

Office of the Director  
**Dr. Bhubaneswar Borooah Cancer  
Institute**

A Grant-in-Aid Institute of Department of Atomic Energy, Govt. of India  
and a Unit of Tata Memorial Centre (Mumbai)  
Gopinath Nagar, Guwahati- 781016

No. BBCI-TMC/Accts/334/ 297 /2022

Date: 04.02.2022

**LIMITED TENDER**

Dr. B. Borooah Cancer Institute, Gopinath Nagar, Guwahati- 781016 invites quotations from authorized vendors to provide offers of the following service:

| Sl. No | Particulars         | Estimated Quantity | Estimated Value (in Rs.) |
|--------|---------------------|--------------------|--------------------------|
| 1.     | Hemodynamic Monitor | 05 nos             | Rs. 20,00,000.00         |

1. The quotation must be in the same order as in the specifications and should be free from Correction / erasures. In case there is any unavoidable correction it should be properly attached. If not, the quotation will not be considered. Quotations written in pencil will not be considered.
2. The vendor should provide authorization letter along with their offer.
3. The quotation shall be submitted in one sealed form at Dr. BBCI office and this will be received up to **2:00 PM of 10.02.2022** and the same will be opened on the same day at **3:00 PM**.
4. No tender will be accepted unless the full amount of the Earnest Money Deposit of **Rs. 40000/-** (Rupees Forty Thousand only) is paid. EMD is to be paid **by DD in favour of Dr. Bhubaneswar Borooah Cancer Institute**. Original receipt must be enclosed with the tender document.
5. The quotation must accompany the Product details.
6. The above mentioned quantities are tentative only; the supply orders of respective items will be given as per actual requirement.
7. Director, Dr. B. Borooah Cancer Institute reserves the right to accept the offer by individual terms and reject any or all tenders without assigning any reason thereof and does not bind itself to accept lowest quotations.
8. Please mention the make/brand and model of the quoted product. Also submit necessary leaflet of the quoted product.
9. The quotation notice number must be clearly mentioned on the envelope.
10. The valid technical offers will be evaluated by a Technical Assessment Committee (TAC) of the Institute. The TAC will recommend the technically short listed vendors for further consideration. The offers of the technically short listed vendors/products will only be considered for price comparison.
11. The successful quotationer shall have to supply the materials to this institute at his own risk and responsibility and in good condition in all respects.
12. The quotation notice is to be duly signed on all pages as a token of having accepted all terms and conditions (no thumb impression is to be affixed).

13. The price should be quoted in the following format which should be inclusive of all charges. Taxes, if any, should be shown separately. However, GST will be paid to the successful vendor at prevailing rate at the time of billing/ payment.

| SL No | Item | Unit Price(Rs.) | Qty. | Amount before GST(RS.) | GST% | Any other taxes, if applicable | Grand Total (after GST) (Rs.) |
|-------|------|-----------------|------|------------------------|------|--------------------------------|-------------------------------|
|       |      |                 |      |                        |      |                                |                               |
|       |      |                 |      |                        |      |                                |                               |
|       |      |                 |      |                        |      |                                |                               |

14. The quotation shall include delivery time, payment terms, whether UPS/Stabilizer/R.O is required for the equipment etc. and other relevant T & C.
15. The vendors should provide all the related documents for the verification of compliance that will be filled in respect of the quoted model.
16. The rate should be quoted both in figure and in words.
17. Payment terms: Payment will be made within 60 (sixty) days of submission of bill after successful delivery of the items.
18. Incomplete quotation not in conformity with the terms and conditions as in this quotation notice will be rejected outright.
19. Decisions of the Technical Assessment Committee/ Purchase Committee/ any other committee constituted by the authority of Dr. B. Borooah Cancer Institute shall be final and binding in all cases.
20. The tender shall be valid for a period of 180 days from the date of the opening of the bid. Validity of the tender shall be extended if required.
21. **Warranty / guarantee period and terms of guarantee / warranty including accessories, details of preventive / periodic maintenance, frequency and task description must be specified.** Vendors are required to provide 2 years warranty from the date of supply & acceptance OR installation & commissioning, whichever is later or item / product / equipment, tenders not confirming to this clause are liable to be rejected.
22. **AMC and CMC: Vendors are required to quote separately for 8 years onsite AMC/CMC-after expiry of warranty period.**
23. Following documents are attached herewith as a part of NIT:

|            |  |
|------------|--|
| Annexure A | Format of Vendor Capability Proforma to be duly filled, signed, stamped and to be submitted with the technical bid (Part-I)                              |
| Annexure B | Format of NEFT / RTGS details to be duly filled, signed, stamped and to be uploaded with the technical bid (Part-I)                                      |
| Annexure C | Format of Notary affidavit of Non-Judicial Stamp Paper of Rs.100/- to be duly filled, signed, stamped and to be uploaded with the technical bid (Part-I) |

*BL-19 4/12/22*  
**Sr. Administrative Officer**  
 Dr. B. Borooah Cancer Institute  
 Guwahati- 78 1016

Copy to:

1. BBCI website [www.bbcionline.org](http://www.bbcionline.org)
2. BBCI Notice Board

**DR BHUBANESWAR BOROOAH CANCER INSTITUTE**

A Grant-In Aid Institute of Department of Atomic Energy, Govt. Of India  
& A unit of Tata Memorial Center, Mumbai  
Gopinath Nagar, Guwahati-781016, Assam

Details of the Vendor for Company: M/s.....

**Vendor Capability Proforma**

|   |         |
|---|---------|
| Vendor Name:  |         |
| Address (Reg.) Office:  |         |
| Address Factory:  |         |
| Telephone No:   | Fax No: |
| Email :   |         |
| Contact Person Name:  |         |
| Designation:  |         |
| Mobile No:  |         |
| Types of establishment : Manufacturer/Distributor/Dealer/Trader/Agent     |         |
| Constitution of company : Proprietary/Partnership/Limited/Other           |         |
| Year of Establishment :   |         |
| Items proposed to be supplied to the hospital:                            |         |
| Name and address of Bankers & Account No.:                                |         |
| Credit limit:   |         |
| PAN No:   |         |
| Sales Tax registration No./GST certificate                                |         |
| FDA license No. (if required)   |         |
| Factory Act License/SSI Registration/Shops and establishment license No.: |         |

**Commercial Information**

| Are you in Rate Contract with DGS & D/Railway/MCGB/BPT/ Any other hospital:- |                     |                           |
|--|---------------------|---------------------------|
| Principal customers<br>Name and address                                      | Product<br>supplied | Value in<br>Rs. Lacs/Year |
|  |                     |                           |

(Cont./)

**Other information**

|                                |   |
|--------------------------------|---|
| Please enclosed the following: |   |
| 1                              | Balance sheet and P&L A/c for last three years                            |
| 2                              | Latest Income Tax clearance Certificate                                   |
| 3                              | Copy of Sales Tax License if required/GST                                 |
| 4                              | Copy of FDA License if required   |
| 5                              | Factories ACT License/SSI Registration/Shops<br>And establishment License |

Signature of the Vendor:

Date:

For BBCI office use only

|                            |
|----------------------------|
| Inspection carried out by: |
| Inspection date:           |
| Vendor Code:               |
| Signature of Inspector:    |
| Approved/Rejected by:      |

Office- In-Charge

**NEFT FORM FORMAT**

**APPLICATION FORM FOR DEPOSITING PAYMENT AGAINST BILLS IN BANK  
ACCOUNT BY ELECTRONIC CLEARING SERVICE / NEFT**

1. NAME OF THE VENDOR :
2. ADDRESS, TELEPHONE NO. :  
MAIL ID
3. PARTICULARS OF BANK A/C :
4. BANK NAME :
5. BRANCH NAME :
6. 9- DIGIT CODE NO OF THE BANK : 

|  |  |  |  |  |  |  |  |  |
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AND BRANCH APPEARING ON  
THE MICR CHEQUE ISSUED BY  
THE BANK
7. NEFT/IFSC CODE :
8. ACCOUNT TYPE : 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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(S.B. A/C- CURRENT A/C OR  
CASH CREDIT)
9. LEDGER NO./LEDGER FOLIO NO. :
10. ACCOUNT NUMBER :  
(AS APPEARING ON THE CHEQUE BOOK)
11. PAN NO. :

I HEREBY DECLARE THAT THE PARTICULARS GIVEN ABOVE ARE CORRECT AND COMPLETE. IF THE TRANSACTION IS DELAYED OR NOT EFFECTED AT ALL FOR REASONS OF INCOMPLETE INFORMATION, I WOULD NOT HOLD THE USER INSTITUTION RESPONSIBLE. I AGREE TO DISCHARGE THE RESPONSIBILITIES AS A PARTICIPANT UNDER THE SCHEME.

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SIGNATURE OF THE VENDOR WITH SEAL

**CERTIFIED THAT THE PARTICULARS FURNISHED ABOVE ARE CORRECT AS PER OUR RECORDS.**

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SIGNATURE OF THE AUTHORIZED  
OFFICIAL FROM THE BANK  
INVESTOR/CUSTOMER

**BANK STAMP: Date:**

**Annexure - C**

**Format of Notary affidavit on Non- Judicial Stamp Paper of Rs.100/- stating their in as under: -**

1. Confirming that no case pending against them in court of law, or that no time they were penalized by any court of Law or Regulatory Authority.
2. That the firm is never being blacklisted / penalized / defaulted by any government Institution / Hospitals within last 5 years.
3. That the firm has deposited up to date Sales Tax and Income Tax. (Furnish copy of clearance / Return certificate).

## Technical Specification

| <b>Hemodynamic Monitor</b> |   |
|----------------------------|---|
| <b>Sl. No</b>              | <b>Specifications</b>   |
| 1                          | Should be high end advanced modular hemodynamic monitor to major all vital parameters of patients in ICU  |
| 2                          | Should have non glaze display with wide viewing angle and high resolution (medical grade) touch screen  |
| 3                          | Should have screen size of 12 inches or more  |
| 4                          | Should display minimum 6 waveforms simultaneously.  |
| 5                          | Should be able to use for adult and pediatric application   |
| 6                          | Standard server should include ECG, Spo2, NIBP, temp., dual IBP, and Etco2  |
| 7                          | ECG : 3 lead ECG should be standard. Should detect at least 25 different types of arrhythmias.  |
| 8                          | SpO2: Adult and pediatric mode should be available with each monitor  |
| 9                          | Respiration: Through ECG or equivalent  |
| 10                         | Dual IBP:dual IBP should be standard with each monitor, compatible cable to be supplied as standard   |
| 11                         | Should have mouse/remote/knob along with touch screen for access and input  |
| 12                         | Should have wall mount facility, accessories required should be supplied as standard supply   |
| 13                         | Ability to connect to clinical informatics solutions, hospital network, serial interface, printer and should be HL7 ready etc. vendor/company is responsible for integration with HIS   |
| 14                         | Audio/visual alarms with priority should be available   |
| 15                         | Battery backup for at least 60 mins should be available   |
| 16                         | <b>Standard Supply:</b>   |
|                            | Should be supplied with all standard accessories for standard modules for all above features/parameters to be functional for both adult and pediatric applications with standard accessories with each monitor as:                                  |
|                            | <b><u>Standard accessories:</u></b>   |
|                            | • 3 lead ECG cable-one each   |
|                            | • Adult NIBP cuff –one each   |
|                            | • Adult and Pediatric SpO2 Probe-one each   |
|                            | • IBP cable – 2 nos each  |
|                            | • Nasopharangeal temp probe – one each  |
|                            | • Pediatric NIBP cuff set (all available sizes) – one with each monitor   |
|                            | • ETCO2 module-should measure and display EtCO2, Quote for Mainstream and side stream technology separately   |
| 17                         | Should have Euronean CE and US FDA approvals  |
| 18                         | Power supply – 100-240 VAC, 50-60 Hz  |
| 19                         | Should be able to withstand temperature and humidity fluctuations in case of failure of air   |
| 20                         | Should perform calibration & preventive maintenance (twice) of the equipment yearly during warranty/service period. Testing & measuring equipment used should be traceable to SI units through National/international Standards (as per NABL norms) |