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प.स. २०८१/०८२ चलानी नः १७८

मितिः२०८१/९/१९

सूचना प्रकासन मिति:२०८१/०९/१९(प्रथम पटक)

कोटेशन माग सम्बन्धमा ।

प्रस्तुत विषयमा यस कार्यालयको आ.व २०८१।०८२ को स्वीकृत बार्षिक कार्यक्रम अन्तर्गत प्रसुति पिछको रक्तश्रावको अवस्थामा प्रयोग गरिने Anti shock Garment खरीद गर्नु परेकाले तपशिल बमोजिमको सामाग्रीहरु स्पेशिफिकेशन अनुसारको खरिद प्रयोजनको लागि सार्वजनिक खरिद एन २०६३ तथा नियमावली २०६४ को अधिनमा रही सूचिकृत व्यवसायीहरुवाट निम्नानुसार कोटेशन माग गर्न यो सूचना प्रकासीत गरिएको छ । सूचना प्रकासीत भएको मितिले १५ दिन भित्र Syangjadho@gmail.com मा email वा स्वास्थ्य कार्यालय समक्ष कोटेशन पेश गर्नुहुन जानकारी गराईन्छ । अन्य विषय प्रचलित नियमानुसार हुनेछ । स्पेसिफिकेसन यसैसाथ संलग्न छ । सम्बन्धित व्यवसायी संस्थाले सार्वजनिक खरिद एन २०६३ तथा नियमावली २०६४ अनुसारका संस्था संग सम्बन्धित (सूचिकृतका लागि आवश्यक) सबै कागजातहरु पेश गर्नु हुन अनुरोध छ ।

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केशव प्रसाद चापागाई





Non-pneumatic Anti-Shock Garment

| S.N. | Purchaser's Specifications | | | | | | |
|------|--|--|--|--|--|--|--|
| | Non-pneumatic Anti-Shock Garment Manufacturer | | | | | | |
| | Brand | | | | | | |
| | Type / Mode I | | | | | | |
| | Country of Origin | | | | | | |
| 1 | Description of Function | | | | | | |
| 1.1 | Non-pneumatic anti-shock garment (NASG) used to stabilize women during obstetric haemorrhage. | | | | | | |
| 2 | Operationa Requirements | | | | | | |
| 2.1 | lightweight, washable and reusable NASG made of neoprene garment and fastened with Velcro over a foam compression ball. | | | | | | |
| 3 | System Configuration | | | | | | |
| 3.1 | Non-pneumatic anti-shock garment (NASG) with a standard accessories. | | | | | | |
| 4 | Technica Specifications | | | | | | |
| 4.1 | NASG must be lightweight, flexible and comfortable for the wearer with no metal parts. | | | | | | |
| 4.2 | Should be made up of light weight neoprene garment and fastened with Velcro over a foam compression | | | | | | |
| 4.3 | The design of NASG must allow perineal access so that examinations and vaginal procedures can be performed without it being removed. | | | | | | |
| 4.4 | NASG should be in the shape of trousers divided into six segments for ease of Application to different parts of | | | | | | |
| | I ower body be I ow the diaphragm with Ve I cro fasteners. | | | | | | |
| | The segment 1 must consist of 2 pieces to be used in each ank l es | | | | | | |
| | The segment 2 must consist of 2 pieces to be used in each call f | | | | | | |
| | The segment 3 must consist of 2 pieces to be used in each thigh | | | | | | |
| | The segment 4 must consist of 1 piece to be used around the pell vis | | | | | | |
| | The segment 5 must consist of 1 piece to be used over the nava | | | | | | |
| | The segment 6 must consist of 1 piece to be used aground the abdomen/umbi licus. This segment must app l | | | | | | |
| | | | | | | | |
| 4.5 | extra compression with a small foam ball. | | | | | | |
| 4.5 | The garment must be able to apply approx.30 to 50 mm Hg of pressure to the lower body pressure | | | | | | |
| 4.6 | The NASG shou d reusab e for 40 or more uses | | | | | | |
| 4.7 | The NASG should be suitable for hand and machine washing. | | | | | | |
| 4.8 | Should be available in various size: Small, Medium and large. | | | | | | |
| 5 | Accessories, spares and consumab es | | | | | | |
| 5.1 | All standard accessories to be included in the offer. | | | | | | |
| 6 | Operating Environment | | | | | | |
| 6.1 | The product offered shall be designed to operate normally under the conditions of the purchaser's country | | | | | | |
| 7 | Standards and Safety Requirements | | | | | | |
| 7.1 | Shou I d beISO certificated product AND | | | | | | |
| 7.2 | Shou I d be CE or USFDA approved product. | | | | | | |
| | कार्यालय प्रमुख | | | | | | |
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| S.N. | Purchaser's Specifications |
|------|---|
| 8 | User Training |
| 8.1 | Not app l icab l e |
| 9 | Warranty |
| 9.1 | Comprehensive warranty for 2 year after acceptance. |
| 10 | Insta ation and Commissioning |
| 10.1 | Shou I d be ready to use system. |
| 11 | Documentation |
| 11.1 | User (Operating) manualin Eng l ish. |

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कोटेशन माग गरिएको फारमः

| सि न | सामाग्रीको नाम | इकाइ | प्रति इकाइ दर | | कैफियत |
|------|-------------------------------|------|---------------|-------|--------|
| | | | अक्षरमा | अंकमा | |
| | | | | | |
| | | | | | |
| 8 | Anti shock Garment Small size | 8 | | | |
| , | Altti shock Garment Sman 5126 | | | | |
| 2 | Anti shock Garment Large Size | 8 | | | + |

पेश गर्ने संस्थाको नामः सम्पर्क व्यत्तिः सम्पर्क email/फोन नंः मिति : संस्थाको छाप

पेश गर्नु पर्ने कार्यालय :
गण्डकी प्रदेश सरकार
स्वास्थ्य मन्त्रालय
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