

Tender

For

PACS-RIS System for the Department of Radiology

At

All India Institute of Medical Sciences, Jodhpur

NIT Issue Date	: 26 th June, 2018
NIT No.	: Admn/Tender/65/2018-AIIMS.JDH
Pre-Bid Meeting	: 09 th July, 2018 at 03:15 PM
Last Date of Submission	: 06 th August, 2018 at 03:00 PM
Bid opening	: 07 th August, 2018 at 03:15 P.M

Tender documents may be downloaded from institute's web site www.aiimsjodhpur.edu.in (for reference only) and CPPP site <https://eprocure.gov.in/eprocure/app>



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All India Institute of Medical Sciences (AIIMS), Jodhpur, Rajasthan, an apex healthcare institute established by an Act of Parliament of India under aegis of Ministry of Health & Family Welfare, Government of India, invites **Online bids in two bid system** for tenders for supply & installation of the PACS-RIS System at the institute. You are requested to quote your best offer along with the complete details of specifications, terms & conditions.

Chapter-I

S.No	Item Description	Qty	EMD (Rs.)
1	PACS-RIS System	01	Rs. 7,00,000

Instructions:

1. **Bids shall be submitted online only at CPPP website: <https://eprocure.gov.in/eprocure/app>.**
2. The complete bidding process in online. Bidders should be possession of valid digital Signature Certificate (DSC) of class II or III for online submission of bids. Prior to bidding DSC need to be registered on the website mentioned above. For any assistance for e-bidding process, if required, bidder may contact to the helpdesk at 0291-2740741.
3. **Tenderer/Contractor/Bidders are advised to follow the instructions provided in the ‘Instructions to the Contractors/Tenderer/Bidders for the e-submission of the bids online through the Central Public Procurement Portal for e Procurement at <https://eprocure.gov.in/eprocure/app>’.**
4. Bid documents may be scanned with 100 dpi with black and white option which helps in reducing size of the scanned document.
5. **EMD Payment:**
The bidder shall be required to submit the Earnest Money Deposit (EMD) for an amount of **Rs. 7,00,000/- (Rupees Seven Lakhs Only)** by way of demand drafts or Bank Guarantee only. The demand drafts or Bank Guarantee shall be drawn in favour of “**All India Institute of Medical Sciences, Jodhpur**” payable at Jodhpur. The EMD of the successful bidder shall be returned after the successful submission of Bank Guarantee/ Security Deposit and for unsuccessful bidder(s) it would be returned after award of the contract. **The demand drafts or Bank Guarantee for EMD must deliver to AIIMS, Jodhpur on or before last date/time of Bid Submission.**
 - a) Tenderer shall not be permitted to withdraw his offer or modify the terms and conditions thereof. In case the tenderer fail to observe and comply with stipulation made herein or backs out after quoting the rates, the aforesaid amount of earnest money will be forfeited.
 - b) The Firm who are registered with National Small Industries Corporation (NSIC) / OR Small Scale Industries (SSI) are exempted to submit the EMD (Copy of registration must be provide along with technical bid)
 - c) The EMD, in case of unsuccessful Bidders shall be retained by AIIMS, Jodhpur till the finalization of the tender. No interest will be payable by AIIMS, Jodhpur on the EMD.
6. **The Hard Copy of original instruments in respect of earnest money deposit etc. must be delivered to the AIIMS, Jodhpur on or before last date/time of Bid Submission as mentioned above. The bid without EMD will be summarily rejected.**
7. **Submission of Tender:**
The tender shall be submitted online in two part, viz., technical bid and financial bid. All the pages of bid being submitted must be signed and sequentially numbered by the bidder irrespective of nature of content of the documents before uploading.

The offers submitted by Telegram/Fax/email shall not be considered. No correspondence will be entertained in this matter.

i) Technical Bid

The following documents are to be furnished by the Contractor along with **Technical Bid** as per the tender document:

- i) Signed and scanned copy of appropriate value of valid registration certificate (if any), experience certificate as per the tender notice, PAN, GST registration certificate and Tender Acceptance Letter.
- ii) Signed and Scanned copy of documents like Tender Cost Earnest Money Deposit.
- iii) Signed and Scanned Copy of Make and model of all systems, sub systems and additional items should be mentioned in the technical bid and complete technical details should be provided in the form of Brochures and write-ups.

Terms & Conditions:

- 1. Validity:** The quoted rates must be valid for a period for 180 days from the date of closing of the tender. The overall offer for the assignment and bidder(s) quoted price shall remain unchanged during the period of validity. If the bidder quoted the validity shorter than the required period, the same will be treated as unresponsive and it may be rejected.
- 2. "PRE –BID Meeting" with the intending bidders shall be held on 09th July, 2018 from 03:15 PM. onwards at AIIMS, Jodhpur.** All the prospective bidders are requested to send comments/representations on or before pre-bid meeting. Intending bidder will be allowed to seek clarification on specification, Conditions of Contract, etc. in writing to AIIMS, Jodhpur, within 48 hours after the pre-bid meeting.
- 3.** In case the tenderer withdraws, modifies or change his offer during the validity period, bid is liable to be rejected and the earnest money deposit shall be forfeited without assigning any reason thereof. The tenderer should also be ready to extend the validity, if required, without changing any terms, conditions etc. of their original tender.

4 Purchase Preference to Local Suppliers

In pursuance of Government of India Order No. P-45021/2/2017-B.E.-II dated 15/06/2017 purchase preference shall be given to local suppliers in all procurements undertaken in the manner specified hereunder and the procurement shall be made as per terms and conditions contained in the said order.

- (a) In procurement of goods in respect of which the Nodal Ministry has communicated that there is sufficient local capacity and local competition, and where the estimated value of procurement is Rs. 50 lakhs or less, only local suppliers shall be eligible. If the estimated value of procurement of such goods is more than Rs. 50 lakhs, the provisions of sub-paragraph b or c, as the case may be, shall apply.
- (b) In the procurements of goods which are not covered by paragraph (a) above and which are divisible in nature, the following procedure shall be followed:
 - I) Among all qualified bids, the lowest bid will be termed as L1. If L1 is from a local supplier, the contract for full quantity will be awarded to L1.
 - II) If L1 bid is not from a local supplier, 50% of the order quantity shall be awarded to L1. Thereafter, the lowest bidder among the local suppliers will be invited to match the L1 price for the remaining 50% quantity subject to the local supplier's quoted price falling within the margin of purchase preference, and contract for that quantity shall be awarded to such local supplier subject to matching the L1 price. In case such lowest eligible local supplier fails to match the L1 price or accepts less than the offered quantity, the next higher local supplier within the margin of purchase preference shall be invited to match the L1 price for remaining quantity and so on, and contract shall be awarded

accordingly. In case some quantity is still left uncovered on local suppliers, then such balance quantity may also be ordered on the L1 bidder.

- (c) In procurements of goods not covered by subparagraph (a) above and which are not divisible, and in procurement of services where the bid is evaluated on price alone, the following procedure shall be followed:
- i) Among all qualified bids, the lowest bid will be termed as L1. If L1 is from a local supplier, the contract will be awarded to L1.
 - ii) If L1 is not from a local supplier, the lowest bidder among the local suppliers will be invited to match the L1 price subject to local supplier's quoted price falling within the margin of purchase preference, and the contract shall be awarded to such local supplier subject to matching the L1 price.
 - iii) In case such lowest eligible local supplier fails to match the L1 price, the local supplier with the next higher bid within the margin of purchase preference shall be invited to match the L1 price and so on and contract shall be awarded accordingly. In case none of the local suppliers within the margin of purchase preference matches the L1 price, then the contract may be awarded to the L1 bidder.
- 5 **Minimum local content:** The minimum local content shall ordinarily be 50% till the Nodal Ministry prescribes a higher or lower percentage.
- 6 **Margin of Purchase Preference:** The margin of purchase preference shall be 20%. The Local supplier whose quoted price falls in the margin of purchase preference desirous of claiming benefit of the Order No. P-45021/2/2017-B.E.-II dated 15/06/2017 shall submit an undertaking within 7 days of opening of financial bid, that he would be ready to supply the product at L1 price. In case of non-receipt of the same, he would not be given purchase preference.
- 7 The bidders are required to submit the following annexure in compliance of public procurement (Preference to Make in India) order, 2017:
- i) Affidavit of self-certification regarding local content (to be provided on Rs. 100/- stamp paper)

8. Delivery and Installation:

i) For goods supplied from India:

All the goods ordered shall be delivered and Installed at AIIMS, Jodhpur within **60 days** from the date of issue of supply order.

ii) For goods imported directly from abroad:

All the goods ordered shall be delivered and Installed at AIIMS, Jodhpur within **90 days** from the date of opening of Letter of Credit for shipment.

All the aspects of safe delivery, installation and commissioning shall be the exclusive responsibility of the supplier. If the supplier fails to deliver, install and commission the goods on or before the stipulated date, then a penalty at the rate of 0.5% per week of the total order value shall be levied subject to maximum of 10% of the total order value. The successful tenderer will also provide required training for supplied items at AIIMS Jodhpur. The goods should be manufactured after adoption of latest technology.

If at any time during the currency of the contract, the supplier encounters conditions hindering timely of the goods and performance of services, the supplier shall promptly inform the AIIMS, Jodhpur for extension of the delivery schedule accordingly. On receiving the supplier's communication, the AIIMS, Jodhpur shall examine the situation as soon as possible and, at its discretion, may agree to extend the delivery schedule, with or without liquidated damages for completion of supplier's contractual obligations by issuing an amendment to the contract.

In the case of package supply where the delayed portion of supply materially hampers installation and commissioning of the systems, liquidated damages charges shall be levied as above on the total value of the concerned package of the purchase order. Quantum of liquidated damages assessed and levied by the purchaser shall be final and not challengeable by the supplier.

9. **Signing the Contract:** - The successful bidder shall be required to execute the Contract Agreement accepting all terms and conditions stipulated herein on a non-judicial stamp paper of Rs. 500/- (Rs. Five Hundred only) along with performance security within fifteen days of the issue of the Letter of notification of award. In the event of failure on the part of the successful bidder to sign the Contract within the period stipulated above, the EMD shall be forfeited and the acceptance of BID shall be considered as cancelled.
10. **Performance Security:** As a guarantee towards due performance and compliance of the contract work, the successful bidder (contractor) will deposit an amount equal to 10% of order value and should be kept valid for a period of 60 day beyond completion of all the contractual obligation, including CMC period towards security deposit by way of demand draft/ bank Guarantee in favour of “All India Institute of Medical Sciences, Jodhpur” payable at Jodhpur drawn on any Nationalized Bank/Scheduled Bank and payable at Jodhpur within fifteen days of the issue of the Letter of notification of award along with non-judicial stamp paper of Rs. 500/- (Contract agreement).
11. **Incidental Services:** The supplier shall be required to perform the following services:-
- Installation & Commissioning, Supervision and Demonstration of the goods.
 - Providing required jigs and tools for assembly, minor civil works required for the completion of the installation.
 - On Site Training to Doctors/ Technicians/ Staff is to be provided by Supplier for operation and maintenance of the equipment for a period of 30 working days after successful installation of the machine, as per direction of user department.
 - Supplying required number of operation & maintenance manual for the goods.
 - To provide non-locked open software and standard interface inter-operability conditions for networked equipment's in hospital management information system, wherever applicable.
- 12 **Accessories & Consumables:** The separate price list of all accessories and consumables, if any, must be attached/ enclosed along with the Financial Bid.
- 13 **After Sales Service:** After sales service centre should be available on 24 (hrs.) X 7 (days) X 365 (days) basis. Complaints should be attended properly, maximum within 24 hrs to ensure an uptime of minimum 95%, wherever applicable, failing which the necessary penalty measures shall be enforced.
- 14 **Inspection:**
- AIIMS, Jodhpur shall have the right to inspect and/or to test the goods to confirm their conformity to the NIT Specifications at no extra cost to the Purchaser.
 - AIIMS, Jodhpur right to inspect, test and, where necessary, reject the Goods after the goods arrival at the final destination shall in no way be limited or waived by reason of the Goods having previously been inspected, tested and passed by AIIMS, Jodhpur prior to the goods shipment.
 - The Director, AIIMS Jodhpur shall be the final authority to reject full or any part of the supply which is not confirming to the specification and other terms and conditions.
 - No payment shall be made for rejected Stores. Rejected items must be removed by the Bidders within two weeks of the date of rejection at their own cost and replaced immediately. In case these are not removed, these will be auctioned at the risk and responsibility of the suppliers without any further notice.
- 15 **Documents:**
- All pages of the Tender should be numbered and indexed.**
 - The bidder shall provide in its tender the required as well as the relevant documents like technical data, literature, drawings etc. to establish that the goods and services offered in the tender fully confirm to the goods and services specified by the purchaser in the tender documents. For this

purpose the bidder shall also provide a clause-by-clause commentary on the technical specifications and other technical details incorporated by the purchaser in the tender documents to establish technical responsiveness of the goods and services offered in its tender duly indicating relevant page numbers in the product literature.

- c. The bidder shall provide a list of major Government and Private Institutions where its relevant bid item has been supplied during last one year.

16 Manufacturer Authorisation: The bidder (if not original equipment manufacturer must submit Original Equipment Manufacturer authorization certificate that the tenderer is authorized for selling and maintain the equipment quoted for. Performa attached at **Annexure- III**.

17 The bidders are required to submit user certificate for the relevant equipment on the letter head of the institution (Government/ Private).

18 The successful bidder will be required to submit order copies of the supply of the equipment in Government institutions in last 12 month for rate reasonability purpose.

19 Insurance: - The supplier shall make arrangements for insuring the goods against loss or damage incidental to manufacture or acquisition, transportation, storage and delivery. If the equipment's is not commissioned and handed over to AIIMS, Jodhpur within specified period, the insurance will have to be extended by the supplier at their cost till the successful installation, testing, commissioning and handing over of the goods to the AIIMS, Jodhpur.

20 Tender Currencies:

- a. The bidder supplying indigenous goods or already imported goods shall quote only in Indian Rupees. Further, imported goods to be imported and supplied by the bidder are also required to be quoted in Indian Rupees.
- b. For imported goods if supplied directly from abroad, prices shall be quoted in any freely convertible currency say US Dollar, Euro, GBP or Yen. As regards price(s) for allied services, if any, required with the goods, the same shall be quoted in Indian Rupees only, if such services are to be performed /undertaken in India.
- c. Tenders, where prices are quoted in any other way shall be treated as non -responsive and rejected.

21 Tender Prices: While filling up the columns of the Financial Bid, the following aspects should be noted for compliance:

For domestic goods or goods of foreign origin located within India, the prices in the corresponding Financial Bid shall be entered separately in the following manner:

- a. The price of the goods, quoted ex-factory/ ex-showroom/ ex-warehouse/ off-the-shelf, as applicable, including all taxes and duties like GST, Custom Duty etc. already paid or payable on the components and raw material used in the manufacture or assembly of the goods quoted ex-factory etc. or on the previously imported goods of foreign origin quoted ex-showroom etc.;
- b. Any GST or other taxes, which will be payable on the goods in India if the contract is awarded;
- c. Charges towards Packing & Forwarding, Inland Transportation, Insurance, Loading/Unloading and other local costs incidental to delivery of the goods to their final destination as specified in the List of Requirements and Financial Bid;
- d. The price of Incidental Services, as mentioned in List of Requirements and Financial Bid;
- e. The prices of Turnkey (if any), as mentioned in List of Requirements, Technical Specification and Financial Bid; and
- f. The price of annual CMC, as mentioned in List of Requirements, Technical Specification and Financial Bid.

For goods offered from abroad, the prices in the corresponding Financial Bid shall be entered separately in the following manner:

- a. The price of goods quoted FOB port of shipment, as indicated in the List of Requirements and Financial Bid;
- b. The price of goods quoted CIF port of entry in India as indicated in the List of Requirements and Financial Bid;
- c. The price of goods quoted for delivery at AIIMS, Jodhpur as indicated in the List of Requirements, Financial Bid and Consignee List;
- d. Wherever applicable, the amount of custom duty with CDEC applicable on CIF value on the goods to be imported;
- e. The charges for Loading/Unloading, Inland transportation, Insurance and other local costs, Incidental cost to delivery of the goods from the port of entry in India to AIIMS, Jodhpur, as specified in the List of Requirements and Financial Bid;
- f. The charges for Incidental Services, as in the List of Requirements and Financial Bid;
- g. The prices of Turnkey (if any), as mentioned in List of Requirements, Technical Specification and Financial Bid; and
- h. The price of annual CMC, as mentioned in List of Requirements, Technical Specification and Financial Bid.

Additional information and instruction on Duties and Taxes: If the Bidder desires to ask for GST, Customs Duty etc. to be paid extra, the same must be specifically stated. In the absence of any such stipulation the price will be taken inclusive of such GST and Customs duty etc. and no claim for the same will be entertained later.

GST:

- a. If reimbursement of GST is intended as extra over the quoted prices, the supplier must specifically state the same indicating the rate, quantum and nature of the GST applicable. In the absence of any such stipulation it will be presumed that the prices quoted are firm and final and no claim on account of GST will be entertained after the opening of tenders.
- b. If a bidder chooses to quote a price inclusive of GST and also desires to be reimbursed for variation, if any, in the GST during the time of supply, the Bidder must clearly mention the same and also indicate the rate and quantum of GST included in its price. No claim on account of GST will be entertained after the opening of tenders.
- c. Subject to sub clauses (i) & (ii) above, any change in GST upward/downward as a result of any statutory variation in GST taking place within contract terms shall be allowed to the extent of actual quantum of GST paid by the supplier. In case of downward revision in GST, the actual quantum of reduction of GST shall be reimbursed to the purchaser by the supplier. All such adjustments shall include all reliefs, exemptions, rebates, concession etc. if any obtained by the supplier.

Customs Duty: In respect of imported goods offered from abroad, the bidder shall specify the rate as well as the total amount of customs duty payable with Custom Duty Exemption Certificate, if applicable, on the quoted goods in the Financial Bid. The bidder shall also indicate the corresponding Indian Customs Tariff Number applicable for the goods.

- a. For transportation of imported goods offered from abroad, relevant instructions as incorporated shall be followed.
- b. For insurance of goods to be supplied, relevant instructions as provided shall be followed.
- c. Unless otherwise specifically indicated in this NIT document, the terms FCA, FOB, FAS, CIF, CIP etc. for imported goods offered from abroad, shall be governed by the rules & regulations prescribed in the current edition of INCOTERMS, published by the International Chamber of Commerce, Paris.
- d. The need for indication of all such price components by the bidders, as required in this clause is for the purpose of comparison of the tenders by the purchaser and will no way restrict the AIIMS, Jodhpur right to award the contract on the selected bidder on any of the terms offered.

- 22 Indian Agent:-**If a foreign bidder has engaged an agent in India in connection with its bid, the foreign bidder, in addition to indicating Indian agent's commission, if any, shall also furnish the following information:

- a. The complete name and address of the Indian Agent and its Permanent Account Number as allotted by the Indian Income Tax authority.
- b. The details of the services to be rendered by the agent for the subject requirement.
- c. Details of Service outlets in India, nearest to the AIIMS, Jodhpur to render services during Warranty and CMC period.

23 Firm Price

- a. Unless otherwise specified in the NIT, prices quoted by the bidder shall remain firm and fixed during the currency of the contract and not subject to variation on any account.
- b. However, as regards taxes and duties, if any, chargeable on the goods and payable, the conditions stipulated will apply.

24 Conversion of tender currencies to Indian Rupees: - In case the bid document permits the bidders to quote their prices in different currencies, all such quoted prices of the responsive bidders will be converted to a single currency viz., Indian Rupees for the purpose of equitable comparison and evaluation, as per the closing exchange rates established by the Reserve Bank of India for similar transactions, as on the date of '**Last Date of Submission of Tender**'.

25 Payment Terms:

i) Payment for goods supplied from India:

100% payment of the total order value shall be released after the successful installation/ commissioning of the ordered goods against the submission of the inspection report.

ii) Payment for Imported goods:

For imported goods payment shall be made in the following manner:

- a) **On shipment:** 75 % payment of the contract price shall be paid 60 days after presentation of shipping documents {goods shipped shall be paid through irrevocable, non-transferable Letter of Credit (LC) opened in favour of the supplier in a bank in his country} and upon the submission of the following documents:
 - i. Four copies of Supplier's invoice showing contract number, goods description, quantity, unit price and total amount;
 - ii. Original and four copies of the clean, on-board Bill of Lading/ Airway bill, marked freight prepaid and four copies of non-negotiable Bill of Lading/Airway bill.
 - iii. Insurance Certificate;
 - iv. Certificate of origin by the chamber of commerce of the concerned country;
 - v. Certificate of country of origin;
 - vi. Manufacturer's / Supplier's warranty certificate;
 - vii. Manufacturer's own factory inspection report.
- b) **On Acceptance:** 25 % payment would be made after satisfactory installation & commissioning on issuance of Inspection certificate by the AIIMS, Jodhpur.

Note:-The supplier shall not claim any interest or any other payment under the contract.

26 Custom Clearance: For the Goods to be imported and supplied, the Institute will provide Custom Duty Exemption Certificate (CDEC) to successful bidder for availing concessional rate of duty as per prevailing Custom Tariff. In case, the bidder requires CDEC certificate, then the same should be specifically mentioned in the bid. The supplier is solely responsible for getting the material clearance from customs. Institute will provide all custom documents for custom clearance on the demand of supplier. Transportation of goods up to AIIMS, Jodhpur and its successful installation and commissioning is also the responsibility of the supplier. All charges/ expenses incurred in this process will be borne by the supplier. NO DEMURRAGE / WHARFAGE CHARGES WILL BE PAYABLE BY THE INSTITUTE UNDER ANY CIRCUMSTANCES. NO ADVANCE PAYMENT WILL BE PAYABLE FOR CUSTOM CLEARANCE/ FREIGHT/INSURANCE ETC.

27 Guarantee / Warrantee Period: The Tenderers must quote for **05 years** comprehensive warranty (Including all Spares, Accessories and Labour) from the date of completion of the satisfactory installation. The warranty charges shall not be quoted separately otherwise the offer shall be summarily rejected. Also the bidders are requested to submit their quote (Rates) for subsequent **05**

years Comprehensive Maintenance Contract (CMC) (Including All Spares, Accessories and Labour). Failure to comply this condition will entail the rejection of the bids. The price comparison shall be taking into account on basic price and post warranty CMC.

28 Uptime guarantee:The firm should provide uptime guarantee of 95%

29 Downtime penalty Clause

- a. During the comprehensive warranty period, the guarantee uptime of 95% of 365 days will be ensured. In case the down time exceeds the 5% limit penalty of extension of guaranty period by two days for each additional day of down time will be enforced. The vendor must undertake to supply all spares for optimal upkeep of the equipment for at least FIVE YEARS after handling over the unit to the Institute. If accessories / other attachment of the system are procured from the third party, then the vendor must produce cost of accessory / other attachment and the CMC from the third party separately along with the main offer and the third party will have to sign the CMC with the Institute if required.
- b. The principals or their authorized service providers are required to submit a certificate that they have satisfactory service arrangements and fully trained staff available to support the uptime guarantee.

30 Arbitration: If any difference arises concerning this agreement, its interpretation on payment to the made there-under, the same shall be settled out by mutual consultation and negotiation. If attempts for conciliation do not yield any result within a period of 30 days, either of the parties may make a request to the other party for submission of the dispute for decision by an Arbitral Tribunal containing Sole Arbitrator to be appointed by the Secretary, Department of Legal Affairs. Such requests shall be accompanied with a panel of names of three persons to act as the sole arbitrator. In case of such arbitrator refusing, unwilling or becoming incapable to act or his mandate having been terminated under law, another arbitrator shall be appointed in the same manner from among the panel of three persons to be submitted by the claimant. The provision of Arbitration and Conciliation Act, 1990 and the rule framed there under and in force shall be applicable to such proceedings.

31 Subletting of Work: The firm shall not assign or sublet the work/job or any part of it to any other person or party without having first obtained permission in writing of AIIMS, Jodhpur, which will be at liberty to refuse if thinks fit. The tender is not transferable. Only one tender shall be submitted by one tenderer.

32 Breach of Terms and Conditions: In case of breach of any terms and conditions as mentioned above, the Competent Authority, will have the right to cancel the work order/ job without assigning any reason thereof and nothing will be payable by AIIMS, Jodhpur in that event the security deposit shall also stands forfeited.

33 Insolvency etc: In the event of the firm being adjudged insolvent or having a receiver appointed for it by a court or any other order under the Insolvency Act made against them or in the case of a company the passing any resolution or making of any order for winding up, whether voluntary or otherwise, or in the event of the firm failing to comply with any of the conditions herein specified AIIMS, Jodhpur shall have the power to terminate the contract without any prior notice.

34 Force Majeure: If, at any time during the subsistence of this contract, the performance in whole or in part by either party of any obligation under this contract is prevented or delayed by reasons of any war or hostility, act of public enemy, civil commotion, sabotage, fire, floods, explosion, epidemics, quarantine restriction, strikers lockout or act of God (hereinafter referred to as events) provided notice of happening of any such eventuality is given by party to other within 21 days from the date of occurrence thereof, neither party shall by reason of such event be entitled to terminate this contract nor shall either party have any claim for damages against other in respect of such non-performance or delay in performance, and deliveries have been so resumed or not shall be final and conclusive.

Further, that if the performance in whole or in part of any obligation under this contract is prevented or delayed by reason of any such event for a period exceeding 60 days, either party may, at least option to terminate the contract.

- 35 Bidder shall submit a copy of the tender document and addenda thereto, if any, with each page of this document should be signed and stamped to confirm the acceptance of the entire terms & conditions as mentioned in the tender enquiry document.
- 36 The quantity of item given in the tender is tentative, which may be increased or decreased as per the institute's requirement.
- 37 Signed & stamped compliance sheet of the technical specification of the goods with technical printed literature must be enclosed with the bid.
- 38 After due evaluation of the bid(s) Institute will award the contract to the lowest evaluated responsive tenderer
- 39 Conditional bid will be treated as unresponsive and it may be rejected.
- 40 **Demonstration:** - AIIMS Jodhpur reserves the right to ask the tenderers for arranging demonstration of their equipment for which rates have been quoted, to the concerned committee, if required.
- 41 The Institute reserves the right to accept in part or in full or reject any or more tender(s) without assigning any reasons or cancel the tendering process and reject all tender(s) at any time prior to award of contract, without incurring any liability, whatsoever to the affected bidder or bidder(s).
- 42 **Applicable Law:**
 - The contract shall be governed by the laws and procedures established by Govt. of India, within the framework of applicable legislation and enactment made from time to time concerning such Commercial dealings / processing.
 - Any disputes are subject to exclusive jurisdiction of Competent Court and Forum in Jodhpur, Rajasthan, India only.
 - The Arbitration shall be held in accordance with the provisions of the Arbitration and Conciliation Act, 1996 and the venue of arbitration shall be at Jodhpur. The decision of the Arbitrator shall be final and binding on both the parties.
 - Force Majeure: Any delay due to Force Majeure will not be attributable to the supplier.

Administrative Officer
AIIMS, Jodhpur

Annexure-I**Technical Specifications for Picture Archiving and Communications System (PACS) Radiology information System (RIS) Vendor Neutral Archive (VNA) and Advance Visualization Software.**

The proposal shall include:	Quantity
System pricing.	
Technical description of the product offering and the specific configuration for the hospital.	
Individual responses to each normative requirement using the requirement identification numbers in this RFP.	
Information as required by other requirements in this RFP.	
The proposal shall also be submitted as a PDF File on a CD-ROM.	
The proposal shall explicitly identify every normative requirement of this RFP, which is not met by the vendor's offering. If a requirement will be met in the future, the vendor may provide a schedule of commercial availability for future enhancements, which redress the non-compliance, together with their prices. If a requirement will not be met by a planned enhancement of the system, the vendor may explain the impact of the deficit on overall system functionality.	
Tender document for Digital Healthcare Solution for Radiology and High Acuity Care Area in the hospital	
Introduction	
Broad functional specification, configuration and capabilities for the solution is given below. Specifications quoted are essential requirement of this system while terms & conditions are mentioned separately. Cost of the item/feature wherever asked should be quoted in the price bid only. Competitive bids are invited for the Digital Healthcare Solution for Radiology and High Acuity Care areas for the hospital. System must be optimized for higher and excellent performance. The system should be designed to address the clinical needs of	
radiologists, Critical Care Doctors, physicians, technicians and other group of hospital personnel and the various clinical areas mentioned where the proposed solutions need to expanded to. It should particularly facilitate integration of OT devices on the same IT platform. It must help viewing DICOM and clinician data from OT across the hospital on the existing network. The system should be cost effective, reliable and must provide excellent performance with technical features for clinical imaging and easy operation. When required, additional information should be provided as a separate document referring to the specific section been addressed. When the standard vendor data sheet disagrees with the bid response, Clarification should accompany in the form of letter/certificates from appropriate authority in the absence of which vendor data sheet will prevail for the purpose of evaluation and decision of the technical evaluation committee of the institute which shall be final and binding on the supplier.	
Clinical IT solutions in the hospital space, Electronic Medical Records (EMRs) are an evolving technology requirement and specifications are changing every day due to advances in technology. Newer technique and technology is being added every now and then. Keeping these changes in mind, the requirements and specifications given here are just the guidelines. Changes may happen at the final order placement. Vendor must be prepared to keep track of latest development in the market and be ready to supply the latest system at the time of order and installation.	

Institute is looking for an enterprise platform for Radiology & OTs so that multiple clinical information located in various areas of the hospital can be consolidated on a unified platform. The main aim of the requested healthcare IT solution is to achieve more clinical strength, additional clinical and workflow tools, intergrated digital OT, Post Processing and capability to handle DICOM (Radiology) & clinical data (OTs - Ventilator, Critical parameter monitor, etc) and consolidate them using a digital healthcare platform. The institute also aims to provide complete film less and paperless services from the	
various department which will be connected to this solution. To support that the hospital seeks a qualified system integrator (Vendor) to install the requested solution to improve access to patient information, reduce operating cost with customer focus and promote the hospital competitive position for improved patient services and increased productivity as well as enhancing the quality of patient care. Vendors shall provide cost effective, solution based, integrated approach proposal for improving the various workflows which are needed as part of the various clinical areas where the solution will be deployed / integrated. The solution should be based on turnkey basis only. Turnkey means that vendor is responsible for meeting all the requirements defined in this document including all performance requirements, system integration, installations, warranty/maintenance, training and system availability/uptime requirements.	
The detailed specification that follows shall be understood to be minimum requirement. Any item not covered under standard set should be quoted separately. Additional technical features suitable to our requirement will be given due preference. There may be repetition in specification at some places; this is mainly to clear the subject.	
1. Objectives of the Digital Healthcare solution for Radiology and High Acuity Care Area	
a) Total elimination of hardcopy of films needed for reporting in the Radiology Area.	
b) Integrate Critical Care Devices like Critital Care monitors, Ventilators etc. present in High Acuity Care Areas	
c) Add clinical tools for the entire enterprise	
d) Reduction in waiting time of radiological report.	
e) Provide simultaneous consultation with physicians inside and outside the hospital (for registered and not registered patients).	
f) Improve the availability /accessibility of patient data [Radiology image reports).	
g) Optimum use of human resources through a decreased rework (repeats, and an improvement in operational efficiency) and optimal work flow	
h) Expand the scope of the PACS to High Acuity Care Areas so that Critial data can be recorded electronically and automoatically from HAC devices like Monitors, Ventilators etc.	
i) Integration of all imaging DICOM modalities and radiology reports (patient data) one to a reliable and accessible digital platform. The same platform should be expanded to High Acuity Care devices like monitors, ventilators to automcatically take data and store on a single digital platform. All proposed Solutions should be from the same OEM vendor.	
j) Build a Clinical repository for DICOM & Clinical data with electronic charting using a single Digital Healthcare Platform	
k) To integrate HIS, RIS, PACS and the CIS platform for a seamless data exchange platform. Integration should be dynamic and bi-directional.	
l) Performance of the solution should be consistent and 95% uptime of the working of the system should be ensured.	
2. Technical requirement for requested Digital Healthcare Solution	
System and Technical Requirements for Radiology Information System	

I. General Requirements	
a) RIS shall support all the standard Modules ie. Patient Registration, Appointment/Scheduling, Modality Worklist, Radiologist Worklist and Reporting.	
b) The system shall support scanning of hardcopy request forms and other documents and attach with a patient.	
c) The system shall be integrated with HIS. It shall be Dynamic and bi-directional integration.	
d) System shall support workflow for radiology orders which do not require scheduling (ex. X-Rays).	
e) The patient consent forms should be able to be scanned and attached into the system	
f) The system shall have an ability to insert a flag for attention for an examination. The flag shall be visible in all various worklists. The user typed comments shall also be visible.	
g) The system shall support sticky notes function. The sticky notes shall open as popup when a scan is opened.	
h) The system shall provide instant messaging functionality for users to communicate via system.	
i) It should be possible to view the details of personnel involved with the Order ie. who created the order, who scheduled/rescheduled it, scanning technician, draft radiologists and final report signoff radiologist.	
j) If the hospital has EMR, the RIS shall be integrated with it so that with a click radiologists can see other details of the patient.	
k) The system shall provide the section where all standard documents related to operations, policies; standard forms can be uploaded and kept for users to access it.	
l) System shall support multiple department workflows where multiple department users can work without being able to access other department data. For ex. Front Office of one department shall not be able to schedule cases of other departments. Cross department access shall be limited and shall be available only to limited users.	
m) System shall support setting up Master Data from the Admin interface ex. Procedures List, Reporting Templates.	
n) System shall support transfer of orders from one department to another.	
o) System shall support multiple user profiles which includes the following but not limited to	
1. Junior Resident	
2. Senior Resident	
3. Radiologist	
4. Transcriptionist	
5. Radiographer	
6. Patient Service clerk & supervisor	
7. Radiology Nurse	
8. Administrator	
p) The system shall allow creating user groups and assigning users to groups. It should allow managing access rights both at group and individual user level.	
II. Patient Registration & Service Request	
a) Shall allow Patient registration with few details as mandatory. System shall be able to use the Hospital generated Medical Record Number (UHID).	
b) System shall be able to pull the patient details from the hospital HIS.	
c) System shall allow marking Patient Arrival status in RIS.	
d) The system shall support Patient Merge workflow.	
e) System shall capture and display health alerts.	
f) Able to scan various consent forms ex. Request Form, Consent Forms,	

Pregnancy Declaration forms etc.	
g) The document scanner shall be integrated with RIS.	
h) The system should support Pre-vetting capabilities.	
i) The system should support ability to order orders which should be sent to HIS.	
j) Allow the creation of a protocolling worklist for radiographers or radiologists with options to select standard performing protocols and free text field to document additional performing instructions to radiographers or communications with clinicians that will be visible to the radiographer when performing the study.	
k) System should be able to audit and track protocolling workload per user.	
l) Support more than 1 level of vetting e.g. Radiographer or trainee performs vetting and with option to send to Radiologist to verify.	
m) Support seamless paperless communication between clerk, radiologist and radiographer during the vetting process.	
n) Have a means to support rejection of requests sent for vetting.	
o) Requested procedures or Imaging Requests that need clarification can be flagged for follow-up from Request creation.	
p) List of Requested Procedures or ISRs.	
q) Able to filter by Date/Time, Modality, Priority, Patient Type, Medical Service, Referral Location, Patient Class.	
r) Option to search for list of Requested Procedures by Patient ID, Patient Name, exam order ID.	
s) Print out Porter Slip with information like Patient ID, Patient Location	
t) Ability to sort list by different fields and select specific fields for display.	
u) Choice of giving an appointment or starting the procedure from the request list. For example:	
1. For general Investigations, select procedure and start procedure. No need to book an appointment slot before starting the procedure.	
2. For specialized Investigations like CT or MRI, book appointment, indicate arrival of the patient on appointment day, generate bill and continue workflow.	
v) Able to restrict cancellation of confirmed/performed orders to defined, configurable users/group.	
w) The system should support printing of Radiology Request orders created in RIS or electronic radiology orders from EMR with relevant clinical and health information.	
III. Appointment / Scheduling	
a) Graphical representation of booking slots with comments and/or colour code showing reservation of slots for different types of procedures.	
b) Able to define slots in a room based on certain constraints e.g. urgent cases only, inpatient or outpatient. System should be able to use these constraints and rules to facilitate giving an appointment.	
c) Appointment diary to display available slots according to the procedure time. This improves utility of resource and eliminates waste gaps in appt time slots. Visually the schedulers can identify appointment time slots readily.	
a) Able to customize the number of booking slots available per day as duration of the procedures varies for different types of examinations. The system should allow reservation of appointment slots for specific procedures, by patient type (e.g. inpatient, outpatient), patient class, etc. This should be easily visible to assist users in scheduling.	
b) Able to "suggest" an appropriate appointment date/time for patient based on certain rules and constraints, bypassing slots that do not meet the constraints for the patient.	
c) Ability to separate appointment resources by department and yet enable cross-checking and alert if patients have the same exam/other already performed in own/other department recently or already has an appointment made in different	

department within a specified number of days.	
d) Able to alert and prompt alternative appointments for multi-exam procedures requiring more than one procedure rooms.	
e) Able to define specific appointment slots for viewing and scheduling for certain category of users. Able to restrict booking into certain appointment slots in the scheduling book.	
f) Able to control rights for overbooking to authorized users. Configurable in terms of resource allowed overbooking, number of overbooking & types of procedures, etc.	
IV. Patient Check-in and Order Creation	
a) Support mapping of a specific procedure to different service code base on patient type, referring location, facility, performing department, procedure code etc. Example:	
b) Able to assign unique numbers (accession and order numbers) to identify the procedures and provide the link of results/ to images in PACS.	
c) Able to trigger charge or credit transaction to billing system(s) upon order entry or cancel or replace procedure respectively using HL7 protocol for communication.	
d) Able to capture the reasons for cancellation of procedures or no charge procedures or waiver of professional fees for audit purpose.	
e) Produce sticky labels with patient, visit, billing code and order related information upon check-in or order entry:	
1. to show waiting/procedure room	
2. to display accession/order number for identifying procedures for modality worklist and reporting	
3. to paste on film envelope for film tracking and dispatching of films to GP referrals, non-resident patients, clinics, etc.	
f) System should have an easy way to do adhoc re-reprint of additional patient labels.	
V. Service Recording and Tech Module	
a) Filterable Worklist for scheduled/ordered procedures based on room, modality or location e.g waiting area. Able to configure fields and filters based on user preference. The system should have an option to save the user-defined worklist. Ability to print and export list.	
b) Be able to select multiple procedures from the worklist, and perform the same operation in one instance e.g start or complete procedure or assign reporting radiologist.	
c) Track procedure duration based on procedure start and complete times	
d) Track radiographer(s) who performed the procedure. Able to easily add additional operators.	
e) Track radiologist(s) who performed the procedure.	
f) Track other personnel's involved in the procedure e. g nurses, patient's care-giver.	
g) Allow radiographers to enter technical comments for procedures performed to capture examination information e. g. Contrast usage, sequences performed, sonographic findings.	
h) Able to order/cancel/remove procedures. There should be a security object that controls cancellation of procedures that have been started or have images or reports.	
i) Exam status should include suspend and confirmed statuses or equivalent.	
j) Able to trigger messages to EMR/HIS for order/cancel/remove of procedures when applicable using HL7 protocol for communication	

k) MPPS from modality to RIS/PACS (including sequences) to plan examinations based on protocol.	
l) Reuse protocols from previous examinations when planning follow-up examinations at the same modality and for the same organ.	
m) To trigger a message to EMR/HIS upon examination started/completion.	
n) To alert referring clinicians through email or SMS upon examination completion if applicable.	
o) To allow radiographer to group/link 2 or more procedures to be reported together. Splitting of grouped procedures should also be possible prior to reporting.	
p) Allow radiographers to update reporting priority.	
VI. Reporting	
a) Able to import patient history into the Radiology report.	
b) An efficient way to assign a list of pending reporting tasks to a particular radiologist to report.	
c) Able to view at a glance outstanding reporting tasks based on each worklist eg. MRI (2) i. e. 2 MRIs not reported.	
d) Reporting templates and canned text should have both public and private options	
e) Standard word processing capabilities with spell checking function, formatting e.g. bold underline, italic and medical dictionary.	
g) Able to correct reports (alter original report text) after final/verified i.e remove original content but with history of original versions kept (versioning).	
h) Able to amend reports after finalised/verified as addendum i.e additional text on top or bottom of original report but leaving the original report text untouched.	
i) Allow specification and flagging of levels of abnormal reports.	
j) Allow radiologist to alert referring clinicians for abnormal and amended report i.e., either through email	
k) Flexibility to control printing of preliminary and final reports.	
l) The printed radiology report should have the time stamp of when the report was printed.	
m) Option to automatically utilize pre-defined fields of data captured in the acquisition notes or technical comments (input by radiographer) to pre-populate to the radiology report.	
n) Cases reported by the resident should route to the radiologist's work-list for verification regardless of mode of report creation.	
o) Cases awaiting verification by the resident will auto-route to the radiologist's work-list for verification after user specified time frame.	
p) Allow more than one radiologist to verify a report (co-read).	
q) Able to track both the reporting and verification radiologist and easily determine the person that needs to verify the report or perform an action that will allow the report to be finalized.	
r) Able to print a verified radiology report with name(s) of reporting and verifying radiologists, date/time of verification in a format acceptable to the institution. If preliminary reports can be printed, specify if there are distinguishing factors that differentiate it from a verified report e. g a watermark.	
s) Allow to print a verified report on an adhoc basis.	
t) Able to distribute verified reports by sending of reports by email.	
u) Reporting module should have a lock feature that prevents radiologist from starting a report on an examination that has already been opened for reporting by another radiologist regardless of screen refresh.	

v) If reporting module supports viewing of more than 1 patient's images at a time, then the module should have a warning feature that alerts the radiologist if starting to report or saving / verifying a report for a procedure when another patient's images are opened for viewing; e. g. Patient 1 images and report editor are open for reporting. Patient 2 images are opened for a quick review with clinician without closing Patient 1 report editor and or images. Subsequent with patient 2 images still open, radiologist wishes to Save or Verify patient 1 images, warning message should appear.	
3. System and Technical Requirements for Enterprise Digital Healthcare Platform	
I. General Requirements	
The below mentioned specifications of each component of hardware and software are the minimum required. However, may quote an equivalent or advanced version that is commercially available or likely to be commercially available at the time of purchase. Further the compatibility of the quoted items with each other and with the existing system if any is an essential requirement.	
The vendor should take an overall responsibility of both the software and hardware components including all licenses for complete maintenance for time of warranty. It is the duty of the vendor to visit the site and study the existing workflow that can be utilized for their proposed solution and quote in the tender (if anything extra required) for the optimum and consistent functioning of the proposed digital solution.	
It will be the responsibility of the vendor to demonstrate capabilities/functions quoted to the technical evaluation committee onsite if required.	
a) Fully integrated Digital Solution for Radiology and High Acuity Care devices	
b) Easily Deployable with simple web based interface.	
c) Multimodality connectivity, advanced work list, image processing tools with electronic charting for Clinical devices	
d) Should provide connectivity to Clinical devices like Critical care monitors, ventilators etc	
e) ZFP module allowing access of images remotely with all tools using low internet bandwidth.	
f) DICOM Film Print support.	
g) CD /DVD writing support with embedded DICOM viewer.	
h) Archiving Module.	
i) HIPAA & HL7 Compliant.	
j) Stat reads highlighted and automatically takes priority.	
k) Search criterion on various parameters like Patient ID, Name, Accession No, Date Hospital Name, Referring Physicians etc.	
l) Compressed image support for faster downloads.	
m) Perfect option to download priors automatically reducing waiting time for the radiologists.	
n) Ability to load different studies, side by side for comparison.	
o) PACS Solution should be Truly web based with all features like CD/DVD Writing, Film printing, Image viewer and Reporting module available through browser from any station. No installable software should be required to use these functions from any station.	
p) It should be possible to import images from external CD/DVD directly into the system without any external software/workstation.	
q) Report text search engine should be available.	
r) Should support DICOM MWL integration with all modalities. It should be possible to view the DSA images in the subtracted mode either in cine or photo file modes.	
s) Roaming profile – user definable settings.	

II. Image Processing Tools should be available in the Radiologist viewer	
a) Window / Level – Manual or Pre-sets.	
b) Image Scroll on Mouse.	
c) Pan and Zoom.	
d) Flip, Rotate, Invert.	
e) Crop – Elliptical, Rectangular or Freehand.	
f) Cross Reference Lines.	
g) Movie mode with speed control.	
h) Measurement: Linear, Angular, Cobbs Angle tool.	
i) Annotations like text, pointer, line etc.	
j) HU Value display – Point and average.	
k) Multi-frame image display support should be available	
l) Image display Matrix 1 x 1, 2 x 2, 3 x 3 etc.	
m) Series Display 1 x 1, 2 x 2, 3 x 3 etc.	
n) Image Linking – Interlink series for synchronized scrolling of images.	
o) Spine labeling tool – Automatically labels Vertebral Bodies or Disc space with just a mouse click.	
p) Magic Slice – Allows the radiologist to click on any part and see the corresponding slice.	
q) MIP, MPR, 3D, Volume Rendering tool is required for every Diagnostic user and it must be browser based. Volume render application should be from same PACS OEM.	
r) Curved Planar Reformats (CPR) tool is required for every Diagnostic user	
s) Automatic Image Registration and Fusion tool is required for every Diagnostic user	
t) Inbuilt chat module is required	
u) Image export to JPEG/BMP/TIFF formats	
v) Auto Edge detection on image	
w) Ability to create Key series/merge 2 studies/split a study	
x) Embedded MIP	
y) Embedded MPR	
z) Basic Measurements	
1. spine labeling	
2. cobb angle	
3. Leg length difference	
4. horizontal alignment	
5. vertical alignment	
III. Following Hanging Protocols Tools should be available in the viewer	
a) Provide easy access to a gallery of prepared hanging protocols from which the user can choose.	
b) Support the option to create hanging protocols by drag and drop actions.	
c) Support the functions to have both user and system level hanging protocols	
d) Upon opening a study, provide the correct hanging protocol should immediately be used to display the images. This automatic selection should be based on:	
1. body parts	
2. modality Types	
3. procedure codes	
e) Allow to create a display workflow based on hanging protocols. Each hanging protocol can contain one or more presentation groups and the user shall be able to easily and intuitively navigate through all presentation groups that are part of the hanging protocol. It shall be possible to have the system automatically select a correct hanging protocol and/or presentation group based on body part, modality type or procedure code	

f) Support the functionality to have dedicated hanging protocols for comparison of studies	
g) Allow the user to Interactively change the layout:	
1. viewport tiling	
2. full screen layout	
3. add/merge viewport	
h) Allow for dynamic hanging protocols where:	
1. the renderer (3D, MIP/MPR, ...) can be changed in each viewport on the fly	
2. viewports can be added on the fly	
3. Images can be added by drag and drop from the clinical sidebar	
4. comparison with prior studies can be made	
i) Within the image area, provide a list of all studies for the active patient. This list should allow the user to select additional studies to display without the need for major mouse movements	
j) Support the creation and usage of Multi-modality hanging protocols	
k) Provide auto combine of series:	
1. US single frame	
2. CR/DX	
3. RF	
IV. Following features should be available in the ZFP Diagnostic viewer	
a) FDA Approved for Diagnostic Reading	
b) Basic Measurements	
1. Angle	
2. Distance	
3. Cobb Angle	
c) MIP	
d) MPR	
e) Multi Monitor Support	
f) Ability to see Images & Report	
g) The ZFP Client should NOT be showing the Thin Slice Data to the Clinicians when they login to the PACS	
h) But the ZFP Client should show all the Series data (Thick & Thin) to the Radiologist which are pushed to the PACS from the modality when the radiologist login to the PACS system	
i) The ZFP viewer should be configred to display time-bound exams to the clinicians (ex. Exams for only last 6 months only without the thin slice sections) and this should be configurable	
j) The mentioned functionality in point g, h & I should also be available in the Mobility viewer for Radiologist & Clinicians	
k) Image data which is restricted to Clinicians can be made available to clinicians even if it is older than for example 6 months on adhoc basis post approval in the PACS system	
Security	40 concurrent user license
· All user access (ex. login, study access, report access) should be saved into database as AUDIT TRAIL and this should be accessible/searchable by Administrator	150K per year
· Vendor will provide applicable antivirus Software for the various clinician and Radiology terminals.	150K per year
4. Software Licenses	150K per year
License requirement for RIS PACS Solution	150K per year
Unlimited Modality connectivity including for MRI, CT, PET, SPECT, NM, X	

Ray, US (as and when needed)	
RIS User Licenses (Reception/Technologists, Transcriptionist/Radiologist) for RIS Application	
150K Exams per year license for Radiology Viewer	
150K Exams per year license for Clinical ZFP FDA Diagnostic Approved Viewer with unlimited user license.	150K per year
150K Exams per year license for PACS VNA (Dicom)	
150K Exams per year license for Mobility Viewer on Tablet with unlimited user license for iPad/TAB viewing licenses	
3D post processing applications should be from the same OEM who is providing the PACS. Third party 3D post processing applications should not be quoted.	2 concurrent user license
3D post processing applications should have a common database with the PACS. There should be no separate storage needed for the 3D post processing applications.	2 concurrent user license
The 3D post processing capability should be embedded inside the PACS viewer	2 concurrent user license
3D Post processing License for 150k Exams per year for and below application available on all Radiology Workstations - Pre Processing - Volume Rendering - Auto Bone Removal - Multi Modality Fusion	2 concurrent user license
Advanced 3D post processing Tools needed on Concurrent user basis which are embeded with PACS Viewer	2 concurrent user license
The 3D post processing capability should share the same Database as PACS and should not needs its own seprate storage	2 concurrent user license
Stroke Analysis Software	2 concurrent user license
Oncology Quantification Software including RESIST & WHO	2 concurrent user license
Lung Nodule Visualization and Analysis Software	2 concurrent user license
PET Lesion Management Software including RESIST, WHO & Functional PERCIST	2 concurrent user license
Virtual Colonoscopy Software	2 concurrent user license
Extract CT angio data from CT Perfusion Exams	2 concurrent user license
MR Elastography Tools	2 concurrent user license
MR Tools for ADC, DTI, Spectroscopy and Fusion	2 concurrent user license
MR Multi Parameter imaging for Body and Breast	2 concurrent user license
MR Multi Parameter imaging for Brain	
CT Vessel analysis with automated real time tracking and labeling	for 5 High Acuity Care Units in the Hospital
MR Tools for Vessel assessment	
Cardiac anatomical, functional and perfusion information	
CT Perfusion for complete perfusion assessment for Multiple Organ	
CT Perfusion for complete perfusion assessment for Brain	
High Acuity Care Integration Software	
1. GENERAL:	

The system should be used to plan, implement, record, archive and analyze details of the patient care process in High Acuity Care Area of the Hospitals	
Support dynamic hyperlinks (www links) embedded to the application to open other applications with patient context such as imaging information systems or HIS without re-entering user ID or password.	
2. FUNCTIONAL REQUIREMENTS:	
a. Ease of Use.	
The user must be able to make quick start of the system in case of emergency and not knowing the patient details. The quick start will start the default device data collection and prompt the user for patient group for choosing the right case configuration and protocols.	
Anaesthesia type specific graphical task lists for supporting anaesthesia workflow.	
The system should have the facility to flag	
(i) warning messages if information input does not conform to the input expected and	
(ii) inform the user that it cannot proceed if this mandatory field is not completed appropriately.	
The system must use drop down menus or similar to present to the users the valid choices for coded fields. These lists must be user definable.	
b. Look and Feel.	
The screens displaying clinical data must be clear and easy to look at, understand and tasks colour coded with finger operated touch screen.	
Data Entry Requirements – allow dropdown menus or lists, free text notes or comments, touch screen support , scroll wheel, alarm invalid dates and numbers, support data modifications and deletion of erroneous data, entry of progress notes displaying the authorship with the date and time of entry	
c. Automated Data Collection.	
Automated online data collection from patient monitors and ventilators, data displayed in real time graphically.	
It must be possible to automatically and simultaneously connect multiple devices to one patient including infusion pumps data (rate, volume, bolus dose).	
Support for device swapping during a case.	
Clinical staff should be able to rapidly disconnect or connect equipment to a patient without the need to power down any part of the equipment.	
The system should automatically detect connections and disconnections.	
It must be possible to manually enter all data fields, including those, which normally would be collected automatically.	
d. General Features.	
Possibility to view and edit several cases by one user in the same workstation.	
Capability to view data as a trend over time for the whole perioperative period.	
If a patient has had earlier procedures documented with the system, it should be possible to easily view their previous record(s).	
Records stored must be accessible by a variety of ways e.g. searches by hospital number, patient id, diagnosis coding, age,	
name, etc.	
Patient care information summary views, to get an overview.	
Support online automatic calculation of durations (e.g. anesthesia duration), drug and fluid totals and fluid balances.	
Support separation of drug and fluid totals and fluid balances according to phases (e.g. intraop, recovery) and support a combined summary of the totals and balances for the whole perioperative case.	
e. Patient Demographics.	

The system must be able to accept patient demographic data through an interface and to store it on the database to form the basis of the patient record.	
The supplier must indicate the minimum information required to admit a patient onto the system in an emergency and the	
system the system must allow preliminary and incomplete patient information to be updated when actual details become available	
The system must allow adding new patients and cases to the system manually.	
f. Laboratory Data.	
The system must provide the facility to store details of laboratory data results, either received through an interface or	
documented manually and arrival of new laboratory data should be visually signaled.	
g. Support searching for a drug or fluid.	
Displays the dosage administered of any drug used in the anesthesia period and maintain a continuous cumulative total of	
individual drugs.	
Support manual entry of all information associated with blood and blood products.	
Support automatic calculation of the correct dosage and rate of a continuous medication infusion.	
Document fluid output, hourly and cumulative.	
The system should provide access to a drug directory from which users can select a drug for prescription, or record a patient's medication on admission. This should be an existing reputable database, which is regularly updated.	
h. Alarms and Data Validation.	
It must be possible to enter unlimited notes and the authorship of these notes must be clearly displayed.	
i. Point of Care Printouts.	
It should be possible to save the reports in electronic format (e.g. PDF) and should be configurable.	
Point of care printouts must include (but are not limited to): patient lists, anesthesia plan, anesthesia consent, patient instructions, anesthesia record, lab tests requests and reports and recovery record.	
j. Configurability.	
List choices or similar data, default values, normal value ranges, data entry displays, point of care patient record printouts and patient list reports, retrospective statistical reports and colour codes must be configurable by the system administrator after initial setup and password protected.	
The tools for configuration must be an integral part of the system.	
It must be possible to see how a display or a printout looks like in the configuration tool (WYSIWYG).	
Archived patient records can be restored for reviewing and reprinting of the data.	
k. Statistical Report Generation with Reporting Tools.	
Data from different sources can be combined into the reports, e.g. data documented with the system and data from other information systems in the hospital.	
Provides ability to produce reports on demand and allows reports to be saved for future use.	
Provides on-line help functions without requiring the user to access a manual.	3
Supports basic statistical functions (count, sum, average, min & max).	
5. Hardware requirement for new Digital Healthcare Solution	
The proposed hardware should be deployed and configured in a virtualized environment using VMware ESXi Hypervisor. Below mentioned architecture is provided for reference.	

1. PACS Workstation Diagnostic Monitor 4MP 30” Fusion display	
Fusion 4MP LED can be used as two seamless 2MP heads or one wide-screen 6MP display.	
Screen technology TFT AM Color LCD Dual Domain IPS-Pro and LED backlight.	
Active screen size (diagonal) 772 mm (30.4)	
Pixel pitch 0.256 mm, color and grey scale imaging.	
Features to improve and maintain image quality such as Ambient light compensation, Uniform Luminance technology and I guard sensor	
Maximum Luminance 1050cd/m2, DICOM calibrated at 600cd/m2 with Contrast ratio of 1500:1.	2
Screen protection Protective, non-reflective glass cover	
Response time 18ms, Video input signals DVI-D Dual Link (2x), Display Port (2x)	
Display Card with support for 4 displays – Online QA software	
System should come with a touch pad and should have features like Spot view, dim view and profile setting function for Radiologist	
2. PACS Workstation Diagnostic Monitor 6MP 30” Fusion display	
Fusion 6MP LED can be used as two seamless 3MP heads or one wide-screen 6MP display.	
Screen technology TFT AM Color LCD Dual Domain IPS-Pro and LED backlight.	
Active screen size (diagonal) 772 mm (30.4")	
Pixel pitch 0.1995 mm, color and grey scale imaging.	
Features to improve and maintain image quality such as Ambient light compensation, Uniform Luminance technology and I guard sensor	
Maximum Luminance 1050cd/m2, DICOM calibrated at 600cd/m2 with Contrast ratio of 1500:1.	
Screen protection Protective, non-reflective glass cover	
Response time 18ms, Video input signals DVI-D Dual Link (2x), Display Port (2x)	1
Display Card for proposed monitor	
System should come with a touch pad and should have features like Spot view, dim view and profile setting function for Radiologist	
3. PACS Workstation Diagnostic Monitor 5.8MP Color Mammo display system	
Screen technology LCD	
5.8 MP (2100 x 2800 pixels), aspect ratio 3:4 for each display in portrait mode, 3:2 overall	
Pixel pitch 0.1545 mm	
Backlight warranty 40,000 hours @ 500cd/m2.	
Features to improve and maintain image quality such as Ambient light compensation, Uniform Luminance technology and steady grey	3
Maximum Luminance 1000cd/m2, DICOM calibrated at 500cd/m2 with Contrast ratio of 1400:1.	
Screen protection Protective, non-reflective glass cover	
Response time 12.5ms, Video input signals DVI-D Dual Link, Display Port	
Display Card for proposed monitor	
4. PACS Workstation Diagnostic Monitor 2MP colour display	
Screen technology LED IPS-Pro.	
Active screen size (diagonal) 540 mm (21.3)	
Pixel pitch 0.27 mm, color and grey scale imaging.	1
Features to improve and maintain image quality such as Ambient light compensation, Uniform Luminance technology	

Maximum Luminance 800 cd/m2, DICOM calibrated at 500cd/m2 with Contrast ratio of 1400:1.	
Response time 10ms, Video input signals DVI-D (1x), Display Port (1x)	
Display Card for proposed monitor	
5. PACS Workstation Diagnostic Monitor 3MP colour display	
Screen technology TFT LCD IPS.	
Active screen size (diagonal) 540 mm (21.3)	
Pixel pitch 0.2109 mm, color and grey scale imaging.	
Features to improve and maintain image quality such as Ambient light compensation, Uniform Luminance technology	10
Maximum Luminance 900cd/m2, DICOM calibrated at 500cd/m2 with Contrast ratio of 1400:1.	
Screen protection Protective, non-reflective glass cover	
Response time 20ms, Video input signals DVI-D Dual Link, Display Port	
Display Card for proposed monitor	
6. PACS Workstation Clinical Monitor 21" display	
Screen technology TFT color LCD	
Active screen size (diagonal) 541 mm (21.3)	
Pixel pitch 0.270 mm, color and grey scale imaging.	10
Features to improve and maintain image quality such as Ambient light compensation	
Maximum Luminance 440cd/m2, DICOM calibrated at 250cd/m2 with Contrast ratio of 1500:1.	
Video input signals DVI-D, Display Port	
Display Card for proposed monitor	
7. PACS Workstation	
Model - DELL 7810 or equivalent	
CPU - One Processor - Intel E5-2637v3	
Cores per Process - 8	
Memory - 16 GB	
Hard drive - 512GB SSD or 1TB SATA	
NIC - 1GB	
Display Card - ATIW2100	15
Operating System - Windows 7 Professional 64 bit	
DVD - DVDRW media drive	
Power Supply - Single Power Supply	
Software License - Necessary software for integration	
	5
8. Desktop PCs	
Intel processor, 4GB RAM, 500 GB HDD, CD/ DVD	
20" Monitor, Keyboard, Mouse	
I. Specification for the Healthcare Digital Solution Servers	
Servers	
Rack Server with Redundant Power Supply	
Dual Processor - Xeon 8 Core V4	1
64 GB RAM	
10x1.2 10K RPM SAS HDD with RAID-5 Support	
Quad Port PCI 1Gbps NIC	
Windows 2012 x64 R2 Standard Edition	
II. Specification for the Healthcare Storage	
Configuration of Storage to be offered – Primary Storage	1
Storage with Dual Controller and Dual port FC/iSCSI connectivity per controller	

72x1.2TB 10K RPM SAS HDD with RAID-5 Support	
Dual Port 12 Gbps SAS Port	
12 Gbps Dual Port SAS Card for above Rack Servers	
III. Specification for the Healthcare Storage	
Configuration of Storage to be offered – DR Storage	
Storage with Dual Controller and Dual port FC/iSCSI connectivity per controller	1
24x4TB 7.2K RPM NL-SAS HDD with RAID-5 Support	
Dual Port 12 Gbps SAS Port	
12 Gbps Dual Port SAS Card for above Rack Servers	
CD/ DVD Publisher	
Rimage 7200 Cd/DVD	
Number of Recorders - 1/2	
External Output Bin Capacity - 100	
III. Reference Solution Architecture	
<pre> graph TD S1[Server 1] --- PS[Primary Storage High] S2[Server 2] --- PS S3[Server 3] --- SS[Secondary Storage DR Copy] S4[Server 4] --- SS </pre>	
6. Terms and Conditions for proposed Healthcare Solutions	
1. The PACS application should be US FDA / CE certified (not more than 3/4 years old) and fully scalable RIS-PACS system.	
a. Separate Certificate for Radiology Viewer of PACS	
b. Separate Certificate for Clinician Viewer (ZFP) of PACS	
c. Separate Certificate for RIS	
2. The system should have IHE certification.	
3. 'PACS Solution should have been implemented for at least 250 sites either in India or globally which includes two or more 800+ bedded hospitals.'	
4. 'Company should be present and operating in India for minimum 10 years or more.'	
5. The RIS-PACS vendor should have experience integrating the quoted solution to an HIS/ EHR solution for receiving orders and forming DMWL for modalities. It should integrate with the existing HIS solution present in the hospital. The solution should also have an ability to provide/ share the radiology reports based on parameters. List of minimum 10 such installations in India to be provided.	
6. In addition to the FDA certificate for RIS-PACS application, the vendor should offer US FDA certified Zero Footprint viewer capable of displaying full fidelity (diagnostic viewing) DICOM images. The viewer must allow image access from any device (computer, IPAD, Tab, etc) using standard browsers eg. Mozilla, Safari, Internet Explorer. ZFP should be FDA diagnostic approved.	
7. Vendor to provide PACS IHE Integration Statement for the proposed solution with supported Integration profiles as part of the bid.	
12. Warranty: Vendor should provide a solution with 3 year warranty and subsequently 2 years CMC	
13. Lowest bidder financially is decided based on the cost of the solution inclusive of warranty of 3 years	
14. All existing Radiology modalities should be linked to the proposed solution and vendor must ensure integration of any new radiological modality in future without any additional cost.	
7. Vendor Qualification Criteria	

a) The vendor should have a successful track of deploying PACS systems in the country. Vendor should be more than 10 years in PACS business in India	
b) The vendor should have installed and managed a RIS & PACS Site for more than 10 Years for at least two hospitals in India	
c) The vendor should have min installation base of 10 PACS systems with minimum 2 installations in more than 800+ Bed hospitals in India	
d) Vendor should have 2 sites in India with load equal or more than 200K cases per annum.	
e) Vendor should have done Enterprise PACS installation in India connecting minimum 4 hospitals/sites with the Central PACS.	
f) Financial qualification criteria	
1. Should be a registered company in the country for last 20 Years	
2. Should be doing a turnover of 500 Crore or more for last Financial Year	2
g. All the proposed IT solutions included in this tender should be from single OEM. Third party clinical OEM products cannot be quoted.	4
	2
	4
8. Turn Key for PACS Data Center	As per room design
a. 42 U Server rack with dual PDU	4
b. Switches with 48 port 100/1000 MBPS ports (preferably CISCO L2 Switches)	
c. UPS - 20 KVA with 15 mins battery back up	
d. Split AC or equivalent of 2 ton each	
g. Civil Work for floor (Raised Floor, conduits for network etc.)	
h. Furniture (Table, Chair, closet)	1
i. Finger based Biometric device	As per room requirement
j. On Site engineer for 1 year.	1
	1
	1
9. Turn Key for PACS Reporting Room	50
a. Furniture for diagnostic workstations (Tables & Chairs) for 10 radiology workstations	
b. Networking for reporting room (2 network point of 1 GBPS per workstation)	
c. Switches - 48 Port 100/1000 Gbps switch	
d. Finger based Biometric device	
e. Music system for reporting room (Sony or equivalent)	
f. Electrical point with concealed wiring - 5 electrical points per workstation	
g. Ergonomic furniture for the reporting room including but not limited to high quality tables, mid back chairs, cove lighting, high quality gypsum false ceiling, excellent quality heavy duty doors, almirahs and lockers for doctors' use (kindly consult with the departmental team for any clarifications)	

Annexure-II**TECHNICAL BID**

Name of Firm/Contractor/Supplier	
Complete Address & Telephone No.	
Name of Proprietor/Partner/Managing Director/Director.	
Phone No:- Mobile No:- Email Id:-	
Name and address of service centre nearby Jodhpur.	
Whether the firm is a registered firm Yes/No (attached copy of certificate).	
PAN No. (enclose the attested copy of PAN Card).	
GST IN (enclose the attested copy of GST Registration Certificate).	
Whether the firm has enclosed the Bank Draft/Pay Order/Banker's cheque of Earnest Money Deposit.	
Whether the Firm/Agency has signed each and every page of Tender/NIT.	
Please provide full list of consumables.	
Any other information, if necessary.	

Authorized signatory of the bidder with seal.

**Format for Affidavit of Self Certification regarding Local Content
(To be provided on Rs. 100/- Stamp Paper)**

I _____ S/o.D/o, W/o _____,
Resident of _____ do hereby solemnly affirm
and declare as under.

That I will agree to abide by the terms and conditions of the policy of Government of India issued vide order no. P-45021/2/2017-B.E.-II dated 15/06/2017.

That the information furnished hereinafter is correct to best of my knowledge and belief and I undertake to produce relevant records before the procuring entity or any authority so nominated by the Government of India for the purpose of assessing the local content.

That the local content for all inputs which constitute the said items has been verified by me and I am responsible for the correctness of the claims made therein.

That in the event of the domestic value addition of the product mentioned herein is found to be incorrect and not meeting the prescribed value-addition norms, based on Government of India for the purpose of assessing the local content, action will be taken against me as per Order No. P-45021/2/2017-B.E.-II dated 15.06.2017.

I agree to maintain the following information in the Company's record for a period of 8 years and shall make this available for verification to any statutory authorities:

- i) Name and details of the Domestic Manufacturer (Registered Officer, Manufacturing unit location, nature of legal entity)
- ii) Date on which this certificate is issued.
- iii) Article for which the certificate is produced.
- iv) Procuring entity to whom the certificate is furnished.
- v) Percentage of local content claimed.
- vi) Location at which local value addition is made.

I hereby declare that Local Content in the items quoted by me meets the minimum local content i.e. 50% except for the following items.

---[LIST OF ITEMS]---

For and on behalf of

(Name of firm/ entity)

Annexure-III

MANUFACTURER'S / PRINCIPAL'S AUTHORIZATION FORM

To

The Administrative Officer,
All India Institute of Medical Sciences, Jodhpur

Sir,

TENDER: _____.

we, _____, who
are established and reputable manufacturers of _____,
having factories at _____ and _____,
hereby authorize Messrs. _____ (name and address of
agents)

to bid, negotiate and conclude the contract with you against Tender

No. _____ for the above goods manufactured by
us. No company or firm or individual other than Messrs. _____ are
authorized to bid, negotiate and conclude the contract in regard to this business
against this specific tender.

We hereby extend our full guarantee and warranty as per the conditions of tender for
the goods offered for supply against this tender by the above firm.

The authorization is valid up to _____

Yours faithfully,

(Name)

For and on behalf of Messrs. _____
(Name of manufacturers)/Principal.

Annexure-IV
Financial Bid

A) FINANCIAL BID FOR DOMESTIC GOODS OR GOODS OF FOREIGN ORIGIN LOCATED WITHIN INDIA OR GOODS TO BE IMPORTED AND SUPPLIED AGAINST PAYMENT IN INDIAN RUPEES

1	2	3	4	6						
Schedule	Brief Description of Goods	Country of Origin	Quantity (Nos.)	Ex - factory/ Ex-warehouse /Ex-showroom /Off-the shelf	Packing and Forwarding charges	Inland Transportation, Insurance, loading/unloading and Incidental costs at AIIMS-Jodhpur	Incidental Services (including Installation & Commissioning, Supervision, Demonstration and Training) at AIIMS-Jodhpur	GST RATE [%age & value]	Unit Price (at AIIMS-Jodhpur) basis	Total Price (at AIIMS-Jodhpur) basis (Rs.)
				(a)	(b)	(c)	(d)	(e)	(f)= (a+b+c+d+e)	= {4 x 5(f)}

Total Tender price in Rupees: _____

In words: _____

Note: -

1. If there is a discrepancy between the unit price and total price THE UNIT PRICE shall prevail.
2. The charges for Annual CMC after warranty shall be quoted separately.
3. The Bidder must quote price for "GOODS TO BE IMPORTED AND SUPPLIED AGAINST PAYMENT IN INDIAN RUPEES" after having taken in to account, the provision of Custom Duty Exemption Certificate (CDEC) by the Purchaser, as per Customs Tariff Act.

Place:

Date:

Name:

Business Address:

Signature of Bidder:

Seal of the Bidder:

Financial Bid**B) FINANCIAL BID FOR GOODS TO BE IMPORTED FROM ABROAD**

1	2	3	4	5				6
Schedule	Brief Description of Goods	Country of Origin	Quantity (Nos.)	Price per unit				Total price on Destination + Insurance (local transportation and storage) = {4X 5 (d)}
				FOB price at port/ airport of Lading (a)	Carriage & Insurance (port of loading to port of entry) and other Incidental costs** (b)	Incidental Services (including Installation & Commissioning, Supervision, Demonstration and Training) at AIIMS-Jodhpur ** (c)	Unit Price on DDP AIIMS-Jodhpur + Extended Insurance (local transportation and storage) (d) = a+b+c	

** To be paid in Indian Currency (Rs.)

Total Tender price in foreign currency: _____

In words: _____

Note: -

1. If there is a discrepancy between the unit price and total price THE UNIT PRICE shall prevail.
2. The charges for Annual CMC after warranty shall be quoted.
3. The Bidder will be fully responsible for the safe arrival of the goods AIIMS-Jodhpur in good condition as per terms of DDP as per INCOTERMS, if applicable.

Indian Agent:

Indian Agency Commission - ____% of FOB

Place:

Date:

Name:

Business Address:

Signature of Bidder:

Seal of the Bidder:

Financial Bid

C) FINANCIAL BID FOR ANNUAL COMPREHENSIVE MAINTENANCE CONTRACT AFTER WARRANTY PERIOD:

1. S.No.	2. DESCRIPTION OF GOODS	3. QUANTITY. (Nos.)	4. Annual Comprehensive Maintenance Contract Cost for Each Unit year wise*.					5. Total Annual Comprehensive Maintenance Contract Cost for 5 Years [3 x (4a+4b+4c+4d+4e)]
			1 st	2 nd	3 rd	4 th	5 th	
			a	b	c	d	e	

* After completion of Warranty period.

GST: Whether extra or inclusive, if extra, indicates the rate_____.

NOTE:-

1. In case of discrepancy between unit price and total prices, THE UNIT PRICE shall prevail.
2. The cost of Comprehensive Maintenance Contract (CMC) which includes preventive maintenance including testing & calibration as per technical/ service /operational manual, labour and spares, after satisfactory completion of Warranty period may be quoted as per NIT conditions on yearly basis for complete equipment and Turnkey (if any).
3. The cost of CMC may be quoted along with taxes applicable. The taxes to be paid extra, to be specifically stated. In the absence of any such stipulation the price will be taken inclusive of such taxes and no claim for the same will be entertained later.
4. Cost of CMC will be added for Ranking/Evaluation purpose.
5. All software updates should be provided free of cost during CMC period.
6. The stipulations in Technical Specification will supersede above provisions
7. The supplier shall keep sufficient stock of spares required during Annual Comprehensive Maintenance Contract period. In case the spares are required to be imported, it would be the responsibility of the supplier to import and get them custom cleared and pay all necessary duties.

Date:

Place:

Name:

Business Address:

Signature of Bidder:

Seal of the Bidder: