



Phone : 91 80 22870060
Fax: 91 80 22875798
dmekarnataka@yahoo.com

ಭೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ನಿರ್ದೇಶನಾಲಯ
DIRECTORATE OF MEDICAL EDUCATION
Ananda Rao Circle, Bengaluru-560002

No. ME/TENDER/20/2021-22.

Dt. 25 /02/2022

“ನೋಟಿಸ್”

ಕೋವಿಡ್-19 ನೇ ಅಲೆ (ನೋವೆಲ್ ಕೋರೋನಾ ವೈರಸ್) ಸಾಂಕ್ರಾಮಿಕ ರೋಗದ ಚಿಕಿತ್ಸೆ ಸುಲುವಾಗಿ ಅಗತ್ಯ ವೈದ್ಯಕೀಯ ಉಪಕರಣಗಳನ್ನು ಕೆಟಿಪಿಪಿ ಕಾಯ್ದೆಯ 4ಎ ಅಡಿಯಲ್ಲಿ ಖರೀದಿಸಲು ತೀರ್ಮಾನಿಸಲಾಗಿದೆ.

ವೈದ್ಯಕೀಯ ಉಪಕರಣಗಳ ವಿವರಗಳನ್ನು ಈ ನೋಟಿಸ್‌ನೊಂದಿಗೆ ಲಗತ್ತಿಸಿದ್ದು, ಸದರಿ ಉಪಕರಣಗಳಿಗೆ ಕೆಳಕಂಡ ಷರತ್ತು ಮತ್ತು ನಿಬಂಧನೆಗಳನ್ನು ಪೂರೈಸಿ ಅರ್ಹರಾದಲ್ಲಿ ಆದೇಶ ಪಡೆದ ನಂತರ ಕೂಡಲೇ ಸರಬರಾಜು ಮಾಡಲು ಸಾಧ್ಯವಾಗುವಂತಹ ಸರಬರಾಜುದಾರರು ದಿನಾಂಕ:- 28.02.2022 ರ ಸಂಜೆ 5.00ರ ಒಳಗಾಗಿ ಅಗತ್ಯ ದಾಖಲೆಗಳೊಂದಿಗೆ ಈ ಕೆಳಕಂಡಂತೆ ಸಲ್ಲಿಸಲು ತಿಳಿಸಿದೆ.

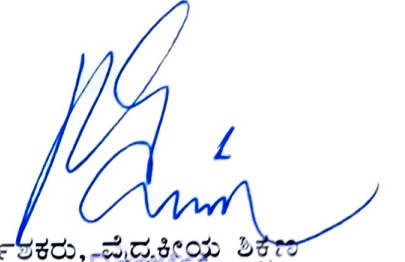
Supplier shall fulfill the below mentioned Terms & Conditions and also should submit the required documents/proof without fail:

| Sl No | Description | Remarks |
|-------|--|--|
| 1 | Hard Copy Technical Documents | 1. Shall be submitted on or before 28.02.2022 5.00 PM 2. Hard Copy Technical Documents shall be submitted to Personal Section, Directorate of Medical Education, Anandrao Circle Bangalore |
| 2 | Financial Bid | 1. Shall be submitted through email to dmekarnataka@yahoo.com on or before 28.02.2022 5.00 PM only |
| 3 | Technical Documents to be submitted compulsorily, failing which bid will not considered. | 1. Manufacturer License in case of manufacturer 2. Manufacturer Authorization in case of authorized distributor 3. Stock Availability Declaration 4. Service Center in Karnataka 5. Technical brochure 6. Technical Compliance Sheet 7. Warranty for 3 years undertaking letter from the manufacturer for the unit price quoted 8. List of items quoted. 9. Supply details of similar equipment in last three years 10. Atleast 5 purchase order copies received in last three years from other Govt or reputed pvt hospitals for the same equipment. 11. Warranty of all equipment shall be three years and CMC for 7 years shall be quoted seperately. |

ನಿರ್ದೇಶಕರು, ಭೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ
Directorate of Medical Education
Bangalore

List of Required Equipment's

| Sl No | Equipment Name |
|-------|-------------------------|
| 1 | BP apparatus Adult Cuff |
| 2 | Finger Pulse Oxymeter |
| 3 | Ophthalmoscope |
| 4 | Otoscope |
| 5 | Portable X-ray Machine |
| 6 | Thermo Scanner |
| 7 | X-Ray View Boxes |
| 8 | Cardiac Table |


ನಿರ್ದೇಶಕರು, ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ
Director
Directorate of Medical Education
Bangalore

TECHNICAL SPECIFICATIONS

1. BP apparatus Adult Cuff

- 1.. Should have isi mark
2. Should have a measuring range approximate from 0 to 300 hg

2. Finger Pulse Oxymeter

- 1.Should be able to check Saturation on spot.
- 2.Should be CE approved
- 3.Accuracy +/- 5%

3. Ophthalmoscope

| 1. USE | | |
|------------------------------|--|--|
| 1.1 | CLINICAL PURPOSE | DIRECT OPHTHALMOSCOPE IS A HAND-HELD AND BATTERY POWERED DEVICE CONTAINING ILLUMINATION AND VIEWING OPTICS TO EXAMINE THE CORNEA, AQUEOUS, LENS, VITREOUS, AND THE RETINA OF THE EYE. |
| 1.2 | USED BY CLINICAL DEPARTMENT/ WARD | NICU & PICU |
| TECHNICAL | | |
| 2. TECHNICAL CHARACTERISTICS | | |
| 2.1 | TECHNICAL CHARACTERISTICS (SPECIFIC TO THIS TYPE OF DEVICE) | <ol style="list-style-type: none"> 1) SHOULD HAVE ON/OFF BUTTON FOR ILLUMINATION AND BATTERY OPERATED; 2) SHOULD HAVE ROTATING KNOB TO CONTROL THE INTENSITY OF THE OPHTHALMOSCOPE AND SHOULD BE USED WITH FILTERS THAT ELIMINATE UV RADIATION (<400NM) AND, WHENEVER POSSIBLE, FILTERS THAT ELIMINATE SHORT-WAVELENGTH BLUE LIGHT (<420NM); 3) SHOULD HAVE THE RANGE OF +20 TO -20 IN SINGLE DIOPTRIC STEPS TO ENSURE EASY EXAMINATION OF ALL OCULAR STRUCTURES; 4) SHOULD HAVE APERTURE SHAPES: LARGE SPOT, SMALL SPOT, SLIT, CENTRAL NET, AND RED FREE; |
| 2.2 | USER'S INTERFACE | MANUAL |

| | | |
|-----|--|----|
| 2.3 | SOFTWARE AND/OR STANDARD OF COMMUNICATION (WHEREVER REQUIRED) | NA |
|-----|--|----|

3. PHYSICAL CHARACTERISTICS

| | | |
|-----|------------------------------|---------------------------|
| 3.1 | DIMENSIONS (METRIC) | MAX: 50MM X 50MM X 250MM. |
| 3.2 | WEIGHT (LBS, KG) | NA |
| 3.3 | CONFIGURATION | NA |
| 3.4 | NOISE (IN DBA) | NA |
| 3.5 | HEAT DISSIPATION | NA |
| 3.6 | MOBILITY, PORTABILITY | HANDHELD DEVICE |

4. ENERGY SOURCE (ELECTRICITY, UPS, SOLAR, GAS, WATER, CO2)

| | | |
|-----|---|-----|
| 4.1 | POWER REQUIREMENTS | NA |
| 4.2 | BATTERY OPERATED | YES |
| 4.3 | TOLERANCE (TO VARIATIONS, SHUTDOWNS) | NA |
| 4.4 | PROTECTION | NA |
| 4.5 | POWER CONSUMPTION | NA |

5. ACCESSORIES, SPARE PARTS, CONSUMABLES

| | | |
|-----|---|---|
| 5.1 | ACCESSORIES (MANDATORY, STANDARD, OPTIONAL); SPARE PARTS (MAIN ONES); CONSUMABLES/REAGENTS (OPEN, CLOSED SYSTEM) | <ol style="list-style-type: none"> 1) REPLACEMENT BULB/ILLUMINATION SOURCE-2 NOS. 2) STORAGE CASE (RIGID AND STEADY). |
|-----|---|---|

BIDDING/PROCUREMENT TERMS/DONATION REQUIREMENTS

6. ENVIRONMENTAL AND DEPARTMENTAL CONSIDERATIONS

| | | |
|-----|--|---|
| 6.1 | ATMOSPHERE/AMBIANCE (AIR CONDITIONING, HUMIDITY, DUST...) | <ol style="list-style-type: none"> 1) OPERATING CONDITION: CAPABLE OF OPERATING CONTINUOUSLY IN AMBIENT TEMPERATURE OF 10 TO 40 DEGC AND RELATIVE HUMIDITY OF 15 TO 90% IN IDEAL CIRCUMSTANCES. 2) STORAGE CONDITION: CAPABLE OF BEING STORED CONTINUOUSLY IN AMBIENT TEMPERATURE OF 0 TO 50 DEGC AND RELATIVE HUMIDITY OF 15 TO 90%. |
|-----|--|---|

| | | |
|-------------------------------------|--|---|
| 6.2 | USER'S CARE, CLEANING, DISINFECTION & STERILITY ISSUES | DISINFECTION:PARTSOFTHEDEVICETHATAREDESIGNED TOCOMEINTOCONTACTWITH THEPATIENTORTHEOPERATORSHOULDEITHERBECA PABLEOFEASYDISINFECTIONOR BEPROTECTEDBYASINGLEUSE/DISPOSABLECOVER. |
| 7. STANDARDS AND SAFETY | | |
| 7.1 | CERTIFICATES (PRE-MARKET, SANITARY, ..); PERFORMANCE AND SAFETY STANDARDS (SPECIFIC TO THE DEVICE TYPE); LOCAL AND/OR INTERNATIONAL | <ol style="list-style-type: none"> 1) SHOULDHAVEIEC60601-1/IEC60601-1-2/CE(EU)CERTIFICATE; 2) OPTICALRADIATIONHAZARDSWITHOPHTHALMOSCO PES:ISO10942ORISO15004; 3) MANUFACTURER/SUPPLIERSHOULDHAVEISO13485CERTIFICATEFORQUALITY STANDARD; |
| 8. TRAINING AND INSTALLATION | | |
| 8.1 | PRE-INSTALLATION REQUIREMENTS: NATURE, VALUES, QUALITY, TOLERANCE | NA |
| 8.2 | REQUIREMENTS FOR SIGN-OFF | CERTIFICATE OF CALIBRATION AND INSPECTION FROM THE MANUFACTURER. |
| 8.3 | TRAINING OF STAFF (MEDICAL, PARAMEDICAL, TECHNICIANS) | <ol style="list-style-type: none"> 1) TRAININGOFUSERSONOPERATIONANDBASICMAINT ENANCE; 2) ADVANCEDMAINTENANCETASKSREQUIREDSHALLB EDOCUMENTED. |
| 9. WARRANTY AND MAINTENANCE | | |
| 9.1 | WARRANTY | 3 YEARS INCLUDING BULB. |
| 9.2 | MAINTENANCE TASKS | <ol style="list-style-type: none"> 1) MAINTENANCE MANUALDETAILING; 2) COMPLETE MAINTENANCESCHEDULE; |
| 9.3 | SERVICE CONTRACT CLAUSES, INCLUDING PRICES | <ol style="list-style-type: none"> 1) THE SPARE PRICE LIST OF ALL SPARES AND ACCESSORIES (INCLUDING MINOR) REQUIREDFORMAINTENANCEANDREPAIRSINFUTURE AFTERGUARANTEE/WARRANTY PERIODSHOULDBEATTACHED; 2) FREESERVICING(MIN.2/YEAR)DURINGWARRANTYPE RIOD; |
| 10. DOCUMENTATION | | |
| 10.1 | OPERATING MANUALS, SERVICE MANUALS, OTHER MANUALS | <p>SHOULD PROVIDE 2 SETS (HARDCOPY) OF:</p> <ol style="list-style-type: none"> 1) USER,TECHNICAL,MAINTENANCEANDSERVICEMANU ALSTOBESUPPLIEDALONG WITH MACHINEDIAGRAMS; 2) LISTOFEQUIPMENTANDPROCEDURESREQUIRED FORLOCALCALIBRATIONAND ROUTINEMAINTENANCE; 3) CERTIFICATEOFCALIBRATIONANDINSPECTION; |

| | | |
|------------------|--|---|
| 10.2 | OTHER ACCOMPANYING DOCUMENTS | LIST OF IMPORTANT SPARES AND ACCESSORIES, WITH THEIR PART NUMBERS AND COST; |
| 11. NOTES | | |
| 11.1 | SERVICE SUPPORT CONTACT DETAILS (HIERARCHY WISE; INCLUDING TOLL FREE/LANDLINE NUMBER) | CONTACT DETAILS OF MANUFACTURER, SUPPLIER AND LOCAL SERVICE AGENT TO BE PROVIDED; ANY CONTRACT (AMC/CMC/ADD-HOC) TO BE DECLARED BY THE MANUFACTURER; |
| 11.2 | RECOMMENDATIONS OR WARNINGS | ANY WARNING SIGNS WOULD BE ADEQUATELY DISPLAYED . |

4. Otoscope

1. 1. Pocket size and Handy
2. 2. Light source LED should have LED illumination defining optimal light intensity, homogeneity and colour rendering for the most accurate diagnosis. Red is red, blue is blue. Colour temperature: 3,500K, Colour Rendering Index (CRI) >97, special index for red colours (R9) >93 on a maximum scale of 100.
3. 3. Should have continuous brightness control between 100% and 3%.
4. 4. Single finger operation brightness control.
5. 5. Viewing Window with 4x Magnification: Optimized casing surface for razor-sharp images and minimal reflection.
6. 6. Swiveling Viewing Window: built into the instrument. Useful for instrumentation, cannot be misled
7. 7. Power source- Rechargeable battery
8. 8. Attachment clip with integrated on/off switch. Secure. Switches off automatically when returned to the pocket.
9. 9. 20,000 switch cycles.
10. 10. High-quality handle: Chrome-finish upper section/ refined plastic. Shock proof, sturdy, non-slippery.
11. 11. Multi-coated precision optics. Should Offer high resolution and distortion free images.
12. 12. Fiber Optic Illumination. Should Ensures homogeneous, very bright illumination and an unobstructed view of the ear canal and tympanum.
13. 13. Should have Integrated insufflation port offers tympanic mobility testing without air leakage
14. Instrument head matt-black inside. Eliminates reflexes. Accessories
 1. 5 sets of 4 reusable tips with each otoscope (total 20)
 2. 20 each of 2.5 and 4mm dia.
 3. Hard case to keep otoscope safely
 4. 1 led Bulb

5. Portable X-ray Machine

| Specification | Specification Name | |
|---|---|------------------|
| Performance Parameter | Type of Frequency Generator | High Frequency |
| | Frequency generator output in KW | 4.0 or more |
| | Voltage Output range in KV | 40 to 100 |
| | Tube Current in mA | 70, 100 |
| | Maximum Exposure time in mili sec | Upto 40 |
| | mAs Range | 0.5 to 250 |
| | Nominal focal spot size in mm | 1 to 2 |
| | Type of Collimator | Manual |
| | Focal spot size in mm | 1-2 |
| | Automatic exposure control device provided | No |
| | Provision of Anatomical Programming Radiography (APR) | Yes |
| | X-Ray Tube System | Stationary Anode |
| | X-ray film cassette holder available | Yes |
| | X-ray film cassette holder size in mm x mm | 35x43 |
| | Number of installations of the Portable X-ray machines in Central /State/PSU Govt Hospitals(Hint: Seller should furnish a performance certificate of the device to the buyer if demanded after placement of the order) | >3, <3 |
| Availability of toll free facility for technical support maintained by OEM or authorized agencies | Yes | |
| Warranty (Option of comprehensive warranty is available through bidding only, which if opted will supersede normal warranty in the catalogue) | 3 | |
| Display | 12cm or more Color LCD display for KV, mAs, and error messages. Graphical user interface for easy operations. | |
| Height of Machine | Height of the Machine in the parking Position should be 135cm or less. | |
| Weight of Machine | Weight of the Machine should be less than 150Kg. | |

| | |
|------------------------|---|
| APR Program | APR Program with graphical user interface selection of 125 or more APR program on LCD display through graphical user interface. |
| Frequency of Generator | Generator frequency should be 100KHz or more. |
| Certification | Equipment should be type approved from AERB, BIS or CE certified. |

6. .Thermoscanner

Infrared thermal scanner:

Technical specification measuring method- non-contact
 Measuring distance 3cm-5cm
 Measuring range 32'c – 42'c(89.6'f – 107.6'f)
 Display resolution 0.1'c (or 0.1'f)
 Adjusted mode body mode(measuring site-forehead reference body site: armpit)
 Direct mode surface mode
 Power supply dc 3v (2 of aa alkaline batteries)
 Backlight high brightness
 Backlight display unit celsius or fahrenheit degree
 Automatic shutdown 10 secs relative humidity

7. X-Ray View Boxes

LED Type
 Luminescence: 5000 candellas or more
 Adjustable luminescence with built in viewing diaphragm
 Individual control for each panel of 4 films
 3 years comprehensive warranty

8. cardiac table

1. Made of HRCA Tublar pipe
2. Pre Laminated Wooden top
3. Adjustable knob mechanism
4. 2'' Castor wheels
5. Finished with epoxy powder coating
6. Adjustable height upto 49''