

# JAMMU AND KASHMIR MEDICAL SUPPLIES CORPORATION LTD.

(Public Sector Undertaking of the Government of Jammu and Kashmir) Corporate Head Office: Corporate Head Office: Plot No. 58, Friends Colony Satyam Road Trikuta Nagar Jammu Corporate Office: Corporate Office Kashmir: Near Haj House ,Bemina(190018),Srinagar

email: jkmscljepm@gmail.com; website: www.jkmscl.nic.in

M/SS.R. Technomed

Bakshi Nagar Jammu (Bidder)

No: JKMSCL/GM/2025 13936-50

Dated: 02-03-2025.

Sub: E.bid for the finalization of Rate Contract for the procurement of "Machinery & Equipments" - issuance of Rate Contract for the item "High Fidelity Birthing Simulator with Inbuilt Ultrasound"

#### Ref No.

NIT No. JKMSCL/Mach/2023/601 dated 24-08-2023

- Minutes of Purchase Committee vide No. JKMSCL/MD/2024-25/787-800 dated 22.01.2025.
- LOI No. JKMSCL/GM/2025/12443-48 dated 24.01.2025.

Sir.

As per the decision of the Purchase Committee, the Jammu and Kashmir Medical Supplies Corporation J&K has approved the following item/item(s) under group "Machinery & Equipments" in your favour on the quoted rates by you in the NIT:

S. No.	Name of item	currency	Basic Rate without Tax with Conversion (1)	Taxes (2)	Total Amount (in Rs) with taxes (1+2)
1.	High Fidelity Birthing Simulator with Inbuilt Ultrasound  M/s Laerdal Medical India Pvt.Ltd. Kurla Mumbai,400070(M.H.) (Importer)  M/s Laerdal Medical AS Norway (Manufacturer) Model: Laerdal SimMom	INR	16302520.30	2934453.65	1,92,36,973.95 (Rupees one crore ninety two lakhs thirty six thousand nine hundred seventy three and ninety five paisa only)

The approved rates for Comprehensive Maintenance Contract after the expiry of warranty period of 05 (Five) years are as follows:

S. No	Name of Item	CARGO C. C.	
1	High Fidelity Birthing Simulator with Inbuilt Ultrasound	CMC for five years 6 <sup>th</sup> yr =489075.60	
	M/s Laerdal Medical India Pvt.Ltd. Kurla Mumbai,400070(M.H.) (Importer)	7 <sup>th</sup> yr =570588.21 8 <sup>th</sup> yr =652100.81	
	M/s Laerdal Medical AS Norway (Manufacturer) Model : Laerdal SimMom	9 <sup>th</sup> yr=733613.41 10 <sup>th</sup> yr=815126.01	
		Total Amount : 3260504.04	

# Terms and Conditions:

Delivery Site: Rate are FOR Drug warehouse of JKMSCL/any Govt. Institution of J&K State, wherever

installation is required. 2. Validity:

The rate contract shall remain valid for a period of two years from the date of issuance of the Contract which may be extended for a period of 90 days or till such time the new rate contract is finalized, whichever is earlier, with mutual consent of JKMSCL and successful bidder.

Taxes: As mentioned above and as applicable.
 Warranty: Five Years from the date of installation.

5. Performance Security

You are further required to deposit the performance security equivalent to 5% of the total invoice value in the shape of Bank Guarantee in favour of FA/CAO, JKMSCL within seven days from the date of issuance of Purchase Order(s) from time to time.

Supplies Within 90 days from the date of issuance of supply order.

Penalty
 In case In case of extension in the delivery period with liquidated damages, recovery of liquidated damages shall be made at the rate of 0.25% per day for every day of delay subject to maximum of 10%.

 Installation: Installation / commissioning and necessary training for upkeep of the equipment shall be provided free of cost.

9. Availability of Spares: Firm shall certify that the parts of the equipment shall remain available at least

for a period of five years after the year of expiry of warranty period of five years.

10. You have to certify that the rates mentioned above as quoted by your firm are the lowest rates applicable to all Govt./private Institution/PSU etc. Variation found if any, during the rate contract period by the Corporation/Intending department or any other agency shall be the sole responsibility of the Contractor/Supplier/manufacturer/importer.

11. The supplier/manufacturer/importer shall ensure to supply the Brand new and unused item(s) strictly as per specifications/sample(s) approved. Variations found, if any, in instant case/or in later stages by the Corporation/Intending department/any other agency which may lead to sub standard or Not of standard/approved quality, shall be the sole responsibility of the supplier/ manufacturer/ importer/contractor.

12. JKMSCL is at liberty to get the feedback from the end-user department/intending department regarding the functioning of the machinery & equipment supplied by your agency. Adverse report, if any, may lead to strict action against you under rules/terms & conditions of the NIT/guidelines issued by the Govt. from time to time.

- 13. Fall Clause: The prices under contract shall be subject to price fall clause. The prices charged for the goods supplies under the contract by successful bidder shall in no event exceed the lowest price at which the successful bidder sells the goods or offers to sell the goods of identical description to any other person(s)/Organization(s) including procurement agencies or any other department of Central Govt. or State Govt. as the case may be during the period till the performance of the contract. If at any time, during the period of the contract, the bidder reduces the sales price chargeable under the contract, he shall forth with notify such reduction to the JKMSCL, J&K and the price payable under the contract for the stores supplied after the date of coming into force of such reduction or sale shall stand reduced correspondingly. It imply that if the contract holder quotes/ reduces its price to render similar goods at a price lower than the contract price to anyone in the Central/State Govt. at any time during the currency of contract including extension period, the contract price shall be automatically be reduced with effect from the date of reducing or quoting lower price for all delivery of subject matter of procurement under contract and the contract shall be amended accordingly.
- 14. Risk Purchase: If the bidder is unable to complete the supply within the specified or extended period, the corporation shall be entitled to purchase the goods or any part thereof from elsewhere without notice to the bidder on his (i.e., bidders) account at his cost and risk, with the prior approval of Managing Director JKMSCL, J&K. The bidder shall be liable to pay any loss or damage which the purchasing officer may sustain by reasons of such failure on the part of the bidder.

The bidder shall not be entitled to any gain on such purchases made against default. The recovery of such loss or damage shall be made from any sums accruing to the bidder under this or any other contract with the corporation/government. If recovery is not possible from the bill and the bidder fails to pay the loss or damage within one month of the demand, the recovery of such amount or sum due from the bidder shall be made from the bidder. In case supplier fails to deliver ordered goods, the risk purchases may be made at market rate from any other firm. It is mandatory for the approved supplier to acknowledge receipt of orders within seven days from the date of dispatch of order, failing which the procuring entity will be at liberty to initiate action to purchase the items on risk purchase provision at the expiry of the prescribed supply period.

- 15. Orders shall only be placed on the basis of actual requirement and funds as available under the relevant Head of Accounts.
- 16. Payment shall be released after successful installation and commissioning of the equipment duly verified by the intending department.
- 17. Approved technical specifications shall remain same as per NIT (Annexure I)

8

All the terms and conditions of the NIT, Standard Procurement of Procedure (SPP) of JKMSCL & LOI shall be part of this Rate Contract.

Issued with the Decision and Authorization of Purchase Committee of JKMSCL vide its minutes No. JKMSCL/MD/2024-25/787-800 dated 22.01.2025

(Mohd Ashraf Choudhary ) JKAS General Manager (Adm.), JKMSCL

ours sincerely,

### Copy for information to the:

- 1. Principal, Govt. Medical College, Srinagar (Kashmir) (Director, Board of Directors- JKMSCL).
- 2. Principal, Government Medical College, Jammu (Director, Board of Directors JKMSCL).
- 3. Principal, Government Dental College, Srinagar (Director, Board of Directors- JKMSCL).
- 4. Principal, Government Dental College, Jammu (Director, Board of Directors- JKMSCL).
- 5. Director General, Indian System of Medicines, J&K (Director, Board of Directors- JKMSCL).
- 6. Director, Family Welfare, MCH & Immunization, J&K (Director, Board of Directors- JKMSCL).
- 7. Director, Health Services, Jammu (Director, Board of Directors- JKMSCL).
- 8. Director, Health Services, Kashmir (Director, Board of Directors- JKMSCL).
- 9. Mission Director, NHM, J&K (Director, Board of Directors- JKMSCL).
- Controller, Drug & Food Control Organization, J&K (Director, Board of Directors JKMSCL).
- 11. F.A/Chief Accounts Officer, J&K Medical Supplies Corporation Limited.
- 12. General Manager -K(P&S, IT), J&K Medical Supplies Corporation Limited.
- 13. Asstt Programmer to upload on official website.
- 14. I.T cell JKMSCL.
- 15. File

Annexure to Rate Contract No. TKMSCL/GM/2025/13936-50 dt 03/03/25

High Fidelity Birthing Simulator with Inbuilt Ultrasound

Make: M/s Laerdal Medical AS Norway

Model: Laerdal SimMom

### **General Conditions**

 The Simulator should be able to deliver high quality simulation experience by providing flexible training solutions in building competency to manage adverse events can impact patient outcomes.

- 2) The birthing simulator should allow cross-functional team training in any environment from ER to Labor and Delivery (L&D), for both novice learners and healthcare providers alike to practice and prepare for critical events. The simulator should allow training in pre- to post-natal care, Ultrasound to help improve point-of-care diagnostics training, and visually determine the health of the fetus and mother.
- 3) Vendor should provide 5 years warranty.
- 4) Vendor should provide training on products (Technical) as well as simulation training. Training program should be three full day which should include from how to get started, to basic simulation, to advanced use of simulators, faculty development programs and customized training.

### Teaching Goals -

- i) Deliveries & drills
  - a. Normal delivery, Breech presentation, Assisted deliveries -Forceps & Vacuum, Shoulder dystocia, Cord prolapse, Eclampsia & pre-eclampsia, Maternal collapse, Post-Partum Haemorrhage, Sepsis, Uterine inversion, Ruptured uterus.
- ii) General women's health care and complex obstetrical scenarios, all stages of labor, from ante partum to post-partum. With non-gravid abdominal skin to expand the scope of your simulation training right from early-stage pregnancy cases as well as non-pregnant female patient simulator.
- Ultrasound training to expand the scope of educational curriculum by integrating diagnostic training and assessments.

#### Product features -

Simulator should have a non-gravid abdominal skin to expand the scope of your simulation training. Early-stage pregnancy cases can now be simulated as well as expanding the use of simulator into a non-pregnant female patient simulator.

Maternal simulator should be training solution for learners and healthcare providers to practice and prepare for critical events so that more lives can be saved. Simulator should focus on all stages of labor, from ante partum to post-partum.

# Normal and Difficult Airway functionality should include-

- Obstructed airway (tongue Oedema)
- Right lung, left lung and bilateral lung blockage
- Head tilt/Chin lift
- Jaw thrust
- Suctioning techniques (simulated only with no fluids)
- · Bag-valve-mask ventilation
- Oropharyngeal and nasopharyngeal airway insertion
- · Combitube, LMA and other airway device placement
- Endotracheal intubation (ET)
- Nasotracheal intubation



- Digital intubation
- Retrograde intubation
- Nasal and oral fiberoptic intubation
- Trans-tracheal jet ventilation
- Right mainstem intubation
- Sellick manoeuvre

# Pulmonary System features should include-

- · Simulated spontaneous breathing
- · Variable respiratory rates.
- · Bilateral and unilateral chest rise and fall
- Normal and abnormal lung sounds 4 anterior auscultation sites and bilateral midaxillary sites
- Normal and abnormal heart sounds
- · Tension pneumothorax
- Oxygen saturation waveform

#### Cardiac Features should include -

- Extensive ECG library
- · Heart sounds synchronized with ECG
- ECG rhythm monitoring
- 12 lead ECG display on optional patient monitor
- · Defibrillation and cardioversion
- Pacing

### Circulation Features should include:

- · BP measured manually by auscultation of Korotkoff sounds
- Bilateral Carotid and Brachial pulse, radial (right side only) pulses synchronized with ECG
- · Pulse strength variable with BP
- Pulse Palpation is detected & logged
- CPR compressions generate palpable pulses, blood pressure wave form, and ECG artifacts
- · Detection and logging of compressions starting and stopping.
- · Vascular features should include:
- · Preported IV access (both arms).
- · Subcutaneous and intramuscular injection sites

### Movement and positioning of the manikin should include-

- Seizure
- Realistic rotation of the shoulder and hip joints
- Legs bend at the knees
- Arms bend at the elbow
- Ability to position on all fours
- · Supine positioning
- · Semi-recumbent positioning
- Left lateral positioning
- Legs in stirrups
- Ability to perform McRoberts maneuver
- Post-Partum Haemorrhage: Atonic uterus should be recognized and managed. Should have facility to simulated blood and urine to be used during a PPH simulation. A placenta with retained lobe can also be placed inside the uterus and manually removed.

- Uterine inversion Uterus should invert when traction is applied to the umbilical cord. This helps recognition of inversion as well as manual replacement
- Amniotic bag for intrapartum fluids. The Birthing Baby should have facility to be placed in the amniotic bag to extend the level of realism during delivery and to simulate the rupturing of the membranes during delivery.
- Bony Pelvis with landmarks
- The cervix should dilate from 4 cm to 10 cm.
- Realistic vulva and anus for digital exams
- · Realistic "at term" abdominal skin
- Pre-incised C-section skin
- Fluids (e.g. blood, stained amniotic fluid and urine)
- Urine catheterization.
- Pelvic floor
- Birth canal
- Should deliver baby automatically as well as manually

### System Features:

- The system shall consist of a tether-less adult pregnant manikin & wireless control
  unit.
- · System Should be capable of both manual and automatic delivery options.
- Should allow control of simulations from anywhere on your network
- Should have facility for multiple interfaces that can control/observe a single simulation

### Operating software

- The OS should be single and Intuitive interface shall be able to control and manage all simulators from one universal platform. It should help in finding scenarios, conduct simulation training, and develop new scenarios to help meet learning objectives with greater ease.
- It should have dual operating mode- User control mode for total control over all
  parameters and auto-mode/physiological which will help run pre-programmed
  scenarios in a simple and effective way. Logged events, as well as events detected by
  the patient simulator, should automatically drive the scenario forward.
- User friendly Operation operating system should control parameters with dropdown menus and slider bars. Operating system should be capable of transferring radiographic images and procedural videos to the student screen.
- Patient Monitoring Operating system should have patient monitoring capabilities to provide concise clinical feedback for physiological parameters including, SpO2, CO2, ABP, CVP, PAP, NIBP, TOF, and many more.
- Record and Review Operating system should log time stamped comments to the data log, bookmark important events and capture notes throughout the simulation. Operating system should have straightforward logging capabilities and should allow integrated event log for more effective review, for improved learning outcomes.
- Scenario drafting tool Operating system should have tool to create or convert scenarios which can be run with all simulators/manikins.

# Simulated Patient Monitor Parameters should include

- ECG (2 traces)
- SpO2
- CO2



- ABP
- CVP
- PAP
- PCWP
- NIBP
- TOF
- Cardiac Output
- · Temperature (core and peripheral)
- · AGT (labelled)
- awRR
- N2O
- ICP
- 02
- pH
- · X-Ray Display
- 12 Lead ECG Display

### Ultrasound Training Cases -

· First & Second Trimester Training

- I. The module should focus on training of student's/caregiver's ability to care for pregnant patients who present with a variety of medical conditions. Student's/caregiver's shall have the opportunity to perform a point-of-care ultrasound examination, with 6 imaging windows from real-patient cases for each Scenario.
- Ovarian Torsion, Pregnancy of Unknown Location
- Acute Calculous Cholecystitis, Threatened Miscarriage, Viable First-Trimester Pregnancy
- · Ectopic Pregnancy, Complex Left-Adnexal Mass, Dehydration
- · Threatened Miscarriage, Viable First-Trimester Twin Gestation, Dehydration
- Obstructive Uropathy from Ureteral Calculus, Intrauterine Pregnancy of Uncertain Viability
- Ruptured Ectopic Pregnancy
- Acute Pericarditis, Viable Second-Trimester Intrauterine Pregnancy
- Hemoperitoneum, Hemorrhagic Shock
- Uremic Pericarditis with Cardiac Tamponade, Threatened Miscarriage First-Trimester Pregnancy
- Septic Miscarriage causing Severe Sepsis

#### Third Trimester Training

- I. Students/ Caregivers shall have the opportunity to perform a point-of-care ultrasound examination, with 15 imaging windows from real-patient cases for each Scenario providing with exposure to a multitude of normal and pathologic ultrasound images. It should help students/ Caregivers to develop an appropriate differential diagnosis, initiate timely resuscitative interventions, prioritize diagnostic interventions, order appropriate basic laboratory tests, and correctly acquire, interpret, and apply point-of care ultrasound findings towards medical decision-making.
- II. The module should help teach student's/caregivers to use ultrasound to visualize a variety of second- and third-trimester pregnancies with cephalic, funic, and breech presentations.
- III. Should also focus on training for the ability to
  - · quantify amniotic fluid amounts
  - obtain biparietal diameter (BPD), head circumference (HC), abdominal circumference (AC) and femur length (FL) measurements, calculating 4 different fetal gestational ages.
  - Other significant ultrasound training should include
  - pericardial effusion,
  - 2. poor cardiac contractility,

9

- a dilated right ventricle,
- 4. a narrow-diameter IVC with major Respirophasic change,
- hydronephrosis, renal cysts and calcifications,
- gallstones and a thickened gallbladder wall,
- 7. free fluid in the hepatorenal and splenorenal spaces

### Following Scenarios should be present

- · Eclampsia at 35-Week Pregnancy
- · Hemorrhagic Shock, Placental Abruption, at 31-Week Pregnancy
- · Vaginal Fluid Leakage, at 21-Week Pregnancy, Breech Presentation
- · Acute Calculous Cholecystitis, at 31-Week Pregnancy
- Syncope, Abdominal Trauma, at 32-Week Pregnancy
- · Peripartum Cardiomyopathy, at 38-Week Pregnancy
- · Vaginal Bleeding, at 22-Week Pregnancy
- · Pyelonephritis, Severe Sepsis, at 32-Week Pregnancy
- · Tension Pneumothorax
- Pyelonephritis with Obstructive Uropathy, at 21-Week Pregnancy, Breech Presentation

# SIMULATION CENTRE MANAGEMENT AND DEBRIEFING SYSTEM

### (COMPATIBLE WITH ALL HI-FIDELITY SIMULATORS)

- The system should be able to Automate, track and report on every aspect of your simulation center's activities
- The system should be user-friendly and reliable
- · The system should be able to reduce the workload of Simulation center activities

#### Features:

- Capture and stream multiple angles of synced video
- · Capture simulator data and real medical devices
- · Annotate, debrief and assess
- Secure, cloud-based storage and playback
- Control access by role, department and organizations
- · Scheduling, self-enrollment, and center sign-in
- · Seamlessly integrated checklist and EMR builder
- · Large-scale and automated OSCE workflows
- In-depth and customizable reporting
- · Flexible design and installation option
- Synchronized capture of multiple camera angles
- Simulator data capture and visualization
- Medical device capture (EKG, Ultrasound, EMR)
- Learner and faculty tracking and portfolios
- Center sign-in directs and tracks users
- Video annotation and session self-reflection\*
- Debrief from anywhere using just a browser
- Learner, faculty and facility usage reports
- Customizable scenarios, roles and permissions
- Flexible and scalable one room or many
- · Secure, mobile-friendly and cloud-based
- Training and 24/7 Support
- Checklist builder and custom assessments
- Fully customizable and integrated EMR
- Courses and curriculum tracking
- Robust and customizable assessment reports
- Scheduling, self-enrollment and notifications
- Resources and inventory management
- OSCE module for large-scale exams



Lightweight Directory Access Protocol or Single Sign On module

#### Debriefing features

- Simulation Instructors can annotate sessions, leverage simulator event and trend data, and administer learner self-reflection evaluations for a true 360-degree view during debriefing and when providing additional feedback to learners.
- The System should automatically track valuable information about program utilization such as total sessions, learner contact hours and recording hours. Reports can be filtered by scenario, organization, simulators and locations. They can also be exported to Excel to share with other educators or administrators
- System should be supplied with 1 fixed camera (HD), 1 PTZ camera (HD), 1 Monitor 24-inch HD

The bidder should provide training for 4 sessions 3 days each.

7