



**All India Institute of Medical Sciences, Bhubaneswar**  
**At - Sijua (Patrapada), Post - Dumuduma, Bhubaneswar (Odisha) - 751 019**

Reference No: STORE-57/7/2026-STPUR SEC/06

Dated: 12-05-2026

**Subject: Procurement of 46 Nos. of Urolift Implant Delivery Device UL400-AP (Make- Teleflex Medical Inc.) for the Dept. of Urology on Proprietary rate contract basis at AIIMS, Bhubaneswar.**

**Notice Inviting Comments thereon.**

The Dept. of Urology at AIIMS, Bhubaneswar have requested for Procurement of 46 Nos. of Urolift Implant Delivery Device UL400-AP (Make- Teleflex Medical Inc.) for the Dept. of Urology on Proprietary basis from M/s. Sivaya Agency, BBSR who is an authorized dealer of OEM – Teleflex Medical.

The Notice is being uploaded for general information of prospective manufacturer/Authorized Distributor/Dealers to submit their objection/proposal/comments, if any, on proprietorship of the item. In case the product of any manufacturer/Authorized distributor/Dealer conforms to the enclosed specifications, they may submit their proposal for the supply of the same along with the brochures, point by point compliance of the enclosed specifications along with all documentary evidence. One quotation of the product may also be submitted.

The objections / comments / proposal should be sent in sealed cover to the Office of Sr. Procurement Cum Stores Officer I/C, AIIMS, Bhubaneswar (Odisha) – 751019 or through e-mail to sp\_helpdesk@aaimsbhubaneswar.edu.in so as to reach on or before **date: 27-05-2026** failing which it will be presumed that no other firm is interested to offer comments/protest/object and case will be decided on its merits.

The reference of letter / e-Mail should be superscripted on sealed envelope /subject line of e-Mail as “e-File No – STORE-57/7/2026-STPUR SEC/ 06, dtd: 12-05-2026, due on dtd: 27-05-2026 for the Procurement of 46 Nos. of Urolift Implant Delivery Device UL400-AP (Make- Teleflex Medical Inc.) for the Dept. of Urology on Proprietary basis from M/s. Sivaya Agency, BBSR who is an authorized dealer of OEM – Teleflex Medical for the Dept. of Urology.

**Sr. Procurement-cum-Stores Officer (I/C)**  
**AIIMS, Bhubaneswar**

**Enclosure:**

1. Proprietary Article Certificate from Indenting department
2. OEM PAC
3. Price Quotation
4. Authorization letter

**Copy to: -**

1. Indenting Officer : for information
2. Accounts Officer : for information
3. IT Cell : for publishing in the website

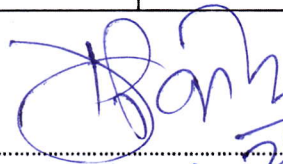
**AIIMS, BHUBANESWAR**

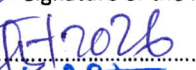
**Proprietary Article Certificate  
Valid for the Current Financial Year**

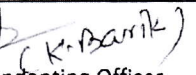
File No. and Date Reference:		STORE-57/7/2026-STPUR SEC	
1	Description of article	Urolift Implant Delivery Device (UL400-AP)	
2	Forecast of quantity /annual requirement	Approx. 46 Nos. for 6 months	
3	Approximate estimated value for above quantity	Rs. 29,46,300/-	
4	Maker's name and address	Teleflex Medical Inc.	
5	Name(s) of authorized dealers/ stockists	M/s. Sivaya Agency, BBSR	
6	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)	This is the only firm who is manufacturing / stocking this item. AND		YES
6 (b)	A Similar article is not manufactured / sold by any other firm, which could be used in lieu OR		YES
6 (c-1)	No other make/brand will be suitable for following tangible reasons (like OEM/ Warranty, spares.) : OR <b>The instrument is a closed system and reagents manufactured by OEM can be used on this.</b>		
6 (c)	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		
7	Reference of concurrence of finance wing to the proposal :		
History of PAC Purchase of this item for past three years may be given below :			Nil
Name of the Supplier			
Order/ Tender Reference & Date	Quantity Ordered	Basic Rate on Order (Rs.)	Adverse Performance Reported if Any

Signature of Approving Authority.....

Date..... Designation of Officer.....

  
Signature of the Indenting Officer

  
कार्यवाहक कार्यकारी निदेशक  
Officiating Executive Director  
एम्स, भुवनेश्वर/AIIMS, Bhubaneswar

  
Dr. Kalandi Barik  
Asst. Professor  
Department of Urology  
AIIMS, Bhubaneswar-75101

Date: 27<sup>th</sup> Nov'2025

Registered Office:  
M/s Smartworks Coworking Space,  
Golden Millenium, 1<sup>st</sup> Floor 69/3,  
44 Millers Rd, Vasant Nagar  
Bengaluru KA 560052.  
Phone: +9180 40934790  
Email: secretarial@teleflex.com  
www.teleflex.com  
CIN: U33112KA1993PTC124992

## TO WHOMSOEVER IT MAY CONCERN

### Proprietary Article Certificate

This is to confirm that UroLift System is a proprietary product of NeoTract, Inc., a wholly owned subsidiary of Teleflex Medical Inc. NeoTract, Inc. is the sole manufacturer of the UroLift System (Product Code: UL400 – AP).

Product Code	Product Description
UL400 - AP	UroLift System – Urolift Implant Delivery Device


Teleflex Medical Private Limited, having registered office at M/s. Smartworks Coworking Space, Golden Millennium, 1st Floor 69/3, 44 Millers Rd, Vasanth Nagar, Bengaluru, Karnataka – 560052 is an affiliate of Teleflex Incorporated, and is the sole importer and marketer of the UroLift System in India.

For Teleflex Medical Private Limited.

MANISH Digitally signed by  
MANISH BHUGRA  
Date: 2025.11.27  
16:23:36 +05'30'

Authorized Signatory

Annexure – PAC issued by NeoTract Inc, wholly owned subsidiary of Teleflex Inc., dated 18 Aug, 2025

  
Dr. Kalandi Barik  
Asst. Professor  
Department of Urology  
AIIMS, Bhubaneswar-751019

## Registered Office:

M/s Smartworks Coworking Space,  
Golden Millenium, 1<sup>st</sup> Floor 69/3,  
44 Millers Rd, Vasant Nagar  
Bengaluru KA 560052  
Phone: +9180 40934790  
Email: secretarial@teleflex.com  
www.teleflex.com

Ref. No: TMPL 00145/2026 Dated February 02, 2026

To,

The Director  
AIIMS Bhubaneswar  
Bhubaneswar-751019

Dear Sir,

Sub: Authorization Letter  
Tender No.: For Quoting Local Enquiries

We write to you in connection with supplying our **Interventional Urology Business (Urolift System and its Accessories)** range of products to your esteemed organization. For that purpose, we authorize our distributor mentioned below to procure orders, effect supplies, and collect payment from your esteemed hospital/institution on our behalf.

**Messrs. Sivaya Agency,  
Plot No.176, Flat No-302, 3RD Floor, Udaya Apartment, Bhagabanapur, Ps.Khandagiri, Bhubaneshwar-751019**

This authorization is subject to a written distribution agreement in place between Teleflex and the distributor, which, among other things, requires that the distributor ethically represents Teleflex in line with our compliance policies related to ethical promotion, the Foreign Corrupt Practices Act (FCPA), the UK Bribery Act and Indian regulations.

This authorization does not create an employee-employer relationship between Teleflex and the distributor.

This authorization does not empower the distributor to either represent Teleflex or take decisions on behalf of Teleflex outside the scope of this authorization.

Teleflex requires the distributor to extend its full guarantee and warranty for the supply of products covered by this authorization letter. Teleflex also requires that in the event of failure by the distributor in honoring this authorization, the distributor shall fully indemnify your organization against any loss or damage, demand, and/or claims whatsoever that may arise or may be presented against you by any third person claiming any rights in respect of the products covered by this letter of authorization.

This authorization letter is valid until December 31, 2026, and only a written distribution agreement between Teleflex and the distributor remains. This authorization will cease to exist after the expiry of the validity period mentioned above or upon the termination of the written agreement between Teleflex and the distributor. Teleflex shall cancel this authorization if the distributor breaches the above terms and conditions at any time.

Teleflex will not be liable for any problems, claims, or services resulting from purchases from unauthorized distributors.

We thank you and assuring of our best services always.

For Teleflex Medical Private Limited

*V.S. Jayawanth*

Yaswanthkumar Vudhyasetu  
National Sales Manager, Interventional Urology



*C. K. Barik*  
Dr. Kalandi Barik  
Asst. Professor

Department of Urology  
AIIMS Bhubaneswar-751019



# SIVAYA AGENCY

DL No.- KH-21180AW  
KH-21181AWC  
KH-7931AWX

*De als with : Medical Devices & Disposables*

GSTIN : 21APGPR6880Q1Z4

Plot No.-6411/14125, Khata No-4711/3582, Unit- 39, Gadakana, Bhotapada, Ps. - Mancheswar, BBSR., Khurda -10

Mob.: 9438840567, 8280083078,

Email : shivayaagency@yahoo.com, Web : www.sivayaagency.com

Ref No. ....

Date .....

To,  
The Director  
Aiiims Hospital,Bhubaneswar

Sub- Quotation for UroLift delivery implants.

Dear Sir,

Please find below the prices for UroLift delivery implants for your perusal

SL NO	SKU Code	SKU Description	HSN Code	QTY	HOSPI. PRICE	AMOUNT	GST 5%	Total Amount
1	UL400-AP	UroLIFT UL400 delivery device & implant	90183990	46	61000	2806000	140300	2946300

## TERMS OF SALE

Price : Inclusive all taxes and Transporation


Payment: 100% within 30 days after delivery of materials order through NEFT/Cheque in favour of " SIVAYA AGENCY "

Delivery Schedule: 3 - 4 weeks. Validity : Till 30th Dec 2026.

Looking forward for your valuable order.

Thanks & regards



  
Dr. Kalandi Barik  
Asst. Professor  
Department of Urology  
AIIIMS, Bhubaneswar-751019