

**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****दि: १५.०१.२०२० प्रशासकीय मंजूर निधी ६,००,००,०००/-  
(राज्य योजना/राज्य हिस्सा २०१९-२०) (Qty.- 50)****Website : http://www.vaccinehaffkine.com****E-mail: procurementcell@haffkinemumbai.com****No.: 5646 /Haffkine/Procurement Cell/E-3548/  
Adult & Pediatric Ventilator/ 2021-22.****Date: 7/12/2021****To,****M/s. Trivitron Healthcare Pvt. Ltd.,****D-117, TTC Industrial Area, Shiravane,****Nerul, Navi Mumbai-400 706.****Maharashtra.****Con. No.: 8828991101.****E-Mail: [devdatta.wadekar@trivitron.com](mailto:devdatta.wadekar@trivitron.com)****Subject : Supply Order for Tender No. E-3548/Adult & Pediatric Ventilator.****Reference: 1. Tender No. E-3548/HBPCL/PC/Adult & Pediatric Ventilator/2020-21.****2. शासननिर्णय, क्रमांक - खरेदी-२०१९/प्र.क्र.२७६/प्रशा-१****दिनांक : १५ जानेवारी, २०२०.****3. Sanction of Tender Approval Committee Meeting No. : 130****Dated :- 18.11.2021.**

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	<b>Adult &amp; Pediatric Ventilator Make : M/s. eVent Medical Ltd. USA Model : eVolution 3e</b>	<b>As per Annexure X</b>	<b>44</b>	<b>11,84,960/-</b>	<b>5,21,38,240/-</b>

**Total amount in words: Rupees Five Crore Twenty One Lakhs Thirty Eight Thousand Two Hundred Fourty Only.****Factory Location: M/s. eVent Medical Ltd. USA, 60 Empire, Lake Forest, CA 92630, USA**

- Forwarding:** Forwarding Free on Road Destination. I.e. door delivery basis.
- 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.

- 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 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 there of, 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. 7,82,074/-** of order value to meet other incidental expenditure and 3% i.e. **Rs. 15,64,147/-** 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

या. व्यवस्थापकीय संचालक यांच्या मान्यतेने व करिता

*Bawiskar*

**Dr. Vijay P. Bawiskar**  
**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: 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 Specification for Adult & Pediatric Ventilator

<b>1</b>	<b>General Description</b>	Fully Microprocessor controlled having volume controlled & Time cycled with Volume & pressure preset with invasive and non-invasive modes & facility to monitor respiratory parameters including ET <sub>CO</sub> <sub>2</sub> with inbuilt High Flow O <sub>2</sub> Therapy through Nasal Cannula.
<b>2</b>	<b>Application</b>	Adult as well as pediatric application up to minimum 5-6KG weight.
<b>3</b>	<b>Power supply &amp; Operation mode</b>	<p>a) Electrical with only inbuilt battery backup for minimum 2hrs or more for the complete system.</p> <p>b) 220V +/- 15%; 50Hz +/-3%. with inbuilt facility to work over a wide range of voltage fluctuations with True ONLINE Sine wave UPS. If the system can provide inbuilt battery backup of minimum 4 hrs, the online UPS is not compulsory.</p> <p>c) An External Central UPS System of appropriate rating which can provide uninterrupted supply of about 6 hrs with proper wiring to each bed for smooth operation.</p>
<b>4</b>	<b>Driving Gas.</b>	<p>a) In-built/external air source from same manufacturer as that of ventilator with USFDA approved or European CE (Notified Body) Certified.</p> <p>b) It should either have facility to connect to external central medical compressed air line with auto switchover facility OR facility to connect to central oxygen pipeline through high pressure hose &amp; low pressure oxygen source like O<sub>2</sub> cylinder through flow meter, which is appropriate to the source.</p> <p>c) The compressor based systems should have facility to connect to external central medical compressed air line with auto switchover facility.</p> <p>d) Turbine based system must have both facility to connect to central oxygen pipeline through high pressure hose &amp; low pressure oxygen source like O<sub>2</sub> cylinder through flow meter.</p>
		e) A trolley should be provided with each unit and the trolley should be rust free but not mandatorily from the same make as manufacturer. It should be warranted rust free for 8 years of installation.
<b>5</b>	<b>Modes of Ventilator</b>	<p>A. Invasive modes-</p> <p>a) Control (Volume &amp; Pressure Controlled Ventilation)</p> <p>b) Assist – Control</p> <p>c) SIMV (Volume &amp; Pressure Control) + PSV</p> <p>d) Spontaneous with CPAP + PSV</p> <p>e) PSV (with adjustable cycling time in percentage and max.insp. Time setting)</p> <p>f) Volume cycle with demand flow in control, A/C, SIMV modes</p> <p>g) PRVC or equivalent with control, A/C, SIMV &amp; with volume limit.</p> <p>B. Non-invasive modes (NIV) with mask – must be available independent and separate mode with leakage compensation.</p> <p>a) Control, Assist control, SIMV + PSV, CPAP + PSV</p> <p>b) Biphasic / Bi-Level / Dual Level/ BIPAP or Equivalent.</p> <p>c) MMV/ Automode for smoth safe transition to spontaneous Ventilation.</p> <p>C. Neonate Mode</p> <p>a) NCPAP+</p> <p>b) Humidifier Neonatal Chamber</p>

6	Parameter Settings with respective ranges	a) FiO <sub>2</sub> : Adjustable (21-100%) with 100% oxygen flush
		b) Inbuilt EtCO <sub>2</sub> with digital value & waveforms
		c) I:E Ratio : Adjustable (1:4 - 4:1)
		d) Insp. Tidal Volume : 30-1500ml
		e) Resp. Rate : 5 to 70 BPM
		f) Inspiratory Time : 0.3-7 sec
		g) Insp. pause time for X-ray facility : 0.1-2 sec. (Auto) & max 6sec (Manual)
		h) Insp. Flow rate : 10 to 130 LPM & demand flow upto 180LPM
		i) Insp. Flow waveform: User selectable square & decelerating.
		j) Pressure control : 5-80 cmH <sub>2</sub> O
		k) Pressure support : 5-40 cmH <sub>2</sub> O or more.
		l) Flow cycled ventilation: Adjustable for pressure control, PRVC, PSV & Non-invasive modes.
n) Bias flow : User adjustable (10-20 LPM) / Automatic.		
o) Trigger Sensitivity : Flow adjustable 1-10 LPM or more.		
p) Apnea Back-up: Automatic & Interactive, user adjustable with selectable apnea back up time & rate.		
q) Apnea time : 10 to 40 sec		
r) Apnea Back Rate: 12 BPM onwards.		
s) PEEP : 0-35 cm H <sub>2</sub> O		
t) Sigh Rate & Volume : 1 per 100 breaths & 1.5 times the set T.V.(Pressure or Volume Sigh)		
u) Pressure limit : (pop off) : 20-99 cm H <sub>2</sub> O or more		
7	Ventilatory Maneuvers	a) Expiratory hold
		b) Manual Breath
		c) Negative Inspiratory Force Maneuver or RSBI (Rapid Shallow Breathing Index).
8	Monitored Parameters & Trends on Display	a) FiO <sub>2</sub>
		b) EtCO <sub>2</sub>
		c) Resp.Rate: Ventilator & Patient
		d) Time: Inspiratory, Expiratory, I:E Ratio
		e) Inspired Tidal Volume: Ventilator & Patient
		f) Expired Tidal Volume: Ventilator & Patient
		g) Minute Volume: Ventilator & Patient
		h) Airway Pressures: P <sub>max</sub> , P <sub>mean</sub> & P <sub>plateau</sub> .
		i) PEEP
		j) Auto PEEP
		k) Apnea
		l) Sigh
		m) Compliance – Static / Dynamic.
		n) Circuit Resistance
		o) Rapid/Shallow Breathing Index
		p) Events Log Sheet page.
		q) Each minute trend of all above mentioned parameters for last 24 hrs
		r) Alarm log time & date stamped.
9	Display Characteristics	a) In Built & incorporated min.12" Active Touch Screen and with TFT
		1. Color Graphics Display
		2. Adjustable scales & sweep speed / Automatic.



		<ul style="list-style-type: none"> <li>b) Simultaneous Display Of Waveforms: Flow, Volume &amp; pressure</li> <li>c) Waveforms color coded (for insp. Exp., Spon.) and freezing with movable cursor facility.</li> <li>d) Loops: Flow-Volume &amp; Pressure-Volume, both simultaneous, color coded.</li> </ul>
<b>10</b>	<b>Alarms/Indicators</b>	<p>All alarms &amp; Indicators should have luminous and audible signals priority wise and messages in display.</p> <ul style="list-style-type: none"> <li>a) Apnea.</li> <li>b) Airway Pressure: High/Low</li> <li>c) Battery: Fully Charged/low.</li> <li>d) Breath Rate: High.</li> <li>e) FiO<sub>2</sub>: High/Low (Preset).</li> <li>f) Gas Supply Failure For: Oxygen and air.</li> <li>g) Minute Volume: Low</li> <li>h) Mode of Operation: Mains / Battery.</li> <li>i) Pressure/ Flow Transducer [Sensor] Failure.</li> <li>j) Power Failure</li> <li>k) Triggered Breath Indicator.</li> <li>l) Unusual/ Incorrect settings.</li> <li>m) Ventilator Inoperative.</li> </ul>
<b>11</b>	<b>Capnography</b>	<p>Capnography etCO<sub>2</sub> monitoring with High and Low etCO<sub>2</sub> alarm and etCO<sub>2</sub> waveform.</p> <p>Inbuilt Capnography is with main stream / side stream technology, tenderer will have to supply EtCO<sub>2</sub> adaptor and main stream etCO<sub>2</sub> sensor.</p>
<b>12</b>	<b>Nebulizer</b>	Synchronized INBUILT Nebulizer with adjustable manual timer or Auto OFF.
<b>13</b>	<b>Standard Accessories &amp; Reusable Breathing Circuits.</b>	<ul style="list-style-type: none"> <li>a. Non Proprietary, chemically sterilizable and steam autoclavable (for minimum 20 cycles), reusable breathing circuit for adult &amp; Pediatric 2 no.s each.(Total 4 No.s)</li> <li>b. Reusable flow sensor-Easily removable for sterilization by steam autoclaving 6 no.s</li> <li>c. Reusable &amp; Autoclavable Exhalation valve body &amp; Diaphragm, {for min. 30 cycles} 4 No.s each.</li> <li>d. Should be supplied with 1 reusable EtCo<sub>2</sub> sensor with cable and 5 reusable airway adaptors for main stream.</li> <li>e. Servo controlled humidifier with Adult and pediatric chamber 1 No. each (total 2) along with 30 Adult and 20 Pediatric Cannulas.</li> <li>f. Stand for ventilator and breathing circuit support arm – 1 No.each. of same make and rust free.</li> </ul>
<b>14</b>	<b>Disposable circuits and accessories</b>	<ul style="list-style-type: none"> <li>a) Dual Limb non proprietary disposable circuits to be used- 100 No.each</li> <li>b) Disposable HEPA Filters with HME- 100 No.s( 70 Adult &amp; 30 Pediatric).</li> <li>c) Disposable Airway adaptor for EtCo<sub>2</sub> Sensor- 20 no.s., sample line- 100 nos with each sidestream EtCO<sub>2</sub> &amp; 50 Water traps.</li> <li>d) Reusable masks of 3 sizes:- small,medium,large-5 nos.each (Total-15).</li> </ul>
<b>15</b>	<b>UPS</b>	TRUE ON LINE UPS for Complete system including Air source for complete protection against all types of Input supply variations.
<b>16</b>	<b>Approval &amp;</b>	Quoted model must be FDA (U.S.A) and European CE Approved

	<b>certification</b>	product – Mandatory & CE marked
17	<b>Literature</b>	Operating manual, Service Manual and list of installations in state & country should be given.
18	<b>Post Record</b>	User friendly with good past record for after sales services in Government medical colleges & submission of 3 performance certificates.
19	<b>Demonstration</b>	Physical demonstration of complete system with all accessories as quoted must be given to technical committee well within the time limit prescribed.
20	<b>Warranty</b>	Comprehensive Warranty: 2 years
21	<b>Comprehensive Maintenance contract</b>	Should include comprehensive maintenance contract for 8 years.
22	<b>Installation Base</b>	Should have at least 20 installation of quoted model in use for last one year in India.
		Scope of supply should be written in details otherwise tender document remain incomplete. The same will be sent to the user with purchase order.
		For all imported Equipment the bidder has to submit bill of entry copy for equipment imported in last 02 years.
		Successful bidder will be required to submit Custom duty clearance copy along with supplies of equipment or else payment will not be released.
		Bidders should mention clearly those parts which are covered under warranty and those not covered under warranty in Envelope No. 1.

**Consignee Details**

<b>M/s. Trivitron Healthcare Pvt. Ltd.</b>		
<b>Adult &amp; Pediatric Ventilator</b>		
<b>Make : M/s. eVent Medical Ltd. USA &amp; Model : eVolution 3e</b>		
<b>Delivery Period</b>	12 weeks	
<b>PO Ref. No.</b>	No.: 5646 /Haffkine/Procurement Cell/E-3548/ Adult & Pediatric Ventilator/2021-22. Date: 7/12/2021	
	दि: १५.०१.२०२० प्रशासकीय मंजूर निधी ६,००,००,०००/- (राज्य योजना/राज्य हिस्सा २०१९-२०) (Qty.- 50)	
<b>Sr. No.</b>	<b>Name &amp; Address of the Consignee</b>	<b>Qty.</b>
1.	Chhatrapati Pramila Rajee General Hospital, Kolhapur.	02
2.	Dr. Vaishmpayan Smurti Government Medical College, Solapur.	03
3.	Dr. Shankarrao Chavhan Government Medical College & Hospital, Vishanupuri, Nanded.	03
4.	Dr. Shankarrao Chavhan Government Medical College, Vishanupuri, Nanded.	04
5.	Dr. Shankarrao Chavhan Government Medical College, Vishanupuri, Nanded.	01
6.	Government Medical College & Hospital, Aurangabad.	03
7.	Government Medical College & General Hospital, Akola.	01
8.	Government Medical College, Gondia.	08
9.	Shri. Vasanttrao Naik Government Medical College & Hospital, Yavatmal.	04
10.	Shri. Vasanttrao Naik Government Medical College, Yavatmal.	07
11.	Shri. Swami Ramanand Tirth Rural Government Medical College & Hospital, Ambajogai.	06
12.	Sasun General Hospital, Pune.	02
	<b>Total</b>	<b>44</b>

या. व्यवस्थापकीय संचालक यांच्या मान्यतेने व करिता

*Bawiskar*

**Dr. Vijay P. Bawiskar**  
**General Manager**

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