

HINDUSTAN LATEX FAMILY PLANNING PROMOTION TRUST
B-14A, II Floor, Sector 62, Noida,
Gautam Budh Nagar, Uttar Pradesh - 201307

Request for Proposal (RFP)

Scope of work: Supply & installation of Medical Equipments and other items for District Early Intervention Centre {DEIC} at the Super Specialty Pediatric Hospital and Post Graduate Teaching Institute at Sector- 30 Noida, Gautam Buddha Nagar- 201 303.

Hindustan Latex Family Planning Promotion Trust (HLFPPT) is establishing and operationalizing a **Centre of Excellence (COE) District Early Intervention Centre (DEIC) and Training Centre in the state** with support from Ministry of Health & Family Welfare and Rashtriya Bal Swasthya Karyakram (RBSK) & NHM. Model DEIC would be established in Super Specialty Pediatric Hospital & Post Graduate Teaching Institute(SSPHPGTI),Sector-30, Noida. The objectives of the COE-DEIC is to deliver accessible health facilities with infrastructure and resource for interdisciplinary evaluation and intervention to be delivered under one roof. To provide early detection, intervention and referrals for all infants discharged from SNCU, children referred from RBSK, Mobile Health Teams, Delivery points, ASHA, Private medical practitioners and self referral. To act as Regional COE for conducting training of other DEICs technical staff in the state of UP.

In this regard we are inviting sealed proposals for supply & installation of Medical Equipments and other items Equipments

Detailed List for supply & Installation of Equipments is enclosed in Technical Bid Format as Annexure-1

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

- 1. Form must be completed in all respects, Incomplete forms may liable to be rejected.**
- 2. The form must be duly signed and sealed by the Authorised signatory**
- 3. The form must be submitted on or before due date and time.**

Terms and conditions

(To be enclosed with technical bid as per Annexure-1)

1. The agency can be an individual/HUF/Association of Persons (AOP)/Society/Trust/Partnership firm/company incorporated under the laws of India. The required documents related to constitution/incorporation of entity like partnership deed/trust deed/society by laws/memorandum and articles of association along with registration certificate of the entity should be enclosed.
2. No agency shall be entitled to submit more than one bid whether jointly or separately. If one does so, all bids wherein the agency has participated shall stand disqualified.
3. The agency should have an average annual turnover of Rs.20 lacs in the last three financial years to be able to qualify for bidding.
4. The agency shall bear all costs associated with the preparation and submission of bid.
5. Proof of certificate for turnover is required to be submitted with the technical bid (CA certificate or a copy of the Audited Balance Sheet, Profit & Loss account of immediately last preceding three years).
6. The agency must have PAN (Permanent Account Number) /GSTIN No
7. Agencies should provide brief profile of their work experience.
8. HLPPT reserves the right to accept /reject/ select one or more than one agency and to annul the bidding process any or all bids at any time prior to award of contract without thereby incurring any liability to the affected agency.
9. Evaluation of the bids will be done by competent committee from HLPPT.
10. **Documents required to release the payment:**
 - a. Bill / Invoice mentioning Permanent Account Number & GSTIN
 - b. Documentary proof of the delivery of equipments.
 - c. Crossed /cancelled cheque of Bank Account for making payment through NEFT/RTGS.

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

1. Form must be completed in all respects, Incomplete forms may liable to be rejected.
2. The form must be duly signed and sealed by the Authorised signatory
3. The form must be submitted on or before due date and time.

11. Agencies who will be technically qualified would only be considered for opening of financial bids.
12. Technical Evaluation of the agencies would be done on the following basis-
 - Past experience
 - Company Profile
 - Annual Turnover
 - Clientele.
 - Any other criteria as per discretion of Management.
13. The RFP shall be evaluated strictly based on the substantive information/credentials/documentary evidences submitted by the agencies.
14. The Financial Bids of agencies who do not technically qualify will not be opened and will not be considered in the final selection.
15. HLPPT management reserves the right to award the work to more than one Agency as per requirement.
16. HLPPT management reserves the right to place purchase order for the partial supply of equipments to agency/ agencies.
17. The agency needs to submit 'Technical Bid' & 'Financial Bid' separately in sealed envelopes by super scribing as '**Technical Proposal for supply & installation of Medical Equipments and other items for DEIC- Noida**' and '**Financial Proposal for supply & installation of Medical Equipments and other items for DEIC- Noida**'.
18. Agencies shall provide **Brand New** equipments.
19. Agencies applying would be required to submit Rs. 20,000/- as Interest free Earnest Money Deposit (EMD) in the form of Demand Draft in favor of '**Hindustan Latex Family Planning Promotion Trust**' payable at **NOIDA, in the envelope containing Technical Bid**. If the selected agencies will not be able to supply the equipments on time then the management reserves the right to forfeit the EMD. The EMD of the unsuccessful agencies would be returned within 30 days and no interest will be paid on the EMD.

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

- 1. Form must be completed in all respects, Incomplete forms may liable to be rejected.**
- 2. The form must be duly signed and sealed by the Authorised signatory**
- 3. The form must be submitted on or before due date and time.**

20. All the bid needs to be submitted by **2.00 P.M. on Date- 1st September, 2017** at the following address:

**Manager- Administration
Hindustan Latex Family Planning Promotion Trust (HLFPPT)
B-14A, II Floor,
Sector 62, Noida, Gautam Budh Nagar, Uttar Pradesh - 201307
Ph. 0120 – 4231060/61/62**

21. **Pre-Bid Meeting** for any clarification or information would be held on **17th August 2017 at 11 A.M.** above mentioned address.

22. Technical Bids would be opened on **1st September, 2017 by 2:00 PM** at the same address.

23. The rates quoted by the agency will be inclusive of all Taxes/Levies/Packaging & Forwarding, Freight [FOR at Noida] etc.

24. The basic rate quoted by the agency will be valid for a period of One year from the date of award of purchase order & Comprehensive Maintenance Contract (CMC) period as per details mentioned in Financial Bid document.

25. All the equipments ordered shall be delivered and Installed at DEIC Centre, within **25 days** from the date of issue of purchase order.

26. All the aspects of safe delivery, installation and commissioning shall be the exclusive responsibility of the supplier. If the supplier fails to deliver, install and commission the goods on or before the stipulated date, then a penalty clause will be applicable as per discretion of HLPPT Management team.

27. Agencies agree to provide services allied and incidental to the supply of required equipment, such as provision of technical assistance & training and Installation.

**Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax**

Please Note:-

- 1. Form must be completed in all respects, Incomplete forms may liable to be rejected.**
- 2. The form must be duly signed and sealed by the Authorised signatory**
- 3. The form must be submitted on or before due date and time.**

28. The supplier shall be required to perform the following services:-
- Installation & Commissioning, Supervision and Demonstration of the goods.
 - Providing required jigs and tools for assembly, minor civil works required for the completion of the installation.
 - On Site Training to Doctors/ Technicians/ Staff is to be provided by Supplier for operation and maintenance of the equipment for a period of 30 working days after successful installation of the machine, as per direction of user department.
 - Supplying required number of operation & maintenance manual for the goods.
 - To provide non-locked open software and standard interface inter-operability conditions for networked equipments in the hospital management information system, wherever applicable.
29. **Accessories & Consumables:** The separate price list of all accessories and consumables, if any, must be attached/ enclosed along with the Financial Bid.
30. **After Sales Service:** After sales service centre should be available on 24 (hrs.) X 7 (days) X 365 (days) basis. Complaints should be attended properly, maximum within 24 hrs to ensure an uptime of minimum 95%, wherever applicable, failing which the necessary penalty measures shall be enforced.
31. The firm shall not assign or sublet the work/job or any part of it to any other person or party. The tender is not transferable. Only one tender shall be submitted by one tenderer.
32. In case of breach of any terms and conditions as mentioned above, the Competent Authority, will have the right to cancel the work order/ job without assigning any reason thereof and nothing will be payable by HLPPT, in that event the security deposit shall also stands forfeited.
33. HLPPT reserves the right to award the purchase order to the second highest scoring agency in the event the first highest scoring agency backs out after final discussions. In such case HLPPT reserves the right to forfeit the EMD of the concerned bidder. HLPPT management reserves the right to take any other suitable decision if required in order to complete the task as per project timeline.

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

- 1. Form must be completed in all respects, Incomplete forms may liable to be rejected.**
- 2. The form must be duly signed and sealed by the Authorised signatory**
- 3. The form must be submitted on or before due date and time.**

34. The agency needs to sign and stamp all pages of the technical bid along with the terms and conditions of RFP.
35. **Guarantee / Warrantee Period:** The Agencies must quote for mentioned against items comprehensive warranty including all Spares, Accessories and Labour) from the date of completion of the satisfactory installation. The warranty charges shall not be quoted separately otherwise the offer shall be summarily rejected. Also the bidders are requested to submit their quote (Rates) for subsequent **03 years** Comprehensive Maintenance Contract (CMC) (Including All Spares, Accessories and Labour). Failure to comply this condition will entail the rejection of the bids. The price comparison shall be taken into account on basic price and post warranty CMC.
36. **Uptime guarantee:** The agency should provide uptime guarantee of 95%
37. **Downtime penalty Clause**
- a) During the comprehensive warranty period, the guarantee uptime of 95% of 365 days will be ensured. In case the down time exceeds the 5% limit penalty of extension of guaranty period by two days for each additional day of down time will be enforced. The vendor must undertake to supply all spares for optimal upkeep of the equipment for at least THREE YEARS after handling over the unit to HLPPT. If accessories other attachment of the system are procured from the third party, then the vendor must produce cost of accessory / other attachment and the CMC from the third party separately along with the main offer and the third party will have to sign the CMC with the Institute if required.
 - b) The principals or their authorized service providers are required to submit a certificate that they have satisfactory service arrangements and fully trained staff available to support the uptime guarantee.
38. The Agencies should also submit an undertaking (**Annexure-III**) duly signed & Stamped.

We agree and abide by all terms and conditions as mentioned above including the validity of the offer

Utmost confidentiality of the data provided shall be maintained.

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

- 1. Form must be completed in all respects, Incomplete forms may liable to be rejected.**
- 2. The form must be duly signed and sealed by the Authorised signatory**
- 3. The form must be submitted on or before due date and time.**

Hindustan Latex Family Planning Promotion Trust
B-14A, II Floor, Sector 62, Noida,
Gautam Budh Nagar, Uttar Pradesh - 201307

Annexure-I: Technical Bid Format

	SPECIFICATION (TECHNICAL)	AGENCY'S REPOSE
1.	Name of the firm/ Society/ Company/ Proprietary Concern	
2.	Address of registered office (along with telephone number, if any)	
3.	Address of the office at Delhi/NCR (if any) (along with telephone number, if any)	
4.	Earnest Money Deposits (EMD) submitted	Yes Or No
5.	PAN No.	
6.	GST IN No.	
7.	Agencies agree to provide services allied and incidental to the supply of required equipment, such as provision of technical assistance & training and Installation.	Yes Or NO
8.	HLFPPT's authorized representatives may undertake activities such as measuring, examining, testing, gauzing one or more characteristics of the equipment that the agencies claim that their supplied goods have.	

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

- 1. Form must be completed in all respects, Incomplete forms may liable to be rejected.**
- 2. The form must be duly signed and sealed by the Authorised signatory**
- 3. The form must be submitted on or before due date and time.**

List of Equipments-

S.No.	Type of Equipments	Name of the Equipments	Approx Qty Required for the Centre
A	MEDICAL EQUIPMENTS		
1		Stethoscope (Pediatrics)	2
2		Sphygmomanometer with Pediatric cuff with 3 different sizes (Infant, Child and Adult) Reusable	4
3		Infantometer with integrated head piece and sliding leg 620positioned 10-99cm	4
4		Electronic Baby Weighing Scale	5
5		Adult weighing scale	5
6		Height Measuring scale –Standiometer	1
7		MUAC tape	5
8		Head circumference tape-Non stretchable TEFLON synthetic material	5
9		X Ray film viewer	1
B	HEARING EQUIPMENTS		
1		Screeener pediatric Audiometer	1
2		Audiometer (Pure Tone Audiometer)	1
3		Pediatric Auroscope (Otoscope)	2
4		Tympanometer/Impedance Audiometer-Portable	1

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

- 1. Form must be completed in all respects, Incomplete forms may liable to be rejected.**
- 2. The form must be duly signed and sealed by the Authorised signatory**
- 3. The form must be submitted on or before due date and time.**

S.No.	Type of Equipments	Name of the Equipments	Approx Qty Required for the Centre
5		Oto-acoustic emission(OAE) instrument	1
6		Automatic ABR screener without disposable electrodes rather with integrated Electrodes	1
7		Brainstem Evoked Response Audiometer with ASSR and both insert phone and Head Phone with facility for Bone conductor	1
8		Torch Pen Light	4
C	VISION EQUIPMENTS		
1		Direct Ophthalmoscope (Age groupAll)	2
2		Streak Retinoscope (Age group 6months)	1
3		Illuminated near vision test drum with four test - English, Hindi, any regional language, c and test	2
4		Binocular Indirect Ophthalmoscope with a 20, 28 or 30 D lens(for preterm children)	1
5		Vision Testing Drums with all tests:test including tests- dots, English, any regional language, numbers or picture or chart, spot light for retinoscopy, colour test, duochrome test .	1
6		Lea Grating Paddles (Age group 0-3 years)	1
7		LEA Symbols Playing Cards (Age group 3-18)	1
8		LEA Symbols Near Vision Card (16 inches/40 centimeters) Age group 2-5 years)	1
9		LEA Symbols 13-Line Translucent Distance Chart (10 feet/3 meters) (Age group 3-5 years)	1

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

- 1. Form must be completed in all respects, Incomplete forms may liable to be rejected.**
- 2. The form must be duly signed and sealed by the Authorised signatory**
- 3. The form must be submitted on or before due date and time.**

S.No.	Type of Equipments	Name of the Equipments	Approx Qty Required for the Centre
10		LEA 3-D Puzzle Age group 0-3 years)	1
11		Hiding Heidi Low contrast face test (Age group 2-3 years)	1
12		Heidi Expressions Test Game (Age group 2-3 years)	1
13		Lea Fixation Stick Age group (0-3 years)	1
14		Snellen's chart (Age group 4-6 years)	1
15		Eye speculum (Alfonso infant wire speculum) Age group 3-6 years)	1
16		Scleral depressor (wire vectis) Age group 3-6 years)	1
17		Laser console plus laser indirect ophthalmoscope with protective	1
18		Spectacle Occluder	1
D	DENTISTRY EQUIPMENTS		
1		Pediatric Dental Chair	1
2		Wall mounted dental x ray	1
3		Table top Front Loading Autoclave (electrical)	1
4		LED Curing Light source (composite)	1
5		Automatic Water Distiller	1
6		Forceps set for extraction	2 set (1 Adult +1 Pediatrics)

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

1. Form must be completed in all respects, Incomplete forms may liable to be rejected.
2. The form must be duly signed and sealed by the Authorised signatory
3. The form must be submitted on or before due date and time.

S.No.	Type of Equipments	Name of the Equipments	Approx Qty Required for the Centre
7		Restorative Filling and Carving Instruments	1
8		Composite Filling Instruments- Full set	1
9		Hand scaler (complete set)	1
10		Mouth Mirrors	40
11		Straight Probes	40
12		Explorer	40
13		Dental Tweezers	40
14		Cheatle forceps	1
15		Kidney tray	2
16		Matrix Band and retainer (both no. 1& 8)	1
17		Dental Impression Trays	1
18		Dental mallet	1
19		Scissors	1
20		Needle holder	1

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

1. Form must be completed in all respects, Incomplete forms may liable to be rejected.
2. The form must be duly signed and sealed by the Authorised signatory
3. The form must be submitted on or before due date and time.

S.No.	Type of Equipments	Name of the Equipments	Approx Qty Required for the Centre
21		Bone Chisel (mono bevel)	1
22		Scalpel handle	1
23		Drum	1
24		Plaster Spatula (Straight and Curved)	2
25		Rubber Bowls	2
26		Suction tip	2
27		Cheek Retractors	2
28		Mouth Props (Adult + Pedo) with chain	1
29		Cement Spatula (plastic and metal)	1
30		Patient drape	1
31		Glass Dappen dish	1
32		Mortar And pest	1
33		Burs assorted for contrangle hand-piece	2
34		Diamond burs-Air rotar hand piece-assorted	2

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

1. Form must be completed in all respects, Incomplete forms may liable to be rejected.
2. The form must be duly signed and sealed by the Authorised signatory
3. The form must be submitted on or before due date and time.

S.No.	Type of Equipments	Name of the Equipments	Approx Qty Required for the Centre
35		Lead apron and thyroid guard	1
36		Glass Slab	2
E	LABORATORY EQUIPMENTS		
1		Automated Blood cell Counter	1
2		Binocular Microscope	1
3		Semi-automated analyzer	2
4		Digital Haemoglobinometer	1
F	PSYCHOLOGICAL TOOLS		
1		Receptive-Expressive Emergent Language Test—Third Edition (REEL-3) 0-3 years	1
2		LPT: Linguistic profile test - 3-9 years	1
3		Developmental assessment for Indian Infants (DASSI) From birth to 30 Months	1
4		Vineland Social Maturity Scale 0-9 years	1
5		Vineland Adaptive Behavior Scales 0-9 years	1

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

1. Form must be completed in all respects, Incomplete forms may liable to be rejected.
2. The form must be duly signed and sealed by the Authorised signatory
3. The form must be submitted on or before due date and time.

S.No.	Type of Equipments	Name of the Equipments	Approx Qty Required for the Centre
6		Developmental Screening Test (DST) by Bharat Raj 1-15 years	1
7		Denver Developmental Screening Test II (DDST-II) 1 month to 6 years	1
8		Stanford Binet (Indian adaptation-Kulshreshta) 2- 9 years	1
9		Bayley-III Screening Test Complete Kit Includes; Manual, Stim Book, Picture Book, Record Forms 25 Packs. 1 month to 42 Months	1
10		PiagetsSensori-motor Intelligence Scale 0-2 years • Piagetian Cognitive Tasks 0-2 years	1
11		Dyslexia Early Screening Test 4-6 years (DEST) and Dyslexia Screening Test Junior (6-11 years) 4-6 years and 6-11 years	1
12		Nimhans battery 6- 9 years	2
13		Childhood Behavioral Checklist CBCL 0-2 years	1
14		Cerebral Palsy and Neuro-motor impairment: INCLN (INDT-NMI) 0-9 years	1
15		INCLN Diagnostic Tool for Epilepsy (INDT-EPI) 2-9 years	1
16		Autism Spectrum Disorder or Indian scale for assessment of Autism	1
17		ADHD Attention Deficit Hyper Activity INCLN	1

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

1. Form must be completed in all respects, Incomplete forms may liable to be rejected.
2. The form must be duly signed and sealed by the Authorised signatory
3. The form must be submitted on or before due date and time.

S.No.	Type of Equipments	Name of the Equipments	Approx Qty Required for the Centre
G	SENSORY INTEGRATION EQUIPMENTS		
1		Pinspot and Mirror Ball Bundle	1
2		Mirror ball Motor	1
3		LED Mirror Ball	1
4		Fire Ball	1
5		Sound activated Light	1
6		LED Bubble Tub	1
7		Optic Fibres	1
8		Blue LED Lights	1
9		150 bulb blue LED light chain	1
10		Bubble Tube	1
11		Rotating Drum	1
12		Chime Frame and Beater	1
13		Mirror Chime bout	1

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

- 1. Form must be completed in all respects, Incomplete forms may liable to be rejected.**
- 2. The form must be duly signed and sealed by the Authorised signatory**
- 3. The form must be submitted on or before due date and time.**

S.No.	Type of Equipments	Name of the Equipments	Approx Qty Required for the Centre
14		Swing	
14.1		Bolster Swing	1
14.2		Platform Swing	1
14.3		Tyre tube Swing	1
14.4		Rope Ladder Swing	1
15		Rhythmic Rocker	1
16		Balance Boards	1
17		Ball pool	1
18		Tunnel	1
19		Bean Bags including white ones	1
20		Real size animal toys	1
H	PHYSIOTHERAPY EQUIPMENTS		
1		Therapy Ball 65 cm	1
		herapy Ball 45cm	1

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

1. Form must be completed in all respects, Incomplete forms may liable to be rejected.
2. The form must be duly signed and sealed by the Authorised signatory
3. The form must be submitted on or before due date and time.

S.No.	Type of Equipments	Name of the Equipments	Approx Qty Required for the Centre
2		Therapy Mats - 6ft X 3ft	6
3		Bolster	
3.1		2ft long, diameter-8 inch	1
3.2		2ft long, diameter-10 ichn	1
4		Small roll -13 inch long, Diameter 3 inch	3
5		Prone Wedge	
5.1		Big-Ht- 14 inch; Length-31 inch, breadth 17 inch	1
5.2		Small ht 10 inch, length 26 inch and breadth 17 inch	1
6		Balance Board	1
7		Kaye- Walker (ht- 48to 64 cm)	1
8		Tampoline	1
9		Bolster Swing	1
10		Wooden benches with cushion and Rexene Cover	
10.1		Wooden Bench	1

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

1. Form must be completed in all respects, Incomplete forms may liable to be rejected.
2. The form must be duly signed and sealed by the Authorised signatory
3. The form must be submitted on or before due date and time.

S.No.	Type of Equipments	Name of the Equipments	Approx Qty Required for the Centre
10.2		Wooden Bench	1
11		Splints (Ankle Foot Orthosis)	1
12		Special chairs with cut out tray	1
13		TOYS (FOR PLAY & STIMULATION)	
13.1		Small Rattles	10
13.2		Squeaky	3
13.3		Puja Bell (clapper bell)	2
13.4		Soft Toys	10
13.5		Brush for tactile stimulation	1
13.6		Theraputy	3
13.7		Peg Board	2
13.8		Ball Pool	1
13.9		Balls of different sizes	5
13.10		Gaiters	8

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

1. Form must be completed in all respects, Incomplete forms may liable to be rejected.
2. The form must be duly signed and sealed by the Authorised signatory
3. The form must be submitted on or before due date and time.

S.No.	Type of Equipments	Name of the Equipments	Approx Qty Required for the Centre
13.11		Thick Handle spoon,	12
13.12		Thick handle bent spoon	12
13.13		Stainless steel plates with high rim	12
13.14		Spouted cups	12
13.15		Plastic spoon with long handle for babies	3
13.16		Plastic glass with rim cut on one side	3
I	TOYS FOR PLAY AREA		
1		Swing	1
2		Slides	1
3		See Saw	1
4		Tunnels	1
5		Tri Cycle	1
6		Any locally suitable toy	1

Detailed Specification of all Medical Equipments & other items are given in Annexure IV

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

- 1. Form must be completed in all respects, Incomplete forms may liable to be rejected.**
- 2. The form must be duly signed and sealed by the Authorised signatory**
- 3. The form must be submitted on or before due date and time.**

Hindustan Latex Family Planning Promotion Trust
B-14A, IInd Floor, Sector 62, Noida, Gautam Budh Nagar, Uttar Pradesh - 201307

Annexure-II: Financial Bid Format

We are hereby submitting the quotation for the supply & installation of the Equipments for District Early Intervention Centre {DEIC} at Noida, after understanding completely the technical specifications and other terms and conditions of the RFP.

S NO	SPECIFICATIONS (FINANCIAL)
1.	Rates will be inclusive of GST IN/all Taxes/Levies/Packaging & Forwarding, Freight [FOR at NOIDA], etc.
2.	TDS as applicable will deduced as per Income Tax Act, 1961 if applicable.
3.	Payment will be made through cheque / NEFT/ RTGS.
4.	Duly Certified bills alongwith delivery receipt will be submitted.
5.	Payment will be released within 30 days after submission of invoice alongwith other supporting documents.
6.	Agency should be ready to replace the non functional equipments without any extra cost

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

- 1. Form must be completed in all respects, Incomplete forms may liable to be rejected.**
- 2. The form must be duly signed and sealed by the Authorised signatory**
- 3. The form must be submitted on or before due date and time.**

(A) The rates for supply & installation of equipments are as follows:

S.No.	Type of Equipments	Name of the Equipments	Approx Qty Required for the Centre	Make offered (Manufacturer Name)	Offered model name	Year of Manufacturing	Unit Price FOR at Noida (all inclusive)
A	MEDICAL EQUIPMENTS						
1		Stethoscope (Pediatrics)	2				
2		Sphygmomanometer with Pediatric cuff with 3 different sizes (Infant, Child and Adult) Reusable	4				
3		Infantometer with integrated head piece and sliding leg 62ositioned 10-99cm	4				
4		Electronic Baby Weighing Scale	5				
5		Adult weighing scale	5				
6		Height Measuring scale – Stadiometer	1				
7		MUAC tape	5				
8		Head circumference tape-Non stretchable TEFLON synthetic material	5				
		X Ray film viewer	1				

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

- 1. Form must be completed in all respects, Incomplete forms may liable to be rejected.**
- 2. The form must be duly signed and sealed by the Authorised signatory**
- 3. The form must be submitted on or before due date and time.**

S.No.	Type of Equipments	Name of the Equipments	Approx Qty Required for the Centre	Make offered (Manufacturer Name)	Offered model name	Year of Manufacturing	Unit Price FOR at Noida (all inclusive)
B	HEARING EQUIPMENTS						
1		Screeener paediatric Audiometer	1				
2		Audiometer (Pure Tone Audiometer)	1				
3		Pediatic Auroscope (Otoscope)	2				
4		Tympanometer/Impedance Audiometer- Portable	1				
5		Oto-acoustic emission(OAE) Instrument	1				
6		Automatic ABR screener without disposable electrodes rather with integrated electrodes	1				
7		Brainstem Evoked Response Audiometer with ASSR and both insert phone and Head Phone with facility for Bone Conductor					
8		Torch Pen Light	4				

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

1. Form must be completed in all respects, Incomplete forms may liable to be rejected.
2. The form must be duly signed and sealed by the Authorised signatory
3. The form must be submitted on or before due date and time.

S.No.	Type of Equipments	Name of the Equipments	Approx Qty Required for the Centre	Make offered (Manufacturer Name)	Offered model name	Year of Manufacturing	Unit Price FOR at Noida (all inclusive)
C	VISION EQUIPMENTS						
1		Direct Ophthalmoscope (Age groupAll)	2				
2		Streak Retinoscope (Age group 6months)	1				
3		Illuminated near vision test drum with four test - English, Hindi, any regional language, c and test	2				
4		Binocular Indirect Ophthalmoscope with a 20, 28 or 30 D lens(for preterm children)	1				
5		Vision Testing Drums with all tests:test including tests- dots, English, any regional language, numbers or picture or chart, spot light for retinoscopy, colour test, duochrome test .	1				
6		Lea Grating Paddles (Age group 0-3 years)	1				
7		LEA Symbols Playing Cards (Age group 3-18)	1				

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

1. Form must be completed in all respects, Incomplete forms may liable to be rejected.
2. The form must be duly signed and sealed by the Authorised signatory
3. The form must be submitted on or before due date and time.

S.No.	Type of Equipments	Name of the Equipments	Approx Qty Required for the Centre	Make offered (Manufacturer Name)	Offered model name	Year of Manufacturing	Unit Price FOR at Noida (all inclusive)
8		LEA Symbols Near Vision Card (16 inches/40 centimeters) Age group 2-5 years)	1				
9		LEA Symbols 13-Line Translucent Distance Chart (10 feet/3 meters) (Age group 3-5 years)	1				
10		LEA 3-D Puzzle Age group 0-3 years)	1				
11		Hiding Heidi Low contrast face test (Age group 2-3 years)	1				
12		Heidi Expressions Test Game (Age group 2-3 years)	1				
13		Lea Fixation Stick Age group (0-3 years)	1				
14		Snellen's chart (Age group 4-6 years)	1				
15		Eye speculum (Alfonso infant wire speculum) Age group 3-6 years)	1				
16		Scleral depressor (wire vectis) Age group 3-6 years)	1				

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

1. Form must be completed in all respects, Incomplete forms may liable to be rejected.
2. The form must be duly signed and sealed by the Authorised signatory
3. The form must be submitted on or before due date and time.

S.No.	Type of Equipments	Name of the Equipments	Approx Qty Required for the Centre	Make offered (Manufacturer Name)	Offered model name	Year of Manufacturing	Unit Price FOR at Noida (all inclusive)
17		Laser console plus laser indirect ophthalmoscope with protective	1				
18		Spectacle Occluder	1				
D	DENTISTRY EQUIPMENTS						
1		Pediatric Dental Chair	1				
2		Wall mounted dental x ray	1				
3		Table top Front Loading Autoclave (electrical)	1				
4		LED Curing Light source (composite)	1				
5		Automatic Water Distiller	1				
6		Forceps set for extraction	2 set (1 Adult +1 Pediatrics)				
7		Restorative Filling and Carving Instruments	1				
8		Composite Filling Instruments- Full set	1				
9		Hand scaler (complete set)	1				

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

1. Form must be completed in all respects, Incomplete forms may liable to be rejected.
2. The form must be duly signed and sealed by the Authorised signatory
3. The form must be submitted on or before due date and time.

S.No.	Type of Equipments	Name of the Equipments	Approx Qty Required for the Centre	Make offered (Manufacturer Name)	Offered model name	Year of Manufacturing	Unit Price FOR at Noida (all inclusive)
10		Mouth Mirrors	40				
11		Straight Probes	40				
12		Explorer	40				
13		Dental Tweezers	40				
14		Cheatle forceps	1				
15		Kidney tray	2				
16		Matrix Band and retainer (both no. 1& 8)	1				
17		Dental Impression Trays	1				
18		Dental mallet	1				
19		Scissors	1				
20		Needle holder	1				
21		Bone Chisel (mono bevel)	1				
22		Scalpel handle	1				

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

1. Form must be completed in all respects, Incomplete forms may liable to be rejected.
2. The form must be duly signed and sealed by the Authorised signatory
3. The form must be submitted on or before due date and time.

S.No.	Type of Equipments	Name of the Equipments	Approx Qty Required for the Centre	Make offered (Manufacturer Name)	Offered model name	Year of Manufacturing	Unit Price FOR at Noida (all inclusive)
23		Drum	1				
24		Plaster Spatula (Straight and Curved)	2				
25		Rubber Bowls	2				
26		Suction tip	2				
27		Cheek Retractors	2				
28		Mouth Props (Adult + Pedo) with Chain	1				
29		Cement Spatula (plastic and metal)	1				
30		Patient drape	1				
31		Glass Dappen dish	1				
32		Mortar And pest	1				
33		Burs assorted for contrangle hand-piece	2				
34		Diamond burs-Air rotar hand piece-assorted	2				

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

1. Form must be completed in all respects, Incomplete forms may liable to be rejected.
2. The form must be duly signed and sealed by the Authorised signatory
3. The form must be submitted on or before due date and time.

S.No.	Type of Equipments	Name of the Equipments	Approx Qty Required for the Centre	Make offered (Manufacturer Name)	Offered model name	Year of Manufacturing	Unit Price FOR at Noida (all inclusive)
35		Lead apron and thyroid guard	1				
36		Glass Slab	2				
E	LABORATORY EQUIPMENTS						
1		Automated Blood cell Counter	1				
2		Binocular Microscope	1				
3		Semi-automated analyzer	2				
4		Digital Haemoglobinometer	1				
F	PSYCHOLOGICAL TOOLS						
1		Receptive-Expressive Emergent Language Test—Third Edition 0-3 years (REEL-3)	1				
2		LPT: Linguistic profile test 3-9 years	1				
3		Developmental assessment for Indian Infants (DASSI) From birth to 30 Months	1				

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

- 1. Form must be completed in all respects, Incomplete forms may liable to be rejected.**
- 2. The form must be duly signed and sealed by the Authorised signatory**
- 3. The form must be submitted on or before due date and time.**

S.No.	Type of Equipments	Name of the Equipments	Approx Qty Required for the Centre	Make offered (Manufacturer Name)	Offered model name	Year of Manufacturing	Unit Price FOR at Noida (all inclusive)
4		Vineland Social Maturity Scale 0-9 years	1				
5		Vineland Adaptive Behavior Scales 0-9 years	1				
6		Developmental Screening Test (DST) by Bharat Raj 1-15 years	1				
7		Denver Developmental Screening Test II (DDST-II) 1 month to 6 years	1				
8		Stanford Binet (Indian adaptation-Kulshreshta) 2- 9 years	1				
9		Bayley-III Screening Test Complete Kit Includes; Manual, Stim 1 month to 42 Book, Picture Book, Record Forms 25 Packs. Months	1				
10		PiagetsSensori-motor Intelligence Scale 0-2 years • Piagetian 0-2 years Cognitive Tasks	1				

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

1. Form must be completed in all respects, Incomplete forms may liable to be rejected.
2. The form must be duly signed and sealed by the Authorised signatory
3. The form must be submitted on or before due date and time.

S.No.	Type of Equipments	Name of the Equipments	Approx Qty Required for the Centre	Make offered (Manufacturer Name)	Offered model name	Year of Manufacturing	Unit Price FOR at Noida (all inclusive)
11		Dyslexia Early Screening Test 4-6 years (DEST) and 4-6 years and 6-11 years) 11 years	1				
12		Nimhans battery 6- 9 years	2				
13		Childhood Behavioral Checklist CBCL 0-2 years	1				
14		Cerebral Palsy and Neuro-motor impairment: INCLEN (INDT-0-9 years NMI)	1				
15		INCLEN Diagnostic Tool for Epilepsy (INDT-EPI) 2-9 years	1				
16		Autism Spectrum Disorder or Indian scale for assessment of Autism	1				
17		ADHD Attention Deficit Hyper Activity INCLEN	1				

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

1. Form must be completed in all respects, Incomplete forms may liable to be rejected.
2. The form must be duly signed and sealed by the Authorised signatory
3. The form must be submitted on or before due date and time.

S.No.	Type of Equipments	Name of the Equipments	Approx Qty Required for the Centre	Make offered (Manufacturer Name)	Offered model name	Year of Manufacturing	Unit Price FOR at Noida (all inclusive)
G	SENSORY INTEGRATION EQUIPMENTS						
1		Pinspot and Mirror Ball Bundle	1				
2		Mirror ball Motor	1				
3		LED Mirror Ball	1				
4		Fire Ball	1				
5		Sound activated Light	1				
6		LED Bubble Tub	1				
7		Optic Fibres	1				
8		Blue LED Lights	1				
9		150 bulb blue LED light chain	1				
10		Bubble Tube	1				
11		Rotating Drum	1				

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

- 1. Form must be completed in all respects, Incomplete forms may liable to be rejected.**
- 2. The form must be duly signed and sealed by the Authorised signatory**
- 3. The form must be submitted on or before due date and time.**

S.No.	Type of Equipments	Name of the Equipments	Approx Qty Required for the Centre	Make offered (Manufacturer Name)	Offered model name	Year of Manufacturing	Unit Price FOR at Noida (all inclusive)
12		Chime Frame and Beater	1				
13		Mirror Chime bout	1				
14		Swing					
14.1		Bolster Swing	1				
14.2		Platform Swing	1				
14.3		Tyre tube Swing	1				
14.4		Rope Ladder Swing	1				
15		Rhythmic Rocker	1				
16		Balance Boards	1				
17		Ball pool	1				
18		Tunnel	1				
19		Bean Bags including white ones	1				
20		Real size animal toys	1				

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

1. Form must be completed in all respects, Incomplete forms may liable to be rejected.
2. The form must be duly signed and sealed by the Authorised signatory
3. The form must be submitted on or before due date and time.

S.No.	Type of Equipments	Name of the Equipments	Approx Qty Required for the Centre	Make offered (Manufacturer Name)	Offered model name	Year of Manufacturing	Unit Price FOR at Noida (all inclusive)
H	PHYSIOTHERAPY EQUIPMENTS						
1		Therapy Ball 65 cm	1				
1.1		herapy Ball 45cm	1				
2		Therapy Mats - 6ft X 3ft	6				
3		Bolster					
3.1		2ft long, diameter-8 inch	1				
3.2		2ft long, diameter-10 ichn	1				
4		Small roll -13 inch long, Diameter 3 inch	3				
5		Prone Wedge					
5.1		Big-Ht- 14 inch; Length-31 inch, breadth 17 inch	1				
5.2		Small ht 10 inch, length 26 inch and breadth 17 inch	1				

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

1. Form must be completed in all respects, Incomplete forms may liable to be rejected.
2. The form must be duly signed and sealed by the Authorised signatory
3. The form must be submitted on or before due date and time.

S.No.	Type of Equipments	Name of the Equipments	Approx Qty Required for the Centre	Make offered (Manufacturer Name)	Offered model name	Year of Manufacturing	Unit Price FOR at Noida (all inclusive)
6		Balance Board	1				
7		Kaye- Walker (ht- 48to 64 cm)	1				
8		Tampoline	1				
9		Bolster Swing	1				
10		Wooden benches with cushion and Rexene Cover					
10.1		Wooden Bench	1				
10.2		Wooden Bench	1				
11		Splints (Ankle Foot Orthosis)	1				
12		Special chairs with cut out tray	1				
13		Toys (for play and stimulation)					
13.1		Small Rattles	10				
13.2		Squeaky	3				
13.3		Puja Bell (clapper bell)	2				

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

1. Form must be completed in all respects, Incomplete forms may liable to be rejected.
2. The form must be duly signed and sealed by the Authorised signatory
3. The form must be submitted on or before due date and time.

S.No.	Type of Equipments	Name of the Equipments	Approx Qty Required for the Centre	Make offered (Manufacturer Name)	Offered model name	Year of Manufacturing	Unit Price FOR at Noida (all inclusive)
13.4		Soft Toys	10				
13.5		Brush for tactile stimulation	1				
13.6		Theraputy	3				
13.7		Peg Board	2				
13.8		Ball Pool	1				
13.9		Balls of different sizes	5				
13.10		Gaiters	8				
13.11		Thick Handle spoon,	12				
13.12		Thick handle bent spoon	12				
13.13		Stainless steel plates with high Rim	12				
13.14		Spouted cups	12				
13.15		Plastic spoon with long handle for babies	3				
13.16		Plastic glass with rim cut on one Side	3				

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

1. Form must be completed in all respects, Incomplete forms may liable to be rejected.
2. The form must be duly signed and sealed by the Authorised signatory
3. The form must be submitted on or before due date and time.

S.No.	Type of Equipments	Name of the Equipments	Approx Qty Required for the Centre	Make offered (Manufacturer Name)	Offered model name	Year of Manufacturing	Unit Price FOR at Noida (all inclusive)
1	TOYS FOR PLAY AREA						
1		Swing	1				
2		Slides	1				
3		See Saw	1				
4		Tunnels	1				
5		Tri Cycle	1				
6		Any locally suitable toy	1				

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

1. Form must be completed in all respects, Incomplete forms may liable to be rejected.
2. The form must be duly signed and sealed by the Authorised signatory
3. The form must be submitted on or before due date and time.

(B) Rate for Annual Financial BID for Comprehensive Maintenance Contract (CMC) after Warranty period-

Sno	Description of Equipments	Quantity (Nos)	Annual Comprehensive Maintenance Contract Cost for each unit year wise* (inclusive of all)			Total Annual Comprehensive Maintenance Contract (CMC) cost for 3 years
			1 st	2 nd	3 rd	
			A	b	c	

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

- Please Note:-**
- 1. Form must be completed in all respects, Incomplete forms may liable to be rejected.**
 - 2. The form must be duly signed and sealed by the Authorised signatory**
 - 3. The form must be submitted on or before due date and time.**

Sno	Description of Equipments	Quantity (Nos)	Annual Comprehensive Maintenance Contract Cost for each unit year wise* (inclusive of all)			Total Annual Comprehensive Maintenance Contract (CMC) cost for 3 years
			1 st	2 nd	3 rd	
			A	b	c	

*after completion of Warranty period

Note

1. The cost of Comprehensive Maintenance Contract (CMC) which includes preventive maintenance including testing & Calibration as per technical service /operational manual , labour spares after satisfactory completion of warranty period may be quoted as per NIT conditions on yearly basis for complete equipment and Turnkey(if any)
2. The cost of CMC may be quoted along with taxes applicable . The taxes to be paid extra to be specifically stated . in the absence of any such stipulation the price will be taken inclusive of such taxes and no claim for the same will be entertained later.
3. All software updates should be provided free of cost during CMC period.
4. The stipulations in Technical specifications will supersede above provisions.
5. The supplier should keep sufficient stock of spares required during Comprehensive Maintenance Contract (CMC)period. In case the spares are required to be imported it would be the responsibility of the supplier to import and get them custom clear ed and pay all necessary duties.
6. Also the bidders are requested to submit their quote (Rates) for subsequent **03 years** (Including All Spares, Accessories and Labour).

***Note:** The Agencies may quote the rates for all items as mentioned above or partial items as per their availability

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

1. Form must be completed in all respects, Incomplete forms may liable to be rejected.
2. The form must be duly signed and sealed by the Authorised signatory
3. The form must be submitted on or before due date and time.

Annexure -III Undertaking

from Vendors

This has reference to the RFP published in the website of HLPPT on..... ..In response to the RFP, we have submitted our technical & financial bids on..... .at your office In connection with the above bids, we hereby declare as under:-

i- That we are neither related to any of your Trustees, Officers and other employees nor do we have any financial, commercial or other interests with any of the above persons in any capacity whatsoever.

ii- That we have submitted the bids in the name of M/S.....and declare that no other bids have been submitted by us in the name of any other firms/companies/proprietors/individuals which comes under the same management and related parties.

iii- We hereby undertakes that in case of any violations to the above declarations at any stage of the contract, HLPPT reserves the sole right to cancel the contract and recover the full value of the contract from us.

Name & Signature of Authorised Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Please Note:-

- 1. Form must be completed in all respects, Incomplete forms may liable to be rejected.**
- 2. The form must be duly signed and sealed by the Authorised signatory**
- 3. The form must be submitted on or before due date and time.**