

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.: 6317 /Haffkine/Procurement Cell/E-1077/
300 mA X-Ray Machine/ 2020-21.**

Date: 31/01/22

To,

M/s. Allengers Medical Systems Ltd.,

S.C.O. 212-213-214, Sector 34-A,

Chandigarh – 160022, India.

Contact No. 8169039411.

E-Mail: govt@allengers.net

tenders@allengers.net

Subject : Supply Order for Tender No. E-1077/300 mA X-Ray Machine.

Reference: 1. Tender No. E-1077/HBPCL/PC/300 mA X-Ray Machine/ 2018-19.

2. शासननिर्णय, क्रमांक - खरेदी-२०१७/प्र.क्र.१३८/आरोग्य-८
दिनांक : ११ जुलै, २०१७.

2. शासननिर्णय, क्रमांक - खरेदी-२०१७/प्र.क्र.२७०/आरोग्य-८
दिनांक : २४ ऑक्टोबर, २०१७.

३.शासननिर्णय, क्रमांक - प्रशामा-२०१८/प्र.क्र.१६४/आरोग्य-८
दिनांक : २४ जुलै, २०१८.

4. Sanction of Tender Approval Committee Meeting Dated 23.02.2021.

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 (DHS)	Unit Rate inclusive of GST(Rs.)	Total Amount Rs.
1	300 mA X-Ray Machine Make : Allengers Model : MARS-30	As per Annexure X	51	13,09,000/-	6,67,59,000/-

Total amount in words: Rupees Six Crore Sixty Seven Lakhs Fifty Nine Thousand Only.

Factory Location: Allengers Medical Systems Ltd., Bhankarpur, Mubarakpur Road, Derabasi, Dist-Mohali (Punjab), India.

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. 10,01,385/-** of order value to meet other incidental expenditure and 3% i.e. **Rs. 20,02,770/-** 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 मान्दतेने व करिता



Mrs. Sushama Patil
General Manager
(Additional Charge)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

Sr. No.	Technical Specification of 300 mA X-Ray Machine
1.	300mA High frequency X-ray unit with Motorized patient table.
2.	The following are the minimum specification required:
3.	<p><u>X-RAY GENERATOR:</u></p> <ul style="list-style-type: none"> • The system should have high frequency (40,000 pulses or more) inverter type generator. • 30 kW (or more) High voltage generator with inverter frequency. • Radiographic kV range :40-125kV • Precision of KV: <+/- 5% • Range of mA : It Should be Up to 300mA or More • Range of mAs: 1-630 mAs or higher. • Precision of mA: +/- 5-10% • Radiographic exposure time range: 5msec to 1 sec with 1 ms increment/decrement • Precision of time: <10% (1ms) • LED readout for exposure parameter display for KV & mAs. • Microprocessor controlled with automatic exposure control. • Two point radiographic technique- Selection of kV, mA and mAs only • Analog setting of optimal digital radiography (kV, mAs). • Microprocessor based digital control panel with LED display. Electronic touch keyboard. Graphics buttons. Automatic and manual selection. • Automatic tube overload protection, overload circuit breaker, fault detection system, voltage compensation. <p>Remote exposure switch should be provided.</p>
4.	<ul style="list-style-type: none"> • Motorized table with Electronic movement • Table Tilt: (+) 90 degree to (-) 12 degree. • Cassette/ film size: 8 x 10 inch, 10 x 12 inch, 12 x 15 inch. • X-Ray Grid: 8:1, 10:1, 12:1, 103 lines/cm : all three grids for various ratios as mentioned have to supply. • Should be supplied with collimator & abdomen binder. • Dual slot collimator. • It should have a moving Bucky system which can accommodate standard radiographic cassettes.
5.	<p><u>X-RAY TUBE:</u></p> <ul style="list-style-type: none"> • Min 115 KHU or more- Toshiba/Varian Tube. • High Speed rotating anode tube of 2500- 3000 rpm or better. • Dual focal spot

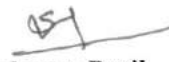
	<p>Small focus- not more than 1.2 mm</p> <p>Large focus- not more than 2.0 mm</p> <ul style="list-style-type: none"> • Short term rating- 20kW / 40 kW or better. • HT cable pair minimum 10 m or more • Light beam diaphragm with auto timer cutoff. Type : Illuminated two leaf type, illumination 24V, 70W halogen lamp.
6.	<p><u>FLOOR TO CEILING STAND:</u></p> <p>Floor to ceiling rail type stand, fully counterbalanced, 360 degree rotation, with foot locks and safety locks for up and down movement and lock for arm parking.</p>
7.	<p><u>ACCESSORIES:</u></p> <ul style="list-style-type: none"> • Lead free aprons (3 numbers) with stand, thyroid shield, lead goggles & pelvic guard (one number each) with each unit. • The unit should be provided with vertical Bucky. • It should be provided with a Bucky GRID of 8:1 ratio (minimum) & focus distance of 180 cm. • Each unit to be provided with dark room tanks (4 no.s), Safe light (one), Dryer (onr), Hangers for X-ray films. • Five set of grid based high speed cassettes of 12' x 15', 10' x 12', 8' x 10' with one set of spare screens of each supplied cassette. • Lead alphabets & numbers 3 sets. • Lead partition 6' x 3' with lead glass window mounted on wheels. • Storage rack for cassettes, accommodating all the cassettes. • Metal cupboard to keep accessories – Godrej make or equivalent.
8.	<p><u>Power requirement:</u></p> <ul style="list-style-type: none"> • 3 Phase AC supply, 50 Hz, Line resistance $\leq 0.3 \Omega$. • Power consumption not more than 32 kW • Air conditioning units: 2 tonnes split AC of 5 star rating. • AERB approved for site and QA has to be procure the vendor. • The entire equipment should have 2 years warranty. • Comprehensive maintenance contract for 5 years after the expiry of warranty period should be quoted. <p>The quoted model should be European certified CE (from Notified Body) or USFDA Approved.</p>

Consignee Details

M/s. Allengers Medical Systems Ltd.		
300 mA X-Ray Machine Make : Allengers & Model : MARS-30		
Delivery Period	06 weeks	
PO Ref. No.	No.: 63/7 /Haffkine/Procurement Cell/E-1077/ 300 mA X-Ray Machine/2020-21. Date: 31/01/22	
	१) दि: ११.०७.२०१७ प्रशासकीय मंजूर (State Plan २०१७-१८) (Qty.- 30) २) दि: २४.१०.२०१७ प्रशासकीय मंजूर निधी १,१९,००,०००/- (State Plan २०१७-१८) (Qty.- 10) ३) दि: २४.०७.२०१८ प्रशासकीय मंजूर निधी २,०२,३०,०००/- (State Plan २०१७-१८) (Qty.- 17)	
Sr. No.	Name & Address of the Consignee	Qty.
1)	SUB District Hospital, Ambernath Thane.	01
2)	Rural Hospital, Wamngaon, Palghar.	01
3)	Rural Hospital, Bawada Pune.	01
4)	Rural Hospital, Satara.	01
5)	SUB District Hospital, Koregaon, Satara.	01
6)	Rural Hospital, Aundh, Satara.	01
7)	Rural Hospital, Wai, Satara.	01
8)	Rural Hospital, Patan, Satara.	01
9)	Rural Hospital, Kaledhon, Satara.	01
10)	Rural Hospital, Shetphal, Solapur.	01
11)	Rural Hospital, Karkamb, Solapur.	01
12)	SUB Distric Hospital, Shirala, Sangali.	01
13)	Rural Hospital, Kokrud, Sangli.	01
14)	Rural Hospital, Madgyal, Sangli.	01
15)	Rural Hospital, Umrane, Nashik.	01
16)	Rural Hospital, Ghoti, Nashik.	01
17)	Rural Hospital, Dabhadi, Nashik.	01
18)	Rural Hospital, Mehunbare, Jalgaon.	01
19)	Rural Hospital, Sawada, Jalgaon.	01
20)	District Hospital, Dhule.	01
21)	SUB District Hospital, Shirpur Dhule.	01
22)	Rural Hospital, Nijampur Jaitane, Dhule.	01
23)	Rural Hospital, Chinchodi Patil, Ahamdnagar.	01
24)	Rural Hospital, Ghodegaon, Ahamdnagar.	01
25)	Rural Hospital, Samsherpur, Ahamdnagar.	01
26)	Rural Hospital, Taharabad, Ahamdnagar.	01
27)	Rural Hospital, Devgaon Rangari, Aurangabad.	01
28)	Rural Hospital, Ajintha, Aurangabad.	01
29)	Rural Hospital, Kannanad, Aurangabad.	01
30)	Rural Hospital, Pathari, Parbhani.	01
31)	Women Hospital, Basmat, Hingoli.	01

Sr. No.	Name & Address of the Consignee	Qty.
32)	Rural Hospital, Sengaon, Hiongoli.	01
33)	Rural Hospital, Aurad Shahajani, Latur.	01
34)	Rural Hospital, Shirur Anantpal, Latur.	01
35)	Rural Hospital, Ardhapur, Nanded.	01
36)	Rural Hospital, Talkhed, Beed.	01
37)	Rural Hospital, Chinchwan, Beed.	01
38)	Rural Hospital, Lakhanwada, Buldhana.	01
39)	Rural Hospital, Motalal, Buldhana.	01
40)	Rural Hospital, Maregaon, Yavatmal.	01
41)	Rural Hospital, Zari Jamani, Yavatmal.	01
42)	Rural Hospital, Sawana, Yavatmal.	01
43)	Rural Hospital, Narkhed, Nagpur.	01
44)	Rural Hospital, Parshi Wani, Nagpur.	01
45)	Rural Hospital, Patansavangi, Nagpur.	01
46)	Rural Hospital, Umred, Nagpur.	01
47)	Rural Hospital, Mauda, Nagpur.	01
48)	Rural Hospital, Hingna, Nagpur.	01
49)	Rural Hospital, Katol, Nagpur.	01
50)	Rural Hospital, Salekasa, Gondia.	01
51)	Rural Hospital, Goregaon, Gondia.	01
52)	Rural Hospital, Saundad, Gondia.	01
53)	District Hospital, Bhandara.	01
54)	District Hospital, Sakoli, Bhandara.	01
55)	Rural Hospital, Sinhora, Bhandara.	01
56)	Rural Hospital, Palandur, Bhandara.	01
57)	Rural Hospital, Pombhurna, Chandrapur.	01
	Total	57

मा. व्यवस्थापकीय संचालक यांच्या मानदतेने व करिता


Mrs. Sushama Patil

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