

Red Cross Hospital,
Seemapuri, Delhi-110095

TENDER FOR PROCUREMENT OF EQUIPMENTS IN RED CROSS HOSPITAL, SEEMAPURI, DELHI. LAST DATE OF SUBMISSION OF THE BIDS:

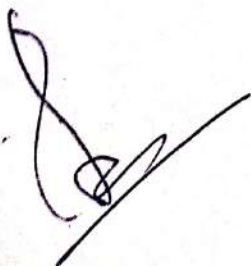
DATE & TIME: 25th September 2025 at 05:00pm

CONTACT NOs. AND EMAIL IDs OF HELPDESK OFFICERS:

FOR ANY CLARIFICATION PERTAINING TO TENDER CONTACT AT THE FOLLOWING HELP DESK CONTACT NO.

Red Cross Hospital	<u>ms.ircs@gmail.com</u>	+91-9971889303
	<u>ircshospital12@gmail.com</u>	+91-9311773869

Note: Bidders download tender related instructions/manuals from our website:
<https://redcrossdelhi.org>



**HEADQUARTERS OFFICE
INDIAN RED CROSS SOCIETY
GOLF LINKS, NEW DELHI-110003
E-mail : drcgl@rediffmail.com, ircshospital12@gmail.com,
Mob: 9971889303**

Tender Enquiry No. IRCS/HOSP/ADMIN/500/2025

Date:

**TENDER NOTICE FOR PROCUREMENT OF EQUIPMENTS IN
RED CROSS HOSPITAL, SEEMAPURI**

On behalf of the Secretary, IRCS Delhi Branch, tenders are invited for procurement of equipments in Red Cross Hospital.

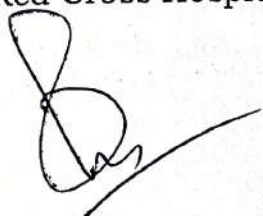
EMD (Earnest Money Deposit) as per the terms & conditions of the equipments at **Annexure-A** to be submitted in the form of Demand Draft drawn at any nationalized/scheduled bank in favor of "Indian Red Cross Society, Delhi Branch", to be enclosed with the technical bid. RFP (Request for Proposal) Document may be download by the bidders from the website: <https://redcrossdelhi.org>

All the original documents to be submitted with the technical bid. Evaluation of tender will only be done after verification of physical documents.

TENDER SCHEDULE

S. No.	Details	Date & Time
1.	Last date of Bid Submission	25.09.2025 at 05:00pm
2.	Date of opening of Technical Bid	26.09.2025 at 11:30am

- Manual bid with EMD is to be dropped in Tender Box placed in front of reception, Red Cross Hospital, Seemapuri, Delhi-110095.
- If the date of opening of tenders is declared a public holiday, the tenders shall be opened on the next working day at the Red Cross Hospital venue at the time.
- Only the successful bidders in the technical bid will be eligible for the financial bid. The date for opening the financial bid may be announced after the technical bid meeting.
- All tenders are requested to check further notifications /updates if any on Red Cross Hospital, Delhi website: <https://redcrossdelhi.org>



Contd..p-2/-

**REQUEST FOR PROPOSAL TO INVITE TENDER FOR
NEW EQUIPMENT IN RED CROSS HOSPITAL**

Request for tender is invited from reputed agencies for procurement of equipments in Red Cross Hospital, Seemapuri, Delhi. The List of equipments is attached at **Annexure-A**. The estimated cost of total items will be Rs. 53.50/- Lakhs

1. INTRODUCTION

The Hospital was constructed in 1987. This establishment is to function as a self-sustained unit and it does not get any grant from Central/State Govt. The Hospital is presently being renovated and needed new equipment. The Operation Theatres and Neonatal intensive Care Units (NICU) are completely relocated/ renovated with addition/ substitution of new equipments.

The Red Cross Hospital is general hospital with Maternity and Child care as the main service. It is a 40 Bedded hospital. The services are provided to patients in and around seemapuri which is surrounded by J.J. clusters and resettlement colonies. The economically weaker section is provided free services, whereas others are charged nominally.

In addition to OPD services and indoor services in all general specialties, the hospital has three well equipped Operation Theatres, Labour Room, Nursery, Neonatal ICU (NICU), Imaging and Laboratory Services in addition to Emergency Services which run round the clock 24 * 7.

Red Cross Hospital is planning to update the outdated equipments in Red Cross Hospital for patient treatment & care. Red Cross Hospital invites quotations from the interested agencies to participate in this project.

2. ESSENTIAL QUALIFYING CONDITIONS FOR BIDDERS:

The bidders who fulfill all the following conditions are eligible to apply:

- a) The **EMD** amount of Rs. ____/- (Rupees _____ only) as per **Annexure-A** (3% TO 5% of the cost of equipment) is to be attached with the technical bid in the form of bank draft drawn on any Nationalized/scheduled bank in the name of "INDIAN RED CROSS SOCIETY, DELHI BRANCH" payable at New Delhi.

Contd..p-3/-

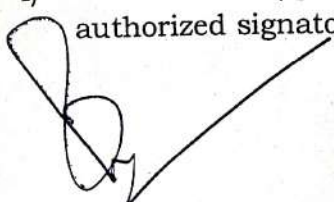


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3. PREPARATION AND SUBMISSION OF THE PROPOSAL

For tendering please see the initial pages attached with this RFP and follow all instructions and guidelines. The following instructions are for manual submission which is mandatory to be done. Evaluation of the tender will be done physically.

- a) The proposal is to be submitted as two bid system i.e. (A) Technical and (B) Financial bid. Both bids should be submitted in two separate sealed envelopes with mentioning type of bid i.e. Technical or Financial bids on the envelopes. Both envelopes are to be put up in an outer big envelope and to be labeled as "PROPOSAL FOR PROCUREMENT OF EQUIPMENTS FOR RED CROSS HOSPITAL" and should be dropped in the tender box as mentioned in the Tender notice, kept for the same purpose before the specified date and time.
- b) Copies of complete audited Balance Sheets and/or Financial statements with profit and loss account for last 3 financial years (2021-22, 2022-23, 2023-24) duly audited/certified by chartered accountant, indicating an annual turnover of Rupees 2 Crores or more. The financial statements should reflect the financial situation of the bidding company/ agency and not the associated companies. The copies of ITR of the last 3 years along with audited balance sheet of 3 years will be submitted by the bidder.
- c) **Experience:** Evidence of running of company/ agency for the last 3 years. (Attach papers of equipment installation with date, address and an affidavit for the experience or similar other proof)
- d) The tender should be signed by the bidder or by the person who is duly authorized for the same by the bidder.
- e) Please attach this Request for proposal document signed and stamped on each page by the authorized signatory, along with the technical bid.
- f) All enclosures/papers must be serially numbered and signed by the authorized signatory with stamp on each page before submission.



Contd..p-4/-

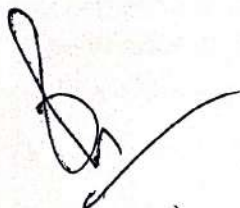
P-4

4. TECHNICAL BID: It should contain the documents requires for essential qualification.

a) Quotation for the supply of _____ (Name of equipment)

Technical Bid envelope shall contain following documents (Envelope -1)

- a) Forwarding letter on the Firms letter head
 - b) Valid GST Registration Copy
 - c) Copy of PAN No.
 - d) Authorization from the manufacturer if quoted by agency
 - e) Experience certificate/Performance certificate
 - f) Product Specification
 - g) Compliance to the Technical Specification of requirement.
 - h) Warranty of equipments 3 or 5 years
 - i) MSME/startup certificate
- b) **EMD (earnest Money Deposit) of Rupees** in the forms of Demand Draft drawn on any nationalized bank/scheduled bank in favour of "INDIAN RED CROSS SOCIETY DELHI BRANCH" payable at Delhi, should be tagged outside and submitted with the technical bid in a separate envelope labelled as EMD. (So that it can be removed without opening the technical bid envelope). EMD will be refunded to unsuccessful bidder without any interest after the finalization of the tender. If the successful bidder does not supply equipment with in the stipulated period as mentioned or not willing to accept the contract after award or withdraws its proposal after specified tender opening time and date the earnest money shall stand forfeited, otherwise it will be refunded after three months of supply of the equipments with out any interest.
- c) **Proof of Owner Ship** of a company/agency. (Attach registration certificate or similar proof of ownership.)
- d) **AFFIDAVITS:** The bidder has to submit all affidavits as per annexure and attach them with tender.



Contd..p-5/-

5. FINANCIAL BID

Financial Proposal should be submitted in separate sealed envelope. For Tender fill details of investigations in the Performa. It must clearly mention:

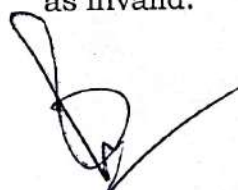
Quotation for the supply of _____ (Name of equipment)

Financial Bid envelope should contain (Envelope B)

- a) Price schedule unit basis
- b) Taxes if any
- c) Technical detail of the product/ model quoted.
- d) CAMC/AMC Charges
- e) The rates shall be quoted in figures as well as in words

6. Terms and conditions:

- a) Offered rate shall hold valid for six months from the date of opening of this quotation.
- b) Full specification of each item must be given while quoting rates & supported by samples/catalogue (if any)
- c) Supply to be arranged by the firm with in stipulated period as mentioned in the dispatch schedule. It should be RED CROSS HOSPITAL, SEEMAPURI, DELHI-95.
- d) Rates should be clearly written according to our serial number.
- e) Supply will be received in the hospital premises and no cartage/transportation charges will be given for it.
- f) Payment will be made on raising of bill and approval of the goods.
- g) Firm is requested to submit the following documents duly signed and stamped.
 - (a) Valid GST No. along with Registration copy.
 - (b) Copy of PAN No
 - (c) Forwarding letter on the firm's letter head that the above conditions are acceptable to the firm.
- h) The secretary reserves the right to accept/reject any or all the tender without assigning any reasons .
- i) In case the opening date is declared a holiday, the quotation will opened on next working day at same place & same time.
- j) The firms are required to submit that its offer complies with the NIQ specification. Alternative Rates in one quotations are not acceptable. If the vendor quotes more than one offers, their quotation will be treated as invalid.



Contd..p-6/-

P-6

- k) Only the price bids of firms which are found to be technically qualified shall be considered.
- l) Quantity can be increased or decreased by the department.
- m) Manufacturer must authorize only single distributor, otherwise both bids will be rejected.

7. Other Requirements:

- a) The company should have a Local Service Center in Delhi-NCR.
- b) The company should have at least two or more installations in reputed hospital of the machine quoted in Delhi & NCR.
- c) The company should give demonstration of the quoted model of equipment to the technical committee in Delhi only. In case the company is unable to demonstrate in Delhi and they wish to demonstrate outside Delhi, the whole expense of technical committee (i.e. Travel and local hospitality) should be borne by the company itself.

8. SELECTION PROCESS:

In the tender, the evaluation will be done physically submitted data. Manual bid will be opened in the presence of the bidders/normal circumstances.

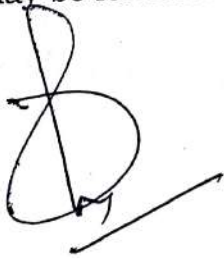
- a) Technical evaluation of the proposals shall be carried out by a committee duly constituted by Competent Authority of IRCS Delhi Branch.
- b) The financial bids of the technically disqualified bidders will not be considered.
- c) Among all the bidders, those who are eligible as per essential qualification requirement (as listed in the tender document) will be considered technically qualified.
- d) The financial bids of the technically qualified bidders will be opened by a committee, in presence of the bidders if they wish to attend.
- e) The final selection will be done by the committee after considering of all aspects.
- f) Final selection of the bidder is at the discretion of the competent authority.
- g) The competent authority has full right to accept or reject any or all the tenders without assigning any reason thereof, at any stage.



Contd..p-7/-

9. FIXED TIME FRAME TO COMPLETE THE PROJECT:

Maximum time expected to complete the supply of equipments after allotment of project is 1 week from the date of work order for supply of equipments at Red Cross Hospital, Seemapuri. After 1 week, the the EMD may be forfeited.

A handwritten signature in black ink, consisting of a large, stylized 'S' or 'B' shape with a horizontal line extending to the right.

ANNEXURE-A

List of required equipments in Red Cross Hospital, Seemapuri.

Sr. No.	NAME	QTY REQ.	EMD AMOUNT (3% TO 5%) (Rs.)	TECHNICAL SPECIFICATION
1.	USG MACHINE	01	1,50,000/-	Annexure-1
2.	FOETAL MONITER/CTG MACHINE	01	5,000/-	Annexure-2
3.	INFANT WARMER	08	10,000/-	Annexure-3
4.	AUTOCLAVE	01	20,000/-	Annexure-4
5.	MULTIPARA MONITOR	04	10,000/-	Annexure-5
6.	HIGH FREQ. NASAL OXYGEN FLOW MACHINE	01	12,500/-	Annexure-6
7.	SYRIENGE INFUSION PUMP	08	15,000/-	Annexure-7
8.	NEONATAL RESUSCITATION UNIT	02	7,500/-	Annexure-8
9.	CPAP NEONATAL MACHINE WITH COMPRESSOR	02	12,500/-	Annexure-9
10.	LSCS INSTRUMENT SET	04	5,000/-	Annexure-10
11.	DOUBLE SURFACE PHOTOTHERAPY	04	15,000/-	Annexure-11
12.	INFUSION PUMP	08	20,000/-	Annexure-12

Tender is to be submitted in the office of the Medical Superintendent, Red Cross Hospital,
Seemapuri, Delhi - 110095 by _____.



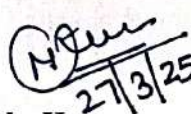
RED CROSS HOSPITAL, SEEMAPURI

Ref: Gynae & PEDIATRICS

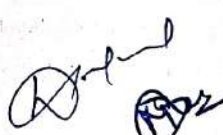
S. NO- 1

Technical specifications for Ultrasound Machine

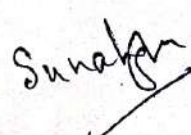
1. 256 shades of grey for sharp contrast resolution
2. 21.5 inches LED monitor with excellent central resolution, image clarity and vibrant colour
3. 13.3 inches, multigesture, quick response touch screen.
4. Probes - 3 Probes - i) Convex
 - Application - Abdomen, OB/GTN, Pelvic, Urology
 - Foetal Echo, Penal etc.
 - ii) Endo Vaginal Transducer - Obs/Gynae, Urology
 - iii) Linear Transducer Application - Small parts, Thyroid, Doppler study
 - iv) Cardiac Probe
5. Accessories - 1. UPS for system
2. Thermal Printer
6. Warranty - 5 yrs for all 4 probes and console. (Four Probes)

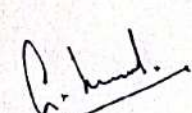

Dr. Nitin Kumar
(Consultant of Radiologist)


Medical Superintendent











RED CROSS HOSPITAL, SEEMAPURI

Ref: Obs & Gynaecology

S. NO - 2

TECHNICAL SPECIFICATIONS OF FOETAL MONITOR

1. The system should be Microprocessor based Foetal Monitor providing continuous monitoring of foetal heart rate (FHR) alongwith maternally sensed foetal activity during antepartum testing for NST (Non-Stress Test) and for intensive monitoring of active labor, with twin foetal monitoring facility at the same time.
2. **Transducer**
 - i. Type: Multicrystal wide-beam transducer.
 - ii. Technique: Autocorrelation.
 - iii. Quantity: 2 nos (FHR 1; FHR 2)
 - iv. Frequency: 1MHz to 2 MHz
 - v. Intensity: Less than 10mW/Sq. cm.
 - vi. Resolution: 1BPM.
 - vii. Heart rate counting range: 30 to 250BPM.
 - viii. Heart Rate counting range: 30 to 250BPM.
3. **Printer:** Facility to print on inbuilt thermal printer (On thermal paper) as well as on plain paper via any Deskjet/Laser printer (should provide connectivity for Deskjet/Laser Printer).
 - i. Paper: Z- fold Pre-printed chart scale.
 - ii. Speeds: 1 to 3cm/ minute.
4. **Features:**
 - i. Twin fetal monitoring with TOCO transducers - 01 No.
 - ii. It should have clinical event marker.
 - iii. It should have monitoring of Bradycardia & Tachycardia alarm events.
 - iv. It should have facility to control the volume of FHR sound.
 - v. It should have battery backup of 4-6 hours.
 - vi. Power Supply: 230Vac, 50/60Hz
5. **Accessories:**
 - i. Should provide rechargeable battery along with recharging unit (charger/Adaptor).
 - ii. Should provide a pre-cut nonfray elasticized belt with buckle shall enable easy transducer positioning for more accurate traces-03 Nos.
 - iii. Vibroacoustic stimulator -01 No.
6. **Display:**
 - i. Display Minimum 5".
 - ii. Actual FHR1 & FHR 2 in BPM.
 - iii. Uterine Contraction/Activity in %.
 - iv. High/Low FHR limits.
 - v. Alarm Message Display.
 - vi. Battery charging and low indication.
 - vii. Blinking corresponding to each beat.

- Patient Database: It should store more than 10 hours, memory to store all the data. In case the printer goes out of order, machine should continue monitoring and then download to printer afterwards for printing or be viewed.
8. Computer interface through RS232 connection.
 9. Unit quoted should have unique model number.
 10. Units supplied should hold a unique Serial/Identification number.
 11. Two years comprehensive warranty.
 12. Should be CE (Should be from Notified Body) or US FDA Approved.
 13. Should quote standard accessories separately.
 14. Should Provide Extra Ultrasound Transducer - 01 no. & TOCO Transducer -01 No., pre-cut nonfray elasticized belt- 17 Nos.
 15. Demonstration is compulsory.
 16. Should provide Training to the end user and Biomedical Engineer.
 17. **Tropicalisation:**
 - i. Operating room temp 40°C
 - ii. Storage room temp 60°C
 - iii. Relative Humidity 90% Non-condensing.
 18. Should quote cost of AMC and CMC separately.
 19. Should Provide Service, Spare parts and consumables support for Ten years.

Sharma

RMO SIGNATURE

Dr. S. S. Sharma

MEDICAL SUPERINTENDENT

Dr. S. S. Sharma

Dr. S. S. Sharma

Sharma

Sunil Kumar

Dr. S. S. Sharma

Dr. S. S. Sharma

RED CROSS HOSPITAL, SEEMAPURI

Ref: NICU & PEDIATRICS

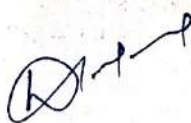

S. NO-3

TECHNICAL SPECIFICATIONS INFANT WARMER



1. Should have microprocessor based heater control and manual modes of operation.
2. Should have user friendly touch sensitive control panel with large easy to read LED displays for actual and set temperatures.
3. Should have Quartz infrared Heater with parabolic reflector for uniform heat radiation.
4. The heater unit should be protected by a suitable grill.
5. The heater should be swiveling type and should be swiveled effortlessly.
6. The probes should be detachable type.
7. Should have memory back up to retrieve set data against power failure & should have calibration free temperature sensors.
8. The heater should automatically cut off at 38 degree Celsius irrespective of the set parameters.
9. Should be mounted on four smooth running swiveling casters with integrated brakes. Should have lockable castor wheels.
10. Should have a monitor stand and IV drip pole.
11. Should have alarms with visual indicators for the following, i) Temp high, ii) Temp low, iii) Probe failure, iv) Power failure, v) Heater failure.
12. Should have an examination light with ON/OFF switch.
13. Should be provided with integrated baby bed system with cassette tray compatible for taking x-ray.
14. Should be provided with withdraw able bed with head raising facility on both end.
15. Should be supported with easily removable side flaps.
16. The unit should be made of mild steel tubular structure pretreated and powder coated.
17. Should work with input 200 to 240 Vac 50 Hz supply.
18. Spare parts: Extra skin temp probes minimum 2.
19. Should have safety certificate from a competent authority CE/FDA (US)/ STQC CB certificate/ STQC's certificate or valid detailed electrical and functional safety test report from ERTL/test report from ETDC. Copy of the certificate/test report shall be produced along with the technical bid.
20. Comprehensive warranty 5 years.
21. The spare list of all spares and accessories (including minor) repaired for maintenance and repairs in future after guarantee/ warranty period should be attached.


RMO Signature


Medical Superintendent



RED CROSS HOSPITAL, SEEMAPURI

Ref: Obs & Gynaecology

S. NO - 4

TECHNICAL SPECIFICATIONS OF STERILISER (AUTOCLAVE)

1. **TYPE:** Horizontal Cylindrical.
2. **CERTIFICATION:** BIS specification no. IS:3829 with latest amendment 3824
3. **SEMIAUTOMATIC** *Automatic fully*
4. **SIZE:** 20X48 INCH *230x*
5. **MATERIAL:** Jacket boiler base all should be made of heavy gauge steel (304/316SS) *Cylindrical thickness 6mm*
6. **JACKET:** well insulated.
7. **WORK TEMP:** 130 to 140 degree Celsius.
8. **STERILISATION CYCLE:** regular and high speed both pressure 15 to 22 Pascal.
9. **TEST:** should be hydraulically tested for **TWICE WORK PRESSURE.**
ALARM: digital alarm system for Temperature & Time control.
10. **DOOR:** heavy gauge steel door with joint less **NEOPRENE** gasket with well insulated radial handle (Automatic Pressure Locking Device)
11. **BOILER:** well insulated body with immersion type heating with low water cut off and automatic pressure cut off.
12. Smooth functioning multiport valve.
13. **SAFETY FEATURES:**
 - a) Excess pressure safety valve in jacket and chamber.
 - b) Steam deflector, vacuum breaker automatic valve, ejection valve, Plug screen.
 - c) Watercut off valve
14. **WARRANTY** five years and service center in Delhi.

Schauer
RMO SIGNATURE

Smalga *Dr. P. S. Singh*
MEDICAL SUPERINTENDENT

RED CROSS HOSPITAL, SEEMAPURI

Ref: NICU & PEDIATRICS

S. NO- 5

TECHNICAL SPECIFICATIONS MULTIPARA MONITORS

1. Please clearly specify OEM and modal details.
2. Should be ready for NBP, SPO2, ECG RR, and Temp with simultaneous display of all graphs supplied with all applicable accessories.
3. SPO2 sensor should have masimo/nelcor technology.
4. Display size of min 10.
5. Should have defibrillation protection and auto pace maker detection.
6. Battery backup of min 4 hours without NIBP use.
7. Patient storage data for upto 24 hours.
8. Should be ready of networking and connectable to central monitors.
9. Should have real time ST Analysis.
10. Should have arrhythmia detection and alarm facility.
11. Wall mount stand required.
12. 5 lead ECG acquisition.
13. Should be supplied with, Power cable, Operator manual hardcopy as well as soft copy in CD and 1 sets each of (ECG Acquisition cables, NIBP, SPO2 probe, Temp probe).
14. Should have auto base line correction.
15. Patient leakage should be $<10\mu A$.
16. ECG frequency response range of min (0.05 to 75) Hz.
17. CMRR of $> 75db$.
18. ADC = minimum 12 bits.
19. Digital filter of minimum 0.5 - 40 Hz.
20. Input impedance = minimum 5 m ohms.
21. Sampling rate = minimum 400 samples/sec.
22. ETCO2 and IBP monitoring upgrade decision to be taken during Pre-Bid meeting.
23. Separate price should be quoted for software for multi-location Central Monitoring System (PC for central monitoring, switches and cabling to be provided by the hospital). Bidder shall provide necessary data and knowledge for cabling, and switches if hospital decides to get networking done at their level.
24. Should be upgradeable for invasive BP monitoring and price of which should be mentioned separately.
25. Should have 5 year warranty and additional 5 year CMC plan alongwith price list of all proprietary consumables required if any.

RMO Signature

Medical Superintendent

RED CROSS HOSPITAL, SEEMAPURI

Ref: NICU & PEDIATRICS

S. NO- 6

TECHNICAL SPECIFICATIONS OF HIGH FREQ NASAL OXYGEN FLOW MACHINE

1. Suitable for t/t of hypoxemic pt c RD.
2. Should be complaint for use on Pt in ICU, Ward, Emergency & home O₂ therapy.
3. Single system for treating Paediatric & adult pts.
4. Inbuilt flow generator capable of delivering wide range of flow 2-25lts in Paediatric mode & 10-60lts in adult mode.
5. Inbuilt Air/O₂ blending & Fio₂ monitoring facility to deliver wide range of O₂ concentration (Fio₂) from 21 to 100% c suitable. Menu key/Rotary knob controller.
6. Should have inbuilt Air source w/o need for ext compressor.
7. Integrated heated humidifier.
8. Colour display to monitor humidity setting, flow, Fio₂, & faults c- screen size 5" or more.
9. Visual & audible alarm indication for Tubes disconnect leak, Tube blockages, water out and hardware fault c- error codes, audible power failure alarm.
10. Each machine should be supplied c- heated breathing circuit - 6 qty & Humidifier chamber - 2 qty (compatible c- each machine).
11. Paediatric Nasal Cannula- made up of kink proof material & has adhesive wiggle pads to stick on skin to facilitate kangaroo care.
12. Should be compatible for use on tracheostomy pts.
13. Inbuilt battery backup of at least 1 hr.
14. Complaint c- international safety standards & regulation.
15. Warranty - 3yrs & CMC 5 yrs.
16. Quoted item should be USFDA/EUCE c- 4 digit notified body B/S approved & manufacturer should be ISO 13485 certified.

RMO SIGNATURE

MEDICAL SUPERINTENDENT

12. Sfr

RED CROSS HOSPITAL, SEEMAPURI

Ref: NICU & PEDIATRICS

S. NO- 7

TECHNICAL SPECIFICATIONS OF SYRINGE INFUSION PUMPS

1. Should be easy to use and nurse friendly. Should automatic syringe size and model detection, Should have large format LCD/TFT display.
2. Should have a minimum flow rate range from 0.1 – 1200ml/hr for 50ml syringe, 100ml/hr for 20ml syringe and 0.1 – 60 ml/hr for 10 ml syringe.
3. Syringe range from 20-50/60ml.
4. Should have a flow rate accuracy of +2%.
5. Should have a bolus rate up to 1000ml/hr for 50ml syringe.
6. Should have automatic and manual bolus.
7. Should have atleast 3 levels of programmable occlusion pressure.
8. Should have automatic bolus reduction system to avoid accidental bolus delivery after occlusion incident.
9. Should have a rechargeable battery with back up time of minimum 3 hours.
10. Pump must trigger following alarms with visual indication- Occlusion Pressure Alarm
11. KVO or 3 min pre-alarm
12. Syringe empty and volume infused alarm.
13. Internal malfunction and Battery Charge Low Alarm – Syringe disengaged and incorrectly placed alarm, Alarm loudness control.
14. No mains
15. Line disconnected (Rapid Pressure Drop).
16. Should work with input 200 to 240Vac 50 Hz supply.
17. Should have safety certificate from a competent authority CE/ FDA (US)/ STOC CB certificate/ STQC S certificate or valid detailed electrical and functional safety test report ERTL.

Copy of the certificate/test report shall be produced along with the technical bio.

RMO SIGNATURE

MEDICAL SUPERINTENDENT

RED CROSS HOSPITAL, SEEMAPURI

Ref: NICU & PEDIATRICS

S. NO- 8
✓**TECHNICAL SPECIFICATIONS OF NEONATAL RESUSCITATION UNIT**

1. Microcomputer controlled Radiant heat warmer (servo controlled) should provide controlled warmth during resuscitation of newborn babies.
2. Complete Stainless steel fabrication including trolley
3. User friendly feather touch control switches
4. Bright temperature display
5. Separate set temperature display. Set temp range 34-38° C (>37.0° override).
Skin temp display 18-43° C. Accuracy +/- 0.2° C (31° C to 37° C)
6. Display for % of heater output. Heater output 0-100%, 10% increments
7. Control mode : Air mode/ Pre-warm mode and skin mode
8. Pre-warm mode with time programmable, Heater output settable, Over temperature safety cut off.
9. APGAR timer : Alerts at 1, 5 and 10 minutes.
10. Audio alarm volume control preferable
11. Safety alarms : Probe failure, >10 C of set temperature, <10C of set temperature, >39C Air temperature, power failure.
12. Safety high skin temperature cut off at 39C
13. Heater box should consist of ceramic infrared heater
14. The source box should be swivel type to take X-ray
15. Examination quartz lamp 50 W with illumination >0.11 lumens/cm² (100 ft. Candles).
16. Attached Baby bed with following facilities
 - a) Minimum 6mm thick collapsible side supports
 - b) Baby tray with head up/down facility upto 45 degrees with thick cushion mattress
 - c) Separate X-ray guide for positioning the cassette
 - d) Open shelves, 2 Nos.
17. Patient gas supply Flow control range 0-15 LPM Airway pressure limit- Adjustable 0-50 cm H₂O.
18. Auto breath infant resuscitator
 - i. Adjustable breath rate range 18-60 BPM (+/-10% of setting)
 - ii. I:E ratio Fixed at 1:2 Nominal
 - iii. Pressure (PEEP) 0-18 H₂O (0-1.77 kPa)
 - iv. Gas bleed 5 LPM Max
 - v. Precision blender (optional) 21-100% O₂ +/-3% O₂
19. Oxygen regulator with hose pipe, holding to keep oxygen cylinder of medium size (5 liters), flow meter, humidifier bottle with silicon tubings

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contd...p-4-

P-2

20. Electrically operated suction unit should provide safe settable suction (0-150 mm Hg) required for neonates.
21. Three years warranty and should provide 5 years CMC after completion of warranty period.
22. Demonstration compulsory
23. Training of hospital engineers & staff
24. Operating and detailed service manual should be supplied.
25. Power supply : 230 V AC + 10%, 50 HZ
26. Tropicalisation : Operating room temp : upto 400 C
Storage room temp : upto 600 C
Relative Humidity : upto 90% Non Condensing
27. Rates of consumables & accessories should be freezed for 8 years.

Scope of Supply

Suction tube : 75

Temp Probe: 1

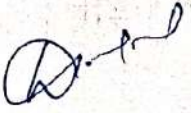


Breathing circuit : 75


RMO SIGNATURE

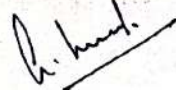

MEDICAL SUPERINTENDENT

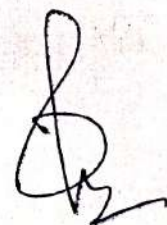
RMO SIGNATURE

MEDICAL SUPERINTENDENT







RED CROSS HOSPITAL, SEEMAPURI
NICU AND PEDIATRICS
S.NO-9

TECHNICAL SPECIFICATIONS CPAP NEONATAL MACHINE WITH COMPRESSOR

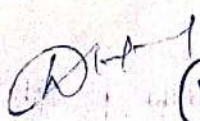
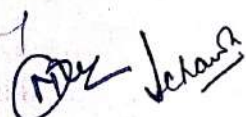
1. Should be light weight, easily portable, reliable and sturdy.
2. CPAP generator:
 - Option of pressure setting from 3 to 12cm H₂O.
 - Should have a detachable overflow container
 - Should deliver the intended pressure constantly and accurately
 - Easy to clean/sterilize
 - The gradations (on the siding rod) should be easily visible from distance of 6 feet.
3. Air Oxygen Blender
 - Flo 2 concentration should be adjustable (21-100%) and accurate.
4. Humidifier
 - Should automatically regulate the required temperature
 - Should be a closed system for filling up water
 - Should have ports for heater wire as well as temperature probe
 - Should display the chamber temperature and temperature at the patient end.
5. Patient circuits
 - Should have the option of using both disposal and reusable circuits
 - Disposal circuits should be readily available and reasonably priced.
 - Should be able to accommodate a heater wire: heat loss should be minimal along its length.
6. Battery back up
 - Should have battery backup for at least 45-60min
7. Safety features
 - Limiting the delivered pressure in the event of an occlusion.
8. Device is produced by ISO 9001 certified manufacturer
9. Device is safety certified according CE93/42 FDA 510k or equivalent.

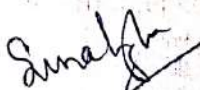
Supplied with:-

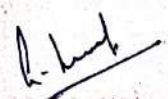
5 reusable/disposable (to be included) Soft, Pliable nasal prongs- in at least 3 sizes (15 each).


 RMO Signature (Signature)


 Medical Superintendent







RED CROSS HOSPITAL, SEEMAPURI

Ref: Obs & Gynaecology

S. NO- 10

LSCS INSTRUMENTS SET

1. SPONGE HOLDER	-	4
2. BLADE HANDLE NO.4	-	2
NO.3	-	2
3. STRAIGHT ARTERY	-	8
4. CURVED ARTERY	-	8
5. GREEN ARMYTAGE	-	8
6. ALLIS FORCEP	-	8
7. TOOTH FORCEP	-	4
8. NON TOOTH FORCEP	-	4
9. NEEDLE HOLDER LONG	-	2
SMALL	-	2
10. RETRACTOR	-	ABDOMINAL
- DOYENS RETRACTOR- BIG - 2		
SMALL - 2		
11. TOWEL CHIPS	-	10
12. SUTURE CUTTING SCISSORS	-	2
13. TISSUE CUTTING SCISSORS	-	2
14. CORD CLAMP/ STRAIGHT LONG ARTERY	-	4
15. CORD CUTTING SCISSOR	-	2

*Schaugh***RMO SIGNATURE***Dr. P. S. Sharma*
MEDICAL SUPERINTENDENT*Singh**h. h. h.**h. h. h.**Dr. P. S. Sharma*


RED CROSS HOSPITAL, SEEMAPURI

Ref: NICU & PEDIATRICS

S. NO-11

TECHNICAL SPECIFICATIONS DUBLE SURFACE PHOTOTHERAPY

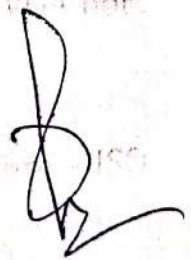
1. LED 15 hi power LED (Blue), LED (white) optional.
2. Irradiance $>42\text{mw/cm/nm}$ at 30 cm.
3. Light source lifetime minimum 30,000 hrs.
4. Less than 10% change in illumination after 25000 hrs.
5. Wavelength 420-480nm.
6. Variation in intensity far 6hrs $<10\%$.
7. Effective area 50cm X 30 cm.
8. Input voltage - 100-240v, 50-60Hz.
9. LED Box - Front - 18" x 10" x 3
Back side - 18" x 8.5" x 3
Length - 800mm width - 720mm
Height - adjustable (Min-1230mm Max-1600mm).
10. LCD Digital timer for lamp usage hrs & exposure.
11. Inbuilt lux meter for checking light. Intensity of the unit by fixing optional sensor in the unit.
12. Printer can be attached for taking real time printout through VGA port in the unit.
13. Warranty upto 3 yrs.
14. Certificates - should be FDA/CE approved product manufacture - ISO 13485 certified.


RMO Signature

Medical Superintendent

13. Warranty upto 3 yrs.

14. Certificates -






RED CROSS HOSPITAL, SEEMAPURI

Ref: NICU & PEDIATRICS

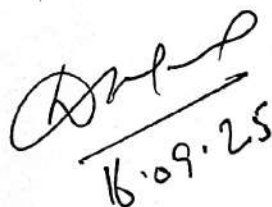
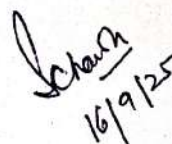
S. NO- 12

TECHNICAL SPECIFICATIONS INFUSION PUMP

1. Should be operated on drip rate Peristaltic finger pump method.
2. Should compatible with all types of the IV set (macro/micro drip sets).
3. Should have the following flow rates.
4. IV Set ml/hr drops/min 15 drops/ml 3-450ml/hr 1~100drops/min
20drops/ml 3~4500ml/hr 1~100drops/min 60drops/ml 1-100ml/hr
1~100drops/min.
5. Should have a flow rate accuracy of +10% and drip rate accuracy of +2%.
6. Should have a volume infused display from 0 to 999.9ml.
7. Should have a purge and KVO facility.
8. Should have a audible and visual alarm for occlusion pressure, air alarm, door open, empty, low battery.
9. Should have a LED display with backlight and graphical display of infusion should have a 12hr battery back up at highest delivery rate.
10. Should work with input 200 to 240Vac 50 Hz supply, Dc Power 12-15v.
11. Should have safety certificate from a competent authority CE / FDA (OS) / STQC CB certificate / STQC S certificate or valid detailed electrical and functional safety test report from ERTL. Copy of the certificate / test report shall be produced along with the technical.
12. 2000 events should stored & can be checked.

RMO Signature

Medical Superintendent


16.09.25
16/9/25

ANNEXURE-B

Rs. 100/- stamp paper

**Format for Affidavit certifying that Entity/Promoter(s)/
Director(s)/MEMBERS OF Entity are not blacklisted**

Affidavit

I, M/s

(The names and addresses of the registered office)

Hereby certify and confirm that we or any of our promoter(s) /director(s)
are not barred by or blacklisted by any state government or central
government/ department/ organization in India from participating in
Project/s, _____

(Date of Signing of Application).

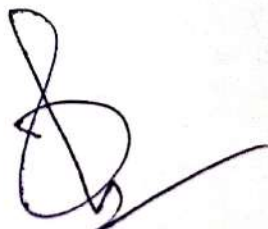
We further confirm that we are aware that, our Application for the
captioned Project would be liable for rejection in case any material
misrepresentation is made or discovered at any stage of the Bidding
process or thereafter during the agreement period and the amounts paid
till date shall stand forfeited without further intimation.

Dated this Day of..... 2025.

Name of the Application

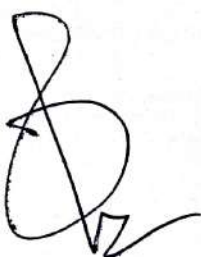
Signature of the Authorized Person

Name of the Authorized Person



ANNEXURE-C**PERSONAL DETAILS OF THE BIDDER**

1.	Name Of Tendering Hospital/ Institution	
2.	Name Of Owner	
3.	Full Particulars Of Office	
	A) ADDRESS	
	B) Contact Telephone Nos.	
	C) Fax No.	
	D) E-Mail	
4.	A) PAN B) Service Tax Registration No.	
5.	Details Of EMD A) AMOUNT (INR.) B) D.D. /P.O. NO. and date C) Drawn On Bank	
6.	Name Telephone and Mobile No. of the dealing representative	

Signature of authorizes signatory**Name:****Place:**

ANNEXURE-D

Format for Power of Attorney for Signing of Application

(On a Stamp Paper of relevant value)

Power of Attorney

Know all men by these presents, We M/s -----

.....

(Name and address of the registered office) do hereby constitute, appoint and authorize Mr/Ms.....

(Name and residential address and PAN),

Duly approved by the board of Directors in their meeting held on (Copy of board resolution enclosed), who is presently employed with us and holding the position of ----- As our attorney, to do in our name and on our behalf, all such acts, deeds and things necessary in connection with or incidental to our bid for "RFP for proposal of Hospital equipments including signing and submission of all documents and providing information/responses in all matters in connection with our bid for the said Project. We hereby agree to ratify all acts, deeds and things lawfully done by our said attorney pursuant to this Power of Attorney and that all acts, deeds and things done by our aforesaid attorney shall and shall always be deemed to have been done by us.

Dated this theDay of2023

For _____

(Name, Designation and Address)

Accepted _____

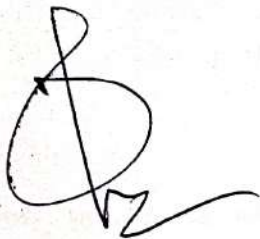
(Signature)

(Name,



ANNEXURE-E**Check list of documents (scanned copies)**

Sl. No.	Document	Uploaded Scanned Copy	Submitted Original
1.	CA Certified Audited accounts statement of A.Y. (2022-23, 2023-24 AND 2024-25)		
2.	Registration / Incorporation certificate/ GST No.		
3.	E.M.D		
4.	PAN Card		
5.	Declaration (as per Annexure-F)		
6.	GST Registration Certificate		
7.	Annual Turnover duly certified by CA for AY- 2022-23, 2023-24 and 2024-25		
8.	Details of supply of hospital equipments in last two complete years		
9.	MSME/ Startup certificate		



DECLARATION

(ON Rs. Hundred rupees non judicial stamp paper)

Shri _____ Proprietor/Partner/Director/
Authorizes Signatory of _____ am competent to sign this
Declaration and execute this tender document;

- a. I have carefully read and understood all the terms and conditions of the tender hereby convey my acceptance of the same.
- b. The information/documents furnished along with the application are true and authenticate the best of my knowledge and belief. I / we, am / are well aware of the fact that furnishing of any false information/fabricated document would lead to rejection of my tender at any stage besides liabilities towards prosecution under appropriate law.
- c. I have apprised myself fully about the job to be done during the entire period of agreement and also acknowledge to bear the consequences of nonperformance or deficiencies in services on my part.
- d. Company/firm has done in past satisfactory/disciplined work and not blacklisted / derecognized in past by any client.
- e. No investigation by central Government/State Government or any other statutory investigation agency Pending or contemplated against the Centre.
- f. The Centre agrees to implement EMR & HER as per the standards approved by MOHFW within one year or this implementation. (if not already implemented).
- g. The Centre at all times indemnifies RCS Hospital against all claims, damages or compensation.
- h. Bills will be submitted as per tender document rule no Sr.No.3

Date:

Place:

Signature of OWNER/managing --Partner/Director

Full Name:-

Company's Seal:-

Note: - Scanned copy of the above declaration, duly signed and sealed, should be uploaded with Technical Bid in original.

