KERALA MEDICAL SERVICES CORPORATION LTD
(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	Ventilator Non invasive
Running Contract Valid Till	17-02-2026
Tender Ref No	KMSCL/EP/T399/136C/2021
Tendered Quantity	500
Supplier Name	M/s Air Liquid Medical Systems Pvt Ltd
GST No	33AAACE8420F1Z3
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**	
5th Floo Tower B Campus Tek Meadows No 51 Rajiv Gandhi Salai Sholinganallur Chennai - 600119	Contact Person	Mahesh
	Phone	
	Mobile No	9895019008,
	Email	airliquideservice@gmail.com,mahesh.m@airliquide.com,sharmi.kishore@airliquide.com,sales.ecss@airliquide.com,nishad.nava@airliquide.com

Item-wise Price Details

#	Item Details	Unit Rate (Incl.all taxes & charges)	Service Charges (Through KMSCL)	Grand Total
1	**Ventilator Non invasive** *Model & Make : MONNAL T75/AIR LIQUIDE*	800800 Incl.GST :12%	59059	859859
		800800	**59059**	**859859**

Annual / Comprehensive Maintenance Charges (Exl.Tax)

Rate	4th Year	5th Year	6th Year	7th Year	8th Year	9th Year	10th Year
Ventilator Non invasive							
Labour	40,000.00	42,000.00	44,100.00	46,305.00	48,620.00	51,051.00	53,604.00
Comprehensive	60,000.00	63,000.00	66,150.00	69,458.00	72,930.00	76,577.00	80,406.00

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 3.00% 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 :Ventilator Non invasive

1. Should have Accurate Delivery and Automatic control of CPAP pressure over the complete range of pressure (4-20 cm H2O) and Flow (0 to 200 LPM).
2. Should have color LCD touch screen of at least 10 inches size for easy access and visibility.
3. Should have patient effort indication with low respiratory rate alarm.
4. Should have Inbuilt Air Oxygen Mixer for the required level of FiO2.
5. Fio2 settings: 21-100%.
6. Should have the following alarms

a. Air / Oxygen Failure
b. Low O2 supply
c. Low & high respiratory rate
d. Circuit Open/disconnect alarm
e. High / Low Flow Rate.
f. Low& high tidal volume
g. Low& high inspiratory pressure

1. Bi-PAP with full face/nasal mask
2. Should have two pressure levels of EPAP from 4-20 cm of H2O & IPAP from 4 - 40 cm of H2O
3. Should be able to set the frequency of 4 - 40 bpm
4. S / T : 4 - 40 cm of H2O
5. Fast response time, 20 milliseconds.
6. Leak compensation up to 60 liters/min
7. Settings: FiO2, EPAP, IPAP
8. Rise time should be adjustable
9. I:E ratio/ I time: adjustable
10. Modes: CPAP, S/T, Pressure controlled, Volume assured pressure support. Also should have ramp and flex settings in CPAP mode
11. Flow vs Time, Pressure vs Time and Volume vs Time graphs. Monitoring parameters: Rate, PIP, leakage, tidal volume, minute volume.
12. Should have a display of set and measured parameters
13. Supplied with dedicated patient circuit (adult).
14. Should have inbuilt soundless compressor/blower/turbine
15. Should have settable/automatic trigger sensitivity
16. Should be supplied with the following

a. Small, medium & large masks -5nos each
b. Patient circuit-5nos.

1. Should work with input 200 to 240Vac 50 Hz supply.
2. Should have an inbuilt battery backup of at least 1hrs.

3. Equipment should be trolley mounted and should be supplied along with the equipment
4. Should have a 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.
5. High Flow Therapy with Flow range 0 - 60LPM