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

**Dated: 05.01.2026**

**TENDER CORRIGENDUM**

The Tender No. 97/CNC/NS/2025-26/St. was published in CPP Portal on 06.11.2025 vide CPPP tender ID: 2025_AIMSD_884475_1 for the purchase of "Surgical Navigation System-03nos" for department of Neurosurgery, CNC, AIIMS. As per schedule the pre-bid meeting was held on 19.11.2025 and 17.12.2025 wherein various bidders (M/s.Brainlab 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 attached at Annexure-I. The bid submission End date and Opening date are also being extended as under:-

| Description | Existing | Amended as |
|---|---|---|
| Bid Submission End Date & Time | 15-01-2026 at 04.00 pm | 20-01-2026 at 04.00 pm |
| Bid Opening Date & Time | 16-01-2026 at 04.00 pm | 21-01-2026 at 04.00 pm |

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

5/1/2026

5/1/2026

**Stores Officer (CNC)**

Annexure – I

# CARDIO-THORACIC & NEURO-SCIENCES CENTRE
## AIIMS, NEW DELHI – 110 029
## DEPARTMENT OF NEUROSURGERY

1st Prebid held on Date-19-11-202

Ref.: T. No.97/CNC/NS/2025-26/St. Revised Specification after 2nd Prebid meeting held on - 17-12-202

| Specification of Surgical Navigation System for Neurosurgery (MII Exemption list S.N. – 167) | Quantity: - 03 Nos. |
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| Sr. No. | Technical Specifications |
|---|---|
| 1 | |
| 1.01 | The system should be easy to set up, user friendly, intuitive and should work under Windows/Linux/Unix operating system environment. The vendor should quote their latest model and high end model keeping in mind AIIMS as a teaching institute for future upgrades |
| | The system should have dual cart assembly with facility of keeping optical camera and viewing system together or separately to allow optimal use of O.T space with two integrated and operational monitors to ensure Optimized placement of the carts in OT and Better OT workspace management. |
| 1.02 | The display should be Medical Grade with minimum 21 inch widescreen one/both monitors. The system Should also have the feature of navigation control from sterile field. |
| 1.03 | The system should feature a high-performance computer offering enhanced visualization and computing capabilities, equipped with an at least 1TB with HIGH END PROCESSOR. |
| 1.04 | The system should be plug and play and system software should be user friendly wizard guided to control set up, registration and navigation procedure. |
| 1.05 | It should have rapid data transfer directly to the navigation station with the option of USB 3.0 port for direct data import and also have direct and seamless in with the hospital PACS system along with CD/DVD drive in navigation system |
| | The system should have inbuilt CD/DVD/ USB ports and wifi enabled for Data import and export. |
| 1.06 | The system should identify new instruments for tracking using the passive universal tracking system |
| 1.07 | The system must have dynamic referencing so that registration is not lost even if the camera or patient moves. |
| 1.08 | It Should be HIPPA compliant including authentication, accountability log and automatic log-off features. |
| | System have password protection in the home screen/first screen. |
| 1.09 | The navigation system should be operable with keyboard, mouse and touchscreen. |
| 1.10 | It should have separate mobile cart for the camera stand for flexible positioning and laser pointer for easier positioning & aiming. The mobile stand for the camera should be telescopic with pneumatic braking/360 degree movable camera to take care of line of sight issues |
| 1.11 | It should be capable of DICOM viewing which allows standalone as well as clinical use of DICOM image (CT, MRI etc.) to be viewed as per the surgical and clinical need of the planned Neurosurgical procedure |
| 2 | **Cranial Navigation Specifications:** |
| 2.01 | The system should have pre-operative planning using the DICOM images for pre-operative Neurosurgical planning or preoperative planning in the navigation cart. |
| 2.02 | 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 |
| 2.03 | The system should be capable of doing registration without using fiducials. |
| | System should have facility to acquire intra-operative landmarks to restore the original registration just in case the registration is lost during the procedure. |

5/11/2025

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| | 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. |
| 2.04 | The system should have the feature of automatic 3D tumor model building and automatic 3D anatomical landmarks building with blood vessels and other structures; Trajectories for all Cranial procedures including trans nasal approach. |
| | 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 |
| 2.05 | The system should allow patient registration in both supine & prone position |
| 2.06 | Look ahead view capability to show the images at 1mm to 20mm with customised Increments of 1mm for the 2D images in front of the probe. |
| 2.07 | The probe should have capability to show images at -20mm to 180mm in front of it (Tool Tip Extension). |
| 2.08 | The system should have sub-millimetric patient accuracy ideal for deep seated Cranial biopsies; at the same time the system should also have the accuracy verification/prediction system in-built in the system. |
| 2.09 | Screenshot and live navigation video recording feature for documentation purpose with recording facility inbuilt in the system from 20-30mins. |
| | System should have the ability to record the screen activity during software operation or during navigation for minimum 30mins. |
| 2.10 | It should have universal instrument adapters with passive markers to allow tracking of any existing rigid hospital instruments like drill, bipolar, knife, Awl, Probe, endoscopes. Should calibrate length and optionally diameter. |
| 2.11 | Calibration of existing rigid hospital instruments should be done easily. System should have automatic Verification of the instruments for better accuracy. |
| | The system should support factory calibrated navigable shunt stylet with max. diameter of 1.2mm and it should give live feedback on the tip position of the shunt stylet. |
| 2.12 | Should have hardware for patient referencing without head fixation for pinless surgery/electromagnetic navigation. |
| 2.13 | The system should be supplied with frameless biopsy, shunt placement and endoscopic examinations guided by the endoscope. |
| 2.14 | It should include the Frameless biopsy system that should allow online tracking of biopsy needle according to pre-planned trajectory |
| 2.15 | The system should allow the integration of precalibrated biopsy needles provided by the same manufacturer as well as biopsy needles available in the Hospital. If biopsy needle with Hospital cannot be integrated then Disposable pre-calibrated biopsy needles should be supplied for at least 10 cases. Prices of precalibarated biopsy needle should be quoted separately. |
| 2.16 | The system should support frameless biopsy and pre-calibrated navigable biopsy needle should navigate till the target and should display actual position of the biopsy needle |
| | Vendor to provide 10 numbers of pre-calibrated disposable biopsy needle with the instrument |
| 2.17 | System should be supplied with 2 sets of registration Instrumentation for Cranial for sterility purpose. |
| 2.18 | The system should have inbuilt external UPS system for power back up in both the carts. |
| 3 | **Spine Navigation Specifications:** |
| | The application should be able to memorize multiple surgeon preferences for each procedure. |
| 3.1 | The system also should be ready to be integrated with Intraoperative Imaging devices like Intraop CTs, O arm, 3D C-ARM etc. |
| 3.2 | The spine application should be a unified spine application which should comprise of 3D spine (Spine Navigation with Spine CT data) |
| 3.3 | The system should have an interactive planning of trajectories |
| 3.4 | The probe should have capability to show images at -20mm to 180mm in front of it (Tool Tip Extension). The virtual tip should be differentiated from the real tip by color. |
| | WEDGE should come as virtual extension for deformity procedure planning especially for PSO and PCO |
| | System software should also have ability to demonstrate reverse virtual extension to simulate guidewires |

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| 3.5 | The system should be supplied with universal instrument adapters for navigating screwdrivers, taps, awl's etc. existing in the hospital. It should be a universal implant supporting software wherein instrumentation of different Indian and global companies can be calibrated. Total of two sets of navigated spine instruments to be provided with the three systems. |
| | The system should have separate reference frame for Cervical procedures. (two sets for three systems). |
| | Software should have Multi-rigid Image Fusion tailored to adapt spine curvature and match multiple vertebrae from MR-to-CT or CT-to-CT or CT-to-Fluro. |
| | The system should come with Universal Drill Guide. |
| | Along with regular Spine instruments, system should navigate tactile instruments also for better access and ease of use for doctors. The system should have dedicated navigated MIS instruments along with Navigated PAK needles. The system should also additional navigated instruments for performing Revision surgeries under navigation. |
| 3.6 | Navigation instruments should also have Radiolucent Spine Reference Clamp or frame to reduce artifacts in intra-operative navigated surgeries. |
| 3.8 | The system should have screenshot storage function for documentation purpose. |
| 4 | Consumables for navigation for 10 cases to be supplied along with system. Biopsy Needle – 20 Nos, Glions-1000 Nos., PAK Needle-50 Nos., EM consumables-50 Nos. |
| | Advanced software's concerning tractography, fMRI, postimage processing, DBS software, integration with multimaging modalities (eg. SEEG, PET, SPECT etc) and should be functional on all 3 systems |
| 5 | Prices of all consumables required to be mentioned separately. |
| 6 | The entire system should be supplied by single manufacturer or single bidder |
| 7 | The System should be US FDA/European CE/BIS/CDSCO Approved. |
| 8 | 24X7 onsite technical support to be provided in the Operating room for the lifetime of the systems. |

**General specifications and term**

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| 1. | Principal company should have registered Office and Service Network in India, preferably Central India for better service support. |
| 2. | All items under particular serial number will be purchased together from single manufacturer. |
| 3. | Product quality certificate required. |
| 4. | The system should be integrated for navigation (picture in picture, augmented reality/ tumour overlay) to the existing microscope and it is the responsibility of the vendor to provide end solution and ensure functionality for the life of the navigation system ( all three systems should be provided with this feature) |

**OTHER TERMS & CONDITIONS**

1. The cost of all Consumables/Accessories/spares/parts should be quoted upfront and should be valid for 10 years. Cost of ar Consumables/Accessories/spares parts not quoted will be considered **FREE OF COST**.
2. Warranty: **02 years onsite comprehensive** (including labour/accessories/spares parts) **+ 08 years CMC** (includir labour/accessories/spare parts).
3. In no case the instrument should remain in non-working condition for more than 7 days, beyond which a penalty as the per the rul of the institute will be levied.
4. The vendor should have a good service and application back up along with instruments to provide an effective trouble shooting ar support. (response time < 24 hours).
5. All technical bids comparative statement to the tender specifications must be enclosed along with reference no., paragraph no. fro original catalogue of the equipment.
6. Original Manufacturer or their subsidiary or authorized dealer who is quoting should be present in India having selling experience more than 5 years with at least 5 installations in government institutes/hospitals.
7. **Demonstration is Mandatory, failing which your bid will be disqualify/rejected.**