

PAC-30/NITVAR PURCHASE/ 2024-25

Date : 13/03/2025

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

Sub Enquiry No.	Sr. No	Particular of Item	Quantity	Packsize	Make Model and Authorised Dealer
4463/ NITVAR PURCHASE-P AC/2025-26	1	True Blue Substrate Cat Code: (Sera Care KPL) 5510-0030	20 Packs	100ml x 2	Make : SeraCare KPL Authorised Dealers/stockist: Bioseq

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-NITVAR, Pune along with the quotation for the specified products, in accordance with the other clauses outlined in this inquiry document.

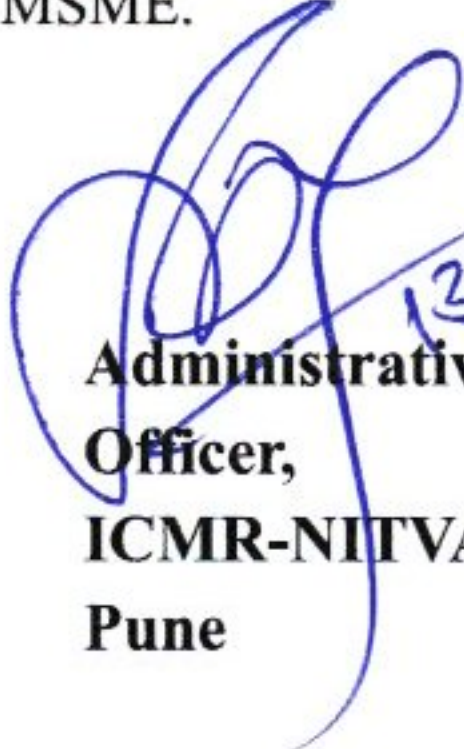
The quotation has to be superscribed with the "**SUB - ENQUIRY REFERENCE No.** - as per the above table with respect to the ITEM for which the bidder is quoting for; addressed to the Director, ICMR - National Institute of Translational Virology and AIDS Research Institute, 73-G, MIDC, Bhosari, Pune 411026, Post Box No. 1895 should be either dropped at the reception of ICMR-NITVAR, Pune or sent through by speed post /Courier latest by 18/03/25 till 5:00 pm in a sealed Envelope.

Documents to be submitted for Eligibility:

- 1 OEM Authorization Certificate. (On the letter head of the OEM)
- 2 Distributor Authorization Certificate.
- 3 Price Reasonability certificate.
- 4 Data Sheet of the product(s) offered in the quotation, are to be sent along with the quotation documents. ICMR-NITVAR, 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-NITVAR Office reserves the right to accept or reject any or all applicant without assigning any reason
- 3 Any decision taken by the Director, ICMR NITVAR 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 satisfactory report of the end user.
- 5 ICMR-NITVAR 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 regard. 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.


13.03.25
**Administrative
Officer,
ICMR-NITVAR,
Pune**

ANNEXURE I : OEM/OSP CERTIFICATE

The _____ **A** _____ certifies that the _____ **B** _____ and for which the Enquiry is sent by ICMR-National Institute of Translational Virology and AIDS Research, Pune, via Enquiry Number _____ **C** _____ is/are;

1. The Proprietary Item of the _____ **A** _____.
2. No other manufacturer/firm to the best of our knowledge manufactures the mentioned product/service.

Signature of the Competent Authority

Name of the Signing Authority

Designation of the Signing Authority

Kindly Note: In the above format;

A : Is the Registered Name of the OEM/OSP

B : The item name along with its Catalog Number

C : Enquiry Reference Number (eg. 1234/NITVAR-PURCHASE/2024-25)

Mandatory Conditions;

1. The OEM Certificate has to be provided on the Official Letter Head of the OEM.

ANNEXURE II

DISTRIBUTOR/DEALER AUTHORIZATION CERTIFICATE

The _____ A _____ is the authorized Dealer/Distributor of the _____ B _____ and has been authorized by _____ B _____ to supply/sale the _____ C _____ to the ICMR-NITVAR, Pune in response to the enquiry Ref No. D _____ floated by ICMR-NITVAR, Pune. The validity of the Authorization is up to the following date _____.

Sign of the Competent Authority

Name of the Signing Authority

Designation of the Signing Authority

Kindly Note: In reference to the above format;

1. **A: Registered Name of the Distributor/Dealer**
2. **B: Official Name of the OEM/OSP**
3. **C: Item Name and its catalog number.**
4. **D: Tender/Enquiry Ref No. (Eg. 1234/NITVAR PURCHASE/ 2024-25)**

Mandatory Condition;

1. **The Distributor Authorization Certificate has to be provided only on the Letter Head of the OEM/OSP.**

ANNEXURE III

PRICE REASONABILITY CERTIFICATE

 A certify that the rates quoted in the Quotation Ref. No B submitted to the ICMR-National Institute of Translational Virology and AIDS Research, Pune, in response to the Enquiry Ref No. C are lowest and no other organization either government or private have been provided with the quotes lower than those quoted to the ICMR-National Institute of Translational Virology and AIDS Research, Pune.

Sign of the Competent Authority

Name of the Signing Authority

Designation of the Signing Authority

Kindly Note : In the above format;

1. A : Name of the bidder submitting the quotation in response to the enquiry.
2. B : Reference Number of the Quotation being submitted by the bidder.
3. C : Enquiry Reference Number of the ICMR- NITVAR, Pune (eg. 1234/NITVAR PURCHASE /2024-25)

Mandatory Condition: The certificate has to be provided on the letter head of the bidder.

