





महाराष्ट्र शासन कार्यालय जिल्हा शल्यचिकित्सक, छत्रपती संभाजीनगर.

भांडार विभाग, विमान तळा समोर, चिकलठाणा, छत्रपती संभाजीनगर

Email ID: - csaurangabad?@gmail.com

Quotations No. 09 Equipment & Instruments

क्रमांक: - जिशचि औबाद/ अवै. भांडार/२०२४-२५/ 2000 4 - 0 5

दिनांक: - ॄ - 8 हु९२४ ७०७४

दरपत्रक सादर करण्याचा कालावधी

| तपशील | कालावधी |
|------------------------------------|--|
| दरपत्रक सादर करण्याचा कालावधी :- | दिनांका o / ¶ o / २०२४ ते दिनांक । € / ¶ o / २०२४ रोजी १७.०० वाजेपर्यंत |
| दरपत्रके उघडण्याचा दिनांक व वेळ :- | दिनांक । १८/१०/२०२४ रोजी १४.०० वाजता. |

जिल्हा शल्य चिकित्सक जिल्हा रुग्णालय छंत्रपती संभाजीनगर करीता खालील सामुग्री खरेदी करावयाची आहे तरी इच्छुक पुरवठादाराकडुन विहीत नमुन्यात दरपत्रके मागवित आहे.

| Sr. No | Name of Material | Specification | Quantity |
|--------|-----------------------|----------------------|----------|
| 01 | B.P. Apparatus | As per List Attached | 17 |
| 02 | Weight Machine | As per List Attached | 34 |
| 03 | Glucometer With Strip | As per List Attached | 17 |
| 04 | Torch | As per List Attached | 17 |
| 05 | Thermometer | As per List Attached | 17 |
| 06 | Steel Tray | As per List Attached | 51 |
| 07 | Hub Cutter | As per List Attached | 51 |
| 08 | Nebulizer | As per List Attached | 17 |

उपरोक्त नमुद केलेल्या बाबी च्या संख्ये मध्ये कार्यक्रमाच्या आवश्यकते नुसार कमी अथवा जास्त करण्याचा, तसेच कोणतेही दरपत्रक मान्य करणे अथवा कोणतेही कारण न देता अमान्य करण्याचा अधिकार निम्न स्वाक्षरीतांनी राखुन ठेवलेला आहे.

दिनांक = 8 001 2024 स्थळ : - छत्रपती संभाजीनगर

जिल्हा रुग्णालय, छत्रपती संभाजीनगर

To be submitted on Original Letter head/pad

दरपत्रकाच्या अटी व शर्ती: -

- 1) इच्छुक पुरवठादारांनी उपरोक्त बाबींचे दर सर्व करांसहीत नमुद करावे. जीएसटी, वाहतुक, व इतर खर्च या सर्व बाबींचा अंतर्भाव दरांमध्ये असावा (Rate should be inclusive all charges) हा खर्च वेगळा नमुद करु नये.
- 2) सदर दरपत्रके दिनांक /१०/२०२४ ते /१०/२०२४ या कालावधीत कार्यालयीन वेळेत सकाळी ९.४५ ते १८.१५ या वेळेत स्विकारले जातील. दरपत्रके स्वीकारण्याची अंतीम मुदत दिनांक /१०/२०२४ रोजी वेळ १७.०० वाजे पर्यंत राहील.
- 3) दरपत्रका मध्ये नमुद केलेले दर बाजारभावा पेक्षा जास्त असु नये. दरपत्रकात नमूद केलेले दर अवास्तव असल्यास वाटाघाटीने दर निश्चित करण्याचा अधिकार स्वाक्षरीतांना आहे.
- 4) दरपत्रकातील सर्व **साहित्यांचे नमुने (sample)** दर पत्रकाच्या शेवटच्या दिनांकाच्या आत सादर करुन मंजुर करुन घेणे. साहित्यांचे नमुने (sample) मंजुर न केल्यास आपले दरपत्रक ग्राहय राहणार नाही.
- 5) पुरवठा केलेल्या साहित्य योग्य दर्जाचे नसल्याचे निदर्शनास अल्यास देयकाची रक्कम अदा करण्यात येनार नाही, पुरवठा करावयाच्या बाबींची वॉरंटी किमान एक वर्ष (१२ महिने) राहील.
- 6) खरेदी प्राधीकाऱ्यासोबत हितसंबंधा बाबत संघर्ष् नसल्याबाबतचे हमीपत्र दरपत्रका सोबत सादर करणे बंधनकारक आहे.
- 7) दरपत्रकात नमुद केलेले दर दरपत्रके मान्य झालेले दिनांका पासुन एक वर्षाच्या कालावधी साठी वैध राहतील. आवश्यकते नुसार परत आदेश आणि पुनर्प्रत्ययी आदेश Repeat Order देण्यात येतील.
- 8) कोणत्याही बाबींसाठी आगाऊ रक्कम दिली जाणार नाही.
- 9) पुरवठादाराने स्वतःच्या वेगळया अटी व शर्ती नमुद करु नये असे केल्यास दरपत्रक बाद ठरविले जाईल.
- 10) दरपत्रकात नमुद केलेल्या बाबी च्या संख्ये मध्ये कार्यक्रमाच्या आवश्यकते नुसार कमी अथवा जास्त करण्याचा, तसेच कोणतीही दरपत्रक मान्य करणे अथवा कोणतेही कारण न देता अमान्य करण्याचा अधिकार निम्न स्वाक्षरीतांनी राखुन ठेवलेला आहे.
- 11) ज्या यशस्वी पुरवठादाराचे दर स्वीकृत होतील त्यांना पुरवठा आदेशाच्या एकुण ३% रक्कम सुरक्षा ठेव रक्कम (Security Deposit) Nationalized or schedule Bank चे Demand Draft स्वरुपात Civil Surgeon, District Hospital, Chhtrapati Sambhajinagar. या नावाने payable at Chhtrapati Shambhajinagar देय राहील. पुरवठादाराने विहीत कालावधीत पुरवठा न केल्यास, समाधानकारक सेवा, सुविधा न पुरविल्यास ही रक्कम Warranty कालावधी संपल्यानंतर परत देय राहील. निविदाकाराने पुरवठा कालावधीत रुग्णालयाचे काही नुकसान केले असेल अथवा काही दंडनीय रक्कम वसुल करावयाची असेल तर ती रक्कम सुरक्षा ठेव मधुन कोणतीही पुर्व सुचना न देता वसुल केली जाईल.
- 12) दरपत्रक सादर करणाऱ्या पुरवठादाराने दर स्विकृत करण्यासाठी कोणत्याही पध्दतीने दबावतंत्राचा वापर केल्याचे निदर्शनास आल्यास कोणतीही पुर्नसुचना न देता दरपत्रक नाकारण्यात येईल.
- 13) दरपत्रके सादर करतांना दोन निफाफे पध्दतीने सादर करावे, एक लिफाफा तांत्रिक लिफाफा व दुसरा लिफाफा दरपत्रक असे नमुद करावे असे दोन्ही लिफाफे एका लिफाफयात टाकुन त्यावर Instruments & Equipments" दरपत्रके "असे नमुद करावे.
- 14) खालील स्वयंसाक्षांकित केलेल्या प्रमाणपत्रांच्या प्रती दरपत्रका सोबत सादर कराव्यात.
 - 1. Valid Shop & Establishment Act License/MSME
 - 2. Pan Card
 - 3. Authorization Certificate from OEM.
 - 4. GST Certificate

- 5. ISO Certificate
- 6. Bank Details for RTGS/NEFT (सोबत नमुना दिलेला आहे.)
- 7. खरेदी प्राधीकाऱ्या सोबत हितसंबंधाबाबत संघर्ष नसल्या बाबतचे हमीपत्र.(सोबत नमुना दिलेला आहे.)
- 8. Quotation of Rate दरपत्रक (सोबत नमुना दिलेला आहे.)

उपरोक्त नमुद केलेल्या अटी व शर्ती मला मान्य आहेत त्यानुसार मी दरपत्रक सादर करीत आहे.

दिनांक:-

स्थळ :-

दरपत्रक सादर कर्त्याची स्वाक्षरी व शिक्का

Details of Bank for RTGS/NEFT Payment

| 1 | Name of firm | |
|----|--------------------|--|
| 2 | Postal Address | |
| 3 | Pin code | |
| 4 | Pan Card No. | |
| 5 | E-Mail I.D. | |
| 6 | Contact No. | |
| 7 | Mobile No. | |
| 8 | Name of Bank | |
| 9 | Bank Address | |
| 10 | Branch name & Code | |
| 11 | Bank Account No. | |
| 12 | Nature of Account | |
| 13 | IFSC Code | |
| 14 | MICR Code | |

| Above information is correct as per our recor | Above | informati | on is | correct | as pe | r our | record |
|---|-------|-----------|-------|---------|-------|-------|--------|
|---|-------|-----------|-------|---------|-------|-------|--------|

| Date: | |
|-------|------------------------|
| Seal: | Sign & Stamp of Bidder |

निविदाकाराने सादर करावयाचे हमीपत्र

महाराष्ट्र शासन, उद्योग उर्जा व कामगार विभाग शासन निर्णय क्र. भांखस-२०१४/प्र.क्र.८२/भागा॥/उद्योग-४, दिनांक ०१डिसेंबर २०१६. नियम क्र.४:२:५ नुसार.

| मी / आम्ही |
|--|
| या हमीपत्राव्दारे लिहुन देतो की, दरपत्रक मांगविणाऱ्या खरेदी प्राधिकाऱ्या बरोबर |
| कोणत्याही प्रकारे हितसंबंध नसुन हितसंबंधाबाबत संघर्ष नाही. तसेच खरेदी |
| प्राधिकाऱ्याकडे सादर करण्यात आलेले दरपत्रक हे एकल असुन दुसऱ्या कोणत्याही |
| संस्थे सोबत संयुक्तरित्या किंवा संगनमताने साखळी करुन भरलेले नाही. असे आढळुन |
| आल्यास नियमानसार योग्य त्या दंडात्मक कार्यवाहीसाठी मी णून राहील |

दिनांक:-

स्थळ :-

निविदाकाराची स्वाक्षरी

Format for Quotation

(Supplier should Submit Sealed quotation on her/his own letter pad)

Date- /10/2024

To,

Civil Surgeon,

District Hospital, Chhatrapati Sambhajinagar.

Sub: - Submission of Quotations

Ref: - Your Office Notice Dated /

Respected Sir,

As per above reference, I/we are herewith submitting quotation for the supply of following Medicine / items.

| Sr. No. | Name of Material | Rate Per Unit |
|---------|-----------------------|---------------|
| 01 | B.P. Apparatus | |
| 02 | Weight Machine | |
| 03 | Glucometer With Strip | |
| 04 | Torch | |
| 05 | Thermometer | |
| 06 | Steel Tray | |
| 07 | Hub Cutter | |
| 08 | Nebulizer | |

Note: - Rates are inclusive of all Taxes, Store delivery basis.

Certificate

I under signed hereby certified that, above rates are not exceed than MRP or current market Rates. I accept all terms & Conditions without any complaint. Submitted all information & Documents are true. I am responsible for any fraudulent submission & liable to any punishment.

Sign & Stamp of Bidder.

| r. No | Technical specification |
|-------|--|
| 1 | Fully Automatic inflation and deflation |
| ? | Hypertension indicator (Above 140 Systolic/ 90 diastolic) |
| ı | Memory for at least 5 sets of last readings |
| 1 | Display Digital. Machine should be portable |
| | BP Measurement Range - (0- 299) mm of Hg |
| | Pulse recorder - 40 - 180 beats/ min |
| | Accuracy : Pressure + 4 mm of Hg |
| | Pulse reading + 5% of reading |
| | Inflation : Electric Pump |
| | Deflation : Automatic pressure relax value |
| 0 | Power Supply: 4 AA Battery 1.5 V (Rechargeable batteries +charger) |
| 1 | Battery life : Approximately 300 measurements |
| 2 | Operating Temperature - 10 to 40 degree Celsius |
| 3 | Cuff Material : (Double stitched) Nylon or Polyester |
| 4 | Medium Size cuff Qty- 02 Nos:, Large Size cuff Qty- 01 No. with arterial indicator |
| 5 | 2 years Manufacturer warranty |
| 5 | Laminated pictorial user Manual |
| , - | ISO certificated |

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R. R. St. Amnarati

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Resolved and Resolved Resolved Andrew

Resolved and Resolved Angle.

STETHOSCOPE

| Versio | n no.: | 1.0 | | | |
|--------|--|---|--|--|--|
| Date: | | 8/5/2013 | | | |
| Done | by : (name / institution) | HCT/ NHSRC | | | |
| | | NAME AND CODING | | | |
| GMDN | N name | Stethoscopes | | | |
| GMDN | N code(s) | CT1930 | | | |
| | | A mechanical listening device designed for listening to sounds from the heart lungs, and/or gastrointestinal tract. It typically comprises a membrane at the listening head connected by a split "Y" tube to the headgear with ear olives the are placed into the users ears. Mechanical stethoscopes are typically found in two variants 1) a general-purpose stethoscope used for clinical/ward activities 2) a reinforced stethoscope used by cardiologists. | | | |
| | | GENERAL | | | |
| | | 1. USE | | | |
| 1.1 | Clinical purpose | Listening to sounds from the heart, lungs, and/or gastrointestinal tract. | | | |
| 1.2 | Used by clinical department/ward | All | | | |
| 1.3 | Overview of functional requirements | | | | |
| | | 2. TECHNICAL CHARACTERISTICS | | | |
| 2.1 | Technical characteristics (specific to this type of device) | Stethoscope of standard size, chromium plated metal binaural, V rubber tube in one piece. Rotating piper fitting for both flip functions. | | | |
| 2.2 | Settings | NA | | | |
| 2.3 | User's interface | Manual | | | |
| 2.4 | Software and/or standard of communication(where ever required) | NA | | | |
| 2.5 | Others | NA · | | | |
| | | 3. PHYSICAL CHARACTERISTICS | | | |
| 3.1 | Dimensions (metric) | Diaphragm approx: 20 mm. | | | |
| 3.2 | Weight (lbs, kg) | NA . | | | |
| 3.3 | Configuration | NA | | | |
| 3.4 | Noise (in dBA) | NA . | | | |
| 3.5 | heat dissipation | NA | | | |
| 3.6 | Mobility portability | Portable | | | |
| | 4. ENE | RGY SOURCE (electricity, UPS, solar, gas, water, CO ₂) | | | |
| 4.1 | Power Requirements | NA | | | |
| 4.2 | Battery operated | NA | | | |
| 4.3 | Tolerance (to variations, shutdowns) | NA . | | | |

| 1 1 | Drotostion | NA . |
|-------|---|---|
| 4.4 | Protection | NA · |
| 4.5 | Power consumption | NA NA |
| 4.6 | Other energy supplies | NA |
| | | 5. ACCESSORIES, SPARE PARTS, CONSUMABLES |
| 5.1 | Accessories& Spares | 1 x spare set of earpiece, 1 x spare diaphram. |
| 5.2 | Consumables / reagents (open, closed system) | NA . |
| 5.3 | Others | NA |
| ***** | BIDDIN | NG / PROCUREMENT TERMS / DONATION REQUIREMENTS |
| | 6. ENV | /IRONMENTAL AND DEPARTMENTAL CONSIDERATIONS |
| 6.1 | Atmosphere / Ambiance (air conditioning, humidity, dust) | Capable of being stored continuously in ambient temperature of 0 to 50 deg C and relative humidity of 15 to 90%. Capable of operating continuously in ambient temperature of 10 to 40 deg C and relative humidity of 15 to 90%. |
| 6.2 | User's care, Cleaning, Disinfection & Sterility issues | NA , |
| 6.3 | Others | NA |
| | | 7. STANDARDS AND SAFETY |
| 7.1 | Certifications | By ISO 9001 certified manufacturer. |
| | | 8. TRAINING AND INSTALLATION |
| 8.1 | Pre-installation requirements: nature, values, quality, tolerance | NA · |
| 8.2 | Requirements for sign-of | f NA |
| 8.3 | Training of staff (medical paramedical, technicians | |
| 8.4 | Others | NA |
| | | 9. WARRANTY AND MAINTENANCE |
| 9.1 | Warranty | 1 year |
| 9.2 | Maintenance tasks | NA |
| 9.3 | Service contract clauses, including prices | NA |
| 9.4 | Others | NA |
| | | 10. DOCUMENTATION |
| 10.1 | Operating manuals, service manuals, other manuals | NA . |
| 10.2 | Other accompanying documents | NA |
| 10.3 | Recommendations for maintenance | NA |
| 0.4 | Others | NA · |
| | | 11. NOTES |
| 1.1 | Service Support Contact details (Hierchy Wise; including a toll free/ landline number) | NA ' |
| 1.2 | Recommendations or warnings | NA . |

| | Donor Weighing Scale |
|-------------------------------|----------------------|
| Construction | |
| Material | Polycarbonate |
| Mounting type | Pannel Mount |
| Weight | 130 kilogram |
| eneric | |
| Microprocessor | yes |
| Weight Indicator Warranty | 6 year |
| Input Voltage(DC) | 24 Volt |
| Portable | yes |
| Color | Black |
| Display Type . | Digital |
| Communication Port | USB |
| Maximum operating temperature | 40 degree Celsius |
| Minimum Operating temperature | -5 degree Celsius |
| Number Of Digits display | 4-1/2 |
| Performance Parameter | |
| Automation Grade | Automatic |
| Response Time(Approx) | =<100 milliseconds |
| Minimum Accuracy | 1 percent |
| Memory storage for results | =<10000 |
| Dimensions . | |
| Height | 50 millimeter |
| Depth | 50 millimeter |

| Width | . 100 millimeter | |
|---------------------|------------------|--|
| Certificate | | |
| European CE/ US FDA | YES | |
| ISO | YES | |

| MEDICAL DEVICE SPECIFICATION |

GLUCOMETER with glucostrips

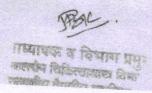
| | | . 1. USE |
|-----|---|--|
| 1.1 | Clinical purpose | It intended to be used together for testing, either at the point-of-care or in self-testing by a layperson, for the quantitative measurement of glucose and or ketones in a whole blood clinical specimen. |
| 1.2 | Used by clinical department/ ward | All |
| | | 2. TECHNICAL CHARACTERISTICS |
| 2.1 | Technical characteristics (specific to this type of device) | Should have reading range/linearity from 30 to 600 mg/dl; |
| | | Should have a maximum reading time of less than 10 seconds; |
| | | Should use a minimum blood sample less than 1.5µl; |
| | | Should have a minimum memory of 50 tests; accuracy +/-10% and reproducibility +/-5%; |
| | | Packing of strips should be such that there are not more than 50 strips/pack. The strips should be readily available throughout the country; |
| 2.2 | Settings . | Should have automatic code detection facility, display of sugar in Mg/dl and NOT in mili moles. |
| 2.3 | User's interface | LCD display |
| 2.4 | Software and/or standard of communication (where ever required) | inbulit; .Should have facility to ensure accuracy of measurements. |
| | E STEWART | 3. PHYSICAL CHARACTERISTICS |
| 3.1 | Dimensions (metric) | Handheld device |
| 3.2 | Weight (lbs, kg) | Handheld device |
| 3.3 | Configuration | Electrochemical/colorimetric/color sensing technology. |
| 3.4 | Noise (in dBA), heat dissipation | NA . |
| 3.5 | Mobility, portability | Handheld |
| | 4. ENERGY | SOURCE (electricity, UPS, solar, gas, water, CO2) |
| 4.1 | Power Requirements | Battery powered |
| 4.2 | Battery operated | 3-volt lithium coin cell battery or 2 x (AAA) Alkaline Batteries. |

TRACE OF PARTY SERVICES

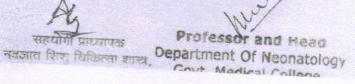
सहयोगी प्राध्यापक नवजात शिशु चिकित्सा शास्त्र, शासकीय यैटयहीय ज्यानिकार

Professor and Head Department Of Neonatolog Gov/ Medical College.

| 4.3 | Tolerance (to variations, shutdowns) | NA |
|------|--|--|
| 4.4 | Protection | NA SECOND |
| 4.5 | Power consumption | NA · |
| 4.6 | Other energy supplies | NA |
| | 5. | ACCESSORIES, SPARE PARTS, CONSUMABLES |
| 5.1 | | NA |
| 5.2 | Consumables/reagents (oper closed system) | Glucose strips(able to use capillary blood samples) with availabilty in local market, shelf life of strips should be 12 months, the cost of strips for the next five years should be declared (for cost comparison)- with use of two strips/day. |
| | 6. ENVIR | ONMENTAL AND DEPARTMENTAL CONSIDERATIONS |
| 6.1 | | Capable of being stored continuously in ambient temperature of 0 to 50 deg C and relative humidity of 15 to 90%. Capable of operating continuously in ambient temperature of 10 to 40 deg C and relative humidity of 15 to 90%. |
| 6.2 | User's care, Cleaning, Disinfection & Sterility issues | The unit should be cleanable with alcohol. |
| | | 7. STANDARDS AND SAFETY |
| 7.1 | Certificates (pre-market, sanitary,); Performance and safety standards (specific to the device type); Local and/or international | US FDA or CE (EU) and BIS or ISO 13485 certified. |
| | | B. TRAINING AND INSTALLATION |
| 8.1 | Pre-installation requirements: nature, values, quality, tolerance | NA . |
| 8,2 | Requirements for sign-off | NA |
| 8.3 | Training of staff (medical, paramedical, technicians) | Required |
| | | 9. WARRANTY AND MAINTENANCE |
| 9.1 | Warranty | 2 years; shelf life of minimum 12 months for strips from the date of manufacture; strips should work minimum 3 months from opening of pack. |
| 9.2 | Maintenance tasks | Should require no routine maintenance. |
| 9.3 | Service contract clauses, including prices | Should have life time replacement offer. |
| 3 | | 10. DOCUMENTATION |
| | Operating manuals, service manuals, other manuals | Required |
| 10.3 | Recommendations for maintenance | To Be provided during installation |
| | | 11. NOTES |
| | Service Support Contact details (Hierchy Wise; including a toll free/landline number) | Should provide complete contact details of sales and service departments. |
| 11.2 | Recommendations or warnings | |







CIVIL HOSPITAL MARANNE ch. Sambhaji nagar

REQUIRED PRODUCTS SPECIFICATIONS AND ITS QTY.

| SR NAME OF NO. PRODUCTS | SPECIFICATION OF PRODUCTS | QTY |
|-------------------------|---|-----|
| 14 Torch (1-2) | Operation – Battery Operated Color – Any Shape – Round Usage - Useful for Dentist & doctors Item weight - 150 | 02 |

TECHNICAL SPECIFICATIONS "Thermometer digital"

| - | GMDN name | - dient liermomatare |
|----|---|---|
| 1 | GMDN code | CT1954 |
| - | omnodi pulpose | to measure body temperature |
| 2 | Used by clinical department/ward | All |
| 3 | Technical characteristics (specific | to this town of the |
| | 1) Range of temperature measurement | ent 320C- 420 (89.60F-109.40F). de and Fahrenheit, but if only one option is available, then temperature. |
| 4 | User's interface | |
| 5 | Software and/or Standard of Communication (Where ever required) | inbuilt · |
| 6 | Mobility, portability | Portable |
| 7 | Battery operated | Yes |
| 8 | Tolerance . (to variations, shutdowns) | ± 0.1 deg C |
| 9 | Accessories (mandatory) | Batteries 2 Nos |
| 10 | Certificates | CE OR US FDA approved product. Manufacturer should have ISO certificate for quality standard. Certificate of Calibration and inspection from the factory. |
| 11 | Training of staff (medical, paramedical, technicians) | Training of users in operation and basic maintenance shall be provided |
| 12 | Warranty . | One Years |
| | 1 Specification Done by : | Technical Specification Committee established, as per Govt of Maharashtra, Public Health Department G.R. Dated 11 March 2016 |
| | End user Specialist Meeting Date : | 07/09/2017 |
| | The troi - projection in the case : | |

(Mr. Manish Magre) Bio Medical Engineer H.E.M.R.O/o DDHS Aurangabad (Mr. Madhav Katre) Bio Medical Engineer Régional Referral Hospital Nashik (Dr. Rajendra Patil)
PHYSICIAN
Medical Supdt
Women Hospital,
Jalna

(Dr. Santosh Deshpande)
PHYSICIAN
Medical Sudt
Rural Hospital Phulambri
Dist. Aurangabad

TECHNICAL SPECIFICATIONS "Cathoden Trave

| 1 | | E Tray, Instrument SS with cover |
|----|---|--|
| | - Puriodi purpose | To keep surgical instruments |
| 2 | department/ward | Operation Theater Words |
| 3 | Technical characteristics (sp | ecific to this type of day's |
| | rounded corners, smooth su 2) Material: Austenitic stainless | 5 x 50mm, with cover. Seamless tray with cover, rectangular with reface steel composition: 18 to 20% holmium, 8 to 10% nickel 120-130 mm. Height: 45-50 mm. Thickness: 0.75 - 0.85mm |
| 4 | User's interface | Manual |
| 5 | Dimensions (metric) | |
| 6 | Weight (lbs, kg) | Estimated volume: 0.115 m3 |
| 7 | Mobility, portability | Estimated weight: 0.525 kg |
| 8 | Atmosphere / Ambiance (air conditioning, humidity, dust) | Operating room temp. Up to 40 ° C Storage room temp. Up to 60 ° C Relative Humidity Up to 90% non condensing |
| 9 | User's care, Cleaning, Disinfection & Sterility issues | The case is to be cleanable with alcohol.(autoclavable) |
| 10 | Certificates | The company should be ISO certified and products should be ISI mark. |
| 11 | Warranty | Two Years |
| | Specification Done by : | Technical Specification Committee established, as per Govt of Maharashtra, Public Health Department G.R. Dated 11 March 2016 |
| En | d user Specialist Meeting Date : | 04/09/2017 |
| | Panel Specialist Meeting Date : | /09/2017 |

(Mr. Manish Magre) Bio Medical Engineer H.E.M.R.O/o DDHS Aurangabad (Mr. Madhav Katre) Bio Medical Engineer Regional Referral Hospital Nashik (Dr. Dayanana Motipavale)
SURGEON
Medical Supdt
Rural Hospital Bhokardan,
Dist Jalna

(Dr.Govardhan.Gaikawad)
SURGEON
Civil Surgeon
District Hospital
Aurangabad

DEPARTMENT OF GENERAL SURGERY DR. R. N. COOPER HOSPITAL & H. B. T. MEDICAL COLLEGE MUMBAL-400 056.

ASSOCIATE PROFESSOR Department of General Surgery Sein. G. S. Medical College & K.E.M. Hospital, Parel, Mumbai - 400 012.

TECHNICAL SPECIFICATIONS" Needle Cum Syringe Destroyer "

| S.No | GMDN Name | Needle Cum Syringe Destroyer | |
|--------------------|--|---|--|
| 1 | Clinical Purpose | To destroy needle & syringe in single action and collect sharp waste in sharp container as per BMW rule 2016 | |
| 2 | Used by clinical Department/ War | d All Departments & Wards | |
| 3 | Technical Characteristics (Specific | c to this type of device) | |
| | Should be able to cut both the hub and needle in a single stroke without the use of any electricity or battery. | | |
| | The cutter should be made of Stainless steel or alloy to be effective for at least 1,00,000 cuts with ergonomic design for easy cuts. | | |
| | The complete unit must have facility to mount on wall or table (Flat Surface). The cutter should be able to fit snugly over the puncture proof, tamper proof sharp container and should be so aligned with the container that the cut hub and needle should drop directly into the container. | | |
| | | | |
| | should drop directly into the contain | d with the container that the cut hub and needle iner. | |
| | Should drop directly into the contains Should be rectangular in shape & c | ompatible to the sharp container of relevant sizes. | |
| 4 | Should drop directly into the contains Should be rectangular in shape & contains The needle and syringe hub destrop | iner. | |
| 4 5. | Should drop directly into the contains Should be rectangular in shape & contains The needle and syringe hub destroy be quoted. | ompatible to the sharp container of relevant sizes. yer as well as the compatible Sharp containers must | |
| | Should drop directly into the contains Should be rectangular in shape & contains The needle and syringe hub destroy be quoted. User's Interface | ompatible to the sharp container of relevant sizes. yer as well as the compatible Sharp containers must Manual L165mm x W160mm x H 180mm (Excluding | |
| 5. | Should drop directly into the contains Should be rectangular in shape & contains The needle and syringe hub destroy be quoted. User's Interface Dimensions (Minimum) | ompatible to the sharp container of relevant sizes. yer as well as the compatible Sharp containers must Manual L165mm x W160mm x H 180mm (Excluding Handle) | |
| 5. 6 7. | Should drop directly into the contains Should be rectangular in shape & contains The needle and syringe hub destroy be quoted. User's Interface Dimensions (Minimum) Expected Life | iner. compatible to the sharp container of relevant sizes. yer as well as the compatible Sharp containers must Manual L165mm x W160mm x H 180mm (Excluding Handle) 1,00,000 Cuts | |
| 5. | Should drop directly into the contains Should be rectangular in shape & contains The needle and syringe hub destroy be quoted. User's Interface Dimensions (Minimum) Expected Life Material | ompatible to the sharp container of relevant sizes. yer as well as the compatible Sharp containers must Manual L165mm x W160mm x H 180mm (Excluding Handle) 1,00,000 Cuts Body Stainless Steel & Alloy Steel | |
| 5. 6 7. | Should drop directly into the contains Should be rectangular in shape & contains The needle and syringe hub destroy be quoted. User's Interface Dimensions (Minimum) Expected Life Material Sharp Container capacity | iner. compatible to the sharp container of relevant sizes. yer as well as the compatible Sharp containers must Manual L165mm x W160mm x H 180mm (Excluding Handle) 1,00,000 Cuts Body Stainless Steel & Alloy Steel 1500ml compatible to cutter | |
| 5. 6 7. 8 | Should drop directly into the contains Should be rectangular in shape & contains The needle and syringe hub destrous be quoted. User's Interface Dimensions (Minimum) Expected Life Material Sharp Container capacity Mobility, Portability | iner. compatible to the sharp container of relevant sizes. yer as well as the compatible Sharp containers must Manual L165mm x W160mm x H 180mm (Excluding Handle) 1,00,000 Cuts Body Stainless Steel & Alloy Steel 1500ml compatible to cutter Portable | |

PROF. N. D. SHIKALGAR

Assistant Professor

Department of Mechanical Engineering

College of Engineering, Pune-5.

TING SENERAL HOSPITAL OSMANABAD

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Dr. S. N. Sapali CIVIL SURGEON, THAN

Department of Mechanical Engineering, College of Engineering, Page.

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| | Technical Specification - Nebuliser |
|-------|---|
| Sr.no | Technical Specification |
| _1_ | Should be lightweight, portable and compact. |
| 2 | Should have a dust filter. |
| _3 | Should be able to deliver a flow rate ≥ 7 lpm |
| 4 | Should have air pressure ≥ 35 psi. |
| 5 | Should have a check valve to protect the device against contamination due to backward inhalation |
| 6 | Should be compatible for continuous use |
| 7 | Should works on 200-240 Vac/50Hz. |
| 8 | Should be supplied with nebulization accessory kit with mask for adult and paediatric – 2 nos. each |
| 1 | Nebulization mask for adult and paediatric – 10 nos. each |

It is a simple nebelliger I for hube is and a