## Invitation of quotation

## for

# Supply of Manikins/ Trainer for Midwifery Skill

## Lab

### At

## All India Institute of Medical Sciences, Jodhpur

Inquiry No.:	:	Admin/Gen/52-04(ii)/2020-AIIMS.JDH
Inquiry Issue Date	:	04 <sup>th</sup> February, 2021
Last Date of Submission	:	10 <sup>th</sup> February, 2021 at 03:00 PM.



## All India Institute of Medical Sciences, Jodhpur

Basni Phase - II, Jodhpur – 342005, Rajasthan Telefax: 0291- 2740741, email: **procurement@aiimsjodhpur.edu.in** www.aiimsjodhpur.edu.in

### <u>Invitation of quotation for Supply of Manikins/ Trainer for</u> <u>Midwifery Skill Lab at AIIMS Jodhpur</u>

Sealed Quotations are hereby invited by the undersigned on behalf of the Director, AIIMS Jodhpur for Supply of Manikins/ Trainer for Midwifery Skill Lab for the Institute as per terms & conditions mentioned below. The filled quotations along with all the required document must reach in the office of the undersigned on or before 10.02.2021 03:00 PM. The Envelope containing the quotation would please be sealed and super scribed as under:-

#### <u>"QUOTATION FOR SUPPLY OF MANIKINS/ TRAINER FOR</u> <u>MIDWIFERY SKILL LAB AGAINST INQUIRY NO. ADMN/GEN/52-</u> <u>04(ii)/2020-AIIMS.JDH" DUE ON 10.02.2021 03:00 PM"</u>

#### 1. Terms & Conditions:

- A) The quotations received after this deadline & unsealed shall not be entertained under any circumstances whatsoever. In case of postal delay this Institute will not be responsible.
   The offer Submitted Fax/Email shall not be considered and no correspondence will be entertained in this matter.
- B) Quotations must be in the enclosed prescribed Performa on the letter head of the firm duly signed by the Proprietor/ Partner/ Director or their authorized representative, In case of signing of quotation by the authorized representative letter of authorization must be attached with the quotation. Quotation must be dropped in "Quotation Box" located in Administration Block of AIIMS, Jodhpur.
- C) Rates must be quoted in **Indian rupees** and as per the format specified taxes extra if any must be written separately.
- D) Rates must be quoted FOR basis (including Freight charges, Insurance, installation etc.)
- E) No overwriting or cutting is permitted in the rate. If found, the quotation shall be summarily rejected.
- F) The rates quoted must be valid for 60 days minimum from the date of opening of the quotation and silence of any tendered on this issue shall be treated as agreed with this condition.
- G) Becoming L1 will not be the criteria for awarding of purchase order unless the rates are reasonable & justified.
- H) RTGS/NEFT details need to be furnished by the supplier with the quotation on the letter head of supplier/firm/agency.
- I) The firm/agency may satisfy the following conditions and attach self-attested copy of the same with the quotation:
  - Firm shall be registered with the Government of Rajasthan / Central Government.
  - The firm shall have valid GST No.
  - The firm should not be black listed by any Govt. Agency/Dept.
- J) Quotations qualified by such vague and indefinite expressions such as "subject to prior

confirmation", "subject to immediate acceptance" etc. will be treated as vague offers and rejected accordingly. Any conditional quotation shall be rejected summarily.

- K) Delivery Period within 30 days from Purchase order.
- L) **Liquidated Damage:** If the supplier fails to deliver the material on or before the stipulated date, then a penalty at the rate of 0.5 % per week of the total order value shall be levied subject to maximum of 10% of the total order value.
- M) **Payment Terms:** Payment will be only after satisfactorily delivery / commissioning of material and after inspection by the AIIMS Jodhpur.
- N) **Disputes:** -In the event of any dispute or disagreement arising between the contractors and any other department of AIIMS Jodhpur with regards to the interpretation of "Terms & Conditions" of this inquiry, the same shall be referred to the Director, AIIMS Jodhpur whose decision will be final and binding upon the contractor.
- O) AIIMS, Jodhpur reserves the right to increase or decrease quantity and / or amount of work. Decision of Quantity of material in the AIIMS, Jodhpur will be final in this regard.
- P) AIIMS, Jodhpur reserves the right to reject any quotation or part or the whole of inviting quotation process without assigning any reason. Decision of the AIIMS, Jodhpur will be final in this regard.
- 2. Special Terms & Conditions:
- A) Bidder must quote the product as per specification provided in Annexure 1.
- **B**) Catalog must be attached with quotation for technical evaluation.
- C) The supplier may be asked to arranging demonstration of their equipment for which rates have been quoted, to the AIIMS Jodhpur, if required. The expenditure incurred for demonstrating the items will be borne by the supplier.

**Administrative Officer** 

Encl.: Annexure 1 (Specification) Annexure 2 (Format of price bid)

		<u>Annexure 1</u>	
S. No.	Particular	Specification	Qty.
		The trainer should consist of uterus training models with accompanying essential instruments for IUD insertion.	
		The trainer should allow comprehensive IUD training at all the three main stages.	
1.	Interval, Post- abortion and post- partum intrauterin e device (IUD) insertion trainer	<ul> <li>i) A simplified human anatomical model of a Postpartum Uterus after birth: It supports training in postpartum intrauterine device insertion, uterine balloon tamponade insertions and other postpartum uterus interventions.</li> <li>ii) A simplified human anatomical model with both an interval uterus and a post-abortion uterus: It supports training for a variety of sexual and reproductive health interventions such as vaginal examinations, IUD insertion and removal, and for inspecting anteverted and retroverted position of the uterus</li> </ul>	02 Nos.
		<ul> <li>The trainer should be supplied with</li> <li>a) Instrument bag 1: PPIUCD Forceps, Sponge holding forceps, Sim's Speculum</li> <li>b) Instrument bag 2: Sponge holding forceps, Vulsellum Forceps, Cusco's Speculum, Uterine sound, MVA Cannula, Artery Forceps</li> </ul>	
2.	Fetal Heart Rate Monitor	<ul> <li>Fetal heart rate (FHR) monitor should be designed for continuous fetal heart rate monitoring in low-resource settings.</li> <li>The device should pick up fetal heart rate in a wide area and detects fetal heart rate in less than 5 seconds.</li> <li>The device should enable birth attendants to make appropriate obstetric interventions and eases the workload without interrupting existing routines.</li> <li>The device should also measure maternal heart rate.</li> <li>The device should be lightweight and portable so that can be attached to mother and move freely.</li> <li>The device should give a visible and audible alarm for the health worker and/or mother when FHR is not normal.</li> <li>General design requirements</li> <li>Designed for continuous fetal heart rate monitoring</li> <li>Can also be used for intermittent monitoring</li> <li>9-crystal sensor enables rapid detection of the fetal heart rate (less than 5 seconds)</li> <li>Wide detection area (900 sq. cm.)</li> <li>Lightweight and portable</li> <li>Measures maternal heart rates for comparison</li> <li>Visible and audible alarm when fetal heart rate is abnormal</li> <li>Heart Rate Measurement</li> <li>Ultrasound Transducer</li> <li>Display range: 50-250 bpm</li> <li>no detectable heart rate or heart rate &lt;50 bpm displayed as "-?-"</li> </ul>	02 Nos.

### Annexure 1

	[		
		Maternal HR Electrodes	
		• Display range: 30-250 bpm	
		• No detectable heart rate or heart rate <30 bpm displayed as "-?-"	
		• Accuracy: short term average +/-5% or +/-5 bpm, whichever is greater, in	
		the range of 50-150 bpm	
		• FHR Alarm Algorithm	
		• Lost FHR Alarm	
		• when no FHR or <50 bpm lasting for 60 seconds is detected by the	
		ultrasound sensor	
		Abnormal FHR Alarm	
		• when <100 bpm or >180 bpm lasting for more than 3 minutes is detected	
		by the ultrasound sensor	
		• when between 100-110 bpm or 160-180 bpm lasting for more than 10	
		minutes is detected by the ultrasound sensor	
		Supplied with	
		<ul> <li>Abdominal transducer belt (package of 3)</li> </ul>	
		<ul> <li>Neck strap (package of 3)</li> </ul>	
		• Battery charger and cable (5 V USB wall adapter + USB cable, 1.5 m)	
		Dimensions	
		• Size: 96 x 96 x 24 mm (W x H x D, without cable and ultrasound	
		transducer)	
		• Weight: 300 g (main unit + ultrasound transducer)	
		Specification for kangaroo mother care wrap	
		KMC wrap/cloth for helping mothers providing continuous and quality KMC	
		to their new-borns, also after hospital discharge.	
		• The wrap/cloth design must be ergonomic to keep the baby securely in	
		place with little strain on the shoulder and back of the mother.	
		• The wrap must keep babies in correct posture when providing KMC.	
	Kangaroo	• The wrap must allow unrestricted movement of mother as she is providing	02
3.	Mother	KMC and cause less fatigue in the back and shoulders.	Nos.
	Care Wrap	• There must be no knots in the back, so it is comfortable to use while lying down.	1105.
		• It must not require an assistant to put on and must facilitate breastfeeding.	
		It must be gender neutral- it must be acceptable to wear for fathers as well	
		as mothers.	
		• It must be compatible to use with Breast feeding simulator and pre term	
		baby simulator and to practice essential new-born care and Kangaroo	
		Mother Care.	
		➤ Breast feeding simulator should be a wearable strap that allows highly	
4.		realistic simulation of breast feeding and breastmilk expression.	
		> Breast feeding trainer should be, designed to demonstrate and teach proper	
	Breast	breastfeeding positioning and attachment.	02
	feeding	> The trainer material should be made of Neoprene fabric, silicone nipples,	02
	Trainer (Wearable)	nylon straps, and polypropylene screw caps.	Nos.
	( Weat able)	The colour of the trainer should be a dark red to be skin tone neutral. The trainer should have facility to fill with water which can be realistically.	
		The trainer should have facility to fill with water which can be realistically expressed from the breasts.	
		The trainer should be supplied with: 30 ml feeding cup, Transport /	
		1. The number should be supplied with 55 m feeding edg, fransport /	

5.	Normal New Born Manikin	<ul> <li>Storage bag.</li> <li>The materials should be designed to be cleaned with a damp cloth and collapses down to a small size when empty, therefore they are easily transportable and easy to clean if dirtied during use.</li> <li>Should have the following standards ISO 9001:2008; ISO 13485:2003; ISO140001</li> <li>The New-born manikin should be realistic in size and appearance and also natural weight, feel and touch when filled with lukewarm water and designed to demonstrate and teach resuscitation techniques</li> <li>Should be designed for the training of after birth care and standard resuscitation measures.</li> <li>The Manikin kit should include the following <ul> <li>New-born Manikin</li> <li>Squeeze bulbs for manikin</li> <li>External umbilical cord and 2 umbilical ties</li> <li>2 sheet to for towels</li> <li>Head cap</li> <li>Carrying pouch</li> <li>Neonatal Resuscitator (Reusable)</li> <li>Neonatal Suction(Reusable)</li> <li>Training Stethoscope</li> <li>Directions of use.</li> </ul> </li> <li>New-born simulator should facilitate practice in effective bag mask ventilation. Chest rise should be seen only with correct technique and head movable to simulate blocked or open airway</li> <li>Should have manually generated umbilical pulse</li> <li>Birth cries and spontaneous breathing to be simulated.</li> <li>Should have manually generated umbilical pulse</li> <li>Birth cries, palpable umbilical pulse and heart sounds.</li> <li>Should allow the instructor to manually control the features of the simulator to set the scenario and respond to the student's performance.</li> </ul>	02 Nos.
6.	Pre- Mature Baby Manikin	<ul> <li>Preterm manikin should be realistic appearance and weight and designed to teach premature care, essential new-born care and Kangaroo Mother Care.</li> <li>The pre-term simulator should be realistic size and appearance for a preterm baby (1.6 kg, 32-week gestational age) natural weight, feel and touch when filled with lukewarm water.</li> <li>Should allow training in proper breastfeeding positioning and attachment.</li> <li>Should anatomically correct nasogastric placement.</li> <li>Should be provided with spoon, cup and nasogastric tube feeding</li> </ul>	01 Nos.
Note: -			

#### <u>Note: -</u>

- **\*** Catalog/ Brochure must be attached for Technical Evaluation.
- The supplier may be asked to arranging demonstration of their equipment for which rates have been quoted, to the AIIMS Jodhpur, if required. The expenditure incurred for demonstrating the items will be borne by the supplier.

#### [On the letterhead of firm] ANNEXURE "2" PRICE BIDFORM

To,

Administrative Officer, AIIMS, Jodhpur.

Dear Sir,

2. I/We thoroughly examined, understood and accepted terms & conditions given in the enquiry document, failing which my quotation will be rejected out rightly.

3. I/We hereby offer to supply at the following rates.

S.			Quoted		Price/ Unit	Total Cost	
No	Particular	Qty.	Make	Exclusive of GST (INR)	Inclusive of GST (INR)	Inclusive of GST (INR)	MRP
1.	Interval, Post-abortion and post-partum intrauterine device (IUD) insertion trainer <b>Specification:-</b> As per annexure – 1	02 Nos.					
2.	Fetal Heart Rate MonitorSpecification:-Asperannexure – 1	02 Nos.					
3.	Kangaroo Mother Care WrapSpecification:-Asannexure – 1	02 Nos.					
4.	BreastfeedingTrainer(Wearable)Specification:- annexure - 1Asper	02 Nos.					
5.	Normal New Born Manikin <u>Specification:</u> As per annexure – 1	02 Nos.					
6.	Pre-Mature Baby ManikinSpecification:-Asannexure – 1	01 Nos.					

#### Note:-

- 1. The Bidder must quote only single Make & Model.
- 2. The bidder must quoted their quotation only in above said format on the letter of firm otherwise quotation will be <u>REJECTED</u>.
- 3. Catalog must be attached with quotation for technical evaluation.
- 4. The supplier may be asked to arranging demonstration of their equipment for which rates have been quoted, to the AIIMS Jodhpur, if required. The expenditure incurred for demonstrating the items will be borne by the supplier.

Date	
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Place \_\_\_\_\_

Name)
Name of Firm/Company/Agency
GSTIN No.:
Bank Name:
Bank Account No.:
IFSC Code:-
Branch Name:
Phone No
Email:
(Signature of Authorized Person)
Seal: