



राष्ट्रीय ट्रांसलेशनल वायरोलॉजी एवं एड्स अनुसंधान संस्थान (भारतीय आयुर्विज्ञान अनुसंधान परिषद)

ICMR-NATIONAL INSTITUTE OF TRANSLATIONAL VIROLOGY AND AIDS RESEARCH (INDIAN COUNCIL OF MEDICAL RESEARCH)

Date:

24.12.2025

PP No: 0322/NITVAR-Purchase/2025-26

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:	Item Name	Cat. No.	Pack Size	Quantity
1	96 Well Plates Round Bottom/ U Bottom (TPP) Make	92097	-	15 Pack (162- Plates Per Pack)
2	96 Well Plates Round Bottom/ Flat Bottom Make - TPP	92096	-	15 Pack (162-Plates Per Pack)

^{*}Storage Conditions: In Room Temperature

Maker's name and address: TPP

Name of authorized dealer or stockiest: Life Spectrum India Pvt. Ltd. *Note: The material is to be delivered at ICMR-NIV, Pashan Campus.

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. 0322 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 31 Dec, 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. 4]
- 3 Price Reasonability certificate. Please find Annexure III attached with the Enquiry sheet. [Pq No. 5]
- 4 Previous Purchase orders to ICMR- NITVAR Pune or any other government organization.
- 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.



- The ICMR-NITVAR Office reserves the right to accept or reject any or all applicant without 2 assigning any reason
- Any decision taken by the Director,, ICMR NITVAR at any point of time in connection with this 3 process shall be final and conclusive and no claim or disputes from any quarter in that regard shall be entertained.
- No advance payment will be made. The payment will be made on receipt of services availed and 4 satisfactor report of the end user.
- ICMR-NITVAR Pune will not be responsible for any delay for the reciept of the quotations. 5
- Vendors are advised to check applicable GST on their own before quoting. Buyer will not take any 6 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 %.

To furnish supporting documentation in case of eligibility as an MSME. 7

> ICMR- NITVAR, Pune Administrative Officer

ANNEXURE I : OEM/OSP CERTIFICATE

The	A	certifies that the		В	and for which the	Enquiry is sent by
ICMR-	National Institute of Tran	nslational Virology a	and AIDS Rese	earch, Pune,	via Enquiry Number	C
is/are;						
1.	The Proprietary Item o	f theA				
2.	No other manufacturer	firm to the best of o	our knowledge	manufacture	es the mentioned produc	ct/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.



and has been authorized

ANNEXURE II

DISTRIBUTOR/DEALER AUTHORIZATION CERTIFICATE

The	100	A							utor o			В		as been aut	
by	В		to sup	ply/sal	le the	C	_ to	the IC	CMR-	NITV	AR, I	une in	response to	the enquiry	Ref No.
Ď O		floated											p to the follo		
												C.	-Cab - Com	notant Aus	horitu
												Sign	of the Com	petent Aut	nority
												Nai	ne of the Sig	gning Auth	ority
												Design	ation of the	Signing A	uthority

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

ANNEXURE III

PRICE REASONABILITY CERTIFICATE

A	certify that the rates quoted in the Quotation Ref. No _	В	_ submitted	to the
	inslational Virology and AIDS Research, Pune, in response			
	zation either government or private have been provided wi		otes lower than	those
quoted to the ICMR-National In	astitute of Translational Virology and AIDS Research, Pun-	e.		

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 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.