

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/ 498 /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	Quantity	Estimated Value (in Rs.)
1.	<b>Syringe Pump</b> (Please see Annexure-D for technical details)	10 Nos	Rs.5,18,700.00/- plus GST

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. 10,380/-** (Rupees Ten thousand three hundred eighty 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. 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.
7. Please mention the make/brand and model of the quoted product. Also submit necessary leaflet of the quoted product.
8. The quotation notice number must be clearly mentioned on the envelope.
9. 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.
10. 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.
11. 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).

12. 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.)

13. The quotation shall include delivery time, payment terms, warranty etc. and other relevant T & C.
14. The rate should be quoted both in figure and in words.
15. Payment terms: Payment will be made within 60 (sixty) days of submission of bill after successful delivery of the items.
16. Incomplete quotation not in conformity with the terms and conditions as in this quotation notice will be rejected outright.
17. 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.
18. 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.
19. 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)

20. **AMC and CMC: Vendors are required to quote separately for 8 years onsite AMC/CMC- after expiry of warranty period.**

Tenders / bidders are requested to read carefully all above mentioned documents (Annex-A to C) prior to submission of the tender.

The Director, Dr. Bhubaneswar Borooah Cancer Institute shall not be responsible in any manner for whatsoever reasons, for delayed / late submission of the tender.

15/11/22  
**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 Name and address	Product supplied	Value in 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 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 AND BRANCH APPEARING ON THE MICR CHEQUE ISSUED BY THE BANK : 

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7. NEFT/IFSC CODE :
8. ACCOUNT TYPE (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.

\_\_\_\_\_  
SIGNATURE OF THE VENDOR WITH SEAL

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

\_\_\_\_\_  
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 of Syringe Pump**

1. The syringe pump should be programmable, user friendly, safe to use and should have a battery backup and comprehensive alarm system.
2. Flow rate programmable from 0.1 to 999 ml/hr. or more in steps of 0.1 ml/hr. with user selectable flow set rate option. SAVE last infusion rate even when the AC power is switched OFF.
3. Bolus rate should be programmable to 1-1800 ml/h. or more with infused volume display. Reminder audio after every 0.5 ml delivered bolus. SAVE last Bolus rate even when the AC power is switched OFF.
4. Automatic calculation of bolus rate after the input of the bolus volume-and time.
  - Bolus in mg, µg, IE, mmol, mEq und optionally weight-based (Dosage Unit/kg) as well as in ml; additionally, automatic calculation of bolus rate after bolus infusion.
5. Display of Drug Name with a provision of memorizing Up to 1500 drugs or more can be utilized in the pump.
6. Drug data in the pump should have:
  - a) Display drug name up to 30 or more characters
  - b) Tall lettering for drug names
  - c) Concentration in dosage units (e.g. xx mg in 50 ml)
  - d)Default value for continuous rate in ml/h and in unit dose
  - e) Assignment of different colors per drug is desirable.
  - f) Visual representation of current dose rate relative to defined safety limits for each specific drug.
7. Keep Vein Open (KVO) must be available 1.0 ml/hr. or set rate if lower than 1.0 ml. Users should have the choice to disable KVO whenever desired.
8. Operational in intravenous, epidural, enteral etc. delivery routes.
9. Selectable Occlusion pressure trigger levels selectable from 300/500/900 mmHg
10. a) Should have a bright LED/LCD display showing infusion parameters.  
b) For delivery monitoring, run indicators should be on the display.
11. Real-time infusion pressure level permanently visible, with clearly defined limits.
12. Must Work on commonly available ISO/CE/FDA APPROVED/CERTIFIED 20, 50/60 ml Syringes with accuracy of minimum of +/-2% or better.
13. Automatic detection of syringe size & proper fixing. Must provide alarm for wrong loading of syringe such as flanges out of slot; disengaged plunger, unsecured barrel etc.
14. Should have Automatic /Semi-automatic drive to prevent unintentional bolus during syringe changes.

15. Anti-bolus system to reduce pressure on sudden release of occlusion.
16. Should have a comprehensive alarm package including: Occlusion limit exceed alarm, near end of infusion pre-alarm & alarm, Volume limit pre-alarm & alarm, KVO rate flow, Low battery pre-alarm and alarm, AC power failure, Drive disengaged and preventive maintenance.
17. Should have Key/Function Lock.
18. Should have Standby Mode and Standby time adjustable from 1 min to 24 hours in steps.
19. Should have rechargeable Lithium-Ion Battery having at least 5-6 hour backup for about 5ml/hr. flow rate with 50ml syringes. Larger battery life and indication of residual life will be preferred.
20. Manual pusher with plunger protection guard and vertical stacking features of pumps must be possible with locking mechanisms.

**21. Standards and Safety**

- i. Should be a US-FDA or European CE approved product.
  - ii. Electrical safety conforms to standards for electrical safety IEC-60601-1 General Requirements
  - iii. Manufacturers should be ISO certified for quality standards.
  - iv. Certified for meeting IEC60601-2-24: Particular requirements for the safety of infusion pumps and controllers
  - v. Should meet IEC 529 Level 3 (IP3X) (spraying water) for enclosure protection, water ingress.
  - vi. Electrical Safety Classification Class I/II, Type CF and Internally powered equipment.
22. The unit shall be capable of storing and operating continuously in ambient temperature of 10 - 50deg C and relative humidity of 15-90%.
  23. User Manual and service manual in English and need to be submitted along with installation report.
  24. Manufacturer should have a local service facility. The service provider should have the necessary equipment recommended by the manufacturer to carry out preventive maintenance tests as per guidelines provided in the service/maintenance manual.
  25. List of important spare parts and accessories with their part number and costing.
  26. Post Installation end user training is must and documented, which need to be submitted along with the installation report.
  27. **Warranty:** 2 years on equipment from the date of installation along with all accessories. CMC for 8 years after completion of warranty period of 2 years.
  28. Certificate of calibration and inspection from the factory.
  29. **Power Supply**  
Power input to be 220-240 V-AC 50 Hz. 3-Pin Top India Style to be provided with power cord.
  30. The company should mention the make & model name/number of the quoted equipment and submit the technical brochure of the quoted model in the Technical Bid along with compliance sheet as per technical specifications.