



ZILLA SWASTHYA SAMITI, BOUDH

National Health Mission

(District Programme Management Unit, NRHM)

E-mail : fmg.nhm.bou@gmail.com & dpmuboudh@gmail.com



QUOTATION CALL NOTICE

No. 1286 /DPMU/ 2026

Date: 02/06/2026

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	Refrigerator	1 nos.	Detailed terms and condition with specification can be downloaded from website www.boudh.odisha.gov.in
02	Deep freezer	1 nos	
03	Hot air oven	1 nos.	
04	Bench top Autoclave (automated)	1nos	
05	Air Conditioner	3 nos.	
06	Stabiliser for Air Conditioner	3 nos	
07	Bottle sealer with Foil for sealing bottles	1 nos.	
08	Printer and water proof labels	1 nos.	

The sealed quotation should reach the office of the undersigned in any working day by 10:06:2026 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 from 02/06/2026. The envelope should be superscripted as "Quotation for supply of EIF under LMU". The undersigned reserves the right to accept or reject any or all the quotations without assigning any reason thereof.

M. S. Swain
02-06-26
Chief District Medical Officer cum
District Mission Director, Boudh

Memo No: 1287 /DPMU/NHM

Date: 02/06/2026

Copy to DeGM, Boudh for information and necessary action. He is requested to upload the tender documents on 02/06/2026 in the district website and the same should be available till 10:06:2026 up to 1 P.M. (Soft copy enclosed)

M. S. Swain
02-06-26
Chief District Medical Officer cum
District Mission Director, Boudh

Memo No: 1288 /DPMU/NHM

Date: 02/06/2026

1. Copy to DMU(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 11:06:2026 at 10:00 A.M.
2. Copy to Section officer, Establishment section for information and necessary action.

M. S. Swain
02-06-26
Chief District Medical Officer cum
District Mission Director, Boudh

TERMS AND CONDITIONS

01. Sealed quotations will be received by 10.06.26 till 1 P.M along with all required documents. The quotations will be opened on the ^{next} ~~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 envelopes 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 EIF 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 supply of items and installation.
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 quantity mentioned above is tentative & the same may be varied at the time of place of order.
14. The bidder should submit product Boucher along with the bid document.
15. The bidder should submit certificate of item quoted as mention in the specification of the product.
16. 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

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12-06-26



Item wise Specification

1. REFRIGERATOR

General		
1.USE		
1.1	Purpose	A device which is artificially kept cool and used to store food and drink.
1.2	Used by	All Departments.
MEDICAL DEVICES SPECIFICATION (Including Information on the following wherever relevant/appropriate, but not limited to)		
Technical		
2. TECHNICAL CHARACTERISTICS		
2.1	Technical characteristics (specific to this type of device)	1. Should be frost free Refrigerator. 2. Should have a capacity of 300L. 3. Should have EEC4-starrating or above. Should have in built protection for voltage fluctuation or to be supplied with external stabilizer of adequate KVA capacity.
2.2	User's interface	Automatic/Semi-Automatic
2.3	Product Safety Features	Continuous recording for full traceability
2.4	Software and/or standard of communication (wherever required)	NA
3. PHYSICAL CHARACTERISTICS		
3.1	Dimensions (metric)	Dimension of internal self and weight carrying capacity will be defined locally Shelving should be compatible with the size of bottle.
3.2	Weight (lbs, kg)	NA
3.3	Configuration	Refrigerator only without freezer component
3.4	Noise (in dB)	NA
3.5	Heat dissipation	In built temperature control module.
3.6	Mobility, portability	
4. ENERGY SOURCE (electricity, UPS, solar, gas, water, CO₂.....)		
4.1	Power Requirements	Power Supply: 220-240Vac, 50-60HZ Power Supply.
4.2	Battery operated	No
4.3	Tolerance (to variations, shutdowns)	Tolerance for 10% voltage fluctuations.
4.4	Protection	Earthing for installation site, fuse for the machine.
4.5	Power consumption	NA
5. ACCESSORIES, SPARE PARTS, CONSUMABLES		
5.1	Accessories (mandatory, standard, optional); Spare parts (main ones); Consumables/reagents (open, closed system)	List of all accessories, spare parts and consumables with rates and commitment of availability till the end life of the machine to be shared by the supplier.
Bidding/Procurement Terms/Donation Requirements		

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6. ENVIRONMENTAL AND DEPARTMENTAL CONSIDERATIONS

6.1	Atmosphere/Ambiance (air-conditioning, humidity, dust ...)	1. Operating condition: Capable of operating continuously in ambient temperature of 0 to 50°C and relative humidity of 15 to 90% in ideal circumstances. Storage condition: Capable of being stored continuously in ambient Temperature of 0 to 50°C and relative humidity of 15 to 90%.
6.2	User's care, Cleaning, Disinfection and Sterility issues	To be detailed by the manufacturer

MEDICAL DEVICES SPECIFICATION

(Including information on the following where relevant/appropriate, but not limited to)

7. STANDARDS AND SAFETY

7.1	Certificates (pre-market, sanitary,...); Performance and safety standards (specific to the device type); Local and/or international	1. All the electrical and measuring devices of CE standard. 2. All electrical cables & connections will be fire and chemical resistant.
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8. TRAINING AND INSTALLATION

8.1	Pre-installation requirements: nature, values, quality, tolerance	1. Availability of 15-amp socket; (TYPE D). 2. Safety and operation check before handover.
8.2	Requirements for sign-off	Certificate of calibration and inspection from the manufacturer.
8.3	Training of staff (medical, paramedical, technicians)	NA

9. WARRANTY AND MAINTENANCE

9.1	Warranty	3 years but 5 years on compressor
9.2	Maintenance tasks	To be included in State Equipment Maintenance Program
9.3	Service contract clauses, including prices	The spare price list of all spares and accessories (including minor) required for maintenance and repairs in future after guarantee/warranty period should be attached.

2. DEEP FREEZER

General

1	USE	
1.1	Purpose	A vertical deep freezer to store the milk
1.2	Used by	The machine is to be used in human milk banks.

Technical

2 TECHNICAL CHARACTERISTICS

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2.1	Technical characteristics (specific to this type of device)	<ul style="list-style-type: none"> ▶ 250L hard top double door (preferred) with hinges, lockable preferred. ▶ Manage temperature between -20°C to -22°C ▶ Capacity to cool 15 litres water in assorted sizes (50 to 200ml plastic/glass bottles) at 10°C to -20°C in 24 hours ▶ PUF insulated steel sheet sandwich construction ▶ Provision to fix 5 baskets to store bottles. ▶ Freezer should be lockable. ▶ Audio Visual high and Low temperature alarms. ▶ Stainless Steel Interior. ▶ Castors free easy mobility. ▶ Compatible Voltage Stabilizer (2kVA) of standard Brands/ ISI Mark. ▶ Temp. Thermostat regulator. ▶ Temp. Indicator Lamp. ▶ Digital temperature control and LED door display and systems monitoring and reporting technology. ▶ Epoxy covered SS metallic external case. ▶ Strong, moulded, chemically resistant abs interior. ▶ The height between two sliding racks should be approximately 15cm with proper provision to hold milk bottles of 50-200ml
2.2	User's interface	Automatic/Semi-Automatic
2.3	Product Safety Features	<ol style="list-style-type: none"> 1. Automatic control of temperature. 2. Automatic flow diversion. Continuous recording for full traceability.
2.4	Software and/or standard of communication (wherever required)	NA
3. PHYSICAL CHARACTERISTICS		
3.1	Dimensions (metric)	NA
3.2	Weight (lbs, kg)	NA
3.3	Configuration	NA
3.4	Noise (indB)	NA
3.5	Heat dissipation	Inbuilt temperature control module
3.6	Mobility, portability	
4. ENERGY SOURCE (electricity, UPS, solar, gas, water, CO₂.....)		
4.1	Power Requirements	Power Supply: 220-240Vac, 50-60HZ Power Supply.
4.2	Battery operated	No
MEDICAL DEVICE SPECIFICATION (Including information on the following where relevant/appropriate, but not limited to)		
4.3	Tolerance (to variations, shutdowns)	Tolerance for 10% voltage fluctuations.
4.4	Protection	Earthing for installation site, fuse for the machine.
4.5	Power consumption	NA
5. ACCESSORIES, SPARE PARTS, CONSUMABLES		
5.1	Accessories (mandatory, standard, optional); Spare parts (main ones); Consumables/ reagents (open, closed system)	NA

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Bidding/Procurement Terms/Donation Requirements**6. ENVIRONMENTAL AND DEPARTMENTAL CONSIDERATIONS**

6.1	Atmosphere/Ambiance (air -conditioning, humidity, dust ...)	Operating condition: Capable of operating continuously in ambient temperature of 0 to 50°C and relative humidity of 15 to 90% in ideal circumstances.
6.2	User's care, Cleaning, Disinfection and Sterility issues	To be detailed by the manufacturer. To be installed 1ft. away from the wall.

7. STANDARDS AND SAFETY

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"> 1. All the electrical and measuring devices of CE standard. 2. All electrical cables and connections will be fire and chemical resistant.
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8. TRAINING AND INSTALLATION

8.1	Pre-installation requirements: nature, values, quality, tolerance	<ol style="list-style-type: none"> 1. Availability of 15-amp socket; (TYPE D). Safety and operation check before handover.
8.2	Requirements for sign-off	Certificate of calibration and inspection from the manufacturer
8.3	Training of staff (medical, paramedical, technicians)	NA

9. WARRANTY AND MAINTENANCE

9.1	Warranty	3 years or 5 years on compressor
9.2	Maintenance tasks	To be included in State Equipment Maintenance Program.
9.3	Service contract clauses, including prices	The spare price list of all spares and accessories (including minor) required for maintenance and repairs in future after guarantee/warranty period should be attached.

3. HOT AIR OVEN

General		
1. USE		
1.1	Purpose	Hot air ovens are electrical devices which use dry heat to sterilize. They can be operated using a thermostat to control the temperature. Their double walled insulation keeps the heat in and conserves energy, the inner layer being a poor conductor and outer layer being metallic. There is also an air filled space in between to aid insulation. An air circulating fan helps in uniform distribution of the heat. These are fitted with the adjustable wire mesh plated trays or aluminium tray and may have an on/off rocker switch, as well as indicators and controls for temperature and holding time.
1.2	Used by	The machine is to be used in human milk banks/ laboratories.
Technical		
2. TECHNICAL CHARACTERISTICS		

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2.1	Technical characteristics (specific to this type of device) Temp Required 121°C	<ol style="list-style-type: none"> Should be operated on 230V, 50Hz single phase AC supply and Having temperature ranging between 50-200°C. Should be made of double walled chamber- Inner made of stainless Steel SS304 grade and powder coated outer surface. Should provide with three heating elements on three sides of the Equipment for uniform temperature on all shelves. Should be provided with air circulating fan. Should provide with a variable microprocessor based digital temperature controller with digital display and thermometer should be provided separate. Should have a minimum chamber size of (LxBxH) 450x450x450 with 2 stainless steel trays with holes. Should provide with air ventilations.
2.2	User's interface	Automatic/Manual
2.3	Product Safety Features	<ul style="list-style-type: none"> Hot air oven making use of dry heat for sterilizing of articles. Features thermostat based controls for temperature. Digitally controlled interface for maintaining of the temperatures.

MEDICAL DEVICE SPECIFICATION
(Including information on the following where relevant/appropriate, but not limited to)

		<ul style="list-style-type: none"> Features double-walled construction. System designed to hold in heat as well as bring reduction in energy output. Double walled construction with inside from stainless steel as well as Outside made available in mild steel finish. Superior quality enamel paint as well as glass wool insulation support provided between two walls that provides for maximum thermal efficiency. Silent hot air blower support that provides for uniform air movement as well as improved temperature distribution. Featuring polished 304 grade stainless steel interior that provides for Corrosion resistant usage as well as long lasting operation support. Thermostat based safety device support. Digital temperature controller cum indicator support.
2.4	Software and/or standard of communication (wherever required)	NA

3. PHYSICAL CHARACTERISTICS

3.1	Dimensions (metric)	NA
3.2	Weight (lbs, kg)	NA
3.3	Configuration	NA
3.4	Noise (indB)	NA
3.5	Heat dissipation	In built temperature control module.
3.6	Mobility, portability	

4. ENERGY SOURCE (electricity, UPS, solar, gas, water, CO₂.....)

4.1	Power Requirements	Power Supply: 220-230Vac, 50HZ Power Supply.
4.2	Battery operated	No
4.3	Tolerance (to variations, shutdowns)	Tolerance for 10% voltage fluctuations.

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4.4	Protection	Earthing for installation site, fuse for the machine.
4.5	Power consumption	NA

5. ACCESSORIES, SPARE PARTS, CONSUMABLES

5.1	Accessories (mandatory, standard, optional); Spare parts (main ones); Consumables/reagents (open, closed system)	NA
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Bidding/Procurement Terms/Donation Requirements

6. ENVIRONMENTAL AND DEPARTMENTAL CONSIDERATIONS

6.1	Atmosphere/Ambiance (air conditioning, humidity, dust ...)	NA
6.2	User's care, Cleaning, Disinfection and Sterility issues	To be detailed by the manufacturer

MEDICAL DEVICES SPECIFICATION

(Including information on the following where relevant/appropriate, but not limited to)

7. STANDARDS AND SAFETY

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"> All the electrical and measuring devices of CE standard. All electrical cables and connections will be fire and chemical Resistant.
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8. TRAINING AND INSTALLATION

8.1	Pre-installation requirements: nature, values, quality, tolerance	<ol style="list-style-type: none"> Availability of 15-amp socket ; (TYPE D). Safety and operation check before handover.
8.2	Requirements for sign-off	Certificate of calibration and inspection from the manufacturer.
8.3	Training of staff (medical, paramedical, technicians)	NA

9. WARRANTY AND MAINTENANCE

9.1	Warranty	3 years
9.2	Maintenance tasks	To be included in State Equipment Maintenance Program.
9.3	Service contract clauses, including prices	The spare price list of all spares and accessories (including minor) required for maintenance and repairs in future after guarantee /warranty period should be attached.

4. AUTOCLAVE

General		
1. USE		
1.1	Clinical purpose	Used for sterilization of unwrapped equipment at 132°C for three to ten Minutes using steam.
1.2	Used by clinical department/ ward	Operation Theatre
Technical		
2. TECHNICAL CHARACTERISTICS		

Map

2.1	Technical characteristics (specific to this type of device)	<ol style="list-style-type: none"> 18-23litres table-top model. No utility connection other than drainage and electricity. In-built dryer. Constructed of 304or316 stainless steel Automatic cycle control with printer
2.2	User's interface	Manual
2.3	Software and/or standard of communication(wherever required)	Stages should be displayable.

3.PHYSICALCHARACTERISTICS

3.1	Dimensions(metric)	As per capacity
3.2	Weight(lbs,kg)	Max:900gm
3.3	Capacity	18to20litre
3.4	Noise(in dBA)	Noise-free
3.5	Heat dissipation	Heat Dissipation: Should maintain nominal Temp and the heat should be disbursed through an cooling mechanism
3.6	Mobility, portability	Table with castors and brakes

4. ENERGY SOURCE (electricity, UPS, solar, gas, water, CO₂...)

4.1	Power Requirements	Rechargingunit:Inputvoltage-220V-240VAC,50Hz
4.2	Battery operated	Yes
4.3	Tolerance(to variations, shutdowns)	NA
4.4	Protection	Earthing for installation site, fuse for the machine.
4.5	Power consumption	NA

5.ACCESSORIES,SPAREPARTS,CONSUMABLES

5.1	Accessories(mandatory, standard, optional);Spare parts (main ones);Consumables/ reagents(open ,closed system)	1.Trays-2nos
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Bidding/Procurement Terms/Donation Requirements

6.ENVIRONMENTALANDDEPARTMENTALCONSIDERATIONS

6.1	Atmosphere/Ambiance (air conditioning, humidity, dust...)	<ol style="list-style-type: none"> Operating condition: Capable of operating continuously in ambient temperature of 10 to 40°C and relative humidity of 15 to 90% in ideal circumstances. Storage condition: Capable of being stored continuously in ambient Temperature of 0to50°C and relative humidity of 15 to 90%.
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FLASHSTERILIZERWITH TROLLEY

6.2	User's care, Cleaning, Disinfection & Sterility issues	<ol style="list-style-type: none"> 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. Sterilization not required.
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7.STANDARDSANDSAFETY



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"> 1. Should be FDA/CE/BIS approved product. 2. Manufacturer and Supplier should have ISO13485 certification for quality standards. 3. Electrical safety conforms to the standards for electrical safety IEC 60601-General requirements (or equivalent BIS Standard) 4. Shall meet internationally recognized for Electromagnetic Compatibility (EMC) for electro medical equipment: 61326-1. 5. Certified to be compliant with IEC61010-1 ,IEC61010-2-40 for Safety.
7.2	Local and/ or international	Manufacturer/supplier should have ISO13485 certificate for quality standard.

8. TRAINING AND INSTALLATION

8.1	Pre-installation requirements: nature, values, quality, tolerance	<ol style="list-style-type: none"> 1. Availability of 15amp socket. 2. Safety and operation check before handover.
8.2	Requirements for sign-off	Certificate of calibration and inspection from the manufacturer.
8.3	Training of staff (medical, paramedical, technicians)	<ol style="list-style-type: none"> 1. Training of users on operation and basic maintenance. 2. Advanced maintenance tasks required shall be documented.

9. WARRANTY AND MAINTENANCE

9.1	Warranty	3years
9.2	Maintenance tasks	<ol style="list-style-type: none"> 1. Maintenance manual detailing. 2. Complete maintenance schedule.
9.3	Service contract clauses, including prices	The spare price list of all spares and accessories (including minor) required for maintenance and repairs in future after guarantee/warranty period should be attached.

10. DOCUMENTATION

10.1	Operating manuals, service manuals, other manuals	<p>Should provide 2sets(hard copy and soft-copy)of:</p> <ol style="list-style-type: none"> 1. User, technical and maintenance manuals to be supplied in English / hindi language along with machine diagrams. 2. List of equipment and procedures required for local calibration and Routine maintenance. 3. Service and operation manuals(original and copy)to be provided; 4. Advanced maintenance tasks documentation. 5. Certificate of calibration and inspection.
10.2	Other accompanying documents	List of important spares and accessories, with their part numbers and cost;

11. NOTES

11.1	Service Support Contact details (Hierarchy Wise; including a toll free/landline number)	<p>Contact details of manufacturer, supplier and local service agent to be provided.</p> <p>Any Contract (AMC/CMC/add-hoc) to be declared by the manufacturer.</p>
11.2	Recommendations or warnings	Any warning signs would be adequately displayed.

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5. Air Conditioner

Type: - Split Inverter Air Conditioner

Capacity: - 1.5 Ton

Rating: - 3 Star or More

Scope: - Convertible

Warranty: - Minimum 1 Year compressive warranty on all parts & 10 years compressive warranty on compressor

Note: - The supplier should quote price of Air conditioner including installation & the product should be of reputed brand.

6. Stabilizer for Air Conditioner

Type: - Wall Mounting

Voltage: - 90V to 300V & 50HZ

KV: - 4KVA

Warranty: - Minimum 1 Year or more as per company OEM

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QUOTATION FORM 'A'

Technical Bid

1	Name of the Firm/agency	
2	Address of the Firm/agency	
3	Name of authorized signatory (in capital letters)	
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 the 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 my /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)

M/S

QUOTATION FORM - B
Financial Bid

Si.No	Name of the Items	Make & Model of Items Quoted	Rate Per Unit including tax	Remarks
01	Refrigerator			
02	Deep freezer			
03	Hot air oven			
04	Bench top Autoclave (automated)			
05	Air Conditioner			
06	Stabiliser for Air Conditioner			
07	Bottle sealer with Foil for sealing bottles			
08	Printer and water proof labels			
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)



