



GOVERNMENT OF ANDHRA PRADESH

Quotation Notice

FOR

Procurement and supply of balance equipment and other items to 5 New Medical Colleges in Andhra Pradesh

Quotation No. : QT02/APMSIDC/2022-23, Dt: 16.03.2023.

Name of the Agency :
.....
and Address
.....
.....

Implementing Agency :
ANDHRA PRADESH MEDICAL SERVICES & INFRASTRUCTURE DEVELOPMENT CORPORATION
(Formerly APHMHIDC)
(AN ENTERPRISE OF GOVT. OF A.P.)
2nd Floor, Plot No:09, survey number: 49, IT Park, Mangalagiri,
Guntur District- 522503. Ph No: 8978644900
aphmhdc@gmail.com & ed.apmsidc16@gmail.com

Quotations are invited through sealed envelope cover for below mentioned items along with attached specifications on or before 24.03.2023 @ 03.00 PM and also requested to clearly mention Make & Model of the item.

Delivery Period: 30 Days from date of issue of Purchase of Order.

Terms & Conditions:

Warranty Period : 1 Year

Payment Terms:

- a) 60% of the contract value of the supply part after necessary deduction will be paid to the supplier on submission of copy of invoice with original Delivery Challan as proof of supply to destinations duly certified by the Head of the Institution and RTGS details
- b) 30% of payment will be paid on submission of original invoice with stock entries, delivery challan and Installation Certificates (Annexure 1), warranty certificate (Annexure III), copy of insurance document duly attested by the consignee to APMSIDC, calibration, quality assurance certificate test certificate if required as per technical specification after completion of all the performance obligations.
- c) The balance 10% will be paid after three months from the date of installation on submission of performance satisfactory report (Annexure-II), obtained from the Head of the institute or concerned authorities.

Item Details:

Sl. No	Item Name	Qty	Specifications matched or not	Quoted Unit Price Rs.	Total Amount Rs.
1	Items for department of ANATOMY	1			
2	Items for department of PHYSIOLOGY	1			
3	Spectrophotometer	5			
4	Items for department of COMMUNITY MEDICINE	1			
5	Items for department of PATHOLOGY	1			
6	Items for department of Forensic Medicine	1			

Technical specifications:

1. Items for department of ANATOMY

(a) Hand saw, preferably metal

1. which lead to less friction.
2. Blades should be chrome plated to prevent body fluid /chemical corrosion.
3. Chrome treatment, antirust smoothening should be done to reduce the friction.
4. It should have strong handles.
5. It should be ergonomic and rust proof.
6. Should be supplied with essential accessories.
7. Power Supply 200VAC +/- 10 %, 50Hz fitted with Indian plug.
8. Should be ISO/BIS/CE/FDA approved model should be offered

(b) Band saw for sectioning body and limbs

1. The table should be made of thick special heavy C.S. Supplied with 1 blade, cord and plug suitable to work on 220 V, single phase, 50 Hz, A.C supply. Specially designed for use in anatomy and meat cutting requirements for preparing big size specimen. Spare cutting blade must be provided
2. The large working table and extension table operate should have ball bearing rollers
3. Total table travel: 1200-1400 mm (approx)
4. Motor (heavy duty): 2.00 H. P (single phase), 220V, A.C Mains

(c) Brain knife

Knives are of premium quality of cutting instrument segment, high quality stainless steel with heat-treated blades.

Features: Edge technology creates a blade that is sharper out of the box, holds its edge longer and is easier to re-sharpen; Handle materials used are selected from a variety of man-made and natural materials, providing the best appearance and performance or S.S.

(d) Plastic tanks for storing soft and dissected parts

- Plastic tanks for storing soft and dissected parts

(e) Dissecting instruments set for cadaveric dissection

- Tooth Forcep (SS) – 6”
- Plain Forcep (SS) – 6”
- Pointed Scissor (SS) – 6”
- Blunt Scissor (SS) – 6”
- BP Handle (SS) – 6”
- Small pointed Scissor (SS)- 4”
- BP Handle Blade / Surgical Blade – 24 No.
- Artery Forcep (SS) – 8”
- Brain Cutting Knife (SS)– 12”
- Retractor (SS) – 8” or 12”

- Rib Cutter (SS) – 8”
- Surgical Suture Needle (Half Circle) with thread – 1no. & 6 no. The above mentioned all materials should be SS 304

2. Items for department of PHYSIOLOGY

(a) Electrodes

- Copper wire placed in holder made of non conductive material (cork, Plastic ect)
- With screw
- Shielded electrode two wire parallel to each other in layer of non conductive material
- Polarizable or non Polarizable electrode

(b) Spirit Lamp

- Brass sheet die pressed, with woven wick in metal holder, screw
- Capacity 100 ml

(c) Low voltage unit for tapping 2 and 4 volts for stimulation

Low voltage unit for tapping 2 and 4 volts for stimulation variable from 2 volts to 12 volts in steps of 2 volts and of 5 A capacity. Complete with plug and cord.

(d) Knee hammer

Triangular Head, well grip handle, concealed brush with slide lock needle 20cm long

(e) Perimeter with charts (Lister's)

- Should have a calibrated arc, revolving chart holder.
- Should be able to rotate in any direction and fix at any position with a tightening screw. The arc should be graduated from 0° to 90° with a movable test object.
- At the back of the arc arrangement should be provided for fixing of chart which has concentric circles corresponding to the degrees of arc.
- Adjustable chin rest.
- The above mentioned should be fitted over a sturdy base with receptacle for keeping charts.

Accessories:

- Different sized (2mm & 5mm), shaped (round & square) and coloured (five different) objects.
- Should be supplied with 20 packets of charts (100 charts/packet).
- Circular black disc to read the meridian in which the arc in shape of a semicircle with radius 330mm Adjustable chart rest and a detachable lever in a bar is fixed in front of metallic arc

(f) Tuning fork to test hearing 32-10000 cps(sets-100, 256, 512 Hz)

- Turning fork to test hearing 32-10000 cps (sets :-100, 256, 512 Hz) each tuning fork with base.

3. Spectrophotometer

1. Spectrometer has 3648 –element CCD array detector for wavelength range of 200-1100 nm giving a resolution ~1.7nm with a 25µm entrance slit installed. L4 collection lens installed.
2. High power Deuterium Halogen light source suitable for Absorption/Transmission and Reflection measurements covering the range 215-2500 nm.
3. 400µm premium grade optical fiber 1 m length.
4. 200µm premium grade optical fiber 1 m length.
5. 4 way cuvette holder.
6. Pair of quartz cuvettes with lid.
7. Cross-platform Spectroscopy software compatible with above spectrometer.
8. Compatible latest computer.
9. Spare Deuterium Bulb for DH2000, 210-400 nm, 1000 hrs
10. Spare Halogen Bulb for all DH2000, 360-2500 nm, 900 hrs
11. Reflection measurement setup for powders/solid samples: 400um Reflection probe, Reflection probe holder, White reflection standard PTFE
12. Set of laser diodes 3-5mW with power supply 300,350, 405, 532, 635, 650, 740, 820nm one each for Fluorescence peak measurements

4. Items for department of COMMUNITY MEDICINE

<p>(a) Horrock's Apparatus</p> <p>Should be suitable to find out the dose of bleaching powder (chlorine) required for disinfection of water.</p> <p>Contents of apparatus:</p> <ol style="list-style-type: none">1. 6 white cups with 200 ml capacity each.2. 1 black cup3. 2 metal spoons4. 7 rods5. 1 pipette6. 2 droppers7. Starch-iodine indicator solution
<p>(b) MUAC tapes</p> <p>➤ Mid Upper Arm Circumference</p>
<p>(c) Sound level meter</p> <ol style="list-style-type: none">1. Multi-Function Environment Meter which has the functions of sound level meter2. Sound level meter measuring range - 35 to 130dB, +/-3.5dB at 94db.3. Light Meter measuring range - 20 to 20,000 lux, +/-5% reading.4. Measuring Rate: 1.5 times per second.5. Should have an LCD display for parameter display.6. Should work on battery power source with charger.
<p>(d) Water sampling bottle from any depth</p>

<p>(e) Craft water testing kit</p> <ul style="list-style-type: none"> ➤ BDI- E26 water and soil analysis kit(7 parameters) ➤ 3.5" digital LCD display, covering all 7 parameters, battery operated, with complete accessories ➤ ABS brief case
<p>(f) Treatment kits as per national health programs</p>
<p>(g) Iodine testing kit</p>

5. Items for department of PATHOLOGY

<p>(a) Staining jars for slides.</p> <ul style="list-style-type: none"> ➤ Slides Staining Jar with ground in glass lid for 30 pieces 25.4 x 76.2 mm (1" x 3") slides. It is available in transparent and amber coloured and suitable ➤ Use : Used in staining of slides. for stainless steel rack of CG147.
<p>(b) Coplin jars</p> <ul style="list-style-type: none"> ➤ Autoclavable coplin jar air tight, ➤ water tight dome style screw capped with self standing capability, ➤ three sides grooved bottom and two sides to protect the glass slides, ➤ wider mouth provided to put the slides properly, ➤ unbreakable, ➤ non reactive with any solvent, ➤ random grade PPCP (poly-copolymer)
<p>(c) Single Pan Digital Balance, Chemical</p> <p>Specification:</p> <ol style="list-style-type: none"> 1. Easy to read Large back light GRAPHICAL LCD display with A.E.P.(Advanced Eye protection) 3. Hanger for Below Balance weighing 4. Fully automatic internal Calibration with built in weight 5. Complies GLP/GMP. 6. Dye cast aluminum design for long term stability and accurate results. 7. Various weighing units. 8. User selectable Stability and filter level Spacious draft shield interior. 9. Technical data: Capacity 220 gm: Readability 0.1mg:

REPEATABILITY (+/-) 0.1mg;linearity (+/) 0.2mg;
PAN Size (mm/inch) 90Ø; response time: 03sec, display Back light LCD
graphical display;
calibration automatic external units of measure; G,mg, ct, GN, mo, oz, dwt, T are
range full operating; temperature 5deg. C
to 40 deg.C., housing dimension(342.5mmX212mmX341mm – WDH.

Certificates: Notified CE/BIS/FDA and ISO 13485

6. Items for department of Forensic Medicine

(a) Dissection Set Complete
➤ Consisting of cartilage knife, bone cutting forceps, scissors- straight & curved, enterotome, scalpel knives with spare blades, probe metal scale graduated in cm made up of good quality stainless steel, toothed forcep- 1x2-2 pieces, 3x4-2 pieces, councilman chisel, bone mallet, double edged postmortem knives
(b) Brain Knife
➤ Stainless Steel non-rust standard 12"
(c) Hack Saw
➤ 12" stainless steel Hacksaw Frame Tubular With Plastic Handle, with blades fine cutting, adjustable screws to temper the saws, efficient and comfortable handles.
(d) Rib Shear Left & Right
➤ Complete set made up of good quality stainless steel
(e) Measuring Tape (Steel Tape Roll)
➤ Minimum 5 M <u>Steel Tape Roll</u>
(f) Tooth Extractor Left & Right
➤ Tooth Extractor Left & Right Tooth Extractor should be made of SS
➤ Fine finish & Good quality

(On Firm letter Head)

Annexure - I

ANDHRA PRADESH MEDICAL SERVICES CORPORATION
LTD INSTALLATION CERTIFICATE

HOSP CODE/ Hospital Name:				
Equipment Details				
EQPT CODE/ Name of the equipment:		Purchase Order No:		
Make / Manufacturer		Purchase Order Date:		
Model		Purchase Amount		
Serial no.		Project Name		
Location / Department				
Installation Start Date		Completed Date.		
Comprehensive Warranty Start Date		Comprehensive Warranty End Date:		
Preventive Maintenance Schedule (Specify Year & Month)				
YEAR	Visit 1	Visit 2	Visit 3	Visit 4
Contact Details				
SUP.CODE / Name of the Supplier				
Name of Service Engineer		Mobile No.		
Service Centre Manager's name		Mobile No.		
Service center address				
Accessories supplied				
Sl. No.	Item	Qty.	Serial No.	Remarks
To be filled by Institution				
Whether the sticker affixed on all the key components of the equipment or on a conspicuous place in the installed room/storage area?				YES / NO (tick one)
Whether a digital Photograph of the installed equipment taken after affixing the sticker in the presence of the hospital personnel?				YES / NO
Whether the Demonstration of the equipment with accessories on the technical specification/key features was conducted to the satisfaction at the time of installation?				YES / NO
Whether training was conducted to the satisfaction at the time of installation?				YES / NO
Short supply items, if any				
Remarks of hospital authorities				

Recommend to release payment YES <input type="checkbox"/> NO <input type="checkbox"/>		The equipment is working satisfactorily YES <input type="checkbox"/> NO <input type="checkbox"/>	
The equipment was installed and handed over on <i>(Installation date to be filled in by the Head of the institution or by the end user)</i>			
Name of Service Engr.		Sign.	
Name of End User & Department Mobile No.		Sign.	
Name of Bio Medical Engr. & Organization		Sign.	
Signature of the Superintendent. Mobile No.		Sign. & Seal	
Date: Seal of supplier:		Date: Hospital Seal:	

Note: The installation report shall be submitted in a single sheet printed back to back and shall be submitted individually for each equipment installed.

On Consignee letter Head

Dt: _____

ANDHRA PRADESH MEDICAL SERVICES & INFRASTRUCTURE DEVELOPMENT
CORPORATION (APMSIDC)

THREE MONTHS PERFORMANCE CERTIFICATE

(to be filled by the head of user institution individually for every equipment)

HOSP CODE / Hospital Name:				
SUP.CODE / Name of the Supplier				
Equipment Details				
EQPT CODE /Name of the equipment:		Purchase Order No:		
Make / Manufacturer		Purchase Order Date:		
Model		Purchase Amount		
Serial no.		Project Name		
Date of Installation		Location / Department		
Whether Equipment working satisfactorily without any problem for one month?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If No, provide details of equipment failure in the first month <i>(attach additional details if any in a separate sheet)</i>				
BREAK DOWN DETAILS				
Break down Reported Date	Attended date	Rectified date	Attended by	Details of beak down / service
Present status of the equipment		Working satisfactorily <input type="checkbox"/>		Not working satisfactorily <input type="checkbox"/>
Recommended to settle the final payment		YES <input type="checkbox"/>		NO <input type="checkbox"/>
Recommend for trial run for one more month		YES <input type="checkbox"/>		NO <input type="checkbox"/>
Performance of accessories supplied				
Further Training		Required <input type="checkbox"/>		Not required <input type="checkbox"/>
Remarks of hospital authorities				
Three month performance certificate was issued on <i>(date to be filed in by the Head of the institution or by the end user)</i>				
Name of End User & Department		Sign.		

Signature of the Superintendent.		Sign. & Seal	
Date: Seal of supplier:		Date: Hospital Seal :	

ANDHRA PRADESH MEDICAL SERVICES & INFRASTRUCTURE DEVELOPMENT CORPORATION (APMSIDC)

WARRANTY CERTIFICATE

Date:

APMSIDC Supply order No:dated.....

The equipment(*Equipment Name*)
 Model No..... bearing serial nowas
 installed successfully at (*Institution Name*) is offered with a comprehensive warranty for a period of Years
 starting from to including all the
 following accessories;

Sl. No	Name of the accessory	Manufacturer's name	Equipment Serial No.	Qty

Name of the Supplier: Signature: Seal:	Name of the Supdt. / End User: Signature: Seal:
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Annexure-VII

ANDHRA PRADESH MEDICAL SERVICES & INFRASTRUCTURE DEVELOPMENT CORPORATION (APMSIDC)

GENERAL INFORMATION ABOUT THE SUPPLIER

Name of the Supplier

Registered address of the
firm

State:

District

Telephone. No.

Fax. No.

Email.

3	Address			
	State		District	
	Telephone No.		Fax	
	Email		Website	

Type of Firm (Please relevant box)

4	Private Ltd.		Public Ltd.		Proprietorship	
	Partnership		Society		Others, specify	
	Registration No. & Date of Registration.					
Nature of Bussiness (-lease <input type="checkbox"/> relevant box)						
5	Original Equipment Manufacturer			Authorized Dealer /Representative		
	Direct Importer			Others, specify.		