



Dr. APJ Abdul Kalam Technical University, Uttar Pradesh
Sec-11, Jankipuram, Vistar Yojna, Lucknow
Uttar Pradesh, India, Pin Code- 226031

AKTU/TEQIP-III/2019/137

03-07-2019

INVITATION LETTER

Package Code: TEQIP-III/2019/UP/apju/198

Current Date: 03-Jul-2019

Package Name: AKTU-BT-17-198

Method: Shopping Goods

SUB: INVITATION LETTER FOR AKTU-BT-17-198

Dear Sir,

1. You are invited to submit your most competitive quotation for the following goods with item wise detailed specifications given at Annexure-I,

Sr. No	Item Name	Quantity	Place of Delivery	Installation Requirement (if any)
1	2D Gait Analysis System	1	AKTU Lucknow	As per Annexure-I

2. Government of India has received a credit from the International Development Association (IDA) towards the cost of the **Technical Education Quality Improvement Programme [TEQIP]-Phase III** Project and intends to apply part of the proceeds of this credit to eligible payments under the contract for which this invitation for quotations is issued.

3. Quotation:

- 3.1 The contract shall be for the full quantity as described above.
- 3.2 Corrections, if any, shall be made by crossing out, initialling, dating and re writing.
- 3.3 All duties and other levies payable by the supplier under the contract shall be included in the unit Price.
- 3.4 Applicable taxes shall be quoted separately for all items.
- 3.5 The prices quoted by the bidder shall be fixed for the duration of the contract and shall not be subject to adjustment on any account.
- 3.6 The Prices should be quoted in Indian Rupees only.

4. Each bidder shall submit only one quotation.
5. Quotation shall remain valid for a period not less than **60 days** after the last date of quotation submission.
6. **Evaluation of Quotations:** The Purchaser will evaluate and compare the quotations determined to be Substantially responsive i.e. which

- 6.1 are properly signed; and
- 6.2 Confirm to the terms and conditions, and specifications.
7. The Quotations would be evaluated for all items together.
8. **Award of contract:** The Purchaser will award the contract to the bidder whose quotation has been determined to be substantially responsive and who has offered the lowest evaluated quotation price.
 - 8.1 Notwithstanding the above, the Purchaser reserves the right to accept or reject any quotations and to cancel the bidding process and reject all quotations at any time prior to the award of Contract.
 - 8.2 The bidder whose bid is accepted will be notified of the award of contract by the Purchaser prior to expiration of the quotation validity period. The terms of the accepted offer shall be Incorporated in the purchase order.
9. **Payment shall be made in Indian Rupees as follows:**

Satisfactory Delivery, Installation & Acceptance - **100% of total cost**
10. **Liquidated Damages will be applied as per the below:**

Liquidated Damages Per Day Min % : **0.05**
Liquidated Damages Max % : **5**
11. All supplied items are under **warranty of 12 months** from the date of successful acceptance of items.
12. You are requested to provide your offer latest by **14:00 hours on 17-Jul-2019**.
13. Detailed specifications of the items are at Annexure-I.
14. Training Clause (if any): **Demonstration & Training free of cost at the site by company experts.**
15. Testing/Installation Clause (if any) **YES**
16. Performance Security shall be applicable: **5%**
17. **Information brochures/ Product catalogue:** must be accompanied with the quotation clearly indicating the model quoted for.
18. Sealed quotation to be submitted/ delivered at the address mentioned below, **Dr. APJ Abdul Kalam Technical University, Uttar Pradesh, Sec-11, Jankipuram, Vistar Yojna, Lucknow, Uttar Pradesh, India, Pin Code-226031**
19. We look forward to receiving your quotation and thank you for your interest in this project.

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(Prof. Vineet Kansal)
Coordinator TEQIP-III, AKTU

Annexure-I

Sr. No	Item Name	Specifications
1	2D Gait Analysis System	<p>1. Easy to use and should be supplied with hardware's and software for performing gait parameters like Temporal, Spatial parameters, Centre of Mass estimated data etc.</p> <p>2. At-least 16 X 2 feet stable three layered platform of (0.5'' height) that includes 16 levels of dynamic pressure with 0.4'' square sensors on 0.5'' centres over sensing array with a dual control sensing elements.</p> <p>3. The software should provide parameters like velocity, cadence, step length, step width, stance and swing percent, toe in/out angle, instantaneous Centre of Pressure (COP), Foot angle, direction of progression, Left to Right Ratios path efficiency, total pressure, footfall COP, and [COP-COMe] etc.</p> <p>4. Facility for multiple protocols like walking, standing, running and jumping and developing Protocols like Walking (with or without dual tasking), TUG, Figure 8's, FSST, 360° turns, Fukuda Step Test, side stepping, unilateral and bilateral stability.</p> <p>5. Facility to comparing variables between the left and right footfalls to evaluate symmetry, track changes overtime to quantify patient progress, and provide metrics and complete reports.</p> <p>6. Facility for Video synchronization of 2 or more cameras with replay capabilities and a push-button switch for marking events.</p> <p>7. It should provide normative values and metronome beats per minute.</p> <p>8. The software should display gait measurements table for statistical and step by step quantitative values with easy navigation tools from any footfall measure to the first or last contact time on walkway surface.</p> <p>9. Optional facility will be preferred</p> <p style="margin-left: 20px;">a. Comparison of parameters against these normative values</p> <p style="margin-left: 20px;">b. Wired/wireless input for Inclinator sensors, Cup & Tray Dual Tasking and Track upper body movement (X, Y) etc.</p> <p style="margin-left: 20px;">c. Laser with range b/w 600-650nm for mounted to any walker, cane, or wheelchair that emits red laser line on the floor subject to the distance of the user's normal stride that eliminates shuffling and freezing of gait to quantify the patients' progress.</p> <p style="margin-left: 20px;">d. The system should have a facility to replay/play back the recorded data.</p> <p style="margin-left: 20px;">e. Interfacing and synchronizing facility with external devices like EMG, instrumented treadmill etc.</p>

	<p>10. Data exporting option to Excel / ASCII formats or other common file formats with different printing options for various patient test protocols.</p> <p>11. Compatible Computer System with i9 processor, 8GB RAM, 1TB HDD, 21" Monitor, Original windows, MS office, 2 years Antivirus etc.</p> <p>12. Laptop of Latest configuration with minimum i9 processor, 8GB RAMS, 1TB HDD, 21" Monitor, Original windows, MS office, 2 years Antivirus etc.</p> <p>13. Compatible All-in-One Duplex Laser Printer (Print/copy/scan/fax) and 1kVA UPS.</p> <p>14. Quality & safety Standards:-ISO, US FDA, European CE and IEC certifications to be attached.</p> <p>15. Demonstration & Training free of cost at the site by company experts.</p>
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FORMAT FOR QUOTATION SUBMISSION
(In letterhead of the supplier with seal)

Date: _____

To: _____

Sl. No.	Description of goods \ (with full Specifications)	Qty.	Unit Rates	Quoted Unit rate in Rs. (Including Ex-Factory price, excise duty, packing and forwarding, transportation, insurance, other local costs incidental to delivery and warranty/ guaranty commitments)	Total Price (A)	Sales tax and other taxes payable	
						In %	In figures (B)
Total Cost							

Gross Total Cost (A+B): Rs. _____

We agree to supply the above goods in accordance with the technical specifications for a total contract price of Rs. _____ (Amount in figures) (Rupees _____ amount in words) within the period specified in the Invitation for Quotations.

We confirm that the normal commercial warranty/ guarantee of _____ months shall apply to the offered items and we also confirm to agree with terms and conditions as mentioned in the Invitation Letter.

We hereby certify that we have taken steps to ensure that no person acting for us or on our behalf will engage in bribery.

Signature of Supplier

Name: _____

Address: _____

Contact No. _____

