PT. B.D.SHARAMA POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES ROHTAK

E-mail:- equotations.pgims@uhsr.ac.in **Invitation of e-quotations for**

Department Name: Neonatology, PGIMS

Demand No: Neonato/26/653 Dt. 01/07/26

Demand Date: 01/07/26

Last Date (Closing Date) of Submission of Quotation:_____

Rate quotation in sealed envelope/Password protected quotation are hereby invited from the valid firms and suppliers by the undersigned on behalf of the Director, PGIMS, Rohtak for supply of consumables as per Annexure-I for the Institute as per terms & conditions mentioned below. The filled e-quotations must receive through registered e-mail (**Password protected**) on or before 18/9/26 at 3.00 PM & quotation opened on 18/9/26 at 3.30PM

1. **Terms & Conditions:-**

a. The quotations received sealed/ online after the deadline shall not be entertained under any circumstances whatsoever. In case of any delay this institute will not be responsible.

The online submission though password protected mode will be restricted

b. Quotations must be in online prescribed Performa on the letter head of the firm duly signed by the Proprietor/ Partner/ Director of their authorized representative. In case of signing of quotation by the authorized representative letter of authorization must be attached with the quotation.

c. Quotations must be submitted in the office of the undersigned before deadline of submitting the quotation.

d. Rates must be quoted in Indian Rupees and as per the format specified taxes extra if any must be written separately.

e. Rates must be quoted F.O.R. basis (including Freight charges).

f. No overwriting or cutting is permitted in the rate. If found, the quotation shall be summarily rejected.

g. The rates quoted must be valid for 90 days minimum or as per State Govt. instructions issued from time to time from the date of opening and silence of any tendered on this issue shall be treated as agreed with this condition.

h. Becoming L1 will not be the criteria for awarding of purchase order unless the rates are reasonable & justified

i. Any conditional quotations shall be rejected summarily.

j. **Delivery period – As per supply order on issuing by the office.**

k. **Liquidated Damages: -** If the supplier falls to deliver the material on or before the stipulated date, then a penalty at the rate of 0.5% per week of the total order values shall be levied subject to maximum of 10% of the total order value on which amount when there is no EMD.

l. **Payment terms: -** Payment will be only after satisfactorily complete delivery/ commissioning of material and after inspection by Inspection committee.

m. Pt. BDS PGIMS, Rohtak reserves the right to increase or decrease quantity and / or amount of work. Decision of quantity of material in the Pt. BDS PGIMS, Rohtak will be final in this regard.

n. Pt. BDS PGIMS, Rohtak reserves the right to reject any quotation or part or the whole of inviting quotation process without assigning any reason. Decision of the Pt. BDS PGIMS, Rohtak will be final in this regard.

o. The Sealed Quotation on the envelop due date & product name mandatory. If not mention on the envelop. The quotation will be rejecting.

Special Terms and Conditions:-

1. **Bidder must quote the product as per specifications provided in Annexure-1.**
2. **The supplier may be asked to submit the sample of quoted make for technical evaluation, to the Pt. BDS PGIMS, Rohtak , if required. The expenditure incurred for demonstrating the items will be borne by the supplier.**
3. **Inspection committee will check the products thoroughly, if somehow inspection committee found any discrepancy and is not satisfied with the final product (final product should be same as reviewed ones at the institution) then Pt. BDS PGIMS, Rohtak has the right to reject the supply and cancel the order, and no claim for payment in this regard will be entertained.**
4. **Jurisdiction: The jurisdiction will be district Rohtak only.**
5. **It is directed to IT Cell that requisition of above item may also be placed on website of Pt. BDS PGIMS, Rohtak for vide publicity to invite a competitive manner of purchase.**
6. **Samples will be provided by the firm with quotations, otherwise quotation not accepted for the institute.**

Encl: Annexure-I (Specification)

Annexure –II (Format of Quotation)

Committee

Dr. Shikha Khandelwal
DM (Neonatology)
Associate Professor
Department of Neonatology
PGIMS, Rohtak

(To be signed by concerned Department)

Annexure-I

Sr. No.	Name of the items	Req. Qty.	Specification	Remarks
1.	Nursing Monitoring Charts	36500	1. 4 page folder of 11 1/2" x18 ½" size paper 2. 80GSM white paper both side printing 3. Performa of chart attached	-
2.				
3.				
4.				
5.				

DEPARTMENT OF NEONATOLOGY
NEONATAL INTENSIVE CARE UNIT
Post Graduate Institute of Medical Sciences, Rohtak

BABY NAME		SEX		UHID No.		DATE		DAY OF LIFE	
GEST. (wks)		BIRTH WT. (g)		CR NO		PMA		MOTHERS BED	
DOB		TOB		WEIGHT (g)	TODAY (Morning)		(Evening)		
DIAGNOSIS: ……					YESTERDAY (Morning)		(Evening)		

Time	Temperature	Activity (Normal/Lethargy)	Periphery (Cold/Warm)	Color (Pink/Peripheral Cyanoss/ Central Cyanosis/ Pallor)	HR	RR (Spont)	Retraction / Grunt	O_2 Saturation	Capillary refill (sec)	BP (Systolic/Diastolic/Mean) Inv [I] / Non-Inv [N]	Apnea (A) / Brady (B) (0,1,2)*	IV sites OK/Swelling [sw]	Abdominal girth (cm)	S eizures (Sz) Jitteriness (J)	Amt of milk expressed by mother	No. of skin pricks given	Amount of blood withdrawn	KMC Duration	Visit by mother	Perfusion Index(PI)	RBS
Specify frequency of monitoring: q……hr																					
0800																					
0900																					
1000																					
1100																					
1200																					
1300																					
1400																					
1500																					
1600																					
1700																					
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0200																					
0300																					
0400																					
0500																					
0600																					
0700																					

* 0= None 1= Response to tactile 2= Response to bag and mask **Mean BP norm - 5th :…… 50th :…… 95th :……**

Name of primary nurse		Parents contact No.	

Use blank columns for signs not specified (e.g. bleeding, vomiting, sclerema etc.)

Golden Rule: Wash hands before and after handling any baby

IV Fluids/infusions				
SN	**Type of fluid**	**Rate of infusion (mL/hr)**	**Special instruction**	**Dose checked** (As per drug formulatry)
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Parenteral / Oral Drugs					
SN	**Drug**	**Dose**	**Route and Frequency**	(indicate timing and tick when given)	**Dose checked**
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Report by bedside nurse (Significant Event / Intervention/ Procedure)		
Morning Name of Nurse ……	Evening ……	Night ……

	Intake																Output				REMARKS
	Fluid 1		Fluid 2		Fluid 3		Fluid 4		Fluid 5		Fluid intake (IV drugs/ blood/ others)	Oral feeds									
												Volume		Mode							
Time	Amount in syringe	Amount infused	Amount in syringe	Amount infused	Amount in syringe	Amount infused	Amount in syringe	Amount infused	Amount in syringe	Amount infused		EBM	Formula	Gavage	KS	Direct BF	Urine	Stool	Vomitus/ aspirate/drain		
0800																					
0900																					
1000																					
1100																					
1200																					
1300																					
Total/ Shift - I																					
1400																					
1500																					
1600																					
1700																					
1800																					
1900																					
Total Shift - II																					
2000																					
2100																					
2200																					
2300																					
0000																					
0100																					
0200																					
0300																					
0400																					
0500																					
0600																					
0700																					
Total/ Shift III																					
I+II+ III																					

Grand Total (24hrs)			
	Total fluid: **……mL/day** **……mL/kg/day**	**Total parenteral** **……mL/kg/day** **Total enteral feed** **…… mL/kg/day** **EBM: …… % of total feed**	**Urine output :. ……mL/kg/hr** **Urine Specific Gravity:**

Please wear gloves at the time of setting up parenteral lines, connecting fluid-syringes and administrating parenteral drugs

OXYGEN THERAPY-VENTILATION-PHOTOTHERAPY																				
Time	O_2 by hood/ Prongs/ CPAP/HFNC		VENTILATOR											CPAP/NIMV					Photo therapy Irradiance: ..... (q 24h)	
	Flow rate (L/m)	Fi O_2	Mode	Flow	PIP	PEEP	Ti	Rate /Hz	MAP	Amp	ET change	ET suction	Positioning	Bubbling (If bubble CPAP	Nasal skin (B,E,A)*	Humidifier water level (A/I)**	Rainouts in circuit (Y/N)	Interface(ram cannula/nose mask/prongs	PT^x positioned well?	
0800																				
0900																				
1000																				
1100																				
1200																				
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* B=Blanching E=Erythema A=Abrasion ** A=Adequate I=inadequate

Endotracheal tube	(a) Inserted on ……..…	(b) ET Size (mm):……..	(c) Distance tip to upper gum (cm):……
(d) Gum to connector (cm):……		(e) Suction catheter length to be inserted (c+d+0.5):……..……	

Bed side check list:

SN	Date:			
	Nurse Name:	**M**	**E**	**N**
1.	Patient identified by I.D band			
2.	Belonging ensured			
3.	Resuscitation equipment functioning			
4.	Warmer/syringe /pump and cleaned			
5.	Alarm limits set on ventilator/pulse oximeter			

		M	**E**	**N**
6.	Central lines/IV lines (PICC/UAC/UVC) secured well			
7.	X-rays collected			
	Parental contact			
8.	Family counselled			
9.	KMC initiated if appropriate			
10.	Express milk at least 8 times in 24 hours			

Use blank columns for additional parameters or procedures (Such as cold light check or nebulization etc.)