



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>
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प्रशासकीय मान्यता निधी १२,०७,५००/-
२०२०-२१
राज्य योजना

No.: 6863 /Haffkine /Procurement Cell/E-3787/ BERA
with ASSR/2022-23

Date: 08106122

To,
M/s. Medilife Technologies
1st Floor, Vikas Plaza, Plot No. 2,
Local Shopping Center, Near HDFC Bank,
Kalkaji, New Delhi - 110019.
E-Mail: info@medilife.in

Subject : Supply Order for Tender No. E-3787/BERA with ASSR

- Reference:**
1. Tender No. E-3787/HBPCL/PC/BERA with ASSR /2021-22
 2. शा.नि.क्र.: जीएचपी-२०२०/प्र.क्र.३२६/प्रशा-१ दि. २४ फेब्रुवारी, २०२१
 3. Sanction of Tender Approval Committee Meeting No. 153 Dated 27.04.2022

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 | BERA with ASSR Make : Neurosoft LLC, Russia Model : Neuro Audio | As per Annexure X | 01 | 10,97,250/- | 10,97,250/- |

Total amount in words: Rupees Ten Lakh Ninety Seven Thousand Two Hundred Fifty Only.

Factory Location : M/s. Neurosoft LLC, 5, Voronin Str., Ivanovo, 153032, Russia. com@neurosoft.ru

- 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.
- 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 **Labelling:** The word "**For use of GOVERNMENT OF MAHARASHTRA NOT FOR SALE**" should be printed on each unit pack in readable Purple or Green Colours.
- 7 **Acceptance & Receipt:** It should be submitted in Appropriate Format to the purchasing authority.
- 8 **Delivery Challan** - Should be sent in the name of consignee in duplicate. It should specify Name of Equipment / Mfg. by / packing & quantity.
- 9 **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.
- 10 **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.
- 11 **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.

- 12 The Bidder should submit (within 7 days) amount of 1.5% ie. **Rs. 16,459/-** of order value to meet other incidental expenditure and 3% i-e **Rs. 32,917.5/-** as Security Deposit in form of Bank Guarantee. The Bank Guarantee Should be Valid for 2 months after the expiry 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

आ. 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

| Sr. No. | Specification for BERA with ASSR |
|---------|---|
| 1 | Must be a Single Portable unit with possibility of all tests suitable for diagnostic and measurement of Dual channel BERA. |
| 2 | Device should be a diagnostic unit suitable for measurement of hearing loss in patients' auditory pathway impairment. |
| 3 | Should be possible to measure auditory evoked potential with Two Channel ABR/AEP system for short latency, middle latency and long latency for Pathway impairments. |
| 4 | Device should be able to perform cognitive EP (P300 & MMN), CABR, Pure Tone Audiometry, VEMP (CVEMP & OVEMP), EcochG, OAE (DPOAE, TEOAE & SOAE) and ASSR. |
| 5 | Device should have EMG biofeedback and visual biofeedback for VEMP. |
| 6 | Device should be upgradable for galvanic VEMP |
| A | Evoked Potential & ASSR Channel: |
| 1 | Number of channel should be 2. |
| 2 | Input Voltage range should be 20 μ V to 50mV |
| 3 | Sampling rate should be 200Hz- 80000 Hz. |
| 4 | A/D converter should be 16 bits. |
| 5 | Input impedance should not be less than 90MS Ω . |
| 6 | Impedance measurement range should be 0-25 k |
| 7 | Low Pass Filter range should be 10-10000Hz. |
| 8 | High Pass Filter range should be 0.01-5000Hz. |
| 9 | Notch filter 50 or 60Hz (switchable) should not be less than 40dB. |
| 10 | Notch Filter type should be Adaptive and Recursive. |
| 11 | Common mode rejection should not be less than 100dB. |
| 12 | Should be able to perform single frequency (Phase coherence) and multi frequency ASSR (using F-Test Both) |
| B | Oto Acoustic Emission (OAE) Channel: |
| 1 | Type of TEOAE stimulation should be wide band click. |
| 2 | TEOAE stimulus intensity range should be 30-90dB SPL |
| 3 | Frequency range of TEOAE acquisition should be 0.5-5 KHz. |
| 4 | DPOAE Stimulus intensity should be 0-80 dB SPL |
| 5 | Frequency range of DPOAE acquisition should be 0.5-12 KHz. |
| C | Auditory Stimulator Specification: |
| 1 | Auditory stimulator should have Click, Tone, Chirp, Frequency Specific Chirp, Meander and Trapezium with left, right and both sided stimulation. |
| 2 | Range of stimulation level (for click) should be 0- 138dB SPL for Headphone. |
| 3 | Range of stimulation level (for click) should be 0-140dB SPL for Insert Ear Phone. |
| 4 | Range of stimulation level (for tone burst) should be 0-144dB SPL for Headphone. |

| | |
|----|--|
| 5 | Range of stimulation level (for tone burst) should be 0-146dB SPL for Insert Ear Phone. |
| 6 | Stimulus repetition rate should be 0.1-100 Hz with the admissible relative deviation of 0.1%. |
| 7 | Stimulus Duration of click stimulus should be 50-5000us. |
| 8 | Tone Burst stimulation tone range should be 20- 10000Hz |
| 9 | Stimulus Duration of tone burst stimulus should be 0.05-50ms |
| 10 | Modulation frequency should be 20-200Hz. |
| 11 | Should have facility for continuous tone stimulation like frequency modulation (MM Mixed Modulation), exponential Modulation, stimulus with three carrier frequency. |
| 12 | Stimulus polarity should be Rarefaction, Condensation and Alternative. |
| 13 | Frequency characteristics of masking noise should be white noise (0.02-10000Hz). Masking Type should be Stimulus Relative and Absolute Value. |
| 14 | Masking Noise intensity should be 0 to 127 dB SPL (stimulus relative). |
| D | Software: |
| 1 | Should be able to present the stimulus in units of dB SPL, dBnHL and dBHL. |
| 2 | Should also be able to have stimulus envelopes/shapes/envelopes of rectangular, Blackmann, Hamming, Hann, Bartlett windows. |
| 3 | Should be able to create customizable and user defined report templates. |
| 4 | Should create reporting in Microsoft word & PDF. |
| 5 | Should have the feature of Auto marking. |
| 6 | Should create customizable protocols to perform diagnostic BERA automatically within different intensity levels in Left and Right both side. |
| 7 | Should have feature for create customizable and user defined templates. |
| 8 | Should have special zoom mode. Zoom any part of trace without changing the scale of all the traces. |
| E | Hardware: |
| 1 | Should be portable and to be supplied with table mounting stand. |
| 2 | Main unit should have separate connector for transducers. |
| 3 | Unit should have touch proof connector for EP electrodes. |
| 4 | Unit should have in built Amplifier. |
| 5 | Unit should run from USB port of laptop/desktop, without separate connection to mains 220 V powersupply to avoid supply voltage artifacts. |
| 6 | It should take power through USB from Laptop or desktop. |
| 7 | It should have facility to indicate impedance in hardware as well as software. |
| F | General Specification: |
| 1 | Supply voltage of main device should be 5V DC. |
| 2 | Main unit weight should not be more than 1 kg. |
| 3 | Should be supplied with (Laptop or Desktop) PC with colour Laser Printer, and with all accessories for above tests. |
| 4 | Should be European -CE & US-FDA approved. |

Consignee Details

| M/s. Medilife Technologies | | |
|---|--|-------------|
| BERA with ASSR Make : Neurosoft LLC, Russia Model : Neuro Audio | | |
| Delivery Period | 12 weeks | |
| PO Reference No. | No.: 6863 /Haffkine/Procurement Cell/E-3787/BERA with ASSR/2022-23 Date: 08/06/22 | |
| प्रशासकीय मान्यता निधी १२,०७,५००/- २०२०-२१ राज्य योजना | | |
| Sr. No. | Name & Address of the Consignee | Qty. (DMER) |
| 1) | Government Medical College & General Hospital, Baramati. | 01 |
| Total: | | 01 |

मा. व्यवस्थापकीय संचालक यांच्या मान्यतेने व करिता



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