

### अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छत्तीसगढ़) All India Institute of Medical Sciences, Raipur (Chhattisgarh)

Tatibandh, GE Road, Raipur-492 099 (CG) www.aiimsraipur.edu.in

Date: 03.02.2022

No: AIIMS/R/CS/ENT/1753/21/PAC

#### Call for Objection

**Subject:** Inviting comments/objection, if any before declaring proprietary article for procurement of "Coblation Wands" for the Department of ENT AIIMS, Raipur.

ENT Department AIIMS, Raipur has to procure "Coblation Wands" through Proprietary Article basis.

The proposal submitted by M/s Arthrocare Corporation (USA) acquired by Smith & Nephew who is sole manufactures and M/s Vision Enterprises Raipur is the Local Agent of this item along with Proprietary Article Certificate are attached & uploaded on CPP Portal & 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 15 days (i.e. 18.02.2022) from the date of issuance/uploading of the notification.

The objection should be raised in the technical compliance sheet as enclosed, if any Firm claiming suitability of their product with respect to specification mentioned.

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 18.02.2022 up to 05:00 PM 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 adcase will be decided on merits.

Senior Procurement cum Stores Officer AIIMS Raipur (CG)

#### Enclosure:-

- 1. PAC Certificate by Manufacturer.
- 2. PAC Certificate by Department.
- 3. Technical Specification.

## ANNEXURE-I

### Technical specification for Coblation Wands

Wand Name	Indications	Salient notes
Evac 70 Xtra HP	· Tonsillectomy	1. Volumetric tissue removal
Auam	· Adenoidectomy	2. Ablation settings 7-9
	· Base of tongue excision	3. Do not bury the electrodes in the tissue
	All soft tissue excision on the oral cavity	4. Malleable wand shaft
Procise EZ	· Sinus surgery	1. Volumetric tissue removal
view	· Excision of nasal polyps	2. Ablation settings 7-9
	· All soft tissue excision on the	3. Do not bury the electrodes in the tissue
	nasal cavity	4. Malleable wand shaft
		5. Nasal wand
		Volumetric tissue removal
Procise Max	· Adenoidectomy	2. Ablation settings 7-9
	Base of tongue excision      Any large mass of soft tissue	3. Do not bury the electrodes in the tissue
	excision in	4. Malleable wand shaft
	the oral cavity	5. 20% faster than the Evac 70 Xtra HP wand
Turbinator	· Turbinate reduction (ablation)	Sub-mucosal turbinate ablation wand
- I ul billatoi	· Turbinate reduction (ablation)	<ul><li>2. Ablation setting 7-9</li><li>3. Requires additional active saline flow pump</li></ul>
		Volumetric tissue removal from inferior turbinate keeping the mucosa intact     Same diameter as microdebrider
		in the larmy
Procise LW	· Laryngeal lesion debulking	1. Volumetric tissue removal in the larynx
	Arytenoidectomy	2. Ablation settings 7-9
	Papillomatosis	3. Do not bury the electrodes in the tissue
	· Any bulky soft tissue excision needed	4. Malleable wand shaft
	in the larynx	5. Longer shaft with a bend for easy access

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Tender No.: AIIMS/R/CS/ENT/1753/21/PAC

needed  in the larynx  4. Longer shaft with a bend for easy access and visibility of operative area  5. Extremely fine electrode and thin shaft for delicate procedures  Reflex Ultra  Turbinate reduction  1. Turbinate size reduction /		the state of the s	and visibility of operative area
<ul> <li>Laryngeal lesion dissection</li> <li>Vocal cord lesions</li> <li>Any bulky soft tissue excision needed in the larynx</li> <li>Longer shaft with a bend for easy access and visibility of operative area</li> <li>Extremely fine electrode and thin shaft for delicate procedures</li> <li>Turbinate reduction</li> <li>Turbinate size reduction /</li> </ul>	400	· · · · · · · · · · · · · · · · · · ·	
Any bulky soft tissue excision needed  in the larynx  4. Longer shaft with a bend for easy access and visibility of operative area  5. Extremely fine electrode and thin shaft for delicate procedures  Reflex Ultra  Turbinate reduction  1. Turbinate size reduction /		· Laryngeal lesion dissection	Dissection wand for larynx
needed  in the larynx  4. Longer shaft with a bend for easy access and visibility of operative area  5. Extremely fine electrode and thin shaft for delicate procedures  Reflex Ultra  Turbinate reduction  1. Turbinate size reduction /		· Vocal cord lesions	2. Ablation settings 7-9
and visibility of operative area  5. Extremely fine electrode and thin shaff for delicate procedures  Reflex Ultra  Turbinate reduction  1. Turbinate size reduction /		needed	3. Do not bury the electrodes in the tissue
Reflex Ultra  - Turbinate reduction  1. Turbinate size reduction /		in the larynx	1
Reflex Ultra Turbinate reduction 1. Turbinate size reduction /			, , , , , , , , , , , , , , , , , , , ,
1. Turbinate reduction /		K. A.	TO THE SECOND STATE OF THE
(shrinkage) channelling wand	45		channelling wand
2. Ablation setting 4-6 3. Markers help in determining the depth at which thermal lesions are to be made			3. Markers help in determining the depth
Reflex Ultra Soft Palate reduction 1. Size reduction / channelling wand (shrinkage)		· Soft Palate reduction	Size reduction / channelling wand
• Tongue base reduction 2. Ablation setting 4-6 (shrinkage)			2. Ablation setting 4-6
cutting surface area		· Uvulopalatoplasty	cutting surface area
4. In-built saline irrigation			4. In-built saline irrigation

Note: This is Rate contract for 01 years which may be increase within RC period and validity of RC may also extend up to 01 year.

# Objection should be submitted in following format:

S. no.	Item Specification as given	Specification offered by firm	Deviation if any	Remark





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**

	नख्या औरसंदर्भ	
le Nun	nber and Reference	
1	सामाग्रीकाविवरण	alla .
	Description of article	Coblation Wands
	पूर्वानुमानितमात्रा / वार्षिकआवश्यकता	
2	Forecast of quantity/annual requirement	_ NA
3	उपरोक्तमात्रा हेतुअनुमानितमूल्य	
	Approximate estimated value for above	_ NA _
	निर्माताकानाम एवं पता	Smith & nepher Food
4	Maker's name and address	William Commy Drive
	अधिकतडीलर /स्टाकिस्टकानाम	Vision Enterprise D 30
5	Name(s) of authorised dealers/stockists	Pring Canal
	मैंपी ए सी के आधारपरउपरोक्त खरीदकोस्वीकारकरताहुंऔर	यह प्रमणितं करतिहूंकिः
	नोट- (बी), (सी-1) या (सी-2) में से कंवल एक कोबना	ए रखने के लिए टिककरें,
	जोभीलागूहोऔरदूसरोकोकाटदें।कृपया (ए) टिककरपुष्टिकरेंइस	किबिनापीएसीप्रमाणपत्र अवैध
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6 (c)	कोईअन्य मेक / ब्रांडनिम्नलिखितकारणों से उपयुक्त नहीं होगा (अगर पीएसीपिछले खरीदमेंभीदियागयाथा, तोकृपयाइसकेवाद से अधिकस्रोतोका 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	
	प्रस्ताव के लिए वित्त शाखा की सहमतिकासंदर्भ(कार्रवाई भंडारऔरलेखाविभीग द्वारा की जायेगी) Reference of concurrence of finance wing to the proposal (Action will be taken by stores & Account Department)	

पिछलेतीनसालोमेंइसमद की पीएसी खरीदकाइतिहासनीचेदियाजासकताहै (यदि कोई हो)History of					
PAC purchase of this item for past three years may be given below (if any)					
प्रदायककानाम			The state of the s		
Name of the Supplier					
आदेश, निविदासंदर्गऔरदिनाक	आदेशितगात्रा	आदिशपरमूलदर	प्रतिकूलप्रदर्शनिरपार्टअगरकाईही		
Order/Tender reference & Date	Quantity	()	Adverse Performance Reported		
	Ordered	Basic Rate on	if any		
		order (🛽)			
		The state of the state of			

•अनुमोदनकरनेवालेप्राधिकारीकाहरताक्षर

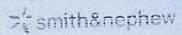
ा. रिपु तमन अरोता

ा: Ripu Daman Aron:

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25 May 2021

#### **Proprietary Certificate**

To Whom It May Concern:

Coblation Technology is used in the ArthroCare's ENT Coblator-II Surgical System (Model No. EC 8001-01). The Coblator-II Surgical System is a Bipolar, Radiofrequency Electrosurgical system which is used to perform tissue ablation, tissue coagulation and hemostatis via Controlled, Precise Plasma layer formation in ENT Surgery.

Coblation is a registered Trademark of ArtrhoCare Corporation(U.S.A.) and such as the exclusive property of AthroCare Corporation. ArthroCare is the only company which manufacturers Coblation Devices. A similar article is not manufactured or sold by any other firm which could be

The ArthroCare ENT Coblator-II Surgical System is covered by US Patent.

Coblator II Surgical System- is a USFDA Approved Product with 510k Certificate No\_K070374.

Coblator II has a range of wands which are device specific and are designed for a specific need of the surgical procedure. No other make or model provider is acceptable for the following reasons

a) Proven Quality

6) Proprietary Patents

c) International recognized safety and efficacy

Catalog No Indication		Description	
EIC4835-01	Sinus Turbinate Reduction Paediatric	ReFlex Ultra PTR with Integrated Cable	
	Sinus Turbinate Reduction	ReFlex Ultra 45with Integrated Cable	
EIC4845-01	Sleep Surgeries without irrigation	ReFlex Ultra 55 with Integrated Cable	
EIC4855-01	Sleep Surgeries with irrigation	ReFlex Ultra SP with Integrated Cable	
EIC4857-01		EVac 70 Xtra HP with Integrated Cable	
EIC5874-01	Tonsillectomy Extra Capsular	Excise PDW with Integrated Cable	
EIC 9820-01	Tonsillectomy Extra Capsular	Turbinator Wand	
EIC6895-01	Sinus Routine Work	PROcise LW Wand with Integrated Cable	
EIC7070-01	Routine Laryngeal Work	PROcise MLW with Integrated Cable	
EIC7071-01	Paediatric Laryngeal Work	PROcise max with integrated Cable	
EIC8898-01	Adenoidectomy	PROcise max with integrated cable	
	Sinus Turbinate Reduction with Suction Irrigation	PROcise EZ View	
EIC8875-01	IIIIgation	Coblator II Controller 110V	
EC8000-01			

For further information, the undersigned can be contacted

Melissa Ago

Senior Regulatory Affairs Specialist

Melissa & ago



	For SELLER (Seller, you)	For SMITH + NEPHEW . (S+N, we, us)	
Parties	Vision Enterprises  Block D 30? Vrindavan Garden, Daidal seoni, Raipur 492 014, India.	Smith & Nephew Healthcare Private Limited	
		B501-590, Dynasty Business Park, Andheri Kurla Road, Andheri East, Mumbai - 59, Maharashtra, India	
Signatures	Printed Name: Anand Chaturved Title: Date Signed: 52/66/2021	Printed Name: Nikunj Shah Title: Director Date Signed:	

Addresses for Notices: Notices under this Agreement shall be addressed as follows:

- for routine matters in the ordinary course of business:

	Vision Enterprises	Smith & Nephew Healthcare
By <b>Hand</b> or <b>Mail</b>	Block D 302 Vrindavan Garden,Daldal seoni,Raipur 492 014, India.	Private Limited  B501-590, Dynasty Business Park, Andheri Kurla Road, Andheri East, Mumbai – 59, Maharashtra, India
	Attention: Anana Chaturvedi	Attehtion Nikunj Shah
By Fax	Fax number  Attention, Anand Chaturvedi	Attention: Nikunj Shah
By f-mail	vientp@hotmail.com	nikunj.shah@smith-nephew.com

- for other matters, same as above, plus copy to:

	Vision Enterprises	Smith & Nephew plc
By <b>Hand</b> or <b>Mail</b>	Block D 302 Vrindavan Garden,Daldal seoni,Raipur 492 014, India.	Building 5, Croxley Park Hatters Lane Watford
•		Hertfordshire WD18 8YE England Attention: Company Secretary
By i-ax	Attention: Anand Chaturvedi  Attention: Anand Chaturvedi	+44 (0)20 7930 3353 Attention: Company Secretary
By <b>Email</b>	vientp@hotmail.com	Company.Secretary@smith- nephew.com







## Form of Guaranty by Seller Principals

The undersigned hereby unconditionally and irrevocably guarantee (jointly and severally, if more than one guarantor) to Smith + Nephew the full performance by party named below (Seller) of all of its obligations under the Territory Sales Agreement between Smith + Nephew and the Seller, as such Agreement may be amended from time to time. Furthermore, the undersigned agree to comply with the coverants in such Agreement applicable to Affiliates of the Seller, as if the undersigned were an Affiliate or the Seller

The enforceability of this guaranty shall not be affected by any failure of the undersigned to consent to an amendment or waiver of the Territory Sales Agreement, any insolvency of the Seller or any other circumstance whatsoever.

Seller or any other circur	nstance whatsoever.			
Fint name: Ac had Date: 02/06/20 Signing personally and in on behalf of the Seller	Chatunudi 21			
IF THE GUARANTOR IS A Signature of represen	LEGAL ENTITY stative of the Gua	erantor (and stamp	where	applicable):
Print name of the represe	ntative:			
Title of the representative				
Date				
Notes:			of the Sell	er entity.

This document should be signed by the legal or beneficial owner of the Seller entity. This document should not be signed by the Seller itself.

Where the legal or beneficial owner of the Seller is an individual signing in his/her

personal capacity, please sign the first signature block. Please do not affix any company seal or make any other reference to the name of the Seller entity.

Where the legal or beneficial owner is a corporate entity, please sign the second signature block, ensuring that the company seal of the legal or beneficial owner entity is affixed alongside the signature. The company seal of the Seller should not be affixed.

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## **Territory Sales Agreement**

# Form of Guaranty by Seller Principals

The undersigned hereby unconditionally and irrevocably guarantee (jointly and severally, if more than one guarantor) to Smith + Nephew the full performance by party named below (Seller) of all of its obligations under the Territory Sales Agreement between Smith + Nephew and the Seller, as such Agreement may be amended from time to time. Furthermore, the undersigned agree to comply with the covenants in such Agreement applicable to Affiliates of the Selier, as if the undersigned were an Affiliate of the Seller

The enforceability of this guaranty shall not be affected by any failure of the undersigned to consent to an amendment or waiver of the Territory Sales Agreement, any insolvency of the Seller or any other circumstance whatsoever

IF THE GUARANTOR IS AN INDIVIDUAL:

Signature Ac haternood		
Print name: Award Chatunedi		
Date: 02/06/2021		
Signing personally and individually and not		
on behalf of the Seller		
IF THE GUARANTOR IS A LEGAL ENTITY		amp where applicable):
Signature of representative of the Gi	uarantor (and sta	amp where applicable):
Print name of the representative:	and the state of the state of	
Title of the representative:		
Date		
Notes:		
1. This document should be signed by the	legal or beneficial ow	iner of the Seller entity.
This document should not be signed by	the Seller itself.	idual signing in his/her

personal capacity, please sign the first signature block. Please do not affix any company seal or make any other reference to the name of the Seller entity. Where the legal or beneficial owner is a corporate entity, please sign the second signature block, ensuring that the company seal of the legal or beneficial owner entity is affixed alongside the signature. The company seal of the Seller should not be affixed.

2. Where the legal or beneficial owner of the Seller is an individual signing in his/her