Indicative Specifications / Evaluation Form					
Item No.	**Item Description**	**Qty.**	**To Be Filled By Vendor**		**To be filled**
1	**All in one Autokerato Refractometer, tonometer and pachymetry**	**1**	**Comply**	Supporting Documents Ref.	by Hospital
	Specifications		**Yes/No**		
A.	Technical offer must be clear in terms of standards , which will be offered with the machine and Optional features and items . Please specify the details clearly and requested specs/info must be well supported with reference documents.				
B	**Please specify make, model, and origin of the machine.**				
C.	Device must contain space saving autoref , kerato , noncontact tonometer and pachymeter				
D.	Large pupil zone imaging method				
E.	Optimal fogging to minimize accommodation				
F.	Automated calculation of corrected IOP				
1	**Auto refractometer**				
	Measurement range :				
1.1	Auto keratometer (Please specify the in built technology)				
1.2	Please specify the Measurement range				
1.3	Curvature radius 5.00 to 13.00 mm (0.01 mm increments)				
1.4	Refractive power 25.96 to 67.50 D (0.12 / 0.25 D increments)				
1.5	Cylindrical power 0 to 12.00 D (0.12 / 0.25 D increments)				
1.6	Axis 0 to 180º (1° / 5° increments)				
1.7	Pupil size measurement range (Angle ,2.0mm)				
1.8	1.0 to 10.0 mm (0.1 mm increments)				
1.9	PD measurement range (1mm , 20 to 85mm)				
1.91	Must be having auto fog system				
2	**NON-CONTACT TONOMETER :**				
2.1	Measurement range				
2.2	1 to 60 mmHg (1 mmHg increments)				
2.3	Please specify the Working distance				
3	**NON CONTACT PACHYMETER**				
3.1	Please specify the Measurement range				
3.2	400 to 750 µm (1 µm increments)				
4	**Printer**				
4.1	Preferably : Thermal line printer with easy loading and auto cutter				
5	**Chinrest travel distance :**				
5.1	Up/down : 65- 70mm				
6	**Quality and Patient Safety :**				

6.1	Device should be CE and FDA approved				
6.2	System should not be bulky , Please specify the weight and unit must be provided with good quality trolley .				
6.3	Offered System must comply with Electrical safety IEC 6060-1				
6.4	Device must be manufactured on quality standards .Medical device Quality management system , ISO-13485 or equivalent.				
7	**Accessories**				
	Supplied with all standard accessories.				
8	**Consumables**				
	Supplied with all standard consumables.				
9	**Avialable Additional Option**				
No.	**OPTIONS DESCRIPTION**				
10	**Important Notes & Obligatory Conditions**				
A.	**Completing this compliance sheet is mandatory. All the information to be provided by the vendor in the compliance sheet must be 100% true. Any false information given will result in an immediate disqualification and the offer shall be considered null and void.**				
B.	**Complete on-site (off-site, if necessary) end user training for Opthalmology doctors and other associated staff and Service training for Biomedical Engineeing Staff is required.**				
C.	**Equipment Meets OR Exceeds IEC - 601, ISO, ANS, BS, JIS**				
D.	**Rated Voltage**: 240V(+/- 5%) 228-252 Volts single Phase OR 415 (+/- 5%) 395 - 435 Volts three Phase, 50 Hz .Three core cable and the casing must be earthed.Three pin electrical plug.				
E.	**A Price List For Spare Parts:** Must be provided to cover at least 7 years of operation and maintenance of the equipment supplied.				
F.	**Operation And Service Manuals: All Manuals must be supplied as " Standard Requirements of Technical Documents " for all Medical Equipment. Two Copies each and one Soft Copy for each.**				
G.	**Installation: All equipment must be installed by the manufacturer's engineer(s) or those approved from the Hospital Biomedical Engineering Department.**				
H.	**Warrenty : Comprehensive minimum 3 Years warrenty .**				

Indicative Specifications / Evaluation Form

Item No.	Item Description	Qty.	To Be Filled By Vendor		To be filled
1	**Ophthalmic Unit with Patient Chair**	**1**	**Comply**	Supporting Documents Ref.	by Hospital
	Specifications		**Yes/No**		
1	Technical offer must be clear in terms of standards , which will be offered with the machine and Optional features and items . Please specify the details clearly and requested specs/info must be well supported with reference documents.				
2	Ophthalmic Examination Unit with integrated patient chair.				
3	Please specify make, model, and origin of the machine.				
4	The unit must be modular, Adjustable (Up/Down) ,sliding table top designed for use with various diagnostic and therapeutic devices (e.g. slit lamp, autorefractor, tonometer, fundus camera). And extending table for Slit lamp camera PC.				
5	The unit must include adjustable mounts for key ophthalmic instruments.				
6	Must support smooth height adjustment for different operators, with at least 180° of rotation to accommodate both left- and right-handed users.				
7	A drawers or platform for placing instruments, with sufficient weight capacity and smooth sliding options.				
8	Integrated lighting system with adjustable brightness and colour temperature for optimal illumination during eye examinations.				
9	LED or halogen lighting with no flicker.				
10	Variable intensity adjustment to meet various diagnostic needs.				
11	The unit will be installed in an examination room with standard clinic dimensions(To be quoted once after site visit)				
12	**Patient Chair**				
12.1	The patient chair should have a height adjustment range of at least 45-85 cm to allow easy access for different height patients and clinicians.				
12.2	The backrest should recline smoothly with an adjustable range of at least 0° to 90° for optimal patient positioning.				
12.3	The footrest should be adjustable and should support different leg lengths and patient positions.				
12.4	Adjustable armrests for patient comfort and stability during the exam.				
12.5	Adjustable and padded headrest to ensure patient comfort and support during examinations.				
12.6	High-quality, soft, non-toxic padding for patient comfort. The materials should be easy to clean and maintain.				
12.7	The chair should support a minimum weight of 200 kg				
13	Please specify make, model, and origin of the machine.				
14	Height of the chair should be easily adjustable				
15	Chair should be rotatable 360 degrees smoothly				
16	**ophthalmic Chair for doctor**	**1**			
16.1	The chair should support a minimum weight of 150 kg				
16.2	Chair should be rotatable 360 degrees smoothly				
17	**Quality and Patient safety**				
17.1	Device should be CE and FDA approved				
17.2	System should not be bulky , Please specify the weight and unit must be provided with good quality trolley .				
17.3	Offered System must comply with Electrical safety IEC 6060-1				

17.4	Device must be manufactured on quality standards .Medical device Quality management system , ISO-13485 or equivalent.				
18	**Accessories**				
	Supplied with all standard accessories.				
19	**Consumables**				
	Supplied with all standard consumables.				
20	**Available Additional Option**				
No.	**OPTIONS DESCRIPTION**				
5	**Important Notes & Obligatory Conditions**				
A.	**Completing this compliance sheet is mandatory. All the information to be provided by the vendor in the compliance sheet must be 100% true. Any false information given will result in an immediate disqualification and the offer shall be considered null and void.**				
B.	**Complete on-site (off-site, if necessary) end user training for Ophthalmology doctors and other associated staff and Service training for Biomedical Engineering Staff is required.**				
C.	**Equipment Meets OR Exceeds IEC - 601, ISO, ANS, BS, JIS**				
D.	**Rated Voltage**: 240V(+/- 5%) 228-252 Volts single Phase OR 415 (+/- 5%) 395 - 435 Volts three Phase, 50 Hz .Three core cable and the casing must be earthed. Three pin electrical plug.				
E.	**A Price List For Spare Parts:** Must be provided to cover at least 10 years of operation and maintenance of the equipment supplied.				
F.	**Operation And Service Manuals: All Manuals must be supplied as " Standard Requirements of Technical Documents " for all Medical Equipment. Two Copies each and one Soft Copy for each.**				
G.	**Installation: All equipment must be installed by the manufacturer's engineer(s) or those approved from the Hospital Biomedical Engineering Department.**				
H.	**Warranty : Comprehensive minimum 3 Years warranty .**				

Indicative Specifications / Evaluation Form

Item No.	Item Description	Qty.	To Be Filled By Vendor		To be filled
1	**Slit lamp unit with Integrated Digital Camera**	1	Comply	Supporting Documents Ref.	by Hospital
	Specifications		**Yes/No**		
1	Technical offer must be clear in terms of standards , which will be offered with the machine and Optional features and items . Please specify the details clearly and requested specs/info must be well supported with reference documents.				
2	Please specify make, model, and origin of the machine.				
3	The equipment shall be a table(On ophthalmic unit)-mounted slit lamp biomicroscope with integrated high-resolution digital imaging system for capturing anterior segment images and videos. It shall be suitable for clinical, diagnostic, teaching, and documentation purposes in ophthalmology and optometry.				
4	The system must provide **stereoscopic binocular viewing** with adjustable magnification.				
5	It shall allow **high-quality image and video capture** without affecting clinical examination.				
6	The system must be compatible with patient record management and digital storage.				
7	Table-mounted binocular slit lamp				
8	Minimum 5-step magnification changer (e.g., 6×, 10×, 16×, 25×, 40×)				
9	Wide-field 12.5× or 10×, adjustable diopter ±7 D				
10	Interpupillary Distance-Adjustable, 50–80 mm				
11	Sufficient for detailed anterior segment visualization				
12	Illumination-LED or long-life halogen				
13	Slit Width & length -0–14 mm, Slit Rotation-0°–180°				
14	High-resolution CMOS sensor				
15	Image Resolution ≥12 Megapixels				
16	Full HD (1920×1080) minimum video recording				
17	True clinical color reproduction				
18	Compatible with slit lamp optics				
19	Minimum 22-inch to 24 Full HD color display				
20	Medical-grade PC with minimum 8 GB RAM, 2 TB storage				
21	Pre-installed imaging software with patient database				
22	Connectivity-Ethernet/Wi-Fi for EMR integration, image export (JPEG, TIFF, DICOM)				
23	Unit must be available for demo basis				
24	**Accessories**				
	Supplied with all standard accessories.				
25	**Consumables**				
	Supplied with all standard consumables.				
26	**Available Additional Option**				
No.	**OPTIONS DESCRIPTION**				
26	**Important Notes & Obligatory Conditions**				
A.	**Completing this compliance sheet is mandatory. All the information to be provided by the vendor in the compliance sheet**				
B.	**Complete on-site (off-site, if necessary) end user training for Ophthalmology doctors and other associated staff and**				
C.	**Equipment Meets OR Exceeds IEC - 601, ISO, ANS, BS, JIS**				
D.	**Rated Voltage**: 240V(+/- 5%) 228-252 Volts single Phase OR 415 (+/- 5%) 395 - 435 Volts three Phase, 50 Hz .Three core				
E.	**A Price List For Spare Parts:** Must be provided to cover at least 7 years of operation and maintenance of the equipment supplied.				
F.	**Operation And Service Manuals: All Manuals must be supplied as " Standard Requirements of Technical Documents " for**				
G.	**Installation: All equipment must be installed by the manufacturer's engineer(s) or those approved from the Hospital**				
H.	**Warranty : Comprehensive minimum 3 Years warranty .**				

Indicative Specifications / Evaluation Form					
Item No.	**Item Description**	**Qty.**	**To Be Filled By Vendor**		**To be filled**
1	**Non-Contact Tonometer unit**	**1**	**Comply**	Supporting Documents Ref.	by Hospital
	Specifications		**Yes/No**		
1	Technical offer must be clear in terms of standards , which will be offered with the machine and Optional features and items . Please specify the details clearly and requested specs/info must be well supported with reference documents.				
2	The offered device shall be a handheld, portable tonometer designed for accurate measurement of intraocular pressure (IOP) using rebound tonometry technology. The system shall be suitable for use in ophthalmology clinics, operating rooms, emergency departments, and screening programs. The device shall not require anesthetic eye drops or air-puff technology				
3	Please specify make, model, and origin of the machine.				
4	Ability to measure IOP accurately regardless of patient position. Handheld, lightweight design				
5	Quick Measurement mode for difficult-to-cooperate patients.				
6	Automatic probe positioning guidance with visual indicators.				
7	Reliable and repeatable measurements.				
8	Wireless communication via Bluetooth.				
9	User-friendly menu and interface.				
10	Starter pack of disposable probes.				
11	Protective carrying case.				
12	Specify battery back-up				
13	Bluetooth connectivity software and accessories (if applicable).				
14	All accessories necessary for immediate operation.				
15	Unit must be available for demo basis				
16	**Quality and Patient Safety :**				
16.1	Device should be CE and FDA approved				
16.2	System should not be bulky , Please specify the weight and unit must be provided with good quality trolley .				
16.3	Offered System must comply with Electrical safety IEC 6060-1				
16.4	Device must be manufactured on quality standards .Medical device Quality management system , ISO-13485 or equivalent.				
17	**Accessories**				
	Supplied with all standard accessories.				
18	**Consumables**				
	Supplied with all standard consumables.				
19	**Available Additional Option**				
No.	**OPTIONS DESCRIPTION**				
20	**Important Notes & Obligatory Conditions**				

A.	**Completing this compliance sheet is mandatory. All the information to be provided by the vendor in the compliance sheet must be 100% true. Any false information given will result in an immediate disqualification and the offer shall be considered null and void.**
B.	**Complete on-site (off-site, if necessary) end user training for Ophthalmology doctors and other associated staff and Service training for Biomedical Engineering Staff is required.**
C.	**Equipment Meets OR Exceeds IEC - 601, ISO, ANS, BS, JIS**
D.	**Rated Voltage**: 240V(+/- 5%) 228-252 Volts single Phase OR 415 (+/- 5%) 395 - 435 Volts three Phase, 50 Hz .Three core cable and the casing must be earthed. Three pin electrical plug.
E.	**A Price List For Spare Parts:** Must be provided to cover at least 7 years of operation and maintenance of the equipment supplied.
F.	**Operation And Service Manuals: All Manuals must be supplied as " Standard Requirements of Technical Documents " for all Medical Equipment. Two Copies each and one Soft Copy for each.**
G.	**Installation: All equipment must be installed by the manufacturer's engineer(s) or those approved from the Hospital Biomedical Engineering Department.**
H.	**Warranty : Comprehensive minimum 3 Years warranty .**

Indicative Specifications / Evaluation Form

Item No.	Item Description	Qty.	To Be Filled By Vendor		To be filled
1	**Computerized visual acuity screen**	1	Comply	Supporting Documents Ref.	by Hospital
	Specifications		**Yes/No**		
1	Technical offer must be clear in terms of standards , which will be offered with the machine and Optional features and items . Please specify the details clearly and requested specs/info must be well supported with reference documents.				
2	Please specify make, model, and origin of the machine.				
3	Display LED/LCD high-resolution monitor and Minimum 22 inches				
4	Resolution Full HD (1920 × 1080) or better				
5	Testing Distance Adjustable from 1 m to 8 m minimum				
6	Chart Presentation -single letter, single line, column, full chart, random display				
7	Duochrome Test-Red-Green balance test				
8	Device remote must have luminous keypads to be easily usable in the dark				
9	Omnidirectional remote control				
10	Remote control should have a long working distance				
11	HDMI and VGA supported				
12	Compact size				
13	Device should be easy to set up				
14	Random sequencing of optotypes				
15	Should fit any monitor or TV set				
13	**Accessories**				
	Supplied with all standard accessories.				
14	**Consumables**				
	Supplied with all standard consumables.				
15	**Avialable Additional Option**				
No.	**OPTIONS DESCRIPTION**				
16	**Important Notes & Obligatory Conditions**				
A.	**Completing this compliance sheet is mandatory. All the information to be provided by the vendor in the compliance sheet must**				
B.	**Complete on-site (off-site, if necessary) end user training for Opthalmology doctors and other associated staff and Service**				
C.	**Equipment Meets OR Exceeds IEC - 601, ISO, ANS, BS, JIS**				
D.	**Rated Voltage**: 240V(+/- 5%) 228-252 Volts single Phase OR 415 (+/- 5%) 395 - 435 Volts three Phase, 50 Hz .Three core cable and				
E.	**A Price List For Spare Parts:** Must be provided to cover at least 7 years of operation and maintenance of the equipment supplied.				
F.	**Operation And Service Manuals: All Manuals must be supplied as " Standard Requirements of Technical Documents " for all**				
G.	**Installation: All equipment must be installed by the manufacturer's engineer(s) or those approved from the Hospital Biomedical**				
H.	**Warrenty : Comprehensive minimum 3 Years warrenty .**				

Indicative Specifications / Evaluation Form

Item No.	Item Description	Qty.	To Be Filled By Vendor		To be filled
1	**Ophthalmic Minor Procedures Surgical Loupe**	2	**Comply**	Supporting Documents Ref.	by Hospital
2	**Prism bars horizontal and vertical up to 40 D**	1			
	Specifications		**Yes/No**		
	Technical offer must be clear in terms of standards , which will be offered with the machine and Optional features and items . Please specify the details clearly and requested specs/info must be well supported with reference documents.				
1	**Ophthalmic Minor Procedures Surgical Loupe**	2			
a	The offered equipment shall be a binocular surgical loupe designed for ophthalmology and minor ophthalmic procedures. The loupe shall provide high-quality magnification, excellent depth perception, and ergonomic viewing for examination and minor surgical interventions				
b	Please specify make, model, and origin of the machine.				
c	Working Distance-Customizable between 300–500 mm				
d	Lens Coating-Anti-reflective, scratch-resistant coating				
e	Magnification -2.5× to 4.5× minimum				
f	Field of View-Wide field suitable for ophthalmic procedures				
g	Lightweight medical-grade frame or flip-up design				
h	Components compatible with routine clinical disinfection				
i	Adjustable nose pads				
j	Adjustable viewing angle				
2	**Prism bars horizontal and vertical bars up to 40 D**	1			
a	The offered equipment shall be a precision ophthalmic prism bar set consisting of one horizontal prism bar and one vertical prism bar for the assessment and measurement of ocular deviations, strabismus, heterophoria, vergence amplitudes, and binocular vision disorders.				
b	**Measurement of ocular deviations and binocular vision assessment**				
c	**Prism Material-High-quality optical acrylic or optical-grade plastic**				
d	**Optical Quality-Distortion-free optical surfaces**				
e	**Prism Power Markings-Clearly engraved or permanently marked**				
f	**Horizontal Prism Range-1–40 Prism Diopters (PD) minimum**				
g	**Vertical Prism Range-1–30 Prism Diopters (PD) minimum**				
h.	**Factory calibrated**				
3	**Accessories**				
	Supplied with all standard accessories.				
4	**Consumables**				
	Supplied with all standard consumables.				
6	**Available Additional Option**				
No.	**OPTIONS DESCRIPTION**				
14	**Important Notes & Obligatory Conditions**				
A.	**Completing this compliance sheet is mandatory. All the information to be provided by the vendor in the compliance sheet must**				
B.	**Complete on-site (off-site, if necessary) end user training for Ophthalmology doctors and other associated staff and Service**				
C.	**Equipment Meets OR Exceeds IEC - 601, ISO, ANS, BS, JIS**				
D.	**Rated Voltage**: 240V(+/- 5%) 228-252 Volts single Phase OR 415 (+/- 5%) 395 - 435 Volts three Phase, 50 Hz .Three core cable and				
E.	**A Price List For Spare Parts:** Must be provided to cover at least 7 years of operation and maintenance of the equipment supplied.				
F.	**Operation And Service Manuals: All Manuals must be supplied as " Standard Requirements of Technical Documents " for all**				
G.	**Installation: All equipment must be installed by the manufacturer's engineer(s) or those approved from the Hospital Biomedical**				
H.	**Warranty : Comprehensive minimum 3 Years warranty .**				

Indicative Specifications / Evaluation Form

Item No.	Item Description	Qty.	To Be Filled By Vendor		To be filled
1	**Auto Lens Meter**	**1**	**Comply**	Supporting Documents Ref.	by Hospital
	Specifications		**Yes/No**		
	Technical offer must be clear in terms of standards , which will be offered with the machine and Optional features and items . Please specify the details clearly and requested specs/info must be well supported with reference documents.				
1	The offered equipment shall be a fully automatic digital lensmeter designed for rapid and accurate measurement of ophthalmic lenses, including single vision, bifocal, trifocal, progressive, contact, and plano lenses. The device shall be suitable for ophthalmology departments, optometry clinics, optical workshops, and refraction units.				
2	Please specify make, model, and origin of the machine.				
3	Device should accurately and automatically measure the prescription of the lens				
4	Hartmann sensor with at least 108 measurement points				
5	Measurement Display-Sphere, Cylinder, Axis, Prism, Add Power				
6	Scale mode function				
7	UV transmittance measurement				
8	Min Vertical 5 inch color LCD touch screen or larger & High-resolution graphic display				
9	Sphere lenses: 0 to ±25D or more				
10	Cylinder lenses: 0 to ±10D or more				
11	Cylinder Axis Angle: 0° to180° or more				
12	**Quality and Patient Safety**				
12.1	FDA approved / CE Marked				
12.2	System should not be bulky , Please specify the weight and unit must be provided with good quality trolly .				
12.3	Offered System must comply with Electrical safety IEC 6060-1				
12.4	Device must be manufactured on quality standards .Medical device Quality management system , ISO-13485 or equivalent.				
13	**Accessories**				
	Supplied with all standard accessories.				
14	**Consumables**				
	Supplied with all standard consumables.				
15	**Avialable Additional Option**				
No.	**OPTIONS DESCRIPTION**				
16	**Important Notes & Obligatory Conditions**				
A.	**Completing this compliance sheet is mandatory. All the information to be provided by the vendor in the compliance sheet**				
B.	**Complete on-site (off-site, if necessary) end user training for Opthalmology doctors and other associated staff and Service**				
C.	**Equipment Meets OR Exceeds IEC - 601, ISO, ANS, BS, JIS**				
D.	**Rated Voltage**: 240V(+/- 5%) 228-252 Volts single Phase OR 415 (+/- 5%) 395 - 435 Volts three Phase, 50 Hz .Three core cable				
E.	**A Price List For Spare Parts:** Must be provided to cover at least 7 years of operation and maintenance of the equipment supplied.				
F.	**Operation And Service Manuals: All Manuals must be supplied as " Standard Requirements of Technical Documents " for**				
G.	**Installation: All equipment must be installed by the manufacturer's engineer(s) or those approved from the Hospital**				
H.	**Warrenty : Comprehensive minimum 3 Years warrenty .**				