



अखिलभारतीयआयुर्विज्ञानसंस्थान, रायपुर(छत्तीसगढ़)
All India Institute of Medical Sciences, Raipur (Chhattisgarh)
Tatibandh, GE Road,
Raipur-492 099 (CG)
www.aiimsraipur.edu.in

AIIMS/R/HS/NICU/03/166/2024

Date: 11/06/2024

Call for Objections

Sub:- Inviting Comments/objections (if any), before declaring proprietary article for procurement of “Consumables for Bubble CPAP Machine” for NICU Department at AIIMS Raipur.

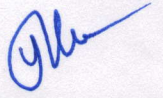
NICU Department at AIIMS Raipur has to procure Consumables for Bubble CPAP Machine through Proprietary Article basis under GFR -166.

The proposal submitted by M/s Fisher & Paykel Healthcare India Pvt. Ltd., Bengaluru who is sole manufacturers and M/s Criti Care Medical Equipments, Raipur is the local Agent of this item along with Proprietary Article Certificate are attached and same upload on AIIMS Raipur website.

The above documents are being uploaded for open information to submit objections/comments (if any) from any manufacturer/supplier before declaring proprietary article for the said equipment/items to be procured, within 07 days (i.e. 18/06/2024) from the date of issuance/uploading of the notifications.

The objection should be raised on the technical compliance sheet as enclosed, if any firm claiming suitability of their product with respect to specification mentioned.

The comments should be sent to the office of Stores Office (Hospital), Room No. 329, C C1 Block, Gate No. 01, AIIMS, Raipur in sealed envelope or through mail storesofficer.hp@aiimsraipur.edu.in on or before 18/06/2024 up to 3.00 PM failing which it will be presumed that any other vendor having no comments to offer and case will be decided on merits.


**Officer In-Charge
Procurement (DMC)
AIIMS Raipur**

Encl:-

1. Proprietary Letter by Manufacturer
2. Proprietary Letter by Department
3. Authentication letter of vendor



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स्वामित्वप्रमाणपत्र
Proprietary Article Certificate

फाइल संख्या औरसंदर्भ File Number and Reference		
1	सामाग्रीकाविवरण Description of article	Infant Bonnet BC-303/306/309
2	पूर्वानुमानितमात्रा / वार्षिकआवश्यकता Forecast of quantity/annual requirement	
3	उपरोक्तमात्रा हेतुअनुमानितमूल्य Approximate estimated value for above	
4	निर्माताकानाम एवं पता Maker's name and address	M/s tisher & Pankel
5	अधिकृतडीलर / स्टॉकिस्टकानाम Name(s) of authorised dealers/stockists	M/s Sriti Care Medical Equipment
6	<p>मैंपी ए सी के आधारपरउपरोक्त खरीदकोस्वीकारकरताहूंऔर यह प्रमाणित करताहूँकि: नोट- (बी), (सी-1) या (सी-2) में से केवल एक कोबनाए रखने के लिए टिककरें, जोभीलागूहोऔरदूसरोकोकाट दें। कृपया (ए) टिककरपुष्टिकरेंइसकेबिनापीएसीप्रमाणपत्र अवैध होगा</p> <p>I approve the above purchase on PAC basis and certify that:- Note- Tick to retain only one out of (b), (c-1) or (c-2) whichever is applicable and cross out others. Please do confirm (a) by ticking it - without which PAC certificate will be invalid.</p>	
6 (a)	यह एकमात्र फर्महैजोइसमदकानिर्माण / संग्रहणकररहाहै। और This is the only firm who is manufacturing /stocking this item. AND	YES
6 (b)	किसीअन्य फर्म द्वारासमरूपमदनिर्मित / विक्रय नहीं कियाजाताहै, जिसकाउपयोगइसकेबदलेकियाजासकताहै। अथवा A similar article in not manufacturing/sold by any other firm, which could be used in lieu OR	YES
6 (c-1)	कोईअन्य मेक / ब्रांडनिम्नलिखितकारणों (जैसेओईएम / वारंटी के) के लिए उपयुक्त नहीं होगा। अथवा No other make/brand will be suitable for following tangible reasons (like OEM/warranty spares): OR	YES

6 (c)	कोई अन्य मेक / ब्रांड निम्नलिखित कारणों से उपयुक्त नहीं होगा (अगर पीएसपीछले खरीद में भी दिया गया था, तो कृपया इसके बाद से अधिक स्रोतों का पता लगाने के लिए प्रयास करें) तथा No other make/brand will be suitable for following intangible reasons (if PAC was also given in the last procurement cycle, please also bring out efforts made since then to locate more sources): OR	
	प्रस्ताव के लिए वित्त शाखा की सहमति का संदर्भ (कार्रवाई भंडार और लेखा विभाग द्वारा की जायेगी) Reference of concurrence of finance wing to the proposal (Action will be taken by stores & Account Department)	

पिछले तीन सालों में इस मद की पीएसपी खरीद का इतिहास नीचे दिया जा सकता है (यदि कोई हो) History of PAC purchase of this item for past three years may be given below (if any)

प्रदायक का नाम Name of the Supplier	M/s Giti Care Medical Equipment		
आदेश / निविदा संदर्भ और दिनांक Order/Tender reference & Date	आदेशित मात्रा Quantity Ordered	आदेश पर मूल दर (☐) Basic Rate on order (☒)	प्रतिकूल प्रदर्शन रिपोर्ट अगर कोई हो Adverse Performance Reported if any

अनुमोदन करने वाले प्राधिकारी का हस्ताक्षर

डॉ. फाल्गुनी पादी
Dr. Phalguni Padhi

Reg. No. 16414/07

सह-प्राध्यापक (नवजात शिशु विभाग)

Associate Professor (Neonatology Department)

अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छ.ग.)
All India Institute of Medical Sciences, Raipur (C.G.)

अधिकारी का पदनाम

दिनांक 12/04/2024

डॉ. फाल्गुनी पादी
Dr. Phalguni Padhi

Reg. No. 16414/07

सह-प्राध्यापक (नवजात शिशु विभाग)

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स्वामित्वप्रमाणपत्र
Proprietary Article Certificate

फाइल संख्या औरसंदर्भ File Number and Reference		
1	सामाग्रीकाविवरण Description of article	Bubble CPAP infant Naval RC 800
2	पूर्वानुमानितमात्रा / वार्षिकआवश्यकता Forecast of quantity/annual requirement	
3	उपरोक्तमात्रा हेतुअनुमानितमूल्य Approximate estimated value for above	
4	निर्माताकानाम एवं पता Maker's name and address	M/s Criti Care Medical Equipment
5	अधिकृतडीलर / स्टाकिस्टकानाम Name(s) of authorised dealers/stockists	M/s Criti Care Medical Equipment
6	मैंपी ए सी के आधारपरउपरोक्त खरीदकोस्वीकारकरताहूँऔर यह प्रमाणित करताहूँकि: नोट- (बी), (सी-1) या (सी-2) में से केवल एक कोबनाए रखने के लिए टिककरें, जोभीलागूहोऔरदूसरोकोकाटदें। कृपया (ए) टिककरपुष्टिकरेंइसकेबिनापीएसीप्रमाणपत्र अवैध होगा I approve the above purchase on PAC basis and certify that:- Note- Tick to retain only one out of (b), (c-1) or (c-2) whichever is applicable and cross out others. Please do confirm (a) by ticking it - without which PAC certificate will be invalid.	
6 (a)	यह एकमात्र फर्महैजोइसमदकानिर्माण / संग्रहणकररहाहै। और This is the only firm who is manufacturing /stocking this item. AND	✓ YES
6 (b)	किसीअन्य फर्म द्वारासमरूपमदनिर्मित / विक्रय नहीं कियाजाताहै, जिसकाउपयोगइसकेबदलेकियाजासकताहै। अथवा A similar article in not manufacturing/sold by any other firm, which could be used in lieu OR	YES
6 (c-1)	कोईअन्य मेक / ब्रांडनिम्नलिखितकारणों (जैसेओईएम / वारंटी के) के लिए उपयुक्त नहीं होगा। अथवा No other make/brand will be suitable for following tangible reasons (like OEM/warranty spares): OR	YES

2622/2024/NEO

6 (c)	कोई अन्य मेक / ब्रांड निम्नलिखित कारणों से उपयुक्त नहीं होगा (अगर पीएसी पिछले खरीद में भी दिया गया था, तो कृपया इसके बाद से अधिक स्रोतों का पता लगाने के लिए प्रयास करें) तथा No other make/brand will be suitable for following intangible reasons (if PAC was also given in the last procurement cycle, please also bring out efforts made since then to locate more sources): OR	
	प्रस्ताव के लिए वित्त शाखा की सहमति का संदर्भ (कार्रवाई भंडार और लेखा विभाग द्वारा की जायेगी) Reference of concurrence of finance wing to the proposal (Action will be taken by stores & Account Department)	

पिछले तीन सालों में इस मद की पीएसी खरीद का इतिहास नीचे दिया जा सकता है (यदि कोई हो) History of PAC purchase of this item for past three years may be given below (if any)

प्रदायक का नाम Name of the Supplier	M/s Giti Care Medical Equipment		
आदेश / निविदा संदर्भ और दिनांक Order/Tender reference & Date	आदेशित मात्रा Quantity Ordered	आदेश पर मूल दर (<input type="checkbox"/>) Basic Rate on order (<input checked="" type="checkbox"/>)	प्रतिकूल प्रदर्शन रिपोर्ट अगर कोई हो Adverse Performance Reported if any

अनुमोदन करने वाले प्राधिकारी का हस्ताक्षर

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Associate Professor (Neonatology Department)

एन.आई.एम.एस. रायपुर (छ.ग.)

All India Institute of Medical Sciences, Raipur (C.G.)

दिनांक 12/04/2024

आदेशित मात्रा

डॉ. फाल्गुनी पाठी
Dr. Phalguni Padhi

Reg. No.-16414/07

सह-प्राध्यापक (नवजात शिशु विभाग)

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स्वामित्वप्रमाणपत्र
Proprietary Article Certificate

फाइल संख्या औरसंदर्भ File Number and Reference		
1	सामाग्रीकाविवरण Description of article	Infant Nasal Tubing : BC 191
2	पूर्वानुमानितमात्रा / वार्षिकआवश्यकता Forecast of quantity/annual requirement	
3	उपरोक्तमात्रा हेतुअनुमानितमूल्य Approximate estimated value for above	
4	निर्माताकानाम एवं पता Maker's name and address	M/S Fisher & Paykel Healthcare
5	अधिकृतडीलर / स्टॉकिस्टकानाम Name(s) of authorised dealers/stockists	M/S Griti Care Medical Equipment
6	<p>मैंपी ए सी के आधारपरउपरोक्त खरीदकोस्वीकारकरताहूँऔर यह प्रमाणित करताहूँकि: नोट- (बी), (सी-1) या (सी-2) में से केवल एक कोबनाए रखने के लिए टिककरें, जोभीलागूहोऔरदूसरोकोकाटदें।कृपया (ए) टिककरपुष्टिकरेंइसकेबिनापीएसीप्रमाणपत्र अवैध होगा</p> <p>I approve the above purchase on PAC basis and certify that:- Note- Tick to retain only one out of (b), (c-1) or (c-2) whichever is applicable and cross out others. Please do confirm (a) by ticking it - without which PAC certificate will be invalid.</p>	
6 (a)	यह एकमात्र फर्महैजोइसमदकानिर्माण / संग्रहणकररहाहै। और This is the only firm who is manufacturing /stocking this item. AND	✓ YES
6 (b)	किसीअन्य फर्म द्वारासमरूपमदनिर्मित / विक्रय नहीं कियाजाताहै, जिसकाउपयोगइसकेबदलेकियाजासकताहै।अथवा A similar article in not manufacturing/sold by any other firm, which could be used in lieu OR	YES
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6 (c)	कोई अन्य मेक/ब्रांड निम्नलिखित कारणों से उपयुक्त नहीं होगा (अगर पीएसी पिछले खरीद में भी दिया गया था, तो कृपया इसके बाद से अधिक स्रोतों को पता लगाने के लिए प्रयास करें) तथा No other make/brand will be suitable for following intangible reasons (if PAC was also given in the last procurement cycle, please also bring out efforts made since then to locate more sources): OR	
	प्रस्ताव के लिए वित्त शाखा की सहमति का संदर्भ (कार्रवाई भंडार और लेखा विभाग द्वारा की जायेगी) Reference of concurrence of finance wing to the proposal (Action will be taken by stores & Account Department)	

पिछले तीन सालों में इस मद की पीएसी खरीद का इतिहास नीचे दिया जा सकता है (यदि कोई हो) History of PAC purchase of this item for past three years may be given below (if any)

प्रदायक का नाम Name of the Supplier	M/s Giti Care Medical Equipment		
आदेश / निविदा संदर्भ और दिनांक Order/Tender reference & Date	आदेशित मात्रा Quantity Ordered	आदेश पर मूल दर (<input type="checkbox"/>) Basic Rate on order (<input checked="" type="checkbox"/>)	प्रतिकूल प्रदर्शन रिपोर्ट अगर कोई हो Adverse Performance Reported if any

अनुमोदन करने वाले प्राधिकारी का हस्ताक्षर

डॉ. फाल्गुनी पाढ़ी
Dr. Phalguni Padhi
Reg. No. -16414/07
सह-प्राध्यापक (नवजात शिशु विभाग)
Associate Professor (Neonatology Department)
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All India Institute of Medical Sciences, Raipur (C.G.)

दिनांक 12/04/2024

अधिकारी का पदनाम

डॉ. फाल्गुनी पाढ़ी
Dr. Phalguni Padhi
Reg. No. -16414/07
सह-प्राध्यापक (नवजात शिशु विभाग)
Associate Professor (Neonatology Department)
अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छ.ग.)
All India Institute of Medical Sciences, Raipur (C.G.)

Fisher & Paykel

HEALTHCARE

Fisher & Paykel Healthcare India Private Limited

CIN: U51507KA2008FTC047061

Third Floor, No 70/401, Unit Nos 302 B and 303,
BRIGADE OPUS, Kodigehalli Gate, Hebbal,
Kodigehalli, Bengaluru, Karnataka, 560092
Karnataka State, India

Telephone: +91-80-23096400

Website: www.fphcare.com

16-06-2023

Proprietary Article Certificate

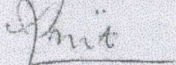
Fisher & Paykel Healthcare is the Original Equipment Manufacturer. This is to certify that the below items are proprietary.

BC161	F&P BCPAP Circuit
BC190, BC191, BC192	F&P FlexiTrunk™ Interface
BC300, BC303, BC306, BC309	F&P Infant Bonnet
BC800, BC801, BC802, BC803	F&P BCPAP Nasal Mask
BC3020, BC3520, BC4030, BC4540, BC5040, BC5050, BC5550, BC5560, BC6060, BC6070 BC6570	F&P BCPAP Nasal Prongs
BC325, BC328, BC331	F&P BCPAP Infant Headgear
BC353, BC355, BC357	F&P BCPAP Infant Chinstrap
BC402	F&P BCPAP Gas Supply Line Kit for Dual Flowmeter

No other maker or supplier is acceptable to supply the above items for the following reasons.

- The above-mentioned codes are designed to work together as a part of a medical device system as defined by Fisher & Paykel Healthcare Limited.
- When the above are used with the F&P MR850 Humidifier, Optimum humidity is delivered to Infants/Neonates

Thanking You



Anit Nair
Authorized Signatory

Ref: F&P/AL/2024-25/084

Date: 21.05.2024.

Fisher & Paykel Healthcare India Private Limited
Third Floor, No 70/401, Unit Nos 302 B
and 303, BRIGADE OPUS, Kodigehalli
Gate, Hebbal, Kodigehalli,
Karnataka State, India

TO

THE PURCHASE MANAGER,

AIIMS Hospital

Raipur.

Telephone: +91-80-23096400

Website: www.fphcare.com

CIN: U51507KA2008FTCO47061

LETTER OF AUTHORISATION

Dear Sir,

We, M/s. FISHER & PAYKEL HEALTHCARE INDIA PRIVATE LIMITED, are a wholly owned subsidiary of Fisher & Paykel Healthcare Corporation Limited, a manufacturer of medical devices with its registered office and a manufacturing facility located at New Zealand & Mexico.

We hereby confirm M/s. CRITICARE MEDICAL EQUIPMENTS, having its registered office at No. 104, 1st Floor, Salasar Greens, Commercial Complex Sarona, Raipur- 492001, India ("Dealer") is an authorised distributor of the following Fisher & Paykel Healthcare products ("Products") for supplying in AIIMS, Raipur.

FISHER & PAYKEL PART CODES	DESCRIPTION	WARRANTY
900PT561	Heated Breathing Tube (circuit) + MR290, AirSpiral™, for AIRVO 2 (Box 10)	Not Applicable
OJR412/414/416/418	Optiflow™ Junior2 Cannulas	Not Applicable
OPT942/944/946	Nasal interface, Optiflow™+, Adult Cannulas	Not Applicable
BC161-10	Bubble CPAP, F&P Midline, incl MR290 chamber, circuit & bubbler	Not Applicable
BC 300/303/306/309	Infant Bonnet	Not Applicable
BC 190/191/192	Midline nasal tubing Flexi Trunk	Not Applicable
BC800/801/802/803	Infant Nasal Mask	Not Applicable

The Dealer is an independent distributor of the Products and does not act as our agent or the agent of any other Fisher & Paykel Healthcare company or affiliate. As an independent distributor, the Dealer is not authorised to make any representations, or create or assume any obligations, on our behalf or on behalf of any other Fisher & Paykel Healthcare company or affiliate.

This letter cancels and replaces all letters previously issued by us confirming all or any of the subject matter set out above. As between us and the Dealer, the scope of the authorisations in this letter is subject to any other agreed terms (including any authorised dealer agreement).



The term of this Letter of Authorisation will expire on 31.03.2025.

For further details and validation of the authority letter please feel free to contact Customer.CareIndia@fphcare.in

For Fisher & Paykel Healthcare India Private Limited

Authorised Signatory.

WARRANTY	DESCRIPTION	FISHER & PAYKEL PART CODES
Not Applicable	Heated Breathing Tube (circuit) + MR200 Aspirator™ for AIRVO 2 (Box 10)	900P1581
Not Applicable	Optiflow™ Junior 2 Cannulas	01M12A1A15A18
Not Applicable	Nasal interface Optiflow™ + Adult Cannulas	01T9A2/04A/9A5
Not Applicable	Bubble CPAP, F&P™, India MR200 chamber, Circuit & Bubble	BC151-10
Not Applicable	Infant Bonnet	BC 300/303/305/309
Not Applicable	Midline nasal tubing Flexi Trunk	BC 150/151/152
Not Applicable	Infant Nasal Mask	BC800/801/802/803

The Dealer is an independent distributor of the Products and does not act as our agent or the agent of any other Fisher & Paykel Healthcare company or affiliate. As an independent distributor, the Dealer is not authorized to make any representation, or create or assume any obligations, on our behalf or on behalf of any other Fisher & Paykel Healthcare company or affiliate.

This letter cancels and replaces all letters previously issued by us confirming all or any of the subject matter set out above. As between us and the Dealer, the scope of the authorizations in this letter is subject to any other agreed terms (including any authorized dealer agreement).