ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI-29
STORE SECTION (CNC)

Dated: 31.01.2026

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 3rd pre-bid meeting was held on 28.01.2026 wherein various bidders (M/s.Brainlab, M/s.Medtronic India Pvt. Ltd., M/s. India Medtronic Pvt. Ltd. and M/s. Rxoom healthcare Pvt. Ltd.) 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	02-02-2026 at 04.00 pm	16-02-2026 at 04.00 pm
Bid Opening Date & Time	03-02-2026 at 04.00 pm	17-02-2026 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.

31/1/2026

Stores Officer (CNC)

Annexure - I

CARDIO-THORACIC & NEURO-SCIENCES CENTRE
AIIMS, NEW DELHI – 110029
DEPARTMENT OF NEUROSURGERY

Prebid held on Date-19-11-2025
17-12-2025
28-01-2026

Specification of **Surgical Navigation System for Neurosurgery** | **Quantity: 03 Nos.**

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 preferably dual cart assembly with facility of keeping optical camera and viewing system together or separately to allow optimal use of O.T space with one/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 a memory capacity (internal+external) of at least 1TB (at least 500 GB should be SSD) and a 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.
	The 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 a 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.

	The system should have facility to acquire intra-operative landmarks to restore the original registration just in case the registration is lost during the procedure.
	The Navigation system must have point as well as surface or skin contouring registration with accuracy prediction system. The 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.
	The system should have the ability to record the screen activity during software operation or during navigation for a 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. The 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	The System should have Hardware for patient referencing without Head fixation for Pinless surgery using Electromagnetic module so that registration is not lost even if the patient moves. Two Electromagnetic (physical) module should be provided with enabling software for electromagnetic navigation installed in all three systems
2.13	The system should be supplied with frameless biopsy system, shunt placement and endoscopic examinations guided by the endoscope (With the three systems, 1 complete hardware set should be supplied essential for biopsy, shunt placement and endoscopy, but enabling software should be available on all three systems)
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 a biopsy needle with Hospital cannot be integrated then Disposable pre-calibrated biopsy needles should be supplied for at least 10 cases. Prices of precalibrated 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
2.17	The 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
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 a reference frame applicable 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 (optional)
	The system should come with Universal Drill Guide. (one set to be provided with three navigation systems). This should be quoted as optional but price to be quoted under 'accessories' heading.
	Along with regular Spine instruments, the 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 to be supplied along with the system. Biopsy Needle – 20 Nos, Glions-1000 Nos., PAK Needle-50 Nos., EM consumables-50 Nos. If the consumable is officially certified for more than single use, then the quantity being supplied should be divided by the number of cases that one unit of the consumable is approved for. Certificate from the OEM certifying permission for multiple use should be provided by the OEM stating the number of cases that each consumable can be used for.
	Advanced softwares 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.
	24X7 on site technical support to be provided in the Operating room for the lifetime of the systems.
	General specifications and term
The principal company should have registered Office and Service Network in India, preferably Central India for better service support.	
All items under a particular serial number will be purchased together from a single manufacturer.	
Product quality certificate required.	
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)	