ALL INDIA INSTITUTE OF MEDICAL SCIENCES
CARDIO-THORACIC & NEURO-SCIENCES CENTRE
ANSARI NAGAR, NEW DELHI-29
STORE SECTION(CNC)

Dated: 28.01.2026

TENDER CORRIGENDUM

The Tender No. 146/CNC/NS/2025-26/St. was published in CPP Portal on 16.01.2026 vide CPPP tender ID: 2026_AIMSD_894342_1 for the purchase of "O-Arm Surgical Imaging System (on Buyback-basis-01No.)-01no." for department of Neurosurgery, CNC, AIIMS. As per schedule the pre-bid meeting was held on 21.01.2026 wherein various bidders (M/s.Brainlab, M/s. Brainwave and M/s.Medtronic) have attended the meeting and discussed their issues before the TSEC.

Upon the request of potential vendors, the TSEC has provided revised specification (after Prebid meeting) attached at Annexure-I.

All terms & conditions of floated tender will remain same. The bidder must see the above amendment and quote their product accordingly.

28/1/2026

Stores Officer (CNC)

Annexure-I

DEPARTMENT OF NEUROSURGERY
(CNC), AIIMS, NEW DELHI – 110029

Revised specs after Prebid meeting held on 21/01/2026

Ref: T. No.146/CNC/NS/2025-26

Item Name: Purchase of 'O-Arm Surgical Imaging System (Intraoperative 2D/3D Imaging)' (under buy-back basis-01No.) Qty: 01No.

TECHNICAL SPECIFICATIONS

1.0 Purpose and Scope

This document outlines the technical specifications for the procurement of an advanced Intraoperative Mobile 2D and 3D Imaging System and an integrated Surgical Navigation System. The system is intended for high-precision (mainly) complex spinal, and few cranial surgical procedures. The goal is to acquire a state-of-the-art, robotically assisted imaging and navigation platform.

All bidders must meet all requirements outlined in **Section 2.0 (General Specifications)**, **Section 3.0 (Surgical Navigation)**, and **Section 4.0 (Accessories & Support)**.

Furthermore, bidders must demonstrate full compliance with **EITHER** "System Design A" **OR** "System Design B" as detailed in **Section 5.0**.

2.0 General Technical Specifications (Mandatory for All Bidders)

All quoted systems must meet the following minimum specifications:

- **2.1 Scan Capability:** The system must perform a motorized 360-degree scan and acquire more than 100 images and minimum two levels of 3D slice thickness.
- **2.2 Gantry/Bore:** The system must have an extra-large gantry opening (bore diameter) of 90 cm or more.
- **2.3 Image Quality:**
  - Must provide high-resolution fluoroscopy.
  - Must provide high resolution in 2D and 3D (Axial, Coronal, Sagittal) planes.
  - Must feature an advanced reconstruction algorithm to enhance metal visualization and reduce artifacts around implants.
- **2.4 Sterile Field Control:**
  - If possible, the surgeon must have the option to control the system from the sterile field.
  - Must provide wireless control from the sterile field (e.g., surgeon mouse, touchscreen, or handheld panel).
  - Must include a wireless/**wired** foot pedal to control 2D X-rays, 3D scans, and select predefined features.
- **2.5 Safety & Design:**
  - **The system must have sensors to prevent collision.**

- The system must have a built-in battery and charging cables.

2.6 Data & Connectivity:

- Must have a built-in DICOM viewer and comply with the latest DICOM standards.
- Must have data ports including USB and Ethernet.
- **Must have total storage of at least 4 TB with at least 1TB built in.**
- The Vendor must connect the system with the existing and future PACS and EMR solution of the Neurosciences center or of AIIMS as per the policy of the center and AIIMS. This will remain the responsibility of the vendor. No extra payments will be made in this regard at the time of installation till the end of life of the machine. **Images should be pushed into the PACS system by the technical support after completion of procedure and should be viewable on the workstation/planning station when the system is idle.**
- **No images should be lost citing failure of PACS system. Backup storage for images should be provided.**

4.0 Surgical Navigation System General Specifications (Mandatory for All Bidders)

The imaging system must be supplied with a fully integrated image-guided surgical system with the following features:

- **4.1 Integration:** Must seamlessly integrate with the 3D imaging device and allow for a seamless, intra-operative automatic patient registration workflow.
- **4.2 Automatic Registration:** Acquired images must be available immediately for navigation without requiring any manual registration or intervention.
- **4.3 Tracking Technology:** Must **provide** hybrid tracking technology, supporting both passive optical and electromagnetic (EM) navigation.
- **4.4 Applications:** Must support both cranial and spine applications.
- **4.5 Cranial Software:**
  - Must allow automatic merge of various cranial images (MRIs and CT etc).
  - Must have a facility for fiducial marker-less registration.
  - Must include a frameless biopsy system with tip-tracked navigable needles.
  - Software must allow drawing/modeling of brain, tumor, vessels, and ventricles in 2D/3D.
- **4.6 Spine Software:**
  - Must support both open and MIS procedures.
  - Must allow for region mapping and pre-op screw planning.
- **4.7 Planning & Display:** Must come with extra planning stations with at least 27" medical-grade monitors and software licenses.
- **4.8 Instrumentation:**
  - Must allow tracking of existing instruments via universal trackers.
  - **Must include image-guided spinal instruments (drill guide, awl/probe/tap system) suitable for all spinal levels.**
  - Must include a factory-calibrated Jamshidi needle.

5.0 Accessories, Support & Compliance (Mandatory for All Bidders)

- **5.1 Table: I. Allen Flex frame/ Trumpf Table/Allen full table or Similar. The compatible carbon frame table provided should be from an international manufacturer and latest model.**
- **5.2 Accessories:** Must provide:
  - **200 Disposable Sterile Drape sets. Prices for all drapes necessary for operation of the system should be quoted separately and cost of 200 sets of drapes (1 set**

= all drapes necessary for sterile operation of system in a patient) will be included in the calculation of the L1 bidder.

- 300 Marker balls / glions / spheres- Cost of each Glion must be quoted separately. Cost of 1000 glions will be utilized for calculating the L1 bidder.

5.3 Support: A dedicated technical person must be provided to support the system in the OR for 10 years (24 Hours X 365 Days / year).

5.4 Installation Base: The quoted navigation and imaging system must have at least 3 successful installations in India (across variants) with satisfactory performance reports, preferably government installations.

5.5 Regulatory: The system should be CE, USFDA approved. Also, it should have the Type Approval Certificate from AERB.

3.0 System-Specific Design and Performance (Meet EITHER A OR B)

Bidders must quote a system that meets all specifications of **EITHER** System Design A **OR** System Design B.

SYSTEM DESIGN A

S. No	Product Specifications for System Design A
1	The system should have 360 degrees scan and should be motorized with more than 100 images and two levels of 3D slice thickness.
2	The system should have a Telescoping door section for lateral access.
3	The imaging components should be in enclosed housing for increased patient and staff safety.
4	The system should be fully functional with no component movement in and out of sterile field.
5	The system should have High resolution fluoroscopy
6	The system should have High resolution in 2-D and 3-D Axial, Coronal, Sagittal planes.
7	The system should have 15-32kW X-ray generator for imaging dense anatomy.
8	The system should have large (>29") diagonal with medical grade display for superior viewing at a distance.
9	The system should have the ability to go full screen on any image for superior viewing at a distance.
10	The system should enable extended 3D acquisition length along the cranio-caudal axis for imaging multiple spinal levels in a single scan, improving anatomical coverage and reducing repositioning needs.
11	The system should have adaptive AI-based dose modulation that automatically adjusts exposure parameters per patient anatomy to minimize radiation without compromising image quality. The system should allow ~70% less radiation exposure as compared to High-Definition Scan and ~35% less radiation exposure as compared to Standard Dose.
12	Advanced reconstruction algorithm enhancing metal visualization and reducing artifact around implants for accurate postoperative assessment.
13	The system should have a Robotic positioning system in 6° of freedom.

14	The system should have ability to position x-ray tube on either side of patient in lateral 2-D imaging for decreased surgeon exposure.
15	The system should have a storage of pre-set positions for quick, accurate access to commonly viewed images, avoiding the need for re-scouting.
16	The system should have a Power drive for easy handling of imaging system.
17	The system should Utilize >30 x >25cm digital flat panel detector for increased image quality (large field of view, square images without distortion).
18	The system should complete 3-D image acquisition in <15 seconds.
19	The 3-D image should be displayed in less than 30seconds from initiation of acquisition.
20	The Bore diameter of the imaging system should be more than 90cms.
21	The imaging system should have a provision for selecting region of interest for automatic brightness and window/level control.
22	The imaging system should have an automatic noise reduction, edge enhancement, full screen zoom, digital image rotation, digital window/level control, left/right and top/bottom image reversal, positive/negative image inversion.
23	The imaging system should be able to store more than 10,000 2D images and more than 200 3D scans on hard disk.
24	The imaging system should have a CD R/W and USB port.
25	There must be various outputs like Ethernet, USB, Composite video, S-video.
26	The imaging system should have the latest DICOM standard compliance.
27	The imaging system should offer two levels of operation allowing optimal slice thickness/reconstruction time selection based on the clinical application.
28	The imaging system should offer 15x20cm volume cube or more anatomical coverage.
29	The imaging should have different types/ features of rotation like Orbital, pivot, swivel and Iso-wag.
30	Suitable radiolucent carbon-fiber spine table extension should be provided along with the Multidimensional Surgical imaging system.
34	**The multi-dimensional surgical imaging system should be supplied with an image guided surgical system with following features:**
i	The system should integrate with the 3D imaging device O-arm and allow automatic patient registration.
ii	The system should be easy to set up, user friendly, intuitive and should work under Linux/window operating system environment.
iii	The system should have facility of keeping optical camera and viewing system together or separately to allow optimal use of O.T space. The system should have two monitors, one for the surgeon and the other for the OT/Technical staff or vice versa.
iv	The surgeon monitor should be high resolution (1920 X 1200, 60 Hz or higher) with a viewable size of 27" widescreen or higher.
v	The system should have passive optical instrumentation tracking navigation technology.
vi	The system must have USFDA and CE approval/**Equivalent to any Indian Standard Certificate.**
vii	The system should have inbuilt password protection feature for patient information security.
viii	The system should support both cranial and spine applications.
ix	The system should allow automatic merge of various cranial images including MRI, functional MRI, CT, PET.

x	The system should have capability of hybrid tracking technology with both optical as well as electromagnetic navigation modules.
xi	Should have facility for fiducial marker-less registration.
xii	The system should include a frameless biopsy system with tip-tracked navigable needles.
xiii	The system should have ability to draw brain, tumor, vessels & ventricles as in 2D images and 3D model. Software should have easy and advanced options which hold models of user's choice.
xiv	**There should be wireless control from the sterile field**
xv	The spine application should be unified and should comprise of 3D Spine (Spine Navigation with Spine CT Data) and Virtual Fluoroscopy Navigation for Spine.
xvi	The spine application should support both open and MIS procedures.
xvii	The system should allow navigation/tracking of existing instruments in the department including straight rigid instrumentation with the help of existing/new universal trackers.
xviii	Transfer of spine exams to the navigation system should be possible with Network connection, in-built CD/DVD drive, and USB stick.
xix	**The system should have universal instrument adapter tracking system with passive & or active option for tracking existing instruments in the department.**
xx	**The system should have image guided spinal instruments like short drill guide, Awl/Probe/Tap system with straight or T-handles option.**
xxi	Transfer of spine exams to the navigation system should be possible with USB stick.
xxii	The system should have optional Navigation instruments for treating upper spine with light weight reference frame and range of taps, drill, bits, drill guide alone taps for upper spine.
xxiii	Spinal navigation package should allow the application of region mapping and pre-op screw planning,
xxiv	Should have factory calibrated Jamshidi needle and should have option to upgrade to factory calibrated navigable high-speed motor integrable with already existing console in OT.
xxv	The system should have option of electromagnetic Navigation with option of side or flat emitter.
xxvi	The navigation system must have electromagnetic based dynamic referencing.
Xxvii	**The system should be supplied with marker balls/gleons/sphere-300 Numbers.**

SYSTEM DESIGN B

	Product Specifications for System Design B
1.00	The system should be an intraoperative 2D and 3D imaging device for cranial and spine application wherein scanner and navigation should work together by incorporating automatic robotic movement of Scanner
a	Imaging Robot should have flexible imaging setup to provide freedom for indication- specific positioning.
b	Imaging Robot should have capability wherein patient don't need to be positioned in the center of the gantry
c	Surgeon should have the option to control system from the sterile field and should not require unsterile nurse to move the system intraoperatively.
d	Imaging Robot should have facility to simplify 2D imaging with automated system positioning including gantry tilt according to navigation pointer or preplanned screw position
e	Imaging Robot should have automatic scanner motion based on stored positions for parking and scanning.
	It should have a 360deg scan and should be motorized with more than 100 images and two levels of 3D slice thickness.
1.01	The system should have a very small footprint for easy transportation through standard doors and lifts; the maximum dimension should be 1.9x0.9x1.90 m and weight should not be more than 600 kg. Lesser the weight would get the preference.
1.02	The system should have an extra-large gantry opening of 90-120 cm or more for versatile patient positioning for Spine and Trauma cases. More the
1.03	The system should feature either a Closed Gantry design or a Telescoping door mechanism, and must be compatible with an extended radiolucent spine table attachment to support intraoperative spinal ' procedures
1.04	System should have Large flat panel detector of 43X43 cm to result in less motion artifacts, extended coverage per rotation, decreasing scan time.
1.05	System should have robotic movement in 6 axes and also have a wireless hand held touch control panel for imaging, transport, service and calibration hence does not need a separate console cart
1.06	The system should have independent movement of source and detector creates a dynamic field of view enabling non-isocentric patient positioning
1.07	The system should have large field of view, **and must provide**
a	In 2D at isocenter L X W (cm) 25 x 25-60 for more anatomical insight
b	In 3D at isocenter L X W (cm) 25 X 25-48 to provide freedom for indication-specific positioning (yaw and tilt up to 90°)
I)	System should also have Extra-large and Adaptive Field of View that can further increase the scan diameter up to 48cm and shape the radiation beam and
II)	It should cover large anatomies like pelvis, chest or stereotactic localizers in 3D
III)	Should reduce scan area to the smaller ROI's like single vertebra of interest Thus collimating & imaging only on ROI so reduce radiation dose
IV)	Thus collimating & imaging only on ROI so reduce radiation dose

V)	Collimation may avoid radiating anatomical structures prone to scatter radiation in order to improve image quality
VI)	It should allow high resolution imaging up to 0.25mm per voxel size
1.08	**Should have built-in storage 4TB**
1.09	Should have gantry tilt Up to +30° / −60° for 2D and 3D imaging
1.10	Should have Focal spot 0.3 / 0.6 mm
1.11	Should have built-in DICOM viewer
1.12	Should have predefined scan protocols (including pediatric)
1.13	System should have field of view 25x25 cm (ring center) in 2D and 3D
1.14	System should have Laser sensors to prevent collision
c	Every image should store position of imaging device and it's X-ray components
d	Imaging Robot should be automatically repositioned according to recent images of the same patient
1.16	The System should seamlessly integrate with the surgical navigation system in a way that it allows for a seamless intra-operative automatic image registration workflow which allows the surgeon to automatically register the patient by taking either a pre-operative scan for initial automatic registration or an intra-operative scan to compensate for the intra-operative anatomical changes. The automatic registration should work in a way that the acquired images should be available immediately for navigation without requiring any manual registration or intervention for Spinal/Cranial procedures
1.17	The system should have built–in battery and it should have adequate cables for recharging as and when required.
1.18	Should have wireless foot pedal to control 2D X-rays, 3D scans and should select predefined features
1.19	The system should be supplied with respective calibration devices to check the parameters and Quality control
1.20	Specifications for the integrated navigation system
1.20	1. The Mobile Imaging Robotic surgical imaging system should be supplied with an image guided surgical system with following features: 2. The system should integrated with the 3D intraopertive 3D imaging Robotic device and allow automatic patient registration. 3. System should have Mobile camera cart with telescopic stand and motorized joints for remote-controlled camera alignment. The Infrared camera should be extremely flexible in terms of providing for various adjustments to allow for various positions with camera height (100-250 cm) to allow flexible patient positioning & registration along with Integrated HD video camera for recording**. The monitor supplied should be 32inches 4K resolution.** 4. Navigation system should have a smart software home button to ensure interchangeability between multiple windows at any given point of time as per surgeon discretion. Any changes made on attached window gets automatically updated into navigation window 5. System should also have the provision of configuring to save of recordings, screenshots etc. System can be used as a standalone navigation system and also in future as per clinical requirement at department, same system should be compatible and should have option to allow scalability to Robotics of Spine.

	6. Navigation system should have a smart software home button to ensure interchangeability between multiple windows at any given point of time as per surgeon discretion. Any changes made on attached window gets automatically updated into navigation window. 7. It should also allow taking screenshot of the live procedures on the display using the touchscreen. All screenshots taken of the live streaming/ videos during the procedures should also be stored on the navigation system which can later be transferred to USB or Hard disk once the procedure is finished. 8. Cranial Navigation Specifications: Are as under 9. The system should have pre-operative planning using the DICOM images for pre-operative Neurosurgical planning or preoperative planning in the navigation cart. 10. The system should allow DICOM images in Axial, Sagittal or Coronal planes should be reconstructed as 3D images and advanced cranial planning can be done on any plane and should be adapted to all planes automatically 11. The system should be capable of doing registration without using fiducials. 12. System should have facility to acquire intra-operative landmarks to restore the original registration just in case the registration is lost during the procedure. 13. The Navigation system must have point as well as surface or skin contouring registration with accuracy prediction system. System should have facility for marker less registration. 14. The system should allow patient registration in both supine & prone position 15. Should be a Quick and easy interactive 3D contouring tool for outlining of pathologies and anatomical structures in medical images 16. Software should offer an Instant volume generation by outlining on just two orthogonal slices using multi-modal "Side by Side" or axial, coronal and sagittal view configurations 17. Should have Automatic creation of "Volumetric Report" PDF files per object with representative screenshots and details on geometrical measurements like volume, RECIST and Macdonald criteria 18. Spine Navigation Sytem 19. System should offer Enhanced surgical planning review with patient-specific 3D data thereby helping clinical team to clearly depict individual diagnoses for surgical treatment plans 20. It should offer Superimposition of 3D dataset visualization and surgical planning data. Software should have 3D multi-planar reconstructions in multiple planes (axial, coronal, sagittal, oblique) 21. Should offer Concurrent display of multiple medical image series with flexible hanging protocols. It should have Image annotations and measurement functions for distance, angles and circles 22. It should have Selection of region of interest to cut and zoom onto the relevant anatomical volume. Should have Intuitive image viewing, manipulation and data enrichment software specifically developed for surgeons 23. Software should offer Crop functionality to cut viewing plane into 3D visualization along any freely definable direction 24. Should have Quick and easy interactive 3D contouring for outlining of pathologies and anatomical structures in medical images.Should provide Instant volume generation by outlining on just two orthogonal slices using multi-modal "Side by Side" or axial, coronal and sagittal view configurations.Should have Automatic creation of "Volumetric Report" PDF files per object with representative screenshots and details on geometrical measurements like volume, RECIST and Macdonald criteria 2.07 Should have Semi-automatic multi-modal dataset fusion (CT, MRI (T1, T2, FLAIR, MRA), PET, SPECT) to

	provide flexibility in planning on any dataset.It should have Automatic pair selection with instantaneous pre-alignment and fusion. 25. Software should be able to co-register the CT and MR imaging data and navigable with MRI images during spine tumor navigation procedures 26. Software should able to detect left-right lamina swap if laminas are swapped accidentally during registration process .it should open an onscreen dialog box to correct the orientation. 27. Sytem should be provided with Sterile-wireless user interface communication device to access software functions 28. Real-time tracking and 2D&3D visualization of a pointer and of up to 4 instruments simultaneously in various views. 29. System should be implant independent wherein screws from any implant company can be used for navigation. 30. System should be an open platform allowing the use of instruments from any implant company. The instrument calibration should use a calibration matrix to calibrate any rigid instrument for its length,diameter and vector and 3D simultation or the instrument or the screw should be displayed on the navigation screen while navigating with the calibrated instrument or screw. 31. System should be suuppliedwitvigated Awl and Probes for open procedure and MIS Refrence Set along with Jamshedi needle should be provided 32. Planning Software to automatically labels vertebrae for 2D and 3D datasets (CT, CBCT, MR), and alternatively manual labeling and correction of labeling, suggests measurements on 2D images (AP / LAT), e.g. kyphosis angle and proposes screws from cervical to sacrum incl. Pedicle and Lateral Mass screws on CT, CBCT and MR. Also support of anatomical variations within the Spine e.g., L6, T13. Automatic rod visualization and rod length estimation, Different screw visualization options, Automatic report for planned screws & measurements

Technical Evaluation parameters-

To be considered technically qualified, a bidder **must** demonstrate 100% compliance with all specifications stipulated within the "General," "Navigation," and "Accessories" sections, in addition to 100% compliance with **EITHER** all requirements of "System Design A" **OR** all requirements of "System Design B" along with mandatory general requirements, as mentioned above. Subsequent to this verification, a qualitative technical evaluation shall be conducted to assess factors including, but not limited to, overall utility and user-friendliness. A yes /no to indicate pass or fail will be given. A 'No' or 'fail' on **any** individual metric shall be considered a failure for that criterion. Bidders are hereby notified that failing to comply with these requirements, not **qualifying** on all evaluated metrics, or providing any false or misleading information shall be grounds for immediate and non-negotiable rejection of the bid.

Evaluation Category	Criteria	Metric	Vendor Score/Comment
1.0 System Ergonomics & OR Setup			

1.1 (Objective)	**Transport & Maneuverability:** Time and effort to move the system from storage into the OR and around a standard OR table.	Yes/No (Pass/Fail for clearance)	
1.2 (Objective)	**Sterile Draping:** Time required for one person to drape the system for a sterile procedure. Should be easy to drape and not require too much time.	Yes/No (Pass/Fail for clearance)	
1.3 (Subjective)	**Ease of Movement:** Smoothness and responsiveness of the powered/robotic system movements.	Yes/No (Pass/Fail for clearance)	
1.4 (Subjective)	**Ergonomics of Controls:** Comfort and logical layout of the handheld controller, footswitch, and sterile-field controls.	Yes/No (Pass/Fail for clearance)	
1.5 (Subjective)	**System Noise:** Perceived noise level during robotic movement, scanning, and idle. (Is it quiet or distracting?)	Yes/No (Pass/Fail for clearance)	
2.0 Software & User Interface (UI)			
2.1 (Objective)	**System Boot-Up Time:** Time from a "cold start" to a "ready to scan" state. Should be easy and quick to boot up.	Yes/No (Pass/Fail for clearance)	
2.2 (Objective)	**Steps to Scan:** Number of clicks/selections required on the UI to initiate a standard 3D scan from the home screen. Should be very user friendly.	Yes/No (Pass/Fail for clearance)	
2.3 (Subjective)	**UI Intuiveness:** How easy is the software to learn and navigate without training? Are icons and workflows logical?	Yes/No (Pass/Fail for clearance)	

2.4 (Subjective)	**Display Clarity:** Readability of the surgeon's monitor from a typical sterile-field distance (text, images, navigation overlays).	Yes/No (Pass/Fail for clearance)	
2.5 (Subjective)	**Image Manipulation:** Ease of panning, zooming, windowing, and rotating 2D and 3D images.	Yes/No (Pass/Fail for clearance)	
3.0 Intraoperative Workflow & Speed			
3.1 (Objective)	**"Scan-to-Image" Time:** Total time from pressing the "Acquire 3D" button to the final 3D reconstructed image being displayed. Should be quick and not disrupt surgery for long.	Yes/No (Pass/Fail for clearance)	
3.2 (Objective)	**"Scan-to-Nav" Time:** Total time from pressing "Acquire 3D" to the acquired image being **automatically registered** and ready for navigation. Should be quick and not disrupt surgery for long.	Yes/No (Pass/Fail for clearance)	
3.3 (Subjective)	**Workflow Integration:** How seamlessly does the system "talk" to the navigation? Does it feel like one system or two separate products?	Yes/No (Pass/Fail for clearance)	
3.4 (Subjective)	**Workflow Flexibility:** Ease of switching between 2D fluoroscopy and 3D scan modes.	Yes/No (Pass/Fail for clearance)	
3.5 (Subjective)	**Repositioning Ease:** How easy is it to move the system out for the procedure and then bring it back for a re-scan?	Yes/No (Pass/Fail for clearance)	

4.0 Perceived Accuracy & Image Quality			
4.1 (Objective)	**Perceived Image Quality:** Subjective assessment of image clarity, bone-to-soft-tissue definition, and overall resolution.	Yes/No (Pass/Fail for clearance)	
4.2 (Subjective)	**Confidence in Registration:** After auto-registration, does the navigation feel "locked in"? (Test accuracy on a live patient or phantom model).	Yes/No (Pass/Fail for clearance)	
5.0 Support & Maintenance			
5.1 (Subjective)	**Quality of Demo:** Professionalism, knowledge, and responsiveness of the company's clinical application specialist.	Yes/No (Pass/Fail for clearance)	
5.2 (Subjective)	**Data Management:** Perceived ease of exporting data, for research, and integrating with hospital PACS.	Yes/No (Pass/Fail for clearance)	

	OTHER TERMS & CONDITIONS
1.	The Original Equipment Manufacturer (OEM) provide an undertaking affirming their responsibility to ensure continuous service delivery throughout the warranty and CAMC periods, even in the event of a change in the authorized distributor /vendor for any season.
2.	**Buy-back offer:** A Multidimensional Neuro Spinal System installed on 2014 Make: Medtronic Trading, Netherland (Sr. No.BI4070840, Model: O-ARM) is to be sold under buy-back basis. The reserve price of this equipment is Rs.22,48,563/-. The vendors are advised to see this equipment's with prior permission of HOD, Neuro-Surgery and must quote their buy-back price (must not be less than Reserve price) in the price bid section & BOQ. The buy-back price will be considered (minus) for ranking purpose.

3.	Important Conditions: • The bidder must quote rates of equipment with 02 (two) years onsite Comprehensive warranty (Including all spares, all accessories, batteries, all 3rd party items and labor) from the date of Installation of equipment. Further bidder must quote rates of Comprehensive Annual Maintenance Contract (CAMC) Including all spares, all accessories, batteries, all 3rd party items and labor, for 3rd to 10th years, after expiry of two years comprehensive warranty. In case, bidder not quoted rates for CAMC, it will be treated included and must be provide 10 years comprehensive warranty within quoted rates of equipment. No CAMC proposal will be considered later on. **L1 Bidder Calculation will be based on the total cost of machine + CAMC + Cost of 200 Drapes + Cost of 1000 Glions + Cost of any other consumable –Buyback value (Inclusive of GST).** • The L-1 bidder must submit copies of previous supply order placed by AIIMS, New Delhi or any other Govt./reputed Pvt. Hospitals/Organizations within one week of receiving the information for ascertaining the price reasonability of quoted equipment/instruments.
4.	In no case the instrument should remain in non-working condition for more than 7 days, beyond which a penalty as per the rules of the institute will be levied.
5.	The vendor should have a good service and application back up along with instruments to provide an effective trouble shooting and support. (Response time <24 hours).
6.	All technical bids comparative statement to the tender specifications must be enclosed along with reference no., paragraph no. From original catalogue of the equipment.
7.	Original Manufacturer or their subsidiary or authorized dealer who is quoting should be present in India having selling experience of more than 05 years with at least 5 installations in government institutes/hospitals
8.	Compliance Statement: The vendor must upload Technical Compliance Statement in tabular form in compliance of technical specification of the quoted product. The vendor must give the relevant page number and paragraph number, in their literature/product brochure regarding that technical information in the technical bid. Merely stating "complies" or meets requirement" will lead to assumption that the quoted product does not have the required feature.
9.	The principal firm has to certify that spares, consumables, accessories & support shall be available for next 10 years.
10.	It will be responsibility of the vendor to submit proposal of CAMC at least 6 months before expiry of warranty of previous CAMC.
11.	Proper training to Technical/related officials for the proper use of the equipment, must be provided by the company/vendor at free of cost.