

**Invitation of Quotation**  
**for**  
**Wireless Muscle Stimulator Professional**  
**At**  
**All India Institute of Medical Sciences, Jodhpur**

Inquiry No. : AIIMS/PROC/35-01/2025-AIIMS.JDH  
Inquiry Issue Date : 04<sup>th</sup> March, 2025  
Last Date of Submission : 11<sup>th</sup> March, 2025 at 03:00 PM.



**All India Institute of Medical Sciences, Jodhpur**

Basni Phase - II, Jodhpur – 342005, Rajasthan

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INQUIRY NO. AIIMS/PROC/35-01/2025-AIIMS.JDH

**Invitation of Quotation for Wireless Muscle Stimulator Professional  
at AIIMS Jodhpur**

Sealed Quotations are hereby invited by the undersigned on behalf of the Director, AIIMS Jodhpur for Wireless Muscle Stimulator Professional for the Institute as per terms & conditions mentioned below. The filled quotations along with all the required documents must reach in the office of the undersigned on or before 11.03.2025 03:00 PM. The Envelope containing the quotation would be sealed and super scribed as under: -

**“QUOTATION FOR WIRELESS MUSCLE STIMULATOR PROFESSIONAL  
INQUIRY NO. AIIMS/PROC/35-01/2025-AIIMS.JDH” DUE ON 11.03.2025 03:00 PM”**

**1. Terms & Conditions:**

- A) The quotations received after this deadline & unsealed shall not be entertained under any circumstances whatsoever. In case of postal delay this Institute will not be responsible. **The offer submitted through Fax/Email shall not be considered and no correspondence will be entertained in this matter.**
- B) Quotations must be enclosed in the prescribed format on the letter head of the firm duly signed by the Proprietor/ Partner/ Director or their authorized representative, in case of signing of quotation by the authorized representative letter of authorization must be attached with the quotation. Quotation must be dropped in “**Quotation Box**” located in Administration Block of AIIMS, Jodhpur.
- C) Rates must be quoted in **Indian Rupees** and as per the format specified. Taxes extra, if any, must be written separately.
- D) Rates must be quoted FOR basis (including Freight charges, Insurance, installation etc.)
- E) No overwriting or cutting is permitted in the rate. If found, the quotation shall be summarily rejected.
- F) The rates quoted must be valid for 60 days minimum from the date of opening of the quotation and silence on this issue shall be treated as agreed with this condition.
- G) Becoming L1 will not be the criteria for awarding of purchase order unless the rates are reasonable & justified.
- H) RTGS/NEFT details need to be furnished by the supplier with the quotation on the letter head of supplier/firm/agency.
- I) The firm/agency may satisfy the following conditions and attach self-attested copy of the same with the quotation:
- Firm shall be registered with the Government of Rajasthan / Central Government.
  - The firm shall have valid GST/Other taxes and IT PAN.
  - **The firm should not be black listed by any Govt. Agency/Dept.**

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- J) Quotations qualified by such vague and indefinite expressions such as “subject to prior confirmation”, “subject to immediate acceptance” etc. will be treated as vague offers and rejected accordingly. Any conditional quotation shall be rejected summarily.
- K) **Delivery Period** – within 30 days from Purchase order.
- L) **Liquidated Damage:** - If the supplier fails to deliver the material on or before the stipulated date, then a penalty at the rate of 0.5 % per week of the total order value shall be levied subject to maximum of 10% of the total order value.
- M) **Payment Terms:** Payment will be only after satisfactorily delivery / commissioning of material and after inspection by the AIIMS Jodhpur.
- N) **Disputes:** -In the event of any dispute or disagreement arising between the contractors and any other department of AIIMS Jodhpur with regards to the interpretation of “Terms & Conditions” of this inquiry, the same shall be referred to the Executive Director, AIIMS Jodhpur whose decision will be final and binding upon the contractor.
- O) AIIMS, Jodhpur reserves the right to increase or decrease quantity and / or amount of work. The decision regarding the quality of material at AIIMS, Jodhpur will be final.
- P) AIIMS, Jodhpur reserves the right to reject any quotation or part or the whole of inviting quotation process without assigning any reason. Decision of the AIIMS, Jodhpur will be final in this regard.

**2. Special Terms & Conditions:**

- A) Bidder must quote the product as per specifications provided in Annexure 1.
- B) Catalogue must be attached with quotation for technical evaluation.
- C) The supplier may be asked to arrange demonstration of their equipment for which rates have been quoted, to AIIMS Jodhpur, if required. The expenditure incurred for demonstrating the items will be borne by the supplier.

**Senior Procurement cum Store Officer**

Encl.: Annexure 1 (Specifications)  
Annexure 2 (Format of price bid)



# Department of Physical Medicine and Rehabilitation All India Institute of Medical Sciences, Jodhpur

Date: 29/10/2024

## Technical Specifications of Wireless Muscle Stimulator Professional

1. Unit must have 4 independent and individually adjustable electrotherapy channels.
2. Unit must be able to activate the electrodes through radio frequency and not through lead wires.
3. Unit must have preset neurostimulation protocols for rehabilitation, pain relief, vascular, conditioning, and neurological rehabilitation for personalized patient treatment.
4. Unit must have a sensor to determine and tailor the optimal stimulation parameters (chronaxia) to each patient for each session.
5. Unit must a function which allow patients to trigger the stimulation with their own active muscle contraction.
6. Unit must have a function to avoid unwanted contractions during pain relief treatments.
7. Unit must have a function to indicate the minimum intensity level to enhance optimal twitches in low frequency programs.
8. Unit must have an inbuilt detailed practical guide providing the therapist the guidelines, treatment recommendations, program explanation, suggested electrode placements, etc.
9. **Pulse intensity:** Maximum 120Ma
10. **Pulse Duration/Width:** 30-400  $\mu$ seconds
11. **Frequency:** 1-150 Hz
12. The pack must contain the unit, 6 modules, charging facility, square & rectangle snap electrodes, motor point finder pen and traveling case.
13. Unit and modules must have rechargeable Lithium Polymer batteries.
14. Weight of the unit (remote control) should not exceed 120 grams Weight of each module should not exceed 65 grams.
15. Electrical Safety Class: Class II, Type BF.
16. Must comply with safety tests: IEC 60601-1, IEC 60601-1-2, IEC 60601-2-10.
17. Must have US FDA or CE certification.

**\* Two year warranty, One year AMC and Demonstration must be evaluation.**

Dr. Ravi Gaur

डॉ. रवि गौड़  
Dr. Ravi Gaur  
अपर-आचार्य एवं विभागाध्यक्ष  
Additional Professor & Head  
Department of Physical Medicine & Rehabilitation  
All India Institute of Medical Sciences, Jodhpur  
Department of Physical Medicine & Rehabilitation  
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DJO Global India Healthcare Private Limited  
Plot No. 5277, 8<sup>th</sup> Street, Ram Nagar, North Extension  
Madipakkam, Chennai – 600 091, India

+91 (0) 44 4978 7760 / customercare.india@djoglobal.com  
enovis.com

Dec 10, 2024

### Proprietary Article Certificate

To whomsoever it May Concern:

This is to certify that the Chattanooga Wireless Professional is a proprietary product of DJO France, Centre European de Fret, 3 rue de Bethar, 64990 Mouguerre, France manufactured at Taiwan under the aegis of DJO France, Centre European de Fret, 3 rue de Bethar, 64990 Mouguerre, France.

Enovis (formerly known as DJO) is marketing this product under Chattanooga brand in the name, Chattanooga Wireless Professional with the novel feature of Muscle Intelligence Technology™, which offers automatic personalized stimulation, adapted to each patient's physiology for neuromuscular electrical stimulation purposes through wireless technology (no lead wires connecting device and electrodes).

Muscle Intelligence Technology™ (mi-technology) is unique in the market with these sub functionalities: 1) mi-SCAN, 2) mi-ACTION, 3) mi-TENS and 4) mi-RANGE.

The above-mentioned product design and specifications are proprietary owned and controlled only by DJO France, Centre European de Fret, 3 rue de Bethar, 64990 Mouguerre, France.

Sincerely,

**SUNIL ALEX MATHEW**  
Sales & Marketing Director  
Ph: +91 9840017700

**डॉ. रवि गौर**  
Dr. Ravi Gaur  
अपर-अध्याय एवं विभागाध्यक्ष  
Additional Professor & Head  
शारीरिक चिकित्सा एवं दैहिक पुनर्वास विभाग  
Department of Physical Medicine and Rehabilitation  
अखिल भारतीय आयुर्विज्ञान संस्थान, जोधपुर  
All India Institute of Medical Sciences, Jodhpur

**[On the letterhead of firm]**

**ANNEXURE "2"**  
**PRICE BIDFORM**

To,  
Senior Procurement cum Store Officer,  
AIIMS, Jodhpur.

Dear Sir,

I/We ..... Submitted the quotation for Enquiry No. "QUOTATION FOR WIRELESS MUSCLE STIMULATOR PROFESSIONAL AT AIIMS AGAINST THE INQUIRY NO. AIIMS/Proc/35-01/2025-AIIMS.JDH" DUE ON 11.03.2025 03:00 PM for Wireless Muscle Stimulator Professional at AIIMS Jodhpur".

1. I/We thoroughly examined, understood and accepted terms & conditions given in the enquiry document, failing which my quotation will be rejected out rightly.
2. I/We hereby offer to supply at the following rates.

S. No	Particular	Qty.	Price/Unit Exclusive of GST (INR)	GST/ Other Taxes	Price/ Unit Inclusive of GST (INR)	Total Cost Inclusive of GST (INR)
1.	Wireless Muscle Stimulator Professional <b>Specification: - As per Annexure-1</b>	01 Nos.				

**Note: -**

1. The bidder must quote their quotation only in above said format on the letter of firm otherwise quotation will be REJECTED.
2. Catalog must be attached with quotation for technical evaluation.
3. The supplier may be asked to arrange demonstration of their equipment for which rates have been quoted, to AIIMS Jodhpur, if required. The expenditure incurred for demonstrating the items will be borne by the supplier.

Date \_\_\_\_\_

Place \_\_\_\_\_

(Name) \_\_\_\_\_

Name of Firm/Company/Agency \_\_\_\_\_

GSTIN No.: \_\_\_\_\_

Bank Name:- \_\_\_\_\_

Bank Account No.: \_\_\_\_\_

IFSC Code:- \_\_\_\_\_

Branch Name: \_\_\_\_\_

Phone No. \_\_\_\_\_

Email: \_\_\_\_\_

(Signature of Authorized Person) \_\_\_\_\_

Seal: \_\_\_\_\_