

## Section III: Returnable Bidding Forms

### ***eSourcing reference: ITB-2024-54374***

Note to Bidders: The following returnable forms are part of this ITB and must be completed and returned by bidders as part of their Bid. Instructions to complete each Form are highlighted in blue in each Form. Please complete the Returnable Bidding Forms as instructed and return them as part of your bid by uploading them against their specific Document Checklist in the UNOPS eSourcing system.

#### **This Section comprises the following Returnable Bidding Forms:**

- Form A: Offeror Information Form
- Form B: Joint Venture Partner Information Form
- Form C: Bid Submission Form
- Form D: Price Schedule Form
- Form E: Technical Bid Form
- Form F: Delivery Requirement and Distribution Breakdown List
- Form G: Performance Statement Form
- Form H: Manufacturer's authorization form
- Form I: Performance Security Form
- Form J: One UNOPS Vendor Profile Form (For new vendor)

**\*\*Copies of Product Literature / Manual / Catalogue of the offered products along with valid copies of Certifications and Quality Standards as required under Section B for each Lot/s offered are to be furnished.**

## Form A: Offeror Information Form

The Offeror shall fill in this Form in accordance with the instructions indicated below. No alterations to its format shall be permitted and no substitutions shall be accepted.

ITB reference no: [insert ITB reference No.]

Name of Offeror: [insert name of Offeror]

Date: [insert submission date]

### 1. Background and Expertise of Organization:

|   |   |
|---|---|
| Full legal name of Offeror  | [complete]  |
| Registration Details (GST, PAN)   | [complete]  |
| What year was your firm/organization established?   | [complete]  |
| Address of registered office  | [complete]  |
| Name of Offeror Representative  | complete]   |
| Has your firm/organization ever filed or petitioned for bankruptcy? (If YES, explain in detail the reasons why, filing date, and current status.)   | [complete]  |
| Does your firm have an actual or potential conflict of interest in this procurement process? (Refer to Section II: Instructions to Bidders, Article 4, for details on conflict of interest) | [Insert either "No", or "Yes" in which case please provide details on your actual or potential conflict of interest here] |
| Name of original equipment manufacturer (OEM)   | [complete]  |
| Name and contact details (Mail ID, phone no.) of local service Centre in consignee state (especially in Mizoram and/or North East Region/Eastern Region)                                    | [complete]  |

### 2. UNGM Registration and UNOPS Vendors

As part of the Proposal, it is desired that the Offeror goes to the United Nations Global Marketplace (UNGM) registration website: <https://www.ungm.org/Registration/RegisterSupplier.aspx> and fills out the registration. If the Offeror is already registered with UNGM, please provide your UNGM registration number in the table below and please ensure that your firm's information on UNGM is current.

The Offeror may still Proposal even if not registered with the UNGM. However, if the Offeror is selected for Contract award, the Offeror must register on the UNGM prior to Contract signature.

|                                   |  |
|-----------------------------------|--|
| Are you a UNGM registered vendor? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, [insert UGNM vendor number] |
| Are you a UNOPS vendor?           | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, [insert UNOPS vendor ID]    |

### 3. Contact details of persons that UNOPS may contact for requests for clarification during Proposal evaluation (NB: This person must be available during next two weeks following receipt of the Proposal)

|                                |            |
|--------------------------------|------------|
| <b>Name/Surname</b>            | [complete] |
| <b>Title</b>                   | [complete] |
| <b>Tel Number (direct)</b>     | [complete] |
| <b>Email address (direct):</b> | [complete] |

## Form B: Joint Venture Partner Information Form

The Bidder shall fill in this Form in accordance with the instructions indicated below.

ITB reference no: [insert ITB reference No.]

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

To be completed and returned with your Bid if the Bid is submitted as a Joint Venture/Consortium/Association.

| JV / Consortium/ Association Information  |            |
|---|------------|
| Name  | [complete] |
| <b>Names of each partner and contact information</b><br>(address, telephone numbers, fax numbers, e-mail address)   | [complete] |
| <b>Name of leading partner</b> (with authority to bind the JV, Consortium, Association during the Bidding process and, in the event a Contract is awarded, during contract execution) | [complete] |
| <b>Proposed proportion of responsibilities between partners (in %) with indication of the type of the goods/services to be delivered by each</b>                                      | [complete] |

### Signatures of all partners of the JV:

We hereby confirm that if the contract is awarded, all parties of the Joint Venture/Consortium/Association shall be jointly and severally liable to UNOPS for the fulfilment of the provisions of the Contract.

Name of partner: \_\_\_\_\_

Name of partner: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Name of partner: \_\_\_\_\_

Name of partner: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## Form C: Bid Submission Form

Bidders are requested to complete this form, sign it and return it as part of their bid submission. The bidder shall fill in this form in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.

Date: **[Insert submission date]**

**Subject: Supply of Medical Equipments to Mizoram**  
**ITB e-sourcing Case No : ITB-2024-54374, dated [insert date]**

We, the undersigned, declare that:

- a. We have examined and have no reservations to the bidding documents, including amendments No.: **[Insert the number and issuing date of each amendment]**;
- b. We offer to supply in conformity with the bidding documents, including the UNOPS General Conditions of Contract, and in accordance with the delivery schedules specified in the Schedule of Requirements
- c. The total price of our bid, excluding any discounts offered in item (d) below, is: **[Insert the total bid price in words and figures, indicating the various amounts and the respective currencies]**;
- d. The discounts offered and the methodology for their application are:
  - **Discounts:** If our bid is accepted, the following discounts shall apply. **[Specify in detail each discount offered and the specific item of the Schedule of Requirements to which it applies, including if applicable discounts for accelerated payment.]**
  - **Methodology of application of the discounts:** The discounts shall be applied using the following method: **[Specify in detail the method that shall be used to apply the discounts]**;
- e. Our bid shall be valid for the period of time of **6 months** from the date fixed for the bid submission deadline as set out in the ITB, and it shall remain binding upon us and may be accepted at any time before the expiration of that period;
- f. If our bid is accepted, and if so requested in Section I: ITB Particulars, we commit to obtain a performance security in accordance with Instructions to Bidders, Article 34 and the General Conditions of Contract;
- g. We have no conflict of interest in any activity that would put it, if selected for this assignment, in a conflict of interest with UNOPS;
- h. We have not declared bankruptcy, are not involved in bankruptcy or receivership proceedings, and there is no judgement or pending legal action against them that could impair their operations in the foreseeable future;
- i. Our firm confirms that the Bidder and sub-contractors have not been associated, or had been involved in any way, directly or indirectly, with the preparation of the design, terms of references and/or other documents used as a part of this solicitation;
- j. We embrace the principles of the United Nations Supplier Code of Conduct and adhere to the principles of the United Nations Global Compact;
- k. Our firm, its affiliates or subsidiaries—including any subcontractors or suppliers for any part of the contract—has not been declared ineligible by UNOPS, nor is included in the suspended/ineligibility list of the UN/PD, other UN Agencies, the UN Security Council, and the World Bank, in accordance with Instructions to Bidders Article 4, Eligibility;
- l. We have not offered and will not offer fees, gifts and/or favours of kind in exchange for this ITB and will not engage in any such activity during the performance of any contract awarded;

- m. We understand that you are not bound to accept the lowest evaluated bid or any other bid that you may receive.

I, the undersigned, certify that I am duly authorized by **[insert full name of bidder]** to sign this bid and bind **[insert full name of bidder]** should UNOPS accept this bid:

Name : \_\_\_\_\_

Title : \_\_\_\_\_

Date : \_\_\_\_\_

Signature : \_\_\_\_\_

**[Stamp form of bid with official stamp of the bidder]**

## Form D: Price Schedule Form

ITB reference no: **ITB-2024-54374**

Name of Bidder: [insert name of bidder]

Bidders shall fill in these Price Schedule Forms in accordance with the instructions indicated.

**NOTE: UNOPS keeps the option of accepting other pack sizes, if they are found to be still convenient for use in the Programme.**

|                 |       |
|-----------------|-------|
| <b>Currency</b> | ..... |
|-----------------|-------|

| Item/<br>lot  | Product<br>Description  | Offered<br>Model<br>and<br>OEM | Quantity | Unit price<br>DDP Final<br>destination<br>(GST<br>Excluded)<br>(insert) | Currency [INR/USD] |  |
|---|---|--------------------------------|----------|---|--------------------|--|
|   |   |                                |          |   | GST (%)            | Total price DDP<br>Final destination (Inclusive of<br>GST)<br>(insert) |
| 1   | Multipara<br>Monitor<br>for Obs<br>and Gynae<br>OT-<br>(Variant 1)          |                                | 08       | insert price  |                    | insert price   |
| 2   | Multipara<br>Monitor<br>with<br>Anesthesia<br>Gas<br>Monitor<br>(Variant 2) |                                | 03       | insert price  |                    | insert price   |
| 3   | Endoscopy<br>Machine  |                                | 2        | insert price  |                    | insert price   |
| <b>TOTAL</b>  |   |                                |          | -----   |                    | -----  |
| Note: The quoted DDP price(s) must include Cost of the goods and accessories (if any) , all the applicable taxes and duties , the total costs associated with delivering the goods at the designated final destinations , cost of the applicable warranties and costs for installation, commissioning, & Training |   |                                |          |   |                    |  |

Note:

\*DDP: Delivery Duty Paid (INCOTERM)

\*GST (Goods and Service Tax). Please indicate item wise/lot wise GST percentage

\*UNOPS shall compare all substantially responsive bids to determine the lowest priced compliant offer. Bid comparison will be made on the total cost per lot, delivered to the final destination. For the purpose of creating a stockpile of spare parts for the final user, UNOPS reserves the right to increase or decrease the quantities of

goods for not more than 20% of the total price per lot without any change in the unit prices or other terms and conditions of the bid and the Bidding Documents.

\* If any bidders wish to quote in any other form of currency, they can use the UNORE equivalence in INR (Indian Rupees) of bid submission deadline.

### List of subcontractors or suppliers

Bidder must identify the names of all subcontractors/suppliers who will be providing goods/services under this Contract and the type of work being subcontracted, if applicable.

(A) [Full legal name and address of subcontractors]

(B) \_\_\_\_\_

(C) \_\_\_\_\_

### List of legal entities associated to the Bidder

Bidder must also identify and disclose any information regarding all legal entity/s associated to it, by providing their full legal name and address:

[Full legal name and address of the associated legal entity]

(A) \_\_\_\_\_

(B) \_\_\_\_\_

(C) \_\_\_\_\_

### In case of no related entities, the Bidder must sign the following statement to that effect:

[Delete or cross out if not applicable]:

I, the undersigned, certify that there are no legal entities associated to the [insert full name of Bidder]

\_\_\_\_\_.

I, the undersigned, certify that I am duly authorized by [insert full name of Bidder] to sign this quotation and bind [insert full name of Bidder] should UNOPS accept this quotation:

Name : \_\_\_\_\_

Title : \_\_\_\_\_

Date : \_\_\_\_\_

Signature : \_\_\_\_\_



## Form E: Technical Bid Form

ITB reference no: **ITB-2024-54374**

Name of Bidder: [insert name of bidder]

Bidders are required to complete the **Comparative Data Tables** to demonstrate compliance with UNOPS requirements and insert them below. Bidders are NOT allowed to make any change in the "UNOPS requirements" columns of the Comparative Data Tables. Such changes might disqualify your bid.

### Technical specifications for Goods – Comparative Data Table

#### SECTION: A

| Item No | UNOPS minimum technical requirements                       | Quantity | Offered Model and OEM | Is quotation compliant?<br>Bidder to complete               | Details of goods offered.<br>Bidder to complete<br>Insert details of goods offered, including specifications and brand/model offered if applicable |
|---------|--|----------|-----------------------|---|--|
| 1       | Multipara Monitor for Obs and Gynae OT- (Variant 1)        | 08       |                       | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | insert details   |
| 2       | Multipara Monitor with Anaesthesia Gas Monitor (Variant 2) | 03       |                       | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | insert details   |
| 3       | Endoscopy Machine  | 2        |                       | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | insert details   |

#### NOTE:

- Please Refer Annex. I for Technical Specifications
- Please Refer Annex.II for Consignee details
- Please Submit Annex. III- Compliance sheet

ANY DEVIATION MUST BE LISTED BELOW:

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Name : \_\_\_\_\_

Title : \_\_\_\_\_

Date : \_\_\_\_\_

Signature : \_\_\_\_\_

| Section B - Documents, Certifications and Standards required, to be presented by the bidder in the offer:  | Bidder's reply<br>(Yes or No)  | If No, Provide comments |
|--|--|-------------------------|
| Certifications and standards to be presented by the bidder in the offer:   |  |                         |
| <p>1. <b>Quality Standards:</b></p> <p>a. Offered product should be <b>USFDA approved /EU CE (Notified)</b></p> <p>b. Manufacturer should confirm to ISO 13485 standard.</p> <p>c. Electrical safety conforms to the standards for electrical safety IEC 60601-General requirements (or equivalent BIS standard) and IEC 60601-2- 46 for usability.</p> <p>d. Should comply to IEC 60601-1-2: General requirements for basic safety and essential performance - Collateral Standard: Electromagnetic disturbances of medical electrical equipment.</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(Bidder submit the valid document along with the bid)</p> | <p>Insert detail</p>    |
| <p>2. Other Certificates:</p> <p>a. Copy of valid Certificate of Business registration/ Patent/ Similar Legal Document of the bidder, PAN, GST etc.</p> <p>b. Copy of Import License (In case the bidder is an importer)</p> <p>c. Copy of IT Returns of the financial years (2021-22, 2022-23, 2023-24)</p> <p>d. In case of JV; all the JV partners should furnish their IT Returns of the last three financial years (2021-22, 2022-23, 2023-24)</p> <p>e. Copy of free sale (FSC) in the country of manufacture. (if applicable)</p>               | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(Bidder submit the valid document along with the bid)</p> | <p>Insert detail</p>    |
| <p>3. When applicable, according with the nature of the good and its classification by India's CDSCO: <b>(if applicable)</b></p> <p>a. Valid and current License to Operate (LTO) as a medical device distributor in India.</p> <p>b. Valid and current Certificate of Product Registration (CPR) in India for the brand and model of the equipment offered</p>  | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(Bidder submit the valid document along with the bid)</p> | <p>Insert detail</p>    |
| <p>4. Authorization letter either from the manufacturer (OEM) or from the Authorized Distributor of the manufacturer.</p>  | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(Bidder submit the valid document along with the bid)</p> | <p>Insert detail</p>    |
| <p>5. Product brochure, technical data sheet(s) and user manual of the equipment in English that allow verifying compliance with the technical specifications.</p>   | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(Bidder submit the valid document along with the bid)</p> | <p>Insert detail</p>    |

|   |  |                      |
|---|--|----------------------|
| <p>6. <b><u>Bidder's declaration of adherence of terms and conditions as per ITB (in company letter head/OEM's letter head duly signed by the authorized person) indicating:</u></b></p> <p>a. List and address of the equipment manufacturer's branch office, sales office and/or distributor's office in India/NE Region/Eastern Region of India and their contact details.</p> <p>b. That the brand of the equipment has been in the local and/or international market for at least <b>five (05)</b> years.</p> <p>c. That the equipment and its accessories are brand new, unused, not discontinued models and were not subject to any product recall.</p> <p>d. Certify that at least 10 equipment of the same/similar model have been sold anywhere in the world in the last 3 years. Present a list of installation sites and reference users that can be called for reference purpose.</p> <p>e. That the parts and accessories of the equipment will be available for the next Five (5) years after expiration of the warranty period.</p> <p>f. That the bidder has the engineer(s) and/or technician(s) trained and capable of conducting preventive and corrective maintenance to the Equipment.</p> <p>g. Bidder also understands that UNOPS reserves the right to modify/withdraw/cancel the tender without assigning any reason thereof in the best interest of the client (DOHFW-MHSSP). No suit, prosecution or any legal proceedings shall lie against UNOPS and it's client for anything that is done in good faith or intended to be done in pursuance of this tender.</p> <p>h. Withdrawal or non-compliance of agreed terms and conditions after the execution of agreement or issuance of Supply Order will lead to invoking of penal provisions and may also lead to black listing/debarring of the successful bidder and forfeiture of performance security.</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(Bidder submit the valid document along with the bid)</p> | <p>Insert detail</p> |
|---|--|----------------------|

| Section C - Requirements: Related Services and Delivery time if awarded the Contract   | Bidder's reply (Yes or No)                               | If No, Provide comments |
|--|--|-------------------------|
| <p><b>1. Completion period:</b></p> <p>a. Bidder shall deliver the goods (100% quantity) within <b>60 days</b> of issue of Purchase Order including installation, testing and commissioning of the equipment and its accessories, including the training of end-users and maintenance staff at designated locations.</p> <p><i>(UNOPS and DOHFW-MHSSP will provide necessary support to the selected vendor/s in coordinating the activities for smooth implementation of the project)</i></p>   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <p>Insert details</p>   |
| <p><b>2. Pre-Installation requirements:</b></p> <p>(a) If UNOPS requires it, the awarded supplier must clearly specify the pre-installation requirements that the recipient hospital must meet for the installation of the equipment and its accessories. The pre-installation requirements should specify at least the following aspects:</p> <ul style="list-style-type: none"> <li>(i) Requirements of space dimensions for installation of the equipment and all accessory equipment;</li> <li>(ii) Requirements of electrical outlets and power source for installation of the equipment and all accessory equipment;</li> <li>(iii) Requirements of IT data outlets for installation of the equipment and all accessory equipment;</li> <li>(iv) Specify the minimum and maximum requirements for room temperature, humidity, heating, and air conditioning that must be respected for the proper function of the equipment.</li> </ul> <p>(b) UNOPS reserves the right to request clarifications to the supplier's proposed pre-installation requirements, to comply with its own standards and the supplier should modify them accordingly.</p> <p>(c) If needed, the recipient Hospital shall make the necessary site preparations for the installation of the equipment and its accessories, in full compliance with all the technical requirements specified by the supplier in the pre-installation requirements and approved by UNOPS/DOHFW-MHSSP</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <p>Insert details</p>   |

|  |  |                |
|--|--|----------------|
| <b>3. Packaging, transport and environmental requirements:</b> <ul style="list-style-type: none"> <li>(a) The equipment should have all safety markings in English.</li> <li>(b) The equipment shall be packaged in accordance with international standards that are applicable for the shipment of this kind of equipment and as per the specification.</li> <li>(c) Capable of being stored continuously in ambient temperature of 0–50 °C and relative humidity (RH) of 15–90%.</li> <li>(d) Labeling on the primary packaging to include: <ul style="list-style-type: none"> <li>i. Name and/or trademark of the manufacturer</li> <li>ii. Production year</li> <li>iii. Model or product reference</li> <li>iv. Information for particular storage conditions (temperature, pressure, light, humidity).</li> <li>v. Special instruction, if any for handling</li> </ul> </li> </ul>   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Insert details |
| <b>4. Delivery and installation:</b> <ul style="list-style-type: none"> <li>(a) On-site delivery and installation to the recipient Hospital is included.</li> <li>(b) The equipment transportation from the production site to the final recipient Hospital shall be covered by a proper insurance paid by the supplier and issued in the name of the recipient Hospital.</li> <li>(c) The supplier shall deliver the original software license, and all the software keys to allow the access to all user and maintenance menus, in the name of the recipient Hospital, where applicable, together with the equipment. All software updates, if any required, should be provided free of cost during the Warranty period.</li> <li>(d) The supplier shall make available all the consumables, measurement and calibration instruments required during commissioning operations.</li> <li>(e) The supplier shall transport the equipment inside the Hospital to the installation site/room, open the packages, assemble and install it according to the installation requirements.</li> <li>(f) The supplier shall clean up the site of any packaging/shipping material after installation and after requesting the recipient Hospital whether or not the original boxes must be left at the recipient Hospital</li> </ul> | <input type="checkbox"/> Yes <input type="checkbox"/> No | Insert details |
| <b>5. Testing</b> <ul style="list-style-type: none"> <li>(a) The Supplier shall perform on-site testing, calibration if required and commissioning of the equipment with certification of conformity to standards. After installation, testing and calibration completion, the equipment is operational and ready to use. UNOPS/Department of Health &amp; FW (DOHFW), Govt. of Mizoram-MHSSP reserves the right to witness the Supplier testing and commissioning directly or through a representative without thereby relieving the Supplier of his obligation to provide goods in a fully operating condition.</li> <li>(b) A complete set of commissioning forms with the entire set of tests performed and the results obtained shall be given to UNOPS/DOHFW-MHSSP by the Supplier after the final installation and testing of the equipment.</li> </ul>   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Insert details |

|   |   |                           |
|---|---|---------------------------|
| (c) All equipment must be functioning with no physical damage and/or defect, prior to the acceptance by the end-user.   |   |                           |
| <p><b>6. Training</b></p> <p>The supplier must provide trainings on the use/operation and maintenance of the equipment and all its accessories to the end-users and to the maintenance staff in the preventive maintenance, according to the following scheme:</p> <p><b>End User Training</b></p> <p>(a) The Supplier shall train the users for the use and daily maintenance of all the equipment and software whenever applicable.</p> <p>(b) The location of the training course shall be the location where the equipment is delivered and installed.</p> <p>(c) The trainers shall be qualified experts belonging to the Manufacturer Company and/or representatives in the country of the Supplier and/or by qualified experts certified by the Manufacturer. The training shall be held in English.</p> <p>(d) The training course for users shall focus at least on the following topics:</p> <ul style="list-style-type: none"> <li>i. General equipment functions in the offered configuration, alarm signals and error signals showing all the possible equipment functionalities;</li> <li>ii. Calibrations (if needed), daily cleaning and maintenance operations in order to assure the longest equipment life;</li> <li>iii. Correct equipment utilization and related possible risks for users;</li> <li>iv. Description of all settings, parameters;</li> </ul> <p><b>Maintenance personnel training:</b></p> <p>(e) The Supplier shall train maintenance technicians made available by the Final Beneficiary on the most frequent problems that could occur during equipment utilization and that are under the maintenance technicians' competencies.</p> <p>(f) The training course for maintenance technicians shall be organized for a minimum of one person to a maximum of four people.</p> <p>(g) The location of the training course for maintenance technicians shall be the location where the equipment is delivered and installed. Virtual training is acceptable, if the COVID-19 pandemic/force majeure situation requires it. The trainers shall be qualified experts belonging to the Manufacturer Company and/or representatives in the country/region of the Supplier and/or by qualified experts certified by the Manufacturer. The course will be held in English language.</p> <p>(h) The training course for maintenance technicians shall focus on at least the following topics:</p> <ul style="list-style-type: none"> <li>i. Presentation and contacts of the reference technicians;</li> <li>ii. How to assemble and disassemble the equipment;</li> <li>iii. General equipment functions, specific technical characteristics and alarm signals;</li> <li>iv. Main electrical and functional schemes;</li> <li>v. Calibrations (if requested) and daily maintenance in order to assure the longest equipment life;</li> </ul> | <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> | <div>Insert details</div> |

|  |  |                |
|--|--|----------------|
| <ul style="list-style-type: none"> <li>vi. Preventive maintenance and its regular recurrence;</li> <li>vii. Corrective maintenance (to solve the most frequent problems);</li> <li>viii. Equipment safety use and safety controls.</li> <li>ix. The trainee will receive all the software keys that are needed for equipment maintenance (if applicable).</li> </ul>   |  |                |
| <p><b>7. Warranty:</b></p> <ul style="list-style-type: none"> <li>(a) The supplier must provide, as part of the offered price, a Warranty Certificate as per set standards in specification on all parts and service labor for preventive and corrective maintenance. All maintenance shall be free of charge for the recipient Hospital throughout the warranty period.</li> <li>(b) The warranty period shall start from the date of acceptance by the end-user after testing and commissioning.</li> <li>(c) Warranty shall cover all the services described in the following statements: <ul style="list-style-type: none"> <li>(i) The bidder shall conduct preventive maintenance and calibration on the equipment according to the manufacturers' recommendations on the schedule of preventive maintenance.</li> <li>(ii) During on-site maintenance and calibration visits a short user and maintenance personnel training update will be carried out by the Supplier.</li> <li>(iii) Uptime: Within the warranty period, the Supplier will guarantee at least 95% of Uptime (excluding interruptions due to maintenance or causes external to the system) for each equipment during a calendar year (that is, 347 days out of 365 days). The Supplier shall extend the total of the guarantee by a factor of 10 times the days that the equipment has been downtime above that five percent (5%) (18 days) per calendar year.</li> <li>(iv) The warranty will take place at the equipment location or at the official service facility of the Supplier or Manufacturer (whichever is faster for the repair of the equipment). Any cost of equipment transportation or technician travel expenses shall be at Supplier charge and included in the offered price.</li> <li>(v) The Supplier will provide an escalation matrix including establish a call-center and/or online technical support services in English language that shall be operative at least for 40 hours per week. When the solution for a malfunctioning of the equipment is possible to achieve remotely, the technical solution must be provided within 24 hours.</li> <li>(vi) During the warranty period, if the equipment malfunctioning cannot be resolved remotely, an intervention on site will take place no longer than five (5) business days after the first communication about the issue. The Supplier shall extend the total of the guarantee in the same proportion for each additional day of delay.</li> <li>(vii) During the warranty period, should an equipment malfunctioning not be resolved within 30 calendar days a loan equipment shall be supplied</li> </ul> </li> </ul> | <input type="checkbox"/> Yes <input type="checkbox"/> No | Insert details |



|  |  |                |
|--|--|----------------|
| <p>to the Beneficiary (DOHFW-MHSSP) till the time the malfunctioning is resolved.</p> <p>(viii) After corrective and preventive maintenance visits, a report describing the technical procedures and results performed on the equipment shall be provided to the recipient Hospital.</p> <p>(ix) The bidder shall have the responsibilities and accountabilities that upon evaluation of equipment defects/faults, the equipments are appropriately repaired or replaced and shall be in good working condition thereafter.</p> <p>(x) During the warranty period any software update released by the manufacturer shall be applied to the equipment upon Beneficiary (DOHFW-MHSSP) approval.</p> <p>(xi) Failure to provide satisfactory after sales services during or after the warranty period will lead to blacklisting/debarring of the bidders, but after issuing due notice and provide opportunity for being heard.</p> <p>(xii) Bidder (In case of international bidder) should have a local agent in the country/North East Region/Eastern region to provide support in installation, demonstration and preventive maintenance during the warranty period OR the OEM Should have local service Centre in consignee state (Mizoram and/or North East Region/Eastern Region of India) to provide uninterrupted services or OEM's confirmation (in letterhead) to provide uninterrupted services</p> |  |                |
| <p><b>8.Manuals:</b></p> <p>The supplier must provide the end-users a hard copy and electronic copy of the following for the equipment and for each accessory: Service manual (i) User manual (ii) Software keys to unblock all maintenance and calibration settings.</p>  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Insert details |



## Section D: Other Requirements

| No. | UNOPS Minimum Requirements   | Is quotation compliant? Bidder to complete   | If No, please complete the reasons and details |
|-----|--|--|--|
| 1.  | <b>Packaging and Labelling Specifications</b><br>a) Should be standard as per the standard regulations applicable.<br>b) Special packaging and notification is required for easily breakable material.<br>c) All labelling and packaging inserts shall be in English.<br>d) Should be strong enough for transport and to resist any mishandling.   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| 2.  | <b>Defect</b><br>On reception, in case of the detection of a defective product either in the quality of a product or in any other aspects such as packaging, the Supplier will be requested to replace the complete batch at its own cost.   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| 3.  | <b>Recall</b><br>If, after delivery, a batch has to be recalled, for whatever reason, the Supplier will inform UNOPS immediately. The Supplier will replace, at its own cost, all items covered by the recall with goods that fully meet the requirements of the original Purchase Order, and arrange for the collection or destruction of any defective goods.  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| 4.  | <b>Sustainability Requirement</b><br>The bidder must demonstrate that its organisation has an environmental management system in place, which as a minimum shall submit at least one or more of the following. <ul style="list-style-type: none"> <li>• The environmental policy principles of the organisation</li> <li>• The management measures and procedures taken or that will be taken to assess, monitor, measure and mitigate environmental impacts of the business processes/products associated with the execution of the contract;</li> <li>• How attention is paid to the awareness and training/competency of employee(s) and supplier(s) with regard to dealing with the environmental aspects relevant to this bid;</li> <li>• Compliance with the environmental legislation applicable to the required performance(s) is guaranteed, ISO 14001 certificate, EMAS or an equivalent certificate.</li> </ul> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Please provide the valid and relevant document |  |
| 5.  | <b>Suppliers commitment to gender equality</b><br>The bidder shall provide a response (In company letterhead duly signed by the signatory) that demonstrates its commitment to support   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Please provide the valid and relevant document |  |

|    |   |   |  |
|----|---|---|--|
|    | gender equality and women's empowerment through its operations.   |   |  |
| 6. | <p><b>In the case of a joint venture, consortium or association:</b></p> <p>(a) All parties of such joint venture, consortium, or association shall be jointly and severally liable to UNOPS for any obligations arising from their offer and the contract that may be awarded to them as a result of the solicitation process;</p> <p>(b) The offer shall clearly identify the leading partner to act as the contact point to deal with UNOPS, as detailed in the appropriate returnable form/schedule. Such entity shall have the authority to make decisions, binding upon the joint venture, association, or consortium during the Case Ref: ITB-2024-54374; bidding process and, in the event that a contract is awarded, during the duration of the contract; and The composition or the constitution of the joint venture, consortium, or association shall not be altered without the prior consent of UNOPS.</p> <p>(c) The eligibility criteria will be applicable for each joint venture partner. Financial Turnover and Performance Statement for JV partners will be considered in toto.</p> <p>(d) The qualification requirements mentioned in the qualifications section of the solicitation documents and in technical requirements (like Licence to Operate (LTO), after-sales service etc) will be considered for all partners of the JV combined. It means the JV will qualify even if one of the partners qualifies or they combinedly qualify.</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide the valid and relevant document</p> |  |

The offered goods and related services (if applicable) are in accordance with the required specifications and requirements specified in above.

☐ Yes ☐ No

Name : \_\_\_\_\_

Title : \_\_\_\_\_

Date : \_\_\_\_\_

Signature : \_\_\_\_\_

## Form F: Delivery Requirement and Distribution Breakdown List

### Delivery requirements and Comparative Data Table

| UNOPS Requirements                    |   |
|---------------------------------------|---|
| Who can participate                   | Manufacturers/Importers/ Authorized Distributors  |
| Delivery time                         | Bidder shall deliver the goods (100% quantity) within 60 days of issue of Purchase Order including installation, testing and commissioning of the equipment and its accessories, including the training of end-users and maintenance staff at designated locations. All equipment should come with User Manual for ready reference by the end users.  |
| Delivery place<br>(Consignee details) | <b>Refer Annex.II</b> (various Consignees-District Hospitals, Sub-divisional hospitals, CHCs, PHCs, UPHCs in the state of Mizoram)  |
| Incoterms Rules                       | <b>DDP Final Destinations in Mizoram</b><br>In addition to DDP, the Bidders shall also cover the costs and therefore include in the total price for the offered Lot(s) the cost of transport, offload, installation, basic configuration (as per manufacturer's official instructions) and demo in the premises of the beneficiaries.<br>If required, the Bidders should also cover the costs related to export/import procedures, including the costs for engagement of the freight forwarder or the customs clearance agency. No additional cost will be borne by UNOPS and it's client. No tax exemption is applicable.  |
| UNOPS Right to vary requirements      | At the time the Contract is awarded, UNOPS reserves the right to vary the quantity of the goods and associated services specified above, provided this does not exceed +/- 20% per lot, without any change in the unit prices or other terms and conditions of the ITB.   |
| Notice                                | <ol style="list-style-type: none"> <li>UNOPS shall compare all substantially responsive bids to determine the <b>Lowest priced substantially compliant offer</b>. Bid comparison will be made on the total cost per lot, delivered to the final destination.</li> <li>At any time during the evaluation process UNOPS may request clarification or further information in writing from Bidders. The Bidder's responses shall not contain any changes regarding the substance, including the technical and financial part of their bid. UNOPS may use such information in interpreting and evaluating the relevant bid.</li> <li>UNOPS reserves the rights to accept or reject the bid without assigning any reason thereof.</li> <li>Any bidder who is blacklisted either by the Tender Inviting Authority or by any state Government or Central Government organization / UN agencies including World Bank for the quoted item/s is not</li> </ol> |

|  |   |
|--|---|
|  | eligible to participate in the bid during the period of blacklisting. Copies of stay order(s) if any against the blacklisting should be furnished along with the bid  |
| Partial Bid  | <p>Bidders shall be allowed to quote prices for one or more items identified in Section II: Schedule of Requirements. Evaluation will be done separately per each LOT. Partial bids are allowed. Bidders are allowed to quote for any lot. <b>However, bidders have to quote for full quantity.</b></p> <p>UNOPS reserves the right to split the contract between several suppliers and place several contracts or place multiple awards for different Lots. UNOPS reserves the right to award partial quantities depending on the evaluation outcome.</p>  |
| Alternative Bid  | Not allowed   |
| Sustainability Requirements – Gender issues (e.g. gender mainstreaming, women -owned businesses) and Environmental Management system | The bidder shall provide documentation (Self certification by the authorised signatory in the company letterhead) that details their approach to ensuring equal opportunity, diversity, and inclusion within their organisation (e.g. equal pay policy, parental leave, the ratio of female to male employees, % of females in management positions, grievances disaggregated by gender, transparency of promotion criteria, sexual harassment policies etc.). A statement with details on how diversity and inclusion / anti-discrimination are ensured in the organisation should be provided. <i>Environmental Management System, (Refer Form E; Section D-Sustainability Requirement)</i>   |
| Performance Security   | <p><b>Performance Security</b> (Applicable only for the winning bidder): The performance security shall be required from the successful Bidder in the amount of <b>5 %</b> of the total Contract amount (In India Rupees), in the form of a Bank Guarantee as set out in the Performance Security Form <b>Form I (Refer ITB Section III)</b>. To minimize Credit Risk, UNOPS will only accept Bank Guarantees from Banks or other Financial Institutions with a minimum Long Term Credit Rating of BBB- with Standard and Poor's, a minimum Long Term Credit Rating of Baa3 with Moody Investor Services, or a minimum Long Term Credit Rating of BBB- with Fitch Ratings. Any Bank Guarantee issued by a financial institution with a credit rating below the outlined credit ratings will require prior validation from UNOPS. Performance security should be valid for <b>6 months</b> from the date of contract signature. The successful bidder has to submit the security within 7 days from the date of award the contract. The successful bidder has to submit the security within 7 days from the date of award the contract. The Tender Inviting Authority will release the Performance Security without any interest to the successful bidder on completion of the successful bidder's all contractual obligations confirming that all the contractual obligations have been successfully complied with.</p> |

|                    |   |
|--------------------|---|
| Liquidated damages | UNOPS will deduct from the Contract price, as liquidated damages, a sum equivalent to the percentage of 0.1% of the original total Contract price for each day of delay until actual delivery or performance, up to a maximum deduction of 10%. Once the maximum is reached, UNOPS may terminate the Contract pursuant to the General Conditions of Contract. |
| Payment Terms      | Within 30 days after receipt of the goods/services and on submission of payment documentation.  |
| Document Indexing  | <b>Please ensure that the documentary evidence that you will be submitting along with the bid and returnable bidding forms should be properly indexed with page numbers, reference numbers etc for easy reference for evaluation.</b>   |

The offered goods and related services (if applicable) are in accordance with the required specifications and requirements specified in Section II: Schedule of Requirements.

☐ Yes ☐ No

ANY DEVIATION MUST BE LISTED BELOW:

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## Form G: Performance Statement Form

ITB reference no: [insert ITB reference No.]

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

Bidder shall have successfully executed a minimum 50% of the required quantity (as mentioned in schedule of requirement) (executed directly by manufacturer or through distributor) of the equipment(s)/ similar equipments mentioned in the schedule of requirement to any Govt. organization / Corporate Hospitals / PSU Hospitals / UN Agencies in India/other countries. As proof, the Bidder must submit purchase order copies in support of that in last 3 years, along with invoices or contracts in support of the provided information. The past performance of the Bidder shall be taken into account for evaluation.

| Year | Order placed by<br>(Full address of purchaser) | Order no & date | Description & quantity of ordered items | Model No. and OEM | Value of Order | Date of completion of Delivery |        | Remarks indicating reasons of late delivery, if any | Was the supplies of goods satisfactory? |
|------|--|-----------------|---|-------------------|----------------|--------------------------------|--------|---|---|
|      |  |                 |   |                   |                | As per Contract                | Actual |   |   |
| Yr.1 |  |                 |   |                   |                |                                |        |   |   |
| Yr.2 |  |                 |   |                   |                |                                |        |   |   |
| Yr.3 |  |                 |   |                   |                |                                |        |   |   |

Name : \_\_\_\_\_

Title : \_\_\_\_\_

Date : \_\_\_\_\_

Signature : \_\_\_\_\_



## Form H: Manufacturer's Authorization Form

A letter issued by the manufacturer authorizing the applicant to participate in this particular ITB must be submitted with the bid in the format provided in this Form.

To be eligible for delivery of goods, the bidder must be either the manufacturer of the offered goods or a sole representative of the manufacturer to the United Nations. Should offers for a particular make and model be received from more than one appointed representative, UNOPS reserves the right to select only one.

ITB reference no: [insert ITB reference No.]

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

To: UNOPS

### WHEREAS

We [insert complete name of manufacturer], who are official manufacturers of [insert type of goods manufactured], having factories at [insert full address of manufacturer's factories], do hereby authorize [insert complete name of bidder] to submit a bid the purpose of which is to provide the following goods, manufactured by us [insert name and or brief description of the goods], and to subsequently negotiate and sign the contract.

We hereby extend our full guarantee and warranty in accordance with Clause 4.5 of the General Conditions of Contract for the provision of Goods, with respect to the goods offered by the above firm.

Signed: [insert signature(s) of authorized representative(s) of the manufacturer]

Name: [insert complete name(s) of authorized representative(s) of the manufacturer]

Title: [insert title]

Dated on \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ [insert date of signing]



## Form I: Performance Security Form (Bank Guarantee)

Note to bidders: This form, when required, shall only be completed by the successful Bidder after contract award. The bank, as requested by the successful bidder, shall fill in this form in accordance with the instructions indicated.

**Date:** [Insert date (as day, month, and year) of submission]  
**ITB No. and title:** [xx-xxx and title of the ITB]

**Bank's Branch or Office:** [Insert complete name of guarantor]

**Beneficiary:** [Insert legal name and address of UNOPS]

**Performance Guarantee No.:** [Insert Performance Guarantee number]

We have been informed that [insert complete name of supplier] (hereinafter called "the supplier") has entered into Contract No. [Insert number] dated [Insert day and month], [Insert year] with you, for the supply of [description of goods and related services] (hereinafter called "the contract"). Furthermore, we understand that, according to the conditions of the contract, a Performance Guarantee is required.

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

This guarantee shall expire no later than the [insert number] day of [insert month] [insert year],<sup>2</sup> and any demand for payment under it must be received by us at this office on or before that date.

This guarantee is subject to the Uniform Rules for Demand Guarantees (2010 Revision), International Chamber of Commerce Publication No. 758, except that the supporting statement under article 15(a) is excluded.

[Signatures of authorized representatives of the bank and the supplier]

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<sup>1</sup> The bank shall insert the amount(s) specified in the SCG and denominated, as specified in the SCG, either in the currency(ies) of the Contract or a freely convertible currency acceptable to UNOPS.

<sup>2</sup> UNOPS should note that in the event of an extension of the time to perform the Contract, UNOPS would need to request an extension of this Guarantee from the Bank. Such request must be in writing, and must be made prior to the expiration date established in the Guarantee. In preparing this Guarantee, UNOPS might consider adding the following text to the Form, at the end of the penultimate paragraph: "We agree to a one-time extension of this Guarantee for a period not to exceed [six months], in response to UNOPS's written request for such extension. Such a request is to be presented to us before the expiry of the Guarantee."



## Form J: One UNOPS Vendor Profile Form (For new vendor)

| <b>SUPPLIER REGISTRATION FORM</b>   |  |  |  |              |  |                      |                                     |  |                                 |              |  |
|---|--|--|--|--------------|--|----------------------|-------------------------------------|--|---------------------------------|--------------|--|
| SECTION 1: SUPPLIER INFORMATION   |  |  |  |              |  |                      |                                     |  |                                 |              |  |
| <b>Supplier/Vendor name, Company name, External individual name or Implementing Partner name</b><br>(For individuals, please enter your first name, middle name and last name as per your national identification card or passport) |  |  |  |              | <b>Company registration no.</b><br>(For companies only)                    |                      | <b>Valid from</b><br>(dd/mmm/yyyy)  |  | <b>Valid to</b><br>(dd/mm/yyyy) |              |  |
|   |  |  |  |              |  |                      |                                     |  |                                 |              |  |
| <b>UNGM Number*</b>   |  |  |  |              | <b>VAT registration no.</b>  |                      |                                     |  |                                 |              |  |
| <b>Country</b>  |  |  |  |              | <b>Date of birth</b><br>(dd/mmm/yyyy)                                      |                      | (For individuals only)              |  |                                 |              |  |
| <b>Identity Document Type</b>   |  | <input type="checkbox"/> National ID <input type="checkbox"/> Passport |  |              | <input type="checkbox"/> Other, please specify:                            |                      |                                     |  |                                 |              |  |
| <b>Identity document no.</b>  |  |  |  |              | <b>Issue date</b><br>(dd/mmm/yyyy)   |                      | <b>Expiry date</b><br>(dd/mmm/yyyy) |  |                                 |              |  |
| Supplier Group (Select one of the below options)  |  |  |  |              |  |                      |                                     |  |                                 |              |  |
| <input type="checkbox"/> Company (Private or Public)*   |  | <input type="checkbox"/> University/educational institution            |  |              | <input type="checkbox"/> UN Agency /Institution                            |                      |                                     |  |                                 |              |  |
| <input type="checkbox"/> External Individual  |  | <input type="checkbox"/> IGO(Intergovernmental Organization)           |  |              | <input type="checkbox"/> Government Agency                                 |                      |                                     |  |                                 |              |  |
| <input type="checkbox"/> Financial institution (including insurance and banking)  |  | <input type="checkbox"/> NGO(Nongovernmental Organization)             |  |              |  |                      |                                     |  |                                 |              |  |
| * UNOPS requires Companies to register with the United Nations Global Marketplace on <a href="http://www.ungm.org">www.ungm.org</a> (UN supplier database)  |  |  |  |              |  |                      |                                     |  |                                 |              |  |
| SECTION 2: SUPPLIER CONTACT INFORMATION   |  |  |  |              |  |                      |                                     |  |                                 |              |  |
| <b>General/permanent street address</b>   |  |  |  |              |  |                      |                                     |  |                                 |              |  |
| <b>City</b>   |  |  |  |              | <b>Postal code (ZIP)</b>   |                      |                                     |  |                                 |              |  |
| <b>State/province</b>   |  |  |  |              | <b>Country</b>   |                      |                                     |  |                                 |              |  |
| Primary Supplier/Vendor focal point contact information   |  |  |  |              | Secondary/alternate contact person   |                      |                                     |  |                                 |              |  |
| <b>Name</b>   |  |  |  | <b>Title</b> |  | <b>Name</b>          |                                     |  |                                 | <b>Title</b> |  |
| <b>Telephone no.</b>  |  |  |  | <b>Email</b> |  | <b>Telephone no.</b> |                                     |  |                                 | <b>Email</b> |  |
| SECTION 3: SUPPLIER BANKING INFORMATION (For additional bank accounts, please provide additional forms)   |  |  |  |              |  |                      |                                     |  |                                 |              |  |
| <b>Name of banking institution</b>  |  |  |  |              | <b>Account Name</b><br>(please indicate as shown on bankbook/bank account) |                      |                                     |  |                                 |              |  |
|   |  |  |  |              |  |                      |                                     |  |                                 |              |  |
| <b>IBAN no.</b>   |  |  |  |              | <b>Bank account no.</b>  |                      |                                     |  |                                 |              |  |
| <b>Clearing code/bank code</b><br>(ACH/routing no/ IFSC/sort code)  |  |  |  |              | <b>SWIFT/BIC code</b>  |                      |                                     |  |                                 |              |  |
| <b>Branch code</b>  |  |  |  |              | <b>Bank account currency</b>   |                      |                                     |  |                                 |              |  |

|   |  |                  |                       |  |  |
|---|--|------------------|-----------------------|--|--|
| Branch name   |  |                  | Bank account type     | <input type="checkbox"/> Checking<br><input type="checkbox"/> Saving<br><input type="checkbox"/> Current<br><input type="checkbox"/> Cheque<br><input type="checkbox"/> Other please specify |  |
| Bank's street address   |  |                  |                       |  |  |
| City  |  |                  | Postal code (ZIP)     |  |  |
| State/province  |  |                  | Country               |  |  |
| Intermediary/correspondent bank, if applicable  |  |                  |                       |  |  |
| Name of intermediary bank   |  |                  | Intermediary IBAN no. |  |  |
| Country of intermediary bank  |  | SW IFT/ BIC code |                       | Clearing code/bank code  |  |
| Information provided on this registration form will be treated in accordance with UNOPS's EOD on Privacy and Information Security and its related data protection and data retention policies. Digital signatures are accepted only if they can be validated by UNOPS. Incomplete or erroneous information may prevent payment to your account. Any loss due to any error or irregularity in the information submitted by the Supplier/Vendor will be borne by the Supplier/Vendor. |  |                  |                       |  |  |
|   |  |                  |                       |  |  |
| Supplier/Supplier's Representative's Signature and Stamp  |  |                  | Date and Place        |  |  |

|  |   |   |   |   |   |
|--|---|---|---|---|---|
|  |   | Bank detail change  | UNGM Ineligibility Lists/Cla ims Log check                  | Supplier/Vendor have direct agreement/contract with UNOPS   | Supplier/Vendor or paid via cash supplier?                  |
|  | <input type="checkbox"/> New Supplier<br><input type="checkbox"/> Update existing | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Name of Requester (UN)<br>(First name/last name/extension) |   | I hereby confirm that I have followed the Procurement Manual or the grant support policy (if applicable) and the information submitted is accurate. |   |   |   |
|  |   |   |   |   |   |
|  |   | Signature of Requester  |   | Date  |   |