

10 ބަލާ ފަންނުގެ ދަށުން 3- ގަވާއިދުގެ ދަށުން ބަލާ ފަންނުގެ ދަށުން

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ وَبِالْحَمْدِ لِلَّهِ نَحْنُ عَابِدُونَ

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تعمیراتی منصوبہ کی تفصیل:			
محلہ کی تفصیل	تعمیراتی منصوبہ کی تفصیل	تعمیراتی منصوبہ کی تفصیل	تعمیراتی منصوبہ کی تفصیل
			تعمیراتی منصوبہ کی تفصیل
			تعمیراتی منصوبہ کی تفصیل (تعمیراتی)
			تعمیراتی منصوبہ کی تفصیل (تعمیراتی)
			تعمیراتی منصوبہ کی تفصیل

تعمیراتی منصوبہ کی تفصیل:	تعمیراتی منصوبہ کی تفصیل:
تعمیراتی منصوبہ کی تفصیل:	تعمیراتی منصوبہ کی تفصیل:
تعمیراتی منصوبہ کی تفصیل:	تعمیراتی منصوبہ کی تفصیل:
تعمیراتی منصوبہ کی تفصیل:	تعمیراتی منصوبہ کی تفصیل:

تعمیراتی منصوبہ کی تفصیل

تعمیراتی منصوبہ کی تفصیل (تعمیراتی) : (05 تعمیراتی)

تعمیراتی	تعمیراتی	تعمیراتی	تعمیراتی
20	20	20	تعمیراتی
تعمیراتی 3 تعمیراتی			

تعمیراتی (15 تعمیراتی)

تعمیراتی 50% تعمیراتی

تعمیراتی منصوبہ کی تفصیل:			
#	تعمیراتی منصوبہ کی تفصیل	تعمیراتی منصوبہ کی تفصیل	تعمیراتی منصوبہ کی تفصیل

تاریخ	تاریخ	تاریخ	تاریخ
1			
2			
3			
4			
5			
6			
تاریخ			

تاریخ	تاریخ
تاریخ	تاریخ
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BID SECURITY FORMAT

The Issuing Bank shall fill in this Bank Guarantee Form in accordance with the instructions indicated.

_____ [Bank's Name, and Address of Issuing Branch or Office]

Beneficiary: _____ [Name and Address of Procuring Entity]

Date: _____

BID GUARANTEE No.: _____

We have been informed that [name of the Bidder] (hereinafter called "the Bidder") has submitted to you its bid dated (hereinafter called "the Bid") for the execution of [name of contract] under Invitation for Bids No. [Procurement Reference number] ("the IFB").

Furthermore, we understand that, according to your conditions, bids must be supported by a bid guarantee.

At the request of the Bidder, we [name of Bank] hereby irrevocably undertake to pay you any sum or sums not exceeding in total an amount of [amount in figures] ([amount in words]) upon receipt by us of your first demand in writing accompanied by a written statement stating that the Bidder is in breach of its obligation(s) under the bid conditions, because the Bidder:

- (a) has withdrawn its Bid during the period of bid validity specified by the Bidder in the Form of Bid; or
- (b) having been notified of the acceptance of its Bid by the Procuring Entity during the period of bid validity, (i) fails or refuses to execute the Contract Form; or (ii) fails or refuses to furnish the performance security, if required, in accordance with the Instructions to Bidders.

This guarantee will expire: (a) if the Bidder is the successful Bidder, upon our receipt of copies of the contract signed by the Bidder and the performance security issued to you upon the instruction of the Bidder; or (b) if the Bidder is not the successful Bidder, upon the earlier of (i) our receipt of a copy of your notification to the Bidder of the name of the successful Bidder; or (ii) twenty-eight days after the expiration of the Bidder's Bid.

Consequently, any demand for payment under this guarantee must be received by us at the office on or before that date.

This guarantee is subject to the Uniform Rules for Demand Guarantees, ICC Publication No. 458.

[signature(s)]

PERFORMANCE GUARANTEE FORMAT

[The issuing bank, as requested by the successful Bidder, shall fill in this form in accordance with the instructions indicated]

Date: *[insert date (as day, month, and year)]*

Title of the procurement: *[Insert general title of the procurement]*

Procurement Reference No: *[insert reference]*

Bank's Branch or Office: *[insert complete name of Guarantor]*

Beneficiary: *[insert complete name of Procuring Entity]*

PERFORMANCE GUARANTEE No.: *[insert Performance Guarantee number]*

We have been informed that *[insert complete name of Supplier]* (hereinafter called "the Supplier") has entered into Contract No. *[insert number]* dated *[insert day and month]*, *[insert year]* with you, for the supply of *[description of Goods and related Services]* (hereinafter called "the Contract").

Furthermore, we understand that, according to the conditions of the Contract, a Performance Guarantee is required.

At the request of the Supplier, we hereby irrevocably undertake to pay you any sum(s) not exceeding *[insert amount(s)¹ in figures and words]* upon receipt by us of your first demand in writing declaring the Supplier to be in default under the Contract, without cavil or argument, or your needing to prove or to show grounds or reasons for your demand or the sum specified therein.

This Guarantee shall expire no later than the *[insert number]* day of *[insert month]* *[insert year]*,² and any demand for payment under it must be received by us at this office on or before that date. We agree to a one-time extension of this Guarantee for a period not to exceed *[six months]* *[one year]*, in response to the Procuring Entity's written request for such extension, such request to be presented to us before the expiry of the Guarantee.

This guarantee is subject to the Uniform Rules for Demand Guarantees, ICC Publication No. 458, except that subparagraph (ii) of Sub-article 20(a) is hereby excluded.

.....

[signatures of authorized representatives of the bank]

¹ The Bank shall insert the amount(s) specified in the SCC and denominated, as specified in the SCC, either in the currency(ies) of the Contract or a freely convertible currency acceptable to the Procuring Entity.

² Dates established in accordance with Clause 18.4 of the General Conditions of Contract ("GCC"), taking into account any warranty obligations of the Supplier under Clause 16.2 of the GCC intended to be secured by a partial Performance Guarantee.

BANK GUARANTEE FOR ADVANCE PAYMENT

[The bank, as requested by the successful Bidder, shall fill in this form in accordance with the instructions indicated.]

Date: *[insert date (as day, month, and year)]*

Title of the procurement: *[Insert general title of the procurement]*

Procurement Reference No: *[insert reference]*

[Issuing bank's letterhead]

Beneficiary: *[insert legal name and address of Procuring Entity]*

ADVANCE PAYMENT GUARANTEE No.: *[insert Advance Payment Guarantee no.]*

We, *[insert legal name and address of bank]*, have been informed that *[insert complete name and address of Supplier]* (hereinafter called "the Supplier") has entered into Contract No. *[insert number]* dated *[insert date of Agreement]* with you, for the supply of *[insert types of Goods to be delivered]* (hereinafter called "the Contract").

Furthermore, we understand that, according to the conditions of the Contract, an advance is to be made against an advance payment guarantee.

At the request of the Supplier, we hereby irrevocably undertake to pay you any sum or sums not exceeding in total an amount of *[insert amount(s)³ in figures and words]* upon receipt by us of your first demand in writing declaring that the Supplier is in breach of its obligation under the Contract because the Supplier used the advance payment for purposes other than toward delivery of the Goods.

It is a condition for any claim and payment under this Guarantee to be made that the advance payment referred to above must have been received by the Supplier on its account *[insert number and domicile of the account]*

This Guarantee shall remain valid and in full effect from the date of the advance payment received by the Supplier under the Contract until *[insert date⁴]*. We agree to a one-time extension of this Guarantee for a period not to exceed *[six months][one year]*, in response to the Procuring Entity's written request for such extension, such request to be presented to us before the expiry of the Guarantee.

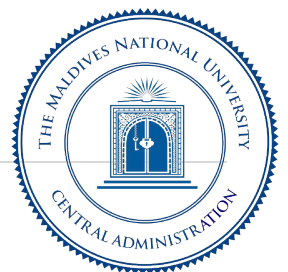
This Guarantee is subject to the Uniform Rules for Demand Guarantees, ICC Publication No. 458.

[signature(s) of authorized representative(s) of the bank]

³ The issuing bank shall insert the amount(s) specified in the SCC and denominated, as specified in the SCC, either in the currency(ies) of the Contract or a freely convertible currency acceptable to the Procuring Entity.



⁴ Insert the Delivery date stipulated in the Contract Delivery Schedule.

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EQUIPMENT REQUIRED FOR NURSING ART LAB



Machineries and Equipment

#	Item	Qty	Minimum requirement / specifications	Sample image	Other requirements
01	Defibrillator	01	<p>Cardiac rhythm generator for cardiac emergency situations. Can be used on a mannequin. Should include:</p> <ul style="list-style-type: none"> • Synchronized Cardio version • AED mode • PACER function • Preset scenarios • Ideal for BLS, ACLS and PALS training • Preferred brand: Philips 		<input checked="" type="checkbox"/> Installation and training is required
02	ECG machine with ECG paper	01	<p>Leads :</p> <p>Standard 12 leads and Cabrera lead Simultaneous or Real time input</p> <ul style="list-style-type: none"> • Frequency response: 0.05 – 150Hz within 3dB • Digital Filter: AC: -30dB or less, 60 or 50Hz Drift: -3dB, 0.5Hz Muscle: -3dB, 35Hz or 25Hz • Sampling rate: 10000 sampling /sec. • Defibrillator Protection : to 5000V, 400J • Number of Statement : 147 cases Neonate : 0 – 11 Years Old Child : 12 – 18 Years Old Adult : Over 19 Years Old ■Safety :Class I Type CF Water Proof Protection: Non-water proof device (IPX0) Flammable anaesthetic: Not applicable Mode of Operation: Continuous operation Preferred brand: Philips 		<input checked="" type="checkbox"/> Installation and training is required





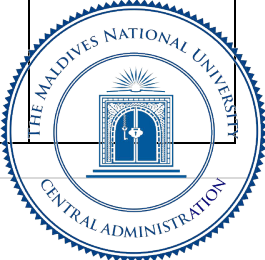





3	Radiant warmer	01	<p>Microprocessor Color Display Monitor which includes:</p> <ul style="list-style-type: none"> • Servo control Patient skin mode • Manual mode • Intelligent Pre-Heating Function • Quartz Infrared heater very effective heat Radiation • Articulate irradiator reflector allows fast access to X-ray equipment • LED Auxiliary Patient illumination system • Electric Trendelenburg and Anti-Trendelenburg • Thermal servo-controlled mattress • Foldable Acrylic side protectors • Oxygen and air flowmeters • Timer and Apgar Counter • Patient skin temperature probe • Air Temperature monitoring Comprehensive alarm system • Heating failure alarm • Skin probe failure • Power supply failure • System failure • Patient temperature monitoring • Reverse phototherapy system • Monitor shelf • Optional integrated Air/Oxygen Blender • Preferred Brand: Giraffe 		<input checked="" type="checkbox"/> Installation and training is required
4	Incubator for babies	01	<ul style="list-style-type: none"> • Stable / air skin temperature control • Accurate humidity control • Comfortable & soft tilting structure • 7" color TFT LCD display • Powerful lifting structure (optional) • O2 monitoring (optional) • External monitor with Masimo SpO2 & CCD (optional) • O2 Servo Oxygen Control system maintains an oxygen-enriched environment (Optional) • Preferred Brand: Giraffe 		<input checked="" type="checkbox"/> Installation and training is required




5	Emergency trolley (for neonatal resuscitation)	1	<ul style="list-style-type: none"> • Fixed height warmer with attached baby cradle mounted on 4" wheel • Stainless steel baby tray with water proof, zipped cover mattress of density approx. 21-25 kg/m³ • X-Ray cassette holder • Collapsible/lockable Side Supports made up of Unbreakable polycarbonate material • Slots for sensor and ventilator tubing • Stainless steel infusion rod with facility to mount Syringe/infusion pump • Lower shelf below baby tray to facilitate under surface phototherapy. • Integrated support for 10L Oxygen bottle. • Oxygen regulator with pressure gauge, flow meter and humidifier bottle along with silicon tubing for delivery of oxygen from humidifier bottle to patient. • Integrated electrical operated Slow Suction unit with Vacuum Regulator, Vacuum Gauge and autoclavable fluid jar. • Laryngoscope - Penlight handle with straight blade size 0 and 1. • Silicone Airways - size 000, 00, and 0 		<input checked="" type="checkbox"/> Installation and training is required
6	Laryngeal mask airway with cuff (adult and pediatric)	4 from each	Made of medical silicone, LATEX FREE, DEHP FREE <ul style="list-style-type: none"> • Specially designed shape coincides with the laryngopharynx well, reducing stimulation to patient body and improving the cuff seal. • Autoclave sterilization only; Can be reused up to 40 times, convenient and safe. • Seven sizes, suitable for adult, children and infant use • With Or without aperture bar for choosing 		



7	Nebulizer	04	<p>Medical Specifications:</p> <ul style="list-style-type: none"> • Operating flow rate • High Nebulization Rate of 0.4ml/min ensures optimized treatment duration. • Small Particle Size of MMAD 3µm to reach lower airway for effective nebulization. • Aerosol Output 0.4ml. • Aerosol Output Rate 0.06ml/min. • 7 ml medication capacity with minimal residual medication. • Preferred Brand: Omron 										
8	Days Swift Attendant Propelled Wheelchair	2	<ul style="list-style-type: none"> • Lightweight Foldable Mobility Aid for Physically Impaired, Handicapped and Elderly users. 41cm, Silver Colour • Self-propelled wheelchair for indoor and moderate outdoor use. • Seat width measures 41cm and wheelchair comes in stylish silver design. • Compact design is easy to maneuver for patients and caretakers. • Back folds back half way to make reaching easier 										
9	Bougie	02	<p>endotracheal tube introducer elastic bougie</p> <ul style="list-style-type: none"> • Bougie used to facilitate endotracheal intubation • Made of medical grade PE • Latex free ,PVC free,DEHP free <table border="1" data-bbox="562 959 1301 1129"> <thead> <tr> <th>TYPE</th> <th>SIZE</th> </tr> </thead> <tbody> <tr> <td>curved tip</td> <td>6fr,10fr,15fr</td> </tr> <tr> <td>straight tip</td> <td>6fr,10fr,15fr</td> </tr> <tr> <td>vented tip</td> <td>8fr,10fr,14fr,15fr</td> </tr> </tbody> </table>	TYPE	SIZE	curved tip	6fr,10fr,15fr	straight tip	6fr,10fr,15fr	vented tip	8fr,10fr,14fr,15fr		
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straight tip	6fr,10fr,15fr												
vented tip	8fr,10fr,14fr,15fr												
10	Bp cuff (pediatric) Different sizes	4	<p>optimal (minimal) dimensions are: 12 X 24 (19) cm, 10 X 20 (17) cm, 8 X 18 (16) cm and 4 X 20 cm.</p>										

11	Steam inhaler	02	<ul style="list-style-type: none"> • Capacity: 500ml • Power Input 220 V AC, 50 Hz • Splash Proof, no danger of hot water falling out, Safe lock System. • All attachments, Pure & Gentle Steam. • Double Walled Body does not heat up 		
12	Portable suction machine	2	<p>Portable suction unit: size 38x17x28.5cm, weight 5.1kg Technical specifications: SUCTION MACHINE with pump:</p> <ul style="list-style-type: none"> • Power supply: 230-240V/50Hz • Vacuum capacity: 18 litres/mim • Maximum depression: -75kPa (-563mmHg) • Vacuum is created by a plastic piston and cylinder system, with four vacuum-creating modules (QuatroFlex™ technology). • The membrane vacuum regulator permits accurate vacuum settings. • Double overflow-protection system (bottle and pump). • Working temperature range: +5 to +40°C. • Preferred Brand: Eurovac 		<input checked="" type="checkbox"/> Installation and training is required
13	Neonatal SPO2 pulse oximeter with probe	02	<ul style="list-style-type: none"> • Display Mode : 1.8" Color OLED display • Screen Resolution : 160*128 • SpO2 Measuring Range : 0%~100%, (the resolution is 1%). • Accuracy : 70%~100% : ±2%, Below 70% unspecified. • PR Measuring Range : 30bpm~250bpm, (the resolution is 1bpm) • Accuracy : ±2bpm or ±2% (select larger) • Measurement Performance in Weak Filling Condition: SpO2 and pulse rate can be shown correctly when pulse-filling ratio is 0.4%. SpO2 error is ±4%, pulse rate error is ±2 bpm or ±2% (select larger). <p>Resistance to surrounding light: The deviation between the value measured in the condition of man-made light or indoor natural light and that of darkroom is less than ±1%.</p>		



14	Digital BP apparatus	01	<ul style="list-style-type: none"> • Batteries : 4 A batteries required. (included) • Product Dimensions : 12.8 x 20.3 x 12.2 cm; 560 Grams • Manufacturer : Omron • Item Weight : 560 g • Item Dimensions LxWxH : 12.8 x 20.3 x 12.2 Centimeters • Included Components : Device, Cuff, 4 Batteries, User Manual • Generic Name : Blood Pressure Monitor • The omron hem 7120 is a compact fully automatic blood pressure monitor operating on the oscillometric principle for precise measurements and accurate results. It measures your blood pressure and pulse rate with easy one touch operation • Cuff Size - Fits Arm Circumference (22-32Cm) The device uses its advanced IntelliSense technology for comfortable controlled inflation without the need of pressure pre-setting or re-inflation even a slight pressure change can be detected resulting most accurate measurement • Along with blood pressure monitoring this product detects irregular heartbeat. It is loaded with body movement indicator and blinks if your systolic or diastolic pressure is outside the standard range (above 135 systolic/85 diastolic mmHg) 	 <p>The image shows an Omron Hem 7120 digital blood pressure monitor. It is a white, compact device with a large LCD screen displaying systolic pressure (SYS) at 118, diastolic pressure (DIA) at 78, and pulse rate (PULSE) at 72. A blue button labeled 'START/STOP' is located below the screen. To the left of the device is its grey fabric cuff, which has the Omron logo and instructions for use printed on it.</p>	
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