JKMSCL

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: Kashmir, Near Haj House, Bemina 190018, Srinagar
email: mdjkmscl2@gmail.com; **website**: www.jkmsclbuisness.com

(A)

CORRIGENDUM

In light of the representation(s) submitted by the prospective bidder(s) thereof for the finalization of Rate Contract for **"Setup, Operations, Management and Maintenance of Tele ICUs in New Medical College(s)"** uploaded vide NIT No. JKMSCL/TELE ICU/2026/700 Dated: 09.07.2026, the ammendments/clarifications as made by the panel of the technical experts are attached herewith as Annexure I **(03 Pages)**. The critical dates are as under:

1. Last date and time for submission of online bids: **26.11.2026** upto 1600 hrs.
2. Date and time for online opening of technical bids**:** **28.11.2026** at 1100 hrs.

Please Note:

1. *Those firms/bidders who have already uploaded their bids are required to re-upload their bids as per amendments and corrigendum issued thereof.*
2. All the bidders are requested to keep themselves updated & submit their e-bids through e-portal as per specifications & amended BOQs. The amendments/modifications shall be available on e-Portal and www.jkmsclbusiness.com.

16-11-26

General Manager(HQ),
J&K Medical Supplies Corporation Ltd.

No.: JKMSCL/DGM/Drugs/2026-27/2027-29 Dated: 16 .11.2026.

Copy for the information to:-

1. Dy. General Manager (T), J&K Medical Supplies Corporation Ltd.
2. P.A to Managing Director, J&K Medical Supplies Corporation Ltd.
3. Assistant Progammer (M), J&K Medical Supplies Corporation Ltd. for uploading on web portal.
4. File

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Annexure I

S. No.	Tender Clause / Subject	Representation / Issue Raised	Technical Committee Recommendation	Proposed Tender Clarification / Amendment
1	**Consortium Eligibility and Qualification Criteria**	It has been requested that turnover, Tele/ICU experience, past performance certificates and work orders of any consortium member, including MSME/proprietorship entities, be considered for qualification; consortium participation of up to three entities has also been sought.	-	Joint venture is permissible subject to the maximum of three members. The lead partner should meet atleast 50% of the qualification criteria i.e technical and financial requirement. The lead partner shall be responsible for the contractual requirements under contract. All the members of joint venture shall also be jointly and severly responsible for the completion of the contract.
2	**Technical Specifications: HL7 / Bedside Device Integration**	A request has been made to include Linux-based Medical IoT solutions with real-time HL7-compliant integration of bedside medical devices and standards-based clinical data exchange.	**Not accepted as a mandatory requirement.** Existing monitors, ventilators and other bedside equipment at GMCs may not have HL7-compatible or other interoperable digital interfaces.	"HL7-based or equivalent standards-based integration shall not be a mandatory eligibility requirement. Bidders may offer integration with available bedside devices, HIS or EMR systems where technically feasible, subject to compatibility of existing equipment, necessary permissions and site-specific assessment."
3	**Technical Demonstration / Proof of Capability**	A request has been made for a mandatory technical demonstration before opening of financial bids, including demonstration of device integration, dashboards, alerts, interoperability, training and deployment methodology.	**Accepted.** It must apply equally to all technically responsive bidders and use pre-declared objective criteria.	"JKMSCL to conduct a technical demonstration for technically responsive bidders before opening financial bids. The assessment shall be based on uniform, pre-declared and measurable criteria, including remote-consultation workflow, audio-video quality, documentation, audit trails, user access controls, data-security features, alerting, training and implementation approach. The demonstration shall not create additional eligibility criteria or favour proprietary technology."
4	**Functional Requirements: Documentation, Dashboard, Audit Trail and Interoperability**	A request has been made to include features associated with a named platform, such as centralized monitoring dashboards, digital records, audit trails, alerts, analytics and HIS/EMR integration.	**The named-product request is not accepted.** However, relevant functional requirements may be included in brand-neutral terms.	"The Tele/ICU solution should provide secure clinical documentation, role-based user access, audit trails, data backup, cybersecurity controls and dashboard-based monitoring. Interoperability with available hospital systems and bedside devices may be offered where technically feasible and compatible

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				with existing infrastructure. Equivalent technologies meeting these functional requirements shall be eligible."
5	**Clause 32: Patient Injury, Serious Adverse Clinical Events and Death**	It has been requested that financial liability for patient injury or death should not be automatic and should be determined only after an independent clinical, technical and medico-legal inquiry establishes direct responsibility of the service provider.	**Accepted in principle.** A complaint, allegation or adverse outcome by itself should not automatically establish contractual liability. Responsibility should be determined after a competent inquiry examines clinical, operational and technical factors.	**Replace the relevant provisions of Clause 32 with:** "In the event of a patient injury, serious adverse clinical event or death where Tele/ICU services, equipment, platform or personnel are alleged to have contributed, JKMSCL/the concerned institution may initiate an inquiry through a competent independent clinical, technical and medico-legal committee. The committee shall examine relevant clinical records, Tele/ICU logs, audit trails, equipment-maintenance records, communication records and other available evidence. Any contractual action, including penalty or recovery, shall be taken only after the inquiry establishes direct responsibility of the successful bidder in accordance with applicable law and the tender/contract conditions. This provision shall not restrict action required under applicable law."
6	**Clause 32: Corrective Period and Penalty Calculation**	Clarification has been requested on whether the 10-day corrective period means calendar days or working days, and whether the 1%/3% penalty is to be calculated on GST-inclusive or GST-exclusive monthly bill value.	**Clarification required.** The present wording can result in inconsistent interpretation and billing disputes.	"The corrective period of 10 days shall mean 10 calendar days from the date of written notice of default, unless otherwise specified. For critical patient-safety, data-security or service-continuity failures, immediate corrective action shall be required and the 10-day period shall not limit emergency action. Any percentage-based penalty shall be calculated on the GST-exclusive monthly service fee payable for the affected GMC, unless otherwise expressly specified in the tender."
7	**Preservation of Tele/ICU Records, Audit Trails and Digital Evidence**	The tender correspondence requires consideration of clinical records, Tele/ICU records, audit trails, clinical data and digital evidence for patient-safety review and	**Accepted.** Record preservation is necessary for accountability, clinical review, system audit and determination of responsibility where	"The successful bidder shall maintain secure, time-stamped and tamper-evident records of remote consultations, alerts, user access, system availability, incident reports, technical logs, communication

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		medico-legal inquiry.	adverse events occur.	records and configuration changes. Such records shall be retained and made available to JKMSCL/the concerned GMC for audit, inquiry or clinical review, subject to applicable law, confidentiality requirements and the contract."
8	**Section 5.1: 24x7 Hub Staffing and BOQ Item 8**	Clarification has been sought on whether 24x7 hub staffing, including intensivists, ICU-trained nurses, command-centre operators and support staff, is included in the monthly Tele/Remote Consultation Component or is payable through separate BOQ items.	**Referred to JKMSCL/the competent tender authority for BOQ clarification.** The cost responsibility must be unambiguous so that all bidders quote on the same basis.	"The BOQ shall clearly specify whether the quoted monthly Tele/Remote Consultation Component includes all required 24x7 hub staffing, hardware, software, IT support and other operational inputs. Any component not included in the monthly rate shall be separately itemised in the BOQ." (Please Read in BOQ 6 bedded and 6+6 bedded Tele-ICU rest all combinations will be deleted & Modified BOQ will be replaced.) L1 shall be calculated on rates quoted for 6 bedded ICU.
9	**Section 5.2: Paediatric Bed, Paediatric Ventilator and Configuration-wise BOQ**	Each spoke is required to have at least one paediatric bed with paediatric ventilator, but this is not distinctly reflected in the BOQ. Further, BOQ items for hardware, software, training and recurring services do not clearly distinguish between 6-bed, 6+1-bed, 6+3-bed and 6+6-bed ICU configurations.	-	The Hospital will Provide Paediatric bed and neonatal ventilator as per their requirement The successful bidder has to provide service of Tele ICU as and when required for paediatric patients