2. C 3. F 4. T 5. C 6. C 7. N 8. S 9. F 10. M 11. S 12. C 4. 13. F 14. N 15. I 16. T 17. S 18. T	Particulars Name of Item Quantity Purpose Technical Parameters Country of Origin Country of Manufacture Year of Manufacture Source of Supply Port of Shipment Manufacture's Name and Address Supplier/ Local Agent Certificate and Document of Authentication Packing / Labeling Warranty	b. c. d. e. f. Ja 200 To To To	Size Medication Cup Capacity pan/ Germany/ Ko pan/ Germany/ Germany/ Ko pan/ Germany/	Easy compressor nebulizer, Apex Bes Neb, Super care, Phillips, or Others Latest model 2022-2024 Any suitable color Portable 28 x 18 x 10cm or others 06-07ml		
2. C 3. F 4. T 5. C 6. C 7. N 8. S 9. F 10. M 11. S 12. C 4. 13. F 14. N 15. I 16. T 17. S 18. T	Quantity Purpose Technical Parameters Country of Origin Country of Manufacture Year of Manufacture Source of Supply Port of Shipment Manufacture's Name and Address Supplier/ Local Agent Certificate and Document of Authentication Packing / Labeling	b. c. d. e. f. Ja zo To	Model Color Type Size Medication Cup Capacity pan/ Germany/ Ko pan/ Germany/ Germany/ Ko pan/ Germany/ Ge	Easy compressor nebulizer, Apex Bes Neb, Super care, Phillips, or Others Latest model 2022-2024 Any suitable color Portable 28 x 18 x 10cm or others 06-07ml		
3. F 4. T 5. C 6. C 7. N 8. S 9. F 10. M 11. S 12. C 14. N 15. I 16. T 17. S 18. T	Purpose Technical Parameters Country of Origin Country of Manufacture Year of Manufacture Source of Supply Port of Shipment Manufacture's Name and Address Supplier/ Local Agent Certificate and Document of Authentication Packing / Labeling	a. b. c. d. e. f. Ja 20 To	Brand Model Color Type Size Medication Cup Capacity span/ Germany/ Ko span/ Germany/ Germany/ Ko span/ Germany/ Ko span/ Germany/ Germany/ Ko span/ Germany/ Germany/ Germany	Easy compressor nebulizer, Apex Bes Neb, Super care, Phillips, or Others Latest model 2022-2024 Any suitable color Portable 28 x 18 x 10cm or others 06-07ml		
4. To the state of	Country of Origin Country of Manufacture Year of Manufacture Source of Supply Port of Shipment Manufacture's Name and Address Supplier/ Local Agent Certificate and Document of Authentication Packing / Labeling	a. b. c. d. e. f. Ja 20 To	Brand Model Color Type Size Medication Cup Capacity span/ Germany/ Ko span/ Germany/ Germany/ Ko span/ Germany/ Ko span/ Germany/ Germany/ Ko span/ Germany/ Germany/ Germany	Easy compressor nebulizer, Apex Bes Neb, Super care, Phillips, or Others Latest model 2022-2024 Any suitable color Portable 28 x 18 x 10cm or others 06-07ml		
5. 6. 7. 8. 8. 9. F. 10. M. 4. 11. 8. 11. 15. I. 16. 17. 8. 18. 17. 18. 18. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	Country of Origin Country of Manufacture Year of Manufacture Source of Supply Port of Shipment Manufacture's Name and Address Supplier/ Local Agent Certificate and Document of Authentication Packing / Labeling	c. d. e. f. Ja Ja ZC Tc Tc Tc	Color Type Size Medication Cup Capacity pan/ Germany/ Ko pan/ Germany/ Ko pan/ Germany/ Ko pan/ Germany/ Ko pan/ be mentioned be mentioned be mentioned	Latest model 2022-2024 Any suitable color Portable 28 x 18 x 10cm or others 06-07ml		
5. 6. 7. 8. 8. 9. F. 10. M. 4. 11. 8. 11. 15. I. 16. 17. 8. 18. 17. 18. 18. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	Country of Origin Country of Manufacture Year of Manufacture Source of Supply Port of Shipment Manufacture's Name and Address Supplier/ Local Agent Certificate and Document of Authentication Packing / Labeling	c. d. e. f. Ja Ja ZC Tc Tc Tc	Color Type Size Medication Cup Capacity pan/ Germany/ Ko pan/ Germany/ Ko pan/ Germany/ Ko pan/ Germany/ Ko pan/ be mentioned be mentioned be mentioned	Any suitable color Portable 28 x 18 x 10cm or others 06-07ml		
6. C 7. N 8. S 9. F 10. M 11. S 12. C 4 13. F 14. N 15. I 16. T 17. S 18. T	Country of Manufacture Year of Manufacture Source of Supply Port of Shipment Manufacture's Name and Address Supplier/ Local Agent Certificate and Document of Authentication Packing / Labeling	d. e. f. Ja Ja 20 To To To	Type Size Medication Cup Capacity Ipan/ Germany/ Ko Ipan/ Germany/ Germany/ Ko Ipan/ Germany/ Germany/ Ko Ipan/ Germany/	Portable 28 x 18 x 10cm or others 06-07ml orea/ Italy/China		
6. C 7. N 8. S 9. F 10. M 11. S 12. C 4 13. F 14. N 15. I 16. T 17. S 18. T	Country of Manufacture Year of Manufacture Source of Supply Port of Shipment Manufacture's Name and Address Supplier/ Local Agent Certificate and Document of Authentication Packing / Labeling	e. f. Ja Ja ZC TC TC TC	Size Medication Cup Capacity span/ Germany/ Ko span/ Germany/ Germany/ Ko span/ Germany/ Germ	28 x 18 x 10cm or others 06-07ml orea/ Italy/China		
6. C 7. N 8. S 9. F 10. M 11. S 12. C 4 13. F 14. N 15. I 16. 1 17. S 18. 1	Country of Manufacture Year of Manufacture Source of Supply Port of Shipment Manufacture's Name and Address Supplier/ Local Agent Certificate and Document of Authentication Packing / Labeling	f. Ja Ja 20 To To	Medication Cup Capacity pan/ Germany/ Ko pan/ Germany/ Ko 222-2024 be mentioned be mentioned be mentioned	06-07ml rea/ Italy/China		
6. C 7. N 8. S 9. F 10. M 11. S 12. C 4 13. F 14. N 15. I 16. 1 17. S 18. 1	Country of Manufacture Year of Manufacture Source of Supply Port of Shipment Manufacture's Name and Address Supplier/ Local Agent Certificate and Document of Authentication Packing / Labeling	Ja 20 To To	ppan/ Germany/ Ko ppan/ Germany/ Ko 222-2024 be mentioned be mentioned be mentioned			
6. C 7. N 8. S 9. F 10. M 11. S 12. C 4 13. F 14. N 15. I 16. 1 17. S 18. 1	Country of Manufacture Year of Manufacture Source of Supply Port of Shipment Manufacture's Name and Address Supplier/ Local Agent Certificate and Document of Authentication Packing / Labeling	Ja 20 To To	ppan/ Germany/ Ko 022-2024 be mentioned be mentioned be mentioned			
7. N 8. S 9. F 10. M 11. S 12. G 13. F 14. N 15. I 16. T 17. S 18. T	Year of Manufacture Source of Supply Port of Shipment Manufacture's Name and Address Supplier/ Local Agent Certificate and Document of Authentication Packing / Labeling	20 To To	be mentioned be mentioned be mentioned be mentioned			
8. S 9. F 10. M 11. S 12. G 13. F 14. V 15. I 16. T 17. S 18. T	Source of Supply Port of Shipment Manufacture's Name and Address Supplier/ Local Agent Certificate and Document of Authentication Packing / Labeling	To To	be mentioned be mentioned be mentioned			
9. F 10. M 11. S 12. C 4 13. F 14. V 15. I 16. 7 17. S 18. 7	Port of Shipment Manufacture's Name and Address Supplier/ Local Agent Certificate and Document of Authentication Packing / Labeling	To To	be mentioned be mentioned			
10. M 11. S 12. G 13. F 14. V 15. I 16. 7 17. S 18. 7	Manufacture's Name and Address Supplier/ Local Agent Certificate and Document of Authentication Packing / Labeling	To				
11. S 12. G A 13. F 14. V 15. I 16. 7 17. S 18. 7	Supplier/ Local Agent Certificate and Document of Authentication Packing / Labeling	_	he mentioned	To be mentioned		
12. (A) 13. F 14. V 15. I 16. T 17. S 18. T	Certificate and Document of Authentication Packing / Labeling	To	To be mentioned			
14. V 15. I 16. 1 17. S 18. 1			To be mentioned			
15. I 16. 1 17. 5 18. 1	Marranty					
16. 17. 5 17. 5 18. 7	vvarranty	01 Year from the date of BN acceptance				
17. S 18. 1	Installation	To be done in present of representative of supplier				
18.	Test, Trail and acceptance	ACINS will inspect the items				
	Site Visit (Focal Point)	N/A				
19.	Training	N	Necessary training for the user to operate and maintain the Nebulizer machine has to be arranged by the profession operator of the Supplier.			
10. /	Accessories	chamber - 01				
	Accessories	Air tube - 01				
			Air Filter - 05			
			dult Mask - 02			
			hild Mask - 02			
			ser guide			
			Nebulizer cup			
20. F	Preferable Nebulizer machine		Easy compressor nebulizer			
	Picture		Easy compressor nebulizer			
	AIRIN SULTANA SNIGDHA Surg Lt Cdr BN Senior Medical Officer BNS SHEIKH MUJIB					

Ser	Particulars		Description			
1.	Name of Item	X-	X-ray view box (Single screen)			
2.	Quantity		01 in no			
3.	Purpose	For view x-ray film.				
4.	Technical Parameters	a.		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	In	dia/Japan/ Germa			
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	_	To be mentioned To be mentioned			
10.	Address	1.0	To be mentioned			
11	Supplier/ Local Agent	To	To be mentioned			
12.			To be mentioned			
	Authentication	1.	To be mentioned			
13.		-				
14.		01 Year from the date of BN acceptance				
15.	Installation	_	To be done in present of representative of supplier			
16.			ACINS will inspect the items			
17.		_	N/A			
18.		_	N/A			
	Accessories	-	Cable			
20.		-				
				Zegt		

SKM/0154/24

