

(A Government of Kerala Undertaking) Thycaud P.O, Thiruvananthapuram - 14, Kerala. Tel: 0471 - 2945600, 2337353, Fax: 0471 - 2945647 Email :ep.kmscl@kerala.gov.in CIN: U24233KL200TSGC021616, PAN : AADCK4029M, GSTIN : 32AADCK4029M1ZK

Running Contract Details						
Equipment Name	Non Invasive BIPAP Ventilator					
Running Contract Valid Till	07-06-2024					
Tender Ref No	KMSCL/EP/T430(R)/136B/2021					
Tendered Quantity	250					
Supplier Name	M/s ResMed India Pvt Ltd					
GST No	07AADCR5533K1Z7					
Installation & Delivery Period	8 Week(s)					
Up-time / PM vist	95% & 4 Visits per year					
Warranty period	3 Years					

Supplier`s Details								
Address	Contact Details							
205	Contact Person	Mr. Vinay Rattan						
IInd Floor Southern Pard D-2 District Centre Saket New Delhi -	Phone							
110017	Mobile No	9560299926						
	Email	enquiries@resmed.co.in						

Item-wise Price Details												
#	# Item Details				Unit Rate (Incl.all taxes & charge		Service Charges (Through KMSCL)		Grand Total			
1	1 Non Invasive BIPAP Ventilator Model & Make : Stellar 150				23396 Incl.GST : 12	-	17255.14		251223.14			
					23396	5 8 1	17255.14		251223.14			
Annual / Comprehensive Maintenance Charges (Exl.Tax)												
Rate	2	4 th Year	5 th Year	6 th Year	7 th Year	8 th Year	9 th Year		10 th Year			
Non Invasive BIPAP Ventilator												
Labou	r	4,178.00	4,178.00	4,178.00	4,178.00	4,178.00	4,1′	78.00	4,178.00			
Compr ve	rehensi	12,534.00	12,534.00	12,534.00	12,534.00	12,534.00	12,53	34.00	12,534.00			

Other terms & conditions

1. The supplier shall execute an agreement with the purchaser as per tender conditions (agreement format is given in the tender document).

2. The supplier shall submit performance security amounting to 5.00% of the value of the supply order.

3. The labour & comprehensive charges of equipment after the completion of warranty period is finalized by KMSCL as mentioned above.

4. Since discount rate is not applicable for equipment under Running Contract of KMSCL, purchase/supply order can be issued directly to supplier at the given rate with tax & other charges (exclusive of KMSCL service charges).

5. If purchase/supply order is issued directly to the supplier, KMSCL service charge need not be paid. But the copy of the said order may be forwarded to KMSCL for information.

Technical Specification

Equipment :Non Invasive BIPAP Ventilator

ItemName:Non Invasive BIPAP Ventilator

- 1. NIV for adults and pediatrics.
- 2. Light weight, small, user friendly and quiet device.
- 3. Should have the following modes. S -T (spontaneous timed), CPAP (Spontaneous), T (Timed), PAC (Pressure Assisted Control)/ PC (Pressure Control), Volume Assured Pressure Support (VAPS).
- 4. Should incorporate latest algorithms for leak compensation and synchronization.
- 5. Should have color screen at least 3.5 inch for real time monitoring of minute volume/ tidal volume, respiratory rate, percentage of leak, I:E ratio, Delivered IPAP and EPAP.
- 6. Should be able to display real time flow and pressure curves / values simultaneously and the Ti bar graph.
- 7. Should include user adjustable alarms and essential nonadjustable fixed alarms for patient safety.
- 8. Should include alarms for leak, power supply failure, apnea, patient circuit disconnection, occlusion, low internal battery etc. and should have adjustable alarms for minute volume, high/low pressure, RR, apnea.
- 9. Should have oxygen port to accept flow up to 15 l/min of oxygen to achieve a high FiO2.
- 10. Should provide and maintain optimal humidification at patient desired temperature regardless of ambient humidity changes throughout night.
- 11. Pressure range: IPAP- 4/ 2-40 cm H2O, EPAP-2/4-20cm H2O.
- 12. Pressure support 0-30cmH2O.
- 13. Respiratory rate 5-40bpm or more.
- 14. Rise time upto 600msec.
- 15. Inspiratory time upto 3sec or more.
- 16. Flow/ auto trigger and cycle settings.
- 17. Air outlet should be 22mm taper compatible with ISO 5356-1:2004.
- 18. Machine should be fitted with electrostatic fibre mesh air filter.
- 19. Should have built in internal battery for minimum 2 hrs of back up and should have capability to add optional external battery
- 20. NIV ventilator to be supplied with patient ckt 2nos, air inlet filters, power supply pack, reusable face mask standard 3 sizes (Small, medium and Large) 2 pieces each, Oxygen connector, Fio2 Monitoring accessories.
- 21. Power supply input 100-240v ac.
- 22. Should have safety certificate from a competent authority CE issued by a notified body registered in European commission / FDA (US) / 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 bid.