

**HAFFKINE BIO PHARMACEUTICAL CORPORATION LIMITED****Procurement Cell****(A Government of Maharashtra Undertaking)****Regd. Office : AcharyaDondemarg, Parel, Mumbai 400 012 (INDIA)****Phone No: 022- 24129320-23****Managing Director :022-24150628****General Manager (Procurement Cell)
:022-24100478****Website : http://www.vaccinehaffkine.com****E-mail: procurementcell@vaccinehaffkine.com****No.: 127/ Haffkine/Procurement Cell/C-5/E-
205/C-Arm Machine/Repeat Order / 2017-18****Date: 23.05.2018**

To,

M/s. Allengers Medical Systems Ltd.

S.C.O. 212-213-214, Sector, 34 – A

Chandigarh – U.T. 160 022

Phone No – 9323850067.

E-mail :- allengers.ho@allengers.net**Sub : - Supply of C-Arm Machine**

- Ref :-**
- 1) Tender No.E-205/DHS/ C-Arm Machine /P.C/2015-16
 - 2) Minutes of Tender Approval Committee Meeting dated - 16.11.2017.
 - 3) Negotiation Meeting Dated 22.11.2017
 - 4) Minutes of Tender Approval Committee Meeting dated - 28.11.2017.
 - 5) DHS Letter –dated 30.01.2018
 - 6) Minutes of Tender Approval Committee Meeting dated - 15.02.2018.

With reference to the tender cited under reference no 1 your online bid has been accepted. Accordingly you are requested to supply the following goods as per details mentioned below to consignee list enclosed with this order.

| Name of Item | Quantity | Packing | Unit Rate including all taxes (Rs.) | Total cost(Rs.) |
|----------------|----------|---------|-------------------------------------|-----------------|
| C-Arm Machine. | 8 | Each | 18,89,000/- | 1,51,12,000/- |

(Rupees: One Crore Fifty One Lakhs Twelve Thousand Only)**GST (12%) Calculations will be done separately.**

Notwithstanding any terms and conditions applicable to this contract, your attention is also invited to the following terms and conditions.

- 1) **Technical Specifications:** Technical Specification of the above equipment's per described in scheduled "B" of the bid documents enclosed in **Annexure - 1**.
- 2) **Delivery period:** Delivery to be completed within 45 days from the Receipt of this supply order to all consignees on door delivery basis (**Annexure-2**).
- 3) **Inspection:** Pre-dispatch inspection for quality and quantity etc. will be carried out by authorized official representative(s) from the Purchaser. Clearance to the Supplier to go ahead for delivery to the consignees will be issued subsequently.
- 4) **Payment:**
 - a. The 100% Payment within two weeks from the date of confirmation of receipt of stores.
 - b. 3 copies of supplier's invoice.
 - c. Receipt certificates issued by the consignees.
- 5) The Bidder should submit demand draft (within 7 days) amount of **1.5% ie. Rs. 2,26,680/- (Two Lakhs Twenty Six Thousand Six Hundred Eighty Rupees only)**, of order value

to meet expenditure of sample testing fee and other incidental expenditure.

Amount to be deposited to Following Account:

| | |
|---------------------------|---|
| Name of Account | Haffkine Bio-Pharmaceutical Corporation Ltd.(Procurement Cell),CESS Account Mumbai. |
| Name of the Bank & Branch | Canara Bank, Branch-Parel |
| Account No. | 0110201004893 |
| IFSC Code | CNRB0000110 |

- 6) **Warranty:**The warranty shall remain valid for 24 (Twenty Four) months from date of installation at consignee destination.
- 7) **Liquidated damages:** If you fail to deliver any or all of the goods or to perform the services within the time period(s) specified in the Contract, the Purchaser shall, without prejudice to its other remedies under the Contract, deduct from the Contract Price, as liquidated damages @ 0.5 percent per week or part thereof; and the maximum deduction is 10% of contract price and once the maximum is reached, the Purchaser may consider termination of the Contract.
- 8) **Performance security:- (Proforma enclosed in Annexure - III)**The supplier shall furnish the security deposit to the Purchaser within 15 days from the date of communication of Acceptance of Tender for an amount of 3% of the contract value (i.e. **Rs.4,53,360/-(Four Lakhs Fifty Three Thousand Three Hundred Sixty Rupees Only)**, In the name of **Managing Director Haffkine Biopharmaceutical Corporation Ltd. (Procurement Cell), Mumbai**, valid up to 60 days after the date of completion of warranty obligations, in format given in Annexure 7 of Bid document and enter into Contract Agreement on Rs. 100/- non judicial stamp paper (Format Enclosed). The cost of Stamp paper should be borne by the supplier.
All other conditions shall apply as per bid document.
Please acknowledge the receipt.
- 9) **Fall Clause:** It is a Condition of the contract that through the currency thereof, the price at which you will the supply store should not exceed the lowest price charged by you any customer during the currency of the rate contract and that in the event oh the prices going down below the rate contract prices you shall promptly furnish such information to us to anable to ammend the contract rate for subsiquent supplies.

Amount to be Deposited to Following Account :

| | |
|---------------------------|--|
| Name Of Account | Haffkine Biopharmaceutical Corporation (Procurement Cell) CESS Account Mumbai. |
| Name Of the Bank & Branch | Canara Bank ,Branch -Parel |
| Account No. | 0110201004893 |
| IFSC Code | CNRB0000110 |

Consignee: As per list enclosed.

Sampada Mehta
22/05/18

(Sampada Mehta)
Managing Director

Haffkine Biopharmaceutical Corporation Ltd.
Mumbai.

Copy to :-

- 1) Civil Surgeon (Concerned)
He should receive the goods in good conditions as per the Specification and should certify the receipt of goods as per specification.
 - 2) The Commissioner Health Services, Mumbai
 - 3) Director of Health Services, Mumbai.
 - 4) Manager (Account)HBPCL, Mumbai
 - 5) Office File.
- Copy Submitted to**
- 1) Secretary, Medical Education & Drug Department Mantralaya Mumbai.

Annexure -I

TECHNICAL SPECIFICATIONS OF C-ARM MACHINE

| Sr. No. | Technical specifications. |
|----------------|---|
| 1. | Mechanical motion requirements for C-Arm: |
| a. | Motorized Vertical travel: Minimum 400 mm or more |
| b. | Horizontal travel: 220 mm or better |
| c. | Rotation of C-arm: +/- 270 deg. or more |
| d. | Pivotal rotation: 12.5 deg. or more |
| e. | Orbital rotation: minimum 120 deg. (90 deg. to minimum -30 deg.) or better |
| f. | Depth / Radius of C-arm: 650 mm or better |
| g. | Free space between Image Intensifier & X-ray tube: Minimum 750 mm or more |
| h. | Source to Image intensifier distance (SID): 880 mm or more |
| j. | Total width of C-arm: Maximum 850 mm or less |
| 2. | Collimator:- Iris Collimator |
| 3. | The C-arm should have facility of locking the C-arm movements with easy to turn handle on control unit. Rear wheels must be freely movable for easy to turn handle on control unit. Rear wheels must be freely movable for easy positioning of the complete C-arm around the OT table. |
| 4. | Image Intensifier should have at least triple field 9" input diameter offering resolution and contrast ratio (25:1 or better) |
| 5. | TV Camera: Ultra Compact CCD camera or camera with CMOS or advanced CMOS sensor with high No of pixels (> 450000) and video band width (at least 20 MHz or better) along with 2 Nos. Medical grade 17" or more 625 lines 100 Hz flicker free TV monitors on separate monitor trolley with facility to rotate the image continuously. |
| 6. | Direct Radiography: Radiography should be possible on a cassette to be fitted in a holder for 10X 12 inches cassette. The unit should be complete with one such holder and 1 No. cassettes including high speed. |
| 7. | X- ray generator: High frequency (> 14KHz) at least 1.9 KW or even better X-ray generator with high capacity rotating anode X-ray tube of dual foci of 0.3 and 0.6 mm. |
| 8. | Fluoroscopy output: 40-110 KV in 1 KV steps |
| 9. | MA output: Minimum upto 8.0 mA or better |
| 10. | Snapshot: Minimum 7mA or better |
| 11. | Fluoroscopy rate selectable: 1 image per second to 1 image per 5 second or better |
| 12. | Automatic dose rate regulation with KV & mV control |
| 13. | Time totaler for fluoroscopy with facility for alarm after every 5 minutes of fluoroscopy |
| 14. | Radiography output: 40-110 KV in 1 KV steps |
| 15. | mA range: Up to 200 mA or better |
| 16. | mA max: Up to 70 mA or better |
| 17. | Image Memory: At least 1 (LIH) + minimum 20,000 frames dynamic digital memory on Hard Disk with 1024 X 1024 matrix or better,. There should be facility to insert patient name through alpha-numeric key board. The system preferably must be upgradable for performing real time digital subtraction angiography with acquisition up to 6 frames/sec. or better and road mapping functions etc. at any later date for peripheral angiography. |
| 18. | Image processing: |
| a. | The system should have automatic dose level selection. |
| b. | It should preferably have automatic image parameter selection with capability of switching on to manual selection. |

| | |
|-----|--|
| c. | Image storage of 20,000 images on a 4024 / 4024 matrix |
| d. | It should have image annotation facility, measurement of distances and angles, entering of demographic data of patients, support of DICOM 3.0 functions. |
| e. | Image processing must be a fully digital continuous chain of at least 1k / 1k matrix for image acquisition, processing , storage, archiving and documentation. The system should allow configuration and linking up with the HIS (Hospital information system). |
| f. | Automatic KV and mA technique selection and manual mode. |
| g. | Image Vertical and horizontal reversal should be possible on the LH image after fluoroscopy. |
| h. | Should have 2x and 3x zoom function. |
| 19. | Essential Accessories: The complete functional system must be quoted with dual channel Laser light source on X-ray tube unit for making a cross to reduce the X-ray dose, built in diode area product meter for display of X-ray dose, light weight lead aprons (12), thyroid shields (12), gonadal shields (12), lead goggles (5) and preferably a CVT and thermal imaging film printer with 12 film rolls and a CD/DVD writer. |
| 20. | Two sets of sterile drape for the X-ray tube assembly, image intensifier and C-arm. |
| 21. | Power Requirements: |
| | a. Single Phase, 230V AC, 50Hz. |
| | b. Suitable Stabilizer should be provided along with the unit. |
| 22. | LCD Camera with full 180 Clock wise and Anti Clockwise rotation. |
| 23. | Foot operated backup system on large wheel. |
| 24. | Should generate Error code for troubleshooting. |
| 25. | Warranty: Company should provide comprehensive maintenance warranty of 2 years followed by 5 Yrs. CMC included. |
| 26. | Standards, safety and training: |
| a. | The System should have CE (Should be from Notified Body)/ US FDA Approval. |
| b. | The Equipment should be AERB approved and should submit documentation for the same. |
| c. | The unit shall be capable of being stored continuously in ambient temperature of 0 -50 deg. C and relative humidity of 15-90%. |
| d. | The unit shall be capable of operating in ambient temperature of 20-30 deg C and relative humidity of less than 70%. |
| e. | Should provide training to end users. |
| f. | User/Technical/Maintenance manuals to be supplied in English. |
| g. | The responsiveness of the bid will be based on successful demonstration of quoted model. |

Annexure – II

Cosignee List for C-Arm Machine.

| M/s. Allengers Medical System. | | |
|--|---|-----------------|
| PO Reference No: 127 / Haffkine/Procurement Cell/C-5/E- 205/C-Arm Machine/ Repeat Order /2017-18 Date:23 .05.2018 | | |
| Delivery Period : 45 days | | |
| Sr. No. | Name of Consignee | Quantity |
| 1. | Trauma Care Unit, Deglur, Dist. Nanded | 1 |
| 2. | Trauma Care Unit, Malegaon, Nanded | 1 |
| 3. | Trauma Care Unit, Katol, Nagpur | 1 |
| 4. | Trauma Care Unit, Karanja, Wardha | 1 |
| 5. | Trauma Care Unit, Sillod, Aurangabad | 1 |
| 6. | Trauma Care Unit, District Hospital, Aurangabad | 1 |
| 7. | Trauma Care Unit, Kamthe, Ratnagiri | 1 |
| 8. | Trauma Care Unit, Navapur, Nandurbar | 1 |
| Total | | 08 |

Sampada Mehta
22/05/18

(Sampada Mehta)

Managing Director

**Haffkine Bio Pharmaceutical Corporation Ltd.
(Procurement Cell), Mumbai.**

Annexure – III

SECURITY DEPOSIT FORM

To: (Name of Purchaser)

WHEREAS..... (Name of Supplier)

Hereinafter called "the Supplier" has undertaken, in pursuance of Contract No..... dated, 200.... to supply.....(Description of Goods and Services) 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 recognized 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 limit of (Amount of Guarantee) as aforesaid, without your needing to prove or to show ground or reasons for your demand or the sum specified therein.

This guarantee is valid until theday of.....200.....

Signature and Seal of Guarantors

.....
.....
.....

Date.....200....

Address.....

.....

CONTRACT FORM

THIS AGREEMENT made theday of....., 200... Between
(Name of purchaser) of..... (Country of Purchaser) (Hereinafter "the Purchaser") of the one
part and..... (Name of Supplier) of..... (City and Country of Supplier)
(Hereinafter called "the Supplier") of the other part:

WHEREAS the Purchaser is desirous that certain Goods and ancillary services viz. (Brief
Description of Goods and Services) and has accepted a bid by the Supplier for the supply of those
goods and services in the sum of..... (Contract Price in Words and Figures)
(Hereinafter called "the Contract Price").

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

1. In this Agreement words and expressions shall have the same meanings as are respectively
assigned to them in the Conditions of Contract referred to.
2. The following documents shall be deemed to form and be read and construed as part of this
Agreement, viz.:
 - (a) The Price List submitted by the Supplier;
 - (b) The Schedule of Requirements;
 - (c) The Technical Specifications;
 - (d) The General Conditions of Contract;
 - (e) The Special Conditions of Contract; and
 - (f) The Purchaser's Notification of Award.
3. In consideration of the payments to be made by the Purchaser to the Supplier as hereinafter
mentioned, the Supplier hereby covenants with the Purchaser to provide the goods and
services and to remedy defects therein in conformity in all respects with the provisions of
the Contract.
4. The Purchaser 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 the Contract at the times and in the
manner prescribed by the Contract.

Brief particulars of the goods and services which shall be supplied/provided by the Supplier are
as under:

| Sr. No. | BRIEF DESCRIPTION OF GOODS & SERVICES | QUANTITY TO BE SUPPLIED | UNIT PRICE | TOTAL PRICE | DELIVERY TERMS |
|---------|--|----------------------------|---------------|----------------|-------------------|
| | | | | | |

TOTAL VALUE:

DELIVERY SCHEDULE:

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 and Delivered by the

Said..... (For the Purchaser)

in the presence of:.....

Signed, Sealed and Delivered by the

Said..... (For the Supplier)

In the presence of...