

**TENDER TERMS, CONDITIONS & SPECIFICATION FOR  
SUPPLY OF EQUIPMENT & INSTRUMENTS FOR CDM&PHO  
KALAHANDI**

**Name of the District / Health Institution: \_CDM&PHO, KALAHANDI  
(HEALTH & F.W. DEPT. (NHM), GOVT. OF ODISHA)**

**Bid Reference No. CDM&PHO/KLD/ *2997* /2022-23**

**LAST DATE & TIME OF RECEIPT OF BID DOCUMENTS: 03-06-2022 at 04.00 pm**

**DATE & TIME OF OPENING OF THE TENDER : 04-06-2022 at 05.00 pm**

**PLACE OF OPENING OF BID DOCUMENTS**

**AND**

**ADDRESS FOR COMMUNICATION**

**AND**

**RECEIPT OF BID DOCUMENTS**

**Chief District Medical & PHO,  
O/o Chief District Medical & PHO, Kalahandi  
Odisha, PIN-766001**

**Terms and Conditions – Page No. 02 to 03**

**Equipment and Instrument Name & Specification – Page No. 04 to 07**

**Technical Bid Check List - Page No. 08**

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**Format for Equipment and Instrument for Price Bid - Page No. 15**

*Wmm*  
*20.5.22*  
**Chief District Medical & PHO  
Kalahandi**

## **TENDER TERMS, CONDITIONS & SPECIFICATION FOR SUPPLY OF EQUIPMENTS AND INSTRUMENTS FOR CDM&PHO KALAHANDI**

1. The bidders will download the tender from the District Web Site: [www.kalahandi.nic.in](http://www.kalahandi.nic.in) Tender cost of Rs. 5000/- (Rupees Five Thousand only) & EMD cost of Rs. 20000/- (Rupees Twenty Thousand only) in shape of Demand Draft in favour of ADMO (Medical) Central Store, Kalahandi.
2. The tender paper will be rejected if the bidder changes any clause or Annexure of the bid documents downloaded from the website.
3. Sealed tenders will be received by date **03-06-2022 up to 04.00 pm** by the office of the CDM&PHO, Kalahandi for the purchase of Equipment and Instrument. Any tender paper received after the due date and time will be rejected/returned to the sender unopened. The tender paper will be received through Speed Post/ Regd. Post/ Carrier Only.
4. The CDM&PHO shall have no responsibility for any delay / Omission on part of the bidder and reserves the right to reject any or all the tenders without assigning any reason thereof.
5. The bidder(s) are to submit their tenders in separate sealed covered envelopes for Technical Bid and Price Bid by superscribing Cover 'A' (Technical Bid) and Cover 'B' (Price Bid) & both the sealed covers should be put into a third outer cover which should be superscribed as "Tender for Supply of Equipment and Instrument for CDM&PHO, Kalahandi for the Year 2022-23" and Tender Reference No. CDM&PHO/ KLD/.....**2997**...../ 2022-23 on dated .....**20.05.2022**.....
6. The sealed tenders will be opened by the CDM&PHO, Kalahandi in the office chamber of the CDM&PHO, Kalahandi on Dated **04-06-2022 at 05.00 pm**. The tenderer or their duly authorized representatives are allowed to be present during the opening of the tenders if they so like.
7. The rate quoted by the bidder should be inclusive of all taxes (GST/CST/ET/Freight/ Insurance etc). Conditional tenders are liable to be rejected. All Disputes are subjected to Hon'ble Court of Bhawanipatna, Kalahandi, Odisha.
8. If the successful bidder/ bidders fail to supply within the stipulated period i.e. 45 (Forty five days) days from date of receipt of final proof from CDM&PHO, Kalahandi liquidated damage @ 0.5% of the tender value per week of delay shall be deducted from the final payment. Maximum delay time acceptable is 8 weeks. Hence, the maximum liquidated damage shall be up to 4% of purchase order. If the bidder fails to supply within the maximum delay time his order stands cancelled automatically.
9. The authority will not make any advance payment to the organization. The organization will have to carry out the entire job on its own and the amount will be paid only after satisfactory completion of the job and submission of bill in that regards.
10. The supply of items shall be made immediately according to volume after placing the supply order in the office of the CDM&PHO, Kalahandi and supplier shall submit the bill for payment at the approved rate in respect to quantity of items supplied. The transportation of items is sole responsibility of the supplier and must deliver the item on door delivery basis.
11. In case of failure on the part of the approved supplier to supply of the above mentioned items as per supply order with stipulated period, the CDM&PHO, Kalahandi shall be at liberty to purchase above mentioned items from other sources and the approved supplier shall be liable to pay the excess amount which this office have to incur being the different of actual amount of purchase minus the amount as per approved rates and difference aforesaid shall be recoverable and adjustable against the security deposit amount.
12. Under no circumstances shall the organization appoint any sub contractor or sublease the contract. If it is found that the organization has violated these conditions, the contract will be

terminated forthwith without any notice and security deposited by the organization shall be forfeited.

13. Rates quoted against this tender notice shall remain valid up to 12 months after award of contract. No request of increase in rates, if any, will be allowed or entertained during this period.

14. Bidders should submit the photocopy of valid GST Registration Certificate & PAN Card.

15. Bidders should have three year audit reports audited by any Chartered accountant and his turn over must be 01 Crore or above in last three (3) financial years in Annexure – I)

16. Valid Manufacturing license / Import License. Importer / Supplier have to furnish the authorization from manufacturer.

17. Valid ISO Certificate

18. Photocopy of Registration Certificate of the Manufacturer/Authorized Supplier.

19. Leaflet / Technical Brochures of the product/item offered.

20. List of item(s) quoted with name of the Make & Model of the item(s) (Annexure – II& III)

21. Details name, address, telephone no., Fax, e-mail of the manufacturer / authorized distributor / service centre / contract person / office in Odisha (Annexure – IV)

22. The Declaration form Annexure - V duly signed by the tenderer before Notary Public / Executive Magistrate.

23. Manufacturer's Authorization (In case the bidder is not the manufacturer) (Annexure – VI)

24. Photocopy of valid USFDA/CE/BIS Certificate

25. Receiving & Opening of Tender may be changed if required by the under Signed, it will be intimated.

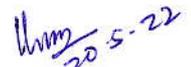
26. Experience Certificate of the supplier at least Two years from any Govt. organization or PSU of the related items to be submitted during the time of submission of technical bids.

27. After Supply of Equipment Proper Installation and Training will be conducted by the Supplier.

28. Warranty of Equipment must cover for 03 Years from the date of installation of the equipments and in case of any issues; the company should address it within 72 hours.

29. One MoU will be done after finalization of Tender with the Bidder regarding maintenance of the Equipment.

30. Performance security on shape of Bank Guarantee or 10% of the purchase order payment on shape of Demand Draft in the name of the undersigned to be kept till the warranty period is over.

  
Chief District Medical & PHO  
Kalahandi

**List of Equipments & Instruments for Technical Specifications ( Cover "A" )**

Sl. No	Name of Item (s)	Specification	Remarks
1	MOBILE X-RAY MACHINE (100mA)	<p><b><u>Product &amp; Manufacturer Quality Standards:</u></b></p> <p>1) Should be USFDA / CE / BIS approved model.                  2) Manufacturer should have ISO 13485 certification for quality standards.                  3) The model should be AERB type approved.  <i>(Supporting documents for above standards must have to be submitted in the technical bid.)</i></p> <p><b><u>TECHNICAL CHARACTERISTICS</u></b></p> <ol style="list-style-type: none"> <li><b>X-Ray Generator</b> : Single Tank X-Ray Generator 2 Pulse output</li> <li><b>MA &amp; KVP</b> : Max 100 MA &amp; 100 KVP ADJUSTABLE</li> <li><b>TIMER</b> : 0.04 to 5.0 Seconds Adjustable</li> <li><b>BEAM LIMIT</b> : LEAD LINED COLLIMATOR</li> <li><b>INDICATIONS</b> : MAINS , OVERLOAD , EXPOSURE ON</li> <li><b>EXPOSURE</b> : FEATHER TOUCH from PANEL and WIRED SWITCH</li> <li><b>INPUT VOLTAGE</b>: 1-PHASE 230 VAC 50 Hz with proper EARTHING.</li> <li><b>PROTECTION</b> : OVER VOLTAGE &amp; OVER RATING PROTECTION with CUT OFF</li> <li><b>MOBILE STAND</b>: It is a mobile X-Ray stand. The stand has counter balanced UP-DOWN Movement of tube arm. The stand has a facility to mount CONTROL PANEL. The stand move on heavy duty castor wheels. The tube can be Rotated 360 Degree around its axis. Locks provided for all movements</li> </ol>	
2	URINE ANALYSER	<p><b><u>Product Quality Standard:</u></b></p> <p>1) Should be CE certified or USFDA approved model.                  2) Manufacturer should be ISO 13485 certified.</p> <p><b><u>Technical Specifications:</u></b></p> <ol style="list-style-type: none"> <li>Auto calibration with power – on</li> <li>Simple and excellent compatibility by USB communication port</li> <li>Enhancing user-convenience even for left-hander by ergonomics design</li> <li>Enhancing work efficiency by flexible option between quick mode &amp; normal mode</li> <li>Easy to input multiple ID by key board, PC and barcode reader</li> <li>Applicable to your multi-language by user define method</li> <li>4 ~ 11 parameter testing available</li> <li>Maximum 300 tests/hour, Average 120 tests/hour</li> <li>Easy to learn and operate</li> </ol> <p><b><u>VARIOUS INTERFACE PORTS:</u></b></p> <ol style="list-style-type: none"> <li>RS232C, USB Keyboard port, USB Port</li> <li>Up/Downloading test result by Bidirectional interface</li> <li>A handheld bar-code reader identifying specimen</li> </ol> <p><b><u>WIDE LCD DISPLAY WINDOW:</u></b></p> <ol style="list-style-type: none"> <li>Bright and clear color LCD</li> <li>320*240 resolution</li> </ol>	

		<p>3. Automatic switching to testing mode from standby mode</p> <p><b>FAST RESULT PRINTING:</b></p> <ol style="list-style-type: none"> <li>1. High speed thermal printer</li> <li>2. Complete data about patient and the result</li> </ol> <p><b>COMPACT SIZE, BUT HIGH CAPACITY:</b></p> <ol style="list-style-type: none"> <li>1. Light weight: 1.2 Kg (2.65lb)</li> <li>2. Compact size: 252 x 200 x 114mm (W X D X H)</li> </ol> <p><b>ERGONOMIC DESIGN:</b></p> <ol style="list-style-type: none"> <li>1. Design to minimize interface</li> <li>2. Easy to use even left – hander</li> </ol> <p><b>SPECIFICATION:</b></p> <ol style="list-style-type: none"> <li>1. Power Adapter: DC 12V 3.33 A(100-240V, 50/60 Hz)</li> <li>2. LCD: 320*240 color LCD</li> <li>3. RS232C Interface: COM1 – Communication with PC, COM2 – Communication with barcode system</li> </ol>	
3	SEMI AUTO ANALYSER	<p><b><u>Product Quality Standard:</u></b></p> <ol style="list-style-type: none"> <li>1) Should be USFDA or CE (As per IVD directive) of the quoted model.</li> <li>2) Manufacturer should be ISO 13485 certified for quality standards.</li> </ol> <p><b><u>Technical Specification:</u></b></p> <ol style="list-style-type: none"> <li>1. User Interface: Mechanical Key board</li> <li>2. Flow cell type: Permanent flow cell</li> <li>3. Wavelength selection &amp; Measurement range (wavelengths): Automatic (wavelength) selection facility with 8 position filter wheel (with all filters in position), covers standard wavelengths in the range of 340 to 700 nm 6 fixed and 2 free positions.</li> <li>4. Absorbance range: 0 to 3 unit</li> <li>5. Number of programmable channels for chemistries: &gt; = 200</li> <li>6. Assay / Calculation types available in analyzer: End point with factor or standard, fixed time with factor or standard. Kinetic; Enzyme Kinetics with factor or standard, Absorbance, Sample blanking, Differential mode with factor or standard</li> <li>7. Calibration Types available: Linear factor, Multi point, point to point, Log-Log it, Spline, 1-point calibration, 2- point calibration, Polygonal multi standard (Calibration Curve)</li> <li>8. 3 Levels control facility with day to day Levy-Jennings curve stored and displayed, available: Yes</li> <li>9. Sample incubator facility available: Yes</li> </ol> <p><b><u>FLOW CELL:</u></b></p> <ol style="list-style-type: none"> <li>10. Flow cell material: Quartz + Metallic</li> </ol> <p><b><u>CONSUMABLES:</u></b></p> <ol style="list-style-type: none"> <li>1. Equipment is suitable for use of consumables under: Open System</li> </ol> <p><b><u>PRINTER AND COMPUTER/LABORATORY INTERFACE:</u></b></p> <ol style="list-style-type: none"> <li>1. Lab Interface system (LIS) compatible viz analyzer equipment preloaded with software needed for lab interface: Yes</li> </ol>	

4	ELECTROLYTE ANALYSER	<p><b><u>Product Quality Standard:</u></b></p> <ol style="list-style-type: none"> <li>1) Should be CE/ USFDA/BIS approved model.</li> <li>2) Manufacturer should be ISO 13485 certified.</li> </ol> <p><b><u>Technical Specifications:</u></b></p> <ol style="list-style-type: none"> <li>1. Analysis Method: Ion selective electrode (ISE)</li> <li>2. Sample Type: Serum, Plasma, whole blood, cerebrospinal fluid and diluted urine</li> <li>3. Sample volume: 60 – 150 µl (3 parameters to 5 parameters)</li> <li>4. Rapid test speed of 60 test per hour</li> <li>5. Measuring speed: ≤ 25 seconds</li> <li>6. Storage up to 10000 test result</li> <li>7. High accurate and long life electrode</li> <li>8. Programmable multi format print out</li> <li>9. Sleep mode to reduce reagents consumption</li> <li>10. Reagents pack, real time monitoring of reagent residual volume</li> <li>11. Optional sample Auto-loader</li> <li>12. Internal Thermal Printer</li> </ol>	
5	BLOOD CELL COUNTER (3PARTS)	<p><b><u>Product &amp; Manufacturer Quality Standards:</u></b></p> <ol style="list-style-type: none"> <li>1) Manufacturer should be ISO 13485 certified</li> <li>2) Quoted model should be CE or USFDA approved</li> </ol> <p><b><u>Technical Specification:</u></b></p> <p><b>PERFORMANCE PARAMETERS:</b></p> <ol style="list-style-type: none"> <li>1. Type of system : Closed system</li> <li>2. MID% Analysis: No</li> <li>3. MtD# Analysis: Yes</li> <li>4. Gran% Analysis: No</li> <li>5. Gran# Analysis: No</li> <li>6. Analysis Method for WBC: Electrical Impedance</li> <li>7. Method for Platelet measurement: Electrical Impedance</li> <li>8. RBC Measurement method: Electrical Impedance</li> <li>9. Hb Measurement: Cyanide free Colorimetry</li> <li>10. Types of modes of running sample: Open Vial, Closed</li> <li>11. Maximum sample aspiration volume needed in any of modes: Should be less than 50µL</li> <li>12. Minimum sample volume required: Should be 20µL or less</li> <li>13. Throughput capacity of analyzer in (sample/hour): 50-60</li> <li>14. Hemoglobin Linearity: 0 to 22 gm per litre</li> <li>15. Availability of Auto dilution: Yes</li> <li>16. Type of Calibration: Both (Automatic and Manual)</li> <li>17. Direct aspiration for capillary blood from finger prick: No</li> <li>18. Separate diluting nozzles for RBC and WBC: Yes</li> <li>19. Double bathing mechanism: Yes</li> </ol> <p><b>DATA MANAGEMENT AND DISPLAY:</b></p> <ol style="list-style-type: none"> <li>1. Type of data management: Inbuilt System</li> <li>2. Display: LED</li> <li>3. Inbuilt Monitor size in inches: More than 5</li> <li>4. PC Monitor size in inch (When PC provided externally): NA (if inbuilt system)</li> <li>5. PC hard disk: NA</li> <li>6. RAM Capacity of PC system: NA (If no PC provided)</li> </ol>	

		<p>7. HIS/LIS Interface: HL7  8. Type of external storage: USB  9. No of USB Port: 4  10. Data Management System: Provide Histograms in display and print  11. Type of user Interface or data entry: All three (Touch screen, Handheld barcode reader facility and manual)  12. Database capability of storing sets of results and graphics: &gt; = 2000 to 5000  13. Printer Facility: Yes  14. Type of Printer Unit: External  15. Printer Type: Laser Printer</p> <p><b>POWER REQUIREMENTS:</b></p> <ol style="list-style-type: none"> <li>1. Type of UPS: Offline</li> <li>2. Rating of UPS in KVA: 0.6 KVA</li> <li>3. Back up time in minutes: 15 min.</li> </ol> <p><b>ACCESSORIES, SPARE PARTS AND CONSUMABLE:</b></p> <ol style="list-style-type: none"> <li>1. Offered equipment unit to be supplied with sufficient consumables (with at least 2/3 rd of total shelf life) required for, sufficient to carry out haematological testing of samples</li> </ol>	
6	FOETAL DOPPLER	<p><b><u>Product Quality Standard:</u></b></p> <ol style="list-style-type: none"> <li>1) Should be USFDA or CE approved product.</li> <li>2) Manufacturer should be ISO 13485 certified for quality standards.</li> </ol> <p><b><u>Technical Specification:</u></b></p> <ol style="list-style-type: none"> <li>1) Should have Screen : 4.50 cm TFT screen</li> <li>2) Should have Heart Rate Range: 50 – 240 bpm</li> <li>3) Should have Heart Rate Accuracy: ± 1% or ± 1 bpm whichever is greater</li> <li>4) Should have Ultrasound Frequency: 2.5 MHz</li> <li>5) Should have Ultrasound Sensor Size: Ø 2.5 cm</li> <li>6) Should have Ultrasound Sensitivity: &gt; 110 dB</li> <li>7) Should have Speaker: Ø 40mm built – in speaker</li> <li>8) Should have Auto Shut off: 2 minutes no signal</li> <li>9) Battery Type: 1 Set Li-ion rechargeable battery</li> <li>10) Should have Waterproof Grade: IPX1</li> <li>11) Should have Interface: 35cm earphone output</li> <li>12) Should have Weight: Around 215g (Including Probe, Excluding Battery)</li> <li>13) Should have Dimensions: 14.2 (H) x 6.8 (W) x 2.8 (D) cm</li> </ol>	

**Chief District Medical & PHO  
Kalahandi**

# CHECK LIST

(To be submitted in Cover "A" Technical Bid)

**Note : The documents has to be arranged serially as per the order mentioned in the Check List**

Please put  $\surd$  in the respective box

## **COVER – A (TECHNICAL BID) DOCUMENTS: SUBMITTED OR NOT**

1. List of Item (s)	Page No.		Yes		No	
2. Tender document Fee	Page No.		Yes		No	
3. EMD Fees	Page No.		Yes		No	
4. Details of Manufacturing Unit / contract person Liaisoning agent / servicing centre	Page No.		Yes		No	
5. Declaration form signed by the Tenderer & affidavit before Notary Public / Executive Magistrate	Page No.		Yes		No	
6. Experience during the last Two years (From Govt. organization or PSU if any, Order to be attached for related items)	Page No.		Yes		No	
7. Leaflets/Technical Brochures of the Products offered ( <b>Item wise</b> )	Page No.		Yes		No	
8. Company Manufacture Authorization Certificate	Page No.		Yes		No	
9. Copy of Valid ISO Certificate	Page No.		Yes		No	
10. Attested Photocopy of Up-to-date CE / US FDA/BIS Certificate ( <b>Item wise</b> ) (As per technical specification)	Page No.		Yes		No	
11. Attested Photocopy of Up-to-date IEC Certificate ( <b>optional</b> ) (Item wise) (As per technical specification)	Page No.		Yes		No	
12. Photocopy of PAN	Page No.		Yes		No	
13. Photocopy of GST clearance certificate	Page No.		Yes		No	
14. Copy of original Tender and schedules, duly signed by the Tenderer No.	Page No.		Yes		No	
15. Turn Over (01 Crore or above)	Page No.		Yes		No	

**Signature of the Bidders**

**ANNEXURE – I**

(To be furnished in the **letter head** of the auditor / Chartered Accountant)

**ANNUAL TURN OVER STATEMENT**

The Annual Turnover for Equipment products of M/s .....  
Who is a manufacturing unit / Authorized unit for the last .....years are given below and certified  
that the statement is true and correct.

Sl No	Year	Turnover in crores (Rs.)
1	2018-19	
2	2019-20	
3	2020-21	
<b>Average Annual turnover</b> (for the above three years) in Crores (Rs.).....		

Date:

Place:

Signature of the Auditor/  
Chartered Accountant (Name in Capital)

Membership No.-

Registration No. of Firm

**Note:** To be issued in the **letter head** of the auditor / Chartered Accountant.

**ANNEXURE - II**

**LIST OF ITEM(S) QUOTED**

<b>Sl. No</b>	<b>Name of the Item (s)</b>	<b>Name of the Manufacturer</b>	<b>Make</b>	<b>Model Name</b>

**Signature of the Bidders**

**ANNEXURE – III**

**DETAILS OF TECHNICAL SPECIFICATION OF THE PRODUCT OFFERED BY THE BIDDER**

<b>Sl. No</b>	<b>Item name</b>	<b>Make</b>	<b>Model</b>	<b>Detail Specification of the product offered* (Pl. Describe the detail specification of the product)</b>
1				
2				
3				
4				

Leaflets / Technical Brochures of the product offered must be attached in support of the information provided above.

Signature of the Bidder

Name :

Date:

Place:

Seal

**ANNEXURE – IV**

**DETAILS OF THE TENDERER & LOCAL CONTACT PERSON**

	<b>Corporate Office (The address in which the purchase orders and payment details will be communicated)</b>	<b>Local Contact Person / Branch Office / Zonal Officer/ Service Centre if any, in Odisha</b>
Name & Full Address		
Telephone Nos., Landline		
Mobile		
Fax		
E-Mail		
Date of Inception		
Manufacturing License Nos. & Date		
Name of the issuing authority		
License valid up to		

**Signature of the Bidders**

**ANNEXURE – V**

**DECLARATION FORM**

I / We..... having My /  
Our.....office  
at.....do declare that I/We have  
carefully read all the terms & conditions of tender of the..... Odisha  
for the supply of medical equipments. The approved rate will remain valid for a period of one year from  
the date of approval. I will abide with **all the terms & conditions** set forth in the **Tender Reference no.**

I/We do hereby declare I/We have not been de-recognized/black listed by any State Govt./ Union  
Territory/ Govt. of India / Govt. Organization/Govt. Health Institutions for supply of Not of Standard Quality  
(NSQ) items/non-supply.

I/We agree that the Tender Inviting Authority can forfeit the Earnest Money Deposit and or Security  
Deposit and blacklist me/us for a period of 5 years if, any information furnished by us proved to be false at  
the time of inspection/verification and not complying with the Tender terms & conditions.

I/We further declare that I/We possess valid manufacturing license (s) bearing No. (s).....  
Valid upto..... I /We..... do hereby declare that I/ we will  
supply the..... as per the terms, conditions & specifications of the tender  
document I/we further declare that I/ we have a service centre/ will establish a service centre within one  
month of installation of the equipment in Odisha.

Signature of the bidder

Seal

Date

Name & Address of the Firm:

Affidavit before Executive Magistrate / Notary Public.

**ANNEXURE I – VI**

**MANUFACTURER’S AUTHORIZATION FORMAT**

The CDM & PHO, Kalahandi  
Deptt. of Health & Family Welfare(NHM)  
Govt. of Odisha.

Ref: Tender No..... Dated..... For .....

Dear Sir,

We .....are the manufacturers of.....(name of equipment(s))  
having factories at.....

1. Messrs.....(name and address of the agent) is our authorized  
agent for sale and service of equipment(s)

2. We confirm that Messrs..... (name of the above agent) is authorized to  
submit a tender, and enter into a contract with for the above goods manufactured by us.

Yours faithfully,

.....  
.....

(Signature with date, name and designation)

For and on behalf of Messrs .....

(Name & address of the manufacturers)

Seal

Note:

1. This letter should be on the letter head of the manufacturer/Supplier and should be signed by a  
person having the power of attorney to legally bind the manufacturer.

**List of Equipments & Instruments for Price Bid ( Cover "B")**

Sl No.	Name of Items	Company Name	Rate per unit (exclusive of tax and other charges)	Tax amount if any with detail(GST if applicable)	Other incidental charges if any specify in details	Total amount(Rs.)	Remarks

Price of each item (s) quoted should be mentioned separately by creating separate rows for each item

\* GST which will be chargeable on the price (3) shall be mentioned separately in column 7 above.

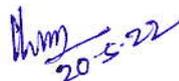
\*\* The cost of turnkey shall only be quoted if any specific accessories/item is required for installation & commissioning. In case of turnkey, the details of accessories/item are to be mentioned.

Date :  
Place :

Signature of the Bidder:  
Name

1. Rates should be quoted both in figures & words for each item and if there is any discrepancy, the quoted rates in words will be taken for evaluation.

2. The tenderer has to mention the make / brand, specification, warranty of all the items in turn key.

  
Chief District Medical & PHO  
Kalahandi