

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

**Dated: 10.06.2025**

**TENDER CORRIGENDUM**

The Tender No.106/CNC/CARD/2024-25/ST. vide CPP Portal tender Number: 2025\_AIMSD\_860524\_1 dated 19/05/2025 was published on CPP Portal for the purchase of **Electrophysiology System (3D)-01 No. for the department of Cardiology, CNC, AIIMS, New Delhi**. On the request of the user department a corrigendum for specifications is being uploaded through CPP Portal.

All the prospective bidders are advised to see above comments and submit their bid accordingly. All other published specifications' Terms and Conditions will remain same.

- Revised specifications after pre-bid are attached.

This is for information to all concerned.

  
Store Officer (CNC)



**Revised Specifications for Electrophysiology System after Pre-Bid Meeting**

**Number of Units: One**

**Approximate Cost: 3 Cr**

1. Electrophysiology system with ability for non-fluoroscopic 3-Dimensional beat by beat mapping system to create true 3-D map by point-by-point acquisition / multi-point acquisition and mapping, to localize the chamber and the catheter with high precision in both atrial and ventricular chambers.
2. The system should provide in vivo accuracy of less than 1 mm and should have anatomical reference to overcome patient movement artefacts.
3. The system should provide with 3 degrees of freedom: x, y, z.
4. The system should have the capability to provide online activation maps, unipolar maps and bipolar maps as primary maps of the operators' choice.
5. In addition to the primary online maps the system should be capable of providing isochronal, mesh and propagation maps.
6. The system should possess technology that combines magnetic-based technology of the 3D Electro-anatomical mapping system with current-based data for accurate visualization and location of all catheters.
7. The system should be capable of respiration gating that maintains mapping accuracy independent of catheter movement due to respiratory motion, patient condition and procedure time.
8. The system should offer multiple catheter visualization:
  1. Can visualize multiple catheters and at least 50 electrodes
  2. No interference between catheters
  3. It should be possible to visualize all electrodes (tip and curve)
  4. Complete visualization of pulmonary vein circumferential catheter
9. The system should be capable of quickly create electro-anatomical mapping with high resolution CT like images.
10. The system should be capable of integrating and segmenting the patient CT, DYNACT or MRI (DICOM 3 format) image with the image of the heart chamber and overlap the same with the 3D maps from CT, DYNACT and MRI with high degree of accuracy.

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S. Singh

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NITISH NALAK

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(Deepti S)

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Akshay Sankar

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Saurabh Gupta



11. Automatic display of identity of catheter design upon plug-in to the system using catheter definition tool.
12. The system should be capable of displaying online parameters like power, temperature, time, intra-cardiac channels on the display screen.
13. Arrhythmia based display protocol that can be preset on 3D screen.
14. The supplier should be able to interface the 3D mapping system with the existing electrophysiology recorder in the dept.
15. The computer workstation should comprise of at least 4 nos. 23" or bigger high resolution (1920 pixels × 1200 pixels) medical grade monitors.
16. There should be a central unit with multiple points for connection for catheters and equipment.
17. The computer workstation should comprise of 21" or larger size high resolution medical grade monitor, should integrate with the existing cath lab.
18. Supplier should possess proper clinical and technical support team to support the system.
19. The system should be capable of integrating real-time contact force feedback and provide precise calculation of both contact force and direction.
20. Multi electrode mapping feature should be available, allows to acquire multiple mapping points, see and record high-resolution electrogram from each catheter electrode, capture more points in one click to enhance understanding of transient events.
21. Should include feature to provide a way of graphically displaying ablation sites, filtered according to physician preference based on parameters like Force Data (EMEA), catheter stability, ablation parameters.
22. Should have high density mapping with auto data acquisition.
23. Must have sensor enabled multi electrode catheter integration model.
24. Continuously tracks, stores and quantifies the electrophysiological parameters during RF applications.
25. Should contain the feature of automatic pace mapping, quantitative matching of pace mapped signals to the previously recorded morphologies during VT Mapping.
26. CFAE Software module: The system should be capable of analyzing low amplitude and high frequency complex Atrial Electrogram with absolute, user-defined parameters to deliver consistent and repeatable performance in the rapid diagnosis of challenging arrhythmias.
27. Equipment must be of the latest and updated technology available with the company and must quote all the latest software Modules.



28. System must have capability to review ongoing study for previous ECG data and catheter electrode location.
29. System should have a software for combining real-time and intracardiac ultrasound imaging data with 3-Dimensional Maps and should have the capability to create 3-Dimensional geometry of Left-sided chambers from the right side.
30. System should have the facility to save 3 second ultrasound clip to mark anatomical information.
31. It should have the ability to associate PVC activation to its corresponding normal sinus rhythm location
32. Functional capability of visualizing the specialty sheath
33. It should have the functional ability to use catheters meant for very high-power short duration ablation (vHPSD) enabling ablation at up to 90 watts of RF power for four seconds or less.
34. System should have multiple intracardiac bipolar channels and multiple body surface ECG channels for stable reference for mapping atrium and ventricle.
35. System should have automatic channel selection for reference.
36. System must have capability of creating up 30 maps or more per study.
37. System should have the capability for automatic analysis of multiple, simultaneous intracardiac (IC) signals and enables the creation of high-density dynamic maps.
38. System should have the inbuilt software for representing electrical waves by means of direction vectors and color coding.
39. System should have the capability to map multiple VTs simultaneously and do retrospective automatic mapping.
40. System needs to have capability for correcting the catheter displacement to create accurate map for Premature Ventricular beat.
41. System should have software for graphical representation of local activation time of all contributing electrical points.
42. System should be supplied with compatible ablator with a cool flow pump.
43. All accessory equipment including cables, adaptor, connectors, etc should be included in comprehensive warranty.

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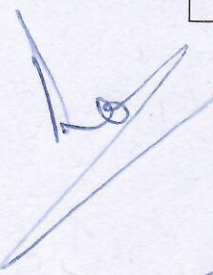
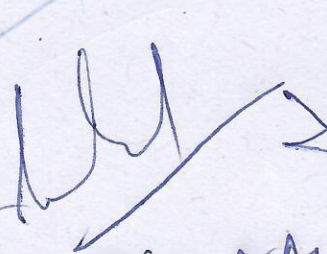
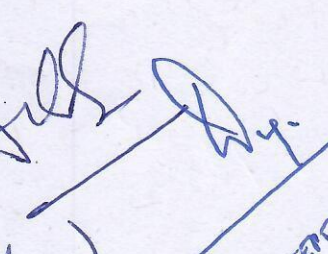
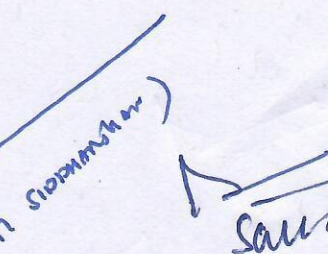
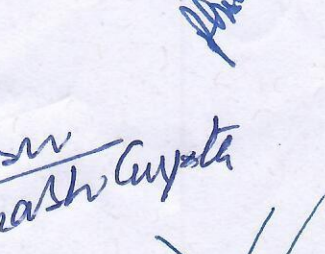
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Mohinder Raj  
Mohinder Raj



Important conditions:	
1.	Supplier should give a demonstration of the quoted model and demonstrate all its features.
2.	Supplier must ensure availability of expertise service and maintenance at site of installation. Uninterrupted availability of spare parts and repair for next ten years must be assured.
3.	Please respond to each specification in the same format and order as mentioned in the tender document and specify/indicate the page number and paragraph for verification from the product data sheet against each column.
4.	Original product data sheets, complete manuals and other necessary documents should be provided. Photocopies of these documents or printouts of the email/web pages will not be accepted.
5.	Free upgrade(s) not involving any hardware as applicable should be provided during the period of warranty/CMC.
6.	Unit price of all consumables should be quoted at the time of purchase, for the whole life of machine.
7.	<p><b><u>Guarantee/Warranty</u></b></p> <p>The bidder must quote rates of equipment with 2 (two) years onsite Comprehensive warranty (Including all spares, all accessories of equipment, UPS &amp; batteries, all 3<sup>rd</sup> party items and labor) from the date of Installation of equipment &amp; handing over complete project. Further bidder must quote rates of Comprehensive Annual Maintenance Contract (CAMC) (Including all spares, all accessories of equipment, UPS &amp; batteries, all 3<sup>rd</sup> party items and labor) for 3<sup>rd</sup> to 10<sup>th</sup> years, after expiry of two years comprehensive warranty.</p> <p>In case, bidder not quoted rates for CMAC, 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. <b><u>The cost of equipment with turnkey + CAMC (NPV) charges – buy – back price, inclusive of GST, will be considered for ranking (L-1) purpose.</u></b></p> <p>All software updates till the period of 10 years to be provided free of cost. 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.</p>
8.	<p><b><u>Accessories &amp; Consumable:</u></b></p> <p>The bidder should assure and give undertaking to supply all the required spares, accessories and consumables, if required (as per bid terms) till 10 years from the date of Installation of equipment.</p> <p>Cost of all accessories, spares parts and consumable must be quoted separately.</p>

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