आई सी एम आर - राष्ट्रीय द्वंसलेशनल वाइरॉलॉजी एवं एड्स अनुसंधान संस्थान, (भारतीय आयुर्विज्ञान अनुसंधान परिषद) स्वास्थ्य एवं परिवार कत्याण मंत्रालय, भारत सरकार

ICMR - National Institute of Translational Virology and AIDS Research. (Indian Council of Medical Research) Ministry of Health and Family Welfare, Government of India

PP No: 4527/NITVAR-Purchase/2025-26

#### Date: 21-07-2025

#### **Quotation Enquiry**

Sales Quotations are invited on behalf of the 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.

Sr No:	Name of Item	No. of Users
1	License Upgrade IBM SPSS Network License from Version 25 to Version 30	10 Users

Maker's name and address: IBM SPSS, Banglore Name of authorized dealer or stockiest: SPSS South East Asia

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, 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. 4527 addressed to the Director,, ICMR - National Institute of Translational Virology & Aids Research, 73-G, MIDC, Bhosari, Pune 411026, Post Box No. 1895 (Attention : Administrative Officer - Procurement Cell), should be either dropped at the reception of ICMR-NITVAR, Pune or sent through by speed post /Courier latest by of 30th July, 2025 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. [Pg No ③]
- 2 Distributor Authorization Certificate. Please find Annexure II attached with the Enquiry sheet. [Pg No . ]
- 3 Price Reasonability certificate. Please find Annexure III attached with the Enquiry sheet. [Pg No . []
- 4 Previous Purchase orders to ICMR- NITVAR 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-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 satisfactor report of the end user.
- 5 ICMR-NITVAR Pune will not be responsible for any delay for the reciept 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.

Administrative Officer

Administrative Office

# 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 \_\_\_\_

1. The Proprietary Item of the

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

3

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.

# DISTRIBUTOR/DEALER AUTHORIZATION CERTIFICATE

A \_\_\_\_\_\_is the authorized Dealer/Distributor of the \_\_\_\_\_B \_\_\_\_and has been authorized \_\_\_\_\_\_\_to supply/sale the \_\_\_\_\_\_\_to the ICMR-NITVAR, Pune in response to the enquiry Ref No. floated by ICMR-NITVAR, Pune\_. The validity of the Authorization is up to the following date The В by\_ D

Sign of the Competent Authority

Name of the Signing Authority

**Designation of the Signing Authority** 

4

### Kindly Note: In reference to the above format;

- 1. A: Registered Name of the Distributor/Dealer
- 2. B: Official Name of the OEM/OSP
- C: Item Name and its catalog number.
  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.

### PRICE REASONABILITY CERTIFICATE

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. \_\_\_\_ 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.
- B : Reference Number of the Quotation being submitted by the bidder.
  C : Enquiry Reference Number of theICMR- NITVAR, Pune (eg. 1234/NITVAR PURCHASE /2024-25)

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