

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 २६.०७.२०१७ प्रशासकीय मंजूर निधी (State Plan

2080-85)

Website: http://www.vaccinehaffkine.com

E-mail: procurementcell@vaccinehaffkine.com

No.: 7955 /Haffkine/Procurement Cell/E-4186/

Neonatal Ventilator/ 2022-23.

Date: 31/10/2023

To,

M/s. Schiller Healthcare India Pvt. Ltd.,

Advance House, 2nd flr, Makwana Road,

Off. Andheri Kurla Road, Marol Naka.

Andheri (E), Mumbai 59.

Con. No. 9323737484.

E-Mail: bhavin@schillerindia.com

Subject: Supply Order for Tender No. E-4186/Neonatal Ventilator.

Reference: 1. Tender No. E-4186/HBPCL/PC/Neonatal Ventilator/2021-22.

2. शासननिर्णय, क्रमांक - खरेदी -२०१६/प्र.क्र.२४०/आरोग्य- ८

दिनांक : २६ जुलै, २०१७.

3. जा. क्र. कडोमपा/ एचडी/ एचक्य/ ३१९०

Date: 02.12.2022.

4. Sanction of Tender Approval Committee Meeting No. 173

Date: 08.02.2023.

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 (KDMC) | Unit Rate inclusive of GST(Rs.) | Total Amount Rs. |
|------------|---|-----------------------|------------------------------|---------------------------------|---------------------|
| 1- | Neonatal Ventilator Make: M/s. Tecme S.A Model: GRAPHNET Advance | As per Annexure X | 04 | 13,64,832/- | 54,59,328/- |

Total amount in words: Rupees Fifty Four Lakhs Fifty Nine Thousand Three Hundred Twenty Eight Only.

Factory Location: No. Av. Cicunvalacion (N-O) Agustin Tosco 3040-X5008HJY-Cordoba-Argentina.

- 1 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.

11 Consignee: As per list enclosed

या. व्यवस्थापकीय संचालक यांच्या मान्यतेने व करिता

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.

<u>Copy to</u> Consignee: As Per Consignee List.: 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 Sp | ecification of Neonatal Ventilator | | | | |
|-------|---|----------------|--|---------------------------|--|---------------------|------------|
| | Intensive | care ventilate | or (Neonatal & Paediatrics) | | | | |
| Versi | on no : | | 20 | | | | |
| Date | | | JULY 2014 | | | | |
| | by (name/institution | 1) | HCT/NHSRC | | | | |
| Done | 0,1 (1.00.110.110.110.110.110.110.110.110.11 | NAME ANI | OCODING | | | | |
| GME | N name | | Intensive care ventilator | | | | |
| | N code (s) | | CT2175 | | | | |
| GIVID | 711 0000 (0) | GEI | NERAL | | | | |
| 1 | | | USE | | | | |
| 1.1 | Clinical Purpose | | To provide automated, alveolar ventilator support for patients in emergency situations. | | | | |
| 1.2 | Used by clinical d | epartment | Emergency/ Critical care (NICU/PICU) | | | | |
| | / ward | | TECHNICAL | | | | |
| 2 | | TECH | INICAL CHARACTERISTICS | | | | |
| 2.1 | | | ave facility for invasive and non- invasive ventilation; Both | | | | |
| 2.1 | Technical | Turbine and | Compressor based are acceptable. If a compressor control | | | | |
| | characteristics | hased Vent | ilator is quoted the suitable compressor should be | | | | |
| | (specific to this | | ith the Ventilator. | | | | |
| | type of device) | | cessor control suitable for neonatal and paediatric | | | | |
| | | ventilation; | | | | | |
| | | | ave modes of ventilation equipped with newer modes of | | | | |
| | | ventilation; | | | | | |
| | | 3.1) Assist/ | Control | | | | |
| | | 3.2) Volum | | | | | |
| | | 3.3) Pressur | | | | | |
| | | / | essure support | | | | |
| | 3.5)SIMV 3.6)PEEP 3.7) Inverse | | with pressure support (Pressure and volume control) | | | | |
| | | | ratio ventilation or APRV | | | | |
| | | | avasive ventilation- BIPAP, CPAP / Nasal CPAP. | | | | |
| | | 3 9) Appea | ventilation, user selectable, volume and pressure control; | | | | |
| | 3.10) PRV(3.11) MMV | | | | | | |
| | | | | | | | |
| | | 3.12) PSV+ | | | | | |
| | | 4) Should h | ave built in colour screen TFT/LCD display of minimum | | | | |
| | | 10" for disp | play of waveforms and monitored value; | | | | |
| | | 5) Should h | have inbuilt facility to upgrade with EtCO2 | | | | |
| | 6) Should It parameters 6.1)Airway 6.2)Tidal v 6.3)Minute 6.4)Respira | | have facility to measure and display of the following | | | | |
| | | | | | | | |
| | | | y pressure (Peak and mean) volume (inspired & expired) e volume (inspire & expired) vatory Mechanics | | | | |
| | | | | | | neous minute volume | |
| | | | | | | | |
| | | | | | | | 6.7)FiO2 d |
| | | | 6.8)Intrinsi | c PEEP | | | |
| | | | 6.9)Plateau | pressure 6.10)Respiratory | | | |
| | | mechanics | | | | | |

| | | 6.11) Lina colontar Alama C 11 | | |
|-----|--------------------------------|--|--|--|
| | | 6.11) Use selector Alarms for all measured & monitored 6.12) Occlusion pressure | | |
| | | 6.13)Pressure flow & volume curves; | | |
| | | 7) Automatic compliance and leaders | | |
| | | 7) Automatic compliance and leakage compensation for circuits and ET tubes; | | |
| | | | | |
| - | | 3) Should have facility of log book, for events and alarms with date and time; | | |
| | | Should have following setting; | | |
| | | 1) Tidal volume (minimum 2ml Mariners and 1, 500 1) | | |
| | | 2.1) Tidal volume (minimum 2ml, Maximum up to 500ml); pre-set range for both neo-natal & pediatric modes to be provided 2.2) Inspiratory pressure (upto 80cm of H2O); 2.3) 9.3) Respiratory rate 1 to 150 bpm; | | |
| | | | | |
| | | | | |
| | | .4) Apnea backup rate; .5)CPAP/PEEP; | | |
| | | | | |
| | | 2.6) Pressure support; | | |
| | | 2.7)FiO2 setting range between 21% and 100% | | |
| | 9 | 2.8)9.8)Pause time; | | |
| | | .9) Pressure and flow trigger; | | |
| | 9 | .10) Inspiratory flow up to 120Lpm and it should have proximal flow | | |
| | S | ensor. | | |
| | . 1 | 0) Oxygen cylinder /central pipeline connector/(to be supplied along | | |
| | V | with machines) should be compatible with ventilator; | | |
| | 1 | 1) Servo controlled humidifier | | |
| 2.3 | User's interface | Manual and automatic | | |
| 2.4 | Software and/or | 1) Inbuilt software; | | |
| | standard of | 2)Convenient and quick USB interface; | | |
| | communication | 3)HDMI | | |
| | (wherever required) | 4)RS232 | | |
| 2.1 | PHYSIC | CAL CHARACTERISTICS | | |
| 3.1 | Dimensions(metric) | NA | | |
| 3.2 | Weight (Ibs, kg) | <50kg including trolley | | |
| 3.3 | Configuration | 1)Compatible hinged arm for holding the circuit; 2)Should have | | |
| 2.4 | Nataria (* 104) 1 | caster with braking, system; | | |
| 3.4 | Noise(in dBA), heat | 1)Noise of device operation max-50dbA; | | |
| | dissipation | 2)Should have audio visual alarm for battery low, source gas | | |
| | | low and high/low pressure in the | | |
| | | breathing circuit or source gas inlet; | | |
| | | 3) Should maintain nominal temp of the control unit and the heat | | |
| | | should be disbursed through an cooling mechanism; 4) Alarm volume-min 65dB | | |
| 3.5 | Mobility, portability | Yes | | |
| 4 | ENERGY SOURCE | | | |
| 4.1 | Power requirements | Input voltage 220 VAC ,50Hz; | | |
| 4.2 | Battery operated | 1) Battery powered, silenceable alarm for power failure. | | |
| | 7 1 | 2) Battery charger to be integral to mains power supply, and to | | |
| | | charge battery during mains power operation of units. | | |
| | | 3) internal, replaceable, rechargeable battery allows | | |
| | | operation for battery at least one hour in the event of power failure | | |
| 4.3 | Tolerance (to | Voltage corrector/stabilizer to allow operation at ± | | |
| | variations, shutdowns) | 10% of 220V AC. Use of SMPS to correct voltage | | |
| 4.4 | Protection | 1)Electrical protection resettable over current breakers or | | |
| | | replaceable fuses(fitted in both live and neutral lines); | | |
| | الجنبي المحتري المراكات المستر | 2)Leakage | | |
| | | | | |

| 1.5 | Power consumption | To be declared by the supplier |
|------|-------------------------|---|
| 4.5 | ACCESSORIES SPA | RE PARTS, CONSUMABLES |
| 5.1 | Accessories &Spares | 1)Full face mask-5 Nis each of 0.1 and 3 2)Nasal cannulae for |
| 5.1 | Accessories & spares | neonates -5 nos. 3)Reusable breathing circuit of silicone |
| | | material (5Nos) |
| | | 4)Air & oxygen hose-1 each |
| 5.2 | Consumables / reagent | |
| 5.2 | | 2) Leakage adapter |
| | (open, closed system) | AND DEPARTMENTAL CONSIDERATIONS |
| 6 | | 1) Operating condition: Capable of operating continuously in |
| 6.1 | Atmosphere/ | ambient temperature of 10 to 40 deg C and relative humidity of 15 |
| | ambience (air | to 90% in ideal circumstances |
| | conditioning, | |
| | humidity, dust) | 2) Storage condition: Capable of being stored |
| | | continuously in ambient temperature of 0 to 50 deg C and relative |
| | | humidity of 15 to 90% |
| 6.2 | User's care, cleaning, | Complete unit to be easily washable and sterilizable |
| | Disinfection & | using alcohol and other chemical agents. |
| | Sterility issues | |
| 7 | STANDARD AND SA | |
| 7.1 | Certifications | 1)FDA (US) /CE (EU) from authorized third party |
| | | and BIS/ISO 13485 |
| 7.2 | Local and/or | Manufacture/ supplier should have ISO certificate |
| | international | for quality standard |
| 8 | TRAINING AND IN | STALLATION |
| 8.1 | Pre installation | 1)Availability of 5 amp/15 amp, electrical sockets; 2)Oxygen supply |
| | requirements: | 3)Medical air supply; |
| | nature, values, | 4)If a compressor based Ventilator is quoted the suitable |
| | quality, tolerance | compressor should be provided with the Ventilator. |
| 8.2 | Requirements for | 1)Supplier to perform installation, safety and |
| 0.2 | sign-off | operation checks before handover, |
| | 8 | 2)Advanced maintenance tasks required shall be documented |
| 9 | WARRANTY AND A | |
| 9.1 | Maintenance task | 1)Maintenance manual detailing; |
| 7.1 | TVIAITICOTATION CADA | 2) Complete maintenance schedule; |
| 9.2 | Service contract | 1) The spare, accessories & consumables price list required for |
| 7.4 | clauses, | maintenance and repairs in future after guarantee/warranty period |
| | including prices | should be attached |
| | meruding prices | 2)Free servicing during warranty period |
| | | DOCUMENTATION |
| 101 | On anoting | Should provide 2 sets (hardcopy) of :- |
| 10.1 | Operating | 1) User, technical, maintenance, and service manuals to be |
| | manuals, | supplied along with machines diagrams. |
| | service | 2)List of equipment's and procedure required for routine |
| | manuals, | calibration and routine maintenance 3)Certification of calibration |
| | other manuals | |
| 40 - | | to be provided by the manufacturer |
| 10.2 | Other accompanying | List to be provided of important spares and |
| | documents | accessories with their part numbers and cost. |
| 11 | | NOTES |
| 11.1 | Service support contact | |
| | (Hierchy wise, includi | ng a toll service agent to be provided |
| | free/landline number) | 2)Any contract(AMC/CMC/add-hoc) to be declared by the |
| | | manufacturer |
| 11.2 | Recommendations or | warnings Any warning signs would be adequately displayed |

Consignce Details

| | M/s. Schiller Healthcare India Pvt. Ltd. | | | |
|--|--|------|--|--|
| | Neonatal Ventilator | | | |
| Delivery Period | 1 / WOOLG | | | |
| PO Ref. No.: 7955 /Haffkine/Procurement Cell/E-4186/ Neonatal Ventilator/2 Date: 31/10/2023 दि: २६.०७.२०१७ प्रशासकीय मंजूर निधी (State Plan २०१७-१८) | | | | |
| Sr. No. | Name & Address of the Consignee | Qty. | | |
| 1) | Shastrinagar General Hospital, Kopar road, Dombivali West. | 02 | | |
| 2) | Vasant Vally, Sutikagruh, Near Mumbai Universe City, Khadakpada, Kalyan West. | 02 | | |
| | Total | 04 | | |

या. व्यवस्थापकीय संचालक यांच्या मान्यतेने व करिता

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