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(A Govt. of Uttar Pradesh Undertaking)

GSTIN: 09AACCU2250P1ZZ CIN: U85310UP2018SGC102425

Running Contract Details

Equipment Name	Ventilator
Running Contract Valid Till	12-12-2020
Tender Reference No	UPMSCL/EQ/2020/212
Tendered Quantity	150
Supplier Name	M/S Amit Kumar Rai
GST No	32KAGSFDKH34
Installation & Delivery Period	8 Week(s)
Up-time / PM vist	95% & 4 Visits per year
Warranty Period	3 Years

Supplier Details

Address	Contact Details	
No.41/1737 A MES Centre Near Town Hall Banerji Road Cochin -18	Contact Person	Amit Rai
	Phone	
	Mob	9005080002
	Email	it.ex@upmsc.in

Item Wise Price Details

SrNo	Item Details	Unit Rate (incl. all taxes and charges)	Service Charges (Through UPMSCL)	Grand Total
1	Ventilator Make and Model: Paramount	150000	10000	160000

Other Terms and condition

1. The supplier shall submit performance security amounting to 5% of the value of the supply order.
2. The labour & comprehensive charges of equipment after the completion of warranty period is finalized by KMSCL as mentioned above.
3. 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).
4. 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

1. It must provide active pressure relief by series of individual cells which gently inflates and deflates alternating over a 10 minutes cycle.
2. It must have an excellent pressure relieving index results in interface pressures below 20 mmHg for at least 50% of cell cycle relieving pressure regularly below true capillary closing pressure.
3. It should safely lift patient up to 120 kg weight limit.
4. It must have polyurethane cover which is ultra two way stretch, water resistant, vapour permeable, fire retardant soft durable with special bacteriostatic ingredient built into the fabric.
5. It must have polyurethane cells comprising of dynamic body cells and static head section cells.
6. Cell height should be more than 110mm when inflated.
7. It must have easy to use transport facility which seals mattress overlay upto one hour which ensures the patient is still supported by low pressure even when being transported or in the event of power failure.

- 8. CPR facility must be there near the head end of the overlay
 - 9. CPR facility can be activated in a single handed release operation and deflates the torso section in under 20 seconds for additional patient safety.
 - 10. It must have safe, strong and adjustable Velcro straps that ensure to secure overlay to bed for maximum patient safety.
 - 11. Overlay Size: Length: 2040mm, Width: 860mm
- Pump Specification:
- 1. It should have compact, slimline, unobtrusive with minimal noise and vibration.
 - 2. It must have knob adjustable to patients weight and positions.
 - 3. It must have sophisticated visual indicators for
 - a. Power on Indicator
 - b. Inflation wait Indicator