



# ZILLA SWASTHYA SAMITI, BOUDH

## National Health Mission

(District Programme Management Unit, NRHM)

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### QUOTATION CALL NOTICE

No. 908 /DPMU/ 2026

Date: 16/04/26

Sealed quotations are invited from the reputed manufacturers/Authorized dealers having valid PAN and GST certificate for supply of following items:

Sl.No	Name Of the Items	Approx Qnty.	Specification
01	Hospital grade Electric Breast Pump	2 no.	Detailed terms and condition with specification can be downloaded from website <a href="http://www.boudh.odisha.gov.in">www.boudh.odisha.gov.in</a>

The sealed quotation should reach the office of the undersigned in any working day by 27-04-2026 till 1 P.M along with all required documents by **speed post/regd post/courier only**. The Quotation will be opened on **next day at 10:00 A.M** in the office of the undersigned. Details regarding items and terms and conditions may be downloaded from [www.boudh.odisha.gov.in](http://www.boudh.odisha.gov.in) from 16-04-2026. The envelope should be superscripted as "Quotation for supply of Hospital grade Electric Breast Pump for LMU". The undersigned reserves the right to accept or reject any or all the quotations without assigning any reason thereof.

*[Signature]*  
16-4-26

Chief District Medical Officer cum  
District Mission Director, Boudh

Memo No: 909 /DPMU/NHM

Date: 16/04/26

Copy to DeGM, Boudh for information and necessary action. He is requested to upload the tender documents on 16-04-2026 in the district website and the same should be available till 27-04-2026 up to 1 P.M. (Soft copy enclosed)

*[Signature]*  
16-4-26

Chief District Medical Officer cum  
District Mission Director, Boudh

Memo No: 910 /DPMU/NHM

Date: 16/04/26

- Copy to DMO(MS) cum Suppt/ DPHO/ All ADPHO/ DPM/ DAM/DMRCH/ FLC/ HM for information and necessary action. They are requested to attend the tender opening meeting in the office of the undersigned on 28-04-2026 at 10:00 A.M.
- Copy to Section officer, Establishment section for information and necessary action.

*[Signature]*  
16-4-26

Chief District Medical Officer cum  
District Mission Director, Boudh

## SPECIFICATION

The Specification of the Hospital grade Electric Breast Pump is mentioned as follows:

<b>General</b>		
<b>1. USE</b>		
1.1	Clinical purpose	A breast pump is a device that extracts milk from the breasts of a lactating individual. Breast pump is an electrical devices powered by electricity or batteries.
1.2	Used by clinical department/ ward	NICU and PICU
<b>Technical specifications for Hospital Grade Electric Breast Milk Pumps</b>		
<b>2. TECHNICAL CHARACTERISTICS</b>		
2.1	Technical characteristics (specific to this type of device)	<ol style="list-style-type: none"> <li>1. Pumping frequency 30 to 80CP Manduser adjustable.</li> <li>2. Cushion inserted inside the breast cup so that it does not hurt the mother.</li> <li>3. Suction Pressure 100 to 250 mmhg; user adjustable.</li> <li>4. Able to express milk from both breasts simultaneously.</li> <li>5. Collection bottles can be used for storage of milk.</li> <li>6. Double alternating pumps/double cycling pumps.</li> <li>7. Should be motorized breast pump units.</li> <li>8. Should be hospital grade.</li> </ol>
2.2	User's interface	Manual
<b>MEDICAL DEVICE SPECIFICATION (Including information on the following where relevant/appropriate, but not limited to)</b>		
2.3	Software and/or standard of communication (wherever required)	NA
<b>3. PHYSICAL CHARACTERISTICS</b>		
3.1	Dimensions (metric)	Portable
3.2	Weight (lbs, kg)	Compact unit (weight less than 4kg)
3.3	Configuration	LCD/LED display suction timing
3.4	Noise (in dB)	<60db
3.5	Heat dissipation	NA
3.6	Mobility, portability	Yes
<b>4 ENERGY SOURCE (electricity, UPS, solar, gas, water, CO<sub>2</sub>, .....)</b>		
4.1	Power Requirements	220-240VAC+10%, 50-60Hz power supply; 5A plug; TYPED
4.2	Battery operated	NA YES (OPTIONAL).
4.3	Tolerance (to variations, shut downs)	±10% of input AC.
4.4	Protection	Electrical protection by resettable over current breakers or replaceable fuses.
<b>5. ACCESSORIES, SPARE PARTS, CONSUMABLES</b>		
5.1	Accessories (mandatory, standard, optional); Spare parts (main ones); Consumables/reagents (open, closed system)	<ol style="list-style-type: none"> <li>1. Reusable collection bottles along-with breast cups - 10 sets.</li> <li>2. All kind softubes - 12 sets (if applicable).</li> <li>3. Breast pump Valve and Membrane (Pack of 4 Valves and 2 membranes) 25 No.</li> <li>4. Other accessories required for optimum functioning of the equipment.</li> </ol>
<b>Bidding/Procurement Terms/Donation Requirements</b>		
<b>6. ENVIRONMENTAL AND DEPARTMENTAL CONSIDERATIONS</b>		

6.1	Atmosphere/Ambiance(air conditioning, humidity, dust ...)	<ol style="list-style-type: none"> <li>1. Operating condition: Capable of operating continuously in ambient temperature of 10 to 40°C and relative humidity of 15 to 90% in ideal circumstances.</li> <li>2. Storage condition: Capable of being stored continuously in ambient Temperature of 0 to 50°C and relative humidity of 15 to 90%.</li> </ol>
6.2	User's care, Cleaning, Disinfection and Sterility issues	<ol style="list-style-type: none"> <li>1. Disinfection: Parts of the Device that are designed to come into contact with the patient or the operator should either be capable of easy disinfection or be protected by a single use/disposable cover.</li> </ol>
<b>7. STANDARDS AND SAFETY</b>		
7.1	Certificates(pre-market, sanitary,); Performance and safety standards (specific to the device type); Local and/ or international	<ol style="list-style-type: none"> <li>1. Should be CE (EU)/ FDA (US) approved product.</li> <li>2. Manufacturer/supplier should have ISO13485 certificate for quality standard.</li> <li>3. Electrical safety conforms to standards for electrical safety IEC-60601-1;IEC60601-1-11;IEC60601-3-2;IEC60601-3-3; IEC60601-4-2;IEC60601-4-4;IEC60601-4-5;IEC60601-4-8; IEC60601-4-11.</li> </ol>
<b>8. TRAINING AND INSTALLATION</b>		
8.1	Pre-installation requirements: nature, values, quality, tolerance	Supplier to perform installation, safety and operation checks before handover.
8.2	Requirements for sign-off	Certificate of calibration and inspection from the factory.
8.3	Training of staff (medical, paramedical, technicians)	Training of users in operation and basic maintenance shall be provided.
<b>MEDICAL DEVICE SPECIFICATION</b> (Including information on the following where're Levant/appropriate, but not limited to)		
<b>9. WARRANTY AND MAINTENANCE</b>		
9.1	Warranty	3years
9.2	Maintenance tasks	Maintenance manual detailing complete maintaining schedule.
9.3	Service contract clauses, including prices	<ol style="list-style-type: none"> <li>1. Warranty of three years with free servicing (min.3) during warranty.</li> <li>2. AMC rates should not be greater than 3% of original cost.</li> </ol>
<b>10. DOCUMENTATION</b>		
10.1	Operating manuals, service manuals, other manuals	1. User and maintenance manuals to be supplied in English.
10.2	Recommendations for maintenance	User/Technical/Maintenance manuals to be supplied in English.
<b>11. NOTES</b>		
11.1	Service Support Contact details (Hierarchy Wise; including a toll free/landline number)	Contact details of manufacturer, supplier and local service agent to be provided.
11.2	Recommendations or warnings	Any warning signs would be adequately displayed.

## TERMS AND CONDITIONS

01. Sealed quotations will be received by ~~27-04-26~~ till 1 P.M along with all required documents. The quotations will be opened on the same day at 10:00 A.M in the office of the CDMO cum District Mission Director, Boudh in presence of the quotationers /authorized representative of the quotationers who may wish to be present. Any quotation received after the due date & time will be rejected. The quotations will be received through Regd. Post / Speed Post /Courier only.
02. The Farms (s) are to submit their quotations in separate sealed covered envelops for technical bid and Price bid by superscripting Cover "A" (Technical Bid) & Cover "B" (Price Bid) and both the sealed covers should be put into a third outer Cover, which should be superscripted as "Quotation for supply of **Hospital grade Electric Breast Pump under LMU**"
03. Rates should be inclusive of all taxes, Transportation.
04. The rate will be applicable for purchase of the above mentioned items for one time only.
05. The supplier selected shall have the responsibility to supply above mentioned items as per supply order which is required for carrying out day to day official work.
06. The suppliers shall also ensure that the quality and quantity has to be as per the supply order within 07 days and approved rate contract in the quotation process.
07. The firm should have PAN/GST holder & up to date. (Originals to be produced at the time of quotation opening). If demanded.
08. Order to the supplier will be made as per the requirement.
09. The supply of items shall be made immediately according to volume after placing the supply order in the Office of CDMO cum DMD, Boudh/ any other office under the jurisdiction of the undersigned and supplier shall submit the bill for payment at the approved rate in respect to the quantity of items supplied. The transportation of items is sole responsibility of the supplier and must deliver the item on door delivery basis.
10. Payment will be made after 100% supply of items.
11. The account number and IFSC code of the supplier should be submitted along with the bill for payment.
12. The undersigned reserves the right to accept or reject any or all the quotations without assigning any reason thereof.
13. The bidder should submit product Boucher along with the bid document.
14. The bidder should submit certificate of item quoted as mention in 7.1 of specification of the product, non submission of certificate may result in rejection of bid.( Details of certificate required in mentioned in7.1 of specification of the product)
15. The bidder should quote the product as per specification mentioned above. Is there is any deviation in the product then deviation details should mentioned separately in the technical bid.

Place  
Date

Signature and seal of the authorized signatory



# QUOTATION FORM 'A'

## Technical Bid

1	Name of the Firm/agency	
2	Address of the Firm/agency	
3	Name of authorized signatory ( <b>in capital letters</b> )	
4	Specimen signature of the authorized signatory.	
5	Telephone number of authorized signatory / Firm/agency	
6	GST registration certificate (Photocopy to be attached)	
7	PAN (Photo Copy to be Attached)	
8	All Certificate mentioned in 7.1 of specification is attached (Yes/No) Copy of certificate should be attached in technical bid.	
9	Mention the Brand/Company name of the product Quoted along with Make & Model	
10	Quoted Product as per the Specification mention above (Yes/No) (if No detail deviation should be clearly mentioned)	
11	Whether all documents submitted signed by the authorized signatory of the Firm/agency ( Yes/ No)	

### DECLARATION

I / we hereby certify that the terms and conditions, specification etc. given with the short quotation notice have been read carefully and acceptable to me/us and that the information furnished above is full and correct to the best of by /our knowledge. I / we understand that in case of any deviation in the above statement at any state, our Firm/Agency will be blacklisted and will not have any dealing with your organization in future.

Place:

Date:

(Signature and seal of the authorized signatory)



**QUOTATION FORM - B**  
**Financial Bid**

Sl.No	Name of the Items	Make & Model of Items Quoted	Rate Per Unit including tax	Remarks
01	Hospital grade Electric Breast Pump			
Total				

(Signature, name and designation of the authorized executive of the firm)

For and on behalf of.....

(Name and address of the tendering firm).....

Place:

Date:

(Signature and seal of the authorized signatory)