

INDIAN INSTITUTE OF TECHNOLOGY MADRAS Chennai 600 036

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Date: 06.03.2024

The Senior Manager (Project Purchase)

Open Tender Reference No: MS/BOBY/163/2024/COMPSIMU

GEM NAR ID: GEM/GARPTS/06032024/ZTDEMQH0G627 Due Date/Time: 12.03.2024@ 3:00 PM

Dear Sir/Madam,

On behalf of the Indian Institute of Technology Madras, digitally signed online bids are invited in two bid system from Class-I local suppliers and Class II local suppliers, for the supply of: "COMPREHENSIVE SIMULATION TRAINING CENTER" Conforming to the specifications given in Annexure -A.

Tender Documents may be downloaded from Central Public Procurement Portal https://etenders.gov.in/eprocure/app. Aspiring Bidders who have not enrolled / registered in e-procurement should enroll / register before participating through the website https://etenders.gov.in/eprocure/app. The portal enrolment is free of cost. Bidders are advised to go through instructions provided at "Help for Vendors". [Special Instructions to the Vendors / Bidders for the e-submission of the bids online through this eProcurement Portal"]

Bidders can access tender documents on the website (For searching in the NIC site, kindly go to Tender Search option and type 'IIT Madras'. Thereafter, click on "GO" button to view all IIT Madras tenders). Select the appropriate tender and fill them with all relevant information and submit the completed tender document online on the website https://etenders.gov.in/eprocure/app as per the schedule attached.

<u>No manual bids will be accepted.</u> All tender documents including Technical and Financial bids should be submitted in the E-procurement portal.

1)	Pre-bid Meeting Details	:	If required will be intimated
2)	ICSR Vendor Registration	:	<u>Vendor registration:</u> Vendor registration with IC&SR (IITM) is mandatory for bidders to participate in tenders.
			** For Vendor Registration & Guidelines, Please follow the website: https://icandsr.iitm.ac.in/vendorportal; Helpdesk: vendorhelpdesk@icsrpis.iitm.ac.in

Last date for receipt of tender	:	12.03.2024@ 3:00 PM
Date & time of opening of tender	:	13.03.2024@ 3:00 PM

3. Instructions to the Bidder:

A)	Searching for tender documents	:	 There are various search options built in the CPP Portal, to facilitate bidders to search active tenders by several parameters. These parameters could include Tender ID, organization name, location, date, value, etc. There is also an option of advanced search for tenders, wherein the bidders may combine a number of search parameters such as organization name, form of contract, location, date, other keywords etc. to search for a tender published on the CPP Portal. Once the bidders have selected the tenders they are interested in,
			they may download the required documents / tender schedules. These tenders can be moved to the respective "My Tender" folder. This would enable the CPP Portal to intimate the bidders through SMS / email in case there is any corrigendum issued to the tender document.
			• The bidder should make a note of the unique Tender ID assigned to each tender, in case they want to obtain any clarification / help from the Helpdesk.
B)	Assistance to bidders	:	 Any queries relating to the tender document and the terms and conditions contained therein should be addressed to the Tender Inviting Authority for a tender or the relevant contact person indicated in the tender. Any queries relating to the process of online bid submission or queries relating to CPP Portal in general may be directed to the 24x7 CPP Portal Helpdesk. The contact number for the helpdesk is [0120-4200462, 0120-4001002, 0120-4001005]
C)	Enrollment Process	:	REGISTRATION
	to Bidders		 Bidders are required to enroll on the e-Procurement module of the Central Public Procurement Portal URL:https://etenders.gov.in/eprocure/app by clicking on "Online Bidder Enrollment". Enrollment on the CPP Portal is free of charge. As part of the enrolment process, the bidders will be required to choose a unique username and assign a password for their accounts. Bidders are advised to register their valid email address and mobile numbers as part of the registration process. These would be used for any communication from the CPP Portal. Upon enrolment, the bidders will be required to register their valid Digital Signature Certificate (Class II or Class III Certificates with signing key usage) issued by any Certifying Authority recognized by CCA India (e.g. Sify / TCS / nCode / eMudhra etc.) Only one valid DSC should be registered by a bidder. Please note that the bidders are responsible to ensure that they do not lend their DSCs to others which may lead to misuse. Bidder then may log in to the site through the secured log-in by entering their user ID / password and the password of the DSC / eToken. Possession of a Valid Class II/III Digital Signature Certificate (DSC) in the form of smart card/e-token in the company's name

			is a prerequisite for registration and participating in the bid submission activities through https://etenders.gov.in/eprocure/app • Digital Signature Certificates can be obtained from the authorized certifying agencies, details of which are available in the web site https://etenders.gov.in/eprocure/app under the "Information about DSC".
D)	Preparation of bids	:	Bidder should take into account any corrigendum published on the tender document before submitting their bids.
			 Please go through the tender advertisement and the tender document carefully to understand the documents required to be submitted as part of the bid. Please note the number of covers in which the bid documents have to be submitted, the number of documents including the names and content of each of the document that need to be submitted. Any deviations from these may lead to rejection of the bid.
			• Bidder, in advance, should prepare the bid documents to be submitted as indicated in the tender document / schedule and generally shall be in PDF / XLS formats as the case may be. Bid documents may be scanned with 100 dpi with black and white option.
			• To avoid the time and effort required in uploading the same set of standard documents which are required to be submitted as a part of every bid, a provision of uploading such standard documents (e.g. PAN card copy, GSTIN Details, annual reports, auditor certificates etc.) has been provided to the bidders. Bidders can use "My Documents" area available to them to upload such documents. These documents may be directly submitted from the "My Documents" area while submitting a bid, and need not be uploaded again and again. This will lead to a reduction in the time required for bid submission process.
E)	Submission of bids	:	Bidder should log into the site well in advance for bid submission so that he/she can upload the bid in time i.e. on or before the bid submission date and time. Bidder will be responsible for any delay due to other issues.
			The bidder has to digitally sign and upload the required bid documents one by one as indicated in the tender document.
			• Bidder has to select the bid security declaration. Otherwise, the tender will be summarily rejected.
			 A standard BOQ format has been provided with the tender document to be filled by all the bidders. Bidders are requested to note that they should necessarily submit their financial bids in the format provided and no other format is acceptable. Bidders are required to download the BOQ file, open it and complete the detail with their respective financial quotes and other details (such as name of the bidder). If the BOQ file is found to be modified by the bidder, the bid will be rejected.
			 The server time (which is displayed on the bidders' dashboard) will be considered as the standard time for referencing the deadlines for submission of the bids by the bidders, opening of bids etc. The bidders should follow this time during bid submission.

		• The Tender Inviting Authority (TIA) will not be held responsible for any sort of delay or the difficulties faced during the submission of bids online by the bidders due to local issues.
		• The uploaded tender documents become readable only after the tender opening by the authorized bid openers.
		• Upon the successful and timely submission of bids, the portal will give a successful bid submission message & a bid summary will be displayed with the bid no. and the date & time of submission of the bid with all other relevant details.
		 Kindly add scanned PDF of all relevant documents in a single PDF file of compliance sheet. More information useful for submitting online bids on the CPP Portal may be obtained at: https://etenders.gov.in/eprocure/app. All tender documents including pre-qualification bid, Technical Bid &Financial Bid should be submitted separately in online CPP portal as per the specified format only. Right is reserved to ignore any tender which fails to comply with the above instructions. No manual bid submission will be entertained.
F)	Marking on Technical Bid	• The bidder eligibility criteria, technical specification and supply of item for this tender is given in Annexure A.
		• The Bidders shall go through the specification and submit the technical bid.
		• The Technical bid should be submitted in the proforma as per Annexure-B in pdf format only through online (e-tender). No manual submission of bid will be entertained.
		• The technical bid should have a page-wise heading as "Technical Bid" and page no. in all pages with seal and signature of authorized signatory. The total no. of pages should be mentioned at the last page of the documents.
		• The technical bid should consist of bidder eligibility criteria details and all technical details along with catalogue/ pamphlet which will give a detailed description of product with technical data sheet so that technical compliance can be verified.
G)	Marking on Price Bid	• Financial bid (BoQ) should be submitted in the prescribed proforma format as per Annexure-C in xls format through e-tender only. No manual or other form of submission of Financial Bid will be entertained

4) **Preparation of Tender**: The bidders should submit the bids in two bid system as detailed below.

Bid I Technical Bid

The technical bid should consist of bidder eligibility criteria and technical specification compliance sheet as per the **Technical Bid Proforma** (**Annexure-B**).

Bid II Price Bid

The price bid should be submitted in the Tabular format (BoQ) as per the **Financial Bid Proforma** (**Annexure -C**) uploaded in the e-Tender web site. The Quoted price should be for supply and installation of the item and inclusive of all cost and statutory levies at IIT Madras.

5) Price:

- a) The price should be quoted only in INR net per unit (after breakup) and must include all packing, transit insurance and delivery charges to **The Department of Medical Science and Technology, IIT Madras.**
- b) The rate quoted shall be all inclusive of all taxes and no extra payment will be made other than statutory revisions as per the terms and conditions stipulated in this contract document.
- c) The percentage of tax & duties should be clearly indicated separately. IIT Madras is eligible for custom duty at a concessional rate, i.e., 5.5%. Relevant certificates will be issued by IIT Madras wherever necessary.
- d) The offer/bids should be submitted through online only in two bid system i.e. Technical Bid and Financial Bid separately.

6) Tenderer shall submit along with this tender:

- (i) Proof of having ISO or other equivalent certification given by appropriate authorities.
- (ii) Name and full address of the Banker and their swift code and PAN No. and GSTIN number.
- (iii) GST registration proof showing registration number, area of registration etc.
- (iv) All of your future correspondences including Invoices should bear the GST No. and Area Code.

7) Terms of Delivery:

Supplier will be fully responsible for the safe carriage, Installation/Commissioning of goods up to **The Department of Medical Science and Technology, IIT Madras**, or named place as per PO, Insurance coverage will be in the scope of the supplier.

The tenderer should indicate clearly the time required for delivery of the item (subject to the approval of the Exclusive Purchase Committee-IIT-Madras). In case there is any deviation in the delivery schedule, liquidated damages clause will be enforced or penalty for the delayed supply period will be levied.

In the event of delay or non-supply of materials/execution of Contract beyond the date of delivery/completion of job. The penalty will be levied @1% per week of delay subject to a max of 10% of the value of purchase order and if the delay is more than accepted time frame by IIT M, the PO would be partially or fully cancelled and liquidated damages will be enforced accordingly.

8) Period for which the offer will remain open:

The offer shall remain valid for 120 days from the date of opening of the tender. However, the day up to which the offer is to remain valid being declared closed holiday for the Indian Institute of Technology Madras, the offer shall remain valid for acceptance till the next working day.

9) **EMD**:

The EMD of Rs.12,00,000 to be transferred to the account details mentioned in Annexure I and proof

should be enclosed in the Technical Bid. Any offer not accompanied with the EMD shall be rejected summarily as non-responsive.

As per rule no. 5.1.4 (vi) of the Manual of Procurement of Goods, no bid may be withdrawn in the interval between the deadline for submission of bids and the expiration of the period of bid validity. Withdrawal of a bid during this period will result in forfeiture of the bidder's bid security (EMD) and other sanctions.

The Institute shall not be liable for payment of any interest on EMD.

As per the Public Procurement Policy for MSEs, Order 2012 dated 25.03.2022, EMD is exempted for Micro and Small Enterprises (MSE) as defined in MSE Procurement Policy issued by the Department of Micro, Small and Medium Enterprises (MSME) and Startups as recognized by the Department of Industrial Policy & Promotion (DIPP). (MSE/MSME/DIPP PROOF should be enclosed in the cover containing the technical bid)

10) Performance Security: -

The successful bidder should submit Performance Security for an amount of 5% of the basic invoice value of the contract/supply. The Performance Security may be furnished in the form of an Insurance Surety Bond, Account Payee DD, FD Receipt in the name of "The Registrar, IIT Madras" from any scheduled commercial bank or Bank Guarantee from any scheduled commercial bank in India or online payment in an acceptable form. The performance security should be furnished within 14 days from the date of the purchase order.

Performance Security in the form of Bank Guarantee: - In case the successful bidder wishes to submit Performance Security in the form of Bank Guarantee, the Bank Guarantee should be routed directly to IIT Madras from the Bank.

The Performance Security Deposit should remain valid for a period of sixty days beyond the date of completion of all contractual obligations.

- For the same tender, either the OEM or the authorized dealer/service provider can only quote. But both of them cannot quote separately for the same tender.
- The offers/bids should be submitted only for an item/Equipment of the exact standard that is acceptable to IIT Madras without Prejudice. The details of a list of customers in India for whom the item is already supplied with must accompany the quotations. Quotations for a prototype machine will not be accepted
- Original catalogue (not any photocopy) of the quoted model duly signed by the principals must accompany the quotation in the technical bid.
- Compliance or Confirmation report with reference to the specifications and other terms & conditions should also be obtained from the principal/OEM.

15) Risk Purchase Clause

In the event of failure of contractual obligation during the schedule, the Office of Industrial Consultancy and Sponsored Research, Indian Institute of Technology Madras has all the right to engage other sources on the total risk of the sanctioned vendor under risk purchase clause.

16) Payment:

- (i) As per GFR 2017 Terms: 90% Payment after supply and 10% after installation are agreed to wherever the installation is involved.
- (ii) Advance Payment: No advance payment is generally admissible. In case a specific percentage of advance payment (not more than 30%) is required, the Vendor has to submit a Bank Guarantee from a scheduled commercial bank in India equivalent to the amount of advance payment.

17) On-site Installation:

The equipment/item or Machinery has to be installed or commissioned by the successful bidder within the number of days (as prescribed by PI) from the date of receipt of the item at the site of IIT Madras.

18) Warranty:

The offer should clearly specify the warranty period for the machinery/equipment. Any extended warranty offered for the same has to be mentioned separately (For more details please refer our Technical Specifications).

** Note: PO which involves installation, warranty shall be applicable from date of installation.

19) Acceptance and Rejection:

Failure to comply with any of the instructions stated in this document or offering unsatisfactory explanations for non-compliance will likely to lead to rejection of offers.

I.I.T. Madras has the right to accept the whole or any part of the Tender or portion of the quantity offered or reject it in full without assigning any reason.

20) Debarment from Bidding:

In case of breach of Terms & Conditions, Bidder may be suspended from being eligible for bidding in any contract with the IIT Madras up to 2 Years [as per Rule 151(iii) of GFR] from the date as fixed by IIT Madras.

21) Disputes and Jurisdiction:

Settlement of Disputes: Any dispute, controversy or claim arising out of or in connection with this PO including any question regarding its existence, validity, breach or termination, shall in the first instance be attempted to be resolved amicably by both the Parties. If attempts for such amicable resolution fails or no decision is reached within 30 days whichever is earlier, then such disputes shall be settled by arbitration in accordance with the Arbitration and Conciliation Act, 1996. Unless the Parties agree on a sole arbitrator, within 30 days from the receipt of a written request by one Party from the other Party to so agree, the arbitral panel shall comprise of three arbitrators. In that event, the supplier will nominate one arbitrator and the Project Coordinator of IITM shall nominate on arbitrator. The Dean IC&SR will nominate the Presiding Arbitrator of the arbitral tribunal. The arbitration proceeding shall be carried out in English language. The cost of arbitration and fees of the arbitrator(s) shall be shared equally by the Parties. The seat of arbitration shall be at IC&SR IIT Madras, Chennai.

- a. The Applicable Law: The Purchase Order shall be construed, interpreted and governed by the Laws of India. Court at Chennai shall have exclusive jurisdiction subject to the arbitration clause.
- b. Any legal disputes arising out of any breach of contact pertaining to this tender shall be settled in the court of competent jurisdiction located within the city of Chennai in Tamil Nadu.

Force Majeure: The Supplier shall not be liable for forfeiture of its performance security, liquidated damages or termination for default, if and to the extent that, it's delay in performance or other failure to perform its obligations under the Contract is the result of an event of Force Majeure.

For purposes of this Clause, "Force Majeure" means an event beyond the control of the Supplier and not involving the Supplier's fault or negligence and not foreseeable. Such events may include, but are not limited to, acts of the Purchaser either in its sovereign or contractual capacity, wars or revolutions, fires, floods, epidemics, quarantine restrictions and freight embargoes.

If a Force Majeure situation arises, the Supplier shall promptly notify the Purchaser in writing of such conditions and the cause thereof. Unless otherwise directed by the Purchaser in writing, the Supplier shall continue to perform its obligations under the Contract as far as is reasonably practical, and shall seek all reasonable alternative means for performance not prevented by the Force Majeure event.

23) Eligibility Criteria:

- > As per the Government of India Order, only "Class I Local Suppliers" and "Class II Local Suppliers" can participate in this tender.
- Bidder should confirm their acceptance that they comply with the provisions with report to "Guidelines for eligibility of a bidder from a country which shares a land border with India as detailed at Annexure-E. The bidder should submit Certificate for "Bidder from/Not from Country sharing Land border with India & Registration of Bidder with Competent Authority" as per Order of DoE F.No.6/18/2019-PPD dated 23.07.2020 and No.F.7/10/2021-PPD(1) dated 23.02.2023 and No.F.7/10/2021-PPD(1) dated 23.02.2023.
- Preference to "class I Local Suppliers": preference will be given to "class 1 local suppliers" (subject to class -I local supplier's quoted price falling within the margin of purchase preference) as per public procurement (preference to make in India) order 2017 .O.M No P- 45021/2/2017 pp(BE 11) dt 04/06/2020 subject to the conditions that the "class 1 Local Supplier" should agree to supply goods / provide service at L1 rate and furnish a certificate with the technical bid document that the goods/service provided by them consists local content equal to or more than 50%.(certificate from Chartered Accountant in case value of contract exceeds Rs 10 crore).
 - > 'Class I local supplier' means a supplier or service provider whose goods, services or works offered for procurement consists of local content equal to or more than 50% as defined under the above said order. Declaration to be provided as per Annexure-D per item/service/work.
 - > 'Class II local supplier' means a supplier or service provider whose goods, services or works offered for procurement consists of local content equal to 20% but less than 50% as defined under the above said order. Declaration to be provided as per Annexure-D per item/service/work.
 - ➤ 'Margin of purchase preference': The margin of purchase preference shall be 20%. The Definition of the margin of purchase preference is defined in the Govt. of India Order No: P-45021/12/2017-PP (BE-II) Dt.4th June, 2020) Order 2017. As per the Government of India Order "Margin of Purchase Preference" means the maximum extent to which the price quoted by a "Class-I local supplier" may be above the L1 for the purpose of purchase preference.

**Note: Local content percentage to be calculated in accordance with the definition provided at clause 2 of revised public procurement preference to Make in India Policy vide GoI Order no. P-45021/2/2017-PP (B.E.-II) dated 15.06.2017 (subsequently revised vide orders dated 28.05.2018, 29.05.2019and 04.06.2020) MOCI order No. 45021/2/2017-PP (BE II) Dt.16th September 2020 & P-45021/102/2019-BE-II-Part(1) (E-50310) Dt.4th March 2021

Evaluation of Bids

26)

Bid evaluation will take place in two stages.

Stage I Technical Bid evaluation

All bids received within due date and time will be opened for technical evaluation as per scheduled time. All bidders who have fully complied with bidder eligibility criteria I, II and technical Specification (Annexure B) will only be considered for opening of financial bid.

Stage II: Financial Bid Evaluation

The Financial bid evaluation will be based on price quoted by the bidder. The rate quoted for **COMPREHENSIVE SIMULATION TRAINING CENTER** unit will alone be taken up for arrival of Lowest Bid (L1) value.

In accordance to the Rule 173 of GFR,2017 and relevant provisions thereof in Procurement Manuals, 2022, IC&SR, IITM reserves the right to carry out the negotiation process through its purchase/technical committee with L1/H1 (as applicable) vendor to ensure price reasonability before final recommendation to the Competent Authority. The negotiation details, if any, on case-to-case basis shall be recorded in minutes of meetings suitably for records.

27)	Selection of successful bidder and Award of Order
	The order will be directly awarded to the technically qualified bidder as per the condition in para 3A of
	DIPP, MoCI Order No. 45021/2/2017-PP (BE II) dated 16th September 2020.
28)	All information including selection and rejection of technical or financial bids of the prospective bidders
20)	will be communicated through e-Tender portal. In terms of Rule 173(iv) of General Financial Rule 2017,
	the bidder shall be at liberty to question the bidding conditions, bidding process and/or rejection of bids.
29)	The tenderer shall certify that the tender document submitted by him / her are of the same replica of the
2)	tender document as published by IIT Madras and no corrections, additions and alterations made to the
	same. If any deviation found in the same at any stage and date, the bid / contract will be rejected /
	terminated and actions will be initiated as per the terms and conditions of the contract.
30)	Clarification to the queries and doubts raised by the bidders will be issued as a corrigendum/addendum
30)	in the e-tenders portal.
31)	In the e-tender process, participation of bidders after the due date is not possible. The eligible bidders can
31)	login to the e-Procurement portal to ascertain the tender status.

ACKNOWLEDGEMENT

It is hereby acknowledged that I/We have gone through all the points listed under "Specification, Guidelines, Terms and Conditions" of tender document. I/We totally understand the terms and conditions and agree to abide by the same.

SIGNATURE OF TENDERER ALONG WITH SEAL OF THE COMPANY WITH DATE

Bidder Eligibility Criteria and Technical Specification for COMPREHENSIVE SIMULATION TRAINING CENTER

Tender No. MS/BOBY/163/2024/COMPSIMU

Bidder Eligibility Criteria – I (Public Procurement – Preference to Make in India)

Only 'Class-I local suppliers' and 'Class-II local suppliers', as defined under DIPP, MoCI Order No. P-45021/2/2017-PP (BE-II) dated 16^{th} September 2020 and other subsequent orders issued therein (ANNEXURE – D)

Bidder Eligibility Criteria – II

- 1. Vendor Registration ID/Proof.
- 2. Land Border Certificate (ANNEXURE E).
- 3. **OEM Certificate Form**-The Participating Bidder's firm shall be the Original Equipment Manufacturer (OEM) or OEM Certified authorized firm (**ANNEXURE F**).
- 4. Non- Debarment Declaration (ANNEXURE H).
- 5. Mandate Form (ANNEXURE J)
- 6. EMD as per Tender, to be remitted in the account number as given in the (**Annexure I**) or EMD is exempted for Micro and Small Enterprises (MSE) as defined in MSE Procurement Policy issued by Department of Micro, Small and Medium Enterprises (MSME) and Startups as recognized by Department of Industrial Policy & Promotion (DIPP). (MSE/MSME/DIPP PROOF should be enclosed in the cover containing technical bid).
- 7. The bidder must be authorized by manufacturer to participate in this tender. Authorization certificate should be attached.
- 8. Bidders can visit and inspect the site for simulation center design before quoting the tender.
- 9. The bidder/ OEM must provide performance certificate from two Institutes to certifying satisfactory performance in last 2 years of the above.
- 10. The bidder/ OEM must provide performance certificate from two Institutes to certify that they have Indian experience in handholding the trainers towards training on simulation and should have been functional for at least 2 years.
- 11. The bidder should provide 95% uptime warranty in any case, if any repair is needed it should be attended within 48 hours or Hospital will penalize as per the tender clause.
- 12. The Bidder must have service center in Chennai for maintenance works.

III. Technical Specification for COMPREHENSIVE SIMULATION TRAINING CENTER

S.no	Specification		
	General Specifications		
1.	Single vendor should quote all the below systems on turnkey basis.		
2.	Comprehensive simulation lab must include the following.		
	a) High fidelity adult patient simulator for cardio pulmonary with validated physiological modelling with hands-on practice using real clinical devices such as ventilator, Patient Monitor, Defibrillator used for biomedical research.		

	b) Diagnostic and Interventional ultrasound Simulation training suite
	c) Advanced Surgical Simulation training for laparoscopy
3.	Trainings
	a) Trained & Certified Medical Simulation trainers accredited by those national/international
	universities having an experience of at least 3 to 5 years in the field of simulation will be
	enrolled for imparting training to appointed faculties by the institute. CV with certificate
	should be attached.
	b) They will be visiting the Centre as per the following schedule.
	·During Installation- 5 days
	·Post installation- 12 days in 2 years.
	·IIT Madras will designate trainers to train their students on Simulation.
4.	Company should have enough spares bank locally to maintain the up time.
5.	A necessary three visit per year of company engineer is mandatory in warranty period apart
	from repair call for calibration. The visit must be registered in institute Logbook, verified by
	Central store in charge.
6.	Firm must quote cost of consumables (if any) separately.
7.	Comprehensive Warranty for all the mannequins is three years from the date of installation
8.	Firm must quote cost of AMC for further 3 years. Bidder will be responsible to inform the
	institute at least 6 months earlier for AMC.
9.	The whole work to be done under the monitoring of technical committee.
10.	An undertaking has to be given by supplier that the quoted simulator is of latest technology.

S.no	Specification
	Technical Specifications
A.	It should be an adult patient module with fully articulating legs and arms designed to deliver the
	most realistic training possible with diverse range of patient scenarios while using real clinical
	devices, in compliance with current guidelines, checklist and protocols.
	1. It should be provided with an extensive list of clinical presentations and features that will
	optimize simulation training scenarios with light sensitive pupils, bodily fluid excretion and
	life like skin.
	2. It should be based on wireless technology for a flexible and mobile configuration, so that it
	possible to conduct training for the entire rescue chain and allow training to include patient
	handover and emergency reporting.
	3. The system permits multi-media images, lab values, X-Rays, CT scans and USG video and
	image files to be inserted into simulations where it will be displayed on demand from
	simulation participants on the patient monitor.
	4. The simulator can produce and mimic tonic and clonic convulsion or seizures as per
	simulation facilitator demand or during a scenario automatically.
	5. It should be an integrated system that allows simulation of bleeding throughout the manikin
	wherein the vital signs automatically respond to bleeding and treatment.
	6. The simulator is capable of controlled and measurable urine output, and it can micturate
	with or without Foley catheterization.
	7. The simulator is capable of secreting simulated body fluids tears, cerebral spinal fluid,
	blood, sputum, as physiologically possible, from the Eyes and Ears, Forehead Diaphoresis.

8. System Should have inbuilt Ultrasound Training System for RUSH, E-fast. 9. The simulator system could be utilized as a geriatric patient with exact same features and capabilities. 10. The manikin weight, unpacked and ready for use, does not exceed 125 pounds (40kg), thus permitting easy repositioning by average sized rescuers and learners 11. Should have Integrated High Fidelity Lungs for Realistic Ventilation Management Training. В. A. Inbuilt Debriefing and Scenario 1. For a naive participant enrolling into simulation-based methodology training the simulator should be able to operate on manual mode where all the features and clinical presentation is under faculty control as it helps to train with rapid cycle deliberate practice mode. 2. For an experienced simulation-based participants, the simulator should have physiologically driven auto mode operation which permits the simulation scenario to proceed with limited operator interaction, once the scenario has started, each scenario in an auto mode is time bound and have interventional triggers for proceeding to next stage, here the simulator reacts to physiologically correct and incorrect amounts of medication. The auto mode scenarios also prompt the facilitator for greater engagement. 3. The operating system controlling the simulator should have scenario writing and editing tool, which allows each instructor or user to specifically configure the simulator, make innumerous scenarios and edit existing scenarios as per the learning requirements of each batch or institution. 4. The operating system can control multiple simulators and scenario from a single point. 5. The system also features a display of status of past, present and future scenario, providing instructors with situational awareness and vitals values trend during a scenario. C. Airway-Airway skills/features include: Controllable open/closed airway, automatically or manually controlled. a) Head tilt/Chin lift procedure should be sensed and logged. b) Jaw thrust w/articulated jaw procedure should be sensed and logged. c) Suctioning (Oral and Nasopharyngeal) d) Bag-mask ventilation e) Orotracheal intubation f) Nasotracheal intubation g) Use of nasal cannula h) Combi tube placement i) LMA placement j) I-gel placement k) Endotracheal tube intubation 1) Retrograde intubation m) First grade fiberoptic intubation n) Transtracheal jet ventilation o) Light Wand intubation p) Needle cricothyrotomy q) Surgical cricothyrotomy Should have variable lung compliance as four independent graded steps. Variable airway resistance is available as four independent graded steps. Right main stem intubation should happen when tube is progressed. u) Stomach distention is evident when tube is misplaced.

	v) The system should detect proper head position.
	w) The system creates various grades for airway assessment as per Mallampati
	classification.
	x) The simulator should be able to create difficult airway situation like -
	 Cannot intubate/Can ventilate.
	 Cannot intubate/Cannot ventilate.
	Tongue edema with 2 levels.
	 Pharyngeal swelling with no or reduced vocal cords visibility.
	Laryngospasms with no or reduced vocal cords visibility. Degrees described as a series of matrix is possible.
	Decreased cervical range of motion is possible. The control of the control
	— Trismus
D.	Breathing and Ventilation
	a) Spontaneous breathing.
	b) Bilateral and unilateral chest rise and fall.
	c) Measurable oxygen saturation levels with the same pulse oximeter used on a real patient.
	d) CO2 exhalation is possible for etCo2.
	e) Auscultation with normal and abnormal breath sounds
	 5 anterior auscultation sites
	6 posterior auscultation sites
	f) It should have controllable breath sound like
	 Coarse Crackles
	• Fine Crackles
	Pleural Rub
	• Wheezes
	• Pneumonia
	• Gurgling Rhonchi
	• Rhonchi
	• Stridor
	Absent lung Sound Overland activate and all the same areas about the displayed on the activate manifest.
	g) Oxygen saturation and plethysmogram should be displayed on the patient monitor.
	h) Whenever the participants are using the Bag Valve Mask ventilations during a scenario,
	the process shall be depicted with an icon on the screen.
	i) Bilateral Needle thoracentesis procedure can be done.
	j) Unilateral and lobar breath sounds auscultation should be possible.
	k) Bilateral chest tube insertion should be possible.
_	1) The simulator should demonstrate the cyanosis as and when the oxygen saturation falls.
E.	TRAINING & SIMULATION
	a) The system should have an ultrasound interface integrated with operating system to provide
	greater flexibility and control of the ultrasound images used within ultrasound training
	simulations and not the animated or CGI created Sono images.
	b) The system shall be able to produce scenario relevant physiology and real ultrasound images
	and pathologic findings where in the heart rate and respiratory rate of ultrasound images to
	match the parameter values as in a dynamic scenario.
	c) The system shall provide access to ultrasound case checklists that can be used for individual,
	peer to peer and instructor led training which outlines the findings for each ultrasound window of each case.
	window of each case.

	d) The system should	ld provide following 30 clinical scenarios cases covering eFAST, RUSH
	and Critical Care	-
	Trauma Care case sce	enario library:
	i.	Tension pneumothorax as in a Blunt Trauma
	ii.	Hemopericardium as in Penetrating Trauma
	iii.	Tension pneumothorax as in Penetrating Trauma
	iv.	Hemoperitoneum as in Blunt Trauma
	v.	Abnormal Mental Status as in Blunt Trauma
	vi.	Hemoperitoneum and hemothorax both as in Blunt Trauma
	vii.	Hemothorax as Penetrating Trauma
	viii.	Hemoperitoneum as in Blunt Trauma
	ix.	Hemoperitoneum & coagulopathy as in a Blunt Trauma
	X.	False positive hemoperitoneum; liver cirrhosis and ascites complicated by
	Λ.	acute gastrointestinal hemorrhage as in Blunt Trauma
	Critical Care	case scenario library:
		Moderate hypothermia and hyperkalemia
		Severe hypovolemia secondary to gastroenteritis
	iii.	
		Severe sepsis with disruptive +/- hypovolemic shock
		1 11
	V.	Blunt trauma due to motor vehicle accident, smoke inhalation injury,
	•	including carbon monoxide toxicity.
		Hemorrhagic shock secondary to ruptured abdominal aortic aneurysm.
		Severe sepsis complicated by pericardial effusion.
	V111.	Pneumonia-related severe sepsis, cardiomyopathy, and live first trimester
		intrauterine pregnancy.
		Hemorrhagic shock secondary to blunt trauma.
		Pneumonia-related severe sepsis and disruptive +/- hypovolemic shock.
		a case scenario library:
		Pulseless electrical activity due to hyperkalemia.
		Acute ascending aortic dissection; thoracic aortic aneurysm
	111.	Massive pulmonary embolus
	iv.	Severe sepsis with pulmonary source infection
	V.	Anaphylaxis
	vi.	Cardiac syncope; hypertrophic cardiomyopathy
	vii.	1
		Hypotension; dehydration; electrolyte imbalance
		Tension pneumothorax
	X.	Acute coronary syndrome
F.	Mechanical Ventilat	ion
	 The lung simu 	ulator should allow teaching mechanical ventilation.
	Should able to	Manage ventilation of a patient with normal and abnormal lung
	mechanics and	d other respiratory conditions.
		should allow practicing various modes of mechanical ventilation.
		should be able to connect any Realtime ventilator.
		should provide a realistic ventilation management experience by
		th high Fedility simulator.
	megraning wi	in ingn'i cumity simulator.
	Products features –	

	•	Should be able to create obstructive lung conditions with the facility to adjust lung
		resistance both bilateral and unilateral lungs.
	•	Should be able to create restrictive lung conditions with the facility to adjust lung
		compliance both bilateral and unilateral lungs.
	•	Should have facility to adjust lungs resistance and compliance electronically in a
		minimal scale to wide range e.g. Compliance to 0.5 to 150 mL/cmH20 or above,
		Resistance to be 10 to 100 cmH20/L/s or above.
	•	Should be able to create a spontaneously breathing lung with adjustable respiratory rate
		and patient effort.
	•	Should be able to adjust spontaneous breath rate from 0-120 and above.
	•	Should be able to set simulate spontaneous control of breath timing (I: E) ratio.
	•	Should be able to conduct advanced ventilator management scenarios such as patient-
		ventilator desynchrony, weaning trials, and waveform analysis.
	•	Should be compactable to works with all modes of ventilation including
		Pressure/Volume Control, Pressure Support, APRV, PAV, HFOV, NIV
	•	Should demonstrate the treatment effects of PEEP at any clinically relevant setting
		including values > 20 cmH20.
	•	Should be able to easily activate pre-programmed respiratory conditions with variable
		levels of severity e.g. Normal, Asthma, ARDS, Interstitial Lung Disease (ILD), and
		COPD
		Should have operating system with graphical user interface with reference scalar
		waveform for the appropriate settings.
G.	Cardi	
G.	a)	The operating system should have an extensive ECG library with rates ranging from 0 to
	(a)	220 as per the selected rhythm.
	b)	Heart sounds can be auscultated at 4 anterior locations for aortic, pulmonic, mitral &
	0)	tricuspid sounds.
		- Normal
		- Aortic stenosis
		- Austin Flint murmur
		- Friction rub
		TT 1 (1)
		- Holosystolic murmur - Mitral valve prolapses
		- Systolic murmur
		- Diastolic murmur
		- OS70
		- Stills murmur
		- VSD
		- Atrial septal defect
		- Pulmonary stenosis
		- Early systolic murmur
		- Gallop
		- Continuous murmur
		- Absent cardiac sound
	(۵	It's nossible to attach a A lead $H(G)$ machine or with realistic nationt monitor
	c) d)	It's possible to attach a 4 lead ECG machine or with realistic patient monitor. It should be possible for a 12-lead dynamic ECG capture.

	e) Defibrillation and cardioversion are possible with pads and paddles without any			
	accessories.			
	f) Pacing and capture are also possible with a real defibrillator.			
	Circulation			
	a) Blood pressure is measurable by automated NIBP Monitor, bilaterally.			
	b) Return to flow blood pressure measurement is also possible.			
	c) Bilateral Pulse palpation at Carotid, femoral, brachial, radial, dorsalis pedis, popliteal			
	and posterior tibialis pulses and should be synchronized with ECG.			
	d) Pulse strength should be coupled with blood pressure for realistic palpation. e) Pulse Palpation are detected and logged in the system. Vascular Access			
	a) It should have a bilateral preported IV access in the cubital fossae.			
	b) It should have both humerus IO access bilaterally and tibial Intraosseous access.			
	c) it should have bilateral Intramuscular access at deltoid and gluteal regions.			
	CPR			
	a) It should be CPR compliant with AHA 2020 Guidelines.			
	b) CPR compressions should generate palpable pulses.			
	c) Blood pressure waveform artifacts should be reflected on ECG.			
	d) It should have a realistic depth of CPR compressions as per AHA 2020 Guidelines.			
	e) It should be able to provide extensive feedback on CPR Compression as per AHA 2020 Guidelines i.e.,			
Н.	Eyes			
	a) They should be blinking, slow, normal, fast and winks for Trauma and Neurology assessment.			
	b) It can be positioned as open, closed and partially open as per the scenario.			
	c) Eye movement should not cause unnecessary noises and must be silent.			
	d) Eye movement can also be electronically controlled causing sensors to enter movement			
	information into an event logs.			
	e) The pupil diameter should automatically respond to light stimuli.			
	f) The pupil response should be both synchronous & asynchronous as required.			
	g) The response from pupil would be able to present as speedy normal or sluggish response.			
I.	Sounds and Voices			
	a) The abdomen bowel Sounds should be available via 4 different speakers for wide auscultation.			
	b) The simulator system shall be able to use prerecorded audio files and/or files created by faculty for live.			
	c) patient assessment and AETCOM Training.			
	d) The faculty Instructor shall also be able to simulate patient voice and phrases wirelessly via			
	voice over IP.			
T	(Internet Protocol) technology.			
J.	Patient Monitor & Clinical accessories			
	1. The faculty or instructor can override the connection of the patient monitor sensors using the respective check boxes from the control as required in a simulation.			
	2. The patient monitor is easy to use and completely configurable to use as a 3 wave, 4			

wave Big Numbers and shall	I be able to use the following list of parameters withier
values or waveform.	
✓ECG (2 traces)	✓ Temperature (core and peripheral)
√ SpO2	✓ AGT (labeled)
√ CO2	√ awRR
√ ABP	√ N2O
✓ CVP	√ ICP
√ PAP	✓ O2
✓ PCWP	√ pH
√ NIBP	✓ Patient Information Display
√ TOF	✓ X-Ray
√ Cardiac Output	✓ ABG Blood gases Report
√ 12 Lead ECG Display	
3. Operating system should lo	g time stamped comments to the data log, bookmark
immentant arrants and continue	notes throughout the simulation. Operating system should

- 3. Operating system should log time stamped comments to the data log, bookmark important events and capture notes throughout the simulation. Operating system should have straightforward logging capabilities and should allow integrated event log for more effective review, for improved learning outcomes.
- 4. The simulation engine resides in the manikin simulator to assure continued correct response to inputs and continued operation in the event of communication loss.

5. One set of following clinical consumables or accessory to be supplied for training:

Clinical Consumables Accessories	
required	
Oropharyngeal Airway	(OPA)3
Nasopharyngeal Airway	(NPA)7
ET tube and Laryngoscope blade 4,5,6,	7 - 8.5
I-gel Airway	4
King LTS-D/LT-D	4
combi tube	37 Fr (small adult)
LMA	4 or 5
Tracheostomy tube	8 Fr
Airway suctioning Catheter	Rigid Adult Size
Thoracostomy Needle	22 G
Chest tube	14-28 Fr
Catheter	22G
IM needle	21 G Max
Mask (For ventilation)	Adult Mask 4 to 5+
IO access Tibial	BIG Automatic Intraosseous
	Device, 15 GEZ-IO, 15 G x 1",
	1.8mm x 25mm
	Or
IO access Humeral	Jamshidi Illinois Bone Marrow
	Aspiration/-Intraosseous
	Infusion Needle 18 Ga. 9/16"
	(14mm)-1 ½ (38mm)
Catheter (male genitalia)	Foley 14Ch and Lofric 16Ch
Catheter (female genitalia)	Foley 16Ch and Lofric 16Ch
Stethoscope adult	02 Nos

	Portable small torch with battery One			
Κ.	Power Supply			
	a) The simulator manikin should be self-contained with internal electrical and pneumatic power.			
	b) The simulator system should be able to provide supplemental wired connectivity and power.			
	c) capability with the easily swappable, rechargeable batteries while being in use.			
	d) The simulator manikin shall be able to operate for 4 hours continuously in the wireless mode.			
	 External power Input voltage 24VDC, 6.25A or similar Internal batteries (two)Each 14.8V, 4.6Ah, Lithium-Ion 			
L.	Temperature Limits			
	★ Operating temperatures+4 °C to 40 °C			
	★ Storage temperatures-15 °C to 50 °C			
	★ Environment –: Relative humidity20% -90% (non-condensing)			
M.	Quality Certifications			
	1. The product should be in compliance with the essential requirements of Council			
	Directive 2014/30/EU on electromagnetic compatibility (EMC) and with Council			
	Directive 2011/65/EU on restriction of the use of certain hazardous substances (RoHS).			
	2. It should be marked according to the European directive 2012/19/EC on Waste Electrical			
N.T.	and Electronic Equipment (WEEE).			
N.	Standard supply			
	It should be supplied with a full body manikin with articulating legs and arms, Set of clothes like trousers, zip- hoodie, gown, wig, set of male and female genitalia, adhesive wounds kit, external power supply with adapter & Battery chargers, soft carrying cases, blood pressure cuff, blood and fluid refill bottles, IV Bag and lock accessories, system Information and setup manual, usb headset with microphone, geriatric accessories, microphone, Mechanical ventilation lung adapter with Plugin module, operating system console and a patient monitor			
O.	Training and Adoption			
	1. The bidder shall arrange in situ face to face and virtual training for faculty development courses to be rolled out while integrating the simulation in the curriculum.			
	2. It should be instructor-led, hands-on, on-site courses to help instructors or faculty implement best practices in simulation using interactive content.			
	3. The training courses should range from how to get started, to basic simulation, to advanced use of simulators by providing consultative and custom solutions to help with more specific needs.			
	4. Orientation of Simulation based education will teach the faculty to learn the basics of patient simulator including start-up and shut down procedures, the operation of the patient simulator, and understand the Simulation Methodology, define learner objectives and roles.			
	 Simulation system should be supplied complete with user friendly software so that any PC or computer (Mac/Windows) can be used to connect with simulator. Should have summary page which should display the events and log, Medication library, Intervention library, current physiological parameters Should display real time physiological parameters and should customizable according to ongoing scenario and patient condition 			

- Should have search function to search Scenario
- The Scenario screen page should have an overview section, patient history section, and should define learning outcome/ objective.
- Modification of preconfigured scenarios & patient profiles or creating new scenarios & profiles.
- The system shall be capable of operating automatically as per the patient physiology changes because of action taken by the student on the mannequin, which permits the simulation to proceed without instructor interaction, in scenarios as well.

TECHNICAL BID PROFORMA Tender No. MS/BOBY/163/2024/COMPSIMU Item Name: COMPREHENSIVE SIMULATION TRAINING CENTER

Bidder Eligibility Criteria: 1.0

I	Bidder Eligibility Criteria-I (Public Procurement – Preference to Make in India)	Class I / Class II	Local Content Percentage	Ref. Page No.
I	Only 'Class-I local suppliers' and 'Class-II local suppliers', as defined under DIPP, MoCI Order No. P-45021/2/2017-PP (BE II) dated 16 th September 2020 and other subsequent orders issued therein (ANNEXURE – D)			

II	Bidder Eligibility Criteria-II	Complied/Not Complied	Ref Page No.
1	Vendor Registration ID/Proof		
2	Land Border Certificate (ANNEXURE – E)		
3	OEM Certificate Form -The Participating Bidder's firm shall be the Original Equipment Manufacturer (OEM) or OEM Certified authorized firm (ANNEXURE – F)		
4	Non- Debarment Declaration (ANNEXURE – H).		
5	Mandate Form (ANNEXURE – J)		
6	EMD as per Tender, to be remitted in the account number as given in the (Annexure – I) or EMD is exempted for Micro and Small Enterprises (MSE) as defined in MSE Procurement Policy issued by Department of Micro, Small and Medium Enterprises (MSME) and Startups as recognized by Department of Industrial Policy & Promotion (DIPP). (MSE/MSME/DIPP PROOF should be enclosed in the cover containing technical bid).		
7	The bidder must be authorized by manufacturer to participate in this tender. Authorization certificate should be attached.		
8	Bidders can visit and inspect the site for simulation center design before quoting the tender.		
9	The bidder/ OEM must provide performance certificate from two Institutes to certifying satisfactory performance in last 2 years of the above.		
10	The bidder/ OEM must provide performance certificate from two Institutes to certify that they have Indian experience in handholding the trainers towards training on simulation and should have been		

	functional for at least 2 years.	
11	The bidder should provide 95% uptime warranty in any case, if any repair is needed it should be attended within 48 hours or Hospital will penalize as per the tender clause.	
12	The Bidder must have service center in Chennai for maintenance works.	

2.0 Technical Compliance:

S.no		Complied/Not Complied	Ref Page
	Specification	Complied	No.
	General Specifications		
1.	Single vendor should quote all the below systems on turnkey basis.		
2.	Comprehensive simulation lab must include the following.		
	 a) High fidelity adult patient simulator for cardio pulmonary with validated physiological modelling with hands-on practice using real clinical devices such as ventilator, Patient Monitor, Defibrillator used for biomedical research. b) Diagnostic and Interventional ultrasound Simulation training suite 		
	c) Advanced Surgical Simulation training for laparoscopy		
3.	Trainings		
	a) Trained & Certified Medical Simulation trainers accredited by those national/international universities having an experience of at least 3 to 5 years in the field of simulation will be enrolled for imparting training to appointed faculties by the institute. CV with certificate should be attached.		
	b) They will be visiting the Centre as per the following schedule. During Installation- 5 days Post installation- 12 days in 2 years. IIT Madras will designate trainers to train their students on Simulation.		
4.	Company should have enough spares bank locally to maintain the up time.		
5.	A necessary three visit per year of company engineer is mandatory in warranty period apart from repair call for calibration. The visit must be registered in institute Logbook, verified by Central store in charge.		
6.	Firm must quote cost of consumables (if any) separately.		
7.	Comprehensive Warranty for all the mannequins is three years from the date of installation		
8.	Firm must quote cost of AMC for further 3 years. Bidder will be responsible to inform the institute at least 6 months earlier for AMC.		
9.	The whole work to be done under the monitoring of technical committee.		

10.	An undertaking has to be given by supplier that the quoted simulator is	
	of latest technology.	

S.no	Specification	
	Technical Specifications	
A.	It should be an adult patient module with fully articulating legs and arms designed to deliver the most realistic training possible with diverse range of patient scenarios while using real clinical devices, in compliance with current guidelines, checklist and protocols.	
	1. It should be provided with an extensive list of clinical presentations and features that will optimize simulation training scenarios with light sensitive pupils, bodily fluid excretion and life like skin.	
	2. It should be based on wireless technology for a flexible and mobile configuration, so that it possible to conduct training for the entire rescue chain and allow training to include patient handover and emergency reporting.	
	3. The system permits multi-media images, lab values, X-Rays, CT scans and USG video and image files to be inserted into simulations where it will be displayed on demand from simulation participants on the patient monitor.	
	4. The simulator can produce and mimic tonic and clonic convulsion or seizures as per simulation facilitator demand or during a scenario automatically.	
	5. It should be an integrated system that allows simulation of bleeding throughout the manikin wherein the vital signs automatically respond to bleeding and treatment.	
	6. The simulator is capable of controlled and measurable urine output, and it can micturate with or without foley catheterization.	
	7. The simulator is capable of secreting simulated body fluids tears, cerebral spinal fluid, blood, sputum, as physiologically possible, from the Eyes and Ears, Forehead Diaphoresis.	
	8. System Should have inbuilt Ultrasound Training System for RUSH, E-fast.	
	9. The simulator system could be utilized as a geriatric patient with exact same features and capabilities.	
	10. The manikin weight, unpacked and ready for use, does not exceed 125 pounds (40kg), thus permitting easy repositioning by average sized rescuers and learners	
	11. Should have Integrated High Fidelity Lungs for Realistic Ventilation Management Training.	
B.	B. Inbuilt Debriefing and Scenario	
	1. For a naive participant enrolling into simulation-based methodology	
	training the simulator should be able to operate on manual mode where all	
	the features and clinical presentation is under faculty control as it helps to train with rapid cycle deliberate practice mode.	
	2. For an experienced simulation-based participants, the simulator should	
	I F,	

	have physiologically driven auto mode operation which permits the	
	simulation scenario to proceed with limited operator interaction, once the	
	scenario has started, each scenario in an auto mode is time bound and	
	have interventional triggers for proceeding to next stage, here the	
	simulator reacts to physiologically correct and incorrect amounts of	
	medication. The auto mode scenarios also prompt the facilitator for	
	greater engagement.	
	3. The operating system controlling the simulator should have scenario	
	writing and editing tool, which allows each instructor or user to	
	specifically configure the simulator, make innumerous scenarios and edit	
	existing scenarios as per the learning requirements of each batch or	
	institution.	
	4. The operating system can control multiple simulators and scenario from	
	a single point.	
	5. The system also features a display of status of past, present and future	
	scenario, providing instructors with situational awareness and vitals	
	values trend during a scenario.	
C.	Airway-Airway skills/features include: Controllable open/closed airway,	
	automatically or manually controlled.	
	a) Head tilt/Chin lift procedure should be sensed and logged.	
	b) Jaw thrust w/articulated jaw procedure should be sensed and	
	logged.	
	c) Suctioning (Oral and Nasopharyngeal)	
	d) Bag-mask ventilation	
	e) Orotracheal intubation	
	f) Nasotracheal intubation	
	g) Use of nasal cannula	
	h) Combi tube placement	
	i) LMA placement	
	j) l-gel placement	
	k) Endotracheal tube intubation	
	l) Retrograde intubation	
	m) First grade fiberoptic intubation	
	n) Transtracheal jet ventilation	
	o) Light Wand intubation	
	p) Needle cricothyrotomy	
	q) Surgical cricothyrotomy	
	r) Should have variable lung compliance as four independent	
	graded steps.	
	s) Variable airway resistance is available as four independent	
	graded steps.	
	t) Right main stem intubation should happen when tube is	
	progressed.	
	u) Stomach distention is evident when tube is misplaced.	
	v) The system should detect proper head position.	
	w) The system creates various grades for airway assessment as per	
	, The system element will be graded for all way appearance as per	

	Mallampati classification.	
	x) The simulator should be able to create difficult airway	
	situation like -	
	 Cannot intubate/Can ventilate. 	
	 Cannot intubate/Cannot ventilate. 	
	 Tongue edema with 2 levels. 	
	 Pharyngeal swelling with no or reduced vocal cords visibility. 	
	 Laryngospasms with no or reduced vocal cords visibility. 	
	 Decreased cervical range of motion is possible. 	
	Trismus	
D.		
D.	Breathing and Ventilation	
	a) Spontaneous breathing.b) Bilateral and unilateral chest rise and fall.	
	,	
	c) Measurable oxygen saturation levels with the same pulse oximeter	
	used on a real patient.	
	d) CO2 exhalation is possible for etCo2.	
	e) Auscultation with normal and abnormal breath sounds	
	— 5 anterior auscultation sites	
	— 6 posterior auscultation sites	
	f) It should have controllable breath sound like	
	• Coarse Crackles	
	• Fine Crackles	
	Pleural Rub Whoover	
	WheezesPneumonia	
	Gurgling Rhonchi	
	Rhonchi	
	Stridor	
	Absent lung Sound	
	g) Oxygen saturation and plethysmogram should be displayed on the	
	patient monitor.	
	h) Whenever the participants are using the Bag Valve Mask	
	ventilations during a scenario, the process shall be depicted with	
	an icon on the screen.	
	i) Bilateral Needle thoracentesis procedure can be done.	
	j) Unilateral and lobar breath sounds auscultation should be possible.	
	k) Bilateral chest tube insertion should be possible.	
	1) The simulator should demonstrate the cyanosis as and when the	
	oxygen saturation falls.	
E.	TRAINING & SIMULATION	
	a) The system should have an ultrasound interface integrated with	
	operating system to provide greater flexibility and control of the	
	ultrasound images used within ultrasound training simulations and not	
	the animated or CGI created Sono images.	
	b) The system shall be able to produce scenario relevant physiology and	
	real ultrasound images and pathologic findings where in the heart rate	
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	————	
and respiratory rate of ultrasound images to match the parameter		
values as in a dynamic scenario.		
c) The system shall provide access to ultrasound case checklists that can		
be used for individual, peer to peer and instructor led training which		
outlines the findings for each ultrasound window of each case.		
d) The system should provide following 30 clinical scenarios cases		
covering eFAST, RUSH and Critical Care scenarios.		
Trauma Care case scenario library:		
xi. Tension pneumothorax as in a Blunt Trauma		
xii. Hemopericardium as in Penetrating Trauma		
xiii. Tension pneumothorax as in Penetrating Trauma		
xiv. Hemoperitoneum as in Blunt Trauma		
xv. Abnormal Mental Status as in Blunt Trauma		
xvi. Hemoperitoneum and hemothorax both as in Blunt		
Trauma		
xvii. Hemothorax as Penetrating Trauma		
xviii. Hemoperitoneum as in Blunt Trauma		
xix. Hemoperitoneum & coagulopathy as in a Blunt		
Trauma		
xx. False positive hemoperitoneum; liver cirrhosis and		
ascites complicated by acute gastrointestinal		
hemorrhage as in Blunt Trauma		
Critical Care case scenario library:		
xi. Moderate hypothermia and hyperkalemia		
xii. Severe hypovolemia secondary to gastroenteritis		
xiii. Severe sepsis complicated by deep vein thrombosis.		
xiv. Severe sepsis with disruptive +/- hypovolemic		
shock		
xv. Blunt trauma due to motor vehicle accident, smoke		
inhalation injury, including carbon monoxide		
toxicity.		
xvi. Hemorrhagic shock secondary to ruptured		
abdominal aortic aneurysm.		
xvii. Severe sepsis complicated by pericardial effusion.		
xviii. Pneumonia-related severe sepsis, cardiomyopathy,		
and live first trimester intrauterine pregnancy.		
xix. Hemorrhagic shock secondary to blunt trauma.		
xx. Pneumonia-related severe sepsis and disruptive +/-		
hypovolemic shock.		
Cardiac Resuscitation case scenario library:		
xi. Pulseless electrical activity due to hyperkalemia.		
xii. Acute ascending aortic dissection; thoracic aortic		
aneurysm		
xiii. Massive pulmonary embolus		
xiv. Severe sepsis with pulmonary source infection		
xv. Anaphylaxis		
xvi. Cardiac syncope; hypertrophic cardiomyopathy		
xvii. Cardia tamponade		
 <u> </u>	L	

	xviii. Hypotension; dehydration; electrolyte imbalance		
	xix. Tension pneumothorax		
	xx. Acute coronary syndrome		
F.	Mechanical Ventilation		
	The lung simulator should allow teaching mechanical ventilation.		
	Should able to Manage ventilation of a patient with normal and		
	abnormal lung mechanics and other respiratory conditions.		
	The simulator should allow practicing various modes of		
	mechanical ventilation.		
	The simulator should be able to connect any Realtime ventilator.		
	The simulator should provide a realistic ventilation management		
	experience by integrating with high Fedility simulator.		
	Products features –		
	Should be able to create obstructive lung conditions with the		
	facility to adjust lung resistance both bilateral and unilateral lungs.		
	Should be able to create restrictive lung conditions with the facility	_	
	to adjust lung compliance both bilateral and unilateral lungs.		
	Should have facility to adjust lungs resistance and compliance	_	
	electronically in a minimal scale to wide range e.g. Compliance to		
	0.5 to 150 mL/cmH20 or above, Resistance to be 10 to 100		
	cmH20/L/s or above.		
	Should be able to create a spontaneously breathing lung with		
	adjustable respiratory rate and patient effort.		
	• Should be able to adjust spontaneous breath rate from 0-120 and		
	above.		
	 Should be able to set simulate spontaneous control of breath 		
	timing (I: E) ratio.		
	Should be able to conduct advanced ventilator management		
	scenarios such as patient-ventilator desynchrony, weaning trials,		
	and waveform analysis.		
	Should be compactable to works with all modes of ventilation		
	including Pressure/Volume Control, Pressure Support, APRV,		
	PAV, HFOV, NIV		
	Should demonstrate the treatment effects of PEEP at any clinically		
	relevant setting including values > 20 cmH20.		
	Should be able to easily activate pre-programmed respiratory		
	conditions with variable levels of severity e.g. Normal, Asthma,		
	ARDS, Interstitial Lung Disease (ILD), and COPD		
	• Should have operating system with graphical user interface with		
	reference scalar waveform for the appropriate settings.		
G.	Cardiac		
	a) The operating system should have an extensive ECG library with rates ranging from 0 to 220 as per the selected rhythm.		
	b) Heart sounds can be auscultated at 4 anterior locations for aortic,		
	pulmonic, mitral & tricuspid sounds.		
	- Normal		

- Aortic stenosis	
- Austin Flint murmur	
- Friction rub	
- Holosystolic murmur	
- Mitral valve prolapses	
- Systolic murmur	
- Diastolic murmur	
- OS70	
- Stills murmur	
- VSD	
- Atrial septal defect	
- Pulmonary stenosis	
- Early systolic murmur	
- Gallop	
- Continuous murmur	
- Absent cardiac sound	
c) It's possible to attach a 4 lead ECG machine or with realistic	
patient monitor.	
d) It should be possible for a 12-lead dynamic ECG capture.	
e) Defibrillation and cardioversion are possible with pads and	
paddles without any accessories.	
f) Pacing and capture are also possible with a real defibrillator.	
Circulation	
a) Blood pressure is measurable by automated NIBP Monitor,	
bilaterally.	
b) Return to flow blood pressure measurement is also possible.	
c) Bilateral Pulse palpation at Carotid, femoral, brachial, radial,	
dorsalis pedis, popliteal and posterior tibialis pulses and should be	
synchronized with ECG.	
d) Pulse strength should be coupled with blood pressure for realistic	
palpation.	
e) Pulse Palpation are detected and logged in the system.	
Vascular Access	
a) It should have a bilateral preported IV access in the cubital fossae.	
b) It should have both humerus IO access bilaterally and tibial	
Intraosseous access.	
c) it should have bilateral Intramuscular access at deltoid and gluteal	
regions.	
CPR	
a) It should be CPR compliant with AHA 2020 Guidelines.	
b) CPR compressions should generate palpable pulses.	
c) Blood pressure waveform artifacts should be reflected on ECG.	
d) It should have a realistic depth of CPR compressions as per AHA	
2020 Guidelines.	
e) It should be able to provide extensive feedback on CPR Compression	

	as per AHA 2020 Guidelines i.e.,	
Н.	Eyes	
	a) They should be blinking, slow, normal, fast and winks for Trauma and	
	Neurology assessment.	
	b) It can be positioned as open, closed and partially open as per the	
	scenario.	
	c) Eye movement should not cause unnecessary noises and must be	
	silent.	
	d) Eye movement can also be electronically controlled causing sensors to	
	enter movement information into an event logs.	
	e) The pupil diameter should automatically respond to light stimuli.	
	f) The pupil response should be both synchronous & asynchronous as	
	required.	
	g) The response from pupil would be able to present as speedy normal or	
	sluggish response.	
I.	Sounds and Voices	
1.	a) The abdomen bowel Sounds should be available via 4 different	
	speakers for wide auscultation.	
	b) The simulator system shall be able to use prerecorded audio files	
	and/or files created by faculty for live.	
	c) patient assessment and AETCOM Training.	
	-	
	d) The faculty Instructor shall also be able to simulate patient voice and phrases wirelessly via voice over IP.	
	(Internet Protocol) technology.	
J.	Patient Monitor & Clinical accessories	
9.	Tatient Monitor & Chinear accessories	
	1. The faculty or instructor can override the connection of the patient	
	monitor sensors using the respective check boxes from the control	
	as required in a simulation.	
	2. The patient monitor is easy to use and completely configurable to	
	use as a 3 wave, 4 wave Big Numbers and shall be able to use the	
	following list of parameters withier values or waveform.	
	✓ECG (2 traces) ✓ Temperature (core and peripheral)	
	✓ SpO2 ✓ AGT (labeled)	
	√ CO2 ✓ awRR	
	√ ABP √ N2O	
	√ CVP ✓ ICP	
	✓ PAP	
	✓ PCWP ✓ pH	
	✓ NIBP ✓ Patient Information Display ✓ TOF ✓ X-Ray	
	✓ TOF✓ X-Ray✓ Cardiac Output✓ ABG Blood gases Report	
	✓ 12 Lead ECG Display	
	3. Operating system should log time stamped comments to the data	
	log, bookmark important events and capture notes throughout the	
	simulation. Operating system should have straightforward logging	
	capabilities and should allow integrated event log for more	

	effective review, for improved le	earning outcomes
	4. The simulation engine resides i	
		outs and continued operation in the
	event of communication loss.	
	5. One set of following clinical	consumables or accessory to be
	supplied for training:	
	Clinical Consumables	Size
	Accessories required	
	Oropharyngeal Airway	(OPA)3
	Nasopharyngeal Airway	(NPA)7
	ET tube and	7 - 8.5
	Laryngoscope blade 4,5,6,	
	I-gel Airway	4
	King LTS-D/LT-D	4
	combi tube	37 Fr (small adult)
	LMA	4 or 5
	Tracheostomy tube	8 Fr
	Airway suctioning	Rigid Adult Size
	Catheter	
	Thoracostomy Needle	22 G
	Chest tube	14-28 Fr
	Catheter	22G
	IM needle	21 G Max
	Mask (For ventilation)	Adult Mask 4 to 5+
	IO access Tibial	BIG Automatic
	TO access Tibiai	Intraosseous Device, 15
		GEZ-IO, 15 G x 1",
		1.8mm x 25mm
	IO access Humeral	Or
		Jamshidi Illinois Bone
		Marrow Aspiration/-
		Intraosseous Infusion
		Needle 18 Ga. 9/16"
		(14mm)-1 ½ (38mm)
	Catheter (male genitalia)	Foley 14Ch and Lofric
		16Ch
	Catheter (female	
	genitalia)	16Ch
	Stethoscope adult	02 Nos
	Portable small torch with	One
	battery	
K.	Power Supply	
		ald be self-contained with internal
	electrical and pneumatic pow	
		d be able to provide supplemental
	wired connectivity and powe	
	· ·	
	c) capability with the easily while being in use.	swappable, rechargeable batteries
	willie being ill use.	

	d) The simulator manikin shall be able to operate for 4 hours	
	continuously in the wireless mode.	
	 External power Input voltage 24VDC, 6.25A or similar 	
	 Internal batteries (two)Each 14.8V, 4.6Ah, Lithium-Ion 	
L.	Temperature Limits	
	★ Operating temperatures+4 °C to 40 °C	
	★ Storage temperatures-15 °C to 50 °C	
	* Environment -: Relative humidity20% -90% (non-	
	condensing)	
M.	Quality Certifications	
	1. The product should be in compliance with the essential	
	requirements of Council Directive 2014/30/EU on electromagnetic	
	compatibility (EMC) and with Council Directive 2011/65/EU on	
	restriction of the use of certain hazardous substances (RoHS).	
	2. It should be marked according to the European directive	
	2012/19/EC on Waste Electrical and Electronic Equipment	
	(WEEE).	
N.	Standard supply	
	It should be supplied with a full body manikin with articulating legs and	
	arms, Set of clothes like trousers, zip- hoodie, gown, wig, set of male and	
	female genitalia, adhesive wounds kit, external power supply with adapter	
	& Battery chargers, soft carrying cases , blood pressure cuff, blood and	
	fluid refill bottles, IV Bag and lock accessories, system Information and	
	setup manual, usb headset with microphone, geriatric accessories,	
	microphone, Mechanical ventilation lung adapter with Plugin module,	
	operating system console and a patient monitor	
O.	Training and Adoption	
	1. The bidder shall arrange in situ face to face and virtual training for	
	faculty development courses to be rolled out while integrating the	
	simulation in the curriculum.	
	2. It should be instructor-led, hands-on, on-site courses to help	
	instructors or faculty implement best practices in simulation using	
	interactive content.	
	3. The training courses should range from how to get started, to basic	
	simulation, to advanced use of simulators by providing	
	consultative and custom solutions to help with more specific	
	needs.	
	4. Orientation of Simulation based education will teach the faculty to	
	learn the basics of patient simulator including start-up and shut	
	down procedures, the operation of the patient simulator, and	
	understand the Simulation Methodology, define learner objectives	
	and roles.	
	• Simulation system should be supplied complete with user	
	friendly software so that any PC or computer (Mac/ Windows) can	
	be used to connect with simulator.	
	Should have summary page which should display the	
	events and log, Medication library, Intervention library, current	
	physiological parameters	

- Should display real time physiological parameters and should customizable according to ongoing scenario and patient condition
- Should have search function to search Scenario
- The Scenario screen page should have an overview section, patient history section, and should define learning outcome/objective.
- Modification of preconfigured scenarios & patient profiles or creating new scenarios & profiles.
- The system shall be capable of operating automatically as per the patient physiology changes because of action taken by the student on the mannequin, which permits the simulation to proceed without instructor interaction, in scenarios as well.

(Note: It is mandatory for the bidders to provide the compliance statement (comply/not comply) for the above points with document proof as required). If the compliance statement (comply/Not comply) is not furnished for the evaluation Bidders will be disqualified.

SIGNATURE OF BIDDER ALONG WITH SEAL OF THE COMPANY WITH DATE

FINANCIAL BID (PROFORMA) - BILL OF QUANTITIES (BOQ)

Item Name: COMPREHENSIVE SIMULATION TRAINING CENTER Tender No. MS/BOBY/163/2024/COMPSIMU

It. No	Description of work	Quantity	Units	Basic Rate in INR	GST in Percentage	Total Amount with taxes in INR
1	Comprehensive Simulation training Center with Comprehensive Warranty for all the mannequins for three years from the date of installation	1	No.			
2	AMC for 3 years after completion of three years Comprehensive warranty	1	No.			
	Grand Total					

Note:	Price bid as per this format to be uploaded only at the financial document column in CPP Portal. Price disclosure at the technical bid will result in disqualification.
2.	Technical Bid Should NOT Contain Price Bid/Financial Bid details (or) Indication. If the price Details are indicated, mentioned inside the technical bid, then bid will be disqualified and neither the Technical Bid nor the Price Bid/Financial Bid will be considered.
I/We the conditi	ne bidder accept all the terms and conditions as per tender including all technical & commercial ons.
Date: Place:	Authorized Signatory () Seal and signature

Total Amount Rupees in words

$\frac{FORMAT\ FOR\ AFFIDAVIT\ OF\ SELF-CERTIFICATION\ UNDER\ PREFERENCE\ TO\ MAKE}{IN\ INDIA-PER\ ITEM}$

Tender Reference Number:						
Name of the item / Service:						
Date: I/WeS/o, D/o, W/o, Resident of						
Hereby solemnly affirm and declare as under:						
That I will agree to abide by the terms and conditions of the Public Procurement (Preference to Make in India) Policy vide GoI Order no. P-45021/2/2017-PP (B.EII) dated 15.06.2017 (subsequently revised vide orders dated 28.05.2018, 29.05.2019and 04.06.2020) MOCI order No. 45021/2/2017-PP (BE II) Dt.16th September 2020 & P- 45021/102/2019-BE-II-Part (1) (E-50310) Dt.4th March 2021 and any subsequent modifications/Amendments, if any and						
That the local content for all inputs which constitute the said item/service/work has been verified by me and I am responsible for the correctness of the claims made therein.						
Tick (✓) and Fill the Appropriate Category I/We [name of the supplier] hereby confirm in respect of quoted items that Local Content is equal to or more than 50% and come under "Class-I Local Supplier" category.						
[name of the supplier] hereby confirm in respect of quoted items that Local Content is equal to 20% but less than 50% and come under "Class-II Local Supplier" category.						
• The details of the location (s) at which the local value addition is made and the proportionate value of local content in percentage						
Address Percentage of Local content:% Country of Origin of Goods:						
For and on behalf of(Name of firm/entity)						
Authorized signatory (To be duly authorized by the Board of Directors) Insert Name, Designation and Contact No.>						
[Note: In case of procurement for a value in excess of Rs. 10 Crores, the bidders shall provide this certificate from statutory auditor or cost auditor of the company (in the case of companies) or from a practicing cost accountant or practicing chartered accountant (in respect of suppliers other than companies) giving the percentage of local content.]						

This letter should be on the letterhead of the quoting firm and should be signed by a competent authority. Non-submission of this will lead to Disqualification of bids.

Land Boarder Sharing Declaration

(To be given on the letter head of the bidder)

In-line with Department of Expenditure's (DoE) Public Procurement Division Order vide ref. $F. No. 6/18/2019-PPD\ dated\ 23.07.2020\ \&\ 24.7.2020$

Tender No	Dated:
	CERTIFICATE
	(Bidders from India)
"I/ we have read the clauses pertaini	ng to Department of Expenditure's (DoE) Public Procurement
Division Order (Public procurement	no 1, 2 & 3 vide ref. F.No.6/18/2019-PPD dated 23.07.2020 &
24.7.2020) regarding restrictions on	procurement from a bidder of a country which shares a land
border with India. I/We hereby certif	fy that I/ we (Name of the bidder) is/are
a) Not from such a country and eligib	ole to be considered for this tender.
	OR
(Bidders from Co	ountry which shares a land border with India)
Country) and has been registered v	the bidder) is/are from (Name of the with the Competent Authority. I also certify that I fulfil all the gible to be considered. (Copy/ evidence of valid registration by the d)
Place: Date:	Signature of the Bidder Name & Address of the Bidder with Office Stamp
Date.	Name & Address of the bluder with office Stamp

OEM CERTIFICATION FORM (In Original Letter Head of OEM)

Tender No:						1	Dated:		•••••		•••
We are Origin	al Equipment	Manufacturers	(OEM) of					(N	lam	e of	
the company)	Ms				(Na	me	of the ve	endor) is	one	
of our	Distributors/D	ealers/Reselle	rs/Partners	3	(tick		one)	for		the	
					and	is	participa	ating	in	the	
above-menti	ioned	tender	by	offe	ring		our		prod	duct	
model		(Name	of the produ	uct w	ith mo	odel	number)).			
				is	auth	orize	ed to bid	, sell	and	d provi	de
	rt warranty for							•		•	
as mentioned	above.										

Name and Signature of the authorized signatory of OEM along with seal of the company with Date

TENDER CHECKLIST – Mandatory to be filled and sent (inside the Main Bid Cover) along with Bidding Document.

(1)	I have registered as a Vendor with IC&SR. (Proof to be enclosed) To submit document proof pertaining to point.no: 6 of tender ISO certificate, Active GSTIN certificate, valid PAN details.	
(2)	Technical bid cover and Financial Bid cover to be submitted separately	
(3)	Completed and Signed Form of Tender . The Form of Tender document shall be signed by a person legally authorized. (Proof of Authorization to be enclosed)	
(4)	Completed Technical Compliance Statement	
(5)	Certification of Class I / Class II Local Supplier (Goods, Services, or Works) is submitted as part of the technical bid. (Annexure – D)	
(6)	EMD as per tender norms is deposited and the proof is enclosed (Annexure – I)	
(7)	Land Border sharing declaration document is submitted (Annexure – E)	
(8)	Authorized agent certificate from OEM is mandatory if Indian agent/Indian office of OEM is participating in this tender on behalf of OEM. (Annexure F)	
as	he bid will be valid if all the above documents are provided. Bidders are sked to supply and tick off the required information. Failure to provide any of the stated documents as per tender norms may result in the bid being	

considered non-compliant and rejected.

Signature of the Bidder

FORM - A NON- DEBARMENT DECLARATION

Date: XXXX

To,

The Indian Institute of Technology Madras,

Sardar Patel road,

Guindy, Chennai - 600036

Dear Sir,

- a. We are not involved in any major litigation that may have an impact of affecting or compromising the delivery of services as required under this assignment.
- b. We are not debarred by any Central/ State Government/ agency of Central/ State Government of India or any other country in the world/ Public Sector Undertaking/ any Regulatory Authorities in India or any other country in the world for any kind of fraudulent activities in last XX years.

Sincerely,

[BIDDERS NAME]

Name

Title Signature



CENTRE FOR INDUSTRIAL CONSULTANCY & SPONSORED RESEARCH (IC&SR) INDIAN INSTITUTE OF TECHNOLOGY MADRAS **CHENNAI 600 036**



ELECTRONIC CLEARING SERVICE (Credit Clearing)/ REAL TIME GROSS SETTLEMENT (RTGS) FACILITY FOR RECEIVING PAYMENTS

A. Details of Account Holder

Name of the Institution	Indian Institute of Technology - Madras
Complete Contact Address	Industrial Consultancy and Sponsored Research Indian Institute of Technology-Madras, IIT- Madras Campus Post Office, Sardar Patel Road, Guindy, CHENNAI - 600 036
Permanent Account Number	
(PAN)*	AAAAI3615G
GST REGISTERATION NO.	33AAAAI3615G1Z6
Telephone No./ Fax No.	Tel - 044-2257 8356
E- mail ID of the FO/AO/REG/DIR	dricsr@iitm.ac.in

B. Bank Account Details:

Institution Account Name (As per Bank	The Registrar, Indian Institute of
Record)	Technology - Madras
Account No.	2722101003872
IFSC CODE	CNRB0002722
SWIFT CODE	CNRBINBBIIT
Bank Name (in full)	Canara Bank
Branch Name	IIT-Madras Branch
Complete Branch Address	Canara Bank,
	IIT-Madras Branch,
	IIT- Madras Campus Post Office,
	Sardar Patel Road,
	Guindy, CHENNAI - 600 036
MICR No.	600015085
Account Type	Savings Account

Certified that the Institute's account is in an RTGS enabled branch. I hereby declare that the particulars given above are correct and complete.

Date: 04/08/2023

कृते केनरा बैक / For CANARA BANK Armi

প্রাধিনার / Officer প্রর্ভ প্রত বী বিন্দার্ভ গ্রাহ্ম / IIT Chennai Branch শ্বন্দার্ভ / Chennai - 600 036

करालिन लेमिना.म M. KAROLINE LEMINA अधिकारी OFFICER S.P. No:64356

Signature of the Competent Authority of the Institution with seal.

> उप कुलसचिव (आईसी एवं एसआर) DEPUTY REGISTRAR (IC & SR) आईआईटी मदास I.I.T. MADRAS

Phone: +91 (0) 44 2257 8062 / 8061 / 8060 Fax: +91 (0) 44 2257 0545 / 2257 8366

email : deanicsr@iitm.ac.in website : http://www.iitm.ac.in

MANDATE FORM

ELECTRONICS CLEARING SERVICE (CREDIT CLEARING)/REAL TIME GROSS SETTLEMENT (RTGS) FACILITY FOR RECEIVING PAYMENTS.

IN.	AME OF ACCOUNT HOLDED	
	AME OF ACCOUNT HOLDER	
C	OMPLETE CONTACT ADDRESS	
ТІ	ELEPHONE NUMBER/E MAIL	
	ANK ACCOUNT DETAILS: -	
	ANK NAME	
	RANCH NAME WITH COMPLETE ADDRESS, ELEPHONE NUMBER AND EMAIL	
	HETHER THE BRANCH IS COMPUTERISED?	
	HETHER THE BRANCH IS RTGS ENABLED? IF YES,	
	HEN WHAT IS THE BRANCH IFSC CODE	
	THE BRANCH ALSO NEFT ENABLED?	
	YPE OF BANK ACCOUNT(SB/CURRENT/CASH	
	REDIT)	
C	OMPLETE BANK ACCOUNT NUMBER(LATEST)	
M	ICR CODE OF BANK	
<u> </u>	ATE OF EFFECT:	
I de	hereby declare that the particulars given above are correlayed or not effected at all for reasons of incomplete or the institution responsible. I have read the option invitate sponsibility expected of me as a participant under the S	incorrect information, I would not hold th ion letter and agree to discharge the
I de	hereby declare that the particulars given above are corr clayed or not effected at all for reasons of incomplete or er institution responsible. I have read the option invitat	incorrect information, I would not hold th ion letter and agree to discharge the
de us re	hereby declare that the particulars given above are correlayed or not effected at all for reasons of incomplete or er institution responsible. I have read the option invitat sponsibility expected of me as a participant under the S	incorrect information, I would not hold th ion letter and agree to discharge the cheme. (
de us re	hereby declare that the particulars given above are correlayed or not effected at all for reasons of incomplete or ser institution responsible. I have read the option invitat sponsibility expected of me as a participant under the S	incorrect information, I would not hold th ion letter and agree to discharge the cheme. (
de us re	hereby declare that the particulars given above are correlayed or not effected at all for reasons of incomplete or ser institution responsible. I have read the option invitate sponsibility expected of me as a participant under the Service of that the particulars furnished above are correct	incorrect information, I would not hold th ion letter and agree to discharge the cheme. (

Please attach a photocopy of the cheque along with the verification obtained from the bank.
 In case your Bank Branch is presently not "RTGS enabled", then upon its upgradation to

Department at the earliest.

"RTGS Enabled" branch, please submit the information again in the above pro-forma to the

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