# DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA

# SUPPLY, DELIVERY AND INSTALLATION OF LABORATORY AND TEACHING EQUIPMENT FOR FACULTY OF MEDICINE FOR THE YEAR 2026
# UVA WELLASSA UNIVERSITY

**UWU/G/NCB/C/26/07**

## NATIONAL COMPETITIVE BIDDING

| | |
|---|---|
| **Bid Opening On** | 16th November 2026- 2.00 p.m |
| **Bid Validity up to** | 77 days from 16th November 2026 |

Uva Wellassa University,
Passara Road,
Badulla,
Sri Lanka.

# CONTENTS


| Content | Page Nos. |
|---|---|
| **Invitation for Bids** | 03 |
| Section I: Instructions to Bidders (ITB) | 04 |
| Section II: Bidding Data Sheet (BDS) | 04 - 05 |
| Section III: Evaluation and Qualification Criteria | 06 – 07 |
| Section IV Bidding Forms | 08 |
| Bid Submission Form | 09 |
| Price Schedule | 10 - 11 |
| Bid Security (Guarantee) | 12 |
| Manufacturer's Authorization | 13 |
| Section V. Schedule of Requirements | 14 |
| List of Goods delivery Schedule | 15 - 16 |
| List of Related Services and Completion Schedule | 17 |
| Technical Specification | 18 - 36 |
| Section VI: Conditions of Contract (CC) | 37 |
| Section VII: Contract Data | 37 |
| Section VIII: Contract Forms | 38 |
| Contract Agreement | 39 |
| Performance Security | 40 |
| Check List | 41 |

# INVITATION FOR BIDS

## SUPPLY, DELIVERY AND INSTALLATION OF LABORATORY AND TEACHING EQUIPMENT FOR FACULTY OF MEDICINE FOR THE YEAR 2026 – UVA WELLASSA UNIVERSITY

**UWU/G/NCB/C/26/07**

The Chairman, Department Procurement Committee, on behalf of the Uva Wellassa University, hereby invites sealed bids from eligible and qualified bidders for the **"SUPPLY, DELIVERY AND INSTALLATION OF LABORATORY AND TEACHING EQUIPMENT FOR THE FACULTY OF MEDICINE FOR THE YEAR 2026 – UVA WELLASSA UNIVERSITY".** The procurement will be conducted through the National Competitive Bidding (NCB) procedure.

1. Bidders should have at least three (03) years of experience in the relevant field in Sri Lanka.
2. Interested eligible bidders may obtain further information from the Deputy Bursar (Supplies), Uva Wellassa University, Passara Road, Badulla, (Tel.: 055-2226475, Fax No: 055-2226633)**,** and inspect the bidding documents at the Supplies Division of the University between 9.00 a.m. and 3.00 p.m. from **2nd November 2026 to 15th November 2026, and up to 12.30 p.m. on 16th November 2026.**
3. A complete set of bidding documents in English may be purchased by interested bidders upon submission of a written application to the Deputy Bursar (Supplies), Uva Wellassa University, Passara Road, Badulla, and upon payment of a non-refundable fee of LKR 3,400.00 in cash at the Shroff Counter of the University. The bidder can also download the biding documents from the University website: www.uwu.ac.lk. Those who are obtaining bidding documents from the University website must submit the complete documents together with a **Bank Draft** drawn in favor of the "**Vice Chancellor, Uva Wellassa University"** for LKR 3,400.00 as the non-refundable fee. Alternatively, payment may be made to any branch of Bank of Ceylon, to **Uva Wellassa University, Account No: 3114820**, with the original receipt/deposit slip attached to the bidding documents**.** The documents may be purchased until **3.00 p.m. on 15th November 2026**
4. Bids must be delivered to the **Chairman, Department Procurement Committee, Uva Wellassa University, Passara Road, Badulla,** on or before **2.00 p.m on 16th November 2026.** Please indicate the **"SUPPLY, DELIVERY AND INSTALLATION OF LABORATORY AND TEACHING EQUIPMENT FOR THE FACULTY OF MEDICINE FOR THE YEAR 2026 – UVA WELLASSA UNIVERSITY - UWU/G/NCB/C/26/07"** on the top left-hand corner of the envelope.
5. All bids must be accompanied by a **Bid Security** addressed to the **Chairman, Department Procurement Committee, Uva Wellassa University, Passara Road, Badulla**, valid for 105 days from the date of bid opening. The Value of the Bid Security shall be **144,000.00**
6. A Pre-Bid meeting will be held at **10.00 a.m on 9th November 2026** at the Board Room of Uva Wellassa University.
7. The completed bids shall be deposited in the 'Tender Box' available at the Registrar's Office of the University, or sent by Registered Post to the address given in Clause No.5, ensuring receipt before the deadline.
8. Late bids will be rejected. Bids will be opened immediately after the closing of bids, in the presence of the bidders or their authorized representatives who choose to attend the bid opening, at the Board Room of the Uva Wellassa University.

Chairman
Department Procurement Committee
Uva Wellassa University
Passara Road, Badulla, Sri Lanka
Tel/ Fax No: 055-2226475, 055-2226633

# Section I. Instructions to Bidders (ITB)

This Bidding Document is based on the standard bidding document for National Competitive Bidding (NPA/Goods/SBD 01). Section I will not be provided with this bidding document. Bidders are instructed to refer the Section I of the standard bidding document (NPA/Goods/SBD 01). The document is available at the website of NPA, www.npa.gov.lk

# Section II. Bidding Data Sheet (BDS)

The following specific data for the goods to be procured shall complement, supplement, or amend the provisions in the Instructions to Bidders (ITB). Whenever there is a conflict, the provisions herein shall prevail over those in ITB.
[Instructions for completing the Bid Data Sheet are provided, as needed, in the relevant ITB Clauses.]

| Clause Reference | A. General |
|---|---|
| **ITB 1.1** | The Purchaser is: **Uva Wellassa University** |
| **ITB 1.1** | The name and identification number of the Contract are: **"SUPPLY, DELIVERY AND INSTALLATION OF LABORATORY AND TEACHING EQUIPMENT FOR THE FACULTY OF MEDICINE FOR THE YEAR 2026 – UVA WELLASSA UNIVERSITY"** |
| **ITB 2.1** | The source of funding is: **GOSL** |
| **ITB 4.4** | Foreign bidders are allowed to participate in bidding: **Not allowed** |
| | **B. Contents of Bidding Documents** |
| **ITB 7.1** | For Clarification of bid purposes only, the Purchaser's address is:<br>Attention: **Deputy Bursar/ Supplies & Stores**<br>Address: **Uva Wellassa University, Passara Road, Badulla.**<br>Telephone: **055-2226475**<br>E-mail: **supply@uwu.ac.lk** |
| | **C. Preparation of Bids** |
| **ITB 11.1 (e)** | The Bidder shall submit the following additional documents:<br>**A complete company profile of the bidders including, but not limited to, the following:**<br>• **Business Registration Certificate**<br>• **VAT Registration Certificate**<br>• **List of client who use the Products and their contract details**<br>• **Past 3 years relevant experience in the relevant Industry in Sri Lanka** (The bidder should have at least three years of experience in the relevant industry in Sri Lanka and should submit documents to prove experience in the industry.)<br>• **Manufacturer's Authorization.**<br>• **Certificate of Registration under Public Contract Act.**<br>• **Financial statements** |
| **ITB 15.1** | The bidder shall quote the local expenditure in **Sri Lankan Rupees**. |
| **ITB 18.1 (b)** | After sales service is: **Required** |

| | | |
|---|---|---|
| **ITB 19.1** | The bid shall be valid for: **77 days from 16th November 2026** | |
| **ITB 20.1** | Bid shall include a Bid Security in any of following ways<br>(a) A Bank guarantee issued by a reputed bank operated in Sri Lanka.<br>(b) Cash deposit at the Shroff Counter of the University<br>(c) Cash deposit from any branch of Bank of Ceylon, to the Uva Wellassa University, Account No: 3114820, and the **cash receipt/deposit slip to be attached with the bidding documents.** | |
| **ITB 20.2** | The amount of the Bid Security shall be: LKR **LKR 144,000.00**<br>Beneficiary: **Vice Chancellor, Uva Wellassa University.**<br>The validity period of the bid security shall be 105 days from the closing date of the Bid | |
| | **D. Submission and Opening of Bids** | |
| **ITB 22.2 (c)** | The inner and outer envelopes shall bear the following identification marks: **"SUPPLY, DELIVERY AND INSTALLATION OF LABORATORY AND TEACHING EQUIPMENT FOR FACULTY OF MEDICINE FOR THE YEAR 2026 – UVA WELLASSA UNIVERSITY - UWU/G/NCB/C/26/07"** | |
| **ITB 23.1** | For bid submission purposes, the Purchaser's address is: | |
| | Attention<br>Address | **: Deputy Bursar/Stores & Supplies**<br>**: Uva Wellassa University, Passara Road, Badulla**. |
| | The deadline for the submission of bids is | |
| | Date<br>Time | **: 16th November**<br>**: 2.00 p.m** |
| **ITB 26.1** | The bid opening shall take place at: | |
| | Address<br>Date<br>Time | **: Board Room, Uva Wellassa University, Passara Road, Badulla.**<br>**: 16th November**<br>**: 2.00 p.m** |
| | **E. Evaluation and Comparison of Bids** | |
| **ITB 34.1** | Domestic preference shall not be a bid evaluation factor. | |
| **ITB 35.3(d)** | The adjustments shall be determined using the following criteria, from amongst those set out in Section III, Evaluation and Qualification Criteria:<br>(a) Deviation in Delivery schedule:<br>Option 2 _Please refer - **CC 26.1**<br>(b) Deviation in payment schedule: Not applicable<br>(c) The cost of major replacement components, mandatory spare parts, and service: Applicable | |
| **ITB 35.4** | The following factors and methodology will be used for evaluation: Refer Procurement Guideline Chapter 7. | |
| **ITB 35.5** | Bidders shall be allowed to quote for one or more items. [refer to Section III Evaluation and Qualification Criteria] Purchaser will evaluate the bid item basis. | |

# Section III. Evaluation and Qualification Criteria

## 1. Evaluation Criteria (ITB 35.3 (d))

The Purchaser's evaluation of a bid may take into account, in addition to the Bid Price quoted in accordance with ITB Clause 14, one or more of the following factors as specified in ITB Sub-Clause 35.3(d) and in BDS referring to ITB 35.3(d), using the following criteria and methodologies.

(a) Delivery schedule

Option 2

The goods covered under this invitation are required to be delivered within an acceptable range of weeks specified in the Schedule of Requirement. No credit will be given to earlier deliveries, and bids offering delivery beyond this range will be treated as nonresponsive. Within this acceptable range, an adjustment per week, as specified in the Bid Data Sheet, will be added for evaluation purposes only, to the bid price of bids offering deliveries later than the earliest delivery period specified in the Section V, Schedule of Requirements

(b) Deviation in payment schedule. **Not applicable**

(c) Cost of major replacement components, mandatory spare parts, and service:

The required spare parts for the goods covered under this invitation shall be available for at least five years of period and after sales service (Free service & Pay service).

(d) Specific additional criteria: **None**

## 2. Evaluation Criteria (ITB 35.4):

a. Bid may be submitted by any reputed supplier of **Lab & Teaching Equipment** registered business in Sri Lanka or any accredited local agent who takes fullest responsibility for the whole bid. The local agent shall submit evidence of status, obligations, power of attorney and any other documentary evidence that he is duly authorized and eligible to bid on behalf of the manufacturer.

b. The bidders should also have previous experience of at least three years in relevant industry in the supply and also technical and financial capability necessary to perform the similar contract supply of furniture item.

c. Draft service agreement for three-year period (after the warranty period) should be submitted.

d. Bids will be rejected as non- responsive if documentary evidence in proof of above has not been provided.

e. If an Agent submits bids on behalf of more than one supplier, unless each such bid is accompanied by a separate Bid Form for each bid, and a bid security when required

for each bid, and authorization from the respective Manufacturer, and valid vendor certificate, all such bids will be rejected as non- responsive.

f. Bidders should possess the Certificate of Business Registration issued by a Governmental Authority/ Registrar of Companies/ Provincial Registrar of Business in the relevant category.

g. Bidders shall register the Contract under Public Contract Act and submit the certificate of registration (ITB 11.1(e)).

h. Bidders offering goods under their own brand names should provide along with their bids a current certification/s of quality; Bid not complying with this requirement may be treated as non - responsive.

## 3. Multiple Contracts (ITB 35.5)

The Purchaser shall award multiple contracts to the Bidder that offers the lowest evaluated combination of bids (one contract per bid) and meets the post-qualification criteria (this Section III, Sub-Section ITB 37.2 Post-Qualification Requirements)

The Purchaser shall:

(a) Evaluate only lots or contracts that include items per lot and quantity per item

**4. Domestic Preference (ITB 34.1)** – Applicable to Procurement Guideline -7.7.1

## 5. Post qualification Requirements (ITB 37.2)

After determining the lowest-evaluated bid in accordance with ITB Sub-Clause 36.1, the Purchaser shall carry out the post qualification of the Bidder in accordance with ITB Clause 37, using only the requirements specified. Requirements not included in the text below shall not be used in the evaluation of the Bidder's qualifications.

(a) Financial Capability: The Bidder shall furnish documentary evidence that it meets the financial requirement(s):

(b) Experience and Technical Capacity: The Bidder shall furnish documentary evidence.

# Section IV. Bidding Forms

## Table of Forms

Bid Submission Form ..... 09

Price Schedule ..... 10-11

Bid Security (Guarantee) ..... 12

Manufacturer's Authorization ..... 13

## Bid Submission Form

[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 date (as day, month and year) of Bid Submission]
No.: [insert number of bidding process]

To: Chairman,
Department Procurement Committee
Uva Wellassa University
Passara Road

We, the undersigned, declare that:

a. We have examined and have no reservations to the Bidding Documents, including Addenda No.: [insert the number and issuing date of each Addenda];

b. We offer to supply in conformity with the Bidding Documents and in accordance with the Delivery Schedules specified in the Schedule of Requirements the following Goods and Related Services [* insert a brief description of the Goods and Related Services];

c. The total price of our Bid without VAT, including any discounts offered is: [insert the total bid price in words and figures];

d. The total price of our Bid including VAT, and any discounts offered is: [insert the total bid price in words and figures];

e. Our bid shall be valid for the period of time specified in ITB Sub-Clause 18.1, from the date fixed for the bid submission deadline in accordance with ITB Sub-Clause 23.1, 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, we commit to obtain a performance security in accordance with ITB Clause 43 and CC Clause 17 for the due performance of the Contract;

g. We have no conflict of interest in accordance with ITB Sub-Clause 4.3;

h. Our firm, its affiliates or subsidiaries—including any subcontractors or suppliers for any part of the contract—has not been declared blacklisted by the National Procurement Agency;

i. We understand that this bid, together with your written acceptance thereof included in your notification of award, shall constitute a binding contract between us, until a formal contract is prepared and executed.

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

Signed: [insert signature of person whose name and capacity are shown]
In the capacity of [insert legal capacity of person signing the Bid Submission Form]

Name: [insert complete name of person signing the Bid Submission Form]
Duly authorized to sign the bid for and on behalf of: [insert complete name of Bidder]
Dated on _____ day of _____,_____ [insert date of signing]

**PRICE SCHEDULE**

Note: 1. Unless otherwise allowed under ITB Clause 15, the bidders are required to quote the prices under 'A' columns;
2. Bidders may quote prices under 'B' columns only if the ITB Clause 15 provides provisions to bid in foreign currencies for the line item
3. Purchaser is advised to fill columns 1,2 and 3 before issuing the bidding document and delete this note 3;

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| **No** | **Description of Goods or related services** | **Qty** | **Unit price (inclusive of duties, sales and other taxes) Excluding VAT** | **No. Price per line item (Col.3x4)** | **transportation, insurance and other related services to deliver the goods to their final destination** | **Total Price excluding VAT (Col 5+6)** | **Discounted Total price (if any) excluding** | **VAT** | **VAT Total Price Including VAT (Col. 7 or 8+9)** |
| 1 | Histological Slides – H&E | 200 | | | | | | | |
| 2 | Necropsy saw | 1 | | | | | | | |
| 3 | Professional Anthropometric Kit | 2 | | | | | | | |
| | Adult digital weighing scale | 2 | | | | | | | |
| | Stadiometer | 2 | | | | | | | |
| | MUAC tapes | 5 | | | | | | | |
| | Bioimpedance analyser | 1 | | | | | | | |
| | Sample transport boxes | 2 | | | | | | | |
| | Ice-making machine | 1 | | | | | | | |
| | Needle destroyer | 1 | | | | | | | |
| | Nutrition food atlas | 3 | | | | | | | |
| | Food portion/food plate sets | 3 | | | | | | | |
| | Digital food weighing scales | 2 | | | | | | | |
| | Standard household measuring sets | 4 | | | | | | | |
| | Hand Grip Dynamomete | 2 | | | | | | | |
| 4 | Microhematocrit Reader | 2 | | | | | | | |
| | Heart rate monitor | 4 | | | | | | | |
| | Pulse oximeter | 4 | | | | | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Knee hammers | 20 | | | | | | | |
| | Peak expiratory flow meters | 2 | | | | | | | |
| | Stethoscopes | 30 | | | | | | | |
| | Mercury Sphygmomanometer | 5 | | | | | | | |
| | Medical multi monitor | 1 | | | | | | | |
| 5 | Brain Knife | 3 | | | | | | | |
| 6 | Bone Cutter | 3 | | | | | | | |
| 7 | Distilled Water Plant | 1 | | | | | | | |
| 8 | Slide Storage Cupboard | 1 | | | | | | | |
| 9 | Microscope Storage Cabinet | 1 | | | | | | | |
| 10 | X-ray Film Storage Cupboard | 1 | | | | | | | |
| 11 | Binocular Microscopes | 7 | | | | | | | |
| 12 | Gas cylinder 12.5Kg | 1 | | | | | | | |
| 13 | Gas Regulator | 1 | | | | | | | |
| 14 | Metal half barrel | 2 | | | | | | | |
| 15 | No.4 BP Handle | 12 | | | | | | | |
| 16 | Rib Shears | 1 | | | | | | | |

## Bid Security (Guarantee)

(this Bank Guarantee form shall be filled in accordance with the instructions indicated in brackets)
……insert issuing agency's name, and address of issuing branch or office……..

**Beneficiary:** Vice Chancellor, Uva Wellassa University, Passara road, Badulla

**Date: ----------** *[insert (by issuing agency) date]*

**BID GUARANTEE No.: ----------** *[insert (by issuing agency) number]*

We have been informed that ---------- *[name of the Bidder]* (herein after called "the Bidder") has submitted to you its bid dated ---------- *[date]* (herein after called "the Bid") for the execution of ---------- ---------- *[insert name of Contract]* under Contract No. ----------

Furthermore, we understand that, according to your conditions, Bids must be supported by a Bid Guarantee.

At the request of the Bidder, we ---------- *[insert name of issuing agency]* here by irrevocably undertake to pay you any sum or sums not exceeding in total an amount of ---------- *[insert amount in figures]* ---------- ---------- *[insert amount in words]* upon receipt by us of your first demand in writing accompanied by a written statement stating that the bidder is in breach of its obligation(s) under the bid conditions, because the bidder:

(a) Has withdrawn its bid during the period of bid validity specified; or

(b) Does not accept the correction of errors in accordance with the Instructions to Bidders (hereinafter "the ITB"); or

(c) Having been notified of the acceptance of its bid by the Employer during the period of bid validity, (i) fails or refuses to execute the Contract Form, if required, or (ii) fails or refuses to furnish the Performance Security, in accordance with the ITB.

This Guarantee shall expire: (a) if the Bidder is the successful bidder, upon our receipt of copies of the Contract signed by the Bidder and of the Performance Security issued to you by the Bidder; or (b) if the Bidder is not the successful bidder, upon the earlier of (i) the successful bidder furnishing the performance security, otherwise it will remain in force up to ---------- *(insert date)*

Consequently, any demand for payment under this Guarantee must be received by us at the office on or before that date.

……
*[Signature of authorized representative(s)]*

## Manufacturer's Authorization

[The Bidder shall require the Manufacturer to fill in this Form in accordance with the instructions indicated. This letter of authorization should be on the letterhead of the Manufacturer and should be signed by a person with the proper authority to sign documents that are binding on the Manufacturer. The Bidder shall include it in its bid, if so indicated in the BDS.]

Date: [insert date (as day, month and year) of Bid Submission]

No.: [insert number of bidding process]

To: [insert complete name of Purchaser]

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 27 of the Conditions of Contract, 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]

Duly authorized to sign this Authorization on behalf of: [insert complete name of Bidder]

Dated on_____day of_____,_____[insert date of signing]

## Section V. Schedule of Requirements

# Contents

1. List of Goods and Delivery Schedule ..... 15 - 16

2. List of Related Services and Completion Schedule ..... 17

3. Technical Specifications ..... 18 - 36

# 1. List of Goods and Delivery Schedule

| Item No | Description of Goods | Quantity | Final (Project Site) Destination as specified in BDS | Delivery Date [1] | | |
|---|---|---|---|---|---|---|
| | | | | Earliest Delivery Date | Latest Delivery Date | Bidder's offered Delivery date [*to be provided by the bidder*] |
| 1 | Histological Slides – H&E | 200 | | | | |
| 2 | Necropsy saw | 1 | | | | |
| 3 | Professional Anthropometric Kit | 2 | | | | |
| | Adult digital weighing scale | 2 | | | | |
| | Stadiometer | 2 | | | | |
| | MUAC tapes | 5 | | | | |
| | Bioimpedance analyser | 1 | | | | |
| | Sample transport boxes | 2 | | | | |
| | Ice-making machine | 1 | | | | |
| | Needle destroyer | 1 | | | | |
| | Nutrition food atlas | 3 | | | | |
| | Food portion/food plate sets | 3 | | | | |
| | Digital food weighing scales | 2 | | | | |
| | Standard household measuring sets | 4 | | | | |
| | Hand Grip Dynamomete | 2 | | | | |
| 4 | Microhematocrit Reader | 2 | | | | |
| | Heart rate monitor | 4 | | | | |
| | Pulse oximeter | 4 | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Knee hammers | 20 | | | | |
| | Peak expiratory flow meters | 2 | | | | |
| | Stethoscopes | 30 | | | | |
| | Mercury Sphygmomanometer | 5 | | | | |
| | Medical multi monitor | 1 | | | | |
| 5 | Brain Knife | 3 | | | | |
| 6 | Bone Cutter | 3 | | | | |
| 7 | Distilled Water Plant | 1 | | | | |
| 8 | Slide Storage Cupboard | 1 | | | | |
| 9 | Microscope Storage Cabinet | 1 | | | | |
| 10 | X-ray Film Storage Cupboard | 1 | | | | |
| 11 | Binocular Microscopes | 7 | | | | |
| 12 | Gas cylinder 12.5Kg | 1 | | | | |
| 13 | Gas Regulator | 1 | | | | |
| 14 | Metal half barrel | 2 | | | | |
| 15 | No.4 BP Handle | 12 | | | | |
| 16 | Rib Shears | 1 | | | | |

# List of Related Services and Completion Schedule

*[This table shall be filled in by the Purchaser. The Required Completion Dates should be realistic and consistent with the required Goods Delivery Dates]*

| Service | Description of Service | Quantity[1] | Unit | Place where Services shall be performed | Final Completion Date(s) of Services |
|---|---|---|---|---|---|
| ***[insert Service No]*** | ***[insert description of Related Services]*** | ***[insert quantity of items to be supplied]*** | ***[insert unit for the items]*** | ***[insert name of the Place]*** | ***[insert required Completion Date(s)]*** |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

1. If applicable

***Technical Specifications***

*[The Technical specifications may be provided in the following format. The bidder shall fill the columns 6 and 7 (last two columns). Bidder's failure to provide the information requested in the columns 6 and 7may be a reason for the rejection of the bid. Bidders shall submit authentic technical data sheets, catalogues, or manufacturer's literature for all quoted items. The bidder must clearly highlight or indicate the specific parameters that demonstrate compliance with each specification stated in the bidding document. If any discrepancy is observed between the information provided by the bidder in the columns 6 and 7and the other technical information attached to the bid, the information provided herein shall take precedence.]*

| No | Name of the Item | Specification | Qty | Bidder's Compliance | |
|---|---|---|---|---|---|
| | | | | Yes/ No | If "No", Bidder's Response |
| 1 | Histological Slides – H&E | Glass Microscope Slides | 200 | | |
| | | Size 25*75 mm, thickness 1.1-1.8mm | | | |
| 2 | Necropsy saw | Type - Electric Oscillating | 1 | | |
| | | Hand Piece- Hermetically sealed, watertight to IP67, fully immersible for cleaning | | | |
| | | Safety- Intelligent current limiting device; Operates on safe 40 volts | | | |
| | | Operation- One button operation to turn on both saw and vacuum unit | | | |
| | | Power Supply Input- 230 Vac or 110 Vac | | | |
| | | Power Supply Output- 40 VDC | | | |
| | | Hand Piece Motor / Speed- DC Permanent magnet / 13200 cycles per min (no load) | | | |
| | | Hand Piece Noise Level- 37dB (A) no blade | | | |
| | | Filtration Efficiency- 99.997% at 0.6 micron | | | |
| 3 | Professional Anthropometric Kit | Complete professional kit including skinfold caliper, sliding/bone caliper, spreading/bicondylar caliper, non-stretchable anthropometric tape, segmometer/length-measuring device, calibration accessories and durable carrying case | 2 | | |
| | | Materials: stainless steel, anodized aluminium, or medical-grade durable polymers. | | | |
| | | Accuracy: instruments should be calibrated and suitable for research/clinical anthropometry. | | | |
| | | Graduation: preferably 1 mm for linear measurements. | | | |
| | | Portability: sectional or collapsible components for field surveys. | | | |
| | | Calibration: supplied with calibration/verification documentation where applicable. | | | |
| | | Ergonomics: smooth edges, easy-to-read scales, secure locking | | | |

| | | | | | |
|---|---|---|---|---|---|
| | | mechanisms. | | | |
| | | Standards: ideally manufactured according to recognized anthropometric measurement protocols, such as ISAK (International Society for the Advancement of Kinanthropometry) procedures. | | | |
| | | Kit configuration: should support measurements such as height, sitting height, limb lengths, breadths, circumferences, skinfold thicknesses. | | | |
| | | Should have a good after sales service. Please attach details of after sales service personnel, their qualification and address of the after sales division etc. | | | |
| | Adult digital weighing scale | Application: Measurement of body weight of adults in clinical, nutritional, anthropometric, or field settings | 2 | | |
| | | Maximum capacity:≥ 200 kg | | | |
| | | Resolution / readability: 100 g (0.1 kg) or better | | | |
| | | Accuracy: ±100 g or better, preferably ±0.1% of reading<br>Weighing platform :Large, rigid, non-slip platform suitable for standing adults | | | |
| | | Platform dimensions: Preferably ≥ 300 × 300 mm | | | |
| | | Display: Large, easy-to-read LCD/LED digital display | | | |
| | | Units: kg; optional lb | | | |
| | | Zero function: Automatic zeroing | | | |
| | | Tare function: Preferably available | | | |
| | | Auto-on: Scale should automatically activate when the user stands on the platform | | | |
| | | Auto-off : Automatic power-off when not in use | | | |
| | | Power supply: Battery operated and/or AC adapter | | | |
| | | Battery indicator : Low-battery indication | | | |
| | | Overload indication: Required | | | |
| | | Construction: Durable, corrosion-resistant housing suitable for routine institutional use | | | |
| | | Platform surface : Non-slip, easy to clean and disinfect | | | |
| | | Calibration: Factory calibrated; recalibration/verification capability should be available | | | |
| | | Operating environment: Suitable for indoor clinical/field use | | | |
| | | Weight measurement range: Approximately 0–200 kg or greater | | | |
| | | Stability : Stable platform with non-slip feet | | | |
| | | Display hold: Preferably automatic/manual weight hold | | | |

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| | | Warranty: Preferably minimum 1 year | | | |
| | | Should have a good after sales service. Please attach details of after sales service personnel, their qualification and address of the after sales division etc. | | | |
| | Stadiometer | Application: Accurate measurement of standing height of adults, adolescents and children | 2 | | |
| | | Measuring range: Minimum 60–220 cm; preferably 20–220 cm | | | |
| | | Graduation / readability: 1 mm (0.1 cm) | | | |
| | | Accuracy: ±1 mm or better | | | |
| | | Headpiece: Adjustable horizontal headpiece, minimum 10–15 cm wide | | | |
| | | Headpiece design: Rigid, perpendicular to the height scale and easy to position | | | |
| | | Scale: Clearly marked, easy-to-read metric scale in cm/mm | | | |
| | | Construction: Durable aluminium, stainless steel or high-strength rigid material | | | |
| | | Vertical column: Rigid and straight; should remain stable during measurement | | | |
| | | Base: Wide, stable, non-slip base for safe standing | | | |
| | | Portability: Portable/sectional design preferred where field use is required | | | |
| | | Wall mounting: Wall-mounting capability preferred for improved accuracy | | | |
| | | Height adjustment: Smooth movement of headpiece with secure locking mechanism | | | |
| | | Measurement position: Designed to measure standing height with the subject in an upright position | | | |
| | | Zero/reference point: Clearly defined and maintained at floor/platform level | | | |
| | | Cleaning: Smooth surfaces suitable for routine cleaning and disinfection | | | |
| | | Calibration: Factory calibrated; calibration/verification capability required | | | |
| | | Operating environment: Suitable for healthcare, nutrition and anthropometric assessment settings | | | |
| | | Accessories: Installation hardware where applicable, user manual and calibration certificate | | | |

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| | | Warranty: Minimum 1 year preferred | | | |
| | MUAC tapes | Type: Non-stretch, flexible MUAC measuring tape | 5 | | |
| | | Application: Measurement of mid-upper arm circumference in infants, children and/or adults, as applicable | | | |
| | | Measuring range: 0–60 cm minimum; preferably 0–65 cm | | | |
| | | Graduation / readability : 1 mm (0.1 cm) | | | |
| | | Accuracy: ±1 mm or better | | | |
| | | Material : Durable, non-stretch, flexible plastic/PVC, fiberglass, or equivalent | | | |
| | | Width: Approximately 10–15 mm | | | |
| | | Scale: Clear, permanent, high-contrast metric graduations | | | |
| | | Zero mark: Clearly defined and accurately positioned | | | |
| | | Locking/reading mechanism: Preferably a simple slot/loop system allowing consistent circumference measurement | | | |
| | | Colour coding: For child screening tapes, colour-coded nutritional classification zones may be provided according to the applicable national/WHO protocol | | | |
| | | Surface : Smooth, waterproof and easy to clean | | | |
| | | Flexibility: Must conform comfortably around the upper arm without stretching | | | |
| | | Durability: Resistant to repeated handling, bending and routine cleaning | | | |
| | | Portability: Lightweight, compact and suitable for field surveys | | | |
| | | Units: Centimetres (cm) and millimetres (mm) | | | |
| | | PrintingPermanent, abrasion-resistant markings that do not easily fade | | | |
| | | Safety: Rounded/smooth edges; no sharp components | | | |
| | | Calibration: Supplied with accuracy/quality verification documentation where applicable | | | |
| | | Quantity: As required; preferably individually packed or supplied in a protective pouch | | | |
| | Bioimpedance analyser | Application: Assessment of body composition in adults and, where validated, children | 1 | | |
| | | Measurement method: Segmental or whole-body BIA | | | |
| | | Electrode configuration: Preferably 4-point/8-point contact electrode system | | | |
| | | Measurement frequency: Multi-frequency, preferably including 5, 50 | | | |

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| | | and ≥250 kHz | | | |
| | | Measurement parameters: Resistance (R), reactance (Xc), impedance and phase angle | | | |
| | | Body composition outputs: Body weight, BMI, body fat %, fat mass, fat-free mass/lean mass and total body water | | | |
| | | Additional outputs: Visceral fat estimate, skeletal muscle mass, segmental body composition and basal metabolic rate, where supported | | | |
| | | Segmental analysis: Preferably right arm, left arm, trunk, right leg and left leg | | | |
| | | Weight capacity: ≥200 kg | | | |
| | | Weight resolution: 100 g or better | | | |
| | | Height input: Digital/manual height entry with appropriate adult/paediatric ranges | | | |
| | | Age range: nAdult and paediatric modes where validated | | | |
| | | User input: Sex, age, height and other required anthropometric parameters | | | |
| | | Display: Large colour LCD/touchscreen or equivalent | | | |
| | | Measurement time: Preferably ≤60 seconds per measurement | | | |
| | | Data storage: Internal memory for patient/client records | | | |
| | | Connectivity: USB and/or Bluetooth/Wi-Fi/Ethernet preferred Should have a good after sales service. Please attach details of after sales service personnel, their qualification and address of the after sales division etc. | | | |
| | | Software: PC/mobile software for data storage, analysis and report generation | | | |
| | Sample transport boxes | Application: Safe transport of biological and clinical samples between collection sites, health facilities and laboratories | 2 | | |
| | | Construction: Rigid, durable, impact-resistant outer container | | | |
| | | Insulation: High-quality thermal insulation, preferably polyurethane (PU) or equivalent | | | |
| | | Internal lining: Smooth, waterproof and easy-to-clean surface | | | |
| | | Capacity Preferably : 10–20 L, or as required by sample volume | | | |
| | | Temperature maintenance: Capable of maintaining the required temperature for the intended transport duration | | | |
| | | Cold-chain capability: Compatible with reusable ice packs/cold packs | | | |
| | | Temperature range: For refrigerated specimens, typically 2–8 °C, | | | |

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| | | subject to the specific sample requirements | | | |
| | | Temperature monitoring: Digital temperature indicator/data logger preferred | | | |
| | | Leak protection: Leak-proof internal compartment with secondary containment capability | | | |
| | | Sample organization: Internal dividers/racks to keep specimen containers upright and separated | | | |
| | | Cleaning/disinfection: Resistant to commonly used laboratory disinfectants and easy to decontaminate | | | |
| | | Insulation performance: Suitable for maintaining required temperature throughout the specified transport period | | | |
| | | Portability: Lightweight relative to capacity, with strong carrying handle(s) | | | |
| | | Stackability: Preferred for efficient transport and storage | | | |
| | | Durability: Suitable for repeated field and laboratory use | | | |
| | | Accessories: Cold packs/ice packs, sample racks/dividers and temperature monitoring device as applicable | | | |
| | | Documentation: User instructions, cleaning instructions and temperature-performance information | | | |
| | | Warranty: Minimum 1 year preferred | | | |
| | Ice-making machine | Ice type :Preferably bullet or cube ice, depending on intended application | 1 | | |
| | | Ice production capacity: ≥20 kg/24 hours at standard operating conditions | | | |
| | | Ice production cycle: Automatic continuous production | | | |
| | | Cooling system: Air-cooled preferred; water-cooled where appropriate | | | |
| | | Refrigerant: Environmentally preferable refrigerant compliant with applicable regulations | | | |
| | | Water supply: Automatic water inlet with suitable filtration provision | | | |
| | | Water tank: Integrated reservoir where applicable | | | |
| | | Ice storage: Insulated storage bin to minimize melting | | | |
| | | Automatic control: Automatic ice-making and stop function when storage bin is full | | | |
| | | Water level control: Automatic water-level sensing | | | |
| | | Temperature control: Automatic refrigeration/ice-making control | | | |
| | | Construction: Corrosion-resistant, durable materials; stainless steel | | | |

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| | | exterior preferred | | | |
| | | Internal surfaces: Food-grade/hygienic and easy to clean | | | |
| | | Drainage: Integrated drainage system for melted ice/waste water | | | |
| | | Display/controls: Digital or clearly marked electronic controls | | | |
| | | Indicators: Power, water shortage and full-ice indicators preferred | | | |
| | | Noise level: Preferably ≤55 dB | | | |
| | | Power supply: 220–240 V AC, 50 Hz, suitable for local electrical supply | | | |
| | | Energy efficiency: Energy-efficient compressor and insulated storage compartment | | | |
| | | Safety: Overload protection and automatic shutdown functions | | | |
| | | Installation: Ready for connection to appropriate water supply and drainage | | | |
| | | Maintenance: Easy access for cleaning, descaling and servicing | | | |
| | | Accessories: Water inlet/drain connections, ice scoop and user manual | | | |
| | | Warranty: Minimum 1 year, preferably 2 years | | | |
| | | Service support: Local after-sales service and availability of spare parts preferred Should have a good after sales service. Please attach details of after sales service personnel, their qualification and address of the after sales division etc. | | | |
| | Needle destroyer | Application: Safe destruction of used hypodermic needles in healthcare, laboratory and field settings | 1 | | |
| | | Needle compatibility: Suitable for commonly used disposable hypodermic needles and insulin needles | | | |
| | | Destruction method: High-temperature electrical needle destruction/cutting system designed to render the needle unusable | | | |
| | | Operation: Simple one-hand operation preferred | | | |
| | | Activation: Push-button or automatic activation | | | |
| | | Cycle time: Preferably ≤2–5 seconds per needle | | | |
| | | Needle opening: Designed to accommodate a range of commonly used needle sizes | | | |
| | | Collection system: Integrated or detachable sharps/waste collection container for destroyed needle remnants | | | |
| | | Capacity Preferably : ≥500 needle destructions before emptying/cleaning, depending on design | | | |
| | | Safety features: Finger/hand protection, insulated housing and | | | |

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| | | protection against accidental activation | | | |
| | | Overheating protection: Automatic thermal protection/shutdown required | | | |
| | | Indicator: Power and operational/overheat indicators preferred | | | |
| | | Construction: Robust, impact-resistant and suitable for healthcare/field environments | | | |
| | | Cleaning : Smooth surfaces, easy to clean and disinfect | | | |
| | | Portability: Compact and lightweight; portable design preferred for field use | | | |
| | | Power supply: 220–240 V AC, 50 Hz; rechargeable battery/portable operation preferred where required | | | |
| | | Electrical safety: Appropriate electrical safety certification<br>Heat/smoke control: Designed to minimize exposure to heat, fumes and contaminated residues during operation | | | |
| | | Maintenance: Minimal routine maintenance; replaceable collection container/parts where applicable | | | |
| | | Accessories: Power cord/adapter, waste collection container and user manual | | | |
| | | Warranty: Minimum 1 year preferred | | | |
| | | After-sales service: Local technical support and availability of spare parts preferred | | | |
| | | Should have a good after sales service. Please attach details of after sales service personnel, their qualification and address of the after sales division etc. | | | |
| | Nutrition food atlas | Sri Lankan foods; photographs; household measures; standard portion sizes; raw/cooked foods; nutritional composition | 3 | | |
| | | Purpose: Estimation of food portion sizes and quantities during dietary assessment and nutrition surveys | | | |
| | | Content: Commonly consumed local, regional and international foods | | | |
| | | Food images: High-quality, realistic colour photographs | | | |
| | | Portion sizes: Multiple standardized portion sizes for each food item | | | |
| | | Portion-size range: Small, medium and large portions, with additional graduated portions where appropriate | | | |
| | | Measurement units: g, kg, mL and household measures such as cup, tablespoon, teaspoon and serving | | | |
| | | Food categories: Cereals, grains, pulses, vegetables, fruits, meat, | | | |

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| | | poultry, fish, eggs, dairy, beverages, snacks, prepared foods and mixed dishes | | | |
| | | Local foods: Should include foods commonly consumed in the target population/region | | | |
| | | Cooked and raw foods: Both should be represented where relevant | | | |
| | | Mixed dishes: Standardized photographs and portion sizes for commonly consumed composite dishes | | | |
| | | Serving utensils: Standard household utensils/containers shown where useful for portion estimation | | | |
| | | Food identification: Each image clearly labelled with food name and portion size | | | |
| | | Nutritional information: Preferably energy, carbohydrate, protein, fat and other key nutrients per standard portion | | | |
| | | Reference data: Nutrient values should be based on a recognized food-composition database | | | |
| | | Photography scale: Consistent scale and viewing angle to improve portion-size estimation | | | |
| | | Format: Hardbound/laminated printed atlas; digital version preferred | | | |
| | | Pages Preferably : 100+ pages, depending on food coverage | | | |
| | | Durability: High-quality, water-resistant/laminated pages suitable for repeated field use | | | |
| | | Language: English plus relevant local language(s), preferably bilingual/trilingual where required | | | |
| | | Portability: Compact and lightweight enough for clinic and field surveys | | | |
| | | Usability: Clear photographs, large text and easy-to-use portion-size comparison system | | | |
| | | Edition: Current/recent edition with documented publication date | | | |
| | | Methodology: Portion sizes should be standardized and documented | | | |
| | | Quality assurance: Food images and portion weights should be validated/verified | | | |
| | | Accessories: Carrying/protective case preferred | | | |
| | Food portion/food plate sets | Purpose: Demonstration and estimation of appropriate food portions, meal composition and serving sizes | 3 | | |
| | | Set composition: Food plates, bowls, cups, glasses, spoons and portion-measuring utensils | | | |
| | | Plate sizes: Multiple standardized plate sizes, preferably including | | | |

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| | | small, medium and large | | | |
| | | Typical plate diameter: Approximately 20–27 cm, depending on the intended age group | | | |
| | | Bowls: Different standardized capacities for rice, cereals, curries, soups and other foods | | | |
| | | Cups/glasses: Standardized volume measures, preferably approximately 100, 150, 200 and 250 mL | | | |
| | | Spoons: Standard tablespoon, teaspoon and serving spoon sizes | | | |
| | | Portion measures: Clearly defined and preferably marked in g/mL and household measures | | | |
| | | Food models: Preferably realistic, durable replicas of commonly consumed foods | | | |
| | | Food categories represented: Cereals/staples, vegetables, fruits, pulses, meat, fish, eggs, dairy, fats/oils and snacks | | | |
| | | Local foods: Should include commonly consumed Sri Lankan/local foods and traditional dishes where applicable | | | |
| | | Food plate model: Preferably includes a visual healthy/balanced plate arrangement | | | |
| | | Colour coding: Optional colour coding to distinguish food groups | | | |
| | | Materials: Food-grade, non-toxic, BPA-free plastic or equivalent durable material | | | |
| | | Surface: Smooth, non-porous and easy to clean/disinfect | | | |
| | | Durability: Suitable for repeated use in clinics, schools and community field programmes | | | |
| | | Measurement accuracy: Portion/volume markings should be clearly defined and standardized | | | |
| | | Food models: Lightweight, washable and resistant to fading/cracking | | | |
| | | Storage: Supplied in a durable storage/carrying case or organized container | | | |
| | | Portability: Suitable for transport during community nutrition education activities | | | |
| | | Documentation: User guide describing portion sizes and recommended use | | | |
| | | Language: English; local language(s) preferred | | | |
| | | Warranty: Minimum 1 year preferred | | | |
| | Digital food weighing scales | Weighing platform: Flat, stable platform suitable for plates, bowls and food containers | 2 | | |

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| | | Platform size: Preferably ≥150 × 150 mm | | | |
| | | Platform material: Stainless steel or durable food-grade material preferred | | | |
| | | Tare capacity: Should permit weighing food in containers without including container weight | | | |
| | | Auto-off : Required to conserve battery | | | |
| | | Overload indication: Required | | | |
| | | Low-battery indication: Required | | | |
| | | Power supply: Battery operated; preferably standard replaceable batteries | | | |
| | | Precision mode: Preferably 1 g resolution throughout the operating range | | | |
| | | Construction: Durable, compact and lightweight | | | |
| | | Cleaning: Easy-to-clean and resistant to routine food-contact cleaning | | | |
| | | Portability: Suitable for household, clinic and field dietary surveys | | | |
| | | Calibration: Factory calibrated; recalibration/verification capability preferred | | | |
| | | Operating environment: Suitable for normal indoor/field use | | | |
| | | Accessories: Batteries, user manual and calibration/verification documentation | | | |
| | | Warranty: Minimum 1 year preferred | | | |
| | Standard household measuring sets | Measuring cups, tablespoons, teaspoons, bowls and standard serving utensils | 4 | | |
| | | Purpose : Estimation and measurement of food and beverage quantities using standardized household measures | | | |
| | | Material: Food-grade, non-toxic, BPA-free plastic or stainless steel | | | |
| | | Measuring cups: Minimum 4-piece set | | | |
| | | Cup capacities: Preferably 60, 80, 125 and 250 mL, or equivalent standardized capacities | | | |
| | | Measuring spoons: Minimum 4-piece set | | | |
| | | Spoon capacities : Approximately 1.25, 2.5, 5 and 15 mL | | | |
| | | Metric markings: Clearly marked capacity in mL | | | |
| | | Household measures: Cup, tablespoon, teaspoon and equivalent measures clearly identified | | | |
| | | Graduation: Clearly visible graduated markings; preferably 1–5 mL increments depending on vessel size | | | |

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| | | Serving spoons: Preferably include standardized serving spoon(s) for common food portions | | | |
| | | Liquid measurement: Suitable for water, milk, beverages and other liquids | | | |
| | | Dry food measurement: Suitable for rice, flour, cereals, pulses, sugar and similar foods | | | |
| | | Accuracy: Standardized volume with manufacturer-specified dimensional/volume tolerance | | | |
| | | Shape: Stable, easy-to-fill and easy-to-level for dry ingredients | | | |
| | | Handle: Strong, ergonomic handles suitable for repeated use | | | |
| | | Stackability: Measuring cups should preferably nest for compact storage | | | |
| | | Cleaning: Dishwasher-safe preferred; smooth, non-porous surfaces | | | |
| | | Durability: Suitable for repeated clinical, household and field use | | | |
| | | Colour coding: Optional, but useful for rapid identification of different capacities | | | |
| | | Labelling: Each measure permanently marked with its capacity | | | |
| | | Storage: Ring, holder, pouch or compact storage container preferred | | | |
| | | Portability: Lightweight and suitable for community/field surveys | | | |
| | | Calibration/verification: Manufacturer's volume specification or quality certificate preferred | | | |
| | | Documentation: User guide/instructions showing standard household-to-metric conversions | | | |
| | | Warranty: Minimum 1 year preferred | | | |
| | Hand Grip Dynamomete | Professional hydraulic hand grip dynamometer, Jamar type or equivalent, suitable for research, clinical and field-based assessment of hand grip strength. | 2 | | |
| | | Measurement: Hand grip strength measured in kilograms (kg). | | | |
| | | Type: Hydraulic hand dynamometer, Jamar or equivalent internationally recognized design. | | | |
| | | Measurement range: 0–90 kg (0–200 lb) or better. | | | |
| | | Resolution: 2 kg or better. | | | |
| | | Accuracy: Suitable for research/clinical measurements and repeated assessments. | | | |
| | | Calibration: Pre-calibrated prior to supply; calibration/verification certificate should be provided where applicable. | | | |
| | | Display: Easy-to-read dual-scale display in kilograms and pounds, | | | |

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| | | with peak/maximal reading retained until reset. | | | |
| | | Handle: Adjustable multi-position handle accommodating different hand sizes and standardized testing positions. | | | |
| | | Grip: Durable, comfortable and non-slip grip suitable for repeated measurements. | | | |
| | | Construction: Robust, durable and corrosion-resistant construction suitable for institutional use. | | | |
| | | Ergonomics: Easy to operate and suitable for standardized maximum voluntary hand grip strength testing. | | | |
| | | Portability: Compact and suitable for laboratory, clinical and field surveys. | | | |
| | | Accessories: Protective carrying case and manufacturer's user/instruction manual should be supplied. | | | |
| | | Standards/quality: Suitable for recognized clinical/research hand grip strength assessment protocols. | | | |
| 4 | Microhematocrit Reader | Dimensions (L x W x H): 8 inches x 5 inches x 1 inch; Weight: The reader is very lightweight, with the specific product variant weighing | 2 | | |
| | Heart rate monitor | Comparison of chest straps – heart rate sensors HRV support (Heart Rate Variability ) | 4 | | |
| | | Maximum number of paired devices - Un limited | | | |
| | | Bluetooth:3 | | | |
| | | Running Dynamics | | | |
| | | Battery life: 1yer | | | |
| | | Water Resistance, 3 ATM | | | |
| | Pulse oximeter | **ENERAL FEATURES** | 4 | | |
| | | Compact, lightweight, and easy to carry. | | | |
| | | TFT screen with data and graph display. | | | |
| | | Four interface modes. | | | |
| | | Manual screen rotation. | | | |
| | | Battery indicator. | | | |
| | | Auto shut-off after 8 seconds of inactivity. | | | |
| | | Low battery alarm. | | | |
| | | | | | |
| | | **TECHNICAL SPECIFICATIONS** | | | |
| | | Weight: 30 g. | | | |
| | | Dimensions: 63 × 40 × 31 mm. | | | |
| | | $SpO_2$ measurement range: 70% – 99%. | | | |

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| | | Accuracy: ±2%. | | | |
| | | Low perfusion: < 0.4%. | | | |
| | | Power consumption: < 20 MPa. | | | |
| | | Estimated battery life: 50 hours of continuous use. | | | |
| | | Power supply: 2 AAA batteries (not included). | | | |
| | Knee hammers | Round Knee Hammer | 20 | | |
| | Peak expiratory flow meters | Main body: impact-resistant ABS plastic | 2 | | |
| | | Cover and handle: high-density polypropylene | | | |
| | | Scale: hot-stamped, alcohol-resistant | | | |
| | | Shaped mouth piece: oval | | | |
| | | Handle: folds out, keeps hand away from the air stream thus encourages use of the proper technique for accurate readings. | | | |
| | Stethoscopes | Double cup Classic II Adult type stethoscope | 30 | | |
| | | Chest piece in stainless steel with non-chill plastic rim | | | |
| | | Cardio tone : with silent feature of triple auscultators components | | | |
| | | Sensitivity approx. 3.0 dB from 50 to 500 Hz (cardio) | | | |
| | | Sensitivity approx. 8.0 dB from 600 Hz to 1500 Hz (pneumo) | | | |
| | | Y tube: treated rubber with large diameter | | | |
| | | Arms: stainless steel or chrome brass, with treated spring for lasting elasticity and comfort | | | |
| | | Removable plastic ear-pieces | | | |
| | | Device is produced by ISO 9001 certified manufacturer (Certificate to be submitted | | | |
| | | Supplied with: 1 x spare set of earpiece | | | |
| | | 1 x spare diaphragm | | | |
| | | User manual with trouble shooting guidance, in English | | | |
| | | Technical manual with maintenance and first line technical intervention instructions, in English | | | |
| | | List of priced accessories | | | |
| | | Provides clear and accurate sound transmission for effective patient a ssessment. | | | |
| | | Dual-head chest piece helps detect both high- and low-frequency body sounds. | | | |
| | | Durable stainless steel construction ensures long- | | | |

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| | | lasting performance. | | | |
| | | Soft ear tips offer a comfortable fit during extended use. | | | |
| | | Lightweight and easy to carry for daily clinical practice. | | | |
| | | | | | |
| | | Note: Thirty (30) stethoscopes have been requested based on the requirement of having at least one stethoscope for every two students. The Department currently has ten (10) stethoscopes. Considering the current shortfall and anticipated future requirements, a total of thirty (30) stethoscopes have been requested. | | | |
| | Mercury Sphygmomanometer | Measurement Range: 0-300mmHg | 5 | | |
| | | Inflation Method: Inflation and Air Release by Manual | | | |
| | | Mercury Purity: 99.999% | | | |
| | | Mercury Tank: Manual Switch | | | |
| | | Display: Plate Scale | | | |
| | | Scale mercury tube made from special mater-unbreakable | | | |
| | | Dimension: 340 x 100 x 55mm | | | |
| | | Cuff size: 511 x 145 mm (Self Measurement Type or Nurse type) | | | |
| | | Cuff Material: Deluxe Nylon or Cotton Fabric | | | |
| | | Product Colour: Silver Paint | | | |
| | | Product Material: Aluminum-Compound Metal | | | |
| | Medical multi monitor | Cuff Pressure Range - 0-300 mmHg | 1 | | |
| | | Measurement Method -Adult mode (Clever Inflation or Deflation) | | | |
| | | -Pediatric mode (Clever Inflation or Deflation) | | | |
| | | -Neonate mode (Deflation Only) | | | |
| | | Automatic - Cycles OFF, 5min, 10min, 15min, 30min, 1hr, 1.5hr, 2hr, 4hr | | | |
| | | Pulse Rate Range - 30 - 240 bpm | | | |
| | | **SpO2 Monitor** | | | |
| | | SpO2 Measuring Range - 35 - 100% | | | |
| | | Pulse Measuring Range - 30 -250 bpm | | | |
| | | Measuring Principles - Dual wavelength LED | | | |
| | | Audio - Tone with each detected pulse; pitch varies with saturation | | | |
| | | **ECG Monitor** | | | |
| | | Vertical Scales - 5, 10 mm/mV | | | |
| | | Sweep Speed - 25 or 50 mm/sec (Selectable for Print out only) | | | |
| | | Signal Sampling Resolution -300 samples/sec (with 12-bit ADC) | | | |

| | | | | | |
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| | | Pulse Measuring Range -30 - 250 bpm | | | |
| | | Defibrillation Proof -Yes | | | |
| | | **Blood Glucose** | | | |
| | | Measurement Range - 10 - 600 mg/dL | | | |
| | | Interface - IrDA communicate with main unit | | | |
| | | HCT Compensation - 0 - 70% | | | |
| | | Blood Volume - 1 µL | | | |
| | | Enzyme - GDH-FAD | | | |
| | | **Ear Temperature** | | | |
| | | Measurement Type - Ear Thermometer | | | |
| | | Interface -IrDA communicate with main unit | | | |
| | | **Mechanical** | | | |
| | | Dimension - 190 (L) x 190 (W) x 309 (H)mm | | | |
| | | Mounting Option - Rolling Stand and Wall Mount | | | |
| 5 | Brain Knife | Blade Shape- Straight | 3 | | |
| | | Cutting Edge:30 cm approx | | | |
| | | Thikness: 1.7mm approx | | | |
| | | Alloy/Material :Stainless Steel, 304 grade | | | |
| 6 | Bone Cutter | Liston Bon Cutter 30.5 cm | 3 | | |
| 7 | Distilled Water Plant | Make | 1 | | |
| | | Model | | | |
| | | Country of Origin | | | |
| | | Country of Manufacture | | | |
| | | **Features** | | | |
| | | Design - Horizontal Single Stage Quartz Distillation with Horizontal Quartz Boiler fitted | | | |
| | | Heater & Condenser - Removable Silica sheathed (Quartz) Heater and Coil Condenser with complete Stand, Clamp, etc. | | | |
| | | Conductivity - 1 to 1.5 µS/cm (with Borosilicate Condenser); 0.5 to 0.8 µS/cm (with Quartz Condenser) | | | |
| | | pH - 6.5-7.5 | | | |
| | | Connectors - Screw Threaded Connectors are provided for easy cleaning when scaling is formed. | | | |
| | | Maintenance - All parts are Replaceable. | | | |
| | | Safety - With Auto Safety Cut-off. | | | |

| | | | | | |
|---|---|---|---|---|---|
| | | **Specifications** | | | |
| | | Boiler Type - Quartz | | | |
| | | Condenser Type - Borosilicate (Models 224/1, 224/2) or Quartz (Models 224/1A, 224/2A) | | | |
| | | Output Capacity (approx.) - 2 L/hr (Models 224/1, 224/1A) or 5 L/hr (Models 224/2, 224/2A) | | | |
| | | Power Rating - 1.7 kW (for 2 L/hr models) or 3.5 kW (for 5 L/hr models) | | | |
| 8 | Slide Storage Cupboard | **Features** | 1 | | |
| | | Cabinet & Drawer Material - Cold-rolled steel plate | | | |
| | | Surface Treatment - Degreasing and oil removal, surface conditioning, zinc-based phosphating, passivation, powder coating | | | |
| | | Slot - Special slot for metal die opening | | | |
| | | Marking Groove - Integral stamping forming | | | |
| | | **Specifications** | | | |
| | | Capacity -18 drawers, Loading: 9,000 pcs glass slides | | | |
| | | External Size (W*D*H) - 450 * 478 * 1295 mm | | | |
| 9 | Microscope Storage Cabinet | **Features** | 1 | | |
| | | Door Type - Three Tier Side by Side Glass Doors | | | |
| | | Lock Type - Style 2 Lock - 2 keys included | | | |
| | | Base / Mobility - Equipped with casters and leveling feet | | | |
| | | **Specifications** | | | |
| | | Capacity - 20 No | | | |
| | | Humidity (RH) Range - 25% - 55% RH | | | |
| | | External Dimensions (W*H*D) - 120 * 195 * 65 cm < | | | |
| | | Internal Dimensions (W*H*D) - 114 * 172 * 59.6 cm < | | | |
| | | Shelf Type - 5 x Metallic | | | |
| 10 | X-ray Film Storage Cupboard | • Similar or equivalent<br>• Heavy-duty<br>• Length – 48 cm<br>• Width – 60 cm<br>• Height – 142 cm<br>• Material: Stainless steel (Grade 304 stainless steel) or powder-coated mild steel<br>• Smooth finishing<br>• Four drawers<br>• Fabricated from minimum 0.8–1. 0 mm thick material | 1 | | |

| | | | | | |
|---|---|---|---|---|---|
| | | • multiple full-width horizontal drawers suitable for A0/A1/A0+ and custom-size documents/films.<br>• Drawers shall be fitted with heavy-duty ball-bearing telescopic runners with smooth operation and end-of-travel stops<br>• A minimum evenly distributed load capacity of 25 kg per drawer.<br>• Each module shall be lockable and provided with ergonomic handles and label holders. | | | |
| 11 | Binocular Microscopes | **1.Optical system** - Universal Infinity corrected optical system (UIS) | | | |
| | | **2.Eye piece** | | | |
| | | Paired Eyepieces 10x(2) | | | |
| | | Wide field | | | |
| | | With high & low eye point adjustment | | | |
| | | Anti – fungal treatment | | | |
| | | Screw by which the head should be able to manipulate to a side safely without dropping of head | | | |
| | | Field Diameter at least 20mm | | | |
| | | Interpupillary distance adjustment at least 48 – 75 mm | | | |
| | | Diopter Adjustment | | | |
| | | Binocular tube | | | |
| | | **3.Objective** | | | |
| | | Objectives 4x, 10x, 40x,100x(Oil) | | | |
| | | Plan Achromat | | | |
| | | Anti – fungal treatment | | | |
| | | **4.Observation tube -** Anti – fungal treatment | | | |
| | | **5.Lighting -** Bright light field | | | |
| | | **5.1 Illuminator -** LED transmitted Light with at least 20,000 hrs lifespan with very low power consumption of at least 0.5 W | | | |
| | | **5.2 Condenser -** The integrated Abbe condenser | | | |
| | | **6. Mechanical stage** | | | |
| | | Range at least 76mm (x) 30 mm (y) | | | |
| | | Wire driven rack – less with no side protrusions | | | |
| | | **7. Coarse Adjustment** | | | |
| | | Upper limit stopper locks (Focus lock) | | | |
| | | Adjustment coarse movement tension with a fine graduation of at least 2.5 um | | | |
| | | **8. All controls and portability** | | | |
| | | All controls should be close together with no arm rests and with | | | |

| | | | | | |
|---|---|---|---|---|---|
| | | pouches at the back for LED adapter and power cord insertion for easy portability will be preferable | | | |
| | | **9. Warranty (labour and Parts)** | | | |
| | | 12 calendar months after the successful installation | | | |
| | | **10. After sales service and the availability of bulbs to the spares** | | | |
| | | Should have a good after sales service. Please attach details of after sales service personnel, their qualification and address of the after sales division etc. | | | |
| | | **11. Previous clients Record** | | | |
| | | Pervious clients records in Sri Lanka attached herewith | | | |
| | | **12. Letter of Authorization** | | | |
| | | Letter of Authority given to the bidder by manufacturer | | | |
| 12 | Gas cylinder 12.5Kg | Litro 12.5Kg | 1 | | |
| 13 | Gas Regulator | Litro 12.5Kg | 1 | | |
| 14 | Metal half barrel | 200 Litre metal /steel barrel | 2 | | |
| 15 | No.4 BP Handle | No 4, Stainless Steel | 12 | | |
| 16 | Rib Shears | 30.5 cm | 1 | | |

# Section VI. Conditions of Contract (CC)

This Bidding Document is based on the standard bidding document for National Competitive Bidding (NPA/Goods/SBD 01). Section VI will not be provided with this bidding document. Bidders are instructed to refer the Section VI of the standard bidding document (NPA/Goods/SBD 01). The document is available at the website of NPA, www.npa.gov.lk

# Section VII. Contract Data

The following Contract Data shall supplement and / or amend the Conditions of Contract (CC). Whenever there is a conflict, the provisions herein shall prevail over those in the CC.

| | |
|---|---|
| **CC 1.1(i)** | The Purchaser is: Uva Wellassa University |
| **CC 1.1 (m)** | The Project Site(s)/Final Destination(s) is/are: Uva Wellassa University, Passara Road, Badulla |
| **CC 8.1** | For notices, the Purchaser's address shall be:<br><br>Deputy Bursar<br>Uva Wellassa University, Passara Road, Badulla.<br>055-2226475/ 055-2226633 |
| **CC 11** | Goods shall be supplies in compliance with the quality and the specification given. |
| **CC 15.1** | CC 15.1—The method and conditions of payment to be made to the Supplier under this Contract shall be as follows:<br><br>For Goods offered within Sri Lanka<br>Payment shall be made in Sri Lankan Rupees within thirty (30) days of presentation of claim supported by a certificate from the Purchaser declaring that the Goods have been delivered and that all other contracted Services have been performed.<br>a) No Advance payment applicable for this contract<br>b) Up to a maximum of ninety (90) percentage of the Contract Price, shall be paid on receipt of the Goods and confirm by the evaluation committee.<br>c) Ten (10) percentage of the Contract price will be hold as Retention for a period of 12 months from the date of commissioning of equipment<br>d) The Retention shall be paid on completion of Twelve (12) months. During that Period supplier shall correct all defects and confirmed by the purchase or his agent. |
| **CC 17.1** | A Performance Security – 10%<br>Performance security may be in any of the following way<br>(a) A Bank guarantee issued by a reputed bank operated in Sri Lanka.<br>(b) Cash deposit at the Shroff Counter of the University |
| **CC 26.1** | The liquidated damage (Late Delivery) shall be: If the supplier fails to deliver any or all of the goods by the date(s) specified above the purchaser may deduct from the payment a sum equivalent to 0.05% of the delivered price of the delayed good, for each day of delay. |
| **CC 26.1** | The maximum amount of liquidated damages shall be: 10 % from the contract sum. |
| **CC 27.3** | The warranty shall remain valid for a period of time specified with the specifications. |
| **CC 27.6** | The supplier shall remedy the defects within 3 Months from the date of information by the purchaser. |

# Section VIII. Contract Forms

## Table of Forms

1. Contract Agreement ..... 39

2. Performance Security ..... 40

# Contract Agreement

THIS CONTRACT AGREEMENT is made

the [ insert: number] day of [ insert: month], [ insert: year].
BETWEEN
(1) [Insert complete name of Purchaser], a [insert description of type of legal entity, for example, an agency of the Ministry of.....or corporation and having its principal place of business at [insert address of Purchaser] (hereinafter called "the Purchaser"), and

(2) [Insert name of Supplier], a corporation incorporated under the laws of [insert: country of Supplier] and having its principal place of business at [insert: address of Supplier] (hereinafter called "the Supplier").

WHEREAS the Purchaser invited bids for certain Goods and ancillary services, viz., [insert brief description of Goods and Services] and has accepted a Bid by the Supplier for the supply of those Goods and Services in the sum of [insert Contract Price in words and figures, expressed in the Contract currency (ies)] (hereinafter called "the Contract Price").

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:
1. In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.

2. The following documents shall constitute the Contract between the Purchaser and the Supplier, and each shall be read and construed as an integral part of the Contract:

(a) This Contract Agreement
(b) Contract Data
(c) Conditions of Contract
(d) Technical Requirements (including Schedule of Requirements and Technical Specifications)
(e) The Supplier's Bid and original Price Schedules
(f) The Purchaser's Notification of Award
(g) [Add here any other document(s)]

3. This Contract shall prevail over all other Contract documents. In the event of any discrepancy or inconsistency within the Contract documents, then the documents shall prevail in the order listed above.

4. In consideration of the payments to be made by the Purchaser to the Supplier as hereinafter mentioned, the Supplier hereby covenants with the Purchaser to provide the Goods and Services and to remedy defects therein in conformity in all respects with the provisions of the Contract.

5. The Purchaser hereby covenants to pay the Supplier in consideration of the provision of the Goods and Services and the remedying of defects therein, the Contract Price or such other sum as may become payable under the provisions of the Contract at the times and in the manner prescribed by the Contract.

IN WITNESS whereof the parties hereto have caused this Agreement to be executed in accordance with the laws of Democratic Socialist Republic of Sri Lanka on the day, month and year indicated above.

For and on behalf of the Purchaser
Signed: [insert signature]
in the capacity of [ insert title or other appropriate designation ]
in the presence of [insert identification of official witness]
For and on behalf of the Supplier
Signed: [insert signature of authorized representative(s) of the Supplier]
in the capacity of [insert title or other appropriate designation]
in the presence of [ insert identification of official witness]

## Performance Security

[The issuing agency, as requested by the successful Bidder, shall fill in this form in accordance with the instructions indicated] ---------- [Issuing Agency's Name, and Address of Issuing Branch or Office] .....

Beneficiary: Vice Chancellor, Uva Wellassa University, Passara Road, Badulla

Date:.....-.....--

Performance Bid Guarantee No.: ----------

We have been informed that ---------- [Name of Supplier] (hereinafter called "the Supplier") has entered into Contract No. ---------- [Reference number of the contract] dated---------- with you, for the ---------- Supply of ---------- [name of contract and brief description] (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 ---------- [name of Agency] hereby irrevocably undertake to pay you any sum or sums not exceeding in total an amount of ----------
.....-.....
[Amount in figures] (----------) [amount in words], such sum being payable in the types and proportions of currencies in which the Contract Price is payable, upon receipt by us of your first demand in writing accompanied by a written statement stating that the Contractor is in breach of its obligation(s) under the Contract, without your needing to prove or to show grounds for your demand or the sum specified therein. This guarantee shall expire, no later than the …. day of ……, 20.. [Insert date, 28 days beyond the scheduled completion date including the warranty period] and any demand for payment under it must be received by us at this office on or before that date.

[Signature(s)]

## Check List

| No | Required Specification | Bidder's Offer | | | |
|---|---|---|---|---|---|
| | | Conformity | | Page No | Remark |
| | | Yes | No | | |
| 1 | Company Profile | | | | |
| 2 | Business Registration | | | | |
| 3 | VAT Registration | | | | |
| 4 | List of Clients | | | | |
| 5 | Past Three Year Experience in the industry | | | | |
| 6 | Manufacturer Authorization | | | | |
| 7 | Public Contract Act | | | | |
| 8 | Bid Security | | | | |
| 9 | Forms of Bids | | | | |
| 10 | Price Schedule | | | | |
| 11 | Bid Document Fee (Non – Refundable) | | | | |
| 12 | Financial Statement | | | | |
| Status | | | | | |

"Bidders must fill above Check List"

Duly authorized for signed on behalf of ……
(Name of the Bidder)

Name : ……

Signature : ……

Designation : ……