruments for MKCG Medical College** so as to reach in the office of the undersigned before 21 days from the date of publication following the terms & conditions. The detailed Tender Paper, Terms & Conditions along with list of item with specifications can be downloaded from website [www.mkcgmch.org](http://www.mkcgmch.org). The undersigned reserves the rights to cancel the tender without assigning any reason thereof.

**E.O.M**

  
Dean & Principal,  
MKCG Medical College,  
Berhampur

**OFFICE OF THE DEAN & PRINCIPAL  
M.K.C.G. MEDICAL COLLEGE, BERHAMPUR (GM.)**

*Tel / Fax : 0680-2292746 / e-mail : [mkgmc.bam@gmail.com](mailto:mkgmc.bam@gmail.com)*



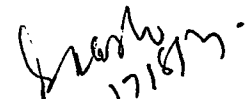
**TENDER DOCUMENT FOR PURCHASE OF  
EQUIPMENTS**

## SECTION -I

### NOTICE INVITING TENDER

TENDERS ARE INVITED FROM ELIGIBLE BIDDERS AS PER THE ELIGIBILITY CRITERIA FOR MEDICAL EQUIPMENTS FOR MKCG MEDICAL COLLEGE, BERHAMPUR

|   |   |   |
|---|---|---|
| 1 | Period of Availability of Tender Document | Up to <u>09-09-2024</u><br><br>[Downloadable from website: <a href="http://www.mkcgmch.org">www.mkcgmch.org</a><br><br>In case of any bid amendment and clarification, responsibility lies with the bidders to collect the same from the above mentioned website before last date of submission of tender document and the tender inviting authority shall have no responsibility for any delay / omission on part of the bidder.                               |
| 2 | Last date & time for submission of Tender | <b>Date:</b> <u>09-09-2024</u> , <b>Time: up to 5.00 pm</b><br>Address of Submission of Bid:<br>The Dean & Principal,<br>MKCG Medical College and Hospital Berhampur,<br>Odisha, India (Through Speed post / Registered post/ Courier Services only   |
| 3 | Date, time and place of opening of Tender | a) <b>Technical Bid (Cover A) opening:</b> <u>09-09-2024, 5.00 P.M</u> (time) at the address mentioned above. (Postponed incase of unavoidable Circumstances) b) <b>Financial Bid (Cover B):</b><br><i>The date of opening of financial bid will be intimated to the firms found successful in the technical bid evaluation.<br/>( The Venue is mentioned above)<br/>(Bidders / authorized representative may remain present at the time of opening of bid)</i> |

  
**Dean & Principal**  
MKCG Medical College  
Berhampur

## SECTION -II

### IMPORTANT INSTRUCTIONS TO BE NOTED CAREFULLY BY THE TENDERERS

|    |  |   |
|----|--|---|
| 1. | Mode of Procurement  | <b>Through National Competitive Bidding Process. The O/o of Dean &amp; Principal, MKCG Medical College &amp; Hospital, Berhampur shall invite tender &amp; evaluate the same by the technical expert. After finalization/approval of the supplier &amp; the rate, the purchase order shall be placed by the Dean &amp; Principal, MKCG Medical College Hospital</b>   |
| 2. | Purchaser  | Dean & Principal MKCG Medical College Berhampur, Odisha   |
| 3. | Consignee  | HODS of concerned department, MKCG Medical College, Berhampur   |
| 4. | Delivery Period  | Within 30 days from issue of the purchase order.  |
| 5. | Mode of Delivery   | By Air / Road / Rail  |
| 6. | Guarantee / Warranty   | <b>5 years warranty &amp; CMC 5 Years</b>   |
| 7. | Tender Document Cost   | Those who download the Tender document, need not to deposit the Tender cost. Those who will collect the same from the office required cash deposit of Rs.5000/- in the accounts section of MKCG MC.   |
| 8. | Earnest Money Deposit (EMD)<br>(The no. of equipment is mentioned in the Schedule of requirement – Section IV) | <i>Note: The bidder may quote for any or all the equipment by submitting the required EMD 2% of the quoted value for that equipment.</i><br><br>The Earnest Money Deposit will be paid in the shape of <b>Demand Draft</b> only in favour of <b>DEAN &amp; PRINCIPAL MKCG MEDICAL COLLEGE, BERHAMPUR</b> from any <b>Nationalized/Scheduled Bank</b> and payable at <b>Berhampur</b>  |
| 9  | Pre-qualification (Eligibility Criteria)   | <b>A.</b> Manufacturing units / Importers are eligible to participate in the tender provided, they have<br><br>(i) Import License (In case of Importer only)<br>(ii) Proof of annual average turnover of in the last three (3) financial years certified by the Chartered Accountant as per the format at <b>Annexure V supported by audited balance sheet/Annual Report.</b><br><b>B.</b> Authorized distributors on behalf of the manufacturer are eligible to participate in the tender provided:<br><br>(i) They should have proof of annual average turnover of the last three (3) financial years certified by the Chartered Accountant as per the format at <b>Annexure V supported by audited balance sheet/Annual Report.</b><br>(ii) They should submit <b>manufacturer's authorization</b> to transact business on behalf of the manufacturer as per the format at <b>Annexure - IV.</b><br>(iii) The authorized distributor will submit the following documents in support of the manufacturer along with the tender :<br><br><b>C.</b> The Manufacturer or the tenderer if blacklisted either by the Tender inviting authority or by any state Govt. or Central Govt. organization for the quoted item is not eligible to participate in the tender during the period of blacklisting. |

|    |                      |   |
|----|----------------------|---|
| 10 | Performance Security | The selected firm should submit the performance security in shape of Bank Guarantee / fix deposit pledged in favour of Dean & Principal, MKCG Medical College, Berhampur, equal to the amount of 5 % of the purchase order value (excluding the tax & CMC cost) of the items within 21 days of issue of the purchase order & the same will be returned back after completion of warranty period. <b>The performance security shall be furnished at the O/o the Dean &amp; Principal after getting the purchase order from the Dean.</b> |
|----|----------------------|---|

### SECTION -III

## **TERMS AND CONDITIONS FOR PURCHASE OF MEDICAL EQUIPMENTS FOR (UPGRADATION OF UG SEATS MKCG MCB)**

- 1.1 Sealed tenders will be received till 09-09-2024 upto 5 pm by the office of the Dean & Principal, MKCG Medical College Berhampur. Any tender received after the due date & time will be rejected / returned to the sender unopened. **The tenders will be received through Regd. Post / / Speed Post / Courier Services only.** The prospective bidders may attend and clarify any doubts on the terms and conditions of the bid document.
- 1.2 The bidder(s) are to submit their tenders in **separate** sealed covered envelopes for **technical bid** and **commercial bid** by super scribing **Cover "A" (Technical Bid) & Cover "B" (Price Bid)** and both the sealed covers should be put into a **third outer Cover**, which should be super scribed as **"Tender for Up-gradation of Medial Equipments for MKCG Medical College.**
- 1.3 The Sealed tenders "Cover A" (Technical Bid) submitted by the tenderers will be opened at the office of the Dean & Principal,, MKCG Medical College, Berhampur on 09-09-24 at 5.00 P.M.

The tenderer or their duly authorized representatives are allowed to be present during the opening of the tenders if they so like.

### ELIGIBILITY CRITERIA

- 2.1 **Manufacturing units / Importers** are eligible to participate in the tender provided, they fulfill the following conditions:
- (i) Import License (In case of Importer only). In case of importers, they have to furnish the authorization from the manufacturer.
  - (ii) Proof of annual average turnover (Manufacturers/Importer) of in the last three (3) financial years certified by the Chartered Accountant as per the format at **Annexure V.**
- 2.2 **Authorized distributors** are eligible to participate in the tender provided:
- (i) They should submit manufacturer's authorization from original equipment manufacturer (OEM) as per the format at **Annexure - III.**
  - (ii) They should have proof of annual average turnover of in the last three (3) financial years certified by the Chartered Accountant as per the format at **Annexure V.**
- 2.3 The tenderer have to submit the EMD(s) as mentioned in **Clause 8 of Section -II** & the Tender document cost.

- 2.4 Tenderer will submit the following documents along with the technical bid-
1. IT Return of last 3 financial years.
  2. Pan card.
  3. GST Certificate.

### **DOCUMENTS TO BE SUBMITTED**

The following documents should be enclosed in Cover "A" (Technical Bid) by the tenderer failing which the bid will liable to be rejected.

All the photocopies are to be attested / self attested.

### **TECHNICAL BID :**

- 3.1 Checklist with detail of the documents enclosed in Cover "A" (as per Annexure - I) with page number. The documents should be *serially arranged* as per this Annexure - I and should be securely tied and bound.
- 3.2 List of Item (s) Quoted with name of the Make & Model of the item (s)(Annexure – II)
- 3.3 Tender document fee of Rs.5000/- in case to be obtained from the office of the Dean & Principal..
- 3.4 Earnest Money Deposit(s) as mentioned in the **Clause 8 of Section -II** in shape of Demand Draft). Details of EMD and the name of the equipment quoted should be clearly mentioned. (IIA to be filled up)
- 3.5 The declaration form in Annexure - IV duly signed by the tenderer before Notary Public / Executive Magistrate.
- 3.6 Manufacturer's Authorization Format in Annexure –IV (In case the bidder is not the manufacturer). Importers are also required to furnish the authorization from the manufacturer.
- 3.7 Certificate duly filled by the Auditor / Chartered Accountant (as per Annexure – V) that the annual average turnover of the firm in the last 3 financial years (In case of bidders who are authorized distributors of the manufacturer).
- 3.8 Copy of Import License by the Importer (in case of Importer).
- 3.9 Copy of the **up to date** GST clearance certificate.
- 3.10 The Original Tender Booklet with Conditions and the schedules signed by the tenderer at the bottom of each page with his official seal duly affixed.
- 3.11 Details name, address, telephone no., Fax, e-mail of the manufacturer / authorized distributor / service centre / contract person (Annexure - VII).

**N.B:** Valid means the certificate should be valid on or beyond the date of opening of tender (Cover-A).

  
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MKCG Medical College  
Berhampur

#### COVER – B (PRICE BID)

4. The price to be quoted for medical equipments should be sent in the prescribed price format in a separate sealed cover hereafter called Cover “B” (Price Bid). Cover –B (Price Bid) of the tenderers who qualify in it's Technical Bid (Cover – A) and complies to tender specification & found to be as per technical specification of the Product in demonstration (if required) will only be opened .
- 4.1 The tender format (Price Schedule) in duplicate in the prescribed form (as per Annexure – IX), must be submitted in Cover-B. The price of the item should be quoted inclusive of excise duty, insurance, packing, forwarding, freight (door delivery) and warranty for 2 years (accessories if any for installation including charges for installation/commissioning), sales tax / GST and entry tax charges (if any) should be quoted in a separate column. The rate should be quoted for *each item* both in figures and words. **In case of difference in words and figures, words will be taken into consideration for evaluation.**
- 4.2 The Cover “B” of tenderers who qualifies in their technical bid, will only be opened at the office of the Dean & Principal,, MKCG Medical College, Berhampur at a date & time which will be intimated to them.

#### REJECTION OF TENDER

5. The tender submitted by the bidder will be rejected, if any of the following documents are wanting / not submitted with the tender:

|    |  |
|----|--|
| 1  | List of Item(s) – Annexure II  |
| 2  | Tender document Fee  |
| 3  | Earnest Money Deposit  |
| 4  | Declaration form (Annexure – III) signed by the Tenderer & affidavit before Notary Public / Executive Magistrate   |
| 5  | Manufacturer's Authorization Format to the particular agency (Annexure – V) (for distributor / Importer)   |
| 6  | Proof of avg. Annual turnover of Rs. <u>50 Lakh</u> or more for preceding 3 financial year (for Manufacturer / Importer) or Rs. <u>50 Lakh</u> or more (for authorized distributors) Annexure – VI |
| 7  | Audited Account Statement (P&L Account) / Annual Report for the three financial years by highlighting the figure in it, which is mentioned in the annexure-VI                                      |
| 8  | Photocopy of PAN   |
| 9  | Photocopy of GST certificate   |
| 10 | Copy of original Tender and schedules, duly signed by the Tenderer   |
| 11 | IT Return of last 3 financial year   |
| 12 | An affidavit to the effect that the firm has not been black listed anywhere  |
| 13 | Details of Manufacturing Unit / contact person Liaisoning agent / servicing centre (Annexure VII)  |



## EARNEST MONEY DEPOSIT

6.1 The amount of Earnest Money Deposit required is mentioned in the Section-II.

The Earnest Money Deposit will be submitted in the shape of **demand Draft only** in favour of **DEAN & PRINCIPAL MKCG MEDICAL COLLEGE, BERHAMPUR** from any Nationalized/Scheduled Bank payable at Berhampur.

6.2 The EMD of the unsuccessful tenderers will be returned back without interest after placement of purchase order to the successful tenderer and EMD.

6.3 The EMD will be forfeited if the tenderer withdraws its tender / furnish forged documents which is found during bid evaluation OR doesn't sign the contract / doesn't furnish performance security / doesn't supply the items (in case of successful bidder) within the stipulated time period.

## TENDER CONDITIONS :

7.1 The details of the medical equipments with specifications are mentioned in **Section VI**. **The firm must clearly mention their specification, special features, upgraded version (if any), detail technical catalogue of the offered model in their tender.**

7.2 Tenders should be typewritten or computerized and every correction in the tender should invariably be attested with signature by the tenderer with date before submission, failing which the tender will be ineligible for further consideration.

7.3 Rates inclusive of excise duty / customs duty, packing, forwarding, insurance, transportation charges with **5 years onsite comprehensive warranty** and exclusive of Sales Tax/GST & Entry Tax should *be quoted for the medical equipments (Item wise) on door delivery basis. The turnkey job (cost of accessories if any required for Installation/Commissioning including installation/commissioning charges), & Sales Tax/GST & Entry Tax should be mentioned in separate columns.* The rates quoted should be in **Indian Rupees only**. Rates quoted in any other currency will not be accepted.

7.4 The supplier shall be responsible for delivery and due verification, installation and commissioning of the equipment in the proper site.

7.5 The rate per unit shall not vary with the quantum of order placed for destination point.

7.6 If there is difference between figures & words, words will be taken into consideration.

7.7 In the event of the date being declared as a holiday by Govt. of Odisha, the due date of sale, submission of bids and opening of bids will be the following working day at the scheduled place & time.

7.8 The price quoted by the tenderers shall not in any case, exceed the controlled price, if any, fixed by the Central / State Government / DGS&D and the Maximum Retail Price (MRP). The purchaser, at his discretion, will in such case, exercise the right of revising the price at any stage so as to confirm to the controlled price or MRP as the case may be.

7.9 No tenderer shall be allowed at any time on any ground whatsoever to claim revision of or modification in the rate quoted by him. Clerical error / typographical error, etc. committed by the tenderers in the tender forms shall not be considered after opening of tenders. Conditions such as **" SUBJECT TO AVAILABILITY" / "SUPPLIES WILL BE MADE AS AND WHEN SUPPLIES ARE RECEIVED"** etc., will not be considered under any circumstance and the tenders of those who have given such conditions shall be treated as incomplete and for that reason, shall be rejected.

- 7.10 If the relevant documents / certificates which are required to be furnished along with the tender are written in language other than English, the tendering firm shall furnish English version of such documents / certificates duly attested by a Gazetted Officer / Notary with his seal and signature.
- 7.11 Rate should be quoted in Indian Currency, both in words and figures against each item as the payments will be made in Indian currencies only (Annexure-IX). The tenderer shall not quote his own rate for any item other than the item specified in the list. (**Section V – Schedule of Requirement**).
- 7.12 Both Cover-A and Cover-B should have an **index and page number** of all the documents submitted inside that cover.
- 7.13 The Tax will be charged as per the guidelines given by the Finance Dept., Govt. of Odisha from time to time. GST (as applicable) will be paid to the supplier.
- 7.14 If any information or documents furnished by the tenderer with the tender papers are found to be misleading or incorrect at any stage the tender of the relevant items in the approved list shall be cancelled and steps will be taken to blacklist the said firm for three (3) years.

**PACKAGING :**

- 8.1 All the packaging should be New. The supplier shall provide such packaging of the goods as is required to prevent their damage or deterioration during transit to their final destination. The packaging shall be sufficient to withstand without any limitation including rough handling during transit, exposure to extreme temperature, salt and precipitation during transit and upon storage.

**ACCEPTANCE OF TENDER AND SUPPLY CONDITIONS:**

- 9.1 The Purchaser reserves the right to reject the tenders or to accept the tenders for the supply of the item tendered without assigning any reason thereof.
- 9.2 The Purchaser will be at liberty to terminate the contract either wholly or in part without assigning any reasons thereof. The tenderers will not be entitled to any compensation whatsoever for such termination.
- 9.3 The **supply should be completed within 30 days** from the date of issue of purchase order.

**EVALUATION:**

- 10.1 The price bid of the tenders who qualify in the technical bid fulfilling the eligibility criteria and complying to the technical specification shall only be opened.
- 10.2 The tender inviting authority may ask for demonstration (where ever required) of the equipment by the bidders at the premises of the tender inviting authority as a part of the technical evaluation before opening of price bid in order to verify the compliance to technical specification.

10.3 *The rates of the item quoted by the tenderer who qualify technically will be evaluated after taking the following points into consideration: -*

- a) Rate of the medical equipments will be taken after inclusion of the excise duty / customs duty, transportation, insurance, packing & forwarding & comprehensive warranty for (2) year.
- b) The cost of the medical equipments (excise duty / customs duty, transportation, insurance, packing & forwarding & comprehensive warranty for One (2) year but excluding GST).
- c) The circulars issued by the Finance Department, Govt. of Odisha from time to time regarding tax matters shall be taken into account for evaluation and shall be binding on the bidders. As per the Govt. of Odisha Finance Deptt. Order No. 48317(230)/F dt.23.11.2010, in comparing the cost of an article, if purchased from within the State with the price of similar article if purchased from outside the State, the amount of Odisha Sales Tax (OST) now GST shall be deducted from the total cost since it accrues back as revenue to the State. If after such deduction, the cost of articles to be purchased within the State is not more than the cost of including Central Sales Tax, transport and other charges of similar articles from outside the State, it would be economical to purchase articles within the State.


10.4 If the supplier fails to complete the supply within the extended period (if required), no further purchase order will be placed to the firm for the said item including forfeiture of the Performance security and the concerned firm will be blacklisted for two (2) years from the date of issue of letter for the said item.

### **PERFORMANCE SECURITY**

11.1 The selected firm should submit the performance security in shape of Bank Guarantee / fix deposit pledged in favour of Dean & Principal, MKCG Medical College, Berhampur, equal to the amount of 5 % of the purchase order value (excluding the tax & CMC cost) of the items within 21 days of issue of the purchase order & the same will be returned back after completion of warranty period. **The performance security shall be furnished at the O/o the Dean & Principal after getting the purchase order from the Dean.**

11.2 The performance Security Money will be returned back to the tenderer without interest after the expiry of the warranty period i.e. one year after the date of installation & signing of the CMC agreement.

11.3 Security money will be forfeited if there is any violation of the tender terms and conditions.

  
Dean & Principal  
MKCG Medical College  
Berhampur

**TRAINING & OPERATIONAL MANUAL:**

- 12.1 The firm / supplier will provide hands on training to two doctors and two technicians in his own cost for operating / handling the medical equipment(s) at the time of installation of equipment.
- 12.2 The supplier / firm will provide the operation / maintenance manuals of all equipments to the purchaser at the time of installation.

**TERMS OF PAYMENT :**

- 13.1 No advance payments towards cost of indented items will be made to the tenderer.
- 13.2 Payments as mentioned above will only be made after keeping the **performance security deposit** from the supplier as per clause no. 11.1, if they have not deposited the same before. Payment will only be made after ensuring signing of the Agreement, undertaking and handing over of warranty papers of equipment by the supplier to the purchaser.
- 13.3 The payment will be released after satisfactory report received from the consignee i.e. the HODs of the concerned Department.

## CHECK LIST

(To be submitted in Cover A Technical Bid)

**Note : The documents has to be arranged serially as per the order mentioned in the check list**

Please put ✓ in the respective box

**COVER – A (TECHNICAL BID)      DOCUMENTS : SUBMITTED OR NOT**

|    |  |            |     |    |  |
|----|--|------------|-----|----|--|
| 1  | List of Item(s) – Annexure II  | Page<br>No | Yes | No |  |
| 2  | Tender document Fee  | Page<br>No | Yes | No |  |
| 3  | Earnest Money Deposit  | Page<br>No | Yes | No |  |
| 4  | Declaration form (Annexure – III) signed by the Tenderer & affidavit before Notary Public / Executive Magistrate   | Page<br>No | Yes | No |  |
| 5  | Manufacturer's Authorization Format to the particular agency (Annexure – V) (for distributor / Importer)   | Page<br>No | Yes | No |  |
| 6  | Proof of avg. Annual turnover of Rs.50 lakh or more for preceding 3 financial year (for Manufacturer / Importer) or Rs.50 lakh or more (for authorized distributors) Annexure – VI | Page<br>No | Yes | No |  |
| 7  | Audited Account Statement (P&L Account) / Annual Report for the three financial years by highlighting the figure in it, which is mentioned in the annexure-VI                      | Page<br>No | Yes | No |  |
| 8  | Photocopy of PAN   | Page<br>No | Yes | No |  |
| 9  | Photocopy of GST certificate   | Page<br>No | Yes | No |  |
| 10 | Copy of original Tender and schedules, duly signed by the Tenderer   | Page<br>No | Yes | No |  |
| 11 | IT Return of last 3 financial year   | Page<br>No | Yes | No |  |
| 12 | An affidavit to the effect that the firm has not been black listed anywhere  | Page<br>No | Yes | No |  |
| 13 | Details of Manufacturing Unit / contact person Liaisoning agent / servicing centre (Annexure VII)  | Page<br>No | Yes | No |  |

**Annexure II**  
(Refer Clause No. 3.2)

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

**LIST OF ITEM(S) QUOTED**

| Sl. | Name of Item(s) | Name of Manufacturer | Make | Model Name | Details of offered product at Page No. (s) |
|-----|-----------------|----------------------|------|------------|--|
| 1   |                 |                      |      |            |  |
| 2   |                 |                      |      |            |  |
| 3   |                 |                      |      |            |  |
|     |                 |                      |      |            |  |
|     |                 |                      |      |            |  |

**Signature of the Tenderer :**

**Date :**

**Official Seal:**

**Annexure IIA**  
(Refer Clause No. 8 of Section -II)

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

**DETAILS OF EMD(S) SUBMITTED**

| Sl. | Name of Equipment  | <i>EMD 2% of the quoted<br/>value Amount (Rs.)</i> |
|-----|--------------------|--|
|     |                    |  |
|     |                    |  |
|     |                    |  |
|     |                    |  |
|     | <b>TOTAL (Rs.)</b> |  |

**Signature of the Tenderer :**

**Date :**

**Official Seal**

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

**DECLARATION FORM**

I / We .....having My /  
our .....office  
at.....do declare that I / We have carefully  
read all the terms & conditions of tender of the \_\_\_\_\_, Odisha for the supply of  
medical equipments. The approved rate will remain valid for a period of three year from the  
date of approval. I will abide with **all the terms & conditions** set forth in the **Tender**  
**Reference no.** \_\_\_\_\_

I/We do hereby declare I/We have not been de-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  
or Performance Security Deposit and blacklist me/us for a period of 3 years if, any information  
furnished by us proved to be false at the time of inspection / verification and not complying with  
the Tender terms & conditions.

Signature of the bidder :

Seal

Date :

Name & Address of the Firm:

Affidavit before Executive Magistrate / Notary Public.



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

To

The Dean & Principal,,  
MKCG Medical College,  
Berhampur -760004, Odisha

Ref: Tender No. \_\_\_\_\_ Dated \_\_\_\_\_ for \_\_\_\_\_.

Dear Sir,

We, \_\_\_\_\_ are the manufacturers of \_\_\_\_\_  
\_\_\_\_\_ (name of equipment(s) and have the manufacturing factory  
at \_\_\_\_\_.

1. Messrs \_\_\_\_\_ (name and address of the agent) is our authorized distributor for sale and service of \_\_\_\_\_ (name of equipment(s))
2. We confirm that no supplier or firm or individual other than Messrs \_\_\_\_\_ (name of the above distributor) is authorized to submit a tender and enter into a contract with you 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 (Item wise)* 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.
- (To be submitted in **Cover A -Technical Bid**)

**ANNEXURE – V**

(Refer Clause No. 3.8)

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

**ANNUAL TURN OVER STATEMENT**

The Annual Turnover for the last three financial years of M/s \_\_\_\_\_ who is a Manufacturer /Distributor/Importer (*Pl. tick whichever is applicable*) are given below and certified that the statement is true and correct.

| <b>Sl.No.</b> | <b>Year</b> | <b>Turnover in (Rs.)</b> |
|---------------|-------------|--------------------------|
| 1.            | 2021-2022   | -                        |
| 2.            | 2022-2023   | -                        |
| 3.            | 2023-2024   | -                        |

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

Date:  
Place:  
(Name in Capital)

Signature of Auditor/  
Chartered Accountant

Seal

Membership No.-

Registration No. of Firm

***Note:***

- a) *To be issued in the letter head of the Auditor/Chartered Accountant mentioning the Membership no.*
- b) *To be supported by the attested photocopies of audited account statement / P&L account/ Annual Report and the figure of turnover mentioned in the format (Annexure – VI) should be highlighted there.*

## **ANNEXURES –VI**

**(To be submitted in COVER B - PRICE BID)**

**List of Enclosures to be submitted in Price Bid :**

- 1) Price schedule format duly filled in and signed by the authorized signatory with company seal
- 2) Photocopy of GST registration certificate

**Annexure VII**  
(Refer Clause No. 3.5)  
(To be submitted in *Cover A -Technical Bid*)

DETAILS OF THE TENDERER & LOCAL CONTACT PERSON

|  | <b>Corporate Office</b><br>(The address in which the purchase orders and payment details will be communicated) | <b>Local Contact Person / Branch Office / Zonal Office / Service Centre if any, in Odisha.</b> |
|--|--|--|
| Name & Full Address  |  |  |
| Telephone Nos., landline   |  |  |
| Mobile   |  |  |
| Fax  |  |  |
| E – Mail   |  |  |
| Date of Inception  | (Copy of Certificate of incorporation of Manufacturer)   |  |
| Name of the issuing authority                                    |  |  |
| Import License (in case of Importer only)                        | (Furnish photocopy of Import License)  |  |
| GST validity   | (Furnish photocopy of GST)   |  |
| PAN  |  |  |
| Details of the Service Centre Facilities in Odisha/Eastern India |  |  |

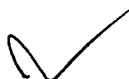
**Signature of the Tenderer :**  
**with seal**

**Date :**

**Official**

**Seal**

**:**

  
Dean & Principal  
MKCG Medical College  
Berhampur

**To be submitted in Cover B – Price Bid**  
(Refer Clause No. 4.1 & 8.15)

**FORMAT I - PRICE SCHEDULE**

**Whether GST paid to Government of Odisha: Yes / No . If Yes, furnish the copy of Odisha GST registration certificate**

| Name of the Item (s)<br>(Items mentioned in the<br>schedule of requirement) | Make &<br>Model | * Price of the item which includes<br>excise duty / customs duty, packing,<br>insurance, forwarding / transportation<br>(door delivery) with 5 (FIVE) year<br>onsite warranty, calibration charges<br>if any & excludes GST/sales tax/entry<br>tax Cost in Rupees (both in words &<br>figures) | ***Taxes CST/GST & ET (if any) on<br>& above the item price mentioned in<br>col. (3) (Mention whether CST / GST<br>and ET, the % of tax & it's value in<br>Rs.) | Total Cost (Including<br>of CST/GST & ET) (In<br>Rupees) |
|---|-----------------|--|---|--|
| 1   | 2               | 3  | 4   | 5=3+4  |
|   |                 |  |   |  |

\* Breakup of the price of individual items of the items mentioned at col. (3) above should be mentioned separately at Annexure IXA2

\*\* The cost of turnkey shall include any specific accessories/equipment required for installation/commissioning and . In case of turnkey, the details of accessories/equipment are to be mentioned.

\*\*\* CST/GST & ET which will be chargeable on the price (3) shall be mentioned separately in column 4 above.

\*\*\* CMC for 5 years

Date :

Place :

1. Rates should be quoted both in figures & words for each item and if there is any discrepancy, the quoted rates in words will be taken for evaluation.
2. The tenderer has to mention the make / brand, specification, warranty of all the item.

| Department    | Sl.No | Name of the Item   | Quantity |
|---------------|-------|--|----------|
| Microbiology  | 1     | Automated Blood Culture System                                       | 1        |
| Paediatrics   | 2     | Infant Radiant Warmer  | 10       |
|               | 3     | LED Double Surface Phototherapy Unit                                 | 10       |
| Ophthalmology | 4     | Slit Lamp with applanation Tonometer                                 | 2        |
|               | 5     | Non Contact Tonometer  | 1        |
|               | 6     | Aoto refractor meter   | 1        |
|               | 7     | A Scan   | 2        |
| Pathology     | 8     | Advance Research Trinocular Microscope with Dedicated Digital Camera | 1        |

**Sl.No.1 AUTOMATED BLOOD CULTURE SYSTEM**  
**TECHNICAL SPECIFICATION OF AUTOMATED MICROBIAL ID & AST DETECTION SYSTEM**

1. **Analytical parameters:** System must work on colorimetric technology for identification and susceptibility testing.
2. **Panel capacity:** The system must have the capacity to accommodate a maximum of 120 tests (either 120 ID and/or AST tests), at any time.
3. **Type of panels:** It should have different panels. (ID & AST separately depending on the user to save cost) it should be based on advanced colorimetric principle.
4. **Panels:** Gram negative panels with ESBL confirmation, Gram positive panels & Yeast panels.
5. **Testing base:** Should be on disposable sealed bar coded card (ready to use) with pre filled reagents with pre inserted transfer tube for easy automatic transfer of inoculums.
6. **Data base:** The System should have database more than 2000 reference phenotypes.
7. **Testing time:** Ideally be on the same day with minimal TAT.
8. **Incubator:** On board incubation chamber
9. **Sample dispensing:** System should not require any manual dispensing of Inoculum to avoid human error, it should be done automatically.
10. **Additional reagents:** The system should include necessary apparatus, reagents and materials for complete processing of an isolate.
11. **Bar Code:** Positive sample identification with the bar code on the card. (ID or AST card).
12. **Software:** Should be Windows based, user friendly with touch screen key pad. Should facilitate monitoring of all the functions of a Microbiology lab and Should have facility to design user defined alerts and option for designing drug suppression rules as per hospital internal infection control policy (Antibiotic policy) Customized reports, nosocomial and epidemiology reports should also be obtained.
13. **Printer:** External printer for direct report print outs
14. **Installation in India:** Minimum 400 installations in the country with reputed Hospitals / Organizations.
15. 100 cards from each Pannel to be provided along with the system.

## TECHNICAL SPECIFICATION OF AUTOMATED MICROBIAL GROWTH DETECTION SYSTEM FOR

1. The system should be a fully automated, walk away system ideal for culture from blood, sterile body fluids & bone marrow.
2. The system should be based on fluorescence / Colorimetric technology for interpretation of results.
3. The system should have more than 100 cells and should be a modular model which can be upgraded as per requirement of the Lab in the future.
4. The system should have the capability of continuous monitoring of the clinical samples.
5. The system should have the capability to process samples of adult and pediatric patients and have dedicated media for pediatric and adult samples.
6. Appropriate Media to support the growth of bacteria and yeast, from the blood, Bone marrow and sterile body fluids.
7. The culture media should have additional antibiotic neutralization substances to minimize chances of false negatives due to high antibiotics in specimens and have minimal time to detection of organisms.
8. The system should have the capability of analyzing and detection of delayed entry of specimens.
9. The media bottles should be unbreakable and ease of disposal as per the recommendation from Occupational Safety and Health Administration, U.S.A.
10. The system should be maintenance free without any need for regular calibrations, controls or standards run by the user.
11. The system should be leak proof and non-invasive to avoid contamination of equipment and the environment.
12. The system should be supplied with a complete system with all accessories.
13. The system should have CE and US FDA approved.
14. The firm should provide complete installation and training with that they should have a strong support system to help in the future as per the need.
15. 100 culture media bottles each from adult & pediatric to be provided along with the system.

Sl.No.2

### **INFANT RADIANT WARMER**

#### **Specifications**

The digital, microprocessor - based controller comes with a full spectrum of features. Two function control modes provide the clinician more flexibility while optimizing the thermal environment. Dual digital temperature displays allow easy visualization of patient temperature and set point.

#### **Control Panel**

The Infant Radiant Warmer comes with complete automatic manual /baby (Servo)/Air

modes. In addition, the Skin/Air temperature display is larger than other set temperature displays. Skin temperature display can be converted from °C to °F by the push of a button. A big LCD is provided for more information and visualizations of the heater power in manual and servo modes. A full complement of alarms provides safety and convenience, with both audible and visual indicators in the event of:

- High Temp./ Low Temp.
- System Fail
- Probe Failure
- Power Failure
- Timer
- Heater fail /ON (Optional) only visual alarm provided

### **Heater Assembly**

The Parabolic heater assembly located above the center of the support structure consists of an integral examination light and a 650 watts heating system (Silica or quartz /Ceramic Heater) for quick warming and even distribution of heat on the baby bed. The heater can be swiveled in either direction for taking X-ray and doing procedures.

### **Air Mode (Optional)**

The system comes with air sensor. This is added security cover with exclusive feature of switching OFF the heater in case the AIR temperature goes above 39°C irrespective of what the skin temperature is at the time of event.

### **Manual Mode**

The system automatically starts heating from 40% in manual mode and the same can be changed through settings up to 100%. The system automatically converts from servo mode to manual mode in case of probe failure thus providing nonstop working of the unit.

### **Baby Bed**

The spacious baby bed incorporates easy drop down/fold down glasses for maximum access to the patient.

Optional: X-Ray facility is provided below the baby bed for taking X-ray of the baby without disturbing.

### **Additional Features**

If needed the unit can be programmed by the user itself for any of the following features:

- Count Up / down Timer.
- Check baby Alarm.
- Pre warming mode.

### **Castors**

The system is fitted with 4" high quality castors having brakes in front 2 castors. Antistatic castors can be fitted as an option for further safety in lieu of the standard castors.

Optional: The system comes with check baby alarm (1- 120min.)



### **Electrical Specification**

- Power supply - 200V / 50Hz
  - Heater Power - 650 Watts
  - Fuse - 5 Amp.
- 

## **SL.NO.3 LED DOUBLE SURFACE PHOTOTHERAPY UNIT**

### **Technical Specifications:**

#### **Parameter :**

- LEDs 9-12 hi power LEDs (Blue) (white LED optional).
  - Irradiance > 42 mw/cm<sup>2</sup> /nm at 30cm.
  - Light source life time, minimum 25,000hrs
  - Less than 10% change in illumination after 25000hrs (irradiance).
  - Wavelength 420-480nm.
  - Variation in intensity for 6 hours < 10%.
  - Effective area 50cm x 30cm.
- 

#### **Electrical :**

- Input voltage 100-240V, 50-60Hz.

#### **Dimensions :**

##### **Led Box :**

- Front: 18" (L) x 10" (W) x 3" (H) Backside: 18" x 8.5" x 3"
  - Height (adjustable) :
    - Min : 1230mm      Max : 1600mm
    - Length : 800mm      Width : 720
- 

#### **Double Surface Phototherapy Unit :**

- It is a combination of over head Phototherapy Unit and undersurface Phototherapy with Baby Bassinet.

#### **Baby Bassinet :**

- Clear collapsible fold down side panels.
  - Baby Tray with transparent base for Undersurface Phototherapy usage.
  - X-Ray cassette guide facility.
  - Same as over head placed under the bassinet.
  - LCD Digital Timer for lamp usage hours and patient exposure.
    - LED Photo Therapy Unit- Double Surface - 15 LED's
    - LED Photo Therapy Unit- Double Surface - 24 LED's
-

**SI.No.4 SLITLAMP with APPLANATION TONOMETER**

| <b>Specification</b>              |   |
|-----------------------------------|---|
| Stereo microscope type            | Galilean                                      |
| Magnification changer             | 5 step drum rotation                          |
| Eye pieces                        | 12.5x   |
| Magnifications Ratio              | 6x, 10x, 16x, 25x, 40x                        |
| Real field of view                | 43, 27, 16, 11, 7.0mm                         |
| Inter pupillary distance          | 50-78mm Adjustable                            |
| Diopter adjustment                | -8D to +8D                                    |
| Working distance                  | 100mm   |
| Gross Weight                      | 17.700 Kg                                     |
| Net Weight (Packed)               | 28.000 Kg.                                    |
| <b>Common specifications</b>      |   |
| Slit image width                  | 0 to 14mm continuously variable               |
| Slit image height                 | 0 to 14mm continuously variable               |
| Illumination field diameter in mm | 0.2, 1, 3, 4, 6, 10 & 14mm                    |
| Slit rotation                     | 0° to 180°                                    |
| Slit inclination                  | 5°, 10°, 15°, 20°                             |
| Power Adapter                     | 100-240v AC~, 47-63Hz, 0.3A, 5VDC, 2A         |
| Input Voltage                     | 5VDC, 2A                                      |
| LED (Lamp)                        | LED   |
| Filters                           | Heat absorbing, Green (Red free), Cobalt blue |
| Power Consumption                 | 31 VA (Max)                                   |
| IP Category                       | IP20  |
| <b>Movement Range</b>             |   |
| Longitudinal In/Out               | 99 mm   |
| Lateral (Left / Right)            | 118 mm  |
| Vertical (Up/Down)                | 30 mm   |
| Chin Rest Range                   | 85 mm   |
| Dimension (mm)                    | 530(L) x 380(W) x 780(H)                      |

| <b>APPA APPLANATION TONOMETER</b>  |                                     |
|--|-------------------------------------|
| <b>TECHNICAL SPECIFICATION</b>   |                                     |
| Type   | Applanation Tonometer               |
| Principle  | Goldman Tonometry                   |
| <b>SPECIFICATIONS</b>  |                                     |
| Measuring Range  | from 0 to 80 mm Hg                  |
| Accuracy   | +/- 0.5 mm Hg                       |
| Diameter of the pneumatic face   | 3.06mm                              |
| Area of the Applanation  | 7.354 mm <sup>2</sup>               |
| Probe carrier line separation  | 43°                                 |
| Measurement  | 47mm wide x 30mm Deep x 85mm Height |
| Weight with Accessories  | 700gm                               |
| <b>STANDARD ACCESSORIES</b>  |                                     |
| <ul style="list-style-type: none"> <li>➤ Calibration Bar</li> <li>➤ Prism</li> <li>➤ Mount Base (for head mount model only)</li> <li>➤ COMPATIBILITY</li> <li>➤ Both for Topcon &amp; Hagg-streit Model Slit lamp</li> </ul> |                                     |

**Sl.No.5 SPECIFICATION FOR NON CONTACT TONOMETER**

| <b>TECHNICAL SPECIFICATION</b>          |  |
|---|--|
| Catalog Number                          | 16050  |
| Height                                  | 19.75 in (50.2 cm)                                   |
| Width                                   | 10.5 in (26.7cm)                                     |
| Depth                                   | 14 in (35.6 cm)                                      |
| Weight                                  | 23 Ibs (10.4 kg)                                     |
| Voltage                                 | 100/240 VAC  |
| Frequency                               | 50/60 Hz   |
| Measurement Range                       | 0-60 mm Hg<br>(7-60mmHg ISO 8612 tonometer Standard) |
| <b>OPTIONAL CHINREST SPECIFICATIONS</b> |  |
| Catalog Number                          | 16049  |
| Vertical Travel                         | 65 mm, Motorized                                     |

**Sl.No.6 AUTO REF- KERATOMETER**

| <b>SPECIFICATIONS</b>  |   |
|------------------------|---|
| K/R Mode               | continuous keratometry and refractometry  |
| REF Mode               | Refractometry   |
| KER Mode               | keratometry   |
| CLBC Modes             | contact lens Base curve measurement   |
| K (P) Mode             | peripheral keratometry  |
| <b>REFRACTOMETRY</b>   |   |
| Vertex Distance (VD)   | 0.0, 12.0, 13.5, 15.0   |
| Sphere (SPH)           | -25.00 ~+22.00D (when VD=12mm)<br>(increments: 0.12 and 0.25D)  |
| Cylinder(CYL)          | 0.00~ ± 10.00S ( Increments : 0.12 and 0.25D)   |
| Axis (AX)              | 1~ 180° (increments: 1°)  |
| Cylinder Form          | -, +, ± MX  |
| Pupil Distance         | 10 ~ 88mm   |
| Minimum pupil Diameter | Ø 2.0mm   |
| <b>KERATOMETRY</b>     |   |
| Radius of curvature    | 5.0~ 10.2mm (increments: 0.01mm)  |
| Corneal Astigmatism    | 33.00 ~ 67.50D (when cornea equivalent<br>refractive index is 1.3375)<br>(Increments:0.05/0.12/0.25D) |
| Corneal Astigmatism    | 0.00 ~ - 15.00 D (increments:0.05/0.12/0.25D)   |
| Axis                   | 1 ~ 180° (increments: 1°)   |
| <b>OTHERS</b>          |   |
| Corneal Diameter       | 2.0 ~ 14.0mm (increments: 0.1mm)  |
| Memory of data         | 10 measured value for each eye  |
| Internal printer       | Thermal line printer with AUTO – CUTTER<br>FUNCTION   |
| <b>MONITOR</b>         |   |
| power supply           | AC100-240V, 50/60Hz   |
| Dimensions             | Appoximately 260(W)x500(D)x450(H)mm   |
| Weight                 | Appoximately20Kg  |

**Sl.No.7 OPHTHALMIC ULTRASOUND SCANNER (A Scan)**

| <b>TECHNICAL SPECIFICATION</b>   |  |
|--|--|
| Probe frequency  | 10MHZ  |
| Fixation   | Internal LED   |
| <b>MEASUREMENT RANGE</b>   |  |
| Axial length   | 14.0 mm to 40.0mm  |
| ACD  | 2.0 mm to 6.0mm  |
| Lens thickness   | 2.0 mm to 7.5mm  |
| Measurement Accuracy   | ± 0.1mm  |
| <b>MEASUREMENT TECHNIQUES</b>  |  |
| Method   | Immersion & contact  |
| Mode   | Auto & Manual  |
| Lens Type  | Aphakic, Normal, cataract, Dense cataract, pseudophakic, (silicone, PMMA, others) silicone oil |
| <b>IOL CALCULATION</b>   |  |
| Formulae   | SRK-T, SRK-11, Holladay, Binkhorst, Hoffer-Q, Haigis, AME*and Post Refraction Formulae         |
| Display  | High resolution 8 inch colour display With Touch screen  |
| <b>CONTROL</b>   |  |
| Storage  | 100 patient records,10 preset users 25 IOL Configuration                                       |
| Camp Mode  | Fast measurement with IOL calculation In single screen   |
| Printer  | Fast Thermal Printer with Auto Cutter  |
| <b>POWER</b>   |  |
| Electrical Requirements  | 100-240V AC/ 50-60 Hz  |
| <b>OTHERS FEATURES</b>   |  |
| <ul style="list-style-type: none"> <li>• Auto / Manual Gain</li> <li>• Automatic calculation of standard deviation and average axial length ( serial of 10 measurement)</li> <li>• Simultaneous display of 3 different IOL calculation</li> <li>• RTC shown the date time throughout the life of the instrument</li> <li>• Various user programmable printouts format</li> <li>• Measurement possible for various velocity of each segment.</li> <li>• *AME Formula – The new generation programmed software takes care of any Axial Length</li> </ul> |  |

**Sl.No.8 Advance Research Trinocular Microscope with Dedicated Digital Camera.**

System should have Upright Bright field compound microscope with Kohler Illumination.

**Optical System:** System should have CCIS Infinity Color Corrected Optical System.

**Observation Head:** System should have Trinocular head FOV 22 mm and Siedentopf type 25° inclined, 360° swiveling. Interpupillary distance of 48-75mm. Trinocular light split 50:50 fixed.

**Nosepiece:** System should have Reversed quintuple coded Nosepiece with precision click stop.

**Objective:** System should have Anti Fungus UC Infinity Colour Corrected objectives (Pb Free),

CCIS UC Plan Achromatic Objective UC PL 4X/0.10, W.D. 30.5 mm

CCIS UC Plan Achromatic Objective UC PL 10X/0.25, W.D. 17.4 mm,

CCIS UC Plan Achromatic Objective UC PL 20X/0.45, W.D. 0.8 mm,

CCIS UC Plan Achromatic Objective UC PL 40X/0.65, S W.D. 0.6 mm,

CCIS UC Plan Achromatic Objective UC PL100X /1.25/S Oil, W.D. 0.16 mm,

**Eyepiece:** System should have Wide field high eye point eyepiece UC-WF10X/22 mm with diopter adjustment +/- 5 dpt on both eyepieces, with rubber eyecup (paired).

**Coarse and Fine Focus:** System should have coaxial coarse and fine focusing adjustment Z-Axis Movement 25mm Stroke. Fine focus with 2µm minimum increment, coarse focus with torque adjustment.

**Mechanical Stage:** System should have Compact & rackless stage 185 x 145mm surface, travel range 75 x 50mm, built in low position coaxial mechanical stage with x y control.

**Condenser:** System should have Focusable Abbe swing out condenser N.A.1.25 with slider slot and built in aperture diaphragm.

**Illumination:** System should have built in Koehler Illumination with High Intensity 3W LED. Halogen /LED and LED color temperature interchangeability.

**Digital Light Management:** System should have Light Tracer System

Nosepiece LED Light Intensity Indicator

Sleep Mode (auto on-off Function)

USB for external camera power

**Accessories:** System should have Immersion oil (5ml), Power cord, Allen hexagonal key, Vinyl dust cover,

**Power Supply:** System should have 110-240V (CE).with auto on off, sleep mode.

**SYSTEM SHOULD HAVE DEDICATED SCIENTIFIC 20 MEGA PIXEL DIGITAL CAMERA**

**Sensor type:** sCMOS, **Sensor size:** 2/3"

**Imaging area:** 11.1mm (Diagonal)

**Capture resolution:** 20 MP

**Live display mode through USB:** 2448x2048, 1224x1024 pixels

**Pixel size:** 3.45x3.45µm

**Scan mode:** Progressive, **Shutter mode:** Global Shutter

**Data transfer:** USB 3.1

**Max. Frames per second (fps\*):** 2448x2048 @ 37.5fps 1224x1024 @ 88.4fps

**Exposure time:** 14µsec to 2 sec

**Operating temperature:** From -10 to +60 Degrees Celsius non condensing

**Sensitivity:** 1146mV (G) @ 1/30 sec

**Support device:** TWAIN, SDK and DirectShow Driver

**Supported OS:** Microsoft Windows 7/8/10, MAC OSX10.9, Linux or higher

**Minimum computer requirements:** 2GHz dual core - RAM memory 2GB - Video memory min. 512 MB

**Lens mount:** C-Mount

**Software:** Imaging Software for Windows, OSX and Linux

**Functions:** Still image and video capture, live and still image measurement, image adjustments, white balance, automatic & manual exposure, individual objective calibration system.

**Power supply:** 5V (from USB Port)

**Package includes:** CS ring adaptor, USB 3.1 cable, 4-dot calibration slide, for PC/OSX/Linux

**Certification:** System should have European CE / US FDA certification.

**LED Digital Display:** a 50" LED digital display board for direct display of the captured images.