



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

## **ENLISTMENT / REGISTRATION OF VENDORS ICMR-NATIONAL AIDS RESEARCH INSTITUTE (I.C.M.R.), PUNE**

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

Tel No. 020- 27331200, 27331206, 27331207

Email: [nari.purchase2020@gmail.com](mailto:nari.purchase2020@gmail.com)

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

Interested vendors 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, ICMR-National AIDS Research Institute, Bhosari, Pune.

**DIRECTOR, NARI**



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## **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, visitor's chairs, Doctor's chairs, fixed type waiting chairs, venation blinds, Name board & sign ages
5. Scientific equipment, examination tables, patient beds, surgical equipment
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



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### **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



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## ICMR-NATIONAL AIDS RESEARCH INSTITUTE Form for Registration of Vendors

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

2. Address of Head Office / Registered Office:

.....  
.....  
.....  
.....

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 : .....



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c) Fax No : .....

d) Email : .....

**10. Name of Contact person** : .....

a) Telephone No : .....

b) Fax No. : .....

c) Email : .....

**11. Type of Organization 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. ....



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**13. Commercial Information:**

1. GST Registration. No. -----

2. PAN No. -----

3. Trade License No. / Shop Act License No. -----

4. Any Other Relevant Registration No. as per nature of  
Business

**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.

**Signature of Proprietor/Partner/Director/CEO**

**Place: (Seal of Vendor)**

**Name of the Supplier**

**Date:**