

आई सी एम आर – राष्ट्रीय एड्स अनुसंधान संस्थान  
स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य और परिवार  
कल्याण मंत्रालय, भारत सरकार

ICMR - National AIDS Research Institute  
Department of Health Research, Ministry of Health  
and Family Welfare, Government of India

### Quotation Enquiry

PP No: 603/NARI-Purchase/2023-24

Date: 03/02/2024

Sales Quotations are invited on behalf of the the Director, ICMR-NARI, Pune for the following items forthe mentioned quantities; along with the company profile and other documents and details asked below.

Sr No:	Item	Cat No.	Quantity	Pack Size
1	Super script III Reverse Trascriptase	18080085	1	4 X 10000 units
2	Power SYBR Green PCR Master Mix	4367659	1	1 X 5 ml
3	Propidium Iodide	P 3566	1	1.0 mg/ml

Make/Brand Required: Invitrogen

Name of Authorized Dealer or Stockiest: Nirav Biosolutions Pvt Ltd

**Objection Clause:** This inquiry is directed to suppliers currently recognized as the supplier to the requisitioner of the Purchase Proposal at the time of dispatching the inquiry. Any objection raised by an alternative firm or vendor offering the same product or service should be submitted to ICMR-NARI, along with the quotation for the specified products, in accordance with the other clauses outlined in this inquiry document.

The quotation superscribed as '**Quotation for PP No. 603** addressed to the Director,, ICMR - National Aids Research Institute 73-G, MIDC, Bhosari, Pune 411026, Post Box No. 1895 (Attention : Administrative Officer - Procurement Cell), should be either dropped at the reception of ICMR-NARI, Pune or sent through by speed post /Courier latest by 15<sup>th</sup> of February, 2024 till 5:00pm in a sealed Envelop.

#### Documents to be submitted for Eligibility:

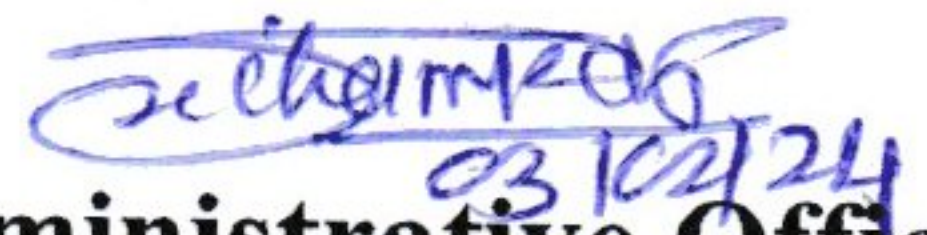
- 1 OEM Authorization Certificate. Please find Annexure I attached with the Enquiry sheet.
- 2 Distributor Authorization Certificate. Please find Annexure II attached with the Enquiry sheet.
- 3 Price Reasonability certificate. Please find Annexure III attached with the Enquiry sheet.
- 4 Previous Purchase orders to ICMR- NARI Pune or any other governement organization.
- 5 Data Sheet of the product(s) offered in the quotation, are to be sent along with the quotation documents. ICMR-NARI, Pune can match and verify the Data Sheet with the product specifications offered. In case of any unexplained mismatch of technical parameters, the quotation is liable for rejection.

#### Other Terms and Conditions:

- 1 This is an enquiry and must not be treated as order.



- 2 The ICMR-NARI Office reserves the right to accept or reject any or all applicant without assigning any reason
- 3 Any decision taken by the Director,, ICMR NARI at any point of time in connection with this process shall be final and conclusive and no claim or disputes from any quarter in that regard shall be entertained.
- 4 No advance payment will be made. The payment will be made on receipt of services availed and satisfactor report of the end user.
- 5 ICMR-NARI Pune will not be responsible for any delay for the receipt of the quotations.
- 6 Vendors are advised to check applicable GST on their own before quoting. Buyer will not take any responsibility in this regards. GST reimbursement will be as per actuals or as per applicable rates (whichever is lower), subject to the maximum of quoted GST %.
- 7 To furnish supporting documentation in case of eligibility as an MSME.

  
23/10/24  
**Administrative Officer,**  
**ICMR - NARI, Pune**



## ANNEXURE I

### OEM/OSP CERTIFICATE

The Registered Name of the OEM/OSP certifies that the Item/Product/Service having its catalogue number \_\_\_\_\_ and for which the Enquiry is sent by ICMR-National Aids Research Institute, Pune, via Enquiry Number \_\_\_\_\_ is/are;

- 1 The Proprietary Item of the Registered Name of the OEM/OSP.
- 2 No other manufacturer/firm to the best of our knowledge manufactures/supplies/stocks the mentioned or similar products/services.

**Sign of the Competent Authority**

**Name of the Signing Authority**

**Designation of the Signing Authority**

DATE:

#### **Mandatory conditions:**

- 1 OEM/OSP Authorization certificate only to be provided on the Official Letter Head of the OEM/OSP.
- 2 The OEM/OSP Certificate be duly signed by the competent authority with clearly mentioning the designation of the signatory along with the official seal of the OEM/OSP/OSP.

## ANNEXURE II

### DISTRIBUTOR/DEALER AUTHORIZATION CERTIFICATE

The Registered Name of the Dealer/Distributor is the authorized Dealer/Distributor of the OEM/OSP Registered Name of the OEM/OSP and has been authorized by the Registered Name of the OEM/OSP to supply/sale/provide the Name of the Product/Service having its catalogue number in anywhere in India or Particular Zone (specified zone) in India.

Also, if the Registered Name of the Dealer/Distributor is the only/not the only Authorized Dealer/Distributor authorized by the Registered Name of the OEM/OSP to supply/sale/provide the Name of the Product/Service having its catalogue number in anywhere in India or Particular Zone (specify zone) in India.

**Sign of the Competent Authority**

**Name of the Signing Authority**

**Designation of the Signing Authority**

DATE:

#### Mandatory conditions:

- 1 DISTRIBUTOR/DEALER AUTHORIZATION CERTIFICATE only to be provided on the Official Letter Head of the OEM/OSP.
- 2 DISTRIBUTOR/DEALER AUTHORIZATION CERTIFICATE be duly signed by the competent authority with clearly mentioning the Name and Designation of the signatory along with the official seal of the OEM/OSP/OSP.

### ANNEXURE III

#### PRICE REASONABILITY CERTIFICATE

NAME OF THE FIRM/SUPPLIER certify that the rates quoted in the Quotation of the Quotation number that have been sent to the ICMR-National Aids Research Institute, Pune, in response to the Purchase Enquiry Number\_\_\_\_\_ have quoted the lowest rates for the Products/Services with their catalogue numbers, and NAME OF THE FIRM/SUPPLIER has not sold to any other central government, state government, or private organisation at the rates lower than those quoted to the ICMR-National Aids Research Institute, Pune, in the Quotation of the Quotation number \_\_\_\_\_ since the last revision of the prices of the products and services mentioned in the quotation of the quotation number .

**Sign of the Competent Authority**

**Name of the Signing Authority**

**Designation of the Signing Authority**

DATE:

#### **Mandatory conditions:**

- 1 PRICE REASONABILITY CERTIFICATE only to be provided on the Official Letter Head of the SUPPLIER FIRM.
- 2 PRICE REASONABILITY CERTIFICATE be duly signed by the competent authority with clearly mentioning the Name and Designation of the signatory along with the official seal of the SUPPLIER FIRM.