

**TERMS, CONDITIONS & SPECIFICATION FOR SUPPLY OF
BRAINSTEM EVOKED RESPONSE AUDIOMETER (BERA) MACHINE WITH ASSR.**

Name of the District / Health Institution: CDM&PHO, Kalahandi
(HEALTH & FW DEPTT., GOVT OF ODISHA)

Bid Reference No. CDM&PHO/KLD/ 5147 /2026-27


LAST DATE & TIME OF RECEIPT OF BID DOCUMENTS: 18/7/26 at 04:00 PM

DATE & TIME OF OPENING OF THE TENDER: 20/7/26 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

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Chief District Medical & PHO,
Kalahandi

TERMS AND CONDITIONS FOR SUPPLY OF BRAINSTEM EVOKED RESPONSE AUDIOMETER (BERA) MACHINE WITH ASSR UNDER CDM&PHO, KALAHANDI FOR A PERIOD OF ONE YEAR.

1. The bidders will download the tender from the District Web Site: <https://kalahandi.odisha.gov.in/> by Tender cost of Rs.2000/- (Rupees Three Thousand Only) and EMD Cost. Rs.10000/- (Rupees Ten Thousand Only) in shape of Demand Draft in favour of the ADMO (Medical) Cum SMO 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 18/07/2026 up to 04:00 PM by the CDM&PHO Kalahandi in the office of the CDM&PHO, Kalahandi for the purchase of Brainstem Evoked Response Audiometer (BERA) Machine. Any tender paper received after the due date and time will be rejected. The tender paper will be received through Speed Post/ Regd. Post Only. The Sealed tenders will be open on dated 20/07/2026 at 05.00 PM.
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 superscripting Cover 'A' (Technical Bid) and Cover 'B' (Price Bid) & both the sealed covers should be put into a third outer cover which should be superscripted as "Tender for Supply of Brainstem Evoked Response Audiometer (BERA) Machine for the year 2026-27" and Tender Reference No. CDM&PHO/ KLD/ 5147 /2026-27.
6. The sealed tenders will be opened by the CDM&PHO in the office Chamber of CDM&PHO, Kalahandi on Dated 20/07/2026 at 05.00 PM. The bidder or their 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/ET/Frieght/insurance etc.).
8. Conditional tenders are liable to be rejected. All Disputes are subjected to Hon'ble Court of Bhawanipatna, Kalahandi, Odisha.
9. If the successful bidder/ bidders fail to supply within the stipulated period i.e. 45 (forty from date of receipt of final order from CDM&PHO, Kalahandi, order stands cancelled automatically.
10. 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.
11. 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 to District Drug ware house.



12. Under no circumstances shall the organization appoint any sub contractor or sublease the contact. 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 of items 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 Certificate with Clearance & PAN Card.
15. Receiving & Opening of Tender may be change if required by the undersigned, it will be intimated.
16. The Firm will must be submitted one Experience Certificate at least Three Years (03 years) for Supply at Equipment & Instrument to the Govt. or Non Govt. Health Facilities.
17. Bidders should not be changed the product/ item list as per the tender Sl. No.
18. 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 year in Annexure - I.
19. Valid Manufacturing license / Import License. Importer / Supplier have to furnish the authorization from manufacturer.
20. Valid EN ISO:13485/ ICMED:13485/ISO 13485, IEC/EN 60601-1, USFDA or EU-CE Certificate shall be submitted for Brainstem Evoked Response Audiometer (BERA) Machine.
21. Photocopy of Registration Certificate of the Manufacturer/Authorized Supplier.
22. Leaflet / Technical Brochures of the product/item offered.
23. List of item(s) quoted with name of the Make & Model of the item(s) (Annexure – II & III).
24. Details name, address, telephone no., Fax, e-mail of the manufacturer / authorized distributor / service centre / contract person / office (Annexure – IV).
25. The Declaration form (Annexure – V) duly signed by the tenderer before Notary Public / Executive Magistrate.
26. Manufacturer's Authorization (In case the bidder is not the manufacturer) (Annexure – VI)
27. After Supply of Equipment Proper Installation and Training will be conducted by the Supplier.
28. Warranty of Equipment must cover 01 Years for Brainstem Evoked Response Audiometer (BERA) Machine from the date of installation of the equipments and in case of any issues; the company should address it within 72 hours.

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Technical Specifications of Brainstem Evoked Response Audiometer (BERA) Machine with ASSR (Cover "A")

Sl No.	Name of the Equipment	Technical Specifications	Remarks
1	Brainstem Evoked Response Audiometer (BERA) Machine with ASSR	<p>Operational Requirements:- The system should be able to perform the BERA, ASSR in new-born, Infants, and young children</p> <p>Technical Specification for BERA :- Should have following test types:-AEP: Chirp, Click & tone burst ABR, Cortical AEP: AMLR, LLR Should have ability to record under physiological and electromagnetic noises Impedance measurement should be built in and displayed on screen Should have facility of display multiple panels of waveforms simultaneously. Should have facility of continuous live display of ongoing input signals. Should have stimulus polarity : Condensation, Rarefaction, Alternating Should have absolute or stimulus relative masking types (NBN & White noise) Should have two isolated channels. Should have digital Butter worth Highpass/ Lowpass Filter. Should have Pre-programmed auto tests Should have facility of unlimited number of user defined test protocols Stimulus types: CE-Chirp, Click, Pure Tone, Tone Burst, Tone pip Transducer: Insert ear phones and Bone Vibrator Intensity:0-130dBnHL Tone Burst 10 to 130Db on 250 to 8000Hz Should have amplifier frequency response 0.2 to 10,000 Hz. Should have repetition rates 0.2 to 100 depending on modality.</p> <p>Technical Specification for ASSR :- Stimulus – Modulated Tone, clicks Intensity: up to 125 dB SPL Frequency response up to 5000Hz or better Should be able to test multiple frequencies simultaneously for both ears Automatic Generation of Audiogram in SPL/HL Phasor diagram should be generated automatically. Frequency and intensity-based phasor diagram FFT Values should be displayed Should have spectrum graph</p> <p>System Configuration Accessories, spares, and consumables :- All accessories for all above facilities to be included. Should be CE (Notified) certified or USFDA Approved and Manufacturer should be ISO 13485 certified manufacturing. (Attach Certificate). Should be supplied with following accessories as per the quantity mentioned: <ol style="list-style-type: none"> 1. Insert Ear phone 01 no. 2. Electrodes 6mm cup 12nos. 3. Electrode 10mm cup 12nos. 4. Electrode linker 02nos. 5. Skin preparation gel 01no. 6. Conductive paste 01no. 7. Infant ear tips 3.5mm 20nos (Disposable) 8. Infant ear tips 4.0mm 20nos (Disposable) 9. Foam ear tips, 13mm 100nos (Disposable) 10. Disposable Electrodes 25nos (Disposable) 11. Foam air tips, 13mm 100nos (Disposable) 12. User Manual 01no. </p>	

13. Ear Hug/Halo muffin 10Nos
14. Insert adaptor for Ear Hug/Halo muffin-02 sets

Power Supply :-

Power input to be 220-240 VAC, 50Hz fitted with Indian Plug
Suitable UPS with maintenance free batteries for minimum 1 hour backup

Quality Standards :-

1. **Product Quality Standard:** The quoted model should be USFDA (510K/CFG) or EU – CE certified (EU-CE certificate should be issued from a notified body having notified number).
2. **Product Safety Standard:** The model should be compliance to electrical safety standards of IEC/EN 6060601-1.
3. **Manufacturer Quality Standards:** The manufacturer should be ENISO13485 certificate issued from a notified body or ICMED 13485 (with or without plus) certificate issued from certification bodies Accredited by NABCB or ISO 13485 certificate issued from certification bodies accredited by NABCB/ Nationally Accreditation Board under IAF MLA.

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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 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 (Rs. 2,000.00)	Page No.		Yes		No	
3. EMD Fees (Rs.10, 000.00)	Page No.		Yes		No	
4. Details of Manufacturing Unit / contract Person Liaisioning 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 Three 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 (Item wise)	Page No.		Yes		No	
8. Company Manufacture Authorization Certificate	Page No.		Yes		No	
9. Self attested copies of Valid EN ISO:13485/ ICMED:13485/ ISO 13485, IEC/EN 60601-1 & USFDA or EU-CE Certificate for Brainstem Evoked Response Audiometer (BERA) Machine.	Page No.		Yes		No	
10. Self attested copies of Valid European CE, ISO 9001 & ISO 13485, IEC 60601 or BIS equivalent (ISO 15197) Certificate for Brainstem Evoked Response Audiometer (BERA) Machine.	Page No.		Yes		No	
12. Self attested Photocopy of PAN	Page No.		Yes		No	
13. Self attested copies of GST Registration Certificate & GST updated return copy of Dec – 2025 to May – 2026 (GSTR – 3B & GSTR – 1)	Page No.		Yes		No	
14. Self attested copies of original Tender and schedules, duly signed by the Tenderer No.	Page No.		Yes		No	
15. Turn Over last 3 financial Year (20223-24,2024-25,2025-26) (01 Crore or above)	Page No.		Yes		No	
16. Self attested copies of the audited financial statement for last Three financial year i.e. 2023-24, 2024-25, 2025-26	Page No.		Yes		No	

Handwritten signature/initials

ANNEXURE – I

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

ANNUAL TURN OVER STATEMENT

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

Sl No	Year	Turnover in lakhs (Rs.)
1	2023-24	
2	2024-25	
3	2025-26	
Annual Turnover (for the above three years) in lakhs (Rs.).....		

Date:

Place:

Accountant (Name in Capital)

Signature of the Auditor/ Chartered

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

Sl. No	Name of the Item (s)	Name of the Manufacturer	Make	Model Name

Signature of the Bidders

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ANNEXURE – III

DETAILS OF TECHNICAL SPECIFICATION OF THE PRODUCT OFFERED BY THE BIDDER

Sl. No	Item name	Make	Model	Detail Specification of the product offered* (Pl. Describe the detail specification of the product)
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

	Corporate Office (The address in which the purchase orders and payment details will be communicated)	Local Contact Person / Branch Office / Zonal Officer/ Service Centre if any, in Odisha
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 – 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,

Weare 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.

Handwritten signature

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.) (Including Taxes)	Remarks

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

** 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 :

Signature of the Bidder:

Place :

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.

H. S. K. Patil
3-7-26

**Chief District Medical & PHO
Kalahandi**