

## **ENLISTMENT / REGISTRATION OF VENDORS**

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### **NATIONAL AIDS RESEARCH INSTITUTE ( I.C.M.R.), PUNE**

Plot No. 73, 'G' Block, MIDC, Bhosari, Pune-411 026.

Tel No. 020- 27121342, 27121343, 27121280

Email: [vendors.nari@nariindia.org](mailto:vendors.nari@nariindia.org)

Sealed applications are invited from competent and experienced manufacturers / Vendors / Contractors / Suppliers / Consultants / Service providers for supplying /providing scientific equipments, accessories, Computer hardware & stationery, printing & stationery items, housekeeping consumables, Lab consumables, chemicals,, reagents & kits, Electronic equipments, Electrical items, Office furniture and furnishings etc.

The interested parties are required to send the duly filled in form of Registration of vendors along with supporting documents & Application Fee of Rs.100/- (Rupees One Hundred) (Non - refundable) by Demand Draft of Nationalized Bank only, drawn in favour of Director, National AIDS Research Institute, Bhosari, Pune.

**DIRECTOR, NARI**

**A) Suppliers / Manufacturers / Distributors / Dealers :**

1. Computers, Laptops, Hardware, Printers ( Laser Jet, Ink Jet ) , licensed consumables such as CD – ROM, DVDs, Toner, Ink Cartridges, Computer peripherals.
2. UPS ( On line, Off Line ) Stabilizers, Batteries ( Maintenance free ), generators
3. Refrigerators, Televisions, LCDs, Air conditioners,
4. Office modular furniture, office chairs, visitors chairs, Doctor's chairs, fixed type waiting chairs, venation blinds, Name board & sign ages
5. Scientific equipments, examination tables, patient beds, surgical equipments
6. Laboratory chemicals, reagents & kits
7. Laboratory Plastic ware
8. Laboratory Gases
9. All types of office stationery
10. Electrical Installation, electric / electronic goods

**B) Contractors :**

1. Contractors for Civil Work
2. Contractors for Civil Maintenance
3. Contractors for Electrical works
4. Contractors for Plumbing services
5. Contractors for Architectural drawing work
6. Contractors for Pest Control services
7. Contractors for Landscape Maintenance & Gardening
8. Contractors for Waterproofing Work

**C) Service Providers :**

1. Service Provider for Manpower / HR Services
2. Service Provider for Housekeeping services
3. Service Provider for Security Services
4. Service Provider for Catering Services
5. Service Provider for Courier Services
6. Service Provider for photo copying, book binding/ spiral binding
7. Service Provider for taxi hiring/bus hiring

8. Service Provider for printing of registers, forms,, catalogs, Reports

**NATIONAL AIDS RESEARCH INSTITUTE**

**Form for Registration Of Vendors**

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1. Name of the Company : -----

2. Address of Head Office / Registered Office :

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3. Telephone /Mobile No. : -----

4. Fax No. : -----

5. Email Address : -----

6. Website ( If any ) : -----

7. Date of Establishment : -----

8. Branch Office in Pune :

- a) Address -----  
-----
- b) Telephone No -----
- c) Fax No -----

9. Name of Proprietor / Partner / Chief Executive Officer :

- a) Name -----
- b) Telephone No -----
- c) Fax No -----
- d) Email -----

10. Name of Contact person : -----

- a) Telephone No -----
- b) Fax No -----
- c) Email -----

11. Type of Organisation Documents to be enclosed

- |                        |                             |
|------------------------|-----------------------------|
| 1. Proprietary         | Shop Act License            |
| 2. Partnership         | Partnership Deed            |
| 3. Private Limited Co. | Articles of Memorandum      |
| 4. Public Limited Co.  | Certificate of Registration |
| 5. Public Sector       | Trade License               |

12. Annual Turnover during last three years ( Rs. Lacs )  
Enclose Balance Sheet for last 3 years)

- |         |       |
|---------|-------|
| 1.----- | ----- |
| 2.----- | ----- |
| 3.----- | ----- |

13. Commercial Information :

- |  |       |
|--|-------|
| 1. CST Regn. No.                           | ----- |
| 2. VAT No.                                 | ----- |
| 3. PAN No.                                 | ----- |
| 4. Service Tax No.                         | ----- |
| 5. Trade License No./ Shop Act License No. | ----- |

14. Details of Major Customers :

Names of Autonomous Institutions/Govt. Departments/ Public Sector undertakings/Private Institutions where your firm is Registered.

1. -----
2. -----
3. -----
4. -----
5. -----

**15                                DECLARATION BY VENDOR**

I CONFIRM THAT THE INFORMATION FURNISHED IS CORRECT TO THE BEST OF MY KNOWLEDGE. NO EMPLOYEE OR DIRECT RELATION OF ANY EMPLOYEE OF NARI IS IN WAY CONNECTED AS PARTNER/DIRECTOR/ADVISOR/CONSULTANT/EMPLOYEE ETC WITH THE COMPANY.

Place :  
Date :

**Signature of Proprietor/Partner/Director/CEO**  
**Name of the Supplier :**  
**( Seal of Vendor )**