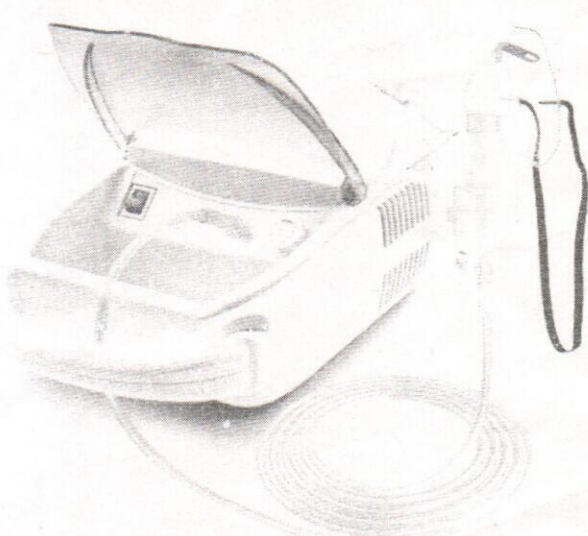


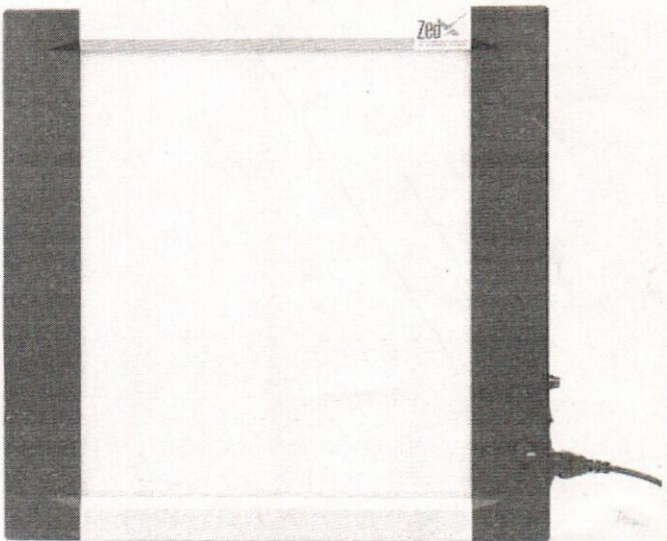
TECHNICAL SPECIFICATION OF NEBULIZER MACHINE

Ser	Particulars	Description																		
1.	Name of Item	Nebulizer Machine																		
2.	Quantity	01 in no																		
3.	Purpose	For nebulization of patient.																		
4.	Technical Parameters	<table> <tr> <td>a.</td><td>Brand</td><td>Easy compressor nebulizer, Apex Best Neb, Super care, Phillips, or Others</td></tr> <tr> <td>b.</td><td>Model</td><td>Latest model 2022-2024</td></tr> <tr> <td>c.</td><td>Color</td><td>Any suitable color</td></tr> <tr> <td>d.</td><td>Type</td><td>Portable</td></tr> <tr> <td>e.</td><td>Size</td><td>28 x 18 x 10cm or others</td></tr> <tr> <td>f.</td><td>Medication Cup Capacity</td><td>06-07ml</td></tr> </table>	a.	Brand	Easy compressor nebulizer, Apex Best Neb, Super care, Phillips, or Others	b.	Model	Latest model 2022-2024	c.	Color	Any suitable color	d.	Type	Portable	e.	Size	28 x 18 x 10cm or others	f.	Medication Cup Capacity	06-07ml
a.	Brand	Easy compressor nebulizer, Apex Best Neb, Super care, Phillips, or Others																		
b.	Model	Latest model 2022-2024																		
c.	Color	Any suitable color																		
d.	Type	Portable																		
e.	Size	28 x 18 x 10cm or others																		
f.	Medication Cup Capacity	06-07ml																		
5.	Country of Origin	Japan/ Germany/ Korea/ Italy/China																		
6.	Country of Manufacture	Japan/ Germany/ Korea/ Italy/China																		
7.	Year of Manufacture	2022-2024																		
8.	Source of Supply	To be mentioned																		
9.	Port of Shipment	To be mentioned																		
10.	Manufacture's Name and Address	To be mentioned																		
11.	Supplier/ Local Agent	To be mentioned																		
12.	Certificate and Document of Authentication	To be mentioned																		
13.	Packing / Labeling	-																		
14.	Warranty	01 Year from the date of BN acceptance																		
15.	Installation	To be done in present of representative of supplier																		
16.	Test, Trail and acceptance	ACINS will inspect the items																		
17.	Site Visit (Focal Point)	N/A																		
18.	Training	Necessary training for the user to operate and maintain the Nebulizer machine has to be arranged by the professional operator of the Supplier.																		
19.	Accessories	chamber - 01 Air tube - 01 Air Filter - 05 Adult Mask - 02 Child Mask - 02 User guide Nebulizer cup																		
20.	Preferable Nebulizer machine	Easy compressor nebulizer																		
21.	Picture																			

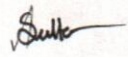

AIRIN SULTANA SNIGDHA
 Surg Lt Cdr BN
 Senior Medical Officer
 BNS SHEIKH MUJIB

SKM/0153/24

TECHNICAL SPECIFICATION OF X-RAY VIEW BOX (SINGLE SCREEN)

Ser	Particulars	Description
1.	Name of Item	X-ray view box (Single screen)
2.	Quantity	01 in no
3.	Purpose	For view x-ray film.
4.	Technical Parameters	a. Brand BIO-X, Mplent or Others
		b. Model Latest model 2023-2024
		c. Color Any suitable color
		d. Body Alluminium or plastic
		e. Size 503 x 503 x 29 mm or 450x500x25mm
		f. film clip device Silicone clip device
5.	Country of Origin	India/Japan/ Germany/ Korea
6.	Country of Manufacture	India/Japan/ Germany/ Korea/
7.	Year of Manufacture	2022-2024
8.	Source of Supply	To be mentioned
9.	Port of Shipment	To be mentioned
10.	Manufacture's Name and Address	To be mentioned
11.	Supplier/ Local Agent	To be mentioned
12.	Certificate and Document of Authentication	To be mentioned
13.	Packing / Labeling	-
14.	Warranty	01 Year from the date of BN acceptance
15.	Installation	To be done in present of representative of supplier
16.	Test, Trail and acceptance	ACINS will inspect the items
17.	Site Visit (Focal Point)	N/A
18.	Training	N/A
19.	Accessories	Cable
20.	Picture	

SKM/0154/24


AIRIN SULTANA SNIGDHA
 Surg Lt Cdr BN
 Senior Medical Officer
 BN3 SHEIKH MUJIB