



No:AIIMS/R/CS/Nu.Med./19/1248/PAC

Dated:- 30/04/2021

Call for Objection

Subject: Inviting comments/objection, if any before declaring proprietary article for procurement of Maxio Treatment Planning and Robotic Navigation System under PAC for the Department of Nuclear Medicine at, AIIMS, Raipur, Make:Perfint for the department of Nuclear Medicine AIIMS, Raipur.

Nuclear Medicine Department AIIMS, Raipur has to procure Maxio Treatment Planning and Robotic Navigation System under PAC under PAC for the Department of Nuclear Medicine at, AIIMS, Raipur, Make:Perfint through Proprietary Article basis.

The proposal submitted by M/S Perfint Healthcare Pvt Ltd who is sole manufactures and M/s.Decent Medical Equipment Systems Pvt Ltd is the Local Agent of this item along with Proprietary Article Certificate are attached & uploaded on Institute website.

The above documents are being uploaded for open information to submit objections, comments if any from any manufacturer/supplier before declaring proprietary article of the said equipment/items to be procured, within 21 days (i.e.20-05-2021) from the date of issuance/uploading of the notification.

The comments should be sent to the office of Central Store Office on above address at AIIMS Raipur in a sealed envelope with above reference on or before 20-05-2021 up to 05:00PM from the date of uploading on institutional website, failing which it will be presumed that any other manufacture/vendor is having no comment to offer and case will be decided on merits.

Encl:-

01. Proprietary letter of Vendor.
02. Certificate for Purchase of Proprietary Article

**Stores Officer
AIIMS Raipur (CG)**

**भंडार अधिकारी (के क्रय)
Stores Officer (CP)
एम्स, रायपुर (छ.ग.)
AIIMS Raipur (C.G.)**



अखिलभारतीय आयुर्विज्ञानसंस्थान, रायपुर (छ.ग.)
All India Institute of Medical Sciences, Raipur (Chhattisgarh)
Tatibandh, GE Road,
Raipur-492 099 (CG)
www.aiimsraipur.edu.in

स्वामित्वप्रमाणपत्र
Proprietary Article Certificate

फाइल संख्या औरसंदर्भ File Number and Reference		
1	सामाग्रीकाविवरण Description of article	MAXIO
2	पूर्वानुमानितमात्रा / वार्षिकआवश्यकता Forecast of quantity/annual requirement	ONE
3	उपरोक्तमात्रा हेतुअनुमानितमूल्य Approximate estimated value for above	Rs. 2.12 cr.
4	निर्माताकानाम एवं पता Maker's name and address	Perfint Healthcare.
5	अधिकृतडीलर / स्टॉकिस्टकानाम Name(s) of authorised dealers/stockists	Decent medical equipment systems pvt. Ltd.
6	मैंपी ए सी के आधारपरउपरोक्त खरीदकोस्वीकारकरताहूँऔर यह प्रमाणित करताहूँकि: नोट- (बी), (सी-1) या (सी-2) में से केवल एक कोबनाए रखने के लिए टिककरें, जोभीलागूहोऔरदूसरोकोकाट दें। कृपया (ए) टिककरपुष्टिकरेंइसकेबिनापीएसीप्रमाणपत्र अवैध होगा I approve the above purchase on PAC basis and certify that:- Note- Tick to retain only one out of (b), (c-1) or (c-2) whichever is applicable and cross out others. Please do confirm (a) by ticking it - without which PAC certificate will be invalid.	
6 (a)	यह एकमात्र फर्महैजोइसमदकानिर्माण / संग्रहणकररहाहै। और This is the only firm who is manufacturing /stocking this item. AND	YES
6 (b)	किसीअन्य फर्म द्वारासमरूपमदनिर्मित / विक्रय नहीं कियाजाताहै, जिसकाउपयोगइसकेबदलेकियाजासकताहै। अथवा A similar article in not manufacturing/sold by any other firm, which could be used in lieu OR	NO
6 (c-1)	कोईअन्य मेक / ब्रांडनिम्नलिखितकारणो (जैसेओईएम / वारंटी के) के लिए उपयुक्त नहीं होगा। अथवा No other make/brand will be suitable for following tangible reasons (like OEM/warranty) OR	NO
.....Dr. Mudalsha Ravina..... सहायक प्राध्यापक (नाम) (पद) Assistant Professor (Name) (Post) रायपुर (छ.ग.) Raipur (CG)		

6 (c)	कोई अन्य मेक/ब्रांड निम्नलिखित कारणों से उपयुक्त नहीं होगा (अगर पीएसी पिछले खरीद में भी दिया गया था, तो कृपया इसके बाद से अधिक स्रोतों का पता लगाने के लिए प्रयास करें) तथा No other make/brand will be suitable for following intangible reasons (if PAC was also given in the last procurement cycle, please also bring out efforts made since then to locate more sources): OR	Pestint Healthcare is only the manufacturer for this product, none other company makes such product.
	प्रस्ताव के लिए वित्त शाखा की सहमति का संदर्भ (कार्रवाई भंडार और लेखा विभाग द्वारा की जायेगी) Reference of concurrence of finance wing to the proposal (Action will be taken by stores & Account Department)	

पिछले तीन सालों में इस मद की पीएसी खरीद का इतिहास नीचे दिया जा सकता है (यदि कोई हो) History of PAC purchase of this item for past three years may be given below (if any)			
प्रदायक का नाम Name of the Supplier			
आदेश / निविदा संदर्भ और दिनांक Order/Tender reference & Date	आदेशित मात्रा Quantity Ordered	आदेश पर मूल दर (<input type="checkbox"/>) Basic Rate on order (<input type="checkbox"/>)	प्रतिकूल प्रदर्शन रिपोर्ट अगर कोई हो Adverse Performance Reported if any

अनुमोदन करने वाले प्राधिकारी का हस्ताक्षर.....

दिनांक.....

अधिकारी का पदनाम.....

डॉ. मुदालशा रवीना

Dr. Mudalsha Ravina

सहायक प्राध्यापक (न्युक्लियर मेडिसिन)

Assistant Professor (Nuc)

आखिल भारतीय आयुर्विज्ञान संस्थान रायपुर (अ.न.)

AIIMS Raipur, Raipur (C.G.)

(Signature)

Proprietary Item Certificate

MAXIO™ – A Treatment Plan Controlled Robotic Navigation system for Image guided interventions, manufactured by Perfint Healthcare Pvt Ltd provides the user with Integrated Treatment Planning and seamless Robotic Navigation for complex angle placement of multiple instruments on multiple targets during CT and PET-CT Guided interventions like Tumor Ablation, without the need for additional fluoroscopic monitoring or external tracking. This robotic navigation system is a proprietary product of Perfint Healthcare (P) Ltd

To the best of our knowledge, MAXIO™ is the only system which is driven by the treatment plan & software with the features mentioned above and Perfint Healthcare Pvt Ltd is the only manufacturer of such a commercially available system that offers this feature.

The following components/parts/ accessories are also proprietary to Perfint Healthcare Pvt Ltd and are essential for the system to function and no third-party substitute exists.

- Software : Robotic Positioning, Motion Control, Placement Sequencing, Collision avoidance
- Robotic positioning device, Robot Mobility mechanism & Docking system for robotic device
- 4 Linear (X1, X2, Y, Z) and 2 rotary positioning arms & Gear box used in all the axes
- Power distributor, Interface Management boards and drivers for the all the axes
- Instrument gripper (end effector), Laser alignment device
- Disposables for instrument advancement and holding



Nandakumar S
Chief Executive Officer
Date: 05-02-2021



Perfint Healthcare Pvt. Ltd.

CIN: U51507TN2005PTC065950

Door No. 11/7, 10th Street, Dr. VSI Estate, Thiruvanmiyur, Chennai-600 041, TN, India
Tel: 044- 24542155, email: info@perfinthealthcare.com, www.perfinthealthcare.com

ANNEXURE-I

Specifications for Maxio Treatment Planning and Navigation System

S. No.	Specifications
1.	<p>The Planning and Robotic Navigation system</p> <ol style="list-style-type: none">1. Should assist physicians in performing PET-CT and CT Guided Interventions like Biopsy, Tumor Ablation, Pain care, Seed placement, Drainage etc.2. Should be able to work with DICOM Compliant PET CT and CT scanners.3. Should be able to support commonly available interventional instruments like biopsy needles, pain management needles and ablation electrodes and should work with commonly available ablation devices.4. Should have the facility to receive and register prior and current images5. Should have post processing tools like segmentation, 3D reconstruction and MPR of tumor and other vital structures6. Should have tools to help clinicians mark vital structures and organs that should be spared from needle and thermal injury during procedure.7. Should have facility to create a library of devices along with their characteristics like needle throw, exposure, ablation size etc.8. Should help the physician to develop a treatment plan based on prior and current images - to achieve complete margin coverage of multiple tumors, using multiple electrodes. The plan should atleast cover the ablation modality , the model of ablation device, the dimensions of the electrode and number of electrodes to be used, power / temperature and time settings, trajectory, sequence of placement, overlapping ablation volume if needed.9. Should allow for creation and comparison of up to 3 such plans as needed before execution.10. Should allow for oblique angle visualization of electrode trajectory in multiplanar views during planning.11. Should allow the physician to register offline plan developed on prior images, with real-time images12. Should have a facility to alert the user during planning, for possible collision of a needle with another needle or with identified vital organs or potential thermal injury to vital organs based on the Ablation volume data.13. Should create the sequence of needle placement to avoid collision14. Should be able to drive the integrated robotic arm to automatically align an instrument guide for advancement of instrument by the physician as planned and sequenced above for multiple needles - without the need for additional external feedback from tracking devices or using CT fluoroscopy15. Should have tools to monitor patient related movement and also to control patient movements during procedures.16. Should have a tool to register intra-procedural images to verify device placement and estimation of coverage, prior to ablation.17. Should have the ability to visualise post ablation tumor coverage in 2D and 3D18. Should have a comprehensive reporting package with an ability to automatically document all key parameters and selected procedure images.19. The Planning and Robotic Navigation system should be CE and FDA cleared <p>General Terms & Conditions</p> <ol style="list-style-type: none">1. The Planning & Robotic Navigation Systems should be supplied with 5 years

- comprehensive warranty, and 5 years CMC after end of warranty period.
- 2. Onsite technical training and service support to be provided for at least 15 procedures covering various types following installation of the equipment.
- 3. Atleast 3 units of the quoted Robotic navigation system should have been working satisfactorily for atleast one year in a reputed public institution in India
- 4. The Price of consumable (needle bushes, guides, gauge, maxio drape, touchpad drape, needle sterilizer) be freezed for next 05 years.

Contract Authority: State Office, Central Store, All India Institute
 Name of Work: Tender for Supply of Sewer Treatment Planting and Navigation System for the Department of Inland Fisheries at Anand Rajpur
 Contract No.: AllIndia/CAN/1462/19/2019/MC

Name of the
 Bidder Firm/
 Country:

PROBIBITION:
 This Bidding document is not to be re-sold or otherwise disposed of by the bidder and the same should be returned after filing the highest bid, and the bidder is liable to be rejected for this tender. Bidders are allowed to enter the Bidding Items and Values only.
 All conditions should be read by bidders before submitting bids. Bids are to be sealed and submitted as per the instructions given.

Sl. No.	TEXT #	TEXT #	TEXT #	TEXT #	TEXT #	TEXT #	TEXT #	TEXT #	TEXT #	TEXT #	TEXT #	TEXT #	TEXT #	TEXT #	TEXT #	TEXT #	TEXT #	TEXT #	TEXT #	TEXT #	TEXT #	TEXT #	
NUMBERS #																							
1	Basic Treatment Planting and Navigation System (Specification as per enclosure)	Lot 1	1	No				Full Connection	Full Connection	10%	10%												
2	CMC for 1st year	1	No					Full Connection	Full Connection	10%	10%												
3	CMC for 2nd year	1	No					Full Connection	Full Connection	10%	10%												
4	CMC for 3rd year	1	No					Full Connection	Full Connection	10%	10%												
5	CMC for 4th year	1	No					Full Connection	Full Connection	10%	10%												
6	CMC for 5th year	1	No					Full Connection	Full Connection	10%	10%												
7	CMC for 6th year	1	No					Full Connection	Full Connection	10%	10%												
8	CMC for 7th year	1	No					Full Connection	Full Connection	10%	10%												
9	CMC for 8th year	1	No					Full Connection	Full Connection	10%	10%												
	Total in Figures																						

Outside File in Word

2019

Fall Clause Undertaking by OEM

(Name of OEM with add)

I/We _____ undertake that the rate quoted within tender/quotation/rate contract no.: _____ is the best offered rate to your Institute.

We also declare that we will not supply in the lower rate than that offered herewith for next six months.

If so occurred if any then, we will pass on the benefits to your esteemed organization.



Company Seal & Sign: _____

Name of Company: _____

Date: _____

आरोग्यं सुखं सम्पदा