

ICMR - National Institute of Virology,
20-A, Dr. Ambedkar Road, Camp, Pune 411001.
Ph:91-020-26006209.

No. ICMR-NIV PURCHASE/PP 482/2024-25/

DATE: 20/07/2024

Invitation of Quotation/Rate Inquiry/Objections for Procurement of Items on Proprietary Basis

Intends to procure the chemical (kit) from manufacturer/authorized distributors on proprietary basis as mentioned below:

- 1) **TMB, Make – Clinical Science Product, Cat. No.01016-1-1000, Pack Size – 1 Ltr./Bottle, Qty. 100 Bottles.**

The proprietary Article Certificates (PACs) claiming the proprietorship of above chemical (kit) by the concerned manufacturer/Authorized Distributors is enclosed (**Enclosure– I**)

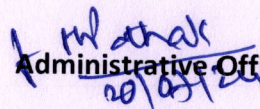
The notice is hereby issued for general information of Aspirant Manufacturer/Authorized Distributors to submit their objection, if any, on proprietorship of the above items in terms of **Rule 166 (i) of GFR, 2017 as amended from time to time.**

The objection along with the complete details of challenging the proprietorship of the above items, if any, should be sent through email to **nivpurchase@yahoo.co.in** so as to reach on or before 26/07/2024 up to **05:00 PM** failing which, it will be presumed that the above items are the proprietary items of the concerned firms as claimed by them in the Proprietary Article Certificates (PACs). Accordingly, the institute will initiate the process of procurement of above items under **Rule 166 (i) of GFR, 2017 as amended from time. Objections shall be entertained only upto 26/07/2024**

Simultaneously, the Quotations/Rate inquiry are also hereby invited from the Manufacturer/Authorized Distributors of the above chemical (kit) as mentioned in the proprietary Article Certificates (PACs).

In case, the product of any other Aspirant Manufacturer/Authorized Distributor conforms to the aforesaid items, they may also submit their Quotations/Rate Inquiry.

The Quotations/Rate inquiry should be submitted in the prescribed format given at **Enclosure - II.**


Administrative Officer

Enclosure - II

Invitation of Quotation/Rate Inquiry
Procurement of items on Proprietary Basis.

(PRODUCE ON THE LETTER HEAD OF THE FIRM)

No _____ Date _____

To,

The Director,
 ICMR-National Institute of Virology,
 20-A, Dr. Ambedkar Road,
 Post Box No.11,
 Pune – 411001.

Sub: - Invitation of Quotation/Rate Inquiry for Procurement of Items on Proprietary Basis.

Sir,

With reference to your Quotation/Rate Inquiry, Vide no _____ dated _____
 Please find the quoted rates by us :-

Sl. NO.	Name of the Item	Unit Price	Qty.	Total Price	Discount	Net Price	GST	Any Other Charge	Total Cost

Further, I also abide by the terms and conditions of the Quotation/Rate Inquiry as given in **Annexure – A**. The other details and documents as desired by the procuring Authority are enclosed at **Annexure – B**.

Yours faithfully,

Signature _____

Full Name _____

Designation _____

Mobile _____

Email Id _____

Stamp _____

Handwritten signature and date: 14/05/2011

Annexure III

Proprietary Article Certificate (PAC) from the firm

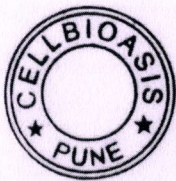
Note: Proprietary Article Certificate in the following form is to be provided by the OEM/ authorized dealers/ Stockiest of OEM) before procuring the goods from a single source under the provision of sub Rule 166 (i) and 166 (iii) as applicable. (On company's letter head)

- NIV Enquiry Ref No. : PP No PAC. 482/2024-25 (DRF Lab)

The indented goods are manufactured by Clinical Science

- (i) No other make or model is acceptable by the Institute/Centre for the following reason: -
- 1) Generate the highest yields of high-quality libraries, with a broad range of input amounts
 - 2) Flexibility and reliability, Fast workflow
 - 3) Suitable for low-quality or high-quality input quality
- iii) Concurrence of finance wing of the OEM/ authorized dealers/ Stockiest of OEM to the proposal vide:
- (iv) Approval of the competent authority of the OEM/ authorized dealers/ Stockiest of OEM

(Signature with date and designation OEM/ authorized dealers/ Stockiest of OEM)



For **CELLBIOASIS**

Spatil
Authorized Signatory

M/s.CellBiOasis
GSTN: 27AAFFC5145B1ZV

Reg.& Corporate Office:
Office No 402, Balewadi Plaza,
, Near MITCON Inst. Balewadi, Pune,

Mobile No:
+917276001800
+91727600360

Email: Cellbioasis@gmail.com

**Invitation of Quotation/Rate Inquiry/Objections for
Procurement of Items on Proprietary Basis**

(PRODUCE ON THE LETTER HEAD OF THE FIRM)

Terms & Conditions

1. Quotation sent by email will only be considered.
2. The bidder should clearly mention whether they are manufacturer or Authorized Dealer/ Distributor/Supplier of the manufacturer. In the case of authorized Distributor/Dealer/Supplier, valid **Authorization letter issued by the manufacturer** in favour of the Distributor should be submitted along with the quotation.
3. Quotation received after the last date & time is liable to be rejected.
4. GST will be applicable as per Gol norms.
5. The price quoted by the bidder should not be more than the price offered to any other Govt. organization within last one year i.e. from 01.04.2023 to 31.03.2024. The bidder must enclose a copy of the purchase order (price quoted to other Govt. organization) along with a price Reasonability Certificate in the prescribed format.
6. The bidder conditions mentioned in the quotation, if any, shall not be binding on ICMR-NIV Pune.
7. Quotation should be preferably, typewritten and every correction in the quotation should invariably be signed by the bidder, failing which, the quotation is liable to be rejected.
8. In the quotation, Name of the item & Catalogue number should be the same as mentioned on page 1
9. Any dispute concerning any Terms and conditions of the Quotation and/or the supply of items, will be subject to Delhi jurisdiction only.
10. Price should be quoted on the vendor's Letter head, duly stamped and signed.
11. Items should be delivered within 4 weeks at ICMR-NIV Pune from the date of issue of purchase order. The liquidated charges @ 1% per week shall be imposed if supply made after expiry of delivery period subject to maximum 10% of the total value of goods/ contract value.
12. Validity of quotation should be for a minimum period of 03 months (90 days).
13. The payment shall be released to the firm within a period of 30 days of receipt and successful installation of the ordered items. No advance Payment to the firm shall be considered except in case of unavoidable circumstances.
14. If, in the price structure quoted by a bidder, there is discrepancy between the unit price and the total price (which is obtained by multiplying the unit price by the quantity), the unit price shall prevail and the total price will be corrected accordingly. If there is a discrepancy between the amount expressed in words and figures, the amount expressed in words shall prevail
15. The Director, NIV reserves the right to reject any or all quotations without assigning any reason.

Annexure – B

**Invitation of Quotation/Rate Inquiry/Objections for
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(PRODUCE ON THE LETTER HEAD OF THE FIRM)

BIDDER'S INFORMATION

Sr. no.	Particulars	Remarks
1	Name of the firm	
2	State whether, you are a manufacturer or Authorized Distributor.	
3	Name of Authorized person/Representative of the firm with contact details.	
4	Name of Authorized person/Representative of the firm with whom, the negotiations may be done, if required (The person must be empowered of taking decisions during the negotiation)	
5	Complete Address of the firm with Telephone No., Fax No., Email etc.	
6	Company Registration Number (Attach copy of Registration Certificate)	
7	GST Registration Number (Attach copy of GST Certificate)	
8	Whether you have supplied the Clinical Science make products to any other Govt. Organization within last one year I.e. from 01.04.2023 to 31.03.2024. (YES/NO)	
8 (a)	If yes, attach copy of the Purchase order Clearly indicating the price of the chemical (kit)	
8 (b)	If no, attach Price Reasonability Certificate in the prescribed format	
9	Attach a copy of the turnover Certificate for last 03 financial years issued by a CA with UDIN Number	
10	Attach a Non-Black Listing Certificate on the letter head of the firm	
11	In case of Authorized Distributor, enclose a copy of the valid authorization certificate issued by the manufacturer	

Declaration: - I shall abide a by all the terms and conditions as given above.

Signature _____

Full Name _____

Designation _____

Mobile _____

Email Id _____

Stamp _____

PRICE REASONABILITY CERTIFICATE

(To be given by the vendor on the Letter Head of the company/Firm)

It is certified that the RATES quoted by us vide tender/quotation no _____ dated _____ for supply of goods/services etc. is not more than the rates charged to other Government Organization/ Research Laboratories etc., for same supplies made by our firm, in the recent past, preferably within a year. If at any stage, it has been found that the quoted rate to the NIV is higher than the rates charged to above mentioned institutions, then in such a situation/ condition, NIV shall have the right to take legal action against us, for recovery of excess rates.

Yours faithfully,

Authorized signatory of Bidder with Seal

Name _____

Designation _____

