

**ICMR - National Institute of Virology,**  
20-A, Dr. Ambedkar Road, Camp, Pune 411001.  
Ph:91-020-26006209.

No. ICMR-NIV/PURCHASE/PP NO.387/2024-25/

DATE: 25/06/2024

**Invitation of Quotation/Rate Inquiry/Objections for Procurement of Items on Proprietary Basis**

Intends to procure the chemical (kit) from manufacturer/authorized distributors on proprietary basis as mentioned below:

- 1) Bovine Serum Albumin (IgG-Free), Make – Jackson ImmunoResearch, Cat. No.001-000-173, Pack Size – 250gm./bottle, Qty. 9 Bottles.**

The proprietary Article Certificates (PACs) claiming the proprietorship of above chemical (kit) by the concerned manufacturer/Authorized Distributors is enclosed (**Enclosure– I**)

The notice is hereby issued for general information of Aspirant Manufacturer/Authorized Distributors to submit their objection, if any, on proprietorship of the above items in terms of **Rule 166 (i) of GFR, 2017 as amended from time to time.**

The objection along with the complete details of challenging the proprietorship of the above items, if any, should be sent through email to [nivpurchase@yahoo.co.in](mailto:nivpurchase@yahoo.co.in) so as to reach on or before 10/07/2024 up to **05:00 PM** failing which, it will be presumed that the above items are the proprietary items of the concerned firms as claimed by them in the Proprietary Article Certificates (PACs). Accordingly, the institute will initiate the process of procurement of above items under **Rule 166 (i) of GFR, 2017 as amended from time. Objections shall be entertained only upto 10/07/2024**

Simultaneously, the Quotations/Rate inquiry are also hereby invited from the Manufacturer/Authorized Distributors of the above chemical (kit) as mentioned in the proprietary Article Certificates (PACs).

In case, the product of any other Aspirant Manufacturer/Authorized Distributor conforms to the aforesaid items, they may also submit their Quotations/Rate Inquiry.

The Quotations/Rate inquiry should be submitted in the prescribed format given at **Enclosure - II.**

*H. Rathak*  
Administrative Officer  
01/07/24

**Enclosure - II**

**Invitation of Quotation/Rate Inquiry**  
**Procurement of items on Proprietary Basis.**

**(PRODUCE ON THE LETTER HEAD OF THE FIRM)**

No \_\_\_\_\_

Date \_\_\_\_\_

To,

The Director,  
 ICMR-National Institute of Virology,  
 20-A, Dr. Ambedkar Road,  
 Post Box No.11,  
 Pune – 411001.

**Sub: - Invitation of Quotation/Rate Inquiry for Procurement of Items on Proprietary Basis.**

Sir,

With reference to your Quotation/Rate Inquiry, Vide no \_\_\_\_\_ dated \_\_\_\_\_  
 Please find the quoted rates by us :-

Sl. NO.	Name of the Item	Unit Price	Qty.	Total Price	Discount	Net Price	GST	Any Other Charge	Total Cost

Further, I also abide by the terms and conditions of the Quotation/Rate Inquiry as given in **Annexure – A**. The other details and documents as desired by the procuring Authority are enclosed at **Annexure – B**.

Yours faithfully,

Signature \_\_\_\_\_

Full Name \_\_\_\_\_

Designation \_\_\_\_\_

Mobile \_\_\_\_\_

Email Id \_\_\_\_\_

Stamp \_\_\_\_\_

*Handwritten:*  
 01/08/10

**Invitation of Quotation/Rate Inquiry/Objections for  
Procurement of Items on Proprietary Basis**

**(PRODUCE ON THE LETTER HEAD OF THE FIRM)**

**Terms & Conditions**

1. Quotation sent by email will only be considered.
2. The bidder should clearly mention whether they are manufacturer or Authorized Dealer/ Distributor/Supplier of the manufacturer. In the case of authorized Distributor/Dealer/Supplier, valid **Authorization letter issued by the manufacturer** in favour of the Distributor should be submitted along with the quotation.
3. Quotation received after the last date & time is liable to be rejected.
4. GST will be applicable as per Gol norms.
5. The price quoted by the bidder should not be more than the price offered to any other Govt. organization within last one year i.e. from 01.04.2023 to 31.03.2024. The bidder must enclose a copy of the purchase order (price quoted to other Govt. organization) along with a price Reasonability Certificate in the prescribed format.
6. The bidder conditions mentioned in the quotation, if any, shall not be binding on ICMR-NIV Pune.
7. Quotation should be preferably, typewritten and every correction in the quotation should invariably be signed by the bidder, failing which, the quotation is liable to be rejected.
8. In the quotation, Name of the item & Catalogue number should be the same as mentioned on page 1
9. Any dispute concerning any Terms and conditions of the Quotation and/or the supply of items, will be subject to Delhi jurisdiction only.
10. Price should be quoted on the vendor's Letter head, duly stamped and signed.
11. Items should be delivered within 4 weeks at ICMR-NIV Pune from the date of issue of purchase order. The liquidated charges @ 1% per week shall be imposed if supply made after expire of delivery period subject to maximum 10% of the total value of goods/ contract value.
12. Validity of quotation should be for a minimum period of 03 months (90 days).
13. The payment shall be released to the firm within a period of 30 days of receipt and successful installation of the ordered items. No advance Payment to the firm shall be considered except in case of unavoidable circumstances.
14. If, in the price structure quoted by a bidder, there is discrepancy between the unit price and the total price (which is obtained by multiplying the unit price by the quantity), the unit price shall prevail and the total price will be corrected accordingly. If there is a discrepancy between the amount expressed in words and figures, the amount expressed in words shall prevail
15. The Director, NIV reserves the right to reject any or all quotations without assigning any reason.

**Annexure – B**

**Invitation of Quotation/Rate Inquiry/Objections for  
Procurement of Items on Proprietary Basis**

**(PRODUCE ON THE LETTER HEAD OF THE FIRM)  
BIDDER'S INFORMATION**

Sr. no.	Particulars	Remarks
1	Name of the firm	
2	State whether, you are a manufacturer or Authorized Distributor.	
3	Name of Authorized person/Representative of the firm with contact details.	
4	Name of Authorized person/Representative of the firm with whom, the negotiations may be done, if required (The person must be empowered of taking decisions during the negotiation)	
5	Complete Address of the firm with Telephone No., Fax No., Email etc.	
6	Company Registration Number (Attach copy of Registration Certificate)	
7	GST Registration Number (Attach copy of GST Certificate)	
8	Whether you have supplied the <b>Jackson ImmunoResearch make products</b> to any other Govt. Organization within last one year i.e. from 01.04.2023 to 31.03.2024. <b>(YES/NO)</b>	
8 (a)	If yes, attach copy of the Purchase order Clearly indicating the price of the chemical (kit)	
8 (b)	If no, attach Price Reasonability Certificate in the prescribed format	
9	Attach a copy of the turnover Certificate for last 03 financial years issued by a CA with UDIN Number	
10	Attach a Non-Black Listing Certificate on the letter head of the firm	
11	In case of Authorized Distributor, enclose a copy of the valid authorization certificate issued by the manufacturer	

**Declaration: - I shall abide a by all the terms and conditions as given above.**

Signature \_\_\_\_\_

Full Name \_\_\_\_\_

Designation \_\_\_\_\_

Mobile \_\_\_\_\_

Email Id \_\_\_\_\_

Stamp \_\_\_\_\_

**PRICE REASONABILITY CERTIFICATE**

**(To be given by the vendor on the Letter Head of the company/Firm)**

It is certified that the RATES quoted by us vide tender/quotation no \_\_\_\_\_ dated \_\_\_\_\_ for supply of goods/services etc. is not more than the rates charged to other Government Organization/ Research Laboratories etc., for same supplies made by our firm, in the recent past, preferably within a year. If at any stage, it has been found that the quoted rate to the NIV is higher than the rates charged to above mentioned institutions, then in such a situation/ condition, NIV shall have the right to take legal action against us, for recovery of excess rates.

**Yours faithfully,**

Authorized signatory of Bidder with Seal

Name \_\_\_\_\_

Designation \_\_\_\_\_

PRICE RESPONSIBILITY CERTIFICATE

(To be filled by the vendor on the latest filed of the company/line)

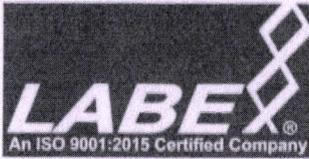
It is certified that the RFP's quoted by us were for the execution of \_\_\_\_\_  
\_\_\_\_\_ for supply of goods/services etc. It is not more than the total charged to  
other Government organization, business, industry etc. for same supplies made between the  
the 1st of July, immediately within a year, if at any time it has been found that the quoted rate is  
the RFP's right then the RFP's should be asked to refund the amount. This is to certify that  
\_\_\_\_\_ will have the right to take legal action against us for recovery of excess cost.

Yours faithfully,

Authorized signatory of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Labex Corporation

Flat No. 3022, Sector-A, Pocket - B & C,

Vasant Kunj, New Delhi - 110070

Phones: 011-46160359, 26124727 Mobile : 098102 29100

E-mail: Labex@Labex.net Webset: www.Labex.net

## Annexure-III

### Proprietary Article Certificate (PAC) from the firm

**Note:** Proprietary Article Certificate in the following form is to be provided by the OEM/ authorized dealers/ Stockiest of OEM) before procuring the goods from a single source under the provision of sub Rule 166 (i) and 166 (iii) as applicable.

- NIV Enquiry Ref No. : PAC 387/2024-25 (DRF LAB) dated 18/06/2024
- Description of Goods as per PAC enquiry: BSA

- \* The indented goods are manufactured by M/s Jackson ImmunoResearch Inc. USA
- \* No other make or model is acceptable by institute/ Center ICMR - National Institute of Virology, Pune

(1) This BSA has been tested negative for bovine IgG

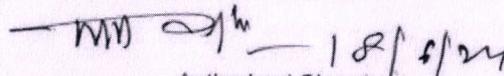
(2) This BSA has been tested negative for Protease

(3) Since there is no bovine IgG, hence there is no loss of activity of secondary antibody after the dilution in BSA

(4) Since bovine IgG has been tested negative hence the problem of cross-reacting of secondary antibodies is avoided. This is particularly common when using anti-bovine IgG, anti-goat IgG (with the exception of bovine anti-goat IgG), anti-horse IgG, or anti-sheep IgG.

(iii) Concurrence of finance wing of the OEM/ authorized dealers/ Stockiest of OEM to the proposal vide:

- \* Approval of the competent authority of the OEM/ authorized dealers/ Stockiest of OEM

  
Authorised Signatory

(Signature with date and designation OEM/ authorized dealers/ Stockiest of OEM)

### OUR BANK DETAILS:

Title of Bank Account: **Labex Corporation**, Name of the bank: **UNION BANK OF INDIA**, Bank Account Number: **510101005687984**, Address of the Bank Branch: Flat#124 to 130,3, Ansal Chambers-I, Madam Bikaji Cama Place, New Delhi - 110066, Bank Branch MICR Code: **110026327**, Bank Branch RTGS/IFSC Code : **UBIN0903736**, Branch Code: **03732**, GSTIN No: **07ADFPT4316E1ZO**

REPRESENTS :

# Labex Corporation

1000 West 10th Street, Suite 1000  
Anchorage, Alaska 99501  
Phone: (907) 552-1234  
Fax: (907) 552-5678



Attachment III

## Proprietary Assets (P.A.) from the firm

This document contains information that is confidential and proprietary to Labex Corporation. It is intended for the use of the recipient only and is not to be distributed to any other person without the prior written consent of Labex Corporation.

Labex Corporation, 1000 West 10th Street, Suite 1000, Anchorage, Alaska 99501

Labex Corporation is an Equal Opportunity Employer

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  - (2) The information contained in this document is confidential and proprietary to Labex Corporation.
  - (3) The information contained in this document is confidential and proprietary to Labex Corporation.

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(5) The information contained in this document is confidential and proprietary to Labex Corporation. This information is not to be disclosed to any other person without the prior written consent of Labex Corporation.

Approved for release by the Director of the Office of Management and Enterprise Services (OMES)

*[Signature]*  
Director of the Office of Management and Enterprise Services (OMES)

(Signature with date and position (OMB) authorized dealer (BEM))

## OMB BANK DETAIL

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REPRESENTATIVE