

**PROCUREMENT OF MACHINERY & EQUIPMENT**  
**WITH SUPPLY, INSTALLATION, TESTING &**  
**COMMISSIONING & CARPENTER / CIVIL WORKS FOR**  
**PHYSIOTHERAPY / REHABILITATION DEPARTMENT**

S. #.	Item Description	Tentative Qty.	U.O.M	Quoted Description	Unit Price	Total Price
<b>PHYSIOTHERAPY AND REHABILITATION ACCESSORIES</b>						
1	<b>Physiotherapy High Examination Couches</b> <b>Specification:</b> - 2-Section (up to 4 Adjustable sections) - Nose Hole Including Plug - Height Adjustment (Electric) - Lifting Capacity (Max 200 Kg or more) - Safety Switch - Lockable Castor - and other standard accessories	3	Nos.			
2	<b>Physiotherapy High Examination Couches</b> <b>Specification:</b> - 3-Section (up to 5 Adjustable sections) - Nose Hole Including Plug - Height Adjustment (Electric) - Lifting Capacity (Max 200 Kg or more) - Safety Switch - Lockable Castor - and other standard accessories	2	Nos.			
3	<b>Combination therapy with trolley</b> <b>Specification:</b> High Resolution Touch Screen 4 to 7 inch or more User defined protocols memories: 100 or more Pre-programmed clinical protocols: 20 or more Import / Export Capability Treatment Data Storage Ultrasound Frequencies = 1 and 3 Mhz, Ultrasound Continues and Pulse Pulse Frequency up to 100 Hz, Duty Cycle = 20-80% or better, Number of ultrasound connection = 1 or more, Intensity = 2 W/Cm2 in continues or better and 3 W/CM2 in Pulse or better Electrotherapy Channel: 2 or more Timer: 1-30 min Current type/waveform: 13 or more - Rechargeable Battery with Charger  Accessories: - Electrodes, Leads, Straps, Ultrasound Applicator, Gel Bottle, Power Cord ,User Manual, Cart with Storage Drawer and Custom Carry Case.	1	Nos.			

S. #.	Item Description	Tentative Qty.	U.O.M	Quoted Description	Unit Price	Total Price
4	<b>Portable EMS Machine</b> <b>Specification:</b> High Resolution Touch Screen 4 to 7 inch or more Channels: 2 or more Current type/waveform: 13 or more Peak current: 100 mA or more Operation :Constant voltage and constant current Preset programming: 25 or more Memorable program: 100 or more Timer: 1-30 min or more - Rechargeable Battery with Charger  Accessories: - Electrodes, Leads, Straps, Ultrasound Applicator, Gel Bottle, User Manual, Cart with Storage Drawer and Custom Carry Case	3	Nos.			
5	<b>Portable TENS Machine</b> <b>Specification:</b> Channels = 2 or more Pulse Amplitude (mA): 1 to 99 or better Frequency (Hz): 1 to 120 or better Pulse duration: up to 200 µs or more Modes: 3 or more (Constant, Burst, Modulation or more) Rechargeable Battery with Charger  <b>Accessories:</b> - Cable, User Manual, Pouch, Necklace and Clip, Flip able Belt Clip, Cart with Storage Drawer and Custom Carry Case	3	Nos.			
6	<b>Therapeutic Ultrasound Machine with Trolley</b> <b>Specification:</b> High Resolution Touch Screen 4 to 7 inch or more User defined protocols memories: 100 or more Pre-programmed clinical protocols: 20 or more Import / Export Capability Treatment Data Storage Ultrasound Frequencies = 1 and 3 Mhz, Ultrasound Continues and Pulse Pulse Frequency up to 100 Hz, Duty Cycle = 20-80% or better, Number of ultrasound connection = 1 or more, Intensity = 2 W/Cm2 in continues or better and 3 W/CM2 in Pulse or better  Accessories: - Cart with storage drawer and Lockable Castor, Ultrasound Applicator, Gel, Power Cord , User Manual and Carry Case	1	Nos.			
7	<b>Hydrocolator Machine</b> <b>Specification:</b> Tank Capacity: 70 Liter or more Number of bars (Insert Grid): 3 or more Number of Packs (Possible): 10 or more Gas Spring Supported Lid Temperature Range: 35-85 °C or better Temperature Control = Electronic Digital Temperature Display Thermal Cut-Out (Safety): 95 °C  Accessories: - Cart with Drawer and lockable Castor, Power Cord, User Manual and Other Standard Accessories	1	Nos.			

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8	<b>Traction Table with Cervical and Lumber Belts</b> <b>Specification:</b> - Form of therapy: Static, Intermittent or more - Traction force: 1 - 90 kg or better -Timer: 1-60 min or better - Programmable memory - Clinical protocols - Safety control for traction force : 20 kg or better - Traction unit with High Resolution Touch Screen 4 to 7 inch or more -adjustable height 50-90 cm or better traction table with patient lift 150 kg or more -Accessories: - Power Cord, User Manual, Patient safety switch, Cervical belt, Pelvic belt, Thoracic belt, Stool and power cord - and Other Standard Accessories	1	Nos.			
9	<b>Shortwave Diathermy Machine</b> <b>Specification:</b> - Generator Frequency: 27.12 MHz or better - Output Power: continuous HF max. 400 W or better, Pulsed HF Max. 1000 W (peak) or better - Pulse Duration: 400 micro second or better - Pulse Repetition Frequency: 15 - 200 Hz or better - High resolution color touch screen display Accessories: Check light, Pair of electrodes 100-150mm, Electrode arm, Rubber electrode and other standard accessories	1	Nos.			
10	<b>Elliptical</b> <b>Specification:</b> - High resolution color touch screen display - Braking brake: Magnetic Brakes - Program Display: time, speed, distance, heart rate, RPM or more - Patient weight: 150 kg or more - User Manual - and with Standard Accessories	1	Nos.			
11	<b>Parrafin Bath</b> <b>Specification:</b> - Unit must be used with hospital grade code -Tank capacity: 13-25 liter or more - Temperature Range = 35 - 80 °C or more - Practically no temperature fluctuation in the paraffin - Our heating safety mechanism - Duty Cycle: Continues Operation - Cart with lockable castor - User Manual - Other Standard Accessories	1	Nos.			
12	<b>Recumbent Bike</b> <b>Specification:</b> - Braking brake: Magnetic Brakes - High resolution color touch screen display - Heart Rate Monitoring Capability - Saddle Horizontally and vertically Adjustable - Handlebar Horizontally and vertically Adjustable - Max. Patient Weight = 150 Kg or More - and Other standard accessories	1	Nos.			

S. #.	Item Description	Tentative Qty.	U.O.M	Quoted Description	Unit Price	Total Price
13	<b>Quadricep Drill</b> <b>Specification:</b> - Quadriceps Bench (functional muscle exerciser) - Exercise in sitting position (For Instance Knee Stretching, Reclining position, Knee Flexion, Hip Stretching) - Adjustable Seat and Back	1	Nos.			
14	<b>Multi gym (Standard)</b> <b>Specification:</b> - Butterfly, Bench Press Seated, Crunches Seated, Latissimus Rope Frame, Lower Pulley for Leg and Arm Exercise, Rowing, Leg Extension, Leg Curl - Weight : 5 - 80 Kg - Adjustable Bench Press Unit and Butterfly Arms, Padded Seat, Adjustable in Height, Plastic Cord Steel Ropes	1	Nos.			
15	<b>Treadmill with Telemetry and Harness Support</b> <b>Specification:</b> - High resolution color touch screen display 7 inch or more - Min./max. speed: 0.1 - 15 km/hr or better , increment: 0.1 km/hr - Positive slope angle: 0% to +15% (in steps of 0.5/1%) - Negative slope angle: 0% to -10% (in steps of 0.5/1%) - Effective walking surface: 140 x 45 cm or more - Height of side bars: 75cm - 95 cm (distance from the walking surface to the underside and upper side of the bars respectively) - Display: speed, Inclination, time, distance, HR, calories and more - Telemetry system - Max. permissible patient weight: 200 Kg or More - Protocol/test: 20 or better - Provision of spo2 and BP measurement - Accessories: Handrails, Anti-fall/ Harness support system, arm support, power cord, and other standard accessories	1	Nos.			
16	<b>Hydraulic Tilt Table</b> <b>Specification:</b> - Angle: electrically adjustable 0 to 85 Degree or better - Section 2 or more - Fixation Rails for Belts and Straps - Electric Height Adjustment= 60 to 100 cm or better - Lifting Capacity= 150 Kg or More - lockable castor - Accessories: foot support, safety belt 3 or more, supine static table, hand control - and Other Necessary Accessories	1	Nos.			

**Power Requirement:**

1. Line voltages: 220-240VAC
2. Line Frequency: 50/60 Hz

**Mandatory Requirement for all above mentioned item:**

**Certification:**

System should have Certification **FDA 510(k)/CE (MDD)/JIS/MHLW/JQAO**

**COUNTRY OF ORIGIN:**

System should be from **UK / USA / EUROPE / JAPAN OR EQUIVALENT**

**Warranty and Maintenance Period:**

1. **Warranty Period required 3 years** with maintenance and parts replacement.
2. All the parts are included in the warranty. (LCD, Keypad, Battery, Hand or foot control, and all others parts are included)
3. PPM must be done according to the OEM criteria in warranty period.
4. Service support and parts availability upcoming next ten years after installation of quoted model must be ensure via a separate letter by O.E.M.
5. Required surety of service support and parts from the manufacturer, in case of transfer agency / distributor via undertaking by O.E.M.
6. Up-time guarantee during warranty period must be 90-95%.
7. Response to breakdown during and after warranty period must be 1-3Hours.

**8. Down Time:**

If equipment is malfunctioning or not working properly then down time period would start i.e., if machine remain out of order for more than one day; then one and half day increase in contract of concerned equipment will be charged but if any part required from manufacturer, then downtime period not calculated for a month but after a month the down time should be calculated, are mentioned below;

90% → No Down Time

Below 90% → 1.5 days increase daily

Below 75% → 3.5 days increase daily

Below 50% → 5 days increase daily

**Trainings & Manual:**

1. Operating and service manual with troubleshooting and circuit diagram must be provided.
2. In house operator training session for end user.
3. In house service training session by Principal Certified resource
4. Trained Service Engineers with certification from the principle, Karachi based mandatory.

**Note: Cart should be quoted OEM original, if bidder want to quote local cart than quoted prices should be optional.**

**Supply, Installation, Testing, Commissioning and Maintenance (Including all type of work for the completion of the installation) are the responsibility of awarded firm / supplier).**

Financial proposal must be submitted on company letter head duly signed and stamped. Bidder is required to type their offer in figure and as well as in words of the total amount; else the offer would be rejected.

Signature of Manufacturers /Importers/Sole Agents/Contractors\_\_\_\_\_

Name of Medical Store\_\_\_\_\_

Full Address\_\_\_\_\_

Telephone No. Office\_\_\_\_\_Cell No: -\_\_\_\_\_

Email Address (if any) \_\_\_\_\_