

PRICE BID FOR OBSTETRICS & GYNAECOLOGY DEPARTMENT EQUIPMENTS

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

Security money 10% of the
Of the article.

Department- **OBSTETRICS & GYNAECOLOGY**

| Sl.No. | Name of the article& Technical Specification | Cost of the article per unit |
|--------|--|------------------------------|
|--------|--|------------------------------|

Suction Machine:

- The device must be certified by CE/FDA or equivalent certifying agency.
- The device should be rugged to withstand the bumps/jerks during motion of the ambulance.
- Should work on AC, DC and batteries, Should have Low noise levels (<70 dB)
- The device should have suction capacity of at least 23 L/min and should be equipped with a gauge to show the vacuum level.
- The vacuum level should be adjustable to 500 mm. of Hg by means of an easily control knob.
- The unit has a minimum of 1000 ml autoclavable collection jar with overflow safety valve.
- The device must have builtin chargeable batteries with minimum 1 hour autonomous operation.
- The total weight of the unit should not be more than 5.5 Kg.
- The rectangular vacuumeter integrates with body shape and is in a visible protected position
- The device must comply with Medical Device Directives (93/42/EEC) having the CE mark
- The device should be certified for application in an ambulance and the wall mount for the device must be EN 1789 compliant.
- The device as well as the mount must be manufactured in an ISO 13485 certified facility.
- The device must have capacity to create high grades of vacuum (-550 mm Hg) and high capacity (23 L/min), equipped with a local power source plug, allowing quick recharging of the batteries and/or functioning with net work energy

Professor & Head of the Department
OBSTETRICS & GYNAECOLOGY
M.L.D. Medical College, HIRAN

डॉ० विद्या चव्हाण
M.S., FICOG, FICMCH
सह-आचार्य स्त्री एवं प्रसूती रोग विशेषज्ञ
महाराणी लक्ष्मी बाई मेडिकल कॉलेज, इंदौर
डॉ० हेमा जेठ शोभने
एम्.डी.ओ.
आचार्य, प्रसूति एवं स्त्री रोग विभाग
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1-SHOUTABLEUPS/CVT

2-Warranty/CMC DATED ON INTALLATION 5 YEARS.

Signature of Tenderer

Signature of Witness:

Name:

Full Address:

Name of the Tenderer:

Address of Firm

With stamp