

HAFFKINE BIO PHARMACEUTICAL CORPORATION LIMITED

Procurement Cell

(A Government of Maharashtra Undertaking)

Regd. Office: Acharya Donde Marg, Parel, Mumbai 400 012 (INDIA)

Phone No: 022- 24129320-23

Managing Director: 022-24150628

General Manager (Procurement Cell) :022-

24100478

दिः २६.०३.२०२१ प्रशासकीय मंजूर निधी **१२,५०,०००/**-

(जिल्हा वार्षिक योजना २०२०-२१) (Qty.- 01)

Го

Website: http://www.vaccinehaffkine.com
E-mail: procurementcell@vaccinehaffkine.com

No.: 7357 /Haffkine/Procurement Cell/E-3504/

Pediatric Ventilator/ 2022-23.

Date: 5-08-2022

To,

M/s. Life Care Bio-Medical Pvt. Ltd.,

303/304, The Corporate Centre,

Nirmal Life Style, Near Shopper Stop,

L. B. S. Marg, Mulund (W), Mumbai – 400 080.

Contact No.9321144503.

E-Mail: info@lifecarebiomedical.com

Subject

Supply Order for Tender No. E-3504/Pediatric Ventilator.

Reference:

1. Tender No. E-3504/HBPCL/PC/Pediatric Ventilator/ 2021-22.

2. शासननिर्णय, क्रमांक - सीएचके -२०२१/प्र.क्र.१०६/प्रशा-१

दिनांक : २६ मार्च, २०२१.

3. Sanction of Tender Approval Committee Meeting No. 159

Date: 08.07.2022.

With reference to the tender cited under reference no 1, you are requested to supply the following goods as per details mentioned below to consignee list enclosed with this order.

Sr. No.	Name of the item	Specification of item	Quantity / Unit (DMER)	Unit Rate inclusive of GST(Rs.)	Total Amount Rs.
1	Pediatric Ventilator Make: Vyaire Medical Inc. Model: VELA Ventilator	As per Annexure X	01	13,75,000/-	13,75,000/-

Total amount in words: Rupees Thirteen Lakh Seventy Five Thousand Only.

Factory Location: Vyaire Medical 211, Inc., 1100 Bird Centre Drive, Palm Springs CA 92262. U.S.A.

- Forwarding: Forwarding Free on Road Destination. I.e. door delivery basis.
- 2 Delivery Period: 12 weeks from the date of receipt of order by the supplier to the consignee attached.
- Pre-Dispatch Inspection: Supplier shall make necessary arrangement / facilitate to carry out Pre-Dispatch inspection as per Tender Terms & condition and submit the Inspection report to this office. The Pre-Dispatch inspection cost will be borne by supplier. Machine should be dispatched only after Satisfactory Pre-Dispatch Inspection.

- Risk purchase clause: If the bidder fails to supply the stores within the stipulated delivery period, the order will stand cancelled. Undersigned shall be entitled to purchase such stores from any other source at such price which ordinarily should not be more than 10% of the tender price. The extra expenditure in such cases shall be recovered by Managing Director, Haffkine Bio Pharmaceutical Corporation Ltd. (Procurement Cell), Mumbai from the Supplier.
- Payment Terms: Payment of 100% of the contract value will be made within 8 weeks on delivery and successful installation and satisfactory commissioning and operation of the machinery.
- 6 Acceptance & Receipt: It should be submitted in Appropriate Format to the purchasing authority.
- 7 **Delivery Challan** Should be sent in the name of consignee in duplicate. It should specify Name of Equipment / Mfg. by / packing & quantity.
- 8 **Invoice Copy** Should be sent in triplicate on the Name of Managing Director, Haffkine Bio Pharmaceutical Corporation Ltd. (Procurement Cell), Mumbai. Along with Bill of Entry and Country of Origin Certificate of the consignment.

9 Other Terms:

- 1) Warranty: The warranty period shall be for 2 years from the date of commissioning of all equipment supplied as certified by the consignee. After completion of 2 years warranty period Manufacturer/Supplier should give commitment to ensure services and supply of spare part for further 8 years. The successful tenderer must ensure 95% uptime during warranty period. In case of downtime, warranty period will be extended for period of downtime. If the equipment is not attended within 24 hours for Mumbai and 48 hours for other places the supplier will be liable to pay a penalty of 0.07% of purchase cost for every day of delay. Such penalty will be recovered from the amount of security deposit. Certificate of such uptime / downtime issued by the end user will be binding for the supplier Replacement of spares parts thereof due to manufacturing defects during warranty period will be entirely at the supplier's cost.
- 2) The user institution will enter to the Comprehensive Maintenance Contract with supplier agency @ 5% of the order value (excluding taxes) of the equipment per year for 8 years after completion of warranty period. In case of non-compliance of CMC the supplier will be liable to pay penalty or for appropriate action. Payment of CMC on yearly basis will be made by the user's institution, at the end of the year after satisfactory performance report from the end user.
- Contract Agreement: Bidder should submit a tripartite (Importer, Manufacturer and Haffkine Bio Pharmaceutical Corporation Ltd.) Contract Agreement on non-judicial stamp paper of requisite value.

Fall Clause

It is a condition of the contract that all through the currency thereof, the price at which you will the supply stores should not exceed the lowest price charged by you to any customer during the currency of the contract and that in the event of the prices going down below the rate contract prices you shall promptly furnish such information to us to enable to amend the contract rates for subsequent supplies.

The Bidder should submit (within 7 days) amount of 1.5% i-e. **Rs. 20,625**/- of order value to meet other incidental expenditure and 3% i-e. **Rs. 41,250**/- as Security Deposit in form of Bank Guarantee. The Bank Guarantee valid for 2 months after the expiry of date of warranty issued by any Nationalized / Scheduled Bank.

Amount to be deposited to Following Account:

Name of Account	Haffkine B P C L (Procurement Cell), CESS Account
Name of the Bank & Branch	Bank of Maharashtra, Branch- Mumbai Parel
Account No.	60381379835
IFSC Code	MAHB0000079

Consignee: As per list enclosed

मा. व्यवस्थापकीय संचालक यांच्या मान्यतेने व करिता

Dr. Sadanand Bhise General Manager

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

Copy to:

- 1) Commissioner Health Services, Mumbai.
- 2) Director, Medical Education & Research, Mumbai-400 001.
- 3) Account Manager, Haffkine Bio Pharmaceutical Corporation Ltd. (Procurement Cell), Mumbai.
- 4) Office File.
- 5) System Integrator

<u>Copy to</u> Consignee: Dean, Chhatrapati Pramilaraje General Hospital, Kolhapur. As per Tender Condition No.17 The user Institution should get the Comprehensive Maintenance Contract done with supplier agency @ 5% of the Order value (excluding taxes) of equipment per year for Eight years after Completion of warranty period.

Copy Submitted to: 1) Secretary, Medical Education & Drug Department, Mantralaya, Mumbai.

Annexure-X

Sr. No.	Techni	cal Specifications for Pediatric Ventilator	
1		Microprocessor, Control Vol/time cycled with adaptive flow and adaptive LE ratio Volume present (VCV & PCV)	
2		Electrical with rechargeable battery (lasting for at least 2 hours ,where vent Air compressor both work)	
2	DOWED CLIDDLY	A 220 V + 1-15% 50Hz + 1-3%	
3	POWER SUPPLY		
		B work over a wide range of Volt Fluctuation OR Provision for voltage stabilizer	
4		USEFUL FOR NEONATAL (Low weight upto 500gms)AND	
4		PEDIATRICS	
5		DRIVNG GAS	
		A built in Air Compressor Or Turbine	
		A Facility for connect to central O2 pipeline facility for	
		connection to O2 oxygen cylinder low flow	
		C high pressure tubing for Air in case of Air compressor High	
		Pressure tubing for oxygen.	
6	VENT	MODES + FUNCTION (DIRECT/ IN DIRECT)	
O	V DIVI	A control	
		B Assist /Control	
		C SIMV –Volume Control	
		D SIMV –Pressure Control	
		E-SIMV- Volume Control + Pressure support	
		F-SIMV- Volume Control + Pressure support	
		G Spontaneous with CPAP	
		II Pressure Support	
		I Volume support NTPSNAPS	
		J Pressure support	
		K PRVC /VTPC + VTYPS	
		L SIMV/ VTPC + VTYPS	
		M PEEP	
		N Adjustable OR Automatic (Not Pre-Fixed) Flow cycling for PC .PS, VS	
		O APRV + Biphasic	
	VENER MODEC	P Time cycle with Volume limit	
	VENT MODES + FUNCTIONS	A Adjustable I: E Rato d	
		B Apnea Backup with user selectable rate / Automode	
		C Manual Breath	
		D Adjustable OR Automatic Rise time	
		E sigh : Single / Multiple & Adjustable Volume	
		F Adjustable Bias Flow / Base flow	
		G Trig sensit: Pressure adjustable and trig. Sensit: Flow	
		Adjustable	
		H Non Invasive Mask Ventilation capability (CPAP, B PAP)	
		with leak leak compensation (min-40L)	
		I Fio2: Adjustable + Monitor	
		J 100% Oxygen fussh	
7	ALARMS/INDICAT	A Power Failure	
1	ORS:		
	(DIRECTIODIRECT)		

		B Operation : Main / Battery		
		C Battery : Fully charged /Low		
		D Ventilator Incorrect setting		
		E Unusual /Inoperative		
		F Gas Supply Failure: Pressure /FLOW		
		G Tranducer Sensor Failure: Pressure /Flow		
		H Fio2: High /Low		
		I Triggered Breadth indicator		
		J Apnoea		
		K Tidal Volume: High/low Minute Volume: High/low		
		L Airway Pressure High/ Low		
		M PEEP		
8	DISPLAYS FOR MONITORING	A Pressure of Driving Gas/Air		
		B Delivered Fio2		
		C Inspiratory Flow Flow Rate & Expiratory flow rate		
		D Resp Rate: Ventilator & Patient		
		E Time : Insp & Exp / I:E Ratio / Inverse ratio		
		F Inspired / Expired T.V: Ventilator + Patent		
		G Minute Volume Ventilator / Patient		
		H Press: Pmax, Pmean, Paplateau		
		I PEEP		
Vi .		J Auto PEEP		
		K Apnoea		
		L Sigh		
		M Waveform: Flow, Volume, Pressure		
		N Loops: Flow – Volume Pressure – Volume		
		O Resistances: Inspiratory and Expiratory		
		P compliance : Dynamic and static		
		Q Trends settings		
		R Leaks		
9	SETTING: (DIRECT INDIRECT)	A Fio 2:21-100%		
		B Insp . flow rate : upto 120 L/Min 180 L/Min		
		C Insp Flow Waveform: User Selectable		
	1.34	D Resp Rate: 0-80 1 Mm SIMV Rate 1-80 bpm 1.0 to 100/mm		
	C11381	E Insp Time 0.2-3 Sec or 20-80 % of cycle 0.2 to 8.0 sec		
	8 17 11	F Exp Time 0.2 -120 sec >+ 0.2 sec		
		G Insp Pause 0-9 sec or 0-70% of cycle		
		H I: E Ratio : 1:3 to 3:1 <=1.299-4.00:1		
		I Insp TV : (Volume : 50 ml-501.1Mm		
r.		K PEEP :0-50 cm H20 0-45 cm H20		
107 P. 100		L Pressure Support :0:40 cm H20 0-40cm H20 0-70cm H20 M Pressure control :0-80 cm H20		
34)3				
		N Sigh Vo: 1,2,31 per 100 breath/ Mm of		
		O sigh Vo : 1-5-2 time the set T.V		
		P Apnoea Backup Rate : Adjustable 30/mm		
		R Flow Trigger :off or 1-15L /min (preferred)		
		S Pressure Trigger: of or -o.5-20 cm H20		
		T Response Time of trig Sens < 40 msec		
10	HUMIDIFIER	A Thermost, Control		
		B Facility Prox, A.W, Temp Mont + Alarm		

		C Hose: Simple with Water Trap Head: Paediatrics Head	
		D Port for Nebulisation	
11	LED: PARAMETERS NOT IN USE TO LIT OFF		
12	BREATHING CIRCUIT	A neonatal: reusable, 2 sets	
		B Disposable 50 sets of each	
		C Support Arm for Breathing Circuit	
		D Bacterial Filter(Sterilisable) 2 Nos	
		E Test Lung: Neonatal Test Lung: Paediatrics	
13	ACCESSORIES FOR 1 MASKSNTRAP	CCESSORIES FOR 1 YEAR USE NON INVASIVE VENTILATION NASAL	
14	MANUAL CIRCUIT DIAGRAM DEMONSTRATE BEFORE PURCHASING		
15	USER FRIENDLY	Good Past Record for after sale service it should follow international Safety standards it should be FDA(USA) Approved.	

Consignce Details

-/	Total	01	
1)	Chhatrapati Pramilaraje General Hospital, Kolhapur.	01	
Sr. No.	Name & Address of the Consignee	Qty.	
110.	दिः २६.०३.२०२१ प्रशासकीय मंजूर निधी १२,५०,०००/- (जिल्हा वार्षिक योजन	ना २०२०-२१) (Qty 01	
PO Ref. No.	No.: 7357 /Haffkine/Procurement Cell/E-3504/ Pediatric	Ventilator/2022-23.	
Delivery Period	riod 12 weeks		
	Make: Vyaire Medical Inc. & Model: VELA Ventilator		
	Pediatric Ventilator		
	M/s. Life Care Bio-Medical Pvt. Ltd.		

Dr. Sadanand Bhise

General Manager

मा. व्यवस्थापकीय संचालक यांच्या मान्यतेने मिक्सिमां Bio Pharmaceutical Corporation Ltd. (Procurement Cell), Mumbai.