राप्ती स्वास्थ्य विज्ञान प्रतिष्ठान
Rapti Academy of Health Sciences
(राप्ती स्वास्थ्य विज्ञान प्रतिष्ठान ऐन, २०७४ अन्तर्गत स्थापित)
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मितिः२०८३/०८/०२

सूचना ख.ई.-२०८३/०८४

यस प्रतिष्ठानमा आ.ब २०८३/०८४ मा आवश्यक पर्ने तपशिलमा उल्लेखित सामग्री खरिद गर्नु पर्ने भएको हुदा सार्बजनिक खरिद ऐन २०६३ (संसोधन सहित) को दफा ५ तथा नियमावली २०६४ (संसोधन सहित) को नियम ११ बमोजिम लागत अनुमान तयार गर्ने प्रयोजनार्थ प्रचलित बजार मुल्यमा फरक नपर्ने गरि प्रति इकाई दररेट (मु.अ.कर बाहेक) यो सूचना प्रकाशित भएको मितिले ७(सात) दिन भित्र दरभाउपत्र यस प्रतिष्ठानको खरिद शाखामा पेश गर्नुहुन सम्बन्धित सरोकारवालाहरुको लागि यो सूचना प्रकाशित गरिएको छ ।साथै आवश्यक सामग्रीको स्पेसिफिकेशन यसै साथ संलग्न गरिएको व्यहोरा अनुरोध छ ।

तपशिलः

SN	Particular	Specification	Unit	Qty
1	Single Surface Phototherapy	As Per Mention Below	1	2
2	Double Surface Phototherapy	As Per Mention Below	1	2
3	Neuro Wheel Chair With Head Rest	As Per Mention Below	1	1
4	DVT Pump	As Per Mention Below	1	1
5	Plaster Cutter Machine	As Per Mention Below	1	1

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प्रा. श्याम लम्साल

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Technical specifications of Single surface Phototherapy

S.N.	Purchaser's Specifications	Yes/No	Page No.	Remarks
	Manufacturer:			
	Brand:			
	Type / Model:			
	Country of Origin:			
1.	**General Information:**			
1.1	Single Surface LED Phototherapy Unit (Mobile / Stand-Mounted)			
2.	**Operational Requirements**			
2.1	The system must be used for the treatment of neonatal unconjugated hyperbilirubinaemia (jaundice) in hospital nurseries, maternity wards, and NICUs.			
2.2	Overhead light source mounted on a mobile floor stand with a height-adjustment mechanism.			
3.	**Technical Specifications**			
3.1	The system shall have High-intensity Blue Light Emitting Diodes (LED) exclusively. (Fluorescent/halogen bulbs will not be accepted to ensure low heat and long life).			
3.2	The system shall have Wavelength range between (Approx. 420 nm and 480 nm, peaking within the approx. 450–460 nm range.			
3.3	The system must have Adjustable irradiance levels (e.g, Low, Medium, High) to adapt to clinical requirements.			
3.5	The system must have Provision of white/daylight LEDs or separate examination lamp for clinical assessment of the infant without turning off therapeutic blue lights.			
3.6	LED Lifespan: Minimum 25,000 Working life			
3.8	The system must have Sturdy mobile floor stand equipped with at least 3 to 4 smooth-swivel castors, of which at least 2 have functional wheel brakes.			
3.9	The system must have Smooth height adjustment and tilting light head to align easily over standard bassinets, cribs, or radiant warmers.			
3.10	Total unit weight not exceeding 20 kg for easy maneuverability within the ward.			
3.11	The system must have Integrated silent cooling system (fan-less or low-noise) preventing excessive heat emission toward the infant.			
3.12	The system Accessible metal and head surfaces must not exceed safe touch limits (< 40°C on baby bed areas).			
3.13	The system must have Built-in digital, non-resettable hour counter for total LED usage time, and a resettable timer for individual treatment sessions.			
3.14	The system must have Clear digital readout showing operational status, timer, and intensity level.			
3.15	The offered system Light output must be free of harmful UV and IR emissions.			
4	**Operating Environment**			
4.1	Power: 220–240 V AC, 50 Hz, single phase, or as appropriate for the offered equipment.			

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5.	**Accessories:** Must Provide all standard accessories required for immediate operation. • Minimum of 2–3 reusable or disposable neonatal phototherapy eye shields/masks of varying sizes			
6.	**Standards and Compliance**			
6.1	Must Provide Medical electrical safety compliance (IEC 60601-1 general safety and IEC 60601-2-50 for phototherapy equipment standards).			
6.2	Manufacturer must hold ISO 13485 certification for medical device quality management.			
6.3	The product shall be supported by either a CE certificate issued by a notified body, including the notified-body number, or US FDA clearance/approval documentation.			
7.	**Additional Requirements:**			
7.1	Warranty: Minimum 2 years of manufacturer or supplier warranty from date of delivery/installation .			
7.2	Training: On-site Installation, clinical and technical training for Hospital staff.			
7.3	Documentation: User manual, service manual, and in English.			

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Technical specifications of Double-Surface LED Phototherapy Unit

S.N.	Purchaser's Specifications	Yes/No	Page No.	Remarks
	Manufacturer:			
	Brand:			
	Type / Model:			
	Country of Origin:			
1.	**General Information:**			
1.1	Double-surface LED phototherapy unit for treatment of neonatal hyperbilirubinaemia, providing therapeutic light from both above and below the infant.			
2.	**Operational Requirements**			
2.1	The unit shall provide simultaneous irradiation from the overhead module and undersurface module.			
3.	**Technical Specifications**			
3.1	The Offered System must have high-power blue LED system.			
3.2	The offered System must have Effective wavelength, (approximately 420–500 nm or Better) , Peak emission preferably within 450–470 nm.			
3.3	The Offered system must have minimum 30 $\mu W/cm^2/nm$ from the upper surface and minimum 25 $\mu W/cm^2/nm$ from the lower surface at the manufacturer's stated treatment distance.			
3.4	The Offered system Irradiance shall be adjustable in at least two clinically useful levels, or continuously adjustable within a safe therapeutic range.			
3.5	The System illuminated area shall be adequate for whole-body phototherapy of a newborn from both upper and lower surfaces.			
3.6	LED service life: minimum 20,000 hours .			
3.7	The Offered System Shall have Digital timer showing treatment time for the current patient.			
3.8	The system Shall have Over-temperature protection/automatic thermal cut-out features .			
3.9	The system must Have Visible and/or audible indication for power-on, treatment mode, timer, and major fault/alarm condition			
3.10	The device shall minimize harmful ultraviolet and infrared exposure through appropriate optical filtering or LED spectral design			
3.11	The offered system Infant support surface shall be smooth, waterproof/fluid-resistant, easy to clean, and free from sharp edges.			
3.12	Upper light module shall be height-adjustable and/or angle-adjustable to maintain effective treatment distance.			
3.13	Lower light module shall be integrated into, or safely compatible with, a transparent/semi-transparent infant support surface, bassinet, or cradle.			

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3.14	The system must be Mobile unit with minimum four castor wheels; at least two wheels shall have brakes			
4	**Operating Environment**			
4.1	Power: 220–240 V AC, 50 Hz, appropriate for the offered equipment.			
5.	**Accessories:** Must Provide all standard accessories for the System. • minimum 50 infant eye shields shall be supplied for immediate operation. • Genital protection shall be provided minimum 50 protective pads shall be supplied.			
6.	**Standards and Compliance**			
6.1	Equipment shall comply with IEC 60601-1 and IEC 60601-2-50, or equivalent internationally recognised standards.			
6.2	Must submit valid ISO 13485 for medical devices and			
6.3	Must Submit CE certificate for medical devices certified by notified body registered with notification body number or USFDA approved product certificate.			
7.	**Additional Requirements:**			
7.1	Warranty: Minimum 2 years of manufacturer or supplier warranty from date of delivery/installation .			
7.2	Training: On-site Installation, clinical and technical training for Hospital staff.			
7.3	Documentation: User manual, service manual, and in English.			
7.4	Supplier shall provide manufacturer's technical datasheet, user and service manuals, conformity/regulatory documentation, calibration/performance-test report, and warranty certificate.			

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Technical specifications of Manual Controlled Neuro Wheel Chair with Head Rest

S.N.	Purchaser's Specifications	Yes/No	Page No.	Remarks
	Manufacturer:			
	Brand:			
	Type / Model:			
	Country of Origin:			
1.	**General Information:**			
1.1	Manual wheelchair for adult users with neurological conditions who need postural support and a headrest. Indoor and limited outdoor use.			
2.	**Operational Requirements**			
2.1	Manual Neuro Wheelchair with Headrest – Adult Size			
3.	**Technical Specifications**			
3.1	The system Shall be Foldable steel or alloy frame			
3.2	Adult seat width: approximately (40–46) cm or better			
3.3	Weight capacity: 100–150 kg or more			
3.4	The offered System must have Contoured seat and backrest with basic pressure-relief cushion			
3.5	Must have Lateral trunk supports			
3.6	The system shall include Adjustable padded headrest (height and angle)			
3.7	Offered system must include Pelvic positioning belt			
3.8	Hand rims on rear wheels			
3.9	The system shall support User and attendant parking brakes			
3.10	Must Include Height-adjustable armrests			
3.11	The system shall include Swing-away, height-adjustable footrests			
3.12	The system shall be Powder-coated frame and Wipe-clean upholstery			
4	**Accessories:** All standard accessories necessary for installation and normal operation shall be supplied.			
5.	**Additional Requirements:**			
5.1	Must submit ISO13485 for Medical Devices			
5.2	Warranty: Minimum 1 years comprehensive warranty.			
5.3	Training: On-site installation, clinical and technical training for hospital staff.			
5.4	Documentation: User manual, service manual, and in English.			

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Technical specifications of Deep Vein Thrombosis (DVT) Pump

S.N.	Purchaser's Specifications	Yes/No	Page No.	Remarks
	Manufacturer:			
	Brand:			
	Type / Model:			
	Country of Origin:			
1.	**General Information:**			
1.1	Deep Vein Thrombosis (DVT) Prevention Pump / Intermittent Pneumatic Compression System for Hospital use for DVT prophylaxis in at-risk adult patients, including post-operative, immobile, ICU, orthopaedic, obstetric, and general medical/surgical patients. The device shall provide intermittent, sequential pneumatic compression to the lower limbs.			
2.	**Operational Requirements**			
2.1	System must be Intermittent pneumatic compression with sequential inflation and deflation.			
2.2	The offered system must be Compact, lightweight pump suitable for bedside and intra-hospital transport; integrated handle or carrying option preferred.			
3.	**Technical Specifications**			
3.1	The System must have Minimum two independently controlled compression channels for bilateral lower-limb application.			
3.2	System shall have Digital display showing selected pressure, cycle status, treatment time, alarm/fault status, and power/battery status.			
3.3	The system must Provide Intermittent compression with automatic inflation and deflation cycles, sequential/gradient compression preferred.			
3.4	The offered system must have Adjustable compression pressure, with a minimum operating range covering Approx. 20–60 mmHg or wider.			
3.5	Compression cycle shall have Automatic inflation, hold and deflation cycle with adjustable or preset timing.			
3.6	The Offered system must have Automatic pressure regulation with continuous monitoring of delivered compression pressure.			
3.7	System shall support unilateral and bilateral lower-limb therapy.			
3.8	Calf, thigh, and preferably foot garments shall be available, garments shall be anatomically shaped, lightweight, breathable, and available in at least two adult sizes.			
3.9	Audible and visual alarms for tubing disconnection, air leak, low pressure, overpressure, garment/tubing obstruction, low battery, and system malfunction.			
3.10	Automatic pressure-relief/overpressure protection shall be incorporated.			
3.11	Built-in rechargeable battery preferred for patient transport and power interruption ,minimum operating time of 2 Hours on a full charge.			
3.12	Low-noise operation suitable for ward/ICU use, noise level shall be stated by the manufacturer.			
3.13	Kink-resistant, medical-grade tubing with secure, durable connectors, tubing length adequate for bedside use.			
3.14	External surfaces shall withstand hospital-grade surface disinfectants, cleaning instructions shall be provided.			
4	**Operating Environment**			
4.1	Power: 220–240 V AC, 50 Hz appropriate for the offered equipment.			

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5.	**Accessories:** All supplied compression sleeves and connecting accessories shall be fully compatible with the offered system. Including • Compression pump unit 1 No. • Bilateral calf compression sleeves 2 Sets • Connecting air hoses/tubing 2 Sets • Power cable 1 No. • User and service manuals 1 Set			
6.	**Standards and Compliance**			
6.1	The offered system shall comply with applicable medical electrical safety standards, such as IEC 60601-1 and IEC 60601-1-2, or equivalent.			
6.2	Manufacturer must hold ISO 13485 certification for medical device quality management.			
6.3	The product shall be supported by either a CE certificate issued by a notified body, including the notified-body number, or US FDA clearance/approval documentation			
7.	**Additional Requirements:**			
7.1	Warranty: Minimum 1 years of manufacturer or supplier warranty from date of delivery.			
7.2	Training: On-site Installation, clinical and technical training for Hospital staff.			
7.3	Documentation: User manual, service manual, and in English.			

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Technical specifications of Plaster Cutter

S.N.	Purchaser's Specifications	Yes/No	Page No.	Remarks
	Manufacturer:			
	Brand:			
	Type / Model:			
	Country of Origin:			
1.	**General Information:**			
1.1	Plaster Cutter Designed for safe, efficient cutting and removal of Plaster of Paris (POP) and synthetic orthopedic casts without injuring the underlying skin.			
2.	**Operational Requirements**			
2.1	Must use rapid oscillating blade motion instead of a spinning rotary blade to protect soft tissue.			
2.2	System must be Compact, well-balanced, and lightweight handheld build designed for comfortable single-handed use over extended periods.			
3.	**Technical Specifications**			
3.1	The Offered system must be Durable, quiet, low-maintenance electric motor equipped with built-in thermal overload protection.			
3.2	The system must have Operating speed within the range of (approx. 10,000 -16,000 or Better) oscillations per minute (opm).			
3.3	System should be Low acoustic emission During normal operation.			
3.4	System Should be Lightweight construction for user comfort.			
3.5	System Must Be Durable, shock-resistant, medical-grade polymer or aluminum alloy housing that is easy to clean and disinfect.			
3.6	System must Have Secure, user-friendly blade locking system allowing fast swaps either tool-free or with an included spanner/wrench.			
4	**Operating Environment**			
4.1	Power: 220–240 V AC, 50 Hz, appropriate for the offered equipment.			
5.	**Accessories:** Must Provide all standard accessories required for immediate operation. • Must Provide at least 4 to 6 reusable, autoclavable stainless steel or hardened alloy saw blades in assorted sizes (Such as 50 mm and 65 mm diameter)			
5.1	Supplied with a sturdy, impact-resistant storage and carrying case to hold the handpiece, blades, and tools.			

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6.	**Standards and Compliance**			
6.1	Manufacturer must be ISO 13485 certified for medical devices.			
6.2	Must hold valid international safety and quality approvals such as CE marking (under EU MDR/MDD)/US FDA clearance.			
6.3	Must Compliant with IEC 60601-1 (Medical electrical equipment general requirements for basic safety and essential performance)			
7.	**Additional Requirements:**			
7.1	Warranty: Must Provide Comprehensive warranty of at least 1 years from the date of acceptance against manufacturing defects.			
7.2	Training: On-site Installation, clinical and technical training for Hospital staff.			
7.3	Documentation: User manual, service manual, and in English.			

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