

SECTION OFFICER (PM&I)



**TENDER FOR PURCHASE OF PHYSIOTHERAPY MACHINERY,
EQUIPMENT AND ALLIED ACCESSORIES FOR VARIOUS
TEACHING HOSPITALS ALL OVER THE SINDH UNDER ADP "609"
FOR FINANCIAL YEAR 2016-2017.**

Due on: 28-04-2017 at 3:30pm

Place of Tender submission:
Health Department, 3rd floor,
Tughlaq House, Sindh Secretariat Building no. 2,
Kamal Atta Turk Road-Karachi.

Physiotherapy Machinery, Equipment and allied Accessories for various teaching hospitals all over the Sindh under ADP "609" for Financial year 2016-2017.

MANDATORY CLAUSES

Bidders are requested to read and check the below requirement carefully. The provision of below documents is essential prerequisite along with submission of tender. Bids without below documents will be declared as **NON-RESPONSIVE** and bid security will be forfeited.

SR. #	DETAIL	YES / NO	PAGE # / Annex.
1	Original receipt for purchase of tender.		
2	Copy of earnest money without amount in technical bid.		
3	Acceptance of terms and condition, tender documents duly signed and stamped by signing authority.		
4	Sole agency certificate valid for at least three years from the date of issue.		
5	Proof of past import of quoted items from Manufacturer (copy of Goods declaration & etc)		
6	Original printed Literature / brochure of product showing complete technical details of quoted model and contact details of the Manufacturer.		
7	References of quoted model and make equipment in Govt. teaching hospitals, Semi Govt. hospitals and reputed Autonomous / Private teaching hospitals. References will be accepted only if it is been supplied and maintained by the same bidders participating in this tender.		
8	Proof of workshop and qualified engineers for back up support.		
9	Proof of major projects executed in Government hospitals in last three years.		
10	Copy of GST certificate		
11	Copy of NTN certificate		
12	Copy of last three years paid income tax challan		
13	Copy of registration with chamber of commerce		
14	Copy of registration with SBR		
15	Copy of professional tax		
16	Bank certificate showing financial capability		
17	Bidders questioner proforma for bid evaluation		
18	Price should not be mentioned on technical bid.		
19	Quality assurance certificates (FDA/ CE (MDD)/ JIS/ ISO etc) must be attached for each quoted item.		
20	Certificates regarding quality of production for conformity with International Standards (copy of certificate FDA, CE, JIS)		

Undertaking:

We hereby confirm that we have read, understand and agree with above.

Signature & seal (bidder): _____

Physiotherapy Machinery, Equipment and allied Accessories for various teaching hospitals all over the Sindh under ADP "609" for Financial year 2016-2017.

BIDDERS QUESTIONNAIRE FOR BID EVALUATION

Name of the Firm: _____
 Address: _____
 Ph: _____ Fax: _____
 e-mail: _____ website: _____

Details of Quoted Equipment:

[illegible]

Sole agency certificates:

[illegible]

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Proof of past import:

Tender Item no	Name of Equipment	Manufacture	Bill of Entry

Original Literature / brochure of quoted equipment:

Tender Item no	Name of Equipment	Make	Model	Brochure Original printed

Quality certification of the quoted products:

Tender Item no	Name of Equipment	Make	Model	Certificate (FDA/CE(MDD)/JIS)

Copy of previous installations of the quoted products:

Tender Item no	Name of Equipment	Make	Model	Name of Hospitals

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Details of Work shop & Engineers for back up support:

Availability of technical staff of the company/firm in reference to the product:

Total Number of technical staff : _____

No of B.Sc. degree in Bio-Medical Engineering holder: _____

No. of B.Tech/Diploma holder: _____

No. of M.Sc./Master degree holder: _____

No. of Manufacture's trained Engineers: _____

Physical size and facility of workshop _____

Details of Test and diagnostic tools : _____

Details of Service manual and other technical documentation : _____

Details of spare parts and accessories available at workshop : _____

Note: Please attach list of engineers/technical staff with their copies of academic degrees, Manufactures training certificates, photograph or picture of workshop, list of test and diagnostic tools, details of Manuals and other supporting documents and list of spare parts and accessories.

Submission of Documents :

Documents	Remarks	Annexure No.
Copy of NTN certificate		
Copy of Sale Tax Certificate		
Copy of Professional Tax Certificate		
Copy of Chamber of Commerce registration Certificate		
Copy of SBR registration Certificate		
Copy of Bank certificate showing financial capability.		
Copy of last three years paid income tax challan		
Copy of professional tax certificate		
Copy of last three years audited Balance sheet by a recognized audit firm		
List of hospitals and past installation reports		
list of similar projects executed during last three years in Sindh		
Undertaking regarding supply of brand new and of latest generation equipment		
Undertaking regarding firm has not been black listed		

Note: Bidders can provide details information on extra sheets by separating them with the uses of annexure.

Name: _____

Designation: _____

Signature: _____

Name of firm: _____

Stamp of firm : _____

1. Terms and Conditions:

- 1.1 Sealed bids are invited TWO Envelopes procedure as per SPPRA 2010 Rules (Amended-2013) 46(2) Single Stage – Two Envelope Procedure will be followed i.e. **TECHNICAL** and **FINANCIAL PROPOSAL** will be submitted in separate sealed envelopes. The envelopes shall be marked as “**FINANCIAL PROPOSAL**” and “**TECHNICAL PROPOSAL**” in bold and legible letters to avoid confusion. Initially the scrutiny of technical bids will be performed by the technical committee. The envelope marked as “**FINANCIAL PROPOSAL**” shall be retained in the custody of the procuring agency without being opened. Financial bids of only technically qualified firms will be opened. The financial offers of technically un-qualified bidders will be returned.
- 1.2 The bids will be valid for 90 days from the date of the opening of the tender. However under exceptional circumstances and for reasons to be recorded in writing if any extension is considered necessary, all those who have submitted their bid shall be asked to extend their respective bid validity period. Such extension shall be for not more than the period equal to the period of the original bid validity.
- 1.3 Bidders shall quote their prices on C.I.F and DDP basis. DDP Offer should be inclusive of all duties/Taxes/Octroi/transportation etc, and all other expenses on free delivery to consignee's end.
- 1.4 Price should be quoted for both CIF and DDP basis in Figure & words failing which the offer will be ignored.
- 1.5 Original purchase receipt must be enclosed with their technical offer.
- 1.6 Tender shall be accompanied by Earnest Money @ 3% of the value of stores quoted by them in form of call deposit/pay order/demand draft/Bank guarantee in favor of Secretary Health Department, Govt. of Sindh-Karachi
- 1.7 Copy of Earnest money (without amount) must be attached along with the technical bid and the original along with financial bid. In case of disclosure of price or amount of Earnest money in the technical bid, the bid will be rejected.
- 1.8 Tenderers are required to furnish a detail technical quotation on their letter head and specify the standard and optional items /accessories as required in the tender specification. Bidder should clearly mention make, model, and country of origin of the quoted items.
- 1.9 The Bidder shall submit copy of Sole agency/exclusive agent certificate from the Manufacturer. Authorization certificate from the Manufacture for this particular tender will not be considered. Sole agency Certificate should valid for three years from the date of issue which should be verifiable by concern authority. The bidder must have 2-3 year experience/business history with the Manufacturer from the date of signing exclusive agency agreement.

- 1.10 Bidders are required to submit proof of past import of quoted items from Manufacturer by submitting copy of Goods declaration (custom clearance documents), bill of lading /Air way bill and etc along with their bid.
- 1.11 The bidder must provide List of well reputed hospitals in which the bidder has supplied the similar quoted equipment. Copy of previous installation report in a reputed Govt./Private Teaching Hospitals / repair certificate if any, of the similar quoted items should be attached along with the technical bid.
- 1.12 The bidder must provide complete details of their financial standing and list of similar projects executed during last three years in Sindh.
- 1.13 The bidder shall furnish copy of General Sales Tax (GST) Registration certificate.
- 1.14 The bidder shall furnish copy of Income tax certificate and Sindh Revenue board certificate.
- 1.15 The bidder shall furnish copy of valid professional tax certificate.
- 1.16 The bidder shall furnish copy of proof of registration with Chamber of Commerce.
- 1.17 The bidder shall furnish copy of last three years paid income tax challan
- 1.18 The bidder shall furnish copy of fresh bank certificate showing strong financial capability of firm.
- 1.19 The original printed catalogue/technical brochure showing detail technical specification, clear photo /picture of the quoted item , Manufactures address , phone number, e-mail address and website must accompany with offer. Color Photocopy will not be accepted.
- 1.20 The equipment to be imported comply/certified at CE/FDA standards. Certificate should be attached along with the offer.
- 1.21 The bidder will give one additional year comprehensive warrantee with parts and consumables, if any, and further one year free service without spares. The warranty standard warranty period will commence from the date of commissioning of the unit as per report of end user and technical person. During the warranty period, desired uptime is 95% of 365 days (24 hrs). the warranty period will be extended as per the number of days of down time.
- 1.22 Free installation along with all accessories including labor charges/Demonstration at consignee's end must be borne by the bidder.
- 1.23 The supplier will be bound to train nominated technical personnel to operate /repair and maintain the supplied equipment.
- 1.24 Bidders should confirm the presence of Manufacturer's trained service/installation engineers/technicians and provide the detail of their working experience, Manufacture's training certificate, list of tools and test equipment, approximate area of workshop in the premises of their office and address along with their technical bid.

- 1.25 Tenders must be filled in with Blue or black ink in the column provided and on separate letterhead duly signed.
- 1.26 The tenders must be free from erasing, cutting and over writing. In case of erasing, cutting and over writing, authorized person should initial it.
- 1.27 The rates of each item should be written in figures as well as in words. In case of discrepancy the price in words will be taken as authentic and final.
- 1.28 Conditional tenders/alternate offer will be ignored and will not be considered /entertained /accepted.
- 1.29 The tendered rate (DDP price) should be inclusive of all taxes, income and sales tax etc payable to federal and provincial Govt. or local bodies and no claims on these account shall be entertained.
- 1.30 In case if the purchase order is placed on C.I.F, the bidder will establish Letter of credit on behalf of Health Department, Govt. of Sindh-Karachi and bear L/c charges, custom clearance and Transportation to consignee end. Necessary certificate will be issued by the consignee, that the import has been made for the Hospital/health facility, so as to avail exemption of duties/taxes as per Government Rules.
- 1.31 Store is required immediately. The tenderer may, however give their short guaranteed delivery period by which the supply will be completed positively.
- 1.32 If the Contractor fails to attain completion of the supply or installation within the time for completion, he shall pay to the purchaser liquidated damages at the rate of 2% per month (0.5% per week) of the Contract Price, or the relevant part thereof. The aggregate amount of such liquidated damages shall in no event exceed 10% of the bid amount. Once the "Maximum limit" is reached, the Purchaser may consider termination of the Contract.
- 1.33 The bidder shall submit with the bid an undertaking on judicial paper, stating that the equipment to be supplied is brand new and of latest generation free defects in design material and workmanship and will bind himself for availability of spare for a period of 10 years from the date of supply. In case of default depreciated cost of equipment will be recoverable from him. If the vendor/supplier pack up/close his business original manufacturer will be bound to make alternate arrangement and will provide an undertaking on their letter head that they will be responsible for remaining warranty.
- 1.34 The equipment offered must be latest version/generation and an old model should not be quoted. The old model will not be considered, even if it fulfills tender specifications.
- 1.35 An affidavit should be provided by supplier that the firm has not been black listed from any Govt./Autonomous organization.
- 1.36 The decision once taken will be final and will not be open to criticism or challengeable in any court of law.
- 1.37 Tender, which does not fulfill the prescribed condition in the tender is liable to be rejected

Physiotherapy Machinery, Equipment and allied Accessories for various teaching hospitals all over the Sindh under ADP "609" for Financial year 2016-2017.

2. Purchaser's right to vary quantities at time of award.

The purchaser reserves the right to increase/decrease or delete the quantities of goods etc at the time of award of contract and also reserves the right to enhance the quantity of goods and services originally specified in the schedule of requirements without any change in unit price of other terms and conditions of goods at any time during contract period.

3. Notification of Award/Advance contract:

- 3.1 Prior to the expiration of the period of bid validity , the purchaser will notify the successful bidder in writing, delivery by hand or by register letter by cable to be confirmed that their bid has been accepted.
- 3.2 The notification of award will constitute the formation of the contract.

4. Award of contract and contract agreement

Subject to the fulfillment of all codal formalities, the purchaser will award the contract to the successful bidder who's bid has been determined to be qualified to perform the contract satisfactory.

5. Performance Security

The successful tenderers will have to deposit with the purchase security deposit as under in shape of call deposit/pay order/bank guarantee at the rate of 5% of the value of contract, shall be valid till end of warranty period.

6. Payment Term:

- 6.1 In case of Purchase order issued on C.I.F basis, the suppliers / contractor will be entitled / eligible to claim 80% of the purchase order amount on submission of the copy of L/C in favor of the Consignee/Hospital. Balance 20% amount can be claimed after delivery of goods at consignee site by submission of original delivery challan.
- 6.2 In case of supply order placed on D.D.P basis the bidder should be supplied the quoted item on or before June 30th, 2017. 100% payment will be released after delivery of equipment. All the (applicable) Government taxes (Income Tax / Stamp Duty) of the value of the contract amount will be deducted from the bills of the Contractors / Suppliers.

7. Criteria for evaluation of bids:

Evaluation step no. 1 - "Scrutiny of documents"

Bids will be scrutinized with reference to list of documents as required in mandatory clause. Bids which will meet the requirement of documents as per check list will be evaluated further on technical basis.

Evaluation step no. 2 - "Technical Evaluation"

Bids will be evaluated with reference to required technical specification. Only those bids will be qualify for financial opening which will be technically approved.

Evaluation step no. 3 - "Financial Evaluation"

Financial offers will be evaluated with reference to:

- i. Earnest money as per tender requirement. .
- ii. Amount of bid security at the rate of 3% of total bid amount.
- iii. Quoted price.

8. Fee for Award of Contract:

8.1 Stamp duty @0.3% shall be borne by the suppliers.

9 Undertaking

- 9.1 That I/We agree whether our tender accepted for total, partial or enhanced quantity for all or any single item. I/We also agreed to supply and accept the said item at the rates for the supply of contracted quantity with in the stipulated period shown in the contract.
- 9.2 I/We undertake that; if any of the information submitted in accordance to this tender enquiry found incorrect our contract may be cancelled at any stage on our cost and risk.
- 9.3 We undertake that we have read, understand and agree with the tender terms and conditions.

Note: Bidders must sign and stamp each page of tender documents.

Signature of tenderer : _____
Name & Designation : _____
Address: _____

Tender for Purchase of Physiotherapy Machinery, Equipment and allied Accessories for the Financial year 2016-2017 under ADP scheme " 609 "

S.No.	Description/Specification of Goods	Qty	CIF Price		D.D.P	
			Unit Price	Total Price	Unit Price	Total Price
01	<p>SHORTWAVE DIATHERMY MACHINE Shortwave diathermy microprocessor-controlled unit for continuous and pulsed application. Colored touch screen display Direction-adjustable arms for comfortable treatment of each body part Wide range of applicators for maximum therapeutic effect. Unit should be equipped with the timer for automatic end of therapy High performance solid-state generator Continuous and pulsed mode Capacitive and inductive applicators High output power, continuously adjustable Built-in timer with automatic shut-off Coil field applicators - for treatment of deep body parts and muscles Condenser field applicators for heating fat and muscle tissue Soft-rubber plate applicator Frequency: 27.12 MHz . Output Power : 400 W in continuous mode. 1000 W peak power in pulsed modes. Output Modes: Continuous, pulsed 3 in 3, 2 in 3 & 1 in 3. Pulse Widths: 20-400 microseconds. Timer : 0-30 minutes. Tuning automatic. Unit should complete with : Two Electrodes Arms. Two 100mm capacitive electrodes with cable. Treatment chart Out put tester User manual 180 x 210mm, with four felt spacers One pair rubber electrodes, 260 x 180mm, with four felt spacers Shortwave treatment protocols Or equivalent (UK/USA/Japan/EEC)</p>	12				

Physiotherapy Machinery, Equipment and allied Accessories for various teaching hospitals all over the Sindh under ADP "609" for Financial year 2016-2017.

02	<p>COMBINATION THERAPY UNIT</p> <p>For therapeutic effects with Ultrasound for tissue healing and for increase of blood flow in the tissues.</p> <p>Touch screen display.</p> <p>Dual frequency ultrasound .</p> <p>Stimulation outputs: two and four pole interferential, Diadynamic, TENS, Sinusoidal, Galvanic and interrupted galvanic, Faradic, Trabert, Medi-Wave, Russian & Microcurrent output Diagnostic feature to help locate difficult to pin point lesions.</p> <p>Treatment protocols.</p> <p>2 independent output channels for 2 different treatments . should operate in conjunction with vacuum unit if required.</p> <p>Treatment Programs: 10 user-defined set-ups</p> <p>Ultrasound Frequency 1.1 & 3MHz</p> <p>Maximum Intensity 1.5 W/cm² or more in CW, 3.0W/cm² or more in pulsed</p> <p>Maximum Output Power 6W average</p> <p>Output Modes CW and pulsed 1:1, 1:2, 1:4, and 1:9</p> <p>Pulse Duration 2 ms</p> <p>Transducer Large and Small 1 and 3 MHz transducers</p> <p><u>Unit should be complete with :</u></p> <p>Large and small treatment head Coupling gel</p> <p>2/4 pole patient lead</p> <p>Four medium rubber electrodes</p> <p>Four medium sponge covers</p> <p>Four electrode connection cables</p> <p>Two stretch bandages .</p> <p>Trolley (local)</p> <p>Or equivalent</p> <p>(UK/USA/Japan/EEC)</p>	10		
03	<p>THERASONIC DUAL FREQUENCY ULTRASOUND</p> <p>Therapy for treatment to increase blood flow in the tissues.</p> <p>Touch screen display.</p> <p>Dual frequency ultrasound (1MHz and 3MHz).</p> <p>Programmable memory.</p> <p>Treatment Protocols: Pressure Ulcers, Chronic</p>	12		

	<p>Venous Ulcers, Trigger Point Low irritability, Tendon Injury/ Lesion, Chronic Osteoarthritis, Rheumatoid Arthritis, Tennis Elbow, Carpal Tunnel, Fibromyalgia, Soft Tissue Stretch, Impingement Syndrome, Calcific Tendonitis, Perineal Pain (Persistent), Perineal Pain (Partum), Treatment Time 0-30 min Treatment Programs 10 user-defined set-ups Ultrasound Frequency 1MHz and 3MHz Maximum Intensity 1.5 W/cm² or more in CW , 3.0 W/cm² or more Maximum Output Power 7.5W average Output Modes CW pulsed 1:1, 1:2, 1:4 and 1:9 Pulse Duration 2ms Ultrasound unit complete with : Large treatment head Small treatment head Coupling gel. Trolley (local) Or equivalent (UK/USA/Japan/EEC)</p>			
04	<p>LASER THERAPY For tissue repair and to stimulate cellular responses. Easy to use . Frequency range 2Hz - 20kHz. Time and joules setting automatically for power and time indication respectively. Memory function for recall of set program. Frequency 2Hz - 20kHz Timer 0-10 Minutes Probes : 2 nos. <u>Infrared Laser Probe</u> Output Power (Ave) 100mW Wavelength 905nm Duty Cycle 9% Visible Led Probe SLA9830 Output Power (Ave) 10mW <u>19-diode Cluster Probe</u> Output Power (Ave) 9x10mW (Visible) & 10x15mW (Infrared) Wavelength 640nm & 950nm Duty Cycle 90% Unit complete with : Carry case Trolley (local) Safety goggles pair Or equivalent (UK/USA/Japan/EEC)</p>	6		

05	<p>TRACTION UNIT WITH HYDRAULIC TRACTION TABLE</p> <p>Traction unit for treatment of lumbar and cervical spine.</p> <p>Microprocessor controlled traction device suitable for continuous, intermittent, harmonized cervical and lumbar therapy.</p> <p>Unit should have digital displays and digital interface for easy setting of therapy parameters.</p> <p>To be used with the traction Table.</p> <p>Digital interface,</p> <p>Continuous, intermittent and harmonized traction programmes</p> <p>User-defined hold, rest and treatment times</p> <p>Intermittent and progressive settings</p> <p>Real-time digital treatment tracking</p> <p>Built-in safety features: patient interrupt switch, - audible signal at the end of the treatment, audible signal if the patient interrupt switch</p> <p>Traction force 0-90 kg or any equivalent</p> <p>Force time/ Rest time 0-99 s (intermittent therapy)</p> <p>Treatment time 0-99 min or any equivalent</p> <p><u>Unit should complete with</u></p> <p>Patient interrupt switch</p> <p>Nylon traction cord with metal fitting</p> <p>Cervical harness with spreader bar</p> <p>Or equivalent</p> <p>(UK/USA/Japan/EEC)</p>	7		
06	<p>SHOCK WAVE THERAPY</p> <p>Powerful & compact shockwave with built-in compressor for orthopaedics, rehabilitation, and sport medicine. Pressure up to 4 bars. Frequency up to 15 Hz.</p> <p>5.7" or more colour touch screen. Colour therapeutic encyclopaedia with anatomical images.</p> <p>Single & continual mode. user-defined diagnoses.</p> <p>Unit capable of performing following therapies.</p> <p>shockwave therapy alcar calcanei, Plantar fasciitis</p> <p>Achillodynia Tibialis anterior syndrome</p> <p>Patella tip syndrome – patellar tendinopathy (jumper's knee)</p> <p>Pain in the hamstring insertions</p> <p>Bursitis trochanterica – pain in the hip area and the iliotibial tract</p> <p>Pain in the groin area</p>	4		

	Painful shoulder (calcification, tendonitis, impingement syndrome) Epicondylitis humeri radialis/ulnaris – Tennis elbow Exostoses of small hand joints in case of grade 1 arthrosis Pain in palmar side of the wrist Chronic enthesopathies Trigger points Complete with : SWT applicator Transmitters 9,15 multi focused and 15mm focused-gel SWT applicator holder Touch screen pen pointer 1x adapter with power cord Original trolley Or equivalent (UK/USA/Japan/EEC)			
07	DEEP WAVE THERAPY Dynamic deep stimulation therapy 12 channels, multidimensional electro-stimulation Different massages : tapping massage, kneading and stroking massage with integrated heat therapy for depth effects of the massage. touch screen display with pre-set or user defined programs Impulse form: biphasic symmetric Frequency: kHz, (adjustable to 6 kHz), Deviation < 1% Frequency modulation Impulse form biphasic symmetric Frequency 5 - 100 Hz Modulation depth adjustable 5 - 100 % Amplitude modulation Increasing or decreasing intensity profile 0.1 - 25.5 s Modulation depth adjustable 1-100 % Complete with mattress with the integrated electrodes, remote control , spray bottle , head cushion etc Or equivalent (UK/USA/Japan/EEC)	5		
08	MUSCULAR STIMULATOR Stimulation therapy for preventing of muscle atrophy caused by musculoskeletal injuries. Interferential (2 and 4-pole), Russian, Diadynamic, TENS, Sinusoidal, Faradic, Galvanic, Interrupted	12		

	<p>Galvanic, Trabert, Medi-Wave and Microcurrent and S/D curve Three carrier frequencies - 2kHz, 4kHz and 8kHz Vector facility 0-100mA peak constant current or 0-70/140V peak constant voltage Treatment protocols: Pain relief, Oedema, Stimulate local blood flow, OA Knee, Chronic low back pain, Acute low back pain, Fibromyalgia, Trigger points, Post operative knee pain, Fracture healing, Stress incontinence, Urge incontinence, Constipation (children) 2 independent output channels Touch screen display Output Type : Constant Current or Constant Voltage 0-30 min Treatment Time Output Current 0-70mA Or 0-100mA 2 Channel output Mode Complete with therapy unit with 2/4-pole patient lead</p> <p>four electrode connection cables</p> <p>four medium (100x70mm) rubber electrodes four medium sponge covers two stretch bandages Or equivalent (UK/USA/Japan/EEC)</p>			
09	<p>INTERFERENTIAL THERAPY For pain relief, muscles stimulation , to increase local blood flow and reduction of odema. Touch screen technology Three carrier frequencies - 2kHz, 4kHz and 8kHz 0-100mA peak constant or 0-70/140V peak constant voltage Treatment protocols: Pain relief, Oedma, Stimulate local blood flow, OA Knee, Chronic low back pain, Acute low back pain, Fibromyalgia, Trigger points, Post operative knee pain, Fracture healing, Stress incontinence, Urge incontinence, Constipation (children) 2 independent output channels for 2 different treatments Should operate in conjunction with vacuum unit if required</p>	10		

	Unit complete with: 2/4-pole patient lead 4 x electrode connection cables 4 x medium rubber electrodes 4 x medium sponge covers 2 x stretch bandages Trolley (local) Or equivalent (UK/USA/Japan/EEC)			
10	MAGNETO THERAPY For Rehabilitation, Neurology, Orthopaedics & Rheumatology Pulsed Magnetic Field (PMF), rectangular, triangular, sinusoidal, exponential and continual Combination of pulsed and static magnetic field with adjustable ratio (for acute and anti-inflammatory therapies) Modulation of pulses: burst, sinusoidal surge, trapezoidal surge, symmetric surge User-defined magnetic pulse series Built-in magnetotherapy protocols Pulse frequency 0–160 Hz lightweight applicators Random frequency (Wave swing) Pre-programmed protocols Free memory position 30 or more. Number of output channels 2 Maximum pulse induction 128 mT Frequency range 0–160 Hz Wave swing - 20% Complete with: Single disc applicator Double disc applicator Big solenoid coil., dia. 60cm for spine and hip application Linear applicator for spine and other longitudinal application. 2x extension cables for magnetotherapy applicators Adapter, Trolley Or equivalent (UK/USA/Japan/EEC)	5		
11	VARITHERM WAX BATH Thermostatically control with a safety cut out unit to heat. Adore free wax up to 18Kg or more. Water	12		

	<p>capacity of 17liters or more. A smaller unit for hand therapy with wax capacity of 2.7kg.</p> <p>In addition to this a small unit for hand therapy with a with a wax capacity up to 10kg or more and water capacity up to 10 liters.</p> <p>Temperature range: 0-100°C.</p> <p>Unit complete with :</p> <p>Dust cover</p> <p>Tapped wax container</p> <p>Paraffin wax : 25kg</p> <p>Wax bath thermometer</p> <p>Or equivalent</p> <p>(UK/USA/Japan/EEC)</p>			
12	<p>NERVE STIMULATOR</p> <p>Combined with NMS-STIM (Neuromuscular Stimulation) and ETS (EMG Triggered Stimulation)</p> <p>Lightweight and portable</p> <p>Automatic and manual threshold settings</p> <p>Software for detailed progress tracking</p> <p>Dua Channel Digital EMG Unit</p> <p>Range 0.2μV to 2000μV</p> <p>Sensitivity 0.1μV</p> <p>Accuracy 4% of μV</p> <p>STIM (Neuromuscular Stimulation)</p> <p>Amplitude 0 - 90 mA</p> <p>Constant current, maximum output voltage 70 Volts</p> <p>Waveform Symmetrical, rectangular, bi-phasic with net zero DC current</p> <p>complete with Software</p> <p>Or equivalent</p> <p>(UK/USA/Japan/EEC)</p>	20		
13	<p>MOIST HEAT HYDROPAK HEATER</p> <p>Stainless steel hydropack heater</p> <p>water capacity : 60-70 litre</p> <p>Protective resistance heating grill</p> <p>Adjustable digital thermostat</p> <p>Fully insulated to reduce heat loss</p> <p>Full drainage valve</p> <p>Lockable wheel system</p> <p>Capacity to hold 8-10 hot packs</p> <p>Or equivalent</p> <p>(UK/USA/Japan/EEC)</p>	8		
14	<p>VIBRATOR MASSAGER</p> <p>Professional /heavy duty massager. Large surface massage for intensive & effective massage.</p> <p>High speed rotation of 4000rpm or more.</p>	14		

	<p>Variable speed selection. Must be operated on Voltage 220V/50Hz, single phase supply. Must have an ergonomic and handy design for easy gripping Complete with Two snap-on applicators Carrying case. Or equivalent (UK/USA/Japan/EEC)</p>			
15	<p>EXERCISE CYCLE Large LCD Display .with magnetic braking system and computer training . Includes hand and ear-clip pulse sensors. Induction-brake system: power range from 25-400 W. Programmes: 10 users, 6 pre-set, 2 heart rate, and 2 manual time. Tension control: 16 levels Flywheel mass: 9kg or more. Maximum user weight: 150kg (23st 5lb) Or equivalent (UK/USA/Japan/EEC)</p>	8		
16	<p>QUADRICEPS BENCH Rehab chair for knee - multifunction Stretching : dynamics - seated Stretching : dynamics - ventral position Stretching : static - seated Bending : dynamics - seated Bending : dynamics - ventral position Stretching / Bending : fullness working-auto passive motion Castors for moving. Single & double tibial supports. Depth adjusting system. Removable cervical & lumbar supports. Backrest jointed by gas jack Pendulum system with motioning stick handler Quadriceps support strap Or equivalent (UK/USA/Japan/EEC)</p>	8		
17	<p>TILT TABLE Electric height and tilt adjustment. Size: 60x 190cm (WxL) or better capable to lift and tilt up to 160kg Tilt angle from horizontal to 85°. Time taken from 0 to 85° approx 20 seconds.</p>	8		

	<p>Fully washable/ fire retardant</p> <p>Heavy-duty toe braked rubber tyre castors</p> <p>Complete with :</p> <p>Back rest</p> <p>Fixed footboard</p> <p>Patient handles</p> <p>Harnesses</p> <p>Angle indicator</p> <p>Or equivalent</p> <p>(UK/USA/Japan/EEC)</p>			
18	<p>MULTI FITNESS CENTER</p> <p>Height adjustable seat with 3 sectioned back cushioning . optimum adjustment to the body work out.</p> <p>Butterfly, Bench press seated, Crunches seated, Latissimus rope frame, 3D Flex-motion system, Lower pulley for leg and arm exercises, Rowing, Leg extension, Leg curl</p> <p>80kg weight block extended to 100kg (from 5-80kg).</p> <p>Adjustable bench press unit</p> <p>Leg extension adjustable and cammed</p> <p>Padded seat, adjustable in height</p> <p>Plastic coated steel ropes</p> <p>Maximum weight 80kg</p> <p>Max user weight 150kg</p> <p>Or equivalent</p> <p>(UK/USA/Japan/EEC)</p>	7		
19	<p>SHOULDER PULLEY SIMPLE</p> <p>Shoulder Pulley with rope and hand cuffs.</p> <p>Unit to be chrome plated/ SS column with the traction weight able to be set independently on either side within a range of 0.5 to 12kg.</p> <p>Possibility to exercise on a surface area would be 2m²-</p> <p>Extremely smooth dual-bearing rollers-</p> <p>Height adjustable with indicator-</p> <p>Adjustable cord extension</p> <p>(local/imported)</p>	12		
20	<p>SHOULDER WHEEL</p> <p>100cm or more diameter</p> <p>Tabular steel constructed wheel</p> <p>Fitted with resistance mechanism and 360° scale.</p> <p>The wheel should revolve smoothly for should exercises.</p>	12		

	<p>Wheel must be mounted on laminated hard wall board.</p> <p>Arc motion from 30cm to 80cm or more.</p> <p>(local/imported)</p>			
21	<p>PARALLEL BAR WITH MIRROR</p> <p>The SS bars to be plastic coated to give a firm comfortable grip.</p> <p>The base plates to have plastic strips on the underside to protect the floor and to have sloping front and back edges to ensure patient safety</p> <p>To be able to be folded and stowed out of the way when not in use</p> <p>Parallel bars, 4 meter</p> <p>Adjustable Height</p> <p>Mirror should be of finest finishing with protected back in a SS Frame</p> <p>Should be made of toughened glass 10-15mm.</p> <p>Dimensions: Mirror : Approx. 120cm H x 36cm W</p> <p>(local)</p>	12		
22	<p>TREATMENT COUCH</p> <p>Heavy duty couch for physiotherapy treatment</p> <p>Length: 180cms, width: 60cms, or better</p> <p>Height: 70cms or better</p> <p>Adjustable head frame,</p> <p>Maximum user weight: 90kgs or more.</p> <p>(local)</p>	32		
23	<p>WALKER FOLDING HEIGHT ADJUSTABLE</p> <p>Walker folding type</p> <p>Made of aluminum pipe</p> <p>Light weight</p> <p>Height of walker should be adjustable with a lock.</p> <p>PVC form hand grip for better gripping</p> <p>Heavy should be duty unit which can tolerate the weight of 100kg</p> <p>(local/imported)</p>	32		
24	<p>INTERVERTEBRAL DIFFERENTIAL DYNAMICS (IDD) THERAPY</p> <p>Therapy for non-surgical treatment of pain for patient diagnosed with herniated Disc, Degenerative Disc, Radioculopathy, spinal stenosis, facet syndrome, general low back pain and cervical neck pain.</p> <p>System to provide pain relief for compressive and degenerative injuries of spine.</p>	5		

	<p>High speed computer to calculate the logarithmic spinal decompression treatment curve.</p> <p>Precise treatment for specific spinal region.</p> <p>Measurement device inside the unit to monitor changes in de-compressive force experience by each patient..</p> <p>Hard ware and software on the unit should capable to record all feedback data and calculate the correction for each patient logarithmic curve.</p> <p>Automatic control system to adjust and self-correct its operation according to the difference and desired output.</p> <p>Advance diagnostic system to device for monitoring critical parameters</p> <p><u>System should complete with:</u></p> <p>Touch screen control</p> <p>Automatic shoulder support system for correct positioning.</p> <p>Cervical pillow.</p> <p>Floating lower mattress</p> <p>Knee rest</p> <p>Lumbar selector for proper angle for lumbar disc treatment.</p> <p>Patient documentation with print facility.</p> <p>Patient media system.</p> <p>Plate form scale .</p> <p>Emergency stop switch</p> <p>Automatic table positioner.</p> <p>Harness tensioner</p> <p>Table positioner</p> <p>Treatment positioner along with tensioning cable.</p> <p>Operator Remote Hand control.</p> <p>UPS or battery back up.</p> <p>Supply Voltage: 240 Volts/ 50-60 Hertz</p> <p>System must be FDA (510)K approved.</p> <p>Or equivalent</p> <p>(UK/USA/Japan/EEC)</p>			
25	<p>SYSTEM FOR IDENTIFICATION FOR GAIT DEFECTS</p> <p>Walkway system along with software program that automates the measurement of temporal (timing) and spatial (distance) gait parameters, such as cadence, step length and velocity. *</p> <p>Portable system which can be rolled out over at any flat surface.</p> <p>Connectable to PC or laptop.</p>	2		

	16 feet portable Walkway System, Roll-up walkway Immediate pre-and post-treatment feedback Integrated usb camera to merge digital video files with data Visible and objective outcome measurements Active Area: 192 x 24 inches (L x W) Sampling Rate: 60Hz, 120Hz, 180Hz and 240Hz Communications: USB Sensor: .4 inches square, dual control Number of Sensors: 18,432 sensors, placed on .5 inch centres arranged in a 48 x 384 grid Power Requirements: 12Vdc Top Cover: Vinyl with square thread reinforcement, waterproof and chemical resistant Bottom Cover: Open cell foam rubber, BNC synch out Synchronize to other devices; Analog-in and integrated metronome circuit, Complete with Desk top or laptop Computer Gaitrite software USB Camera Or equivalent (UK/USA/Japan/EEC)			
26	TREAD MILL 6" or more LCD display. 15 or more programmes: including HR Control and fitness recovery test Integrated POLAR receiver and hand sensors for pulse measurement Speed: 0.8-18 km/h (in 0.1 km/h steps) Setting of incline: 0-18% motor-adjustable Running surface: 145 x 52 cm Weight capacity: 130 kg or more. Voltage: 220-240V/50-60Hz. Or equivalent (UK/USA/Japan/EEC)	4		
27	EMG EP 4 Channel EMG System EMG/NCV/EP Should have Capability to Measure & Analysis of EMG (Spontaneous activity, voluntary and maximum activity) Should have Motor and sensory nerve conduction velocity, mixed nerve studies, F wave, H reflex, Blink reflex, Repetitive stimulation	3		

<p>Should have Middle and late latency Sympathetic skin response Should have Preconfigured SEP programs for median, tibial and trigeminal nerves ADC should be 24 bit or more Software should have neuro-anatomic guide for electrode placement Should have capability to average with artifact suppression Should have facility of Split screen for on line, averaged and stored signals, presentation of results Should have defined report forms User defined number of measuring traces Automatic marking of pre-definable markers Sound presentation of the EMG Should have facility to export report into PDF or any other computer read format Personal computer: Intel Pentium 2 GHz or better 2 GB RAM or better 500 GB HD or more Network Card/Modem should be builtin CD/RW or DVD/RW Sampling rate should not be less than 50 kHz/channel Audio output (for additional multimedia speakers) Should include LAN Ethernet for EMG processor adapter. LAN Ethernet for network adapter & PC . Should have 2x external Trigger In/Out. Input impedance > 110 MOhm or better . Lower cutoff frequency 0.02 Hz - 1000 Hz or better Should be complete with 23" or more TFT Monitor Keyboard, mouse Current stimulator Foot switch Operating System should be Windows 7 or Windows 8 Original Trolley from same manufacturer with integrated isolation transformer Head box stand Compatible laser printer Or equivalent (UK/USA/Japan/EEC)</p>			
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28	HYDRAULIC BED Hydraulic bed with three sections. Size: Length of bed should be 185cm or more. Width of bed should be 60cm or more. Height should be adjustable from 45 to 90 cm or more. Manual Back rest adjustment Angle adjustable for back rest -35° to +90° Adjustable foot for uneven surface. Heavy duty retractable castors for easy mobility and safty. Patient weight capacity should be 200 kg or more Bed should be with breathing slot. Or equivalent (UK/USA/Japan/EEC)	4		
29	ERGONOMIC CHAIR Width 48cm or more. Depth up to 48 cm Seat height from 40-50cm Back height from 56-65cm Unit must have adjustable arm rest , depth adjustment, back rest angle adjustment. Must have lumber and neck support. Seating made of foam with fine quality fabric. Or equivalent (UK/USA/Japan/EEC)	6		

BID FORM AND PRICE SCHEDULE

Date: _____

Tender No. _____

To: [Name and address of Procuring Agency]

Gentlemen and/or Ladies:

Having examined the Bidding Documents, the receipt of which is hereby duly acknowledged, we, the undersigned, offer the supply and deliver [description of goods and services] in conformity with the said Bidding Documents for the sum of [Total Bid Amount in words and figures], or such other sums as may be ascertained in accordance with the Schedule of Prices attached herewith and made part of this bid.

We undertake, if our bid is accepted, to deliver the goods in accordance with the delivery schedule specified in the Schedule of Requirements.

If our bid is accepted, we will obtain a guarantee of a bank in the sum of equivalent to ____ percent of the Contract Price for the due performance of the Contract, in the form prescribed by the Procuring Agency.

We agree to abide by this bid for a period of [number] days from the date fixed for bid opening as per bid terms and condition, and it shall remain binding upon us and may be accepted at any time before the expiration of that period.

Until a formal Contract is prepared and executed, this bid, together with your written acceptance thereof and your notification of award, shall constitute a binding Contract between us.

Dated this _____ day of , 2017

Signature _____
(in the capacity of: _____)

Duly authorized to sign bid for and on behalf of . _____

BID SECURITY FORM

Whereas [name of bidder] (hereinafter called the Bidder") has submitted its bid dated [date of submission of bid] for the supply of [name and /or description of goods] (hereinafter called the bid").

KNOW ALL PEOPLE by these presets that we [name of bank] of [name of country] , having our registered office at [address of bank] (hereinafter called " the bank") , are bound unto [name of procuring agency] (hereinafter called " The procuring agency") in the sum of for which payment well and truly to be made to said procuring agency, the bank binds itself, its successors and assigns by these presents. Sealed with the common seal of the said bank this ____ day of _____ , 20 ____.

The conditions of this obligation are:

If the bidder withdraws its bid during the period of bid validity specified by the bidder on the bid form ; or

If the bidder , having been notified of the acceptance of its bid by the procuring agency during the period of bid validity:

Fails or refuses to execute the contract form, if required ; or

Fails or refuses to furnish the performance security, in accordance with the instruction to bidders.

We undertake to pay to the procuring agency up to the above amount upon receipt of its first written demand without the procuring agency having to substantiate its demand, provided that in its demand the procuring agency will note that the amount claimed by its is due to it, owing to the occurrence of one or both of the two conditions, specifying the occurred condition or conditions.

This guarantee will remain in force up to and including twenty eight (28) days after the period of bid validity , and any demand in respect thereof should reach the bank not later than the above date.

[Signature of bank]

CONTRACT FORM

THIS AGREEMENT made at _____ day of 20____, between [name of procuring agency] of [country of procuring agency] (hereinafter referred to as the "Procuring Agency") of the one Part; and [name of supplier] of [city and country of supplier] (hereinafter called the "Supplier") of the other Part

WHEREAS the Procuring Agency invited bids for certain goods and ancillary services, viz [brief description of goods and service] and has accepted the bid by the Supplier for the supply of those goods and service in the sum of [contract price in words and figures] (hereinafter called "the contract price").

NOW THIS CONTRACT WITNESSETH AS FOLLOWS:

1. In this agreement words and expressions shall have the same meanings as are respectively assigned to them in the General Conditions of this Contract hereinafter referred to :

2. The following documents shall be deemed to form and be read and construed as part of this agreement , viz:-

- a. the bid form and Price Schedule submitted by the Bidder,
- b. the Schedule of Requirements;
- c. the Technical Specifications;
- d. the General Conditions of Contract;
- e. the Special Conditions of Contract;
- f. the Procuring Agency's Notification of Award;

3. In consideration of the payments to be made by the Procuring Agency to the Supplier as hereinafter mentioned, the Supplier hereby covenants with the Procuring Agency to provide the Goods and Services and to remedy defects therein in conformity in all respects with the provisions of this Contract.

4. The Procuring Agency hereby covenants to pay the Supplier in consideration of the provision of the Goods and Services and the remedying of defects therein, the Contract Price or such other sum as may become payable under the provisions of this Contract at the time and in the manner prescribed by this Contract.

IN WITNESS Whereof the Parties hereto have caused this agreement to be executed in accordance with their respective laws the day and year first above written.

Signed , sealed, delivered by _____ the _____
(for the procuring agency)

Signed , sealed, delivered by _____ the _____
(for the supplier)

PERFORMANCE SECURITY FORM

To: [Name of the Procuring Agency]

Whereas [Name of Supplier] (hereinafter called "the Supplier") has undertaken, in pursuance of Contract No. [number] dated [date] to supply [description of goods] (hereinafter called "the Contract").

And whereas it has been stipulated by you in the said Contract that the Supplier shall furnish you with a Bank Guarantee by a reputable bank for the sum specified therein as security for compliance with the Supplier's performance obligations in accordance with the Contract.

And whereas we have agreed to give the Supplier a Guarantee:

Therefore we hereby affirm that we are Guarantors and responsible to you, on behalf of the Supplier, up to a total of [Amount of the Guarantee in Words and Figures] and we undertake to pay you, upon your first written demand declaring the Supplier to be in default under the Contract and without cavil or argument, any sum or sums within the limits of [Amount of Guarantee] as aforesaid, without your needing to prove or to show grounds or reasons for your demand or the sum specified therein.

This guarantee is valid until the _____ day of _____, 20__

Signature and Seal of the Guarantors/Bank _____
[name of bank or financial institution]

[address]

[date]

MANUFACTURER'S AUTHORIZATION FORM

To: [name of Procuring Agency]
[Tender no.]

WHEREAS [name of the Manufacturer] who are established and reputable Manufacturers of [name and/or description of the goods] having factories at [address of factory]

do hereby authorize [name and address of Supplier/ Agent] to submit a bid, and subsequently negotiate and sign the Contract with you against Tender No. [reference of the Invitation to Bid] for the goods manufactured by us.

We hereby extend our full guarantee and warranty as per Tender terms and conditions for the goods offered for supply by the above firm against this Invitation for Bids. Further if our distributor do not fulfill the warranty or in case of change of distributor, we undertake to provide and fulfill the warranty as per terms and condition of tender.

[Signature for and on behalf of Manufacturer]

Note: This letter of authority should be on the letter head of the Manufacturer and should be signed by a person competent and having the power of attorney to bind the Manufacturer. It should be included by the Bidder in its bid.