JOINT DIRECTOR(MM)
SGPGIMS, LUCKNOW

THE TIMES OF INDIA (LUCKNOW) NEWSPAPER DATED 30.05.2026

SANJAY GANDHI POST GRADUATE INSTITUTE OF MEDICAL SCIENCES
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PRE-BID MEETING NOTICE

For the establishment of Centre of Excellence for advanced minimally invasive and robotic surgeries under Quaternary Healthcare Services, SGPGIMS proposes procurement of Surgical Robotic Systems with Dual Console.

Considering the highly specialized, rapidly evolving, technology-intensive, and globally dynamic nature of robotic surgical platforms, and in order to ensure transparency, fairness, wider and healthy competition, optimal technical standardization, and formulation of clinically relevant technical specifications, a Pre-Bid Meeting is being convened on 09-06-2026 (Tuesday) at 11:00 AM in the Committee Room, 3rd Floor, Administrative Block, Sanjay Gandhi Postgraduate Institute of Medical Sciences.

The objective of the pre-bid meeting is to obtain complete stakeholder participation from Manufacturers/Authorized Importers/Indian Subsidiaries/OEM representatives regarding technical inputs and suggestions of currently available as well as globally emerging robotic surgical technologies and associated infrastructure requirements.

The draft of tentative technical specifications, in line with the broad institutional requirements, are available for perusal on the Institute **website: https://sgpgims.org.in/**

All Manufacturers/Authorized Importers/Indian Subsidiaries/OEM representatives are requested to participate in the aforesaid pre-bid meeting as per the scheduled date and time with complete technical details of their current and emerging line of products to facilitate formulation of final technical specifications in accordance with the latest state-of-the-art technology available globally and in the best interest of patient care, academics, training and institutional growth.

Advt. No. I/17/JDMM/2026-27 **DIRECTOR**

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Technical specifications for Latest Generation Multiport Robotic Surgical System with Instruments & Accessories

	TECHNICAL SPECIFICATIONS FOR ROBOTIC SURGICAL SYSTEM WITH ACCESSORIES
	DESCRIPTION The latest-generation multiport robotic surgical system designed to function in a master–slave configuration. The surgeon's (master controller) hand movements are translated into precise movements of minimally invasive robotic instruments capable of navigating within the human body to perform complex surgical manoeuvres. The system should support advanced robotic-assisted surgical procedures including tissue dissection, handling, stapling, sealing, suturing, and other specialized operative tasks, in accordance with the functional capabilities of the instruments.
	CAPABILITIES SPECIFICATION
1.	The equipment must be capable of performing minimally invasive robot assisted operative procedures in Cardiac, Urology, General Surgery, GI, Gynecology, endocrine and breast, HPB, Thoracic, Colorectal, Pediatric and Head & Neck surgeries for benign, reconstructive, and oncologic procedures across multiple specialties. The system quoted must be the latest generation available model and supported by clinically validated data.
2.	The Main Equipment should comprise of the following fully integrated subsystems. 1. System should support dual surgeon consoles with master control capability, ergonomic adjustments, and high-definition 3D stereoscopic visualization enabling immersive operative viewing. The console should allow real-time intraoperative camera, energy, and system adjustments without interruption of the surgical workflow or loss of operative view. Systems with fully integrated dual-console architecture and clinically established mentoring capability may be preferred. 2. Robotic surgical system with overhead rotating boom structure and minimum four advanced robotic arms capable of multi-quadrant access, supporting interchangeable camera/instrument ports and robotic stapling capability. Surgical cart with 4 universal instrument/camera arms enabling consistent 8-12mm port placement, rotating boom structure with a targeting laser or individual arm carts with centralized or modular arm architecture enabling efficient patient access and docking 3. The system should include an integrated vision platform comprising true high-definition and 3D camera system, image processing unit, and medical-grade display monitor(s) enabling real-time visualization, image optimization, and intraoperative team interaction. 4. The system should support integrated dual-console or equivalent multi-user training capability enabling real-time transfer or sharing of instrument and camera control between consoles/operators during surgery for training, mentoring, and collaborative procedures 5. The system should provide an integrated/seamlessly compatible robotic surgical simulation platform for structured training and skill assessment of robotic surgeons. The simulator should support basic and advanced procedural modules in a realistic operative environment. An integrated platform may be preferred. 6. The system should be capable of future integration or upgrade with synchronized operating table motion or equivalent patient-positioning technology enabling coordinated robotic access during surgery.
3.	The surgeon should be able to magnify the images with his/her own controls.
4.	The system should provide latest-generation high-definition 3D stereoscopic endoscopy with 0° and 30° viewing capability suitable for advanced minimally invasive robotic surgery. The vision system should support near-infrared fluorescence imaging using injectable dye for real-time tissue perfusion and anatomical visualization, with surgeon-controlled image activation and adjustment from the console.

	The endoscope should incorporate anti-fogging, tip-heating, or equiv. nt visual continuity features.
5.	The camera system should provide high-resolution operative imaging with enhanced depth perception, color fidelity, image fusion, and realistic 3D visualization. The robotic platform should support flexible camera placement and multi-quadrant access with minimal requirement for port modification during surgery. The system should include advanced 3D HD/4K-compatible visualization and medical-grade display monitors for operating room viewing and should be able to provide outputs to multiple other Operating room display monitors.
6.	The robotic system should utilize articulated wristed instruments designed to provide high dexterity and range of motion approximating or exceeding human wrist movements. The system should support a broad range of interchangeable instrument tips suitable for benign, reconstructive, and oncologic procedures across multiple specialties. Instruments should preferably provide seven or more degrees of freedom. The platform should support compatibility with force-sensing, tactile-feedback or similar technology through compatible instruments.
7.	The surgeon console master controls should translate natural hand, finger, and wrist movements into precise, tremor-filtered, and scaled instrument and camera movements while supporting ergonomic operation and minimizing surgeon fatigue. The system should facilitate spontaneous movement replication similar to open surgical technique. The console should support compatible advanced tactile feedback-enabled or similar instrumentation where available.
8.	The system should provide adjustable motion scaling with real-time tremor filtration to enable precise microsurgical and minimally invasive surgical movements
9.	The system should include an integrated/seamlessly compatible simulator platform for development of hand–eye coordination, robotic skills acquisition, and procedural training Preference will be given to an integrated/in-built platform.
10.	The robotic system should perform automated self-diagnostic and safety checks during startup and operation to ensure safe system functionality and user guidance
11.	The system should support integrated energy delivery for monopolar, bipolar, and advanced vessel sealing applications. The platform should support multiple energy modes, customizable settings, procedural presets, and compatibility with approved third-party monopolar/bipolar energy instruments. The system should support efficient vessel sealing with clinically validated performance. Quotes to mention details of mono- and bi-polar modes, energy settings, presents and 3rd part compatibility, and vessel sealing times
12.	The system should include integrated/seamlessly compatible insufflation capability controllable through the system interface and/or surgeon console. Systems offering an integrated/in-built capability may be preferred.
13.	The system should support integrated/compatible automatic smoke evacuation functionality to maintain operative field visibility during energy application. An inbuilt/integrated functionality will be considered desirable.
14.	The system should support articulated robotic or robotic-assisted suction-irrigation capability enabling precise access and allowing surgeon-controlled (preferably) or assistant-assisted operation during surgery. Quotes to indicate which option is available.
15.	The system should provide guided and safety-enabled instrument exchange mechanisms during surgery, including user prompts, recognition systems, or equivalent safeguards
16.	The system should support flexibility of endoscope placement in any one of the surgical arms and multi-quadrant visualization through interchangeable or adaptable robotic arm configuration during surgery
17.	Features to provide ability for the assistants in the OR to see and communicate with the surgeon through monitor and telestation.
18.	The surgeon console should provide high-definition 3D visualization with ergonomic adjustments to accommodate individual surgeon comfort and reduce fatigue. The system should support adjustable hand controls, arm support, foot controls, viewing position, and console-based menu/navigation functions for intraoperative workflow optimization. Preference may be given to immersive stereoscopic console designs with integrated ergonomic optimization features
19.	The system should support integration and display of compatible external video sources including radiological imaging, endoscopy, ultrasound, CT, MRI, or other medical imaging systems during surgery

20.	The robotic patient cart and operative instruments shall be suitable for sterile field use, while the surgeon console and vision/control systems may remain outside the sterile operative field.
21.	The system should incorporate safety mechanisms including motion scaling, tremor filtration, clutching, user presence detection, emergency stop features, and/or equivalent safeguards to minimize unintended instrument movement. Quotes to mention the options available
22.	The robotic system subcomponents should be suitably mobile within the operating room and equipped with locking or stabilization mechanisms to prevent unintended movement during surgery
23.	The system should provide digital video output compatible with external displays, recording systems, and educational or telecommunication platforms, preferably in-built in the system. The platform should support digital media capture, procedure recording, storage, review, and collaborative sharing capabilities. The system should be capable of recording both 3D-4k and 2D-4K videos
24.	The system should include necessary software platforms and computing capability to support currently approved robotic surgical specialties and facilitate future software update imaging, and instrument upgrades during the expected lifecycle of the system and beyond
25.	The system should incorporate emergency disengagement or release mechanisms for robotic instruments and arms to ensure patient safety during unexpected events or system failure
26.	The system should support advanced robotic stapling capability using articulated robotic staplers controllable from the surgeon console. The stapling system should provide enhanced articulation, tissue assessment/compression feedback or equivalent guidance features, and facilitate precise minimally invasive stapling and control from the Surgeon consol. Preference may be given to systems with fully wristed energy instruments and integrated console control
27.	The system should support articulated robotic vessel sealing instruments controllable from the surgeon console for precise energy delivery and vascular sealing during minimally invasive surgery. Quotes should mention range and degree of available articulation
28.	The system should support digital surgical analytics through a compatible software platform or mobile application synchronized with the robotic system. The platform should enable analysis of procedure type, operative duration, instrument utilization, workflow metrics, case review, benchmarking, and surgeon learning using system, video, and/or kinematic data
29.	The system should support integrated/compatible telepresence, telementoring, and teleproctoring capability enabling real-time remote case observation, two-way audiovisual communication, collaboration, case review, and surgical mentoring
	OTHER REQUIREMENTS
A	**TRAINING**
A1	**Surgeon Training**
	Structured training should be provided for surgeons (nominated by the respective HOD and approved by the head of the institution) from ALL designated user departments at authorized training centers as per internationally accepted robotic surgery training protocols. Training should include simulation, dry-lab, and clinical exposure where applicable. Certification/credentialing support should be provided by the vendor or authorized training partner.
A2	**OT staff training**
	A set of OT Staff such as Nurses and OT staff shall be trained by the vendor for handling the system including maintenance and sterilization protocols, powering on, moving and positioning the system and observing the system for right function and errors if any. The training method and duration shall be outlined by the vendor. There may be multiple batches of OT staff required to be trained over a period of time.
B	**INSTRUMENTS, CONSUMABLES & ACCESSORIES**
1	The vendor should provide a detailed list of currently available instruments, consumables, and accessories compatible with the system. The platform should support future software and instrument upgrade pathways during the expected lifecycle of the system and beyond to minimize technological obsolescence. Pricing of current consumables and instruments should be quoted separately with validity as per institutional procurement policy and price may be fixed for 5 years and made available through institute HRF. The vendor should support initial 25 procedures free of cost which will be distributed equally across the specialities.

2	The system should provide compatible 3D/4K visualization output for large-format display monitors suitable for case observation, education, tele-mentoring, conferencing, and live procedural broadcasting. Quotes should mention size/dimension of display monitor(s)
3	The robotic system should support integration/ compatibility with synchronized motion-enabled operating table technology to facilitate multi-quadrant surgery and coordinated patient positioning. Required software integration capability should be available. Systems with clinically established synchronized table-motion integration may be preferred.
C	Mandatory Terms & Conditions
1	The OEM should have proven experience in supplying, installing and maintaining multiport soft tissue robotic surgical systems of the same platform/ family with proof of supply of Last 5 Years to reputed institutions from Government of India/State government bodies.
2	The Vendor should have a Training Centre in India
3	The Vendor should be capable of providing the proctor support during the initial cases/procedures at the Institution.
4	The robotic system should have a valid USFDA/CE/CDSCO approval (Class C for the Robotic Surgery system and B/C for instruments and accessories as per the categorization). The valid certifications should be available with the vendor during the supply of the system.