

PRICE BID FOR ORTHOPAEDIC DEPARTMENT EQUIPMENTS

EarnestMoneyRs...../-enclosed
NSC/FDR/CDRNo.

Security money 10% of the cost
Of the article.

Department-ORTHOPAEDIC

Sl.No.	Name of the article& Technical Specification	Cost of the article per unit
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EXTERNAL FIXATOR Set for Orthopaedic Deptt

Each Set should Contains:

Sr. no.	DESCRIPTION	QTY
1	STENMINPIN INTRODUCER with Chuck & Key	4
2	HAND DRIVEN BATTERY OPERATED POWER DRILLING SYSTEM Specifications <ul style="list-style-type: none"> • THE CANNULATED HANDPIECE • THE DIAMETER OF CANNULATION SHOULD BE 4-5 mm • MAXIMUM SPEED WITH ATTACHMENTS O TO BE BETWEEN 1000-1500 rpm • HAND PIECE SHOULD BE COMPATABLE WITH RADIO LUCENT DRIVE • INSTANT CHANGE BETWEEN CLOCK WISE AND COUNTER CLOCK WISE ROTATION SHOULD BE • POSSIBLE THE SYSTEM SHOULD BE FULLY AUTOCLAVABLE • ALL ATTACHMENT CAN BE FITTED ON SINGLE HAND PIECE • RELIABLE PROTECTION OF SOFT TISSUE WITH INTEGRATED ASCILLATION MORE • POWER MODULE • MODE SLECTOR SWITCH TO BE SELECT DRILLING/REAMING, SAW, OSCILLATING DRILL MODE • THERE SHOULD BE A DISPLAY INDICATING THE BATTERY CAPACITY STATUS. • SHOULD HAVE A BUTTON TO DIAGNOSE ERRORS IN THE SYSTEM. • LID FOR HAND PIECE • FULLY AUTOCLAVABLE • MODE SELECTOR SWITCH TO SELECT DRILLING/REAMING, SAW, OSCILLATING DRILL MODE • BATTRIES • MAXIMUM CHARGING TIME SHOULD BE BETWEEN 20-40 MIN • THE BATTRIES SHOULD BE SAFE AND EASY TO HANDLE IN THE OPERATING THEATRE • THE BATTRIES SHOULD BE LITHIUM ION BATTERY WITH A MINIMUM LIFE OF 900-1200 CYCLES • STRILE COVER • FULLY AUTO CLAVABLE • UNIVERSAL BATTERY CHARGER II • SHOULD BE CAPABLE OF CHARGING NiCD, NiMH AND LITHIUM ION BATTERIES • QUICK COUPLING ATTACHMENT • JACOB'S CHUCK ATTACHMENT • SCREW ATTACHMENT WITH QUICK COUPLING • QUICK COUPLING FOR DRILLING • SAGITAL SAW ATTACHMENT • • SAW BLADE FOR GENERAL TRAUMATOLOGY • OSTEOTOME 	1

- BONE GOUGE
- BONE CHISEL
- DRILL BITS (3 each)
 - 2.5 mm
 - 3.5 mm
 - 4.0 mm
- T-HANDLE - 4

COMPANY SHOULD BE ISO 13485-2003/ EUROPEAN CE / US-FDA CERTIFIED



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A handwritten signature in cursive script, located on the right side of the page.

1-SHOUTABLEUPS/CVT
2-Warranty/CMCDATEDONINTALLATION5YEARS.

Signature of Tenderer
Signature of Witness:
Name:
Full Address:

Name of the Tenderer:
Address of Firm
With stamp