



## **Rate Contract for Supply of Surgical Implants for AB PM-JAY Patients and other Eligible Beneficiaries**

**Notice No.: PMRD/SI/2026-27/01**

**Last Date & Time of Submission: 30.10.2026 (Friday) till 17:00 Hrs.**

The details of the Rate Contract documents are available on our website <https://www.svnirtar.nic.in/>  
The corrigendum/addendum to this Rate Contract, if any shall be uploaded on the above website.

### **Swami Vivekanand National Institute of Rehabilitation Training & Research**

Department of Empowerment of Persons with Disabilities (Divyangjan)

Ministry of Social Justice & Empowerment, Government of India

At: Olatpur, PO: Bairoi, Dist: Cuttack, Odisha, PIN: 754 010

Tel No.: 0671 – 2805552, 2805856, Fax: 2805862 E-Mail: [svnirtar@gmail.com](mailto:svnirtar@gmail.com), Website: <https://www.svnirtar.nic.in/>

### Important Dates & Contact Information regarding Rate Contract:

|    |                                                                                 |                                                                                                                                                                                                                                                                                                                                        |
|----|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Rate Contract Document                                                          | Can be downloaded from the website:<br><a href="https://svnirtar.nic.in/">https://svnirtar.nic.in/</a>                                                                                                                                                                                                                                 |
| 2. | Office of Issue                                                                 | Swami Vivekanand National Institute of Rehabilitation Training and Research, SVNIRTAR, Olatpur, P.O: Bairoi Dist: Cuttack Odisha - 754010<br>Phone No.: 0671 - 2805552<br>FAX No.: 0671 -2805862                                                                                                                                       |
| 3. | Date of Publication                                                             | 13.10.2026 (Tuesday)                                                                                                                                                                                                                                                                                                                   |
| 4. | Last Date & time of Submission                                                  | 30.10.2026 (Friday) 17:00 Hrs                                                                                                                                                                                                                                                                                                          |
| 5. | Mode of Submission                                                              | Copy of the proposal along with the relevant documents duly stamped and signed by the applicants may please be sent through <b>Speed Post/Registered Post only to:</b><br><br>The Director, Swami Vivekanand National Institute of Rehabilitation Training and Research, SVNIRTAR Olatpur, P.O: Bairoi, Dist: Cuttack, Odisha - 754010 |
| 6. | Date & time of Opening of Technical Bids                                        | 03.11.2026 (Tuesday) 15:30 Hrs                                                                                                                                                                                                                                                                                                         |
| 7. | Date of publication of result of Technical Bids                                 | 04.11.2026 (Wednesday)                                                                                                                                                                                                                                                                                                                 |
| 8. | Date & Time of Opening of Financial Bid only for technically qualified bidders. | Technically qualified bidders shall be informed about the date of opening of financial bid at a later date.                                                                                                                                                                                                                            |
| 9. | Queries                                                                         | In case of any query, the applicants should send such queries through E-mail to <a href="mailto:svnirtar@gmail.com">svnirtar@gmail.com</a>                                                                                                                                                                                             |

# **RATE CONTRACT**

Swami Vivekanand National Institute of Rehabilitation Training and Research (SVNIRTAR) an Autonomous Body under Department of Empowerment of Persons with Disabilities (DIVYANGJAN), Ministry of Social Justice and Empowerment, Govt. of India invites applications in TWO PARTS (Technical and Financial) from reputed, experienced, and competent manufacturers/authorized distributors/suppliers for **Supply of Surgical Implants required for various procedures under Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) for Patients with Disabilities as well as other Eligible Beneficiaries.**

## **1. Introduction:**

Swami Vivekanand National Institute of Rehabilitation Training and Research (SVNIRTAR) is an Autonomous Body under Department of Empowerment of Persons with Disabilities (DIVYANGJAN), Ministry of Social Justice and Empowerment, Govt. of India. It provides total medical rehabilitation for the Persons with Locomotor Disabilities.

It also conducts three Bachelor's Degree Courses in Physiotherapy, Occupational Therapy, Prosthetics and Orthotics, three Postgraduate Courses in Physiotherapy, Occupational Therapy and Prosthetics and Orthotics affiliated to Odisha University of Health Sciences, Bhubaneswar. It also has an accreditation for DNB in Physical Medicine and Rehabilitation of National Board of Examination (NBE), New Delhi.

## **2. Objective of the Contract:**

The objective of this contract is to select eligible vendors who can ensure timely supply of quality-certified implants at approved rates in compliance with AB PM-JAY guidelines and applicable statutory norms.

## **3. Eligibility Criteria:**

Interested applicants must fulfill the following minimum eligibility criteria:

1. The Bidder should be a registered manufacturer or authorized distributor/supplier of the quoted implants.
2. The Bidder should have valid statutory registrations such as:
  - a) GST
  - b) PAN
  - c) Drug Manufacturing License/Import License (If applicable)
  - d) CDSCO/BIS/CE/USFDA Certification (If applicable)
3. Minimum 03 (Three) years' experience in supply of Surgical Implants to Government/Private Hospitals/Autonomous Bodies.
4. The Bidder should not have been blacklisted or debarred by any Government Organization.

## **4. Scope of the Contract:**

The scope of this Contract includes, but is not limited to, supply of implants required for the following specialties:

- a) Orthopaedics (Trauma, Joint Replacement, Spine, Corrective Surgeries for Disabilities)
- b) Any other specialty as notified under AB PM-JAY.

## **5. Contract Period**

**The rate contract awarded shall be valid for a period of three (03) years from the date of execution of the contract. The contract shall be reviewed annually and shall be renewed at the end of each year subject to satisfactory performance & compliance with all terms and conditions of the contract.**

## **6. Categories of Implants:**

**The Bidder shall be required to supply Implants as specified in Schedule I to this Contract.**

*Note: The list of implants specified in Schedule-I is indicative and shall not be construed as exhaustive. The Institute may, based on clinical requirements, patient-specific needs and the provisions of the applicable AB PM-JAY packages, add, delete, modify or otherwise revise the list of implants during the currency of the Rate Contract. Any such addition, deletion or modification shall be communicated to the empanelled Supplier(s) by the Institute and shall be governed by the terms and conditions of the Rate Contract.*

### **6.1 Quality Standards:**

All Orthopaedic Implants supplied under this contract shall strictly comply with the following technical and regulatory requirements in alignment with AB PM-JAY Orthopaedic package norms:

- Implants shall be manufactured from Bio-Compatible materials such as:
  - a) Medical Grade Stainless Steel (ISO 5832-1)
  - b) Titanium and Titanium Alloys (ISO 5832-2 / ISO 5832-3)
  - c) Cobalt Chromium Alloys (ISO 5832-4)
  - d) UHMWPE for Joint Articulation Surfaces
- Materials must be corrosion-resistant, non-toxic and suitable for long-term implantation.

### **6.2 Regulatory & Quality Certification**

- a) Valid **CDSCO Approval/Import License** wherever applicable
- b) Compliance with **ISO 13485** (Quality Management System for Medical Devices)
- c) CE Certification/US FDA approval (As applicable to the implant category)
- d) BIS standards wherever notified by Government of India

### **6.3 Packaging, Labelling & Traceability**

1. Clear labelling indicating:
  - 1.1. Manufacturer's Name and Address
  - 1.2. Batch/Lot Number and Serial Number
2. Complete traceability as per Medical Devices Rules, 2017

### **6.4 Price Validity**

- a) Prices of Implants shall be strictly in accordance with AB PM-JAY package rates and as per applicable Government notifications as amended from time to time.
- b) The rates finalized under the contract shall remain firm and fixed throughout the contract period and no escalation shall be allowed except statutory variation in GST or Government-notified price control orders.

### **6.5 Delivery Conditions**

- a) Routine Requirement: Implants shall be supplied within twenty-four (24) hours from receipt of Purchase Order.
- b) The Supplier shall be fully responsible for ensuring that all implants, devices, components, accessories and parts supplied under the Rate Contract conform to the approved specifications, prescribed quality standards and applicable regulatory requirements.
- c) In the event any part, component or accessory of a supplied product is found to be defective, damaged, malfunctioning, sub-standard or otherwise not conforming to the prescribed specifications, the Supplier shall, at its own cost and without any additional financial liability to the Institute, replace the defective part/component with a new and conforming part/component.

## 6.6 Liquidated Damages

- a) In case of delay in supply beyond stipulated delivery period, liquidated damages shall be imposed at the rate of 0.5% of the delayed supply value per week or part thereof subject to a maximum of 10% of the order value.

## 6.7 Billing

- a) The supplier shall be required to submit the Bill within 15 days from the date of delivery for release of payment. TDS as per norms shall be deducted from the Bill at the time of release of payment.

## 7. General Terms & Conditions:

1. Bidder shall not be under liquidation, court receivership or similar proceedings during any time in the tenure of the contract.
2. SVNIRTAR shall reserve the right to seek additional information or ask for supporting documents from Bidders for verifying/evaluating their credentials whenever required.
3. **Application must be submitted through Speed Post/Registered Post only to The Director, Swami Vivekanand National Institute of Rehabilitation Training and Research, SVNIRTAR, Olatpur, P.O: Bairoi, Dist: Cuttack, Odisha - 754010.**
4. Any application received after the stipulated date & time, due to any reason whatsoever, will be rejected out rightly.
5. The Rate Contract may be canceled by giving one month notice by either of the parties.
6. SVNIRTAR shall not be responsible for any expense incurred by bidders in connection with the preparation and delivery of their bids and other expenses incurred during the bidding process.
7. SVNIRTAR reserves the right to accept or reject any Bid and to reject all Bids at any time prior to award of contract without assigning any reason whatsoever, without incurring any liability to the affected Bidder or Bidders or without any obligation to inform the affected Bidder or Bidders of the grounds or the reasons for the said action.
8. Canvassing in any form by the bidder or by any other agency on their behalf may lead to disqualification of their bid.
9. The Bidder is expected to examine the document carefully, including all instructions, forms, terms and specifications in the document.
10. Format of Application must be completely filled in. Incomplete applications will be rejected out rightly.
11. All the applications will be evaluated strictly on the basis of the selection criteria. Attaching unsolicited information/documents for processing applications expeditiously must be avoided under all circumstances.

## 8. Mode of Submission of Bid Documents

- 8.1 Applications must be submitted under sealed cover superscripting the Notice No. & Date and the words **“Application for Rate Contract for Supply of Surgical Implants for Surgeries of AB PM-JAY Patients with Disabilities and other Eligible Beneficiaries”**. The application submitted shall contain two envelopes **Part – I** super scribed as **“Technical Bid”** along with all supporting documents duly signed & stamped & **Part – II** super scribed as **“Financial Bid”** in another sealed envelope.

- 8.2 **Part – I – Technical Bid:** Bid Documents containing the following must be bound, indexed, completely page numbered and arranged in the order:

- a. Covering Letter on Bidder’s Letter Head as per **Annexure – I**.
- b. Bidder’s General Information as per **Annexure – II**.
- c. Bidder’s Bank Mandate as per **Annexure-III**.
- d. Declaration & compliance to bid requirements as per **Annexure-IV**.
- e. Any other information required or considered relevant by the Bidder.

All documents furnished by the Bidder as per the requirement of Technical Bid Evaluation Criteria shall be signed and sealed by the Bidder or any Authorized Signatory of the Bidder.

### **8.3 Part – II – Financial Bid:**

- a. The Financial Bid shall be submitted as per **Annexure - V** provided in the Document. The envelope containing the Financial Bid shall be super scribed with **“Financial Bid for Supply of Surgical Implants Required for Surgeries of AB PM-JAY Patients with Disabilities and other Eligible Beneficiaries”**. The Bidder shall be required to quote separately for each Implant Category as stipulated in **Schedule – I** to this Contract.
- b. The Bidder shall quote the Financial Bid in Indian Rupees only.

### **9. Bid Opening:**

#### **9.1 Evaluation of Technical Bid:**

The Institute will determine whether the bidder has fulfilled all the conditions and has submitted all the relevant documents as stipulated in this contract document and whether the bidder is substantially responsive or not.

The Institute will then proceed with the opening of Financial Bid of those bidders whose technical bid has been found substantially responsive.

### **10. Bid Evaluation:**

**10.1 The Financial Bids of only those bidders who qualify in the Technical Evaluation shall be opened and evaluated. The evaluation of the Financial Bid shall be carried out on the basis of the quoted price for each Implant Category separately as stipulated in Schedule – I to this contract document.**

**10.2 The bidder quoting the Lowest Evaluated Price (L1) for each Implant Category separately as stipulated in Schedule – I to this contract document shall be considered for award of the contract.**

**10.3 In the event of two or more bidders quoting the same Lowest Evaluated Price (L1), the bidder having highest years of experience in supply of similar items as submitted at the time of submission of the Technical Evaluation shall be deemed to be L1.**

### **11. Award of Contract:**

**11.1** Upon acceptance of the Bid, a Purchase Order shall be issued to the successful bidder (L1) who has quoted the lowest evaluated price (L1) for each Implant Category as stipulated in Schedule – I to this contract document, and the bidder shall execute the agreement and comply with all formalities within the stipulated time period as specified in the contract document.

### **12. Termination of Contract:**

**12.1** The Institute may, without prejudice to any other remedy for breach of contract, by written notice of default with a notice period of one month, sent to the Bidder, terminate the contract either in whole or in part if it comes to the notice that, the Bidder has failed to perform any of the obligation(s) under the contract; or has engaged in fraudulent and corrupt practices in competing for or inexecuting the contract.

**12.2** In the event, the Institute terminates the contract in whole or in part, the Institute may entrust the contract to other persons/bidders in such manner and at such rate as deemed appropriate.

### **13. Disputes and Jurisdiction:**

Any legal disputes arising out of any breach of contract pertaining to this Rate Contract shall be subject to the courts of Cuttack jurisdiction.

### **14. Schedules:**

**Schedule - I** refers to the **“Schedule of Orthopaedic Implants (AB PM-JAY)”**

Sd/-  
Dr. P.P. Mohanty  
**Director**

(To be submitted on the letter head of the Bidder)

To  
The Director  
Swami Vivekanand National Institute of Rehabilitation Training & Research  
At: Olatpur, PO: Bairoi, District: Cuttack - 754010

**Subject: Application for “Rate Contract for Supply of Surgical Implants for Surgeries of AB PM-JAY Patients with Disabilities and other Eligible Beneficiaries” at Swami Vivekanand National Institute of Rehabilitation Training & Research, Cuttack**

**Refer Your Notice No. PMRD/SI/2026-27/01 dtd. 13.10.2026**

Sir,

1. I/We, the undersigned do hereby tender and undertake to apply for “Rate Contract for Supply of Surgical Implants for Surgeries of AB PM-JAY Patients with Disabilities and other Eligible Beneficiaries” at Swami Vivekanand National Institute of Rehabilitation Training & Research, Cuttack as described in accordance with the terms and conditions of the Notice No. PMRD/SI/2026-27/01 dtd. 13.10.2026.
2. I/We have gone through the instructions in the tender and carefully read all the conditions of tender and agree to abide by all the conditions mentioned in the document.
3. I/We hereby certify that the amount quoted in this tender is final and I/We will not come forward for any revision or alteration in amount quoted subsequently due to any reasons.
4. I/We are aware that our application is liable for disqualification in the event of deviations observed by the Institute.
5. In response to the Notice No. PMRD/SI/2026-27/01 dtd. 13.10.2026 as a Proprietor/Partner/Director of .....I/We hereby declare that our Agency/Bidder's Name ..... has not been declared ineligible for corrupt & fraudulent practices indefinitely or for a particular period of time.
6. I/We further declare that the information and documents furnished in the application submitted by us are correct and genuine.
7. I/We are aware of the Institute's right blacklisting me/us if, any information furnished by us is found to be false at the time of scrutiny and not complying with the terms and conditions.

Signature of the Bidder  
Name & Address  
(Organisation Seal)

(To be submitted on the letter head of the Bidder)

**General Information**

| SI No | Particulars                                                                                                            |   |  |
|-------|------------------------------------------------------------------------------------------------------------------------|---|--|
| 1.    | Name and Address of the Agency with Phone No. and E-Mail ID                                                            | : |  |
| 2.    | Type of Agency:<br>(Whether Proprietorship, Partnership, Private/Public Ltd. Company or Co-operative Society, LLP etc. | : |  |
| 3.    | Registration Number and Date                                                                                           | : |  |
| 4.    | PAN Number<br>(Self-certified photocopy to be enclosed)                                                                | : |  |
| 5.    | GST Regn. No.<br>(Self-certified photocopy to be enclosed)                                                             | : |  |
| 6.    | Audited Accounts (Last three years)                                                                                    | : |  |
| 7.    | Income Tax Returns (Last three years)                                                                                  | : |  |
| 8.    | Drug Manufacturing License/Import License (If applicable)                                                              | : |  |
| 9.    | CDSCO/BIS/CE/USFDA Certification (If applicable)                                                                       | : |  |
| 10.   | Experience Certificates from previous organizations                                                                    | : |  |
| 11.   | Any other Information                                                                                                  | : |  |

Signature of the Bidder  
Name & Address  
(Organisation Seal)

(To be submitted on the letter head of the Bidder)

**E-Payment Form**  
**Bank Account Particulars**

1. Bidder's Name:.....
2. Address of Bidder:.....
3. Particular of Bank Account
  - a. Name of the Bank:.....
  - b. Branch Code:.....
  - c. Address of the Bank Branch:.....
  - d. Type of account (SB, Current, Credit):.....
  - e. Account Number:.....
  - f. Bank's IFSC code for RTGS/NEFT:.....

I hereby declare that the particulars given above are correct and complete and accord our consent for receiving payment through electronic mechanism. I also undertake to intimate the changes, if any, in bank account details in future and SVNIRTAR will not be held responsible for non-payment/delay due to above change in bank details and also due to technical reasons beyond its control.

( \_\_\_\_\_ )  
 Signature of the authorized signatory (ies) & Designation

Place:  
 Date:  
 Official seal of the Bidder

**BANK CERTIFICATION**

Certified that the particulars furnished above are correct as per our records.

|                 |                                                                          |
|-----------------|--------------------------------------------------------------------------|
| Place:<br>Date: | Bank's Stamp<br><br>Stamp & Signature<br>Authorized official of the Bank |
|-----------------|--------------------------------------------------------------------------|

(To be submitted on the letter head of the Bidder)

**Undertaking**

I/We hereby confirmed that all the documents submitted in this contract are authentic, genuine, copies of their originals and have been issued by the issuing authority mentioned above and no part of the document(s)/ information is false, forged or fabricated.

I/We hereby confirm that our Bid complies with the total technical-commercial requirements, terms and conditions of the contract and subsequent addendum/corrigendum (if any), issued by SVNIRTAR, without any deviation, exception, comments and assumptions.

I/We also confirm that we have quoted the prices without any condition and deviation.

I/We hereby confirm that we are not under any 'liquidation', any 'court receivership' or similar proceedings and 'bankruptcy'.

I/We hereby confirm that no Partner/Director of the entity have not been convicted in any disciplinary proceedings /criminal case by regulatory authority(ies)/court in connection with professional work.

I/We further confirm that, we have not been in negative list / blacklisted by any Public Sector Undertaking /Government Organization /SVNIRTAR.

I/We also confirm that the contents of this contract have not been modified or altered by us. We agree that if any noticed in future, our Bid may be rejected/terminated.

I/We hereby confirm that we have gone through and understood the terms and conditions of the contract document and that our Bid has been prepared accordingly in compliance with the requirement stipulated in the said documents.

Name of Bidder: \_\_\_\_\_

Seal and Signature of Bidder: \_\_\_\_\_

**FINANCIAL BID**

(To be filled in by bidder)

**PRICE QUOTATION FORMAT**

NAME OF THE BIDDER: \_\_\_\_\_

ADDRESS OF THE BIDDER: \_\_\_\_\_

| SI No | Implant Category                                 |    | Indicative Description                         | A/u  | Rate             |
|-------|--------------------------------------------------|----|------------------------------------------------|------|------------------|
|       |                                                  |    |                                                |      | (Figures in Rs.) |
| A     | Trauma Implants                                  | 1  | Small DCP, Narrow DCP                          | Nos. |                  |
|       |                                                  | 2  | Broad DCP                                      | Nos. |                  |
|       |                                                  | 3  | LC DCP                                         | Nos. |                  |
|       |                                                  | 4  | LCP Distal Humerus                             | Nos. |                  |
|       |                                                  | 5  | LCP Distal Femur                               | Nos. |                  |
|       |                                                  | 6  | Contoured Plate Clavicle                       | Nos. |                  |
|       |                                                  | 7  | LCP Distal Radius                              | Nos. |                  |
|       |                                                  | 8  | Proximal Tibia (T/L Plate)                     |      |                  |
|       |                                                  |    | a. LCP (3.5)                                   | Nos. |                  |
|       |                                                  |    | b. Distal Tibia Plate                          | Nos. |                  |
|       |                                                  | 9  | Proximal Femoral Plate                         | Nos. |                  |
|       |                                                  | 10 | Paediatric Distal Femoral Plate                | Nos. |                  |
|       |                                                  | 11 | Recon Plate                                    | Nos. |                  |
|       |                                                  | 12 | 1/3 <sup>rd</sup> Semi Tubular Plate           | Nos. |                  |
|       |                                                  | 13 | Hook Plate Ulna                                | Nos. |                  |
|       |                                                  | 14 | Hook Plate Lateral Clavicle                    | Nos. |                  |
|       |                                                  | 15 | 8 Plate for Growth Modulation                  | Nos. |                  |
|       |                                                  | 16 | Cannulated Cancellous Screw (6.5 mm)           | Nos. |                  |
|       |                                                  | 17 | Dynamic Hip Screw (DHS) & Plate                |      |                  |
|       |                                                  |    | a. Adult                                       | Set  |                  |
|       |                                                  |    | b. Paediatric                                  | Set  |                  |
|       |                                                  | 18 | Nails                                          |      |                  |
|       |                                                  |    | a. Titanium Elastic Nail                       | Nos. |                  |
|       |                                                  |    | b. Humerus Nail                                | Set  |                  |
|       |                                                  |    | c. Femur/Tibia Nail                            | Set  |                  |
|       |                                                  |    | d. Proximal Femoral Nail (PFN)                 | Set  |                  |
|       |                                                  | 19 | Herbert Screw                                  | Nos. |                  |
|       |                                                  | 20 | HTO Plate & Screw                              | Set  |                  |
|       |                                                  | 21 | Intercondylar Humerus Plate                    | Nos. |                  |
|       |                                                  |    | <b>Sub-Total</b>                               |      |                  |
| B     | Joint Replacement Implants & Prosthesis Implants | 1  | Total Hip Replacement (THR) Prosthesis         |      |                  |
|       |                                                  |    | a. Hybrid                                      | Set  |                  |
|       |                                                  |    | b. Cemented                                    | Set  |                  |
|       |                                                  |    | c. Uncemented                                  | Set  |                  |
|       |                                                  | 2  | Total Knee Replacement (TKR) Prosthesis        | Set  |                  |
|       |                                                  | 3  | Partial Joint Replacement Implants             |      |                  |
|       |                                                  |    | a. Bipolar (Non-modular)                       | Set  |                  |
|       |                                                  |    | b. Bipolar (Modular – Cemented & Uncemented)   | Set  |                  |
|       |                                                  | 4  | Revision Joint Replacement Systems             | Set  |                  |
|       |                                                  |    | <b>Sub-Total</b>                               |      |                  |
| C     | Spinal Implants                                  | a. | Pedicle Screw and Rod Systems                  | Set  |                  |
|       |                                                  | b. | Spinal Cages (Cervical, Thoracic, Lumbar)      | Set  |                  |
|       |                                                  | c. | Anterior and Posterior Spinal Fixation Systems | Set  |                  |
|       |                                                  | d. | Spinal Deformity Correction Implants           | Set  |                  |
|       |                                                  |    | <b>Sub-Total</b>                               |      |                  |

| SI No | Implant Category                           |   | Indicative Description                                         | A/u  | Rate             |
|-------|--------------------------------------------|---|----------------------------------------------------------------|------|------------------|
|       |                                            |   |                                                                |      | (Figures in Rs.) |
| D     | External Fixator Systems & Wire            | 1 | External Fixator                                               |      |                  |
|       |                                            |   | a. Ring Fixator Assembly                                       | Set  |                  |
|       |                                            |   | b. Single Rod Assembly                                         | Set  |                  |
|       |                                            | 2 | Tubular Rod + 6 Schanz Pins                                    |      |                  |
|       |                                            |   | a. Double Rod Assembly                                         | Set  |                  |
|       |                                            |   | b. Wrist External Fixator                                      | Set  |                  |
|       |                                            | 3 | Wire                                                           |      |                  |
|       |                                            |   | a. K-Wire                                                      | Nos. |                  |
|       |                                            |   | b. SS Wire                                                     | Roll |                  |
|       |                                            |   | <b>Sub-Total</b>                                               |      |                  |
| E     | Arthroscopy                                | 1 | Interference Screw                                             | Nos. |                  |
|       |                                            |   | a. Titanium                                                    | Nos. |                  |
|       |                                            |   | b. Peek                                                        | Nos. |                  |
|       |                                            |   | c. Bio Screw                                                   | Nos. |                  |
|       |                                            | 2 | Endo Button, Fixed and Adjustable Loop                         |      |                  |
|       |                                            | 3 | Suture Anchor                                                  | Nos. |                  |
|       |                                            |   | a. Metal                                                       | Nos. |                  |
|       |                                            |   | b. Peek                                                        | Nos. |                  |
|       |                                            |   | c. Knotless                                                    | Pair |                  |
|       |                                            | 4 | Radio Frequency Ablation                                       | Nos. |                  |
|       |                                            |   | <b>Sub-Total</b>                                               |      |                  |
| F     | Corrective and Disability-related Implants | 1 | Implants for Congenital and Acquired Deformity Correction      | Set  |                  |
|       |                                            | 2 | Customized Orthopaedic Implants for Patients with Disabilities | Set  |                  |
|       |                                            | 3 | Limb Lengthening and Reconstruction Systems                    | Set  |                  |
|       |                                            | 4 | Crutch                                                         | Pair |                  |
|       |                                            | 5 | Brace                                                          | Nos. |                  |
|       |                                            |   | <b>Sub-Total</b>                                               |      |                  |
| G     | Ilizarov Instruments                       | 1 | Rings (All Sizes)                                              | Nos. |                  |
|       |                                            | 2 | Threaded Rod (All Sizes)                                       | Nos. |                  |
|       |                                            | 3 | Ilizarov Wire (1.8 mm)                                         | Nos. |                  |
|       |                                            | 4 | Olive Wire (1.8 mm)                                            | Nos. |                  |
|       |                                            | 5 | Universal Hinges                                               | Pair |                  |
|       |                                            | 6 | 90-90 Plates                                                   | Nos. |                  |
|       |                                            |   | <b>Sub-Total</b>                                               |      |                  |
| H     | Screws                                     |   | Cortical Screws                                                |      |                  |
|       |                                            |   | a. Size 3.5 mm                                                 | Nos. |                  |
|       |                                            |   | b. Size 4.5 mm                                                 | Nos. |                  |
|       |                                            |   | c. Size 2.7 mm                                                 | Nos. |                  |
|       |                                            |   | Cancellous Screw                                               |      |                  |
|       |                                            |   | a. Size 4.0 mm                                                 | Nos. |                  |
|       |                                            |   | b. Size 6.5 mm                                                 | Nos. |                  |
|       |                                            |   | Malleolar Screw                                                |      |                  |
|       |                                            |   | a. Size 4.5 mm                                                 | Nos. |                  |
|       |                                            |   | Cannulated Screw                                               |      |                  |
|       |                                            |   | a. Size 4.0 mm                                                 | Nos. |                  |
|       |                                            |   | b. Size 6.5 mm                                                 | Nos. |                  |
|       |                                            |   | Schanz Pin                                                     |      |                  |
|       |                                            |   | a. Size 4.5 mm                                                 | Nos. |                  |
|       |                                            |   | b. Size 5 mm                                                   | Nos. |                  |
|       |                                            |   | <b>Sub-Total</b>                                               |      |                  |

**Note:**

The price quoted shall be exclusive of all applicable taxes.

**Signature & Seal of the Bidder**

**Date:**

**Place:**

## Schedule of Implants (AB PM-JAY)

| SI No    | Indicative Description                             | A/u  | Qty                     |
|----------|----------------------------------------------------|------|-------------------------|
| <b>A</b> | <b>Trauma Implants</b>                             |      |                         |
| 1        | Small DCP, Narrow DCP                              | Nos. | Per patient as required |
| 2        | Broad DCP                                          | Nos. | Per patient as required |
| 3        | LC DCP                                             | Nos. | Per patient as required |
| 4        | LCP Distal Humerus                                 | Nos. | Per patient as required |
| 5        | LCP Distal Femur                                   | Nos. | Per patient as required |
| 6        | Contoured Plate Clavicle                           | Nos. | Per patient as required |
| 7        | LCP Distal Radius                                  | Nos. | Per patient as required |
| 8        | Proximal Tibia (T/L Plate)                         |      |                         |
|          | a. LCP (3.5)                                       | Nos. | Per patient as required |
|          | b. Distal Tibia Plate                              | Nos. | Per patient as required |
| 9        | Proximal Femoral Plate                             | Nos. | Per patient as required |
| 10       | Paediatric Distal Femoral Plate                    | Nos. | Per patient as required |
| 11       | Recon Plate                                        | Nos. | Per patient as required |
| 12       | 1/3 <sup>rd</sup> Semi Tubular Plate               | Nos. | Per patient as required |
| 13       | Hook Plate Ulna                                    | Nos. | Per patient as required |
| 14       | Hook Plate Lateral Clavicle                        | Nos. | Per patient as required |
| 15       | 8 Plate for Growth Modulation                      | Nos. | Per patient as required |
| 16       | Cannulated Cancellous Screw (6.5 mm)               | Nos. | Per patient as required |
| 17       | Dynamic Hip Screw (DHS) & Plate                    |      |                         |
|          | a. Adult                                           | Set  | Per patient as required |
|          | b. Paediatric                                      | Set  | Per patient as required |
| 18       | Nails                                              |      |                         |
|          | a. Titanium Elastic Nail                           | Nos. | Per patient as required |
|          | b. Humerus Nail                                    | Set  | Per patient as required |
|          | c. Femur/Tibia Nail                                | Set  | Per patient as required |
|          | d. Proximal Femoral Nail (PFN)                     | Set  | Per patient as required |
| 19       | Herbert Screw                                      | Nos. | Per patient as required |
| 20       | HTO Plate & Screw                                  | Set  | Per patient as required |
| 21       | Intercondylar Humerus Plate                        | Nos. | Per patient as required |
| <b>B</b> | <b>Joint Replacement &amp; Prosthesis Implants</b> |      |                         |
| 1        | Total Hip Replacement (THR) Prosthesis             |      |                         |
|          | a. Hybrid                                          | Set  | Per patient as required |
|          | b. Cemented                                        | Set  | Per patient as required |
|          | c. Uncemented                                      | Set  | Per patient as required |
| 2        | Total Knee Replacement (TKR) Prosthesis            | Set  | Per patient as required |
| 3        | Partial Joint Replacement Implants                 |      |                         |
|          | a. Bipolar (non-modular)                           | Set  | Per patient as required |
|          | b. Bipolar (Modular – Cemented & Uncemented)       | Set  | Per patient as required |
| 4        | Revision Joint Replacement Systems                 | Set  | Per patient as required |
| <b>C</b> | <b>Spinal Implants</b>                             |      |                         |
| 1        | Pedicle Screw and Rod Systems                      | Set  | Per patient as required |
| 2        | Spinal Cages (Cervical, Thoracic, Lumbar)          | Set  | Per patient as required |
| 3        | Anterior and Posterior Spinal Fixation Systems     | Set  | Per patient as required |
| 4        | Spinal Deformity Correction Implants               | Set  | Per patient as required |
| <b>D</b> | <b>External Fixator Systems &amp; Wire</b>         |      |                         |
| 1        | External Fixator                                   |      |                         |
|          | a. Ring Fixator Assembly                           | Set  | Per patient as required |
|          | b. Single Rod Assembly                             | Set  | Per patient as required |
| 2        | Tubular Rod + 6 Schanz Pins                        |      |                         |
|          | a. Double Rod Assembly                             | Set  | Per patient as required |
|          | b. Wrist External Fixator                          | Set  | Per patient as required |

| SI No    | Indicative Description                                         | A/u  | Qty                     |
|----------|----------------------------------------------------------------|------|-------------------------|
| 3        | Wire                                                           |      |                         |
|          | a. K-Wire                                                      | Nos. | Per patient as required |
|          | b. SS Wire                                                     | Roll | Per patient as required |
| <b>E</b> | <b>Arthroscopy</b>                                             |      |                         |
| 1        | Interference Screw                                             |      |                         |
|          | a. Titanium                                                    | Nos. | Per patient as required |
|          | b. Peek                                                        | Nos. | Per patient as required |
|          | c. Bio Screw                                                   | Nos. | Per patient as required |
| 2        | Endo Button, Fixed and Adjustable Loop                         | Nos. | Per patient as required |
| 3        | Suture Anchor                                                  |      |                         |
|          | a. Metal                                                       | Nos. | Per patient as required |
|          | b. Peek                                                        | Nos. | Per patient as required |
|          | c. Knotless                                                    | Nos. | Per patient as required |
| 4        | Radio Frequency Ablation – Probes                              | Pair | Per patient as required |
| <b>F</b> | <b>Corrective and Disability-related Implants</b>              |      |                         |
| 1        | Implants for Congenital and Acquired Deformity Correction      | Set  | Per patient as required |
| 2        | Customized Orthopaedic Implants for Patients with Disabilities | Set  | Per patient as required |
| 3        | Limb Lengthening and Reconstruction Systems                    | Set  | Per patient as required |
| 4        | Crutch                                                         | Pair | Per patient as required |
| 5        | Brace                                                          | Nos. | Per patient as required |
| <b>G</b> | <b>Illizarov Instruments</b>                                   |      |                         |
| 1        | Rings (All Sizes)                                              | Nos. | Per patient as required |
| 2        | Threaded Rod (All Sizes)                                       | Nos. | Per patient as required |
| 3        | Illizarov Wire (1.8 mm)                                        | Nos. | Per patient as required |
| 4        | Olive Wire (1.8 mm)                                            | Nos. | Per patient as required |
| 5        | Universal Hinges                                               | Pair | Per patient as required |
| 6        | 90-90 Plates                                                   | Nos. | Per patient as required |
| <b>H</b> | <b>Screws</b>                                                  |      |                         |
| 1        | Cortical Screws                                                |      |                         |
|          | a. Size 3.5 mm                                                 | Nos. | Per patient as required |
|          | b. Size 4.5 mm                                                 | Nos. | Per patient as required |
|          | c. Size 2.7 mm                                                 | Nos. | Per patient as required |
| 2        | Cancellous Screw                                               |      |                         |
|          | a. Size 4.0 mm                                                 | Nos. | Per patient as required |
|          | b. Size 6.5 mm                                                 | Nos. | Per patient as required |
| 3        | Malleolar Screw                                                |      |                         |
|          | a. Size 4.5 mm                                                 | Nos. | Per patient as required |
| 4        | Cannulated Screw                                               |      |                         |
|          | a. Size 4.0 mm                                                 | Nos. | Per patient as required |
|          | b. Size 6.5 mm                                                 | Nos. | Per patient as required |
| 5        | Schanz Pin                                                     |      |                         |
|          | a. Size 4.5 mm                                                 | Nos. | Per patient as required |
|          | b. Size 5 mm                                                   | Nos. | Per patient as required |
|          | c. Size 6 mm                                                   | Nos. | Per patient as required |