

## MINUTES OF THE MEETING

**AGENDA:** REDRESSES OF GRIEVANCES OF BIDDERS REGARDING PROCUREMENT OF BIOMEDICAL EQUIPMENT FOR HEALTH FACILITIES DISTRICT VEHARI FOR THE FISCAL YEAR 2019-20

**Date & Time:** 11.09.2019 @ 12:30 Pm

**Venue:** Committee Room CEO DHA Vehari

A meeting of the Grievance Redressal Committee was held to redress the grievances of the bidders, as per Rule 67 of Punjab Procurement Rules, 2014, for procurement of biomedical equipment for health facilities District Vehari for Fiscal Year 2019-20. Following members participated in the meeting:-

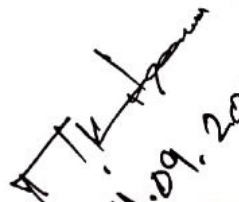
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|--|----------|
| 1. District Health Officer (PS) DHA Vehari | Chairman |
| 2. Divisional Engineer (BERC) PS Health    | Member   |
| 3. Deputy Director (B&A) DHA Vehari        | Member   |
| 4. Procurement Officer THQ Burewala        | Member   |

The Representative of the following firm were also present:-

|                                    |   |
|------------------------------------|---|
| 1. M/s Radiant Medical Pvt. Ltd    | 7. M/s Forcare                              |
| 2. M/s Hospital Supply Corporation | 8. M/s Human Healthcare                     |
| 3. M/s Total Technologies          | 9. M/s KASBN International                  |
| 4. M/s Fresenius Medical Care      | 10. M/s Mediland Pakistan                   |
| 5. M/s Saarf Medical Solution      | 11. M/s Eastern Medical Technology Services |
| 6. M/s Orient Medical              | 12. G-Med                                   |

### PROCEEDING:

- Background of the case is that District Health Authority Vehari invited bids for procurement of Biomedical Equipment and other items for Health Facilities District Vehari, through advertisement in national press (Dawn Lahore) on 12.07.2019 & websites of Punjab Procurement Regularity Authority Punjab (PPRA) on 17.07.2019. The process was initiated for the recommended list of Biomedical Equipment and other items for Health Facilities District Vehari. In response there to, 21 applications were received for Medical Equipment and opened on 31.07.2019.
- The finalized technical evaluation report was uploaded on the official website of Punjab Procurement Regularity Authority Punjab on Dated: 27.08.2019. Against the Technical Evaluation Report, Grievances were received from aggrieved bidders' Upto 07.09.2019 which were placed before the Grievance Redressal Committee on Dated: 11.09.2019 for decision.
- The case wise proceedings of the meeting are attached as Annexure "A"-

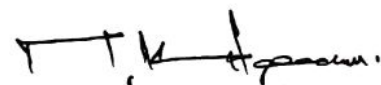
  
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**DECISION**

The Representative of all above firms attended the meeting and presented their grievance to the grievance Redressal Committee. The committee heard the view point of the representative of each firm which was examined in the light of Technical Evaluation Report. The committee after due deliberation and discussion, keeping in view the required parameters in detail and unanimously made the following decision attached as annexure "A"

Procurement Officer  
Tehsil Head Quarter Hospital, Burewala  
**(Member)**

Deputy Director (B&A)  
District Health Authority, Vehari  
**(Member)**

  
Divisional Engineer (Biomedical)  
BERC, PS HealthCare Department  
**(Member)**

District Health Officer  
PS Healthcare Department, DHA Vehari  
**(Chairman)**

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REDRESSAL OF GRIEVANCES FOR THE PURCHASE OF MACHINERY, EQUIPMENT, FURNITURE & FIXTURE FOR  
UPGRADATION OF THE HOSPITAL BUREWALA

BID EVALUATION SHEET

Package No/Tender Number :

Name of The Equipment & Quantity : Anesthesia Machine Qty-02, Estimated Cost. Rs. 22,00,000/- Each

Part 1

KNOCK DOWN CRITERIA ( COMMERCIAL EVALUATION)

All Evaluation Parameters defined below are mandatory for Complaine

| Sr No. | Evaluation Parameters   | M/s Eastern Medical                        | M/s Radiant Medical                        |
|--------|---|--|--|
| 1      | Legal registered entity   | Yes  | Yes  |
| 2      | Active Tax Payer (NTN & GST) as per clause 3 ITB                                  | Yes  | Yes  |
| 3      | One person One Bid  | Yes  | Yes  |
| 4      | Manufacturer/Sole Distributor   | Yes  | Yes  |
| 5      | Past performance  | Yes  | Yes  |
| 6      | Balance Sheet, Financial Statement & Annual Turnover                              | Yes  | Yes  |
| 7      | Complete item with accessories and optional                                       | Yes  | Yes  |
| 8      | Certificate from the Manufacturer regarding after Sales Services and Installation | Yes  | Yes  |
| 9      | Technical & Engineering Capability of firm  | Yes  | Yes  |
| 10     | Testing/Calibration equipment   | Yes  | Yes  |
| 11     | Affidavit from Bidder (as per Supplier Declaration Template)                      | Yes  | Yes  |
| 12     | Bid Validity  | Yes  | Yes  |
| 13     | Delivery Period   | Yes  | Yes  |
| 14     | Compliance of Warrantly as per tender   | Yes  | Yes  |
|        | REMARKS   | Eligible for Further Evaluation of PART-II | Eligible for Further Evaluation of PART-II |

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Part II

Knock Down Criteria (Product Evaluation)

All Evaluation Parameters defined below are mandatory for Compliance

| Sr No | Specification Compliance/ Evaluation Parameters  | Anesthesia Machine  |                     |
|-------|--|---------------------|---------------------|
| 1     |  |                     |                     |
|       | Company Name   | M/s Eastern Medical | M/s Radiant Medical |
|       | Brand  | Siare               | Dameca              |
|       | Model  | Morpheus M-light    | AX500               |
|       | Country of Manufacturer  | Italy               | Denmark             |
|       | Country of origin of product / Model Number  | Italy               | Denmark             |
|       | Product Local Market Business History as mentioned in criteria   | Yes                 | Yes                 |
|       | Compliance with defined quality standards (FDA 510k, MDD, Jp MHLW as mentioned in the specifications)                    | CE                  | CE                  |
| Sr#   | Specifications/Sample Evaluation:  |                     |                     |
| 1     | <b>TECHNICAL SPECIFICATIONS NOTE:</b>  |                     |                     |
| 2     | Anesthesia machine to administer anesthetic agents in precise control and flow manner for Adult, pediatric and Neonates. | Yes                 | Yes                 |
| 3     | Mobile 3-gases O2/N2O/AIR.   | 3-Gases             | 3-Gases             |
| 4     | It must comprise of the following components:  | Yes                 | Yes                 |
| 5     | Non-interchangeable pipeline inlets.   | NIST                | NIST                |
| 6     | Pipeline & cylinder gauges for O2, N2O and Air.  | Yes                 | Yes                 |
| 7     | Central gas/ electronically driven unit.   | Electronic          | Pneumatic           |
| 8     | Pin index cylinder yokes for Oxygen & N2O (One each) as backup.  | Pin Index Each      | Pin Index Each      |
| 9     | Pin index type Cylinders will be provided (2xO2 and 2xN2O: BS standard).   | Offered             | Offered             |
| 10    | Gas outlet and O2 flush control.   | Yes                 | Yes                 |
| 11    | 1 auxiliary O2 outlet.   | Auxiliary Outlet    | Auxiliary Outlet    |
| 12    | Two Lockable castors.  | Yes                 | Yes                 |

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|    |  |                |                |
|----|--|----------------|----------------|
| 13 | Stainless steel/fiber work surface.  | Fiber surface  |                |
| 14 | Absorber bag support arm.  | Yes            | Fiber surface  |
| 15 | Three gas flow meters for precise control and monitoring of gases.           | Rota meters    | Rota meters    |
| 16 | Drawer unit 4-6" high.   | Yes            | Yes            |
| 17 | Scavenging system Passive / Active type.                                     | Active         | Active         |
| 18 | <b>ANESTHESIA VENTILATOR:</b>  |                |                |
| 19 | Anesthesia Ventilator with minimum 6" or more color LCD/TFT Screen.          | 12" Touch      | 15" Touch      |
| 20 | The ventilator shall be capable of ventilating adult and pediatric patients. | Yes            | Yes            |
| 21 | The ventilator shall have following features as a minimum requirement:       | Yes            | Yes            |
| 22 | Volume Preset Time Cycled Ventilator (JPPV Mode)                             | Yes            | Yes            |
| 23 | Pressure Controlled and pressure support Modes                               | Yes            | Yes            |
| 24 | Breathing Mode Selection (Standby / Volume / Spontaneous and Pressure)       | Yes            | Yes            |
| 25 | Built in Oxygen Monitor  | Fio2           | Fio2           |
| 26 | Inverse I:E ratio Capability   | Yes            | Yes            |
| 27 | Gas Specific Input Connectors (Air or Oxygen ISO or ANSI Standards)          | Yes            | Yes            |
| 28 | Tidal Volume from (5ml to 1400 ml)   | 05 to 1500ml   | 05 to 1500ml   |
| 29 | Rate or Frequency 4 to 60 bpm  | 4 to 120bpm    | 4 to 60bpm     |
| 30 | PEEP (4 to 20 cm H2O)  | 3 to 30 cm H2O | 4 to 20 cm H2O |
| 31 | Inspiratory Pressure Limit   | 10 to 80 LPM   | 4 to 67 cm H2O |
| 32 | Power Supply 220 VAC, 50 Hz  | Yes            | Yes            |
| 33 | Battery Backup (60 Minutes or more)  | 120 min        | 90 min         |
| 34 | Low / High Fio2 Alarm  | Yes            | Yes            |
| 35 | Incorrect Rate or Ratio alarm  | Yes            | Yes            |
| 36 | Mains Failure alarm  | Yes            | Yes            |
| 37 | Low battery alarm advance indication   | Yes            | Yes            |
| 38 | Hypoxic device guard.  | Yes            | Yes            |
| 39 | Pressure and Volume (Spirometry) Loops / curves.                             | Yes            | Yes            |

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|    |   |               |                          |
|----|---|---------------|--------------------------|
| 40 | High / Low pressure alarm.  | Yes           | Yes                      |
| 41 | The ventilator shall be supplied with complete drive hose and power cable.  | Yes           | Yes                      |
| 42 | Note: Annual maintenance kits (needs to replace annually) will be included in the warranty period as per manufacturer's guidelines. | Yes           | Yes                      |
| 43 | The warranty of equipment will be including batteries, oxygen sensor and flow sensor.   | Yes           | Yes                      |
| 44 | <u>Anesthesia Accessories</u>   |               |                          |
| 45 | Power outlet with 3/4 socket outlets to connect the auxiliary equipment.  | Yes           | Yes                      |
| 46 | CO2 absorber 800 - 1,500 gm or better complete with valve for bag/ventilator  | 1000gm        | 880gm                    |
| 47 | Manometer   | Yes           | Yes                      |
| 48 | Breathing bags  | Yes           | Yes                      |
| 49 | Re-usable Silicon Autoclave able breathing circuit (Adult, Peds or Infant 01 each)  | Yes           | Yes                      |
| 50 | Mounts and Y-piece.   | Yes           | Yes                      |
| 51 | Additional breathing hose and connector with O3 adult & O3 pediatric bellows.   | Yes           | Yes                      |
| 52 | <u>OPTIONAL:</u>  | Yes           | Yes                      |
| 53 | Two pre calibrated Vaporizers of Isoflurane & Sevoflurane vaporizer, temperature and flow compensated.                              |               |                          |
| 54 | Vital sign monitor.   | Offered       | Offered                  |
| 55 | Size of minimum 12" or more for display of vital sign parameters.   | Neptune 12"TS | Surveyor 512, WelchAllyn |
| 56 | Measurement of ECG 5 leads.   | Yes           | Yes                      |
| 57 | NIBP with re-usable single hose cuff for children and adults  | Yes           | Yes                      |
| 58 | SpO2 with re-usable cable and sensors for children and adults size (Massimo Type/Equivalent motion tolerance technology).           | Yes           | Yes                      |
| 59 | HR  | Yes           | Yes                      |
| 60 | Temperature with nasal probe.   | Yes           | Yes                      |
| 61 | Respiration   | Yes           | Yes                      |
| 62 | EtCO2 (main or side stream)   | Yes           | Yes                      |
| 63 | Dual Channel IBP  | Yes           | Yes                      |
| 64 | 220V, 50 Hz operated.   | Yes           | Yes                      |

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|    |   |            |            |
|----|---|------------|------------|
| 65 | Note: Vital sign Monitor must be supplied by the same manufacture and must be Compatible with the machine and Ventilator. | Yes        | Yes        |
| 66 | Monitor Accessories:  | Yes        | Yes        |
| 67 | 2 NIBP Cuff each  | Yes        | Yes        |
| 68 | 2 SpO2 probe  | Yes        | Yes        |
| 69 | 2 temperature probe   | Yes        | Yes        |
| 70 | IBP Leads   | Yes        | Yes        |
| 71 | 2 ECG Leads   | Yes        | Yes        |
|    | TECHNICAL ELIGIBILITY OF THE PRODUCT  | Eligible   | Eligible   |
|    | TECHNICAL ELIGIBILITY OF THE FIRM   | Eligible   | Eligible   |
|    | Bid Status  | Responsive | Responsive |

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REDRESSAL OF GRIEVANCES FOR THE PURCHASE OF MACHINERY, EQUIPMENT, FURNITURE & FIXTURE FOR  
ESTABLISHMENT OF DIALYSIS CENTER AT TIHQ HOSPITAL MAHLSI

BID EVALUATION SHEET

Package No/Tender Number :

Name of The Equipment & Quantity : Dialysis Machine Qty-06, Estimated Cost. Rs. 14,00,000/- Each

Part 1

KNOCK DOWN CRITERIA ( COMMERCIAL EVALUATION)

All Evaluation Parametrs defined below are mandatory for Compliance

| Sr No. | Evaluation Parameters   | M/s Saarf<br>Medical Solution                 | M/s Fresenius                                 | M/s Hospital<br>Supply Corporation            |
|--------|---|---|---|---|
| 1      | Legal registered entity   | Yes   | Yes   | Yes   |
| 2      | Active Tax Payer (NTN & GST) as per clause 3 ITB                                  | Yes   | Yes   | Yes   |
| 3      | One person One Bid  | Yes   | Yes   | Yes   |
| 4      | Manufacturer/Sole Distributor   | Yes   | Yes   | Yes   |
| 5      | Past performance  | Yes   | Yes   | Yes   |
| 6      | Balance Sheet, Financial Statement & Annual Turnover                              | Yes   | Yes   | Yes   |
| 7      | Complete item with accessories and optional                                       | Yes   | Yes   | Yes   |
| 8      | Certificate from the Manufacturer regarding after Sales Services and Installation | Yes   | Yes   | Yes   |
| 9      | Technical & Engineering Capability of firm  | Yes   | Yes   | Yes   |
| 10     | Testing/Calibration equipment   | Yes   | Yes   | Yes   |
| 11     | Affidavit from Bidder (as per Supplier Declaration Template)                      | Yes   | Yes   | Yes   |
| 12     | Bid Validity  | Yes   | Yes   | Yes   |
| 13     | Delivery Period   | Yes   | Yes   | Yes   |
| 14     | Compliance of Warrantly as per tender   | Yes   | Yes   | Yes   |
|        | REMARKS   | Eligible for further<br>evaluation of PART-II | Eligible for further<br>evaluation of PART-II | Eligible for further<br>evaluation of PART-II |

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| Part II  |   |                                  |                                |
|--|---|----------------------------------|--------------------------------|
| Knock Down Criteria (Product Evaluation)                             |   |                                  |                                |
| All Evaluation Parameters defined below are mandatory for Compliance |   |                                  |                                |
| Sr No  | Specification Compliance / Evaluation Parameters  | Dialysis Machine                 |                                |
| 7  |   |                                  |                                |
|  | Company Name  | M/s Saarf Medical Solution       | M/s Fresenius                  |
|  | Brand   | Nipro Corporation                | Fresenius                      |
|  | Model   | Surdial 55 Plus Type C with NIBP | 4008S                          |
|  | Country of Manufacturer   | Japan                            | Germany                        |
|  | Country of origin of product / Model Number   | Japan                            | Germany                        |
|  | Product Local Market Business History as mentioned in criteria  | Yes                              | Yes                            |
|  | Compliance with defined quality standards (FDA 510k, MDD, JP MHLW as mentioned in the specifications) | MHLW                             | CE                             |
| Sr#  | Specifications/Sample Evaluation:   |                                  |                                |
| 1  | <b>TECHNICAL SPECIFICATIONS NOTE:</b>   |                                  |                                |
| 2  | Various Dialysis Therapies including  | Yes                              | Yes                            |
| 3  | Boule needle system / Single Needle with Single Pump.   | Single Needle with Single Pump   | Single Needle with Single Pump |
| 4  | Dialysis machine system should be open consumable types   | Yes                              | Yes                            |
| 5  | Variable Bicarbonate & Acetate Concentration.   | Yes                              | Yes                            |
| 6  | And no binding on consumable  | Yes                              | Yes                            |
| 7  | Or disposable Bicarbonate profiling with monitoring   | Yes                              | Yes                            |
| 8  | Variable temperature control  | Yes                              | Yes                            |

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|    |  |                      |                   |                    |  |
|----|--|----------------------|-------------------|--------------------|--|
| 9  | Water Inlet pressure requirement: 1.5 to 6 Bar maximum   |                      |                   |                    |  |
| 10 | Heparin Pump Automatic stop &  | 05.05Mpa to 0.74 Mpa | 1.5 to 6 Bar      | 1.7 bar            |  |
| 11 | Bolus with flow rate from 0.1-9.9ml/hour   | Yes                  | Yes               | Yes                |  |
| 12 | Programmable Ultra filtration with control or varying rate Ultra-filtration with or without diffusion                  | 300ml to 800ml/min   | 0 to 10ml/hr      | 0-9.9ml/H          |  |
| 13 | Automatic priming with display   | Yes                  | Yes               | Yes                |  |
| 14 | Dialysis machine with touch digital display size 10.4-inches or more for service diagnostic and calibration touch also | Yes                  | Yes               | Yes                |  |
| 15 | Electronic control of flow rate and blood flows Automatic clean, disinfect and rinsing mechanism,                      | 10.4 Touch           | 10.4 LCD (Touch?) | 12" LCD touch      |  |
| 16 | Built in heat disinfect system   | Yes                  | Yes               | Yes                |  |
| 17 | Should capable to record disinfection history  | Yes                  | Yes               | Yes                |  |
| 18 | Should capable to record patient data without /with patient Card   | Yes                  | Yes               | Yes                |  |
|    | Blood Pump: 0, 50 to 500 ml / minute   | 0, 10-600ml/min      | 15 to 600ml/min   | 40-600ml/min       |  |
| 19 | Variable Dialysate Flow: From 300 to 700 ml or better  | 300ml to 800ml/min   | 0, 300,500 & 800  | 300ml to 800ml/min |  |
| 20 | Temperature Control: Up to 39 deg. C. (Adjustable)   | 32---39C             | 32---39C          | 34---40C           |  |
| 21 | Arterial Pressure Monitor,   | -500 to +500 mmHg    | -300 to +280 mmHg | -300 to +300 mmHg  |  |
| 22 | Venous Pressure Monitor  | -500 to +500 mmHg    | -60 to +520 mmHg  | -200 to +500 mmHg  |  |
| 23 | Ultra-filtration Rate Control: Range of UFR 0.0 to 3.00kg - hour or above.   | 0.0.10---5.0L/h      | 0 to 4000ml/hr    | 0.1-4.0L/h         |  |
| 24 | Air Bubble Detection: Air bubble detector alarm threshold.   | Yes                  | By Ultrasound     | Yes                |  |
| 25 | Blood leak Detection,  | Optical Sensor       | Optical Sensor    | Optical Sensor     |  |
| 26 | Sodium profiling Bicarbonate profiling / Proportion /Dialysate Profiling   | Yes                  | Yes               | Yes                |  |
| 27 | Dialysis Adequacy Monitoring (Kt/v) with graphical Display,  | Yes                  | Yes               | Yes                |  |
| 28 | Built in Heat disinfect system   | Yes                  | Yes               | Yes                |  |
| 29 | Universal Bicarbonate Cartridge Holder / Bag   | Yes                  | Yes               | Yes                |  |
| 30 | Online B.P Monitoring System   | Yes                  | Yes               | Yes                |  |

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|    |  |            |            |            |
|----|--|------------|------------|------------|
| 31 | Battery backup for at least 20-min.  | 30 Min     |            |            |
| 32 | 220V, 50Hz   | Yes        | 15 Min     | 10-30 Min  |
| 33 | Accessories:   |            | Yes        | Yes        |
| 34 | Optional (if any):   |            |            |            |
| 35 | Pediatric Mode (System should have ability to be used on pediatric patients) | Offered    | Offered    | Offered    |
|    | TECHNICAL ELIGIBILITY OF THE PRODUCT   | Eligible   | Eligible   | Eligible   |
|    | TECHNICAL ELIGIBILITY OF THE FIRM  | Eligible   | Eligible   | Eligible   |
|    | Bid Status   | Responsive | Responsive | Responsive |

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REDRESSAL OF GRIEVANCES FOR THE PURCHASE OF MACHINERY, EQUIPMENT, FURNITURE & FIXTURE  
FOR THE UPGRADEATION OF THQ HOSPITAL BUREWALA

BID EVALUATION SHEET

Package No/Tender Number :

Name of The Equipment & Quantity : COMPUTERIZED RADIOGRAPHY SYSTEM (CR) Qty-01, Estimated Cost. Rs./- Each

Part 1

KNOCK DOWN CRITERIA ( COMMERCIAL EVALUATION)

All Evaluation Parameters defined below are mandatory for Complaine

| Sr No. | Evaluation Parameters   | M/s Radiant Medical                        | M/s Medequips                              |
|--------|---|--|--|
| 1      | Legal registered entity   | Yes  | Yes  |
| 2      | Active Tax Payer (NTN & GST) as per clause 3 ITB                                  | Yes  | Yes  |
| 3      | One person One Bid  | Yes  | Yes  |
| 4      | Manufacturer/Sole Distributor   | Yes  | Yes  |
| 5      | Past performance  | Yes  | Yes  |
| 6      | Balance Sheet, Financial Statement & Annual Turnover                              | Yes  | Yes  |
| 7      | Complete item with accessories and optional                                       | Yes  | Yes  |
| 8      | Certificate from the Manufacturer regarding after Sales Services and Installation | Yes  | Yes  |
| 9      | Technical & Engineering Capability of firm  | Yes  | Yes  |
| 10     | Testing/Calibration equipment   | Yes  | Yes  |
| 11     | Affidavit from Bidder (as per Supplier Declaration Template)                      | Yes  | Yes  |
| 12     | Bid Validity  | Yes  | Yes  |
| 13     | Delivery Period   | Yes  | Yes  |
| 14     | Compliance of Warranty as per tender  | Yes  | Yes  |
|        | REMARKS   | Eligible for further evaluation of PART-II | Eligible for further evaluation of PART-II |

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| Part II  |  |
|--|--|
| Knock Down Criteria (Product Evaluation)                             |  |
| All Evaluation Parameters defined below are mandatory for Compliance |  |
| Sr No  | Specification Compliance / Evaluation Parameters   |
| 9  | CR System  |
|  | Company Name   |
|  | Brand  |
|  | Model  |
|  | Country of Manufacturer  |
|  | Country of origin of product / Model Number  |
|  | Product Local Market Business History as mentioned in criteria   |
|  | Compliance with defined quality standards (FDA 510k, MDD, Jp MHLW as mentioned in the specifications)      |
| Sr#  | Specifications/Sample Evaluation:  |
| 1  | One Digitizer / Reader unit, Yes   |
| 2  | Multiple plates type System for General Radiography Yes  |
| 3  | Should be capable to read X-Ray exposed Rigid Imaging Plates (IPs) of all standard sizes in inches/cm. Yes |
| 4  | The productivity of reading / digitizing should be minimum 40 IPs/hour in mixed sizes. 45 IP/hr            |
| 5  | Reading function should be 90 µm - 165 µm Yes  |
| 6  | Should support resolution of 10 pixels / mm. Yes   |
| 7  | One CR console for Radiographer with medical application software licenses. CPU, Software                  |
| 8  | Should be capable to enter & edit Patient ID. Yes  |
| 9  | Should support Image Preview & Quality Assurance. Yes  |

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|----|--|---------------|-------------|
| 10 | Should have temporary storage capacity of up to 2,000 or more images.                                  | Yes           | Yes         |
| 11 | Should comply with DICOM Conformance 3.0 and have standard functions for future connectivity with PACS | Yes           | Yes         |
| 12 | Should have minimum productivity of 150 films/ hour in mixed sizes.                                    | DRY-View 5950 | Dry-Pro 2   |
| 13 | Imaging Plates (IP) and Cassettes  | Yes           | Four Types  |
| 14 | DICOM 3.0 for Send, Receive, Archive, Retrieve and Print.  | Yes           | Yes         |
| 15 | POWER REQUIREMENT: Single phase with line voltage of 220V, 50 Hz                                       | Yes           | Yes         |
| 16 | Computer with software & LCD   | Yes           | LCD Monitor |
| 17 | Accessories:   |               |             |
| 18 | Set of IPs & Cassettes for   | Yes           | Yes         |
| 19 | 14x17inch Qty-04   | Yes           | Yes         |
| 20 | 10x12inch Qty-04   | Yes           | Yes         |
|    | TECHNICAL ELIGIBILITY OF THE PRODUCT   | Eligible      | Eligible    |
|    | TECHNICAL ELIGIBILITY OF THE FIRM  | Eligible      | Eligible    |
|    | Bid Status   | Responsive    | Responsive  |

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REDRESSAL OF GRIEVANCES FOR THE PURCHASE OF MACHINERY, EQUIPMENT, FURNITURE & FIXTURE FOR  
UPGRADATION OF DHQ HOSPITAL VEHARI AS 300-BEDDED

BID EVALUATION SHEET

Package No/Tender Number :

Name of The Equipment & Quantity : Non-Flexible Reamers Qty-10, Estimated Cost. Rs. 66,786/- Each

Part 1

KNOCK DOWN CRITERIA ( COMMERCIAL EVALUATION)

All Evaluation Parameters defined below are mandatory for Compliance

| Sr No. | Evaluation Parameters   | M/s Orient Medical | M/s Saarf Medical Solution | M/s Sigma International |
|--------|---|--------------------|----------------------------|-------------------------|
| 1      | Legal registered entity   | Yes                | Yes                        | Yes                     |
| 2      | Active Tax Payer (NTN & GST) as per clause 3 ITB                                  | Yes                | Yes                        | Yes                     |
| 3      | One person One Bid  | Yes                | Yes                        | Yes                     |
| 4      | Manufacturer/Sole Distributor   | Yes                | Yes                        | Yes                     |
| 5      | Past performance  | Yes                | Yes                        | Yes                     |
| 6      | Balance Sheet, Financial Statement & Annual Turnover                              | Yes                | Yes                        | Yes                     |
| 7      | Complete item with accessories and optional                                       | Yes                | Yes                        | Yes                     |
| 8      | Certificate from the Manufacturer regarding after Sales Services and Installation | Yes                | Yes                        | Yes                     |
| 9      | Technical & Engineering Capability of firm  | Yes                | Yes                        | Yes                     |
| 10     | Testing/Calibration equipment   | Yes                | Yes                        | Yes                     |
| 11     | Affidavit from Bidder (as per Supplier Declaration Template)                      | Yes                | Yes                        | Yes                     |
| 12     | Bid Validity  | Yes                | Yes                        | Yes                     |
| 13     | Delivery Period   | Yes                | Yes                        | Yes                     |
| 14     | Compliance of Warranty as per tender  | Yes                | Yes                        | Yes                     |

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| REMARKS  |   | Eligible for further Evaluation of PART-II | Eligible for further Evaluation of PART-II | Eligible for further Evaluation of PART-II |
|--|---|--|--|--|
| Part II  |   |  |  |  |
| Knock Down Criteria (Product Evaluation)                             |   |  |  |  |
| All Evaluation Parameters defined below are mandatory for Compliance |   |  |  |  |
| Sr No  | Specification Compliance / Evaluation Parameters  |  |  |  |
| 46   |   |  |  |  |
| Non-Flexible Reamers 6-16  |   |  |  |  |
|  | Company Name  | M/s Orient Medical                         | M/s Saarf Medical Solution                 | M/s Sigma International                    |
|  | Brand   | Orient                                     | Local                                      | Acme                                       |
|  | Model   | Local                                      | Local                                      | Local                                      |
|  | Country of Manufacturer   | Pakistan                                   | Pakistan                                   | Pakistan                                   |
|  | Country of origin of product / Model Number   | Pakistan                                   | Pakistan                                   | Pakistan                                   |
|  | Product Local Market Business History as mentioned in criteria  | Yes  | Yes  | Yes  |
|  | Compliance with defined quality standards (FDA 510k, MDD, Jp MHLW as mentioned in the specifications) | N/A  | N/A  | N/A  |
| Sr#  | Specifications/Sample Evaluation:   |  |  |  |
|  | Non-Flexible Reamers 6-16   | Yes  | Yes  | Yes  |
| 1  | Local Made Subject to approval of sample  | Approved                                   | Sample not provided                        | Sample not provided                        |
|  | TECHNICAL ELIGIBILITY OF THE PRODUCT  | Eligible                                   | Not-Eligible                               | Not-Eligible                               |
|  | TECHNICAL ELIGIBILITY OF THE FIRM   | Eligible                                   | Not-Eligible                               | Not-Eligible                               |
|  | BID STATUS  | Responsive                                 | Non-Responsive                             | Non-Responsive                             |



**REDRESSAL OF GRIEVANCES FOR THE PURCHASE OF MACHINERY, EQUIPMENT, FURNITURE & FIXTURE FOR  
UPGRADATION OF DHQ HOSPITAL VEHARI AS 300 BEDDED**

(15/33)

**BID EVALUATION SHEET**

Package No/Tender Number :

Name of The Equipment & Quantity : BP Apparatus Stand Model Qly-02, Estimated Cost. Rs. 38,500/- Each

Part 1

**KNOCK DOWN CRITERIA ( COMMERCIAL EVALUATION)**

All Evaluation Parametrs defined below are mandatory for Complainece

| Sr No. | Evaluation Parameters   | M/s Hospicare                                  | M/s Orient Medical                         |
|--------|---|--|--|
| 1      | Legal registered entity   | Yes  | Yes  |
| 2      | Active Tax Payer (NTN & GST) as per clause 3 ITB                                  | Yes  | Yes  |
| 3      | One person One Bid  | Yes  | Yes  |
| 4      | Manufacturer/Sole Distributor   | ??   | Yes  |
| 5      | Past performance  | Yes  | Yes  |
| 6      | Balance Sheet, Financial Statement & Annual Turnover                              | Yes  | Yes  |
| 7      | Complete item with accessories and optional                                       | Yes  | Yes  |
| 8      | Certificate from the Manufacturer regarding after Sales Services and Installation | Yes  | Yes  |
| 9      | Technical & Engineering Capability of firm  | Yes  | Yes  |
| 10     | Testing/Calibration equipment   | Yes  | Yes  |
| 11     | Affidavit from Bidder (as per Supplier Declaration Template)                      | Yes  | Yes  |
| 12     | Bid Validity  | Yes  | Yes  |
| 13     | Delivery Period   | Yes  | Yes  |
| 14     | Compliance of Warranty as per tender  | Yes  | Yes  |
|        | REMARKS   | Not-Eligible for further evaluation of Part II | Eligible for further evaluation of Part II |

Part II

Knock Down Criteria (Product Evaluation)

*[Signature]*

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All Evaluation Parameters defined below are mandatory for Compliance

| Sr No | Specification Compliance / Evaluation Parameters   | BP APPARATUS WITH STAND |                    |
|-------|--|-------------------------|--------------------|
| 51    |  |                         |                    |
|       | Company Name   |                         |                    |
|       | Brand  | M/s Hospicare           | M/s Orient Medical |
|       | Model  | Certeza                 | Yamasu             |
|       |  | CR-2003                 | Stand type         |
|       | Country of Manufacturer  | China                   | Japan              |
|       | Country of origin of product / Model Number  | China                   | Japan              |
|       | Product Local Market Business History as mentioned in criteria   | Yes                     | Yes                |
|       | Compliance with defined quality standards (FDA 510k, MDD, Jp MHLW as mentioned in the specifications)  | ??                      | MHLW               |
| Sr#   | Specifications/Sample Evaluation:  |                         |                    |
| 1     | TECHNICAL SPECIFICATIONS NOTE:   |                         |                    |
| 2     | Mercury with die cast metal housing.   | Yes                     | Yes                |
| 3     | Large reservoir with spilling over arrangement (auto lock), tube with 3 mm silicone for Peads/ Adults. | Yes                     | Yes                |
| 4     | Molded latex free inflation bladder of high quality.   | Yes                     | Yes                |
| 5     | Latex free inflation bulb fitted with filter to reduce dust build up.                                  | Yes                     | Yes                |
| 6     | Air release valve with filter for precise deflation control.   | Yes                     | Yes                |
| 7     | High visibility graduations.   | Yes                     | Yes                |
| 8     | Rubber bulbs. Velcro cuff for Peads/ Adults.   | Yes                     | Yes                |
| 9     | Complete with mobile floor stand having storage of cuff  | Yes                     | Yes                |
|       | Country of Origin: USA/EU/ Japan   |                         |                    |
|       | TECHNICAL ELIGIBILITY OF THE PRODUCT   | Eligible                | Eligible           |
|       | TECHNICAL ELIGIBILITY OF THE FIRM  | Not-Eligible            | Eligible           |
|       | Bid Status   | Non-Responsive          | Responsive         |

**REDRESSAL OF GRIEVANCES FOR THE PURCHASE OF MACHINERY, EQUIPMENT, FURNITURE & FIXTURE FOR  
UPGRADATION OF DHQ HOSPITAL VEHARI AS 300-BEDED**

(17/33)

**BID EVALUATION SHEET**

Package No/Tender Number :

Name of The Equipment & Quantity : CPM Knee Unit Qty-02, Estimated Cost. Rs. 8,85000/- Each

Part 1

**KNOCK DOWN CRITERIA ( COMMERCIAL EVALUATION)**

All Evaluation Parameters defined below are mandatory for Compliance

| Sr No. | Evaluation Parameters   | M/s Human Healthcare | M/s G-Med | M/s Radiant Medical | M/s KASBN | M/s Forcare |
|--------|---|----------------------|-----------|---------------------|-----------|-------------|
| 1      | Legal registered entity   | Yes                  | Yes       | Yes                 | Yes       | Yes         |
| 2      | Active Tax Payer (NTN & GST) as per clause 3 ITB                                  | Yes                  | Yes       | Yes                 | Yes       | Yes         |
| 3      | One person One Bid  | Yes                  | Yes       | Yes                 | Yes       | Yes         |
| 4      | Manufacturer/Sole Distributor   | Yes                  | Yes       | Yes                 | Yes       | Yes         |
| 5      | Past performance  | Yes                  | Yes       | Yes                 | Yes       | Yes         |
| 6      | Balance Sheet, Financial Statement & Annual Turnover                              | Yes                  | Yes       | Yes                 | Yes       | Yes         |
| 7      | Complete item with accessories and optional                                       | Yes                  | Yes       | Yes                 | Yes       | Yes         |
| 8      | Certificate from the Manufacturer regarding after Sales Services and Installation | Yes                  | Yes       | Yes                 | Yes       | Yes         |
| 9      | Technical & Engineering Capability of firm  | Yes                  | Yes       | Yes                 | Yes       | Yes         |
| 10     | Testing/Calibration equipment   | Yes                  | Yes       | Yes                 | Yes       | Yes         |
| 11     | Affidavit from Bidder (as per Supplier Declaration Template)                      | Yes                  | Yes       | Yes                 | Yes       | Yes         |
| 12     | Bid Validity  | Yes                  | Yes       | Yes                 | Yes       | Yes         |
| 13     | Delivery Period   | Yes                  | Yes       | Yes                 | Yes       | Yes         |
| 14     | Compliance of Warranty as per tender  | Yes                  | Yes       | Yes                 | Yes       | Yes         |

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| REMARKS  |   | Eligible for further evaluation of Part II | Eligible for further evaluation of Part II | Eligible for further evaluation of Part II | Eligible for further evaluation of Part II | Eligible for further evaluation of Part II |
|--|---|--|--|--|--|--|
| Part II  |   |  |  |  |  |  |
| Knock Down Criteria (Product Evaluation)                             |   |  |  |  |  |  |
| All Evaluation Parameters defined below are mandatory for Compliance |   |  |  |  |  |  |
| Sr No  | Specification Compliance / Evaluation Parameters  |  |  |  |  |  |
| CPM Knee Unit  |   |  |  |  |  |  |
| 48   |   |  |  |  |  |  |
|  | Company Name  | M/s Human Healthcare                       | M/s G-Med                                  | M/s Radiant Medical                        | M/s KASBN                                  | M/s Forcare                                |
|  | Brand   | Kinetic Sas                                | DJO Global Chattanooga Brand               | Rimec supplied by Chinesport               | Rimec                                      | Kinetic Sas                                |
|  | Model   | Kinetic Spectra Essential                  | Active-k                                   | Fisiotek-3000-G XR1002                     | FISIOTEK-3000-E (Ref No. F3E EATMAPP)      | Kinetic Spectra Essential                  |
|  | Country of Manufacturer   | France                                     | France                                     | Italy                                      | Italy                                      | France                                     |
|  | Country of origin of product / Model Number   | France                                     | Germany                                    | Italy                                      | Italy                                      | France                                     |
|  | Product Local Market Business History as mentioned in criteria  | Yes  | Yes  | Yes  | Yes  | Yes  |
|  | Compliance with defined quality standards (FDA 510k, MDD, Jp MHLW as mentioned in the specifications) | CE   | CE   | CE   | CE   | CE   |
| Sr#  | Specifications/Sample Evaluation:   |  |  |  |  |  |
| 1  | Input: 100 to 230 VAC,  | Yes  | Yes  | Yes  | Yes  | Yes  |
| 2  | 50/60 Hz  | Yes  | Yes  | Yes  | Yes  | Yes  |
| 3  | Weight: 33 pounds, (15 kg)  | 12kg                                       | 17 kg                                      | 9.5Kg                                      | 9.5Kg                                      | 12kg                                       |

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|    |   |                   |                |                |                   |                   |
|----|---|-------------------|----------------|----------------|-------------------|-------------------|
| 4  | Dimensions:                             | Yes               | Yes            |                |                   | Yes               |
| 5  | 47" x 12" x 16.5", (120 x 30 x 42 (cm)) | 95Lx33Wx33H cm    | 96Lx38Wx57H cm | ??             | 105x40x37 cm      | 95Lx33Wx33H cm    |
| 6  | Treatment Time: Continuous              | Continuous        | Continuous     | Continuous     | Continuous        | Continuous        |
| 7  | Knee Flexion: 120°                      | 120°              | 120°           | 120°           | 120°              | 120°              |
| 8  | Knee Extension: -10°                    | -10°              | -10°           | -10°           | -10°              | -10°              |
| 9  | Hip Flexion: 75°                        | 75°               | 115            | 115°           | 115°              | 75°               |
| 10 | Hip Extension: 10°                      | 10°               | 0              | 07°            | 07°               | 10°               |
| 11 | Sizes (adjustable):                     | Yes               | Yes            | Yes            | Yes               | Yes               |
| 12 | Leg: 71 to 100 cm                       | 71 to 99 cm       | 69 to 107 cm   | ??             | Adjustable        | 71 to 99 cm       |
| 13 | Tibia: 38 to 55 cm                      | 38 to 53 cm       | 38 to 58 cm    | ??             | Adjustable        | 38 to 53 cm       |
| 14 | Femur: 33 to 46 cm                      | 33 to 46 cm       | 31 to 49 cm    | ??             | Adjustable        | 33 to 46 cm       |
| 15 | Speeds: 45° to 155° / min or higher     | 45° to 155° / min | 5 to 155       | ??             | 48° to 210° / min | 45° to 155° / min |
| 16 | Range of Motion                         | Yes               | Yes            | ??             | Yes               | Yes               |
| 17 | (ROM): -10° to 120°                     | -10° to 120°      | -10° to 120°   | ??             | -10° to 120°      | -10° to 120°      |
| 18 | Patient Weight: 130kg or higher         | 135 kg            | 275 kg         | ??             | ??                | 135 kg            |
|    | Technical Eligibility of the Product    | Eligible          | Eligible       | Not-Eligible   | Eligible          | Eligible          |
|    | Technical Eligibility of the Firm       | Eligible          | Eligible       | Not-Eligible   | Eligible          | Eligible          |
|    | Bid Status                              | Responsive        | Responsive     | Non-Responsive | Responsive        | Responsive        |

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REDRESSAL OF GRIEVANCES FOR THE PURCHASE OF MACHINERY, EQUIPMENT, FURNITURE & FIXTURE FOR  
ESTABLISHMENT OF DIALYSIS CENTER AT THQ HOSPITAL MALISI

BID EVALUATION SHEET

Package No/Tender Number :

Name of The Equipment & Quantity : Blood Gas Analyzer Qty-01, Estimated Cost. Rs. 8,00,000/- Each

Part 1

**KNOCK DOWN CRITERIA ( COMMERCIAL EVALUATION)**

All Evaluation Parameters defined below are mandatory for Compliance

| Sr No. | Evaluation Parameters   | M/s Sigma International | M/s Human Healthcare | M/s Scientific Technical Corporation | M/s Hospicare |
|--------|---|-------------------------|----------------------|--------------------------------------|---------------|
| 1      | Legal registered entity   | Yes                     | Yes                  | Yes                                  | Yes           |
| 2      | Active Tax Payer (NTN & GST) as per clause 3 ITB                                  | Yes                     | Yes                  | Yes                                  | Yes           |
| 3      | One person One Bid  | Yes                     | Yes                  | Yes                                  | Yes           |
| 4      | Manufacturer/Sole Distributor   | Yes                     | Yes                  | ??                                   | ??            |
| 5      | Past performance  | Yes                     | Yes                  | Yes                                  | Yes           |
| 6      | Balance Sheet, Financial Statement & Annual Turnover                              | Yes                     | Yes                  | Yes                                  | Yes           |
| 7      | Complete item with accessories and optional                                       | Yes                     | Yes                  | Yes                                  | Yes           |
| 8      | Certificate from the Manufacturer regarding after Sales Services and Installation | Yes                     | Yes                  | Yes                                  | Yes           |
| 9      | Technical & Engineering Capability of firm  | Yes                     | Yes                  | Yes                                  | Yes           |
| 10     | Testing/Calibration equipment   | Yes                     | Yes                  | Yes                                  | Yes           |
| 11     | Affidavit from Bidder (as per Supplier Declaration Template)                      | Yes                     | Yes                  | Yes                                  | Yes           |
| 12     | Bid Validity  | Yes                     | Yes                  | Yes                                  | Yes           |
| 13     | Delivery Period   | Yes                     | Yes                  | Yes                                  | Yes           |

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| 14   | Compliance of Warranty as per tender  | Yes  | Yes  | Yes  | Yes  |
|--|---|--|--|--|--|
|  | REMARKS   | Eligible for further evaluation of PART II | Eligible for further evaluation of PART II | Not-Eligible for further evaluation of PART II | Not-Eligible for further evaluation of PART II |
| Part II  |   |  |  |  |  |
| Knock Down Criteria (Product Evaluation)                             |   |  |  |  |  |
| All Evaluation Parameters defined below are mandatory for Compliance |   |  |  |  |  |
| Sr No  | Specification Compliance / Evaluation Parameters  |  |  |  |  |
| 9  | Blood Gas Analyzer  |  |  |  |  |
|  | Company Name  | M/s Sigma International                    | M/s Human Healthcare                       | M/s Scientific Technical Corporation           | M/s Hospicare System                           |
|  | Brand   | Convergent                                 | ESCHWEILER                                 | Life Health                                    | Abbott Molecular                               |
|  | Model   | Liquical                                   | Compline                                   | IRMA   | I-STAT   |
|  | Country of Manufacturer   | Germany                                    | Germany                                    | USA  | USA  |
|  | Country of origin of product / Model Number   | Germany                                    | Germany                                    | USA  | USA  |
|  | Product Local Market Business History as mentioned in criteria  | Yes  | Yes  | ??   | ??   |
|  | Compliance with defined quality standards (FDA 510k, MDD, Jp MHLW as mentioned in the specifications) | CE   | CE   | ??   | ??   |
| Sr#  | Specifications/Sample Evaluation:   |  |  |  |  |
| 1  | TECHNICAL SPECIFICATIONS NOTE:  |  |  |  |  |
| 2  | Microprocessor based Blood gas Analyzer to measure blood gas and electrolytes                         | Microprocessor Based                       | Microprocessor Based                       | Hand Held Device                               | Hand Held Device                               |
| 3  | Principal: Assay technology:  | Assay Technology                           | Assay Technology                           | Assay Technology                               |  |

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|    |  |                     |                     |                     |     |  |
|----|--|---------------------|---------------------|---------------------|-----|--|
| 4  | Potentiometric and Amperometric electrodes (pH & O <sub>2</sub> electrode) and a range of ion-selective electrodes.                        | Electrodes Based    | ISE                 | ISE                 | ??  |  |
| 5  |  |                     | ISE                 | ISE                 | ??  |  |
| 6  | Sample Type: Whole blood (syringe and capillary) with recommended anticoagulant.   | Yes                 | Yes                 | Yes                 | Yes |  |
| 7  | Plasma/Serum for electrolytes only.  | Yes                 | Yes                 | Yes                 | Yes |  |
| 8  | Test menu: pO <sub>2</sub> , pCO <sub>2</sub> , O <sub>2</sub> saturation, pH, Na <sup>+</sup> , K <sup>+</sup> , Cl <sup>-</sup> and HCT. | Yes                 | Yes                 | Yes                 | Yes |  |
|    | Easy changing access to electrodes and reagents.   | Yes                 | Yes                 | Yes                 | Yes |  |
| 9  | Automatic sample recognition and sampling.   | Yes                 | Yes                 | ??                  | ??  |  |
| 10 | Possibility of upgrade for data management   | Yes                 | Yes                 | ??                  | ??  |  |
| 11 | RS 232 or USB Interface 220V 50 Hz, AC   | RS 232 PC           | RS 232 PC           | ??                  | ??  |  |
| 12 | <u>User Adjustable Settings:</u>   |                     |                     | ??                  | ??  |  |
| 13 | Throughput: 24- 30 or more samples/hour  | 80 test / hr        | 80 test / hr        | ??                  | ??  |  |
| 14 | Sample Volume should be <100 µl  | 50-200ul            | 50-200ul            | ??                  | ??  |  |
| 15 | Analysis Time: Not more than 80 seconds nominal  | 80 Sec              | 80 Sec              | ??                  | ??  |  |
| 16 | Control panel with easy setting and monitoring of pCO <sub>2</sub> , pO <sub>2</sub> , pH Measuring range:                                 | Yes                 | Yes                 | ??                  | ??  |  |
| 17 | pCO <sub>2</sub> : 5 - 200 mmHg  | 5-200 mmHg          | 5-200 mmHg          | ??                  | ??  |  |
| 18 | pO <sub>2</sub> : 0 - 800 mmHg   | 0-800 mmHg          | 0-800 mmHg          | ??                  | ??  |  |
| 19 | pH: 6,000 - 8,000 pH   | 6,000-8,000 pH      | 6,000--8,000 pH     | ??                  | ??  |  |
| 20 | <u>Displayed Parameters:</u>   |                     |                     |                     |     |  |
| 21 | LCD display for results  | 5.4 LCD             | LCD                 | Yes                 | Yes |  |
|    | Large storage memory for minimum of 250 results or more  | 32000 Test          | 32000 Test          | 10,000              |     |  |
| 22 | System should be capable of two point calibration along with manual calibration  | 2 point calibration | 2 point calibration | 2 point calibration |     |  |
| 23 | Calibration history at least 24 hours  | Yes                 | Yes                 | Yes                 |     |  |
| 24 | System should have at least 3-4 programs for quality control   | 4QC level           | 4QC level           | EOC                 |     |  |
| 25 | <u>Accessories:</u>  |                     |                     |                     |     |  |
| 26 | Complete with standard and operation accessories:  | Yes                 | Yes                 | Yes                 |     |  |

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|    |  |                   |            |                |                |
|----|--|-------------------|------------|----------------|----------------|
| 27 | Consumables, reagents, calibrators, controls for startup.  | Yes               | Yes        | Yes            |                |
| 28 | Initial calibration and quality control up to the full satisfaction of end user  | Yes               | Yes        | Yes            |                |
| 29 | One roller mixer,  | Movil-Rod/7001723 | Offered    | ??             |                |
| 30 | Built-in or External Laser Printer   | Built-in          | Built-in   | Built-in       |                |
| 31 | Imported Compatible Sine wave UPS for back up of up to 30 minutes (Emerson, Liebert, Chloride, MGE, APC or Equivalent)                           | Yes               | Yes        | ??             |                |
| 32 | Operating Manual with a Soft Copy  | Yes               | Yes        | Yes            |                |
| 33 | Service Manual with a Soft Copy  | Yes               | Yes        | ??             |                |
| 34 | Note: The firm must submit the cost of consumables/kits and details of reagent consumption and approximate cost per cycle along with the tender. | Yes               | Yes        | Yes            |                |
| 35 | It should also submit maintenance cost (per annum) as required after completion of warranty period.  | Yes               | Yes        | Yes            |                |
| 36 | Optional:  |                   |            |                |                |
| 37 | Measurement of Glucose, Lactic Acid, Total Hemoglobin  | Offered           | Offered    | Offered        |                |
|    | Country of manufacturer: USA/EU/JAPAN  | Germany           | Germany    | USA            |                |
|    | TECHNICAL ELIGIBILITY OF THE PRODUCT   | Eligible          | Eligible   | Not-Eligible   | Not-Eligible   |
|    | TECHNICAL ELIGIBILITY OF THE FIRM  | Eligible          | Eligible   | Eligible       | Not-Eligible   |
|    | BID STATUS   | Responsive        | Responsive | Non-Responsive | Non-Responsive |

TK

**REDRESSAL OF GRIEVANCES FOR THE PURCHASE OF MACHINERY, EQUIPMENT & FURNITURE  
FOR THE UPGRADEATION OF THQ HOSPITAL BUREWALA**

(24/33)

**BID EVALUATION SHEET**

Package No/Tender Number :

Name of The Equipment & Quantity : Baby Warmer Qty-01, Estimated Cost. Rs. 16,98,000/- Each

Part 1

**KNOCK DOWN CRITERIA ( COMMERCIAL EVALUATION)**

All Evaluation Parameters defined below are mandatory for Compliance

| Sr No. | Evaluation Parameters   | M/s Al-Kareem | M/s KASBN | M/s Medequips | M/s Saarf Medical |
|--------|---|---------------|-----------|---------------|-------------------|
| 1      | Legal registered entity   | Yes           | Yes       | Yes           | Yes               |
| 2      | Active Tax Payer (NTN & GST) as per clause 3 ITB                                  | Yes           | Yes       | Yes           | Yes               |
| 3      | One person One Bid  | Yes           | Yes       | Yes           | Yes               |
| 4      | Manufacturer/Sole Distributor   | Yes           | Yes       | Yes           | Yes               |
| 5      | Past performance  | Yes           | Yes       | Yes           | Yes               |
| 6      | Balance Sheet, Financial Statement & Annual Turnover                              | Yes           | Yes       | Yes           | Yes               |
| 7      | Complete item with accessories and optional                                       | Yes           | Yes       | Yes           | Yes               |
| 8      | Certificate from the Manufacturer regarding after Sales Services and Installation | Yes           | Yes       | Yes           | Yes               |
| 9      | Technical & Engineering Capability of firm  | Yes           | Yes       | Yes           | Yes               |
| 10     | Testing/Calibration equipment   | Yes           | Yes       | Yes           | Yes               |
| 11     | Affidavit from Bidder (as per Supplier Declaration Template)                      | Yes           | Yes       | Yes           | Yes               |
| 12     | Bid Validity  | Yes           | Yes       | Yes           | Yes               |
| 13     | Delivery Period   | Yes           | Yes       | Yes           | Yes               |
| 14     | Compliance of Warranty as per tender  | Yes           | Yes       | Yes           | Yes               |

*[Handwritten Signature]*

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| REMARKS  |   | Eligible for further evaluation of PART-II | Eligible for further evaluation of PART-II | Eligible for further evaluation of PART-II | Eligible for further evaluation of PART-II |
|--|---|--|--|--|--|
| Part II  |   |  |  |  |  |
| Knock Down Criteria (Product Evaluation)                             |   |  |  |  |  |
| All Evaluation Parameters defined below are mandatory for Compliance |   |  |  |  |  |
| Sr No  | Specification Compliance / Evaluation Parameters  |  |  |  |  |
| 3  |   | Baby Warmer                                |  |  |  |
|  | Company Name  | M/s Al-Kareem                              | M/s KASBN                                  | M/s Medequips                              | M/s Saart Medical                          |
|  | Brand   | Andromeda                                  | Alfamedic                                  | Atom's                                     | TSE  |
|  | Model   | IW-400                                     | LN 91 G                                    | Sunflower                                  | Natally                                    |
|  | Country of Manufacturer   | USA  | Czech Republic                             | Japan                                      | Czech Republic                             |
|  | Country of origin of product / Model Number   | USA  | Czech Republic                             | Japan                                      | EU   |
|  | Product Local Market Business History as mentioned in criteria  | Yes  | Yes  | Yes  | Yes  |
|  | Compliance with defined quality standards (FDA 510k, MDD, Jp MHLW as mentioned in the specifications) | CE   | CE   | MHLW                                       | CE   |
| Sr#  | Specifications/Sample Evaluation:   |  |  |  |  |
| 1  | Microprocessor controlled heating system.   | Yes  | Yes  | Yes  | Yes  |
| 2  | Mobile with antistatic castor,  | Yes  | Yes  | Yes  | Yes  |
| 3  | Lockable,   | Yes  | Yes  | Yes  | Yes  |
| 4  | Bumper guard.   | Yes  | Yes  | Yes  | Yes  |
| 5  | Manual heat output control : 0% to 100%   | Yes  | Yes  | Yes  | Yes  |
| 6  | Skin and Manual temp control settings.  | Yes  | Yes  | Yes  | Yes  |
| 7  | Display range of temperature: LED / LCD   | LED  | LED  | LED  | LED  |
| 8  | Heating power / source : 500 W Quartz/Ceramic   | Yes  | Yes  | Yes  | Yes  |

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|    |  |            |              |             |          |
|----|--|------------|--------------|-------------|----------|
| 9  | Selection for operating modes: Skin or Manual  | Yes        | Yes          | Yes         | Yes      |
| 10 | Pivot arm technology for heating.  | Yes        | Yes          | Yes         | Yes      |
| 11 | Head can be moved in both directions allowing X-Ray procedure without moving the baby. | Yes        | Yes          | Yes         | Yes      |
| 12 | Integrated observation lamp.   | Yes        | Yes          | Yes         | Yes      |
| 13 | Integrated baby bed 700 x 450 mm approx.   | 67 x 54 cm | 65 x 80 cm   | 1000x800 mm | Yes      |
| 14 | With secured Plexiglas side panels, foldable down, with grid for X-ray.                | Yes        | ??           | Yes         | Yes      |
| 15 | Manual bed inclination.  | Yes        | ??           | Yes         | Yes      |
| 16 | Built-in weight scale  | Yes        | ??           | Yes         | Yes      |
| 17 | Audio and visual alarms for Power failure,   | Yes        | Yes          | Yes         | Yes      |
| 18 | Skin Temperature deviations,   | Yes        | Yes          | Yes         | Yes      |
| 19 | High Temperature,  | Yes        | Yes          | Yes         | Yes      |
| 20 | Skin probe defective/ unplugged.   | Yes        | Yes          | Yes         | Yes      |
| 21 | Combined O <sub>2</sub> humidifier with venturi suction complete .                     | Yes        | Yes          | Yes         | Yes      |
| 22 | Including flow meter and suction bottle dedicated to neonates                          | Yes        | Yes          | Yes         | Yes      |
| 23 | Corrugated tube for O <sub>2</sub> humidifier and                                      | Yes        | Yes          | Yes         | Yes      |
| 24 | O <sub>2</sub> connection hose.  | Yes        | Yes          | Yes         | Yes      |
| 25 | 1 x O <sub>2</sub> Cylinder with fittings.   | Yes        | Yes          | Yes         | Yes      |
| 26 | Lockable antistatic castors  | Yes        | Yes          | Yes         | Yes      |
| 27 | Operating Voltages 220V, 50 Hz   | Yes        | Yes          | Yes         | Yes      |
| 28 | Accessories :  |            |              |             |          |
| 29 | Ambo Bag   | Offered    | Offered      | Offered     | Offered  |
| 30 | IV pole  | Offered    | Offered      | Offered     | Offered  |
| 31 | Skin probe (reusable)  | Offered    | Offered      | Offered     | Offered  |
|    | TECHNICAL ELIGIBILITY OF THE PRODUCT   | Eligible   | Not-Eligible | Eligible    | Eligible |

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T. V. K. S. S.

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| TECHNICAL ELIGIBILITY OF THE FIRM |            | Eligible       | Eligible   | Eligible   | Eligible |
|-----------------------------------|------------|----------------|------------|------------|----------|
| Bid Status                        | Responsive | Non-Responsive | Responsive | Responsive |          |

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REDRESSAL OF GRIEVANCES FOR THE PURCHASE OF MACHINERY, EQUIPMENT, FURNITURE & FIXTURE FOR  
UPGRADATION OF DHQ HOSPITAL VEHARI AS 300-BEDED

BID EVALUATION SHEET

Package No/Tender Number :

Name of The Equipment & Quantity : Tiltable Qty-02, Estimated Cost. Rs. 290,000/- Each

Part 1

**KNOCK DOWN CRITERIA ( COMMERCIAL EVALUATION)**

All Evaluation Parameters defined below are mandatory for Compliance

| Sr No. | Evaluation Parameters   | M/s G Med                                  | M/s Radiant Medical                        | M/s KASBN                                  |
|--------|---|--|--|--|
| 1      | Legal registered entity   | Yes  | Yes  | Yes  |
| 2      | Active Tax Payer (NTN & GST) as per clause 3 ITB                                  | Yes  | Yes  | Yes  |
| 3      | One person One Bid  | Yes  | Yes  | Yes  |
| 4      | Manufacturer/Sole Distributor   | Yes  | Yes  | Yes  |
| 5      | Past performance  | Yes  | Yes  | Yes  |
| 6      | Balance Sheet, Financial Statement & Annual Turnover                              | Yes  | Yes  | Yes  |
| 7      | Complete item with accessories and optional                                       | Yes  | Yes  | Yes  |
| 8      | Certificate from the Manufacturer regarding after Sales Services and Installation | Yes  | Yes  | Yes  |
| 9      | Technical & Engineering Capability of firm  | Yes  | Yes  | Yes  |
| 10     | Testing/Calibration equipment   | Yes  | Yes  | Yes  |
| 11     | Affidavit from Bidder (as per Supplier Declaration Template)                      | Yes  | Yes  | Yes  |
| 12     | Bid Validity  | Yes  | Yes  | Yes  |
| 13     | Delivery Period   | Yes  | Yes  | Yes  |
| 14     | Compliance of Warranty as per tender  | Yes  | Yes  | Yes  |
|        | REMARKS   | Eligible for further evaluation of Part II | Eligible for further evaluation of Part II | Eligible for further evaluation of Part II |

*L. K. Singh*

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| Part II  |   |   |                          |   |                  |     |
|--|---|---|--------------------------|---|------------------|-----|
| Knock Down Criteria (Product Evaluation)                             |   |   |                          |   |                  |     |
| All Evaluation Parameters defined below are mandatory for Compliance |   |   |                          |   |                  |     |
| Sr No  | Specification Compliance / Evaluation Parameters              | Tiltable  |                          |   |                  |     |
| 53   |   | Company Name  | M/s G Med                | M/s Radiant Medical                               | M/s KASBN        |     |
|  |   | Brand   | AGA Sanitätsartikel GmbH | Chineseport                                       | AC International |     |
|  |   | Model   | VEKO-1062 / 3E           | L72E12W   | AZURYT II        |     |
|  |   | Country of Manufacturer   | Germany                  | Italy   | Poland           |     |
|  |   | Country of origin of product / Model Number   | Germany                  | Italy   | Poland           |     |
|  |   | Product Local Market Business History as mentioned in criteria  | Yes                      | ??  | ??               |     |
|  |   | Compliance with defined quality standards (FDA 510k, MDD, JP MHLW as mentioned in the specifications) | CE                       | CE  | CE               |     |
| Sr#  | Specifications/Sample Evaluation:                             |   |                          |   |                  |     |
| 1  | Three-section bench offers multiple exercising                | 3-Section   | Yes                      | 4-Section<br>Supine position<br>static exercising | One Section      | Yes |
| 2  | Possibilities, especially if combined with the pulley system. | Yes   | Yes                      | Yes   | Yes              | Yes |
| 3  | The bench can also be adjusted to suit the user's needs.      | Yes   | Yes                      | Electrical tilt                                   | N/A              | N/A |
| 4  | 3 moveable sections   | 3-Section   | Yes                      | 4-Section   | One Section      | Yes |
| 5  | Back rest adjustable from 0 to 90°                            | +30 Degree  | Yes                      | 90°   | 0 to 87°         | Yes |
| 6  | Seat can be tilted upwards                                    | -20 / +74 Degree  | Yes                      | Electrical tilt                                   | Tilted           | Yes |
| 7  | Transportation wheels not included (accessory by request)     | Yes   | Yes                      | Braked Castors                                    | Yes              | Yes |

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|   |                                      |                    |                |                |
|---|--------------------------------------|--------------------|----------------|----------------|
| 8 | Dimensions: 105 x 32 x 53h cm        | 190 x 620 x 930 cm | ??             | 200x65x58 cm   |
|   | Technical Eligibility of the Product | Eligible           | Not-Eligible   | Not-Eligible   |
|   | Technical Eligibility of the Firm    | Eligible           | Not-Eligible   | Not-Eligible   |
|   | BID STATUS                           | Responsive         | Non-Responsive | Non-Responsive |

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REDRESSAL OF GRIEVANCES FOR THE PURCHASE OF MACHINERY, EQUIPMENT, FURNITURE & FIXTURE FOR  
UPGRADATION OF DHQ HOSPITAL VEHARI AS 300-BEDDED

BID EVALUATION SHEET

Package No/Tender Number :

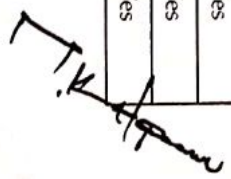
Name of The Equipment & Quantity : Shortwave Diathermy Qty-01, Estimated Cost. Rs. 810,000/- Each

Part 1

KNOCK DOWN CRITERIA ( COMMERCIAL EVALUATION)

All Evaluation Parameters defined below are mandatory for Compliance

| Sr No. | Evaluation Parameters   | M/s Human Healthcare | M/s Radiant Medical | M/s KASBN | M/s G Med | M/s Forcare |
|--------|---|----------------------|---------------------|-----------|-----------|-------------|
| 1      | Legal registered entity   | Yes                  | Yes                 | Yes       | Yes       | Yes         |
| 2      | Active Tax Payer (NTN & GST) as per clause 3 ITB                                  | Yes                  | Yes                 | Yes       | Yes       | Yes         |
| 3      | One person One Bid  | Yes                  | Yes                 | Yes       | Yes       | Yes         |
| 4      | Manufacturer/Sole Distributor   | Yes                  | Yes                 | Yes       | Yes       | Yes         |
| 5      | Past performance  | Yes                  | Yes                 | Yes       | Yes       | Yes         |
| 6      | Balance Sheet, Financial Statement & Annual Turnover                              | Yes                  | Yes                 | Yes       | Yes       | Yes         |
| 7      | Complete item with accessories and optional                                       | Yes                  | Yes                 | Yes       | Yes       | Yes         |
| 8      | Certificate from the Manufacturer regarding after Sales Services and Installation | Yes                  | Yes                 | Yes       | Yes       | Yes         |
| 9      | Technical & Engineering Capability of firm  | Yes                  | Yes                 | Yes       | Yes       | Yes         |
| 10     | Testing/Calibration equipment   | Yes                  | Yes                 | Yes       | Yes       | Yes         |
| 11     | Affidavit from Bidder (as per Supplier Declaration Template)                      | Yes                  | Yes                 | Yes       | Yes       | Yes         |
| 12     | Bid Validity  | Yes                  | Yes                 | Yes       | Yes       | Yes         |
| 13     | Delivery Period   | Yes                  | Yes                 | Yes       | Yes       | Yes         |
| 14     | Compliance of Warranty as per tender  | Yes                  | Yes                 | Yes       | Yes       | Yes         |



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| REMARKS  | Eligible for further evaluation of Part II  | Eligible for further evaluation of Part II | Eligible for further evaluation of Part II | Eligible for further evaluation of Part II | Eligible for further evaluation of Part II |                  |
|--|---|--|--|--|--|------------------|
| Part II  |   |  |  |  |  |                  |
| Knock Down Criteria (Product Evaluation)                             |   |  |  |  |  |                  |
| All Evaluation Parameters defined below are mandatory for Compliance |   |  |  |  |  |                  |
| Sr No  | Specification Compliance / Evaluation Parameters  |  |  |  |  |                  |
| 52   | Shortwave Diathermy   |  |  |  |  |                  |
|  | Company Name  | M/s Human Healthcare TVK                   | M/s Radiant Medical                        | M/s KASBN                                  | M/s G Med                                  | M/s Forcare      |
|  | Brand   | Therapiechnik GmbH                         | ITO  | Zimmer                                     | DJO Global (Chattanooga)                   | AC International |
|  | Model   | Thermature 200+                            | SW-1000                                    | Thermo Pro                                 | INTELECT Shortwave 400                     | SW 500           |
|  | Country of Manufacturer   | Germany                                    | UK   | Germany                                    | USA/EU                                     | Italy            |
|  | Country of origin of product / Model Number   | Germany                                    | UK   | EU   | USA/EU                                     | Italy            |
|  | Product Local Market Business History as mentioned in criteria  | Yes  | Yes  | Yes  | Yes  | Yes              |
|  | Compliance with defined quality standards (FDA 510k, MDD, Jp MHLW as mentioned in the specifications) | CE   | CE   | CE   | CE   | CE               |
| Sr#  | Specifications/Sample Evaluation:   |  |  |  |  |                  |
| 1  | The system should have the auto-tuning feature,   | Yes  | Yes  | Yes  | Yes  | Yes              |
| 2  | Precise output power up to 400 watts  | 400 watt                                   | 400 watt                                   | ??   | 400 Watts                                  | 500 Watts        |
| 3  | Continuous mode is achieved   | Yes  | Yes  | Available                                  | Available                                  | Available        |
| 4  | Uniform output power should be constantly displayed on the screen,                                    | Yes  | Yes  | Yes  | Yes  | Yes              |
| 5  | Giving the treating therapist full visual awareness   | Yes  | Yes  | Yes  | Yes  | Yes              |

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|    |   |                                      |                                      |                    |                                |                                |         |
|----|---|--------------------------------------|--------------------------------------|--------------------|--------------------------------|--------------------------------|---------|
| 6  | Continuous and pulsed modes should be selectable                          | Continuous / Pulsed                  | Continuous / Pulsed                  | Yes                | Yes                            | Yes                            | Yes     |
| 7  | The system should have 400 W maximum output in continuous mode.           | 400 watt                             | 400 watt                             | 100 Watts          | 400 Watts                      | 500 Watts                      |         |
| 8  | The system should have 1000 W maximum output in pulsed mode               | 1000 watt                            | 1000 watt                            | 200 Watts          | 1000 Watts                     | 1000 Watts                     |         |
| 9  | Pulsed Duration: 200-600 $\mu$ seconds or better                          | 20,40,65,100, 200, 400 $\mu$ seconds | 20,40,65,100, 200, 400 $\mu$ seconds | 1000 $\mu$ seconds | 200 $\mu$ ---600 $\mu$ seconds | 400 $\mu$ seconds              |         |
| 10 | Multilingual software   | Yes                                  | Yes                                  | Yes                | Yes                            | Yes                            | Yes     |
| 11 | Electrode Placement Images: Predefined and User Saved Clinical Protocols. | Yes                                  | Yes                                  | Yes                | Yes                            | Yes                            | Yes     |
| 12 | The system should be supplied with Adjustable electrode arms.             | Yes                                  | Yes                                  | Yes                | Yes                            | Yes                            | Yes     |
| 13 | <b>Standard Accessories:</b>  |                                      |                                      |                    |                                |                                |         |
| 14 | 120 mm capacitive electrodes  | 130 mm Capacitive electrodes         | 130 mm Capacitive electrodes         | ??                 | 150mm                          | 150mm                          |         |
| 15 | Connection cable (2x)   | Offered                              | Offered                              | Offered            | Offered                        | Offered                        | Offered |
| 16 | Indicator discharge tube  | Offered                              | Offered                              | Offered            | Offered                        | Offered                        | Offered |
| 17 | User Manual on CD   | Offered                              | Offered                              | Offered            | Offered                        | Offered                        | Offered |
| 18 | Electrode arms (2x)   | Offered                              | Offered                              | Offered            | Offered                        | Offered                        | Offered |
| 19 | <b>Optional Accessories:</b>  |                                      |                                      |                    |                                |                                |         |
| 20 | 180 x120 mm soft rubber electrode   | Offered                              | Offered                              | ??                 | 140 x 220 mm Rubber Electrodes | 140 x 220 mm Rubber Electrodes |         |
|    | Country of Origin: USA/EU/ Japan  | Germany                              | UK                                   | Germany            | USA                            | Italy                          |         |
|    | Technical Eligibility of the Product                                      | Eligible                             | Eligible                             | Not-Eligible       | Eligible                       | Eligible                       |         |
|    | Technical Eligibility of the Firm   | Eligible                             | Eligible                             | Not-Eligible       | Eligible                       | Eligible                       |         |
|    | Bid Status  | Responsive                           | Responsive                           | Non-Responsive     | Responsive                     | Responsive                     |         |

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