



TENDER DOCUMENT FOR PROCUREMENT OF MEDICAL EQUIPMENT

1. GENERAL INFORMATION

1.1 Tender Inviting Authority

Name of Organization: M/s Parashmani Medical Centre Private Limited
Address: C-49 Commercial Area, Opposite ESIC Sub-Regional Office, City Centre, Durgapur - 713216
Contact Details: 8170052862
Date of Publication: 17.02.2026
Tender Reference Number: HWH/Tender/25-26/0001

1.2 Tender Description

Open Competitive Tender is hereby invited for the procurement and supply of medical / Ophthalmology equipment as detailed in the Schedule of Requirements (Annexure-I).

2. ELIGIBILITY CRITERIA

2.1 General Eligibility

Bidders must meet the following criteria to participate:

- 1. Registration:** Registered as a dealer/manufacturer/authorized distributor with appropriate statutory authorities
- 2. Statutory Compliance:** Compliant with Goods and Services Tax (GST) registration or exempted as per law
- 3. Manufacturing/Import:** For equipment, bidder should be:
 - Authorized manufacturer or authorized distributor of the equipment in India
 - Importer with requisite import-export licenses (for imported equipment)
- 4. Experience:** Minimum 3 years of experience in supplying similar equipment
- 5. Legal Status:** Not blacklisted by any Government/Semi-Government organization.



2.2 Technical Qualification

Bidders must submit:

1. Certificate of Authorization from equipment manufacturer (if distributor)
2. Valid manufacturing license (if manufacturer)
3. Quality certifications (ISO 9001, ISO 13485 for medical devices, etc.)

2.3 Documentary Evidence

All bidders must submit:

1. Valid GST Certificate
2. PAN Card
3. Affidavit confirming compliance with eligibility criteria.

3. SCHEDULE OF REQUIREMENTS

3.1 Equipment Specifications

| Sl. No. | Equipment Name | Specification | Unit | Quantity | Approx. Value (₹) |
|---------|------------------|--------------------------|--------|----------|----------------------|
| 1. | [Equipment Type] | [Detailed Specification] | [Unit] | [Qty] | [Amount without GST] |

Note:

- Bidders must quote for all items as per specifications. Partial bids will not be accepted.
- GST Amount should be indicated separately.

3.2 Detailed Technical Specifications

Detailed specifications for each equipment item mentioned in Annexure I to be provided:

- Model and make (or equivalent)
- Technical parameters and performance standards
- Regulatory certifications
- Warranty and operational life expectancy
- Testing and quality standards



4. Bid Submission Procedure

Offline Submission:

1. Sealed envelope superscribed: "TENDER FOR MEDICAL EQUIPMENT PROCUREMENT - TENDER REF NO. []"
2. Envelopes should be addressed to: C-49 Commercial Area, Opposite ESIC Sub-Regional Office, City Centre, Durgapur - 713216

5. Important Dates

| Event | Date | Time |
|-------------------------|------------|----------|
| Tender Publication Date | 17.02.2026 | 02.00 PM |
| Bid Submission Deadline | 24.02.2026 | 02.00 PM |

Note: Hospital reserves the right to extend deadlines with prior notice.

6. TERMS AND CONDITIONS

6.1 General Terms

1. **Bid Validity:** 30 days from bid submission date.
2. **Earnest Money Deposit (EMD):** Rs. 10,000/-
 - o Refundable within 15 days of tender closing
 - o Non-compliant bids will have EMD forfeited
3. **Bank Details:**
Account Name- Parashmani Medical Centre Pvt Ltd
Bank Account No- 50200057333775
IFSC Code- HDFC0000234
Account Type- Current A/C – OD
Branch Address- A 102 AND 103 City Centre, Bengla Shristy Complex

6.2 Delivery and Installation

1. **Delivery Timeline:** Within 30 days from date of order.
2. **Delivery Location:** C-49 Commercial Area, Opposite ESIC Sub-Regional Office, City Centre, Durgapur - 713216
3. **Installation & Commissioning:** At bidder's cost.
4. **Site Inspection:** Successful bidder must conduct pre-installation site assessment

6.3 Warranty and Maintenance

1. **Warranty Period:** Minimum 3 years from date of installation
2. **Warranty Coverage:** Manufacturing defects, replacement of defective parts
3. **Annual Maintenance Contract (AMC):** Rates to be specified.



4. **Response Time:** Service engineer should respond within 24 hours of escalation.

6.4 Quality Assurance

1. **Pre-Dispatch Inspection:** Third-party inspection at manufacturer's facility
2. **Acceptance Testing:** Hospital reserves right to conduct acceptance testing
3. **Rejection Clause:** Non-conforming equipment will be rejected at bidder's cost
4. **Replacement:** Rejected items must be replaced within 15 days.

6.5 Payment Terms

1. **Payment Schedule:** As per hospital payment policy. (25% Advance, 25% on commissioning & Installation and remaining 50% - 30 days after receiving fit to use certificate from respective Consultant, Bio -Medical Engineer and Management.)
2. **Invoice Required:** Delivery challan, Tax Invoice, warranty certificate, quality test report

6.6 Intellectual Property Rights

All technical documentation, manuals, and training materials provided by the bidder become the exclusive property of the hospital upon payment.

6.7 Confidentiality

Bidder agrees to maintain confidentiality of hospital's procurement strategy and should not disclose bidding information without written consent.

7. SPECIAL CONDITIONS

7.1 Compliance with Standards

All equipment must comply with:

1. Bureau of Indian Standards (BIS) specifications
2. WHO guidelines for medical equipment (if applicable)
3. Indian Standards (IS) relevant to specific equipment
4. IEC (International Electrotechnical Commission) standards for electrical safety
5. Biomedical waste management rules applicable to the equipment

7.2 Environmental and Safety

1. Equipment must be environmentally compliant (no ozone-depleting substances)
2. Electrical equipment must be energy-efficient (BEE ratings where applicable)
3. Radiation-emitting equipment must have AERB (Atomic Energy Regulatory Board) clearance if applicable
4. Safety documentation as per applicable regulations must be provided



7.3 Training and Documentation

1. **Training:** Bidder shall provide comprehensive training to hospital staff at no additional cost
2. **Manuals:** Operating manuals in English.
3. **SOPs:** Standard Operating Procedures for routine use and maintenance

8. TENDER CANCELLATION AND AMENDMENTS

8.1 Right to Cancel

The hospital reserves the right to:

1. Reject any or all bids without assigning reasons
2. Cancel or postpone the tender process
3. Modify bid evaluation criteria with prior notice
4. Invite fresh tenders if deemed necessary in hospital's interest

8.2 Amendments

Any amendments to tender terms will be published on the official portal and hospital website at least 3 days before bid submission deadline.

9. DISPUTE RESOLUTION

9.1 Jurisdiction

All disputes arising out of or in connection with this tender shall be subject to the jurisdiction of the court at Durgapur / Kolkata.

9.2 Dispute Resolution Mechanism

Arbitration: Any dispute arising out of or in connection with this tender shall be referred to arbitration in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

10. CONTACT INFORMATION AND CLARIFICATIONS

For Tender Enquiries:

- Email: dgm.finance@hwhos.com
- Phone: 8170052862
- Office Hours: 10.00 am to 7.00 p.m.

Clarifications: All written clarifications shall be submitted via email, clearly referencing the tender number and the specific issue.



ANNEXURE-I: SCHEDULE OF REQUIREMENTS

| Name of Equipment | Quantity | Model | Specifications (if any) |
|--|----------|-------------------------------|---------------------------|
| 1. OCT A | 1 | M2 | OCT A |
| 2. AUTO PERIMETRY | 1 | Humphrey Field Analyzer 3 | Goldmann |
| 3. PHACO | 1 | Catarhex 3/ Faros Anterior | Oertli / Alcon Legion |
| 4. OPERATING MICROSCOPE | 1 | Lumera i/ Lumera 300 | ZEISS |
| 5. SPECULAR MICROSCOPE | 1 | SP1p | Topcon |
| 6. AUTOREFRACTOMETER WITH KARATOMETER | 1 | AR + KR 300 | Topcon |
| 7. YAG LASER | 1 | 307 | Appaswamy |
| 8. BIOMETRY UPGRADE TO IOL MASTER | 1 | 10L Master | Optical ZEISS Biometry |

Declaration:

I/We hereby certify that all information provided is true and correct as per knowledge and documents attached.

Authorized Signatory: _____

Date: _____

Stamp of Organization: _____

FOR HOSPITAL USE ONLY:

Hospital Seal & Signature: _____



This tender document is issued in accordance with General Financial Rules, 2017, and applicable procurement guidelines. Hospital reserves all rights pertaining to this tender.