**Ref: HITES/PCD/ PMSSY/AIIMS-IV/12-LTE/18-19/ Date: 26.12.2018**

To

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Sub: Procurement of “Pre-Clinical Medical Equipment for the department of **Biochemistry** for AIIMS Nagpur for and on behalf of Ministry of Health & Family Welfare Govt. of India.

Ref : Short Limited Tender enquiry no. **HITES/PCD/PMSSY/AIIMS-IV/12-LTE/18-19 Dated 26/12/2018**

Sealed quotations are invited from the bonafide suppliers/ authorized representative having experience in the field of supplying and installation of medical equipment and consumables under scope of the referred tender enquiry.

It is requested to quote item wise price in a single bid only.

The rate of the required goods should be quoted as per the technical specification, and other terms & conditions attached with this limited tender enquiry document.

It is requested to quote the best possible price. The quotations in a sealed envelope should reach the address on or before the stipulated date and time as mentioned in the Tender Enquiry Document enclosed herein.

Thanking You

For HLL Infra Tech Services Limited

Head (P&CD)

Encl: Short Limited Tender Enquiry Document

**Tender Enquiry No.:** **HITES/PCD/ PMSSY/AIIMS-IV/12-LTE/18-19/ Date: 26/12/2018**

###### SHORT LIMITED TENDER ENQUIRY

Procurement & Consultancy Services Division of HLL Infra Tech Services Limited (HITES), for and on behalf of Ministry of Health & Family Welfare GOI for **AIIMS Nagpur** invites sealed tenders, from eligible and qualified tenderers for supply and installation of Medical Equipment. Eligible bidders are requested to submit their best offer along with complete technical details in line with the commercial Terms & Conditions as detailed below read with Annexure I to V.

* **INSTRUCTIONS TO BIDDER (ITB)**

1. All quotation/s and subsequent Correspondence should be sent to the address given below:

Head (P&CD),

HLL Infra Tech Services Limited (HITES),

Procurement & Consultancy Services Division

B-14A, Sector-62, Noida-201 307

Phone: 0120-4071500; Fax: 0120-4071513

[pcd@hllhites.com](mailto:pcd@hllhites.com), [bmenoida@hllhites.com](mailto:bmenoida@hllhites.com)

**Note: Bidders not received any direct enquiry from HLL/ HITES may participate in this tender by downloading the Tender Enquiry from the website** [**www.lifecarehll.com**](http://www.lifecarehll.com), www.hllhites.com **or** [www.eprocure.gov.in/cppp](http://www.eprocure.gov.in/cppp) **with prior intimation to the above address.**

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2.0 Item wise quotations shall be submitted in single bid (envelope) system only.

The envelope shall be superscribed with **“Tender No. & Date of Opening” and “Quotations for Supply and Installation of Medical Equipment to AIIMS Nagpur”. The signed copy of Tender Enquiry Document and** shall contain EMD (Item wise EMD as defined in List of requirement) and relevant documents mentioned herein.

EMD Exemption: MSE firms as per classification given in MSME Act 2006 and holding Permanent Registration Certificate from the District Industries Centers or Khadi and Village Industries Commission or Khadi and Village Industries Board or Coir Board or National Small Industries Corporation or any other body specified by Ministry of Micro Small and Medium Enterprises will be granted exemption from payment of Earnest Money Deposit. In case the tenderer falls in these categories, it should furnish copy of its valid registration details (as the case may be). ***A) The MSE’s Bidder to note and ensure that nature of services and goods/items manufactured mentioned in MSE’s certificate matches with the nature of the services and goods /items to be supplied as per Tender. B )Traders/resellers/distributors/authorized agents will not be considered for availing benefits under PP Policy 2012 for MSEs as per MSE guidelines issued by MoMSME.***

Tender/s received in any other mode is liable to be summarily rejected.

1. **Tender should reach this office on or before 03.01.2019 upto 2:30 PM**. Technical bids shall be opened on the same day at 2:45PM, in presence of the representative of firm(s) who may choose to be present. Price bids of techno-commercial responsive bidders shall be opened later on with intimation to techno-commercial responsive bidders.

**4.0** In the event of any of the above mentioned dates being declared as a holiday/closed day for the Tender inviting organization, the tenders will be received/opened on the next working day at the appointed time.

1. Late tender/ telegraphic tenders & tenders over email shall not be considered and no claim, whatsoever will be accepted.
2. **TENDER VALIDITY:**

The Rates should be valid for acceptance of order at least for **90 days** from the date of opening of tender.

1. The tenderer should sign & stamp each page of this tender enquiry document as a token of having read & understood the terms & conditions contained herein.

**8.0** The tenderershall submit an affidavit as per format given in **Annexure-V**

1. The Manufacturer or their Authorised dealer or their agent can participate in this tender.

1. The bidder shall provide documentary evidence w.r.t their past major successful supplies/installations of similar products. The copies of latest/recent Supply orders may be attached along with the tender.
2. **PRICES:**
   * Prices quoted in INR only and should be ‘Firm & Final’ for full quantity, inclusive of all taxes / levies prepaid up to consignee end, inclusive of all charges like packing & forwarding, loading, unloading, transit insurance, all duties & taxes, any other incidental expenses, installation and commissioning of the equipment at consignee site.
   * In case the quotation does not indicate clearly whether the Prices are firm or not, the quoted Price shall be deemed as firm & final. The overwriting should be avoided in the quotation.

* + A certificate indicating that the rates quoted are same as charged to other Govt./PSU’s for similar supplies made in recent past should accompany the tender.

**Prices should be quoted clearly** as per Price Schedule in **Annexure-III.**

13.0 PRODUCT SPECIFICATIONS:

* **Brand/model** name and type of Product being offered by the Firm must be clearly mentioned in the offer.
* Tenderer should confirm that the stores offered conform strictly to relevant specifications asked in this Tender Enquiry Document at **Annexure-II**.
* Deviations, if any, are to be clearly mentioned. Complete product specifications, technical details, illustrations, literature, printed pamphlets/leaflets etc. must accompany the quotation.

1. Unless specifically mentioned to the contrary in the offer itself, it will be assumed that all terms and conditions mentioned in this enquiry are acceptable to the tenderer.
2. The tender quotation of the Supplier not in conformity with the above conditions is liable to be rejected.
3. HITES reserves the right to reject or accept any or all tender(s) without assigning any reason or to place the order for part or full quantity.
4. The firms are advised to submit the compliance statement with respect to technical specification asked in the tender enquiry in the following format along with Technical bid failing which their offer will be treated as incomplete and are liable to be ignored.

Format of compliance statement:

|  |  |  |
| --- | --- | --- |
| Para of Tender Enquiry specification | Compliance to Tender enquiry Specification Yes/ No | In case of non Compliance deviation From T/E Specification to be indicated in Unambiguous terms |
| (1) | (2) | (3) |
|  |  |  |
|  |  |  |
|  |  |  |

1. Bidders may please note that complete Tender Enquiry Document is available on our website <http://www.lifecarehll.com/tender>, www.hllhites.com or [www.eprocure.gov.in/cppp](http://www.eprocure.gov.in/cppp) and submit its tender by utilizing the downloaded document.

###### GENERAL CONDITIONS OF THE CONTRACT (GCC)

**1.0 INSPECTION:**

The purchaser reserves the right for inspection and testing the quality & standards of the stores for assessment of quality before dispatch to the consignees or at the consignee end wherever required.

1. **DELIVERY PERIOD FOR SUPPLY, INSTALLATION & COMMISIONING:**

In the event of placement of Supply order, the bidder shall supply the stores **within 10 days** of order. The time and date of delivery stipulated in List of Requirements, **Annexure-I**

The delay on the part of supplier in regard to installation will attract the provisions of liquidity damages clause.

1. **LIQUIDATED DAMAGES:**

In the event of placement of an order, if the Supplier fails to deliver, install and commission the stores in full or part thereof within the delivery period as stipulated in Clause 2.0 above, the Purchaser reserves the right to levy Liquidated Damages @ 0.5% per week of the amount of the undelivered stores for delay in supplies subject to maximum 10% of value of the supply Order. Once the maximum is reached, the purchaser may consider termination of the contract and purchase the same from elsewhere, at the risk and cost of the Supplier.

1. **PAYMENT FOR SUPPLY PORTION:**

Payment shall be made subject to recoveries, if any, by way of liquidated damages or any other charges as per terms & conditions of contract in the following manner.

**(A) On delivery:**

80% payment of the contract price shall be made on receipt of goods in good condition and upon the submission of the following documents:

1. Three copies of supplier’s invoice showing supply order number, goods description, quantity, unit price and total amount
2. Consignee Receipt Certificate in original issued by the authorized representative of the consignee(s) (Format attached as **Annexure-IV**)
3. Warranty Certificate
4. Inspection Certificate by the designated authority
5. Country of origin in case the item is of foreign origin

**(B) On delivery:**

Balance Twenty percent (20%)payment would be made against „Final Acceptance Certificate‟ as per Section XVIII of goods to be issued by the consignees subject to recoveries, if any, either on account of non-rectification of defects/deficiencies not attended by the Supplier or otherwise. FAC needs to be issued by the designated consignee after installation, commissioning, testing and one to two weeks of successful trail run of the equipment.

1. **TRANSIT INSURANCE:**

Rates quoted being door delivery basis, the Supplier shall be fully responsible till full material is received in good condition up to destination and its commission. As such the Supplier shall dispatch the material duly insured and expenses on this account shall be borne by the Supplier.

1. **WARRANTY:**
2. Products to be offered as per **‘LIST OF REQUIREMENT’** shall be warranted as per the standard warranty of the manufacturer.
3. The Supplier shall be responsible to replace the material free of cost at site in whole or in part if found defective in any respect after receipt at site or during normal & proper usage or storage/maintenance for which the Consignee/Purchaser shall give prompt written notice. Such replacements shall be effected by the Supplier within a reasonable time actually required to do so which in no case shall be more than 15 days.
4. If the Supplier fails to act with requisite promptness and thereby entails avoidable loss to the purchaser, it shall be liable to suitable action as deemed fit during the Operative Warranty period

**7.0 FORCE MAJEURE**:

If at any time, during the currency of the contract, the performance in whole or in part by either party or any obligation under this contract shall be prevented or delayed by reason of any war, hostility, acts of public enmity, civil commotion, sabotages, fires, floods, explosions, epidemics, quarantines, restrictions, strikes, lock outs or acts of God (herein after referred to as ‘the events’) then provided, neither party has any claim for damage against the other in respect of such non-performance or delays in performance, deliveries under the contract shall be resumed as soon as possible if any of the events have ceased to exist within one month of expiry of contract delivery period. After this, the purchaser may cancel the contract at its discretion without any financial repercussion on either side.

**8.0 APPLICABLE LAW & RESOLUTION OF DISPUTES:**

The contract shall be governed by and interpreted in accordance with the laws of India for the time being in force. Any dispute arising out of or in connection with this tender, Jurisdiction of the court will be at New Delhi, India.

**ANNEXURE-I**

**LIST OF REQUIREMENTS**

**Part I:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr No.** | **Name of the Item** | **Quantity** | **EMD**  **In Rs.** | **Warranty** |
| **(Nos.)** |
| 1. | Clinical Centrifuge | 3 | 480 | 2 years |
| 2. | Analytical balance | 1 | 2000 | 2 years |
| 3. | Semi autoanalyser | 1 | 4000 | 2 years |
| 4. | Vertical deep freezer (-20degree C) | 1 | 4000 | 2 years |
| 5. | Water purification System | 1 | 2000 | 2 years |
| 6. | Refrigerator ( Capacity 300-380 L) | 2 | 2000 | 2 years |
| 7. | Transilluminator with UV stand and UV torch | 1 | 3000 | 2 years |
| 8. | Microplate multimode reader | 1 | 7000 | 2 years |
| 9. | Gradient PCR machine (Thermocycler) | 1 | 7000 | 2 years |
| 10. | Water Bath Serological | 1 | 1000 | 2 years |

**Part II: Required Delivery Schedule:**

Delivery shall be within **10 days** from date of Purchase Order and installation shall be completed in all respect within **7** days from handing over the site.

The date of delivery will be the date on which the goods are delivered at the consignee’s site (Tenderers may quote earliest delivery period).

**Part III: Scope of Incidental Services:**

Installation & Commissioning, Supervision, Demonstration, Trial run, Training for operation and troubleshooting to the operators of the Consignee.

**Part IV:**

On site standard manufacturer’s warranty, from the date of supply. The supplier shall keep sufficient stock of spares for repair / replacement against warranty during warranty period .

**Part V:**

**Required Terms of Delivery and Destination.**

Delivery required at Consignee Site at:

**AIIMS Nagpur**

In Transit Insurance and insurance until installation of the supply at the consignee site is sellers responsibility and shall be borne by the Supplier.

**ANNEXURE-II**

**TECHNICAL SPECIFICATIONS**

**Schedule no. 1**

|  |  |
| --- | --- |
| **Sl. No** | **Clinical Centrifuge** |
| **1** | **Description of Function** |
| **1.1** | Centrifuges are required in the Laboratory to separate various components of Blood and any other liquid sample for analysis |
| **2** | **Operational Requirements** |
| **2.1** | Aerodynamic compact construction for vibration free performance, should not run if rotor is imbalanced. |
| **2.2** | Table top version |
| **3** | **Technical Specifications** |
| **3.1** | Tube Capacity: No. 6 – 8,24-36 rotors : Size 1.8 – 2.2 ml,15ml,50 ml. |
| **3.2** | Should have a digital timer |
| **3.3** | Body should be made of strong fabricated & corrosion resistant steel |
| **3.4** | Control panel – for start/stop switch, dynamic brakes, step less speed regulator with zero start switch & speed indicator with timer and protective fuses. |
| **3.5** | Door interlock |
| **3.6** | **Maintenance free brushless drive motor with exact speed pre selection and display. Speed range 300 to 6000 rpm and above, accuracy 20 to 30 rpm.** |
| **3.7** | RPM: Up to 6500-7000 |
| **4** | **System Configuration Accessories, spares and consumables** |
| **4.1** | Centrifuge complete with Swing bucket and fixed angle rotors and four buckets- 01 set. |
| **4.2** | Tube Holders and adaptors (for round bottom tube and conical tubes for 1.8 to 2.2 ml, 15 ml ,50 ml)as appropriate |
| **5** | **Environmental factors** |
| **5.1** | Shall meet IEC-60601-1-2:2001(Or Equivalent BIS) General Requirements of Safety for Electromagnetic Compatibility / IEC-61010-2-020. |
| **5.2** | The unit shall be capable of operating continuously in ambient temperature of 10 -40deg C and relative humidity of 15-90% |
| **5.3** | The unit shall be capable of being stored continuously in ambient temperature of 0 -50deg C and relative humidity of 15-90% |
| **6** | **Power Supply** |
| **6.1** | Power input to be 220-240VAC, 50Hz as appropriate fitted with Indian plug |
| **6.2** | Voltage corrector/stabilizer of appropriate ratings meeting ISI Specifications.( Input 160- 260 V and output 220-240 V and 50 Hz) |
| **7** | **Standards, Safety and Training** |
| **7.1** | The supplier should be ISO certified for quality standards. |
| **7.2** | Should be FDA/ CE/UL or BIS approved product |
| **7.3** | Should comply with IEC/TR 61010-3-020: Safety requirements for electrical equipment for measurement, control, and laboratory use - Part 3-020: Conformity verification report for IEC 61010-2-020:1992 Particular requirements for laboratory centrifuges" |

**Schedule no. 2**

| **Analytical Balance 200 gm** |
| --- |
| **Description of Function** |
| Electronic Balance is required for precision weighing of Lab samples. |
| **Technical Specifications** |
| Weigh accurately up to 3rd decimal place |
| Fully automatic time and temperature controlled internal calibration and balance should be capable to adjust itself |
| Auto zero Setting |
| **Weighing capacity up to 200g** |
| Readability 0.001g |
| **Repeatability 1mg or less** |
| Setting time - less than 2 seconds |
| Suitable for internal and external adjustment weights |
| PC connectivity |
| Balance should have |
| Liquid Crystal Display (LCD) for display |
| IR sensors for hands free operation |
| warns if balance is not correctly levelled |
| automatic and detachable draft shield |
| Detachable and adjustable terminal |
| **Facility for user administration and password protection.** |
| Integrated automatic safety function for external routine operations |
| Alphanumeric data entry of more than 2 IDs |
| Shall meet BIS standards or US FDA or European CE |
| **Power Supply** |
| Power input to be 220-240VAC, 50Hz |
| Suitable Auto voltage corrector with spike protector should be available. |
| Suitable UPS with maintenance free batteries for minimum one-hour back-up should be supplied with the system. |
| Resettable overcurrent breaker shall be fitted for protection |

**Schedule no. 3**

| **Sl. No** | **SEMI AUTO ANALYZER** |
| --- | --- |
| **1** | The system should have Endpoint, kinetic, fixed time and turbidimetric mode. |
| **2** | Light source : Tungsten/ halogen or higher grade with one additional bulb. |
| **3** | Should be microprocessor controlled general purpose bi-chromatic Photo diode photometer system with at least 6 filters ranging from 340 to 630nm. |
| **4** | Temperature 37 self monitoring built-in incubation systems for temperature controlled absorbance reading. |
| **5** | Should have inbuilt printer. |
| **6** | The Minimum aspiration volume should be 250 ul. |
| **7** | Should have a measurement range from 0.001 to 2.300Abs |
| **8** | Should provide quartz, glass and plastic cuvettes. |
| **9** | Should have facility for reading results on LCD display. |
| **10** | Should have quality control – two control/test QC survey of at least 30 points, Levy Jenny plot. |
| **11** | Should have a filter half bandwidth of 10nm or lesser. |
| **12** | Should have a test programme memory of 50 or more. |
| **13** | Aspiration should be based on Bellow/Peristaltic Pump/ Vacuum pump. |
| **14** | Should be supplied with on line pure sine wave UPS of sufficient capacity for a minimum back of 30 minutes. |
| **15** | Should be provided with calibration certificate issued by the manufacturer at the time of installation and calibration certificate should be issued for the machine by the supplier during preventive maintenance visit in the warranty/AMC period if demanded by the end user. |
| **16** | The system should have memory at l**east 500 patient tests** |
| **17** | System should have online graphic display of reaction second to second. |
| **18** | System should have previous blank and standard memory facility. |
| **19** | Should be supplied with total 2 variable pipettes with measurement of 10-100µl and 100 - 1000µl. |
| **20** | Should provide 200 ml of reagents for ALT,AST,ALP Estimation. |
| **21** | The system should be US FDA or European CE or BIS approved. |

**Schedule no. 4**

| **Sl. No** | **Vertical Deep Freezer (-20 deg C)** |
| --- | --- |
| **A** | |  |  | | --- | --- | |  | **Specifications:** | |
|  | Ultra Low Temperature Freezer – with operating temperature of (-20) Deg C having internal volume approximately 400 Litres, External casing should be powder coated galvanized sheet metal, non corrosive. |
| **B** | **Main Features:** |
|  | |  |  | | --- | --- | | **1** | **Stainless steel or steel with 4 lockable castors** | |
|  | |  |  | | --- | --- | | **2** | Heated door sealing, lockable doors. | |
|  | |  |  | | --- | --- | | **3** | Five **Drawers or compartments** each with separate inner doors for better sample protection through minimum sample warming | |
|  | |  |  | | --- | --- | | **4** | Adjustable shelves. | |
|  | |  |  | | --- | --- | | **5** | Polyurethane Insulation **minimum of 70mm** for better thermal insulation and sample safety in case or power failure | |
| **C** | |  | | --- | | **Refrigeration:** | |
|  | |  |  | | --- | --- | | **1** | Refrigeration – CFC and HCFC free. | |
|  | |  |  | | --- | --- | | **2** | **Cooling system with hermetic compressor** | |
| **D** | |  |  | | --- | --- | |  | **Control Unit:** | |
|  | |  |  | | --- | --- | | **1** | Microprocessor controlled. | |
|  | |  |  | | --- | --- | | **2** | Temperature deviation of maximum **+/-3oC** | |
|  | |  |  | | --- | --- | | **3** | Ambient temperature: 16 to +32°C. | |
|  | |  |  | | --- | --- | | **4** | Actual temperature display with at least 20mm LED display for better visibility. | |
|  | |  |  | | --- | --- | | **5** | Key Board lockable Battery Powered. | |
|  | |  |  | | --- | --- | | **6** | Optical and acoustical alarm system for high and low temperature. | |
|  | |  |  | | --- | --- | | **7** | Voltage stabilizer. | |
| **E** | |  |  | | --- | --- | |  | Should be FDA or CE or BIS approved product | |

**Schedule no. 5**

|  |  |
| --- | --- |
| **Sl. No** | **Water Purifications System** |
| **A** | **Ultra pure Water System: -** Water quality required for Molecular biology, Tissue culture/HPLC applications. The system should contain pre filtration unit, Type 2 RO filtration equipment, **Reservoir 50L** and Type 1 filtration equipment. |
| **B** | **Pre filter Unit:** |
| **1** | **A Regenerablepretreatment unit for removing hardness, iron, manganese, organics and coarse particles** |
| **2** | Motor and booster pump for feed pressure. |
| **3** | R O grade water system |
| **4** | Prefilter with anti scaling and activated carbon reverse osmosis |
| **5** | **Conductivity cell after RO membrane to check health of RO membarne..** |
| **6** | Feed water handling of conductivity up to 2000microns/cm. |
| **C** | **TYPE 2 RO Stage Water Quality:** |
| **1** | **Flow rate: 15-20L/hr** |
| **2** | Organic ion removal up to 99% |
| **3** | Resistivity: 5-15 mega ohm.cm. |
| **4** | TOC < 30 ppb, |
| **5** | Colloidal index SDI < 3 |
| **6** | Feed water pressure bar:0 -5 |
| **7** | Reservoir of 50 L capacity. |
| **8** | Electrical feed voltage 90 – 230V ± 10% |
| **9** | One pair of extra cartridge. |
| **10** | Pre installation site survey and water testing should be done by supplier for optimal installation. |
| **D** | **Ultra pure water machine producing water of the following quality:** |
| **1** | **Output/flow rate up to: 1.5 to 2 litre/min.** |
| **2** | Conductivity of 0.055 microns/cm |
| **3** | Resistivity of 18.2 mega ohm. Cm |
| **4** | Bacteria cfu/ml < 1 |
| **5** | **Particles : <1/ml** |
| **6** | TOC:< 5 ppb |
| **7** | Endo toxin:< 0.001EU/ml |
| **E** | Should be FDA or CE or BIS approved product |
|  | Accessories: Five complete set for additional filters |

**Schedule no. 6**

| **Sl. No** | **Refrigerator (300-380L)** |
| --- | --- |
| **1** | Capacity (as per user requirement) 300-380 Litres. |
| **2** | Temperature 2-8° C. |
| **3** | **Preferably roller or caster mounted** |
| **4** | Adjustable shelves. |
| **5** | **Battery backup for display and alarms.** |
| **6** | Durable rust free exterior. |
| **7** | **Durable interior.** |
| **8** | Control panel with temperature alarm, on/off switch and digital thermometer. |
| **9** | **Interior lighting, auto or manual defrosting arrangement.** |
| **10** | **Adequate circulation of air to ensure even cooling.** |
| **11** | **Door with lock.** |
| **12** | Control panel with temperature alarm, ON /OFF switch with power on indicator, digital thermometer, temperature display. |
| **13** | Electronic automatic temperature control, |
| **14** | Operable at 220 V, 50 Hz, single phase AC supply. |
| **15** | Compressor unit to be hermetically sealed with guarantee for at least five years. |
| **16** | Training of laboratory staff for the purchased equipment. |
| **17** | Availability of spares/ disposables for at least 10 years. |
| **18** | List of users and satisfactory report of quoted model from reputed institute preferably Government institute/ hospitals. |
| **19** | Should have all the accessories required for the functioning of the equipment. |
| **20** | CE / ISI mark or other equivalent quality certification. |
| **21** | All electrical peripherals required for smoothes functioning e.g. voltage stabilizer provided with the equipment. |
| **22** | **Demonstration: As per General Tender Terms & Conditions.** |

**Schedule no. 7**

|  |  |
| --- | --- |
| **Sl. No** | **Transilluminator with UV stand and UV torch** |
| **1** | For visualization of ethidium bromide stained nucleic acids. |
| **2** | High output UV tube with average life expectancy of 5000 hrs. |
| **3** | UV light facility with wavelength range 254-365 nm. |
| **4** | UV protective shield which can block 99.5% of UV radiation |
| **5** | Should be able to detect DNA less than 10 nanogarm. |
| **6** | Filter size approximately 20 x 20 cm. |
| **7** | Can be used in routine electrical point (220-230v)x 50Hz. |
| **8** | With spare bulbs. |
| **9** | UV face shield |
| **10** | UV Torch |
| **11** | Should be FDA or CE or BIS approved product |

**Schedule no. 8**

| **Sl. No** | **Microplate multimode reader** |
| --- | --- |
| **A** | **General** |
| **1** | Sample Format – Reads 6-, 12-, 24-, 48-, 96- and 384- well plate formats. |
| **2** | Detection Modes – Luminescence, Fluorescence, UV-visible Absorbance. |
| **3** | Read Type – Glow, Flash, Kinetic. |
| **4** | Shaking – linear and orbital modes. |
| **5** | Temperature Control Ambient to **42oC.** |
| **6** | **Should have built in Touch Screen or through external PC navigation and operation if through PC than suitable PC to be supplied.** |
| **7** | Five years comprehensive warranty followed by CMC from 6th till 10th year. |
| **B** | **Luminescence** |
| **1** | PMT(PHOTOMULTIPLIER TUBE) Detector |
| **2** | Spectral Range 400 – 650nm |
| **3** | Detection Limit at least 3 x 10^-21 moles of luciferase |
| **4** | Linear Dynamic Range >6 logs |
| **C** | **Injector System** |
| **1** | Number of injectors - More than one injector |
| **2** | Injector Dispense volume Range - Selectable between 25-200 ul in upto 5 ul increments |
| **D** | **Fluorescence** |
| **1** | **Light Source: Wavelength –matched LED/ Xenon light source** |
| **2** | Detector - PMT |
| **3** | Read Position – Top and bottom Reading |
| **4** | Wavelengths – UV Blue, Green, Red |
| **5** | Detection Limit – 0.5 fmol/200 ul or 1 ppt of fluorescein 30 pg/ well dsDNA with DNA Quantitation Dye |
| **6** | Linear Dynamic Range – at least 6 logs |
| **7** | Read Out –Relative Fluorescence units, Direct Concentration |
| **8** | System should be supplied with 3 pairs of fluorescent filters |
| **E** | **UV-Visible Absorbance** |
| **1** | Light Source - Xenon lamp |
| **2** | Detector – Photodiode or CCD |
| **3** | **Spectral Range 230 – 1000 nm** |
| **4** | Wavelengths for installed Filters - 260, 280, 450, 560, 600, 750 nm (or Monochromator or spectrometer) |
| **5** | Photometric Measuring Range - 0 – 4.0 OD |
| **6** | Linear Dynamic Range - 0 – 3.0 OD |
| **F** | The System should be European CE with 4 digit notified body no. or USFDA or BIS certified |

**Schedule no. 9**

**Gradient PCR machine (Thermocycler)**

|  |  |
| --- | --- |
| **Sl. No** | **GRADIENT PCR MACHINE** |
| **1** | 96-well 0.2ml tube block format |
| **2** | Heated lid (at least 105° C) |
| **3** | Temperature range 4-99° C |
| **4** | Temperature accuracy better than 0.1 - 0.3° C |
| **5** | Temperature uniformity across the block better than 0.2 - 0.5° C |
| **6** | Sample temperature ramp rate (cooling/heating) better than 1 - 3° C |
| **7** | Capable of incrementing/decrementing temperature and time at each cycle |
| **8** | Gradient temperature range at least 40-75° C. or Block based temperature control technology achieving 40-75°C gradient equivalent. |
| **9** | Inbuilt LCD colour display or attached computer to display and set parameters |
| **10** | At least 200 protocol memory on board, storage extendibility by USB memory stick. |
| **11** | Should be USFDA or European CE with 4 digit notified body no. or BIS approved product |

**Schedule no. 10**

|  |  |
| --- | --- |
| **Sl. No** | **Water Bath Serological** |
| **1** | Useful for dual purpose. It is a combination of serological and routine rectangular water bath with holes and concentric rings. |
| **2** | Standard double wall construction. Inner chamber made out of highly polished stainless steel sheet and exterior made out of thick mild steel duly finished power coated paint. |
| **3** | Immersion heaters are provided for heating to attain temperature range from 5° C above ambient to 95° C ± 1 °C. |
| **4** | Digital temp. Indicator-cum-Controller. The equipment to work on 220v AC 50 Hz single phase. |
| **5** | Chamber size in mm & inches L x W x H 300 x 225 x 175 mm Approx Capacity appox 15 ltrs. Approx. |
| **6** | Should be CE or FDA or BIS approved product |

**ANNEXURE-III**

**PRICE SCHEDULE**

**PRICE SCHEDULE FOR DOMESTIC GOODS OR GOODS OF FOREIGN ORIGIN LOCATED WITHIN INDIA**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | | | | | 6 |
| Sr. No. | Brief Description of Goods | Country of Origin | Quantity (Nos.) | Price per unit (Rs.) | | | | | Total Price (at Consignee Site) basis  (Rs.)  4 x 5(e) |
| Ex-factory/ Ex-warehouse/ Ex-showroom/ Off-the shelf  (Including discounts, Packing/Forwarding, etc.)  (a) | GST [%age & value]  (b) | Insurance Charges  (c) | Any other charges (please specify)  (d) | Unit Price (at Consignee Site) basis  (e) = a+b+c+d |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |

Total Tender price in Rupees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In words:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: -

If there is a discrepancy between the unit price and total price THE UNIT PRICE shall prevail.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Tenderer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Seal of the Tenderer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annexure-IV**

**CONSIGNEE RECEIPT CERTIFICATE**

**(To be given by consignee’s authorized representative)**

The following store (s) has/have been received in good condition:

1. NOA No. & date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Supplier’s Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Consignee’s Name & Address

with telephone No. & Fax No. :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of the item supplied/Installed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Quantity Supplied(as per packing list) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Date of Receipt by the Consignee :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Name and designation of Authorized

Representative of Consignee :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Signature of Consignee or Representative

of Consignee with date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Seal of the Consignee :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annexure-V**

**Proforma of Final Acceptance Certificate by the Consignee**

## No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### To

M/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject: Certificate of commissioning of equipment /plant.

This is to certify that the equipment (s)/plant(s) as detailed below has/have been received in good conditions along with all the standard and special accessories and a set of spares (subject to remarks in Para no.02) in accordance with the contract/technical specifications. The same has been installed and commissioned.

(a) Contract No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) Description of the equipment (s)/plants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(c) Equipment (s)/ plant(s) nos.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(d) Quantity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(e) Bill of Loading/Air Way Bill/Railway

Receipt/ Goods Consignment Note no\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(f) Name of the vessel/Transporters:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(g) Name of the Consignee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(h) Date of site hand-over to the supplier by consignee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(i) Date of commissioning and proving test:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of accessories/spares not yet supplied and recoveries to be made on that account.

|  |  |  |  |
| --- | --- | --- | --- |
| Sl. No. | Description of Item | Quantity | Amount to be recovered |
|  |  |  |  |

The proving test has been done to our entire satisfaction and operators have been trained to operate the equipment (s)/plant(s).

The supplier has fulfilled its contractual obligations satisfactorily ## or

The supplier has failed to fulfil its contractual obligations with regard to the following:

1. He has not adhered to the time schedule specified in the contract in dispatching the documents/ drawings pursuant to ‘Technical Specifications’.
2. He has not supervised the commissioning of the equipment (s)/plant(s)in time, i.e. within the period specified in the contract from date of intimation by the Purchaser/Consignee in respect of the installation of the equipment (s)/plant(s).
3. The supplier as specified in the contract has not done training of personnel.

The extent of delay for each of the activities to be performed by the supplier in terms of the contract is…………………………………..

The amount of recovery on account of non-supply of accessories and spares is given under Para no.02

The amount of recovery on account of failure of the supplier to meet his contractual obligations is\_\_\_\_\_\_\_\_\_\_\_\_\_ (here indicate the amount).

*(Signature)*

*(Name)*

*(Designation with stamp)*

## Explanatory notes for filling up the certificate:

1. He has adhered to the time schedule specified in the contract in dispatching the documents/drawings pursuant to ‘Technical Specification’.
2. He has supervised the commissioning of the equipment (s)/plant(s) in time, i.e. within the time specified in the contract from date of intimation by the Purchaser/Consignee in respect of the installation of the equipment (s)/plant(s).
3. Training of personnel has been done by the supplier as specified in the contract.

In the event of documents/drawings having not been supplied or installation and commissioning of the equipment (s)/plant(s) having been delayed on account of the supplier, the extent of delay should always be m

**Annexure- VI**

**DECLARATION REGARDING NON BLACK LISTING OF THE FIRM**

I/We, *(Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* contractor/partner/sole proprietor *(strike out the word which is not applicable)* of *(Firm)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* do hereby declare and solemnly affirm to that the individual firm/companies are not black-listed by the Union or state Government or any partner or shareholder thereof are not directly or indirectly connected with or has any subsisting interest in business of my/our firm

DEPONMENT

Address \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We do hereby solemnly declare and affirm that the above declaration is true and correct to the best of my knowledge and beliefs. No part of it is false and nothing has been concealed.

Dated: DEPONMENT