



Maharashtra Medical Goods Procurement Authority

Office- 1st Floor, Aarogya Bhawan, Commissionerate of Health Services, Mumbai, D'Mello Road.

St. Georges Hospital Compound, Mumbai 400001

Contact Number- 022-22611471, 022-22717500 E-mail - maha.mmga2023@gmail.com

Purchase Order No **1009**/EQ/MMPGA/2025

Dt: **02.04.25**

To,

**M/s. GEMTRACK E-PROCUREMENT
PRIVATE LIMITED**

315, Indralok Arcade Complex,

Maharshi Arvind Marg, V Mart,

Talab Darwaja, Junagadh,

Junagadh, Gujarat, 362001

Email: gemtrackeprocurement@gmail.com

Subject: Purchase Order for Supply of Pneumatic Tourniquet

Reference : 1. Govt. Resolution Dated 01.12.2016

2. Administrative Approval. No: 224, Dated 27.12.2023

3. Revised Administrative Approval. No: 224, Dated 20.06.2024

4. Tender No : E-105 / Pneumatic Tourniquet

5. Your offer in response to above mentioned Tender

6. Sanction of Tender Approval Committee, Meeting dated 30.09.2024

7. Notification of Award of Contract No. NOA. 721 A/MMGPA/Equipment/2024,
Dated 09/10 /2024

8. Your acceptance of NOA dated 09.10.2024

With reference to the above reference no.6, you have been awarded for the supply & installation of **Pneumatic Tourniquet** w.r.t approval as per reference no.5. Accordingly you are requested to supply the following goods to the consignee as per details mentioned below (**Consignee list mentioned separately in this order**)

Sr.No.	Item Description	Total Qty	Total Unit Rate incl. of GST in Rs.	Total Amount Incl. of GST in Rs.
1	Pneumatic Tourniquet (Make Diamond) Model TRDG 511) Warranty: 3 years from Installation	17	413784	7034328
Amount in Words: INR Seventy lakhs Thirty Four Thousand Three Hundred and Twenty Eight Only (Inclusive of GST)				

Terms & Conditions:

1. Performance Security: As mention in Contract NOA.721A /MMGPA/Equipment /2024, Dated 09/10/2024

2. The above price mentioned is accepted on FOR delivery and Installation at destination basis and is inclusive of all other charges.
3. The Warranty period is 3 years from date of installation. During the Warranty Period, the supplier shall visit all the user institutions/Consignee once in every 3 months (4 visits in a year) as preventive maintenance or as required any time for attending repairs/break down calls.
4. The technical specification of the above item should be as per Technical Specification mentioned at Annexure X.
5. Acceptance and Receipt In prescribed format. It should be submitted in Original Certificate copy to the purchasing authority along with triplicate copies of the Invoice.
6. The Consignee upon Receipt of the material should be issue acceptance certificate and after installation. Installation Certificate should be issued within 7 days of receipt of material in two copies. One copy should handover to Supplier and one copy should be sent Maharashtra Medical Goods Procurement Authority, Aarogya Bhawan St. George's Hospital Compound, Mumbai by E-mail.(Email-ID maha.mmgsa2023@gmail.com)
7. Invoice Copy- Should be sent in triplicate on the Name of Chief Executive Officer, Maharashtra Medical Goods Procurement Authority, Aarogya Bhawan St. George's Hospital Compound Mumbai
8. The Supplies must be completed within 90 days from date of issue of this Purchase Order.
9. If the supplier fails to deliver any or all the goods or fails to perform the services within the time frame (3) prescribed in the Contract, MMGPA will deduct from the Contract Price, as liquidated damages, a sum equivalent to 0.5% of the equipment to be supplied per week of delay or part thereof on delayed supply of goods and/or services until actual delivery or performance subject to 8. This Purchase Order is being issued on the anticipation that the Performance Security as mentioned maximum of 10% of the Contract Price.
10. Payments terms will be as mentioned in NOA. 721 A /MMGPA/Equipment /2024, Dated 09/10/2024
11. Consignee as per List Attached
12. The tentative delivery schedule should be shared with MMGPA within 07 days from date of issue of this Purchase Order.
13. All other terms and conditions of the above-mentioned RFP, Notification of Award of Contract and corrigendum thereof will be applicable.

(As per approval of
Hon. Chief Executive Officer
MMGPA, Mumbai)

JADHAV
SANJEEVKUMAR
MANOHARRAO
Digitally signed by
JADHAV SANJEEVKUMAR
MANOHARRAO
Date: 2025.04.02 17:14:33
+05'30'

(Dr. Sanjeevkumar jadhav)
General Manager (Technical)

**Maharashtra Medical Goods Procurement Authority
Mumbai**

Copy to: 1) Hon. Commissioner, Health Services & Mission Director, NHM, Mumbai
2) Hon. Director of Health Services, Mumbai
3) JDHS (Hospital Cell) Mumbai
4) Chief Accounts and Finance Officer, Medical Goods Procurement Authority, Mumbai
5) Office File

Copy to Consignee(s) All:

They should accept Equipment as per order & entry of the said Equipment is to be taken in dead stock register immediately within 24hrs of actual delivery

Copy Submitted to: 1) Hon. Addl. Chief Secretary, Public Health Department, Mantralaya, Mumbai.
2) Hon. Secretary-2, Public Health Department, Mantralaya, Mumbai.

Maharashtra Medical Goods and Procurement Authority

Tender No : E-105/ Pneumatic Tourniquet

	GMDN name	pneumatic tourniquet electronic
1	Clinical purpose	During surgery to get bloodless field & to avoid blood loss
2	Used by clinical departmental /ward	orthopedic
3	Technical characteristics (specific to this type of device) 1) Cuff pressure :-100 to 500 mm Hg 2) Start delay :-0 to 120 minutes 3) Duration :-0 to 250 minutes 4) Inflation :-motorized pump 5) Pressure resolution :-2mmHg 6) Deflation :-EMV or manual over-ride 7) Accuracy :- ±3mm Hg (set pressure) 8) Display :-16×2 back lit LCD display 9) Operation :-micro controller based control 10) Elapsed time display :-mm:ss format pressure leakage/elapsed time 11) Alarms :-5 min before auto -deflation 12) Tourniquet :-neoprene cuffs 13) Cuff sizes :- lower limb 7.5×74cm Upper limb 6×33 cm Upper limb 4×28 cm	
4	User's interface, setting	manual
5	Software and/or standard of communication	inbuilt
6	Dimensions (metric)	160(w)×75(h)×140(d)
7	Weighty (lbs, kg)	1.5 kg approximately
8	Mobility, portability	yes
9	Power requirements	6 V DC battery (built -in charging circuit)
10	Battery operated	6 V DC battery (built -in charging circuit)
11	Power consumption	To be declared by the supplier
12	Atmosphere/ambiance (air conditioning, humidity, dust....)	The unit shall be capable of operating continuously in ambient temperature of 10 to 40°C and relative humidity of 15-90%
13	User's care, cleaning, disinfection & sterility issues	User's care, cleaning, disinfection & sterility issues
14	certificates	FDA approved the company should be ISO certified and products should be ISI mark.
15	Local and/or international	Manufactures /supplier should have ISO for quality standard
16	Requirements for sign-off	The company should be ISO certified and products should be ISI mark.
17	Training of staff (medical, paramedical, technicians)	Manufacturer/supplier should have ISO certificate for quality standard

18	warranty	Three years with free servicing (min.3 year) during warranty & provide technical support and required spaces and consumable for 7 yrs after warranty period.
19	Maintenance tasks	Supplier to perform installation, safety and operation checks before handover local clinical staff to affirm completion of installation
20	Service contract clauses.including prices	Training of users in operation and basic maintenance shall be provided advanced maintenance tasks required shall be documented
21	Operating manuals, service manuals, other manuals	3 year operating manual and quick guide 2 copies in English/Marathi language
22	Other accompanying documents	Maintenance manual detailing complete maintaining schedule
23	Recommendations or warnings	Any recommendations for best use and supplementary warning for safety should be declared
	GMDN name	pneumatic tourniquet electronic
1	Clinical purpose	During surgery to get bloodless field & to avoid blood loss
2	Used by clinical departmental /ward	orthopedic
3	Technical characteristics (specific to this type of device) 14) Cuff pressure :-100 to 500 mm Hg 15) Start delay :-0 to 120 minutes 16) Duration :-0 to 250 minutes 17) Inflation :-motorized pump 18) Pressure resolution :-2mmHg 19) Deflation :-EMV or manual over-ride 20) Accuracy :- ±3mm Hg (set pressure) 21) Display :-16×2 back lit LCD display 22) Operation :-micro controller based control 23) Elapsed time display :-mm:ss, format pressure leakage/elapsed time 24) Alarms :-5 min before auto -deflation 25) Tourniquet :-neoprene cuffs 26) Cuff sizes :- lower limb 7.5×74cm Upper limb 6×33 cm Upper limb 4×28 cm	
4	User's interface, setting	manual
5	Software and/or standard of communication	inbuilt
6	Dimensions (metric)	160(w)×75(h)×140(d)
7	Weighty (lbs, kg)	1.5 kg approximately
8	Mobility, portability	yes
9	Power requirements	6 V DC battery (built -in charging circuit)
10	Battery operated	6 V DC battery (built -in charging circuit)
11	Power consumption	To be declared by the supplier
12	Atmosphere/ambiance (air conditioning, humidity, dust....)	The unit shall be capable of operating continuously in ambient temperature of 10 to 40°C and relative humidity of 15-90%

13	User's care, cleaning, disinfection&sterility issues	User's care, cleaning, disinfection&sterility issues
14	certificates	Company should be ISO certified USFDA/CE/BIS/CDSCO/AERB approved (USFDA/CE requirements will be applicable when indian standards line BIS/DSCO/AERB is not available)
15	Local and/or international	Manufactures /supplier should have ISO for quality standard
16	Requirements for sign-off	The company should be ISO certified and products should be ISI mark.
17	Training of staff (medical, paramedical,technicians)	Manufacturer/supplier should have ISO certificate for quality standard
18	warranty	Three years with free servicing (min.3 year) during warranty &provide technical support and required spaces and consumable for 7 yrs after warranty period.
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23	Recommendations or warnings	Any recommendations for best use and supplementary warning for safety should be declared

Consignee List for Pneumatic Tourniquet)

Consignee List of Pneumatic Tourniquet		
Sr. No.	Name of Institute	Unit
1	Trauma Care Unit Deori, Dist. Gondia	1
2	Trauma Care Unit Karanja, Dis. Wardha	1
3	Trauma Care Unit, Mahad, Dist- Raigad	1
4	Trauma Care Unit, Deulgaon Raja, Dist. Buldhana	1
5	Trauma Care Unit, Sangameshwar, Dist Ratnagiri	1
6	Trauma Care Unit, Naigaon, Dist. Nanded	1
7	Trauma Care Unit, Jintur, Dist. Parbhani	1
8	Trauma Care Unit, Kankavali, Dist. Sindhudurg	1
9	Trauma Care Unit, Kannad, Dist. Chatrapati Sambhajinagar	1
10	Trauma Care Unit, Georai, Dist. Beed	1
11	Trauma Care Unit, Mantha, Dist. Jalna	1
12	Trauma Care Unit, Washim, (District Hospital)	1
13	Trauma Care Unit, Ralegaon, Dist. Yavatmal	1
14	Trauma Care Navapur, Dist. Nandurbar	1
15	Trauma Care Unit, Bhivapur, Dist. Nagpur	1
16	Trauma Care Unit, Murud, Dist. Latur	1
17	Trauma Care Unit, Bhusaval, Dist. Jalgaon	1
Total		17