

CORRIGENDUM
(Amendment in Specifications)
(Equipments Anesthesia -2)

In continuation of the E-Tender published vide E-Tender ID **2026_HRY_538088_1** for procurement of **equipments** at Maharaja Agrasen Medical College, Agroha (Hisar), it is hereby informed that the specification of the equipment(s) mentioned in the tender has been revised/amended.

Accordingly, the **revised specification** shall be read and considered in place of the specification originally uploaded in the tender document.

Bidders are requested to take note of the revised specification and submit their bids accordingly.

All other terms and conditions of the tender shall remain **unchanged**.

The Revised/Amendment specifications are as under:-


Medical Superintendent
For Director

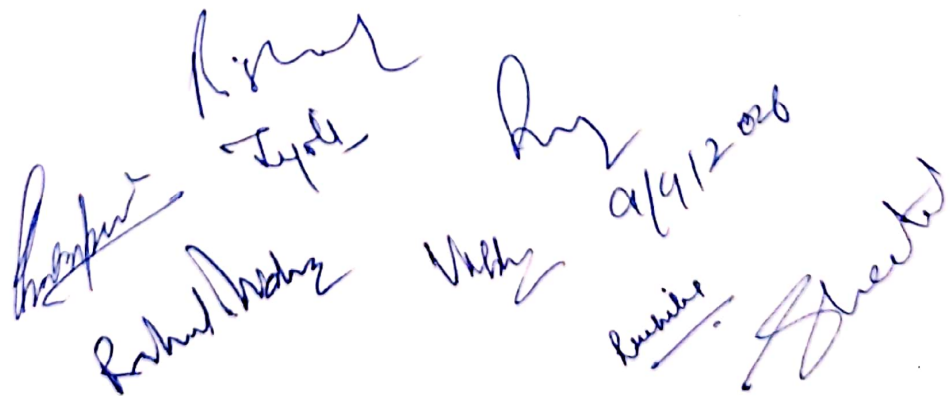
Technical specifications for Anaesthesia work station

- System should be European CE/ FDA marked.
- Should consist of anaesthesia machine with vaporizers and close circuit.
- Rigid construction and design with standard frame mounted on antistatic castor wheels with front brakes and full-length side rails on both sides to facilitate mounting of accessories.
- Should have spacious drawers.
- Should have auxiliary oxygen flowmeter without going through the main rotameter.
- Should have provision to connect oxygen, air & nitrous oxide directly to system with pipeline supply for each gas (suitable connectors and pipes to be provided). The gas connections should be non-interchangeable.
- Should have Pin Index yokes for O₂ and N₂O.
- Should have minimum 90 minutes battery backup.
- In the event of complete power loss and battery failure it shall be possible to manually ventilate at 100% O₂ and deliver anaesthetic agents.
- The machine should have pressure gauges for cylinders and central supply lines mounted on front of anaesthesia machine for better visibility.
- Automatic cutoff of N₂O by oxygen pressure failure.
- Flow meters should be ergonomic & easy to use for O₂, N₂O & Air.
- Machine should have hypoxic guard to ensure a minimum of 25% O₂ across all O₂ - N₂O mixtures and oxygen failure warning with audible & visual oxygen failure alarm.
- Emergency oxygen flush at 20 - 75 L/min bypassing the vaporizer.
- Fully integrated circle system with CO₂ absorber for adult as well as paediatric patients.
- Breathing system should be latex free, fully autoclavable, easy to dismantle.
- Sensor connections shall be internal to prevent disconnection.
- Machine should have dual flow sensor.
- Should have adjustable pressure limiting valve.
- It should be supplied with a CO₂ absorbent canister of 800gms or more. It should be reusable and autoclavable.
- Should have fresh gas decoupled/ compensated breathing system.
- Anaesthesia ventilator should be capable for infant, paediatric and adult ventilation.
- Ventilator should have Volume Control, Pressure Control, SIMV and Pressure support with Apnea backup ventilation modes.

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- Ventilator should have a tidal volume compensation capability to adjust for losses due to compression, compliance and leaks; compensation for fresh gas flow.
- Ventilator should have Peak flow of 100lpm and more. Should have flow trigger of 2lpm for adults.
- Ventilator should have a Pressure Vs Volume & Flow Vs Volume loop with lung compliance.
- Should have tidal volume setting from 20ml -1500ml.
- Should have monitoring of tidal volume, airway pressure, plateau pressure, minute volume, FiO₂.
- Should have electronic PEEP of 4-12 cmH₂O.
- Should have adjustable high/ low limits with audio visual alarms for following parameters:
 - Minute volume
 - Airway pressure (including occlusion and disconnect)
 - Inspiratory oxygen concentration
 - Power supply failure.
- It should have an integrated colour screen monitor for display of ventilation parameters.
- Vaporizer must be isolated from the gas flow in the off position.
- Vaporizer should mount on a manifold of 2 vaporizers, which allows easy exchange between agents.
- Temperature and flow compensated vaporizers for isoflurane and sevoflurane.
- The vaporizer should be maintenance-free.
- Provision to connect two vaporizers at a time.
- Should be supplied with standard accessories.
- Should have integrated anaesthesia gas monitoring.



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Technical specifications of Ventilator

- 1) Advanced technology ventilator for use in ICU, suitable for ventilating all categories of patients from pediatrics to adults.
- 2) Microprocessor controlled system with individual selection of various ventilation parameters.
- 3) It should have following modes of ventilation:
 - a) Volume control
 - b) Pressure control
 - c) Spontaneous pressure support
 - d) SIMV (Volume Control)
 - e) SIMV (Pressure control)
 - f) Newer modes offering better patient-ventilator synchrony and weaning.
 - g) Newer adaptive modes.
 - h) Should have facility for NIV with leak compensation with same breathing circuit including all NIV modes.
 - i) High flow oxygen therapy
- 4) The system should have the following parameters:
 - a) Frequency range: 4 to 80 breaths per minute.
 - b) Inspiratory time: 0.2 to 5 sec
 - c) Pressure level: 0-40 cm H₂O.
 - d) PEEP: 0-35 cm H₂O
 - e) Trigger: Flow trigger/ pressure trigger
 - f) I:E ratio: 1:10-4:1
 - g) Tidal volume: 50-2000ml
- 5) Should have the following audio-visual alarms:
 - a) Airway pressure

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18) It should have following monitoring parameters: oxygen concentration of delivered gas, I:E ratio, inspiratory time, expiratory time, battery remaining time.

19) It should have disconnect and connect detection.

20) It should have ideal body weight setting.

21) Ventilator and trolley should be of same make.

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9/9/2026

Nish

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Arjun
Rohit Arjun
Sheetal

Rushik