# TECHNICAL EVALUATION REGARDING TENDER OF EMERGENCY EQUIPMENT NO GRIEVANCE WILL BE ENTERTAINED AFTER 29.01.2016

#### 1. Name of the Equipment and Qty: Ambu Bag /60

| Company Name         | M/S Bestech                                   | M/S RELIANCE MEDICAL          | M/S QAZZAFI SURGICAL   | M/S ORIENT MEDICAL     | M/S SIGMA INTERNATIONAL    |
|----------------------|---|-------------------------------|------------------------|------------------------|----------------------------|
| Technical Evaluation | Responsive (Subject to Responsive (Subject to |                               | Responsive (Subject to | Responsive (Subject to | Responsive (Subject to the |
|                      | the approval of                               | e approval of the approval of |                        | the approval of        | approval of sample)        |
|                      | sample)                                       | sample)                       | sample)                | sample)                |                            |

#### 2. Name of the Equipment and Qty: Autoclave /01

| Company Name         | M/S Bestech   | M/S ADVANCE SYSTEM                                | M/S TOTAL<br>TECHNOLOGY | M/S Radiant Medical                               | M/S Magma   |
|----------------------|---|---|-------------------------|---|---|
| Technical Evaluation | Not Responsive quoted local instead of imported(USA, Europe ,Japan) | Not Responsive, No media sterilization available, | Responsive              | Not Responsive, No media sterilization available, | Not Responsive, No media sterilization available, |

# 3. Name of the Equipment and Qty: <u>BEDS WITH OVER BED TABLE, ATTENDENCE TOOL LOCKER MATTRESS AND BED SIDE CABINET /48</u>

| Company Name         | M/S DELTA PLUS       | M/S QAZZAFI SURGICAL | M/S MEDIURGE         | M/S Strongman          | M/S Alam Medix            |
|----------------------|----------------------|----------------------|----------------------|------------------------|---------------------------|
| Technical Evaluation | Responsive( Quoted   | Not Responsive       | Responsive( Quoted   | Responsive             | Responsive( Quoted        |
|                      | imported bed instead | Quoted beds is       | imported bed instead | Subject to approval of | imported bed instead of   |
|                      | of local)Subject to  | manual, no central   | of local)Subject to  | sample                 | local)Subject to approval |
|                      | approval of sample   | break                | approval of sample   |                        | of sample                 |

#### 4. Name of the Equipment and Qty: BP Apparatus (Portable) /10

| Company Name         | M/S Bestech       | M/S ALAM MEDIX | M/S QAZZAFI SURGICAL | M/S ORIENT MEDICAL | M/S Dymedix Systems |
|----------------------|-------------------|----------------|----------------------|--------------------|---------------------|
| Technical Evaluation | Not Responsive no | Responsive     | Not Responsive no    | Not Responsive no  | Responsive          |
|                      | authorization for |                | authorization for    | authorization for  |                     |
|                      | quoted brand      |                | quoted brand         | quoted brand       |                     |

#### 5. Name of the Equipment and Qty: <u>BP Apparatus (Wall Mounted) /40</u>

| Company Name         | M/S Bestech       | M/S ALAM MEDIX | M/S QAZZAFI SURGICAL | M/S ORIENT MEDICAL | M/S Dymedix Systems |
|----------------------|-------------------|----------------|----------------------|--------------------|---------------------|
| Technical Evaluation | Not Responsive no | Responsive     | Not Responsive no    | Not Responsive no  | Responsive          |
|                      | authorization for |                | authorization for    | authorization for  |                     |
|                      | quoted brand      |                | quoted brand         | quoted brand       |                     |

#### 6. Name of the Equipment and Qty: Central Gas Supply System /Oxygen 48 / Air 48

| Company Name            | M/S Bestech  | M/S TOTAL<br>TECHNOLOGIES | M/S ADVANCE<br>SYSTEM  | M/S MEDIURGE   | M/S RADIANT   | M/S INTAXIUM<br>ENTERPRICES                               |
|-------------------------|--|---------------------------|--|--|---|---|
| Technical<br>Evaluation | Not Responsive<br>medical air dryer is<br>not MDD certified, | Responsive                | Not Responsive ( Sr<br>no 1,2,3 are not<br>from same<br>manufacture model<br>are BHU not<br>mentioned copper<br>pipe as per drawing<br>not offered ) | Not Responsive<br>(copper pipe as per<br>drawing not<br>offered) | Not Responsive<br>(copper pipe as per<br>drawing not offered) | Not Responsive<br>(handle shut off<br>valves not offered) |

#### 7. Name of the Equipment and Qty: <u>Centrifuge Machine /02</u>

| Company Name         | M/S Hospitech health care                  | M/S Magma   |
|----------------------|--|---|
| Technical Evaluation | Not Responsive ,No CE certificate provided | Not Responsive, No authority of quoted brand, No CE |

#### 8. Name of the Equipment and Qty: <u>DEFIBRILLATOR / 06</u>

| Company<br>Name         | M/S<br>Biotech<br>Services | M/S Eastern<br>Medical   | M/S<br>Radiant<br>Medical | M/S ARTIMA<br>MEDICAL | M/S<br>MEDIQUIPS | M/S SIGMA<br>INTERNATIONAL   | M/S STAR<br>TEK                            | M/S<br>Mediurge                     | M/S<br>Biotech<br>Pakistan |
|-------------------------|----------------------------|--|---------------------------|-----------------------|------------------|--|--|-------------------------------------|----------------------------|
| Technical<br>Evaluation | Responsive                 | Not<br>Responsive No<br>exclusive<br>authority of<br>quoted brand, | Responsive                | Responsive            | Responsive       | Substantial responsive subject to provision of original authority letter | Not<br>Responsive<br>No, CE<br>Certificate | Not<br>Responsive<br>No FDA<br>510K | Responsive                 |

#### 9. Name of the Equipment and Qty: <u>Dressing Trolley /02</u>

| Company Name         | M/S Bestech                                    | M/S QAZZAFI SURGICAL                           | M/S ORIENT MEDICAL                             | M/S Strongman                                  |
|----------------------|--|--|--|--|
| Technical Evaluation | Responsive (Subject to the approval of sample) |

#### 10. Name of the Equipment and Qty: Drip Stand/48

| Company Name | M/S Bestech     | M/S QAZZAFI         | M/S SIGMA           | M/S ORIENT      | M/S Strongman   | M/S Dymedix     |
|--------------|-----------------|---------------------|---------------------|-----------------|-----------------|-----------------|
|              |                 | SURGICAL            | INTERNATIONAL       | MEDICAL         |                 | Systems         |
| Technical    | Responsive      | Responsive (Subject | Non Responsive      | Responsive      | Responsive      | Responsive      |
| Evaluation   | (Subject to the | to the approval of  | No authority letter | (Subject to the | (Subject to the | (Subject to the |
|              | approval of     | sample)             |                     | approval of     | approval of     | approval of     |
|              | sample)         |                     |                     | sample)         | sample)         | sample)         |

#### 11. Name of the Equipment and Qty: <u>Drug Dispensing Trolley /04</u>

| Company Name         | M/S Bestech                | M/S QAZZAFI SURGICAL       | M/S ORIENT MEDICAL         | M/S Strongman              |
|----------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Technical Evaluation | Responsive (Subject to the |
|                      | approval of sample)        | approval of sample)        | approval of sample)        | approval of sample)        |

#### 12. Name of the Equipment and Qty: <u>E.C.G MACHINE /06</u>

| Company<br>Name         | M/S KASBN                                 | M/S<br>Biotech<br>services                  | M/S DELTA<br>PLUS | M/S Impact<br>International                                 | M/S<br>Radiant<br>medical | M/S VITAL<br>CARE          | M/S<br>MEDIQUIPS | M/S ORIENT<br>MEDICAL   | M/S STAR<br>TEK   | M/S<br>Biotech<br>Pakistan |
|-------------------------|---|---|-------------------|---|---------------------------|----------------------------|------------------|---|---|----------------------------|
| Technical<br>Evaluation | Not<br>Responsive<br>No CE<br>certificate | Not<br>Responsive<br>No MHLW<br>Certificate | Responsive        | Not<br>Responsive,<br>Display size<br>is not as<br>required | Responsive                | Not<br>Responsive<br>No CE | Responsive       | Not<br>Responsive<br>No authority<br>and no past<br>performance | Not Responsive No authority letter and, Display size is not as required | Responsive                 |

13. Name of the Equipment and Qty: Emergency Light Portable/04

| Company    | M/S KASBN    | M/S Eastern | M/S        | M/S        | M/S           | M/S       | M/S           | M/S          | M/s Medi Urge             |
|------------|--------------|-------------|------------|------------|---------------|-----------|---------------|--------------|---------------------------|
| Name       |              | Medical     | ALAM       | DELTA PLUS | Impact        | Radiant   | SAHAR         | INTEXIUM     |                           |
|            |              |             | MEDIX      |            | International | Medical   | INTERNATIONAL | ENTERPRICES  |                           |
| Technical  | Not          | Not         | Responsive | Not        | Not           | Not Field | Not           | Not          | Not Responsive Color      |
| Evaluation | Responsive   | Responsive  |            | Responsive | Responsive    | diameter  | Responsive    | Responsive   | rendex not as required    |
|            | No exclusive | LED life is |            | Field      | No authority  | is26-33   | LED life is   | No exclusive | Field of illumination not |
|            | authority    | 40000       |            | diameter   | letter and    | cm        | 40000 Hours   | authority    | mentioned, No CE          |
|            | letter and   | instead of  |            | is24-33 cm | no past       | instead   | instead of    | letter and   | Certificate               |
|            | no past      | 50000Hours. |            | instead of | performance   | of 20cm.  | 50000Hours.   | no past      |                           |
|            | performance  |             |            | 20cm       |               |           |               | performance  |                           |

#### 14. Name of the Equipment and Qty: ETT MACHINE/02

| Company Name            | M/S Biotech<br>Services  | M/S DELTA PLUS   | M/S MEDIURGE   | M/S Impact<br>International  | M/S Amtronech | M/S Iqbal & Co |
|-------------------------|--|--|--|--|---------------|----------------|
| Technical<br>Evaluation | Not Responsive (No FDA 510K, Printer speed, make model not mentioned tread Mill make model capacity not mention) | Not responsive<br>treadmill weight<br>bearing capacity 139<br>Kg instead of 226 Kg | Not Responsive Printer make model not mention. Treadmill make model and detail not mention. No past performance. | Not Responsive<br>readmill weight<br>Bering capacity is<br>150KG. NO FDA<br>510K. NO past<br>performance | Responsive    | Responsive     |

#### 15. Name of the Equipment and Qty: Floor Scrubing Machine /02

| Company Name         |                 |
|----------------------|-----------------|
| Technical Evaluation | No Bid Received |
|                      |                 |

#### 16. Name of the Equipment and Qty: Hematology Analyzer /01

| Company Name | M/S Mian Scientific | M/S SIECO SCIENTIFIC | M/S SCIENTIFIC TECH | M/S SIGMA     | M/S Hospitech health |
|--------------|---------------------|----------------------|---------------------|---------------|----------------------|
|              |                     |                      |                     | INTERNATIONAL | care                 |

| Technical Evaluation | Not Responsive no | Not Responsive no auto | Not Responsive no auto | Not Responsive no auto | Responsive |
|----------------------|-------------------|------------------------|------------------------|------------------------|------------|
|                      | auto sampler      | sampler                | sampler                | sampler                |            |
|                      |                   |                        |                        |                        |            |
|                      |                   |                        |                        |                        |            |
|                      |                   |                        |                        |                        |            |
|                      |                   |                        |                        |                        |            |
|                      |                   |                        |                        |                        |            |
|                      |                   |                        |                        |                        |            |

#### 17. Name of the Equipment and Qty: Holter Monitor /02

| Company Name         | M/S Biotech Services  | M/S DELTA PLUS   | M/S Amtrocech | M/S Impact Intrnational   | M/S Star Tek                     |
|----------------------|---|--|---------------|---|----------------------------------|
| Technical Evaluation | Not Responsive<br>(three channel holter<br>recorded offered<br>instead of 12 channel) | Not Responsive (three channel holter recorded offered instead of 12 channel) | Responsive    | Not Responsive No CE certificate, quoted model not SD Card base | Not Responsive No CE certificate |

#### 18. Name of the Equipment and Qty: Incubator /01

| Company Name         | M/S SCIENTIFIC TECH              | M/S Hospitech health care        | M/S Magma  |
|----------------------|----------------------------------|----------------------------------|--|
| Technical Evaluation | Not Responsive No CE certificate | Not Responsive No CE certificate | Not Responsive. No CE certificate furthermore quoted model is 240 litter |
|                      |                                  |                                  | capacity instead of 250 Litters  |

#### 19. Name of the Equipment and Qty: Instrument Trolley /04

| Company Name         | M/S Bestech                                    | M/S QAZZAFI SURGICAL                           | M/S SIGMA<br>INTERNATIONAL           | M/S ORIENT MEDICAL                             | M/S Strongman                                  |
|----------------------|--|--|--------------------------------------|--|--|
| Technical Evaluation | Responsive (Subject to the approval of sample) | Responsive (Subject to the approval of sample) | Not Responsive,  No authority letter | Responsive (Subject to the approval of sample) | Responsive (Subject to the approval of sample) |

#### 20. Name of the Equipment and Qty: <u>Laryngoscope /20</u>

| Company Name         | M/S Bestech           | M/S RELIANCE MEDICAL  | M/S QAZZAFI SURGICAL           | M/S ORIENT MEDICAL             |
|----------------------|-----------------------|-----------------------|--------------------------------|--------------------------------|
| Technical Evaluation | Responsive Subject to | Responsive Subject to | Responsive Subject to approval | Responsive Subject to approval |
|                      | approval of sample    | approval of sample    | of sample                      | of sample                      |

#### 21. Name of the Equipment and Qty: NEBULIZER / 10

| Technical Evaluation  Not responsive Technically not acceptable (not locable wheels, No Reusable Tubing as confirm from leaflet attached and AEROSOL PARTICLE SIZE IS NOT AS PER TENDER SPECIFICATION)  Not responsive AEROSOL PARTICLE SIZE IS NOT AS PER TENDER SPECIFICATION  Not responsive AEROSOL PARTICLE SIZE IS NOT AS PER TENDER SPECIFICATION AS PER TENDER SPECIFICATION  Not responsive AEROSOL PARTICLE SIZE IS NOT AS PER TENDER SPECIFICATION AS PER TENDER SPECIFICATION |  |
|---|--|

#### 22. Name of the Equipment and Qty: Patient Screen /10

| Company Name         | M/S Bestech         | M/S QAZZAFI SURGICAL    | M/S SIGMA INTERNATIONAL | M/S ORIENT MEDICAL      | M/S Strongman           |
|----------------------|---------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Technical Evaluation | Responsive (Subject | Responsive (Subject to  | Not responsive (No      | Responsive (Subject to  | Responsive (Subject to  |
|                      | to the approval of  | the approval of sample) | Authority letter)       | the approval of sample) | the approval of sample) |
|                      | sample)             |                         |                         |                         |                         |

#### 23. Name of the Equipment and Qty: Refrigerator for Laboratory /02

| Company Name | M/S RELIANCE<br>MEDICAL | M/S SCIENTIFIC TECH  | M/S SIGMA<br>INTERNATIONAL | M/S Hospitech<br>health care | M/S Magma         | M/S Dymedix<br>Systems  |
|--------------|-------------------------|----------------------|----------------------------|------------------------------|-------------------|---|
| Technical    | Not Responsive          | Not Responsive No CE | Not Responsive No CE       | Not Responsive No            | Not Responsive No | Not Responsive Capacity is not required as tender specification |
| Evaluation   | No CE Certificate       | Certificate          | Certificate                | CE Certificate               | CE Certificate    |   |

# 24. Name of the Equipment and Qty: Refrigerators Large Size /04

| Company Name | M/S SIGMA INTERNATIONAL | M/S Magma |
|--------------|-------------------------|-----------|

| Technical Evaluation | Responsive subject to approval of sample | Responsive subject to approval of sample |
|----------------------|--|--|
|                      |  |  |

#### 25. Name of the Equipment and Qty: Resuscitation Trolly /08

| Company Name         | M/S DELTA PLUS | M/S MEDIURGE |
|----------------------|----------------|--------------|
| Technical Evaluation | Responsive     | Responsive   |

#### 26. Name of the Equipment and Qty: Roller Mixer /02

| Company Name         | M/S SCIENTIFIC TECH    | M/S SIGMA INTERNATIONAL  | M/S Hospitech health care | M/S Magma  |
|----------------------|------------------------|--|---------------------------|--|
| Technical Evaluation | Substantial Responsive | Not Responsive No leaflet attached Quoted model number of roller 7 instead of 10 | Substantial Responsive    | Not Responsive Quoted model number of roller 6 instead of 10 |

#### 27. Name of the Equipment and Qty: Stethoscope /20

| Company Name         | M/S ALAM MEDIX | M/S QAZZAFI SURGICAL                | M/S ORIENT MEDICAL                  | M/S Magma  |
|----------------------|----------------|-------------------------------------|-------------------------------------|------------|
| Technical Evaluation | Responsive     | Not Responsive,<br>No certification | Not Responsive,<br>No certification | Responsive |

#### 28. Name of the Equipment and Qty: Stretcher Trolley /10

| Company Name         | M/S Bestech                                    | M/S QAZZAFI SURGICAL                           | M/S SIGMA<br>INTERNATIONAL             | M/S ORIENT MEDICAL                             | M/S Strongman                                  |
|----------------------|--|--|--|--|--|
| Technical Evaluation | Responsive (Subject to the approval of sample) | Responsive (Subject to the approval of sample) | Not responsive,<br>No Authority Letter | Responsive (Subject to the approval of sample) | Responsive (Subject to the approval of sample) |

#### 29. Name of the Equipment and Qty: SUCKER MACHINE / 08

| Company Name         | M/S Bestech                    | M/S Kasbn                     | M/S MEDIURGE                    | M/S Hospitech health care |
|----------------------|--------------------------------|-------------------------------|---------------------------------|---------------------------|
|                      |                                |                               |                                 |                           |
| Technical Evaluation | Not Responsive ,               | Not Responsive ,              | Not Responsive                  | Not Responsive            |
|                      | No foot vaccum regulator and   | No foot vaccum regulator and  | Noise level is 50 DB instead of | Noise level not mention   |
|                      | explosion proof foot switch    | explosion proof foot switch   | 45 DB                           |                           |
|                      | available , no lockable wheels | available and overflow safety |                                 |                           |
|                      | and overflow safety device     | device                        |                                 |                           |

#### 30. Name of the Equipment and Qty: SYRINGE PUMP / 100

| Company Name            | M/S Noor<br>International  | M/S DELTA PLUS  | M/S MEDIURGE  | M/S MEDILAND<br>PAKISTAN            | M/S STAR TEK  | M/S Magma  |
|-------------------------|--|---|---|-------------------------------------|---|--|
| Technical<br>Evaluation | Not Responsive NO<br>MHLW certificate<br>battery backup is 2<br>hour instead of 8<br>hours | Not Responsive as<br>quoted Chinese<br>brand as conformed<br>CE certificate | Not responsive Flow<br>rate not as tender<br>specification (offered<br>1200 ml/hour instead<br>of 1500 ml/hour) | Not Responsive No<br>CE certificate | Not Responsive No<br>CE certificate,<br>battery backup is 4<br>hour instead of 8<br>hours<br>Flow rate not<br>according to tender | Not responsive<br>Flow rate not<br>as tender<br>specification<br>(offered 1200<br>ml/hour<br>instead of 1500<br>ml/hour) |

#### 31. Name of the Equipment and Qty: <u>Temporary Pace Maker /30</u>

| Company Name         | M/S Impact International |  |
|----------------------|--------------------------|--|
| Technical Evaluation | Responsive               |  |

#### 32. Name of the Equipment and Qty: Ventilator /04

| Company Name         | M/S Digionics | M/S Eastern Medical | M/S TOTAL<br>TECHNOLOGY                        | M/S VITAL CARE | M/S NOOR<br>INTERNATIONAL |
|----------------------|---------------|---------------------|--|----------------|---------------------------|
| Technical Evaluation | Responsive.   | Responsive          | Not Responsive. Offered breath rate is 100 BPM | Responsive     | Responsive                |
|                      |               |                     | instead of 120BPM                              |                |                           |

33. Name of the Equipment and Qty: <u>VITAL SIGN MONITORS WITH CENTRAL MONITORING SYSTEMS/48</u>

| Company Name            | M/S Eastern Medical   | M/S DELTA PLUS  | M/S MEDILAND<br>PAKISTAN  | M/S VITAL CARE   | M/S MEDIQUIPS | M/S STAR TEK   |
|-------------------------|---|---|---|--|---------------|--|
| Technical<br>Evaluation | Not Responsive NO FDA510K Trand data 24 Hour, 5 lead Which is not as per tender specification | Not Responsive<br>datalys CS not<br>available on web<br>page<br>NO FDA 510K | Not Responsive<br>datalys CS not<br>available on web<br>page<br>NO FDA 510K | Not Responsive No<br>FDA 510K, Central<br>monitoring system<br>not CE certified. | Responsive    | Not Responsive,<br>No FDA 510K<br>certificate. No<br>CE certificate. |

# 34. Name of the Equipment and Qty: Wheel Chairs /10

| Company Name         | M/S Bestech            | M/S QAZZAFI SURGICAL   | M/S ORIENT MEDICAL     | M/S Strongman          |
|----------------------|------------------------|------------------------|------------------------|------------------------|
| Technical Evaluation | Responsive (Subject to | Responsive (Subject to | Responsive (Subject to | Responsive (Subject to |
|                      | approval of samples)   | approval of samples)   | approval of samples)   | approval of samples)   |

# 35. Name of the Equipment and Qty: X-Ray Illuminator /20

| Company Name         | M/S Bestech                                 | M/S QAZZAFI SURGICAL                        | M/S ORIENT MEDICAL                          | M/S Strongman                               | M/S SIGMA<br>INTERNATIONAL                |
|----------------------|---|---|---|---|---|
| Technical Evaluation | Responsive (Subject to approval of samples) | Not ResponsiveNo authority letter or ISO. |