

SHRI SAIBABA SANSTHAN TRUST, SHIRDI

SHIRDI: Post: Shirdi - 423109, Tal. Rahata, Dist. Ahmednagar, Maharashtra (India). Telephone: +91 - 2423 - 258 671-672-673, Fax: +91 · 2423 - 258660, Telegram: Sainath, Shirdi. Email : saibaba•hospital@sai•org•in

| NO.SSS/WS/SSBH/STORES/(P/S)/ | /2022 |
|------------------------------|-------|
| DATE: | |

PTR. NO. : E·69. AHMED NAGAR

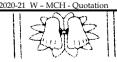
| То, | | |
|-----|------|------|
| | | |
| | | |
| | | |

SUB: - Quotation for Purchase of Syringe Pump of Shri Saibaba Hospital, Shirdi.

Dear Sir,

We have to purchase of Syringe Pump for CVTS O.T.I & II of Shri Saibaba Hospital, Shirdi as per Technical Specification & the following terms and conditions.

| Sr. No. | Description | Qty. | Rate per in Rs. | Total Amt. in Rs. |
|------------|---|------|--------------------|----------------------|
| | • Graphic LCD display for Running Mode message display ,Syringe Type/Size, Delivery Rate, Infused Volume, Mains/Battery Operation, Real time pressure curve to detect occlusion of venous line, Remaining battery time | 10 | | |
| | • Syringe type- 5ml,10ml,20ml,30ml,50ml/60ml and setting for all type syringe brands | | | |
| | • Syringe Loading Technique: Front Bottom loading technique | | | |
| | • Flow Rate Range- Min 0.01ml/Hr. to 200ml/Hr. or more | | | |
| | • Accuracy-Driver accuracy +/- 2 % | | | |
| | • Infusion Modes: Rate Mode, Time Mode, Body Weight Mode, Night Mode | | | |
| | • Rapid Mode for Purge or Bolus- 1-1200 ml/Hr. (User Selectable) | | | |
| | • Volume infused Pre-selection- 1 to 999.9 ml in 0.1 ml increments. | | | |
| | • Occlusion Detection- 3 Selectable Occlusion pressure limit for different therapy up to 1.2 bar | | | |





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| | | | |
|--------|--|------|--|
| • | Alarms -(Audiable & visible alarms): | | |
| | ision Pressure alarm , Syringe Empty & | | |
| | me infused alarm, Internal Malfunction, | | |
| | ry Charge Low, Syringe Disengaged & | | |
| Incor | rectly place alarm | | |
| • | Classification: Type CF – protected | | |
| U | st defibrillation, Protection class II & (IP | | |
| 22) S | plash Proof and EMC EN60601-1 or better | | |
| • | Battery : Ni-Cd rechargeable battery with | | |
| | up time of min 10 Hrs Power supply : 170- | | |
| | 7, 50/60 HZ | | |
| • | Weight: less than 2 Kg | | |
| • | Additional Features: | | |
| His | tory of infusion data, operational alarms | | |
| and c | levice alarms must be available Up | | |
| grada | ble to Fluid management system | | |
| In- | built maintenance counter | | |
| Au | tomatic bolus reduction system to avoid | | |
| accid | ental bolus delivery after occlusion | | |
| incide | ent | | |
| Ve | rtical Stacking of 3 pumps together, for | | |
| clear | y structured fixation, must be possible | | |
| with | ocking mechanism for optimum space | | |
| mana | gement | | |
| Ор | tion for RS-232 Connection for PDMS | | |
| 0 | ption for ambulance power supply | | |
| conn | ection | | |
| • | After selection of parameter key pad | | |
| locki | ng available for security purpose with | | |
| | n to keep it off. Have facility to set time | | |
| durat | ion for enabling keypad locking | | |
| • | Operators should be given training for its | | |
| regul | ar use & maintenance training should be | | |
| given | to | | |
| В | omedical Engineer free of cost. | | |
| • | All Technology should be mandatorily | | |
| with | safety approval- FDA / UL & CE for | | |
| | ce Safety approval. Approval certificate | | |
| must | be submitted for the total unit. | | |
| • | The product should be time tested, | | |
| brand | led and should be OEM | | |
| • | The life of the equipment should be | | |
| ment | ioned | | |

Quotation- 2018 - Jadhav 2





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| • Warranty- 1 Year. It should include PMS visits -4 nos. and unlimited Breakdown call and calibrarion whenever necessary. | | |
|---|--|--|
| • If manufactured in India the US/FDA/UL/CE is compulsory. | | |
| • LAMC cost –LAMC cost should be including Taxes. It should be fixed for next 5 years. | | |
| • Cost of Consumables to be fixed for warranty period. | | |

Terms & Condition

- 01) The Syringe Pump will have to be supplied F.O.R. Shirdi.
- 02) The rate should be inclusive of GST, transport charges, T.O.T. Etc.
- 03) You will have to mention name of the company, packing, rate per unit, total cost etc.
- 04) Packing, forwarding, and other charges will not be paid by the Sansthan.
- 05) The delivery of the ordered material will have to made at Shri Saibaba Hospital, Shirdi on any working days between 10 a.m. to 6 p.m. exept Sunday.
- 06) Please note that if taxes are not mentioned then rates quoted will be considered as including all taxes & F.O.R. Shirdi.
- 07) You will have to supply the ordered material at the quoted rates in the quotation and no increase will be given or allowed in the rates for any reason whatsoever.
- 08) In case of breakage / leakage in transit, prior to delivery to Sansthan, you will have to replace the same immediately failing which payment will be made by deducting the cost of the same.
- 09) Payment will be made by the Sansthan on confirmation of the name of the company, quality, quantity, grade if any etc. as specified in the quotation. No advance payment will be made against the supply.
- 10) Any accessory / accessories not mentioned specifically but required to make system working will have to be supplied without any extra cost.
- 11) The warranty should be 01 year.
- 12) In case supply is not made within specified time, Sansthan will be free to purchase the material from open market. In such case the supplier will have to bear the cost difference and in this case Sansthan will not bound to provide the deduction details and supplier will be blacklisted for minimum 3 years from Shri Saibaba Sansthan Trust without any intimation or prior notice or supplier will suffer from following penalty clause also-

| Category of Stores | Penalty Amount |
|---|--|
| The case of an order not exceeding | At the rate of 1/2 % per week subject to |
| Rs. 2.00 Lakh in value | maximum limit of 10% |
| In case of an order of Rs.2.00 Lakh and | At the rate of $\frac{1}{2}$ % per week subject to |
| above | maximum limit of 5% |

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- 13) The product should be time tested, branded and should be OEM.
- 14) The quotation must be clearly mention on the sealed envelops " Syringe Pump" for Shri Sainath Hospital.
- 15) The quotation in sealed cover may please be submitted to our Shirdi office on or before **Dt. 07/05/2022.**
- 16) In case of any dispute the same will be subject to the jurisdiction of the competent court at Rahata / Kopargaon.

Thanking you and with blessings of Shri Saibaba.

Yours sincerely,

Medical Director, Shri Saibaba Sansthan Trust Hospital, Shirdi

Quotation- 2018 - Jadhav 4

