



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

Website : http://www.vaccinehaffkine.com

E-mail: procurementcell@vaccinehaffkine.com

No.: 7125 /Haffkine/Procurement Cell/E-3790/
Ortho Operation Table/ 2022-23.

दि: २४.०२.२०२१ प्रशासकीय मंजूर निधी १,४४,००,०००/-
(State Plan २०२०-२१) (Qty.- 02)

Date: 20-07-22

To,

M/s. Galaxy India,

T-5/237, Mangolpuri Indl. Area,

Phase-I, New Delhi – 110083.

Contact No.: 9999926655.

E-Mail: galaxyindia.delhi@gmail.com

Subject : Supply Order for Tender No. E-3790/Ortho Operation Table.

Reference: 1. Tender No. E-3790/HBPCL/PC/Ortho Operation Table/ 2021-22.

2. शासननिर्णय, क्रमांक - जीएचपी-२०२०/प्र.क्र.३२६/प्रशा-१
दिनांक : २४ फेब्रुवारी, २०२१.

3. Sanction of Tender Approval Committee Meeting No. 156
Date : 09.06.2022.

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 | Ortho Operation Table Make : M/s Galaxy India Model : ASIRA SL ADVANCE | As per Annexure X | 02 | 70,91,100/- | 1,41,82,200/- |

Total amount in words: Rupees One Crore Fourty One Lakh Eighty Two Thousand Two Hundred Only.

Factory Location: T-5/237, Mangolpuri Indl. Area, Phase-I, New Delhi – 110083.

- 1 **Forwarding:** Forwarding Free on Road Destination. I.e. door delivery basis.
- 2 **Delivery Period:** 06 weeks from the date of receipt of order by the supplier to the consignee attached.
- 3 **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.

- 4 **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.
- 5 **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.
- 10 **Contract Agreement:** Bidder should submit 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.

- 11 The Bidder should submit (within 7 days) amount of 1.5% i.e. **Rs. 2,12,733/-** of order value to meet other incidental expenditure and 3% i.e. **Rs. 4,25,466/-** 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

शु. 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.

Copy to Consignee: Dean, Government Medical College & General Hospital, Baramati.: 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

| Technical Specification of Ortho Operation Table | | |
|---|---|--------|
| SPECIFICATIONS OF ELECTRO-HYDRAULIC OT TABLE: | | |
| 1 | The company should provide following (mandatory) | |
| | a) Electrical IEC 60601-1, medical/ electrical equipment for safety | |
| | b) IEC 60601-2-46 for safety of OT tables | |
| | c) IEC 60601-1-2 for electromagnetic compatibility (Test reports for the same should be submitted) for the quoted model. | |
| 2 | The table top should be X-ray translucent for fluoroscopy with 'C' arm and radiolucent mattress. It should have the facility to load X-ray cassettes through continuous X-ray tunnel from head-to foot end. | |
| 3 | The table should have the facility to operate high, low, lateral left/right, trendelenburg and reverse trendelenburg movements, flex and reflex position and longitudinal shift. All movements should be electro hydraulic and should be operated by hand control. | |
| 4 | The table should have a motorized inbuilt Kidney Bridge or a motorised kidney elevator. | |
| 5 | Should have a manual override function for movements such as Height, Back plate, Brake, Lateral tilt, Trendlenburg and kidney bridge movements with an additional control unit which can be operated manually without any requirement of power. | |
| 6 | | |
| 7 | All metal components of the table should be of corrosion resistant stainless steel which is disinfected proof with four antistatic castors with caps and central locking facility thoroughhand control. The base column should have telescopic cover of stainless steel and fiberglass/ABS laminate to prevent ingress of fluid into the system. | |
| 8 | The hand control should have clearly labelled graphic display control panel with push button for main adjustments such as height, lateral, upper & Lower back section, rendelenburg/Reverse trendelenburg, Flex /Reflex, and return to basic/0 position with indication of load control of the battery sufficient for weekly use. Should also have the longitudinal slide movement function in hand control. Should also have feature of having a reverse position button to recognise the changed head and leg end in case the head and leg sections have been interchanged. | |
| 9 | Should have stainless steel accessory rail on both sides to hold various accessories. | |
| 10 | The table should have manual movement control facility in case of remote failure and also operate on mains/battery power with Internal/external charger. | |
| 11 | The table preferably should be integrated with a self-diagnostic program which will show the error code when attached to computer in the software, when the error is detected. | |
| 12 | The mattress should be seamless and separate for each section with pin type mounting. Velcro and Gel type mounting is not acceptable. | |
| 13 | The table should have soft start/jerk free function for fine adjustment of positioning. | |
| 14 | Should be supplied with following standard accessories: | |
| | a) Lateral Support System (Pair) | 1 |
| | b) Anesthesia screen with clamp | 1 |
| | c) Shoulder supports pair clamps | 1 |
| | d) Padded swivelling armrest with straps and clamps | 1 Pair |
| | e) X-ray cassette tray/holder | 1 |
| | f) Body restraint belt | 1 |

| | | |
|----|--|-------|
| | h) Raised Arm Rest | 1 |
| 15 | Technical Data: | |
| | a) Minimum-700 mm or below and maximum 1050 mm or above (both maximum and minimum height is without mattress) | |
| | b) Slide till+20 | |
| | c) Back section adjustment 30° to 70 up, 40" down | |
| | d) Leg section adjustment 90° down, 10 up | |
| | e) Trendelenburg: at least 25-35 | |
| | f) Head rest +25 | |
| | g) Longitudinal Shift 300 mm or more and should be able to slide on both the end. | |
| | h) Max width 540 mm or better | |
| | i) Length 2100 mm or more | |
| | j) The table should be able to take the weight of 400 kg or more in normal mode and 225 or more in reverse mode or reverse orientation | |
| 16 | Attachment for Orthopedic Surgery: | |
| | The table should have a feature of beach chair position and there should be helmet with chin support to put the patient in beach chair position after general anaesthesia. | |
| a) | Shoulder Surgery | |
| | (i) Shoulder surgery plate | 1 No |
| | (ii) Side support | 2 Nos |
| | (iii) Head rest for shoulder surgery with connector | 1 No |
| b) | Arm/Hand | |
| | (i) Large Arm Board (B15 X 520 mm) | 1 No |
| C) | Shoulder Traction | |
| | (i) Pubis/Sacrum support | 1 No |
| | (ii) Attachment for the Pubis/Sacrum support | 1 No |
| | (iii) Tunnel cushion | 1 No |
| d) | Humerus | |
| | (i) Weinberger hand tract. Device | 1 No |
| | (ii) Humerus positioning device with clamp | 1 No |
| | (iii) Humerus countertraction post with clamp | 1 No |
| e) | Limbs | |
| | The table should have attachment and feature to enable us to do the tibia linterlocking nail with knee and hip suspended at 90degree each and also to give traction to the limb through calcaneum pin in the same position | |
| | (i) Ortho extension device for treatment of lower limb factures with mounting fixtures | 1 No |
| | (ii) Positioning plate for dorsal position | 1 No |
| | (iii) Transport trolley for extension device | 1 No |
| | (iv) Transfer leg plates for extension device | 1 No |
| | (v) Side rail extension | 1 No |
| | (vii) Meniscus position roll with clamp | 1 No |
| | (viii) Knee ARTHOSCOPY support | 1 No |
| | (ix) Counter traction post for lateral position | 1 No |
| | (x) Traction device for Tibial fractures | 1 No |
| f) | Hip Surgery Support | |
| | (i) Attachment for the Lateral, Pubis/Sacrum & back Buttock support | 3 |
| | (ii) Back Buttock Support | 1 |
| | (iii) Pubuls Sacrum Support | 1 |
| | (lv) Lateral Support | 1 |

Consignee Details

| M/s. Galaxy India | | |
|--|---|-----------|
| Ortho Operation Table | | |
| Make : M/s Galaxy India & Model : ASIRA SL ADVANCE | | |
| Delivery Period | 06 weeks | |
| PO Ref. No. | No.: 7125 /Haffkine/Procurement Cell/E-3790/ Ortho Operation Table/2022-23. Date: 20-07-22 | |
| | दि: २४.०२.२०२१ प्रशासकीय मंजूर निधी १,४४,००,०००/- (State Plan २०२०-२१) (Qty.- 02) | |
| Sr. No. | Name & Address of the Consignee | Qty. |
| 1) | Government Medical College & General Hospital, Baramati. | 02 |
| | Total | 02 |

मा. व्यवस्थापकीय संचालक यांच्या मान्यतेने व करिता


Dr. Sadanand Bhise
General Manager

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