



अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर(छत्तीसगढ़)
All India Institute of Medical Sciences, Raipur (Chhattisgarh)
Tatibandh, GE Road,
Raipur-492 099 (CG)
www.aiimsraipur.edu.in

AIIMS/R/CS/URO/219-220/2026

Date: 08/10/2026

Call for Objections

Sub: - Inviting Comments/objections (if any), before declaring proprietary article for procurement of Ultrasound Hand piece Set and Pneumatic Hand piece set for Lithoclast Machine for Urology Department at AIIMS Raipur.

Urology Department at AIIMS Raipur has to procure Ultrasound Hand piece Set and Pneumatic Hand piece set for Lithoclast Machine through Proprietary Article basis under GFR -166.

M/s EMS Electro Medical Systems who is sole manufacturer, has submitted the Proprietary Article Certificate and authorised M/s Healthware Pvt. Ltd., as distributor of the said products. The PAC certificate will be uploaded on official website.

The above documents are being uploaded for open information to submit objections/comments (if any) from any manufacturer/supplier before declaring proprietary article for the said equipment/items to be procured, within 07 days (i.e. 17/10/2026) from the date of issuance/uploading of the notifications.

The objection should be raised on the technical compliance sheet as enclosed, if any firm claiming suitability of their product with respect to specification mentioned.

The comments should be sent to the office of Central Store (6st Floor, C-Block, New Administrative Building, Gate No. 5, AIIMS, Raipur in sealed envelope or through mail storesofficer.cp@aiimsraipur.edu.in on or before 17 / 10 /2026 up to 3.00 PM failing which it will be presumed that any other vendor having no comments to offer and case will be decided on merits.

Stores Officer (CS)
AIIMS Raipur

Encl:-

1. Proprietary Letter and Authorization letter by Manufacturer
2. Proprietary Letter from the Department



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स्वामित्वप्रमाणपत्र
Proprietary Article Certificate

फाइल संख्या औरसंदर्भ File Number and Reference		
1	सामाग्रीकाविवरण Description of article	PNEUMATIC HANDPIECE SET.
2	पूर्वानुमानितमात्रा / वार्षिकआवश्यकता Forecast of quantity/annual requirement	04
3	उपरोक्तमात्रा हेतुअनुमानितमूल्य Approximate estimated value for above	
4	निर्माताकानाम एवं पता Maker's name and address	E.M.S ELECTRO MEDICAL SYSTEMS S.A.
5	अधिकृतडीलर / स्टकिस्टकानाम Name(s) of authorised dealers/stockists	M/S. HEALTHWARE PRIVATE LIMITED.
6	मैंपी ए सी के आधारपरउपरोक्त खरीदकोस्वीकारकरताहूँऔर यह प्रमाणित करताहूँकि: नोट- (बी), (सी-1) या (सी-2) में से केवल एक कोबनाए रखने के लिए टिककरें, जोभीलागूहोऔरदूसरोकोकाटदें। कृपया (ए) टिककरपुष्टिकरेंइसकेबिनापीएसीप्रमाणपत्र अवैध होगा I approve the above purchase on PAC basis and certify that:- Note- Tick to retain only one out of (b), (c-1) or (c-2) whichever is applicable and cross out others. Please do confirm (a) by ticking it - without which PAC certificate will be invalid.	
6 (a)	यह एकमात्र फर्महैजोइसमदकानिर्माण / संग्रहणकररहाहै। और This is the only firm who is manufacturing /stocking this item. AND	YES ✓
6 (b)	किसीअन्य फर्म द्वारासमरूपमदनिर्मित / विक्रय नहीं कियाजाताहै, जिसकाउपयोगइसकेबदलेकियाजासकताहै। अथवा A similar article in not manufacturing/sold by any other firm, which could be used in lieu OR	
6 (c-1)	कोईअन्य मेक / ब्रांडनिम्नलिखितकारणों (जैसेओईएम / वारंटी के) के लिए उपयुक्त नहीं होगा। अथवा No other make/brand will be suitable for following tangible reasons (like OEM/warranty spares): OR	YES ✓

		
6 (c)	कोई अन्य मेक/ब्रांड निम्नलिखित कारणों से उपयुक्त नहीं होगा (अगर पीएसपी पिछले खरीद में भी दिया गया था, तो कृपया इस के बाद से अधिक स्रोतों का पता लगाने के लिए प्रयास करें) तथा No other make/brand will be suitable for following intangible reasons (if PAC was also given in the last procurement cycle, please also bring out efforts made since then to locate more sources): OR	
	_____ _____	
	प्रस्ताव के लिए वित्त शाखा की सहमतिका संदर्भ (कार्रवाई भंडार और लेखा विभाग द्वारा की जायेगी) Reference of concurrence of finance wing to the proposal (Action will be taken by stores & Account Department)	_____ _____

पिछले तीन सालों में इस मद की पीएसपी खरीद का इतिहास नीचे दिया जा सकता है (यदि कोई हो) History of PAC purchase of this item for past three years may be given below (if any)			
प्रदायक का नाम Name of the Supplier			
आदेश / निविदा संदर्भ और दिनांक Order/Tender reference & Date	आदेशित मात्रा Quantity Ordered	आदेश पर मूल दर (□) Basic Rate on order (₹)	प्रतिकूल प्रदर्शन रिपोर्ट अगर कोई हो Adverse Performance Reported if any

अनुमोदन करने वाले प्राधिकारी का हस्ताक्षर.....

अमित शर्मा

डॉ. अमित शर्मा
Dr. Amit K. Sharma

अतिरिक्त प्राध्यापक एवं विभागाध्यक्ष
Additional Professor & Head
Department of Nephrology & Renal Transplant, AIIMS, Raipur (C.G.)

दिनांक 03/12/2025

अधिकारी का पदनाम.....



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स्वामित्वप्रमाणपत्र
Proprietary Article Certificate

फाइल संख्या औरसंदर्भ File Number and Reference		
1	सामाग्रीकाविवरण Description of article	ULTRASOUND HAND-PIECE SET FOR LITHOCLAST MACHINE.
2	पूर्वानुमानितमात्रा / वार्षिकआवश्यकता Forecast of quantity/annual requirement	01
3	उपरोक्तमात्रा हेतुअनुमानितमूल्य Approximate estimated value for above	
4	निर्माताकानाम एवं पता Maker's name and address	EMS ELECTRO MEDICAL SYSTEMS S.A.
5	अधिकृतडीलर / स्टॉकिस्टकानाम Name(s) of authorised dealers/stockists	M/S HEALTHWARE PRIVATE LIMITED.
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6 (c)	कोई अन्य मेक / ब्रांड निम्नलिखित कारणों से उपयुक्त नहीं होगा (अगर पीएसी पिछले खरीद में भी दिया गया था, तो कृपया इस के बाद से अधिक स्रोतों का पता लगाने के लिए प्रयास करें) तथा No other make/brand will be suitable for following intangible reasons (if PAC was also given in the last procurement cycle, please also bring out efforts made since then to locate more sources): OR	
		
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अनुमोदन करने वाले प्राधिकारी का हस्ताक्षर.....

दिनांक 03/12/2025

अमित शर्मा
 डॉ. अमित आर. शर्मा
 Dr. Amit R Sharma
 अतिरिक्त प्राध्यापक एवं विभागाध्यक्ष
 Additional Professor & Head
 मूत्रपित्त प्रत्यारोपण विभाग, एम्स, रायपुर (छ.ग.)
 Department of Renal Transplant, AIIMS, Raipur (C.G.)



2137.26/cge

Date : 23-06-2026

Letter of Authorization & PAC Certificate

We,

E.M.S. Electro Medical Systems S.A.
Chemin de la Vuarpillière 31
CH-1260 Nyon, Switzerland
(hereinafter referred to as "EMS")

duly represented by its COO, namely Zafer Demir, acting under and by virtue of the Commercial Register,

hereby certify that the Company:

M/s. Healthware Private Limited
Serene Towers, 8-2-623/A
Road No. 10, Banjara Hills
Hyderabad – 500 034, India

is our exclusive distributor in the territory of India for the following products manufactured by EMS: Swiss LithoClast® Master.

Below consumables are use in this machine:

1. Ultrasound Probe.
2. Ultrasound Handpiece.
3. Pneumatic Handpiece.
4. Pneumatic Probe.

No manufacturers or OEM manufactures the above products other than EMS.

M/s. Healthware Private Limited is acting on their own name and account and will be responsible for the after-sales service of the products mentioned above.

No other company is authorized by EMS to quote for this range of products within India.

This authorization is valid from the date of signature until December 31st, 2026. It can be cancelled by EMS at any time with 45 days prior written notification.

For and on behalf of E.M.S. Electro Medical Systems

By:  Signé par Zafer Demir
Zafer Demir
COO J'approuve ce document
23-jun-2026 | 4:08 PM CEST

**TRUE COPY ATTESTED**


SUBHASIS JANA
Regd No 094/2022
Notary Govt. of W.B
Alipore Judges Court

07 AUG 2026**E.M.S. ELECTRO MEDICAL SYSTEMS S.A.**

CHEMIN DE LA VUARPILLIÈRE 31 · 1260 NYON · SWITZERLAND · TEL +41 22 99 44 700 · FAX +41 22 99 44 701 · EMAIL welcome@ems-ch.com



2137.26/cge

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Zafer Demir
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23-jun-2026 | 4:08 PM CEST

**TRUE COPY ATTESTED**


SUBHASIS JANA
Regd No 094/2022
Notary Govt. of W.B
Alipore Judges Court

07 AUG 2026**E.M.S. ELECTRO MEDICAL SYSTEMS S.A.**

CHEMIN DE LA VUARPILLIÈRE 31 · 1260 NYON · SWITZERLAND · TEL +41 22 99 44 700 · FAX +41 22 99 44 701 · EMAIL welcome@ems-ch.com