



स्वास्थ्यमन्त्रालय

बोलपत्र/दरभाउपत्र सम्बन्धी सूचना

प्रथम पटक प्रकाशितमिति २०७३।१।२८

चालु आ.ब.०७३।०७४ मायस अस्पताललाई आवश्यक पर्ने तपशिलवमोजिमका मेशिनरी औजार तथाउपकरणहरु बोलपत्र/दरभाउपत्रको माध्यमद्वारा आपूर्तिगर्नुपर्ने भएकोले तपशिलवमोजिमको शर्तमा रहीबोलपत्र/दरभाउपत्र पेश गर्नुहुन सबैको जानकारीको लागि यो सूचनाप्रकाशितगरिएको छ ।

शर्तहरु:

- बोलपत्र/दरभाउपत्रखरिद गर्न मु.अ.करमादर्ता भएका, आ.ब.०७३।०७४ को लागिनविकरण भएको र सो कार्य सम्बन्धीइजाजतप्राप्त सप्लायर्स/विक्रेतातथाव्यवसायीहरुले रितपूर्वकको बोलपत्र/दरभाउपत्र सार्वजनिकखरिद अनुगमनकार्यालयको <http://www.bolpatra.gov.np> मागई TOR download गर्न सकिनेछ । TOR खरीदगर्न सूचनाप्रकाशितभएको मितिले तपशिलअनुसारको रकम, उल्लेखितमिति र समयमा यस अस्पतालको रा.बा.बैंक भरतपुरमा रहेको चल्लीखाता नं.१३१००००९६७०१मानगदजम्मा गरी खरीदगर्न सकिनेछ ।
- बोलपत्र पेश गर्दा जमानतवापततपशिलमाउल्लेखित रकमको.ले.नि.का.चितवनको रा.बा.बैंक, भरतपुर शाखामा रहेको ख ३ धरौटी १३१०२०३०००००० खातामा रकमजम्मा गरेको सक्कल बैंक भौचर वाकम्तिमा १२० दिनम्यादभएको यस अस्पतालको नाममाजारी भएको विड वण्ड पेश गर्नुपर्नेछ ।
- खरीदभएको बोलपत्र/दरभाउपत्रतपशिलमाउल्लेखितमिति र समयमा सार्वजनिकखरिद अनुगमनकार्यालयको Website <http://www.bolpatra.gov.np> मागई बैंक भौचर, विडवन्ड, BOQ समेतकाकागजातScan गरी Upload गरी सक्नुपर्नेछ । Upload भएकाबोलपत्रतपशिलमाउल्लेखितमिति र समयमा यस अस्पतालमा बोलपत्रदातावानिजको प्रतिनिधिको रोहवरमाखोलिने छ । प्रतिनिधिउपस्थितनभएपनिबोलपत्रखोल्न वाधा पर्नेछैन । बोलपत्र खरीदगर्ने वाबोलपत्रखोल्नेअन्तिमदिनविदा पर्न गएमा सोको भोलिपल्ट क्रमशउक्तकार्य हुनेछ ।
- बोलपत्रदाताले कबोल गरेको प्रत्येक आइटमको दररेटलाई (कर बाहेक) अंक र अक्षरमा स्पष्टसँग उल्लेख गर्नुपर्नेछ । अंक र अक्षरमाउल्लेखित दररेटमा भिन्नताभएमाअक्षरलाई मान्यतादिइने छ ।
- सार्वजनिकखरिद अनुगमनकार्यालयको Website <http://www.bolpatra.gov.np> को माध्यमबाट प्राप्तभएकाबोलपत्र/दरभाउपत्रमात्र यस अस्पताललाई मान्यहुनेछ । साथै हार्डकपि टेन्डर खुल्ने मिति देखि ५ दिनभित्र यस अस्पतालको प्रशासनकार्यालय खुल्ने समयमा पेश गर्नुपर्नेछ ।
- संभौता गरी तपशिलअनुसारको मेशिनरी औजार तथाउपकरण सप्लाइगर्ने फर्मलाई नियमानुसार कालोसूचीमादर्ताको लागिस्वन्धितनिकायमा लेखि पठाइनेछ ।
- थपजानकारीको लागि यस अस्पतालको खरिद इकाईशाखामा सर्म्पक राख्न सकिनेछ ।
- शर्त रहेको,रित नपुगेको तथाम्याद नाघी आएको बोलपत्रउपर कुनै कारवाहीहुनेछैन । एक फर्म वा सस्थाको नाममाखरिद गरिएको बोलपत्रअर्को फर्मको नामवाट जम्मागर्न पाईने छैन ।
- बोलपत्रदाताले आफू कालोसूचीमानपरेको भनी स्वयं घोषणा पेश गर्नुपर्नेछ ।
- यसमानपरेकाअन्य कुराहरु सार्वजनिक खरीद ऐन २०६३ र सार्वजनिक खरीदनियमावली २०६४ अनुसार हुनेछ ।

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सि. नं.	ठे. नं.	विवरण	धरौटी रकम	दरभाउतथा टेण्डर दस्तुर	टेण्डर दाखिलागर्ने अन्तिममिति	दरभाउतथा टेण्डर खोले मिति	टेण्डर दस्तुर दाखिलागर्ने बैक तथाखाता नं.	कैफिय त
१	४२१०७३१०७४	Diathermy Machine	14000.00	१०००१-	३० औँदिनको ५१०० वजे सम्म	३१ औँदिनको २१०० वजे	रा.वा.बैक भरतपुर, च.हि.नं १३१००००९६ ७०१	

Technical Specification of Diathermy machine

The statement of compliance must be substantiated with authenticated catalogue/ datasheet/manual with the page number of original catalogue/datasheet/ manual of the relevant parameters indicates.

	ELECTROSURGICAL GENERATOR/ CAUTERY MACHINE	Bidder's offer	Deviation if any	Catalogue no
	Manufacturer:			
	Country Of Origin:			
	Made In:			
	Model No.			
	Type/Brand			
	Technical Specification			
1.	Micro controller based isolated Electrosurgical Generator having both Monopolar and Bipolar outputs designed for all surgical procedures.			
2.	Smart generator should be able to monitor changes in tissue impedance continuously and adjusts power.			
3.	Monopolar outputs should have three cutting modes: -			
4.	<ul style="list-style-type: none">Low Cut for delicate tissue or Laparoscopic cases having maximum power of 300 W. Crest factor 1.5			
5.	<ul style="list-style-type: none">Pure cut for clean, precise cut in general surgery having maximum power of 300 W. Crest factor 1.5			
6.	<ul style="list-style-type: none">Blend mode for cutting with homeostasis having maximum power of 200 W. Crest factor 2.5			

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7.	All cut modes should be able to adjust output power depending on tissue density by less than 15% or 5W, whichever is greater.			
8.	It should have three Coag Modes with maximum power of 120 W			
9.	<ul style="list-style-type: none">Desiccate mode for low voltage contact coagulation suitable for Laparoscopic and delicate tissue work. Chrest factor 5			
10.	<ul style="list-style-type: none">Fulgurate mode for efficient non-contact coagulation in most applications. High Chrest factor 7 and Low Chrest factor 5.5			
11.	<ul style="list-style-type: none">Spray mode should have randomized spray effect of varying amplitude and frequency for coagulating large tissue areas with minimum depth of necrosis. Chrest factor 8.			
12.	It should have three bipolar modes with maximum power of 70 W and Chrest factor 1.5			
13.	<ul style="list-style-type: none">Precise mode to have fine control of desiccation in delicate tissue.			
14.	<ul style="list-style-type: none">Standard mode for applications at low voltage to prevent sparking.			
15.	<ul style="list-style-type: none">Macro mode for applications on tissue with high resistance.			
16.	It should have patient plate monitoring facility and should give audiovisual alarm and deactivate output if contact between patient and patient plate is not proper to eliminate the risk of patient burns.			
17.	The unit should have two handswitching and two Footswitching Monopolar outputs and one handswitching and footswitching bipolar output.			
18.	It should have membrane keyboard for power settings.			
19.	The unit should have individual digital display of power for Bipolar, Monopolar cut and Monopolar Coag.			
20.	The unit should have temperature sensing cooling fan, which should operate automatically to protect generator from thermal damage.			
21.	It should have RS232 serial port to interface with computer to reduce the time and effort in problem diagnostics.			
22.	The unit should be software upgradeable.			
23.	The unit should be compatible with Argon beam Coagulator and Ultrasonic Surgical Aspirator & Smoke evacuation System.			
24.	The unit should have RF activation port to tell other equipments like ECG or EEG that RF current is being generated.			
25.	The unit should not have RF Leakage current more than 150 mA.			
26.	It should be Compact and light weight, weighing less than 10 Kg.			
27.	The unit should be operational between 170V AC to 260V AC, 50 Hz. (should not require stabilizer)			
28.	It should have safety standard of UL, CUL, IEC 601-2-2.			

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29.	It should be compatible with Tissue Select.			
30.	It must have Instant Response technology.			
31.	Performance efficiency rating must be 98 and should mention in literature.			
32.	Must have neonatal (0.45kg to 2.72kg), pediatric (2.72kg to 13.6 kg) and adult (> 13.6 kg) three different Pad from same manufacturing company.			
33.	Accessories: <ul style="list-style-type: none">· Monopolar Footswitch- 1pc· Bipolar footswitch- pc· Disposable Hand switching Pencil- 10 pc· Disposable Patient Plate Monitoring System-10 pc· Bipolar Forceps-2 pc· Forceps Cord-2pc· Universal Adapter-1pc			
	TERMS AND CONDITION			
34.	Must Submit ISO 13485:2003/AC:2007 for Medical Devices			
35.	Must submit valid European CE (93/42 EEC Directives) approved product certificate or US-FDA approved product certificate must be valid.			
36.	Must meet IEC-60601-1-2:2001 General Requirements of Safety for Electromagnetic Compatibility.			
37.	User Training			
38.	Must provide user training (including how to use and maintain the equipment)			
39.	Warranty			
40.	Comprehensive warranty of two years			
41.	During warranty period supplier must ensure preventive maintenance & corrective/breakdown maintenance whenever required			
42.	Installation and Commissioning			
43.	The bidder must arrange for the equipment to be installed and commissioned by certified or qualified personnel; any prerequisites for installation to be communicated to the purchaser in advance, in detail.			
44.	Documentation			
45.	User (Operating) manual in English			
46.	Service (Technical / Maintenance) manual in English			

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नेपाल सरकार
स्वास्थ्यमन्त्रालय
भरतपुर अस्पताल , चितवन

Bill of Quantity

S.No.	Particular	Quantity	Unit	Per Rate		Total Amount (Rs.)	Remarks
				In figures	In words		
1	Diathermy Machine	1	set				
		13% Vat					
		Total Amount					
	Name of Proprietor :				Signature :	Stamp	
	Phone :				Mobile :		
	Address :				Fax :		
	Date :				E-mail :		

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