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

Running Contract Details	
Equipment Name	Ventilator portable
Running Contract Valid Till	15-03-2021
Tender Ref No	KMSCL/EP/T300/137/2018
Tendered Quantity	62
Supplier Name	M/s Air Liquid Medical Systems Pvt Ltd
GST No	33AAACE8420F1Z3
Installation & Delivery Period	8 Week(s)
Up-time / PM vist	95% & 4 Visits per year
Warranty period	3 Years

Supplier`s Details		
Address	**Contact Details**	
Plot No. 36 Annai Indira Nagar Okkiam Thoraipakkam Chennai-600097	Contact Person	Mahesh
	Phone	
	Mobile No	9895019008
	Email	airliquideservice@gmail.com,mahesh.m@airliquide.com,sharmi.kishore@airliquide.com, sales.ecss@airliquide.com

Item-wise Price Details				
#	Item Details	Unit Rate (Incl.all taxes & charges)	Service Charges (Through KMSCL)	Grand Total
1	**Ventilator portable** *Model & Make : MONNAL T 60 / AIR LIQUIDE MEDICAL SYSTEMS PVT LTD, France*	610400 Incl.GST :12%	45017	655417
		610400	**45017**	**655417**

Annual / Comprehensive Maintenance Charges (Exl.Tax)							
Rate	**4th Year**	**5th Year**	**6th Year**	**7th Year**	**8th Year**	**9th Year**	**10th Year**
Ventilator portable							
Labour	17,000.00	17,850.00	18,743.00	19,680.00	20,664.00	21,697.00	22,782.00
Comprehensive	27,000.00	28,350.00	29,768.00	31,256.00	32,819.00	34,460.00	36,183.00

Other terms & conditions

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

2. The supplier shall submit performance security amounting to 5% of the value of the supply order.

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

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

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

Technical Specification

Equipment :Ventilator portable

I. Ventilation modes: -

1. Volume Controlled mode.

2. Pressure Controlled mode

3. Asst. Controlled mode.

4. SIMV(VC/PC)

5. Pressure Support

6. CPAP and PEEP

7. Shall have NIV in all modes

8. BIPAP/Bi-level/ASV/Equivalent

9. Facility for integrated high flow oxygen therapy (desirable)

II. Parameters:

1. Tidal volume - (20 – 1500)ml

2. Respiratory rate: 0-80 BPM

3. Inspiratory Pressure - 4 – 50 cm H2O.

4. Oxygen Concentration - 21 –100 %

5. Audible alarms for low pressure, Apnea, high-pressure, High respiratory rate, Circuit disconnection.

6. Works independent of gas cylinder pressure/compressor

7. Works with both high pressure and low pressure O2.

8. Peak inspiratory flow rate at least 180 litres/minute

9. Should be able to adjust FIO2 on the Ventilator

10. Should have screen size 8 inch

III. Standard Accessories (with each machine):

1. Patient circuit (Adult) - 1 complete set, Reusable.

2. O2 Pressure Regulator - 1 No.

3. Hose for O2 connection - 5 mts

4. Test lung - 1 No.

5. Shall supply with all other accessories necessary to operate the ventilator.

6. NIV Mask – 1 No (Adult, Reusable)

IV. Power Source

1. 220/240 V Ac 50 Hz supply. Internal battery (Li Ion) with (5-8) hours minimum operating time (hot swappable allowed)

V. Mounting

1. Provision for mounting on trolley & bedrail with necessary clamps. Should have carry handle / provisions for transport easily.

VI. Should have safety certificate from a competent authority CE issued by a notified body registered in the European commission / FDA (US)/ STQC CB Certificate/ STQC S Certificate or valid detailed electrical and functional safety test report from ERTL. Copy of the certificate/ test report shall be produced along with the technical bid.

VII. Should have trigger setting facility for pressure/flow.

VIII. Should be electrically driven to prevent wastage of gases and to avoid dry run.

IX. Patient Circuit –10 numbers (disposable) should be supplied along with the machine.

X. Monitoring Parameters
The Ventilator shall be able to monitor VTE, VTi, RR, FIO2, MVE, Pif, I:E Ratio, graphs- V-T/P-T/F-T(at least one)

XI. Shall have weight <10kg

XII. Oxygen –input either low pressure or high pressure. In case of low pressure, FIO2 shall be able to set more than 0.9.